

AAPM NEWSLETTER

November/December 2025 | Volume 50, No. 6

Special Interest Feature:

Women's Professional Subcommittee Report



IN THIS ISSUE:

- ▶ Chair of the Board's Report
- ▶ Report from the Equity, Diversity and Inclusion Committee
- ▶ AAPM SUFP and DREAM Subcommittee Report
- ▶ Report from Awards and Honors
- ▶ International Council Report
- ▶ Update from the DICOM RT WG-07 ION Subgroup
- ▶ ASTRO Quality Improvement
- ▶ ...and more!

RDCE

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General Medical Physics: Professional | [Patient Communication Skills for Medical Physicists](#)

Radiotherapy: Quality Management | [Evaluation of an improved picket fence style test for routine MLC positional QA](#)

Radiotherapy: Imaging | [Head-to-head: Anthropomorphic phantoms for evaluating the effect of skin tone on the accuracy of surface imaging systems](#)

Radiotherapy: Brachytherapy | [AAPM medical physics practice guideline 13.a: HDR brachytherapy, part B](#)

Radiotherapy: Proton Therapy | [Commissioning and Uncertainties in Proton Radiotherapy](#)

Radiotherapy: Proton Therapy | [Proton Therapy: Re-irradiation and Adaptation](#)

Radiotherapy: Proton Therapy | [Proton Therapy: Accelerator Design, Delivery Methods, and Commissioning](#)

Radiotherapy: External Beam | [Adaptive Radiotherapy AI Software and Delivery Systems](#)

AAPM MEETING CONTENT NOW AVAILABLE IN THE VIRTUAL LIBRARY

[AAPM Annual Meeting - 2024](#)

[AAPM Summer School - 2024](#)

[AAPM Spring Clinical Meeting - 2024](#)

QUESTIONS OR CONCERNS?

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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: January/February 2026
Submission deadline: November 28, 2025
Posted online: week of January 8, 2026

CORPORATE AFFILIATE ADVERTISING

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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.



SAVE THE DATES!



AMERICAN ASSOCIATION
of PHYSICISTS IN MEDICINE

2026 AAPM MEETINGS

MAR

21–24

Spring Clinical Meeting

Hyatt Regency

Orlando, Florida

Registration Opens December 8, 2025

JUN

16–20

Summer School

University of Michigan

Ann Arbor, MI

Registration Opens March 2, 2026

JUL

19–22

2026 Joint AAPM | COMP Annual Meeting & Exhibition

Vancouver Convention Centre

Vancouver, BC

Registration Opens April 7, 2026

OCT

29–30

Physics Plan Review Tool Kit

Virtual Meeting

Registration Opens August 5, 2026



www.aapm.org/meetings

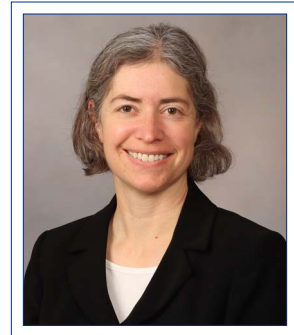
Closing Out Volume 50 of the AAPM Newsletter

NEWSLETTER EDITOR'S REPORT

It's hard to believe that it's already time for the November/December edition of the AAPM Newsletter. We hope you've enjoyed every issue of Volume 50 of the Newsletter this year, as we enjoy putting them together for members to read. Thanks to every contributor this year, the published reports showcase some of the many activities going on under the AAPM umbrella! I hope more members are inspired to get involved and volunteer with AAPM when they see activities that interest them.

This issue contains several reports reflecting on the AAPM Annual Meeting, including a summary of student events and a recap of the 2025 Early Career Investigator Symposium. Chair of the Board of Directors **Todd Pawlicki** reviews key highlights from his tenure and the newly approved Strategic Plan, which outlines the future direction of AAPM. The Special Interest Group for this issue is the Women's Professional Subcommittee, with reports including a recap of the WPSC Luncheon held at the Annual Meeting and an uplifting feature on the benefits of outreach. Other reports in this issue include a second interview with an experienced international trainer, **Caridad Borrás**, and a report on AAPM member **Jatinder Palta** who received the ASTRO Gold Medal this year!

We hope every AAPM member finds something of interest in this issue of the Newsletter. Our goal is to keep the AAPM Newsletter relevant to everyone who wants to learn what's happening in medical physics. We accept submissions and suggestions from all AAPM members, which can be submitted directly through the link on the [Newsletter page](#). Please enjoy this issue of the Newsletter and send us your feedback and ideas for the future. Best wishes for the holidays and we'll see you next year! ■



Jennifer Pursley, PhD
Mayo Clinic



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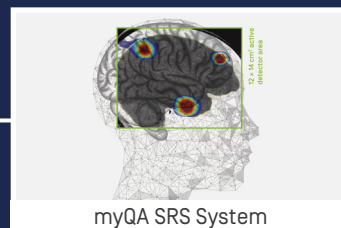
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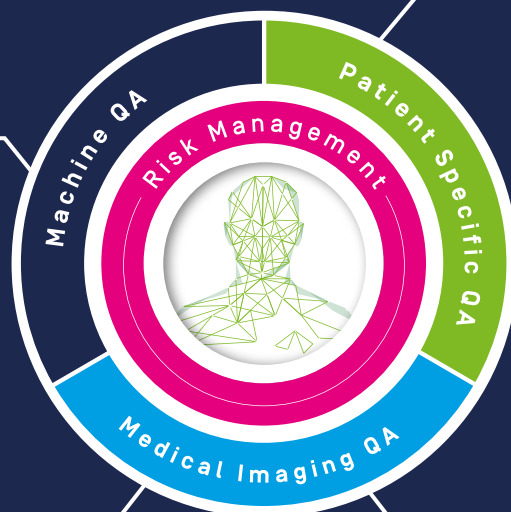


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Reflections from the Chair of the AAPM Board of Directors

CHAIR OF THE BOARD'S REPORT

Dear AAPM Colleagues,

This Newsletter article is my last one as Chair of the Board of Directors. With humility and great appreciation for the AAPM community, I reflect on the dynamic time that has unfolded during my three years as an officer in the presidential chain. I thank all of you for entrusting me with the opportunity to serve AAPM as one of our elected leaders and as a representative to our peer associations and the field of medical physics. It has been both a privilege and an honor to serve.

Looking Back: Key Highlights from My Tenure

Over the past three years on the Executive Committee (EXCM), I have had the opportunity to contribute to several important milestones for our association:

- **Executive Director Search.** I served on the search committee for our new Executive Director, a process that underscored just how much thought and care our association invests in its leadership and its future.
- **A Strategic Plan for the Future.** One of the most significant efforts during this period was the development of a refreshed strategic plan, guided by our Executive Director. It represents both our commitment to the present and our aspiration for the future.
- **A Modernized Approach to Governance.** We moved away from archaic rules of speaking at Board meetings, i.e., Robert's Rules of Order. What matters most is that board members are engaged, and able to provide thoughtful input. In doing so, we created more space for the Board of Directors to act as all boards should — by focusing on strategy rather than bureaucracy.
- **No New Ad Hocs.** I am proud that during my presidency, we created no new ad hoc committees. Ad hocs can be valuable, but too often they serve as pet projects of the president rather than initiatives aligned with the strategic plan. Resisting this temptation ensured that we kept our collective focus on priorities within our strategic plan. We showed that existing AAPM committees can accomplish the same goals as an ad hoc committee without added bureaucracy or volunteer burden.

The AAPM Strategic Plan

Our current strategic plan reflects both continuity and transformation. It is not simply a roadmap; it is a call to action for all of us as members. It focuses on four key priorities:

*AAPM is
strong
because of
its people.*



Todd Pawlicki, PhD
UC San Diego

CHAIR OF THE BOARD'S REPORT, Cont.

1. **Advance the Contributions of Medical Physics.** Sustain and advocate for the current roles of medical physicists in healthcare while expanding into new domains and technologies where our expertise enhances patient care.
2. **Advance New Computational Technologies.** Prepare our community to embrace emerging computational tools — including artificial intelligence, data science, and modeling — so we remain at the forefront of medical innovation.
3. **Improve Health Equity.** Promote equitable access to medical physics services, strengthen workforce diversity, and ensure our impact reaches underserved communities.
4. **Enhance Organizational Sustainability.** Transform operations and governance to streamline processes, improve agility, and allow members to focus more on science and clinical practice.

This plan is both ambitious and achievable. It is the foundation on which the next decade of AAPM's success will be built.

AAPM's Bright Future

In January 2024, we welcomed **C. David Gammel, FASAE, CAE** as our new Executive Director. In just 18 months, David has already guided AAPM through significant transformation. Under his leadership:

- We developed and adopted our new strategic plan.
- Headquarters began modernizing its technology stack that included enhancing our cybersecurity.
- Staff roles were reorganized to better empower our outstanding team at headquarters to apply their expertise and passion directly to the membership and the profession.

Our headquarters staff are, without question, the best of the best. They can — and should — be entrusted with more responsibility and leadership. But as members, we must also play our part: by embracing change, supporting new ways of doing

*Change is
never
comfortable
but it is*

things, and being comfortable with the uncertainty of transformation.

Change is never comfortable, but it is essential. I firmly believe that AAPM can — and will — become an even stronger association in the years to come.

Lessons in Leadership

Looking back to my very first newsletter article as President-Elect, I emphasized the importance of engaging the Board of Directors. Over the past decade — progressing from a Member-at-Large on the Board to AAPM Secretary, and eventually through the presidential chain — I have seen firsthand the immense wisdom, experience, and talent within our large Board of Directors. Harnessing that collective voice is critical.

I have tried to create an environment that encourages open participation, thoughtful dialogue, and constructive debate. This kind of engagement is not always easy to achieve, but it is worth pursuing. When we engage the board fully, we strengthen our strategic direction, oversight, and support for AAPM's management team.

I have also carried forward lessons learned from my time as Secretary from 2015–2018. This experience reinforced for me the importance of constancy of purpose — staying true to our mission even when timelines extend beyond expectations. I

learned that perfection is often the enemy of progress. If we wait for absolute certainty before acting, we risk paralysis. In contrast, making thoughtful decisions and moving forward — even when imperfect — creates momentum. When results do not turn out as intended, we learn, adapt, and pivot. That is how progress is made.

I have worked to keep EXCOM focused on the major issues that drive AAPM's success rather than becoming involved in every operational detail. In parallel, I have encouraged and supported our headquarters staff to take ownership of operational decisions that advance the strategic direction established by the Board.

*Perfection
is the
enemy of
progress*

CHAIR OF THE BOARD'S REPORT, Cont.

I strongly believe in trust: in letting people do their work, in accepting the results, and in focusing on forward momentum rather than micromanaging. That spirit of trust is what allows us to build a sustainable and resilient organization.

Financial Stewardship

Another important part of this journey has been financial responsibility. The AAPM budget reflects both our ambitions and our constraints. With projected expenses exceeding revenue, we have had to make difficult decisions about priorities.

We cannot spend on everything — and nor should we. By being fiscally responsible, we ensure that the association will remain strong for decades to come. This means making deliberate choices — sometimes saying “no” to projects and travel we might have once readily approved — to stay focused on what matters most. These decisions are not easy, but they are essential to safeguard the future of the association and our ability to serve our members.

Gratitude

Serving as Chair of the Board has given me a front-row seat to the extraordinary dedication of so many individuals. I want to express my deepest gratitude:

- To my fellow officers and members of EXCOM, for your wisdom, partnership, and courage to embrace change.
- To the members of the Board of Directors, for your thoughtful engagement and stewardship of the association.
- To our headquarters staff, for your tireless commitment, creativity, and professionalism.
- And to each and every member of AAPM, for your ongoing contributions to science, clinical practice, and the betterment of human health.

AAPM is strong because of its people. Our collective strength is what has carried us through challenges, propelled us forward, and ensured our leadership on the global stage.

Looking Forward: A Call to Action

As my time in the presidential chain comes to a close, I am filled with optimism. AAPM is entering a new era of maturity as a professional society. We are embracing transformation in technology, governance, and operations. We are positioning ourselves to lead in areas such as artificial intelligence, data science, and health equity. And we are cultivating a culture of trust, engagement, and purpose.

But the work is not finished. It never is. Each of us has a role to play in carrying this momentum forward:

- Stay open to change. Transformation requires courage and patience.
- Stay inspired. The work we do in medical physics touches patients' lives in profound ways every single day.
- Stay engaged. Your contributions matter.

Closing Thoughts

As I pass the torch, I do so with confidence that AAPM's future is bright. Together, we will continue to advance the science, practice, and influence of medical physics — and through that work, improve the lives of countless patients around the world.

With gratitude,

Todd Pawlicki

Chair of the Board of Directors, AAPM



*Together,
let us keep
moving
forward.*

THE MIGHTY THREE



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Federal Policy Update: Shutdown, H-1B Proposal, and Funding Turmoil

GOVERNMENT AFFAIRS REPORT

Written on behalf of AAPM's Government Affairs Team

The fall legislative season has brought significant developments in Washington, DC, with further potential consequences for the medical physics community. Between the federal government shutdown, a sweeping proposed change to the H-1B visa program, and continued uncertainty surrounding NIH and NSF budgets, medical physicists and the institutions where they work are facing heightened challenges.

Federal Government Shutdown

As of this writing, Congress failed to reach an agreement on a Continuing Resolution to extend funding, resulting in the federal government entering a shutdown on October 1, 2025. This shutdown stems from unresolved policy disputes between lawmakers, leading to widespread service disruptions and the furlough of hundreds of thousands of federal employees nationwide. Essential services continue, but many federal agencies are scaling back or suspending activities critical to the research, healthcare, and other public services.

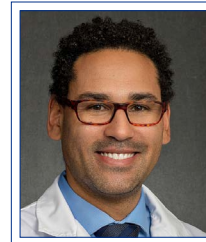
The exact impact on each agency's programs and operations depends on a variety of factors like remaining unspent funds and alternative revenue sources such as user fees, and how each agency determines which services are essential and non-essential.

At NIH and NSF, new grant reviews and awards are on hold, with program staff furloughed and ongoing research projects slowed. FDA has paused reviews of new devices and drugs except for critical safety needs, while DOE national laboratories face disruptions to "non-essential" research programs. These lapses ripple through the ecosystem of cancer research, imaging, therapy technology development, and biomedical innovation. For medical physicists, the uncertainty creates both immediate challenges and longer-term concerns about maintaining US leadership in science and technology.

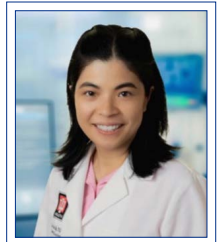
H-1B Visa Proposal

Compounding this disruption, the [White House has proposed](#) a one-time flat fee of \$100,000 for new [H-1B](#) visa applications. While Administration officials have hinted at exemptions for physicians under a "national interest" clause, the language is ambiguous and leaves academic institutions, research labs, and clinical programs in limbo.

The implications for medical physics are significant. Graduate programs rely heavily on international students who often transition to H-1B status to remain in the US for clinical practice and research. Academic medical centers and



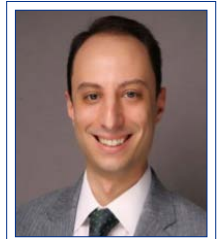
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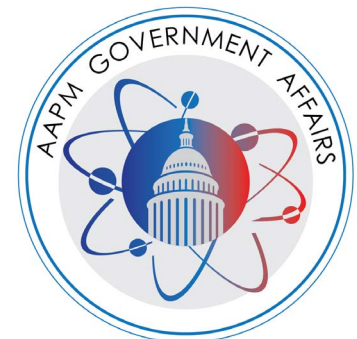


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University of
Michigan Health-
West



Matt Reiter
Capitol Associates,
Inc.

For questions related to Government Affairs and advocacy, please contact AAPM's Director of Government Affairs and External Relations [Lauren DePutter](#).



GOVERNMENT AFFAIRS REPORT, Cont.

national labs also depend on international postdocs and junior faculty to fill essential roles. Imposing a six-figure barrier would reduce the pipeline of international talent, exacerbate existing workforce shortages in radiation oncology and imaging, and hinder innovation.

NIH and NSF Funding Uncertainty

Aside from the shutdown, federal spending negotiations continue to create turmoil for new NIH and NSF funding. Competing proposals in Congress threaten to stall or reduce funding for extramural grants, training programs, and cutting-edge research. For the medical physics community, sustained investment in NIH and NSF is essential to supporting translational science and training the next generation of medical physicists.

AAPM Advocacy in Action

AAPM is fully engaged in advocating for our members and the profession. On **July 31, AAPM Advocacy Day** brought medical physicists to Capitol Hill for direct conversations with lawmakers. These meetings were a resounding success, forging new relationships and raising awareness of how federal policies directly impact patient care, safety, and innovation. So far, several follow-up meetings have been set up with lawmakers and their staff. Notably Congressman Bill Foster (D-IL-11), the only PhD physicist in Congress currently, will attend the Fall AAPM Midwest Chapter meeting on November 15th to meet with medical physicists in a “fireside chat” format.

AAPM also leads coalition efforts to amplify our collective voice. For example, we recently spearheaded a joint response to the **July 17, 2025 Federal Register notice on proposed changes to the Hospital Outpatient Quality Reporting (OQR) Program**, with five peer societies joining our sign-on letter (please see Wendy Smith Fuss' article in this issue for further details).

State-Level Engagement: AAPM State Champs

While federal policy often garners the most attention, many of the issues that affect medical physicists are shaped at the state level. This will become increasingly important as states are taking on an increasing role in many important policy areas. The [AAPM State Champs Steering Subcommittee](#) and Working Group (CHAMPWG),

with 90 confirmed roster members and growing, have begun to play an essential role in this evolving landscape.

Their work includes monitoring state legislation, regulatory developments, and medical physics credentialing requirements nationwide. They also focus on establishing and strengthening relationships with state radiation control program directors to support better communication and policy alignment. A primary long-term objective is to encourage state regulators to adopt AAPM's Medical Physics Practice Guidelines (MPPGs). This effort aims to create a more uniform regulatory framework, improving the consistency, quality, and safety of radiation medicine practices across the country. Ongoing initiatives include creating state 'report cards' that evaluate and compare state-specific policies and requirements, as well as exploring a collaboration with the startup Everstar (everstar.ai) to use AI-powered tools for more efficient collection and analysis of state regulatory information.

Examples of CHAMPWG in action include Tennessee State Champion Rob Krauss recently engaging with state regulators to discuss proposed updates to therapy equipment rules and highlight opportunities for closer collaboration with AAPM. Similarly, State Champion Steering Committee Vice Chair and Michigan State Champion Lana Critchfield attended the Organization of Agreement States (OAS) Annual Meeting to introduce AAPM and the medical physics profession, promote the State Champions program, and encourage partnership between State Champions and state regulators. AAPM aims to strengthen its collaboration with state regulators by focusing on building its partnership through both the OAS, which represents NRC Agreement States nationwide, and the Conference of Radiation Control Program Directors (CRCPD), which provides broad support and expertise in radiation protection across all states, including non-Agreement States. By working with both OAS and CRCPD, AAPM can improve regulatory discussions, advocate for best practices, and help harmonize radiation safety standards. These partnerships facilitate exchange of information, participation in working groups, and collaborative efforts to advance education and quality assurance initiatives that benefit the state regulatory community as a whole. Recent efforts have included

GOVERNMENT AFFAIRS REPORT, Cont.

monitoring state legislative sessions for bills that could affect radiation safety standards and establishing new connections at both the OAS and the CRCPD annual meetings.

By connecting grassroots advocates with both local elected officials and state radiation regulators, the State Champions initiative ensures that medical physicists have a coordinated voice across all levels of government and patient safety operations. The Working Group is especially seeking new Champs from Alaska, Delaware, the District of Columbia, Idaho, Montana, Nebraska and Wyoming. Learn more about the program and apply [here](#).

Call to Action

The challenges ahead — shutdown-related disruptions, restrictive visa proposals, and funding instability — require

strong, coordinated advocacy. AAPM is committed to representing your interests in Washington, in state capitals, and beyond, but our collective impact is greatest when members actively participate and lend their voices. We encourage you to:

- **Contact the AAPM Government Affairs Team** with your concerns, questions, or specific needs related to these federal or state developments.
- **Visit AAPM's [TAKE ACTION Center](#)** to participate in ongoing advocacy campaigns and amplify the voice of medical physicists nationwide.

Together, we can ensure that the medical physics community remains strong — promoting excellence in patient care, fostering innovation, and sustaining progress, even amid changing policy landscapes. ■



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AAPM Spearheads Joint Letter on CT Dose Quality Measure in CMS 2026 HOPPS/ASC Proposed Rule

HEALTH POLICY AND ECONOMIC ISSUES REPORT

The American Association of Physicists in Medicine (AAPM) has taken a leading role in responding to the Centers for Medicare and Medicaid Services (CMS) 2026 Hospital Outpatient Prospective Payment System (HOPPS) and Ambulatory Surgical Center (ASC) proposed rule. Under the Hospital Outpatient Quality Reporting (OQR) Program, CMS proposed to indefinitely maintain the voluntary status of the electronic clinical quality measure (eCQM) titled “Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults.”

Originally finalized for voluntary reporting beginning in 2025, the measure was expected to become mandatory by 2027. However, in response to substantial feedback from the imaging community, CMS has proposed to maintain its voluntary status indefinitely under the Hospital OQR Program. Reporting of this quality measure is voluntary under both the Medicare Physician Fee Schedule and the Hospital Inpatient Prospective Payment System.

AAPM strongly supports this decision and spearheaded a joint letter urging CMS to keep the measure voluntary. The letter was co-signed by five leading medical societies:

- American College of Radiology (ACR)
- American Roentgen Ray Society (ARRS)
- American Society for Radiation Oncology (ASTRO)
- American Society of Radiologic Technologists (ASRT)
- Society of Nuclear Medicine and Molecular Imaging (SNMMI)

Together, these organizations emphasized that the measure, in its current form, is not ready for mandatory implementation. They cautioned that enforcing it prematurely could impose significant financial and operational burdens on providers without delivering clear benefits to patients.

AAPM expressed deep appreciation for its peer societies' collaboration and reaffirmed its commitment to advancing patient safety, imaging quality, and dose optimization through scientific rigor and shared expertise. The organization will continue to work closely with CMS and the broader imaging community to develop meaningful, practical measures that reflect the complexity of CT imaging.

CMS is expected to announce its final decision on November 1, 2025, in the HOPPS final rule.

AAPM Supports CMS' Proposed Changes to Radiation Treatment Delivery Codes in 2026

Effective January 1, 2026, the Centers for Medicare and Medicaid Services



Wendy Smith Fuss, MPG
Health Policy Solutions

For additional information including Medicare proposed rule summaries, 2026 proposed payments and impacts visit the AAPM website at:
http://aapm.org/government_affairs/CMS/2026HealthPolicyUpdate.asp

HEALTH POLICY AND ECONOMIC ISSUES REPORT, Cont.

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CPT Code	Current Long Descriptor	2026 Long Descriptor	CMS Proposed 2026 APC Crosswalk	AAPM Recommended 2026 APC Crosswalk
77402	Radiation treatment delivery, >=1 MeV; simple	Radiation treatment delivery; Level 1 (for example, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed	5621	5622
77407	Radiation treatment delivery, >=1 MeV; intermediate	Radiation treatment delivery; Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	5622	5623
77412	Radiation treatment delivery, >=1 MeV; complex	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (for example, 2D, 3D, or IMRT) OR a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed	5623	5623

HEALTH POLICY AND ECONOMIC ISSUES REPORT, Cont.

CMS is expected to announce its final decision on November 1, 2025, in the HOPPS final rule.

AAPM Supports CMS' Proposed Changes to Radiation Treatment Delivery Codes in 2026

Effective January 1, 2026, the Centers for Medicare and Medicaid Services (CMS) plans to delete 17 radiation oncology HCPCS G-codes and recognize the newly revised Radiation Treatment Delivery codes 77402, 77407 and 77412 for payment under the Medicare Physician Fee Schedule (MPFS).

CMS has proposed a methodology to value the practice expense portion of the Radiation Treatment Delivery code families by leveraging the relative weights of the Hospital Outpatient Prospective Payment System (HOPPS) Ambulatory Payment Classifications (APCs). Specifically, CMS intends to use the relative weight relationships among APCs 5621 (Level 1 Radiation Therapy), 5622 (Level 2 Radiation Therapy), and 5623 (Level 3 Radiation Therapy) to determine the practice expense-only valuation for CPT codes 77402, 77407, and 77412 under the Medicare Physician Fee Schedule.

In its comment letter to CMS, the AAPM expressed support for this approach, noting that utilizing HOPPS data may promote more stable payment rates and enhance price transparency for radiation oncology services.

Currently, both Intensity-Modulated Radiation Therapy (IMRT) treatment delivery codes—77385 (simple) and 77386 (complex) — are assigned to APC 5623 (Level 3 Radiation Therapy). The geometric mean costs of CPT 77385 and 77386 need to be included in revised Radiation Treatment Delivery codes 77407 and 77412. In addition, the technical component of image guidance and active motion

management has been bundled into the revised Radiation Treatment Delivery codes and must be reflected in the APC assignment.

While AAPM agrees with the proposed methodology for establishing non-facility practice expense RVUs, it is imperative that CMS appropriately align the revised Radiation Treatment Delivery codes with the corresponding APC relative weights. This alignment will help preserve the integrity of the payment system and ensure fair compensation for providers delivering complex radiation therapy services.

Based on the relative weights, cost data and clinical similarities, the AAPM recommends the following CY 2026 HOPPS APC assignments for the revised Radiation Treatment Delivery codes (see table below):

To ensure accurate reimbursement, CMS must update the 2026 APC assignments to reflect the new coding schema for CPT codes 77402, 77407, and 77412. Proper alignment with APC relative weights is essential to accurately represent the resource costs associated with furnishing these services.

In addition, AAPM submitted comments to CMS regarding the proposed Physician Work RVU Efficiency Adjustment, Practice Expense Site-of-Service Differential; and the MR Exam Safety Procedure Codes and Multiple Procedure Payment Reduction (MPPR) policy.

CMS did not propose changes to other radiation oncology treatment delivery codes for 2026, including brachytherapy, SRS/SBRT or protons.

AAPM's comment letter to CMS may be viewed at: [AAPM Government Affairs - CMS - CY 2026 Health Policy Update](#) ■

Attention Volunteer Members!

Volunteer Handbook

Created by AAPM Headquarters, this guide provides essential information for volunteers during their service to the Association. Key features include:

- **HQ Staff Support:** Get the help you need.
- **Governance & Policies:** Links to AAPM Policies, Position Statements, By-Laws, and Rules.
- **Budget Process:** Guidance on accessing committee-specific financial details.
- **Scheduling Meetings:** Tools for Zoom, F2F meetings, templates, and minutes.
- **Committee Rosters:** Tips for filling positions with the "Committee Classifieds" system.
- **New Group Creation:** Includes the *New Group Creation Form*.
- **Task Groups:** Sunsetting policies and progress reporting tools.
- **AAPM Reports:** Step-by-step guidance on how to get started and navigate the reporting process.

Explore the [Volunteer Handbook](#) today to make the most of your volunteer experience!

Leadership Handbook

Brought to you by the **Medical Physics Leadership Academy (MPLA)**, this handbook is designed to equip medical physicists stepping into leadership roles. It offers:

- **Practical Tools:** Set up AAPM Zoom calls, manage committee tasks, and more.
- **Professional Guidance:** Learn how to review applications and fulfill leadership responsibilities.
- **Personal Development:** Assess and refine your leadership style.

View the [Leadership Handbook](#) to take your leadership to the next level!

ACR Accreditation & More: Info for Medical Physicists

UPDATES FROM ACR HQ

PET QC Manual is available!

The ACR PET QC Manual is available for free download on the [acr.org Medical Physics Resources page](https://www.acr.org/MedicalPhysicsResources). A huge thank you to all of the ACR member-volunteers who spent several years working to develop this manual.

Mammography

The ACR frequently updates the [Medical Physicist Equip and Survey Forms](#) following FDA approval of new Mammography QC Manuals. In accordance with MQSA requirements, the ACR must revise these forms as appropriate when new QC manuals are released. All updates are reviewed and approved by MQSA before being posted on our website.

[The Siemens Medical Physicist Mammography QC Test Summary](#) was updated on July 25, 2025.

We ask that you use the ACR-provided forms to facilitate quicker review by ACR staff during the accreditation process.

Recent ACR comments on eCQM

On September 15, ACR [submitted comments](#) on the *Excessive Radiation Dose or Inadequate Image Quality* electronic clinical quality measure (eCQM) stewarded by Alara Imaging, Inc. From the comments:

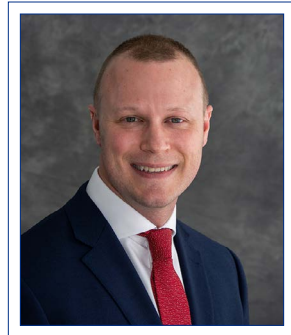
"The College appreciates and strongly supports CMS's proposal to maintain voluntary reporting for the Excessive Radiation eCQM in the Hospital OQR and REHQ programs. ACR has received feedback about the substantial financial and operational challenges of implementing and maintaining this eCQM, particularly the difficulty of converting CT imaging data into standardized formats compatible with eCQM specifications from many members, imaging facilities, hospital radiology departments, radiology practices affiliated with hospitals, and other entities. This decision appropriately addresses these ongoing concerns.

ACR would like to emphasize that implementation of the Excessive Radiation Dose eCQM in the REHQR program is especially problematic and could strain already limited resources for rural emergency hospitals (i.e., those designated as Critical Access Hospitals (CAH) or a rural hospital with 50 or fewer beds). These facilities may have even greater challenges obtaining the advanced imaging systems and technical support needed to report the measure."

Final rule from CMS is expected in November or December.

If You Haven't Heard Yet: ACR Pulse

Many healthcare organizations have multiple touchpoints with ACR that



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.

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. Institutional or site employees can request support at <https://pulsesupport.acr.org>; ACR staff will then make contact to schedule a call for a demo, reviewing the site's Pulse status, and facilitating next steps as appropriate. ■



ACRpulse

Summary

Site Details

FAQ

Logout

Welcome to ACR Pulse: comprehensive insights in your organization's relationship with ACR

Ameradia Health

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	SBAP	4
Designations		3
Diagnostic Imaging Center of Excellence	DICOE	1
Designated Comprehensive Breast Imag.	CBIC	2
Lung Cancer Screening Center Designation	LCSD	2
Prostate Cancer MRI Center Designation		0

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
ACR Recognized Center for Healthcare-AI	ARCH-AI	1
Learning Network		2
RADPEER		1
Connect		2
PACS		agfa

ABR Welcomes New Diagnostic Medical Physics Trustee

ABR UPDATE

ABR Trustees generally serve two three-year terms. Dr. Kanal joined the BOT in October 2017 and was extended two years by unanimous approval of the Board. For more information, please visit <https://www.theabr.org/about/meet-board-trustees>.



The ABR has three medical physics trustees who specialize in Diagnostic Medical Physics (DMP), Nuclear Medical Physics (NMP) and Therapeutic Medical Physics (TMP) respectively. At a recent meeting of the Board of Trustees (BOT), the ABR welcomed **Sameer Tipnis, PhD**, as the next ABR DMP Trustee. Dr. Tipnis replaced **Kalpna Kanal, PhD**, who has now completed two terms on the BOT. As described in the article "[Roles and Responsibilities of an ABR Trustee](#)," each trustee has oversight of several ABR exam committees.

Dr. Tipnis will oversee the committees that prepare the MP Part 1 General and Part 2 DMP Qualification exams, the Part 3 DMP Certification exam, the DMP OLA program and the physics component of the Qualifying (Core) Exam for Diagnostic Radiologists.

Dr. Tipnis is a native of India where he completed his BS in Physics at Elphinstone College, Mumbai and an MSc in Physics from the University of Bombay, Mumbai. He graduated with a PhD in Physics from the University of Massachusetts in Lowell, MA. Dr. Tipnis is dual boarded - in addition to obtaining board certifications from the ABR in DMP, Dr. Tipnis has also obtained certification in NMP. Dr. Tipnis is Professor of Radiology and Chief Medical Physicist at the Medical University of South Carolina (MUSC), Charleston, SC where he is actively involved in clinical, teaching and research activities. Dr. Tipnis also served as RSO at MUSC between 2014 and 2022.

Dr. Tipnis comes to the BOT with a long history of professional service. He has chaired the American Association of Physicists in Medicine (AAPM) Task Group 361 on the recommended use and management of protective garments since 2020 and is a member of several AAPM committees. Dr. Tipnis became a fellow of AAPM in 2022. Dr. Tipnis is also a member of several committees of the Society of Nuclear Medicine and Molecular Imaging.

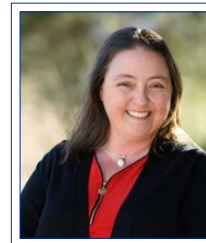
Dr. Tipnis's service to the ABR began in 2012 as an item writer for the NMP Part 2 written exam committee. Subsequently Dr. Tipnis served as an oral examiner starting in 2017 for the DMP and NMP Oral Exams. He became member of the MP Part 1 General Exam Committee in 2016 and served until now as chair of that committee. His term as chair concluded with his appointment as a trustee.



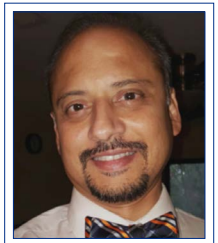
Kalpna Kanal, PhD
ABR Trustee
(2017–2025)
University of Washington



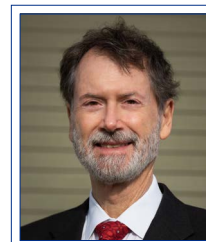
Matthew Podgorsak, PhD
Chair, ABR Board of Trustees
Roswell Park Cancer Institute



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



Sameer Tipnis, PhD
ABR Trustee-Designate
Medical University of South Carolina



Geoffrey Ibbott, PhD
ABR Associate Executive Director for Medical Physics

ABR UPDATE, Cont.

Dr. Tipnis has been married to his wife Supriya for 34 years. In his spare time, Dr. Tipnis enjoys photography, nature walks, and cooking.

Dr. Tipnis in his statement to the ABR commented "In these past 12 years, I have always enjoyed a very congenial and productive relationship with the ABR in a professional, as well as in a personal capacity. Should I be selected

to serve in the role of the DMP trustee, I have no doubts that I would be able to fulfill all the responsibilities and commitments required in that role, to further contribute and enhance the ABR's goals of excellence in education and certification process."

We welcome Dr. Tipnis to the BOT and look forward to working with him. ■

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Better Together: Celebrating the Accomplishments of EDIC and Getting Excited for What's Next!

REPORT FROM THE EQUITY, DIVERSITY AND INCLUSION COMMITTEE

On August 6, 2021, [EDIC](#) (the Equity, Diversity and Inclusion Committee) was formally founded in AAPM. My son had been born just 14 weeks prior to that date and I honestly felt like I helped give birth to both! Honestly, birthing my son was actually an easier feat than establishing EDIC as a full committee under the Professional Council. The creation of EDIC moved AAPM's diversity and inclusion efforts from just a subcommittee, formerly known as the "Women and Minority Recruitment Subcommittee" (WMRSC) housed under Education Council, and elevated it to a full committee with more impact, visibility and support.

The creation of EDIC was a multi-year process that was finalized and formed based upon the work of the Ad Hoc on Diversity and Inclusion that I got to chair to help make recommendations to the Board about the need for EDIC to exist. But this Ad Hoc in no way was the beginning of inclusion efforts within AAPM. That work had been started by a widespread network of underrepresented and well-connected AAPM members who predate me. This group of well-intentioned physicists proposed and created the Women and Minority Recruitment Subcommittee (WMRSC) in 2005. The founding members of WMRSC included **Drs. Paul Gueye, Steven Avery, Mark Harvey, Christopher Njeh, Albin Gonzales, David Ernst, Caridad Borrás, Marlene Ketty** and **Lars Ewell**. One year later, WMRSC got to work and initiated its first year of impact by offering research summer fellowships under the proud name "[DREAM](#)" which stood for Diversity Recruitment through Education and Mentoring.

DREAM was the culmination of everything WMRSC was formed to improve and create for the betterment of the field of medical physics. DREAM was and is a dream come true. This program single-handedly recruited and introduced over 120 undergraduate students to our field and due to this program, several are currently either employed as medical physicists, radiation oncologists or our trainees in our accredited programs. What is unique about this program is its reliance on not only teaching its trainees science skills and connecting them with top researchers, but the DREAM team of program directors ensures that every trainee is also tied to a professional and career mentor to help design a career path and navigate difficulties during the transitions in the trainee period.

Then in 2009, an independent group of AAPM members began to increase their efforts to focus on the needs and voices of women medical physicists. This group was inspired and led by current department chair and past AAPM president, **Dr. Mary Martel** and another past president **Dr. Maryellen Giger** as well as other notable physicists such as **Nicole Ranger, Jean Moran** and others. In 2009, this group grew in support and numbers and hosted a session in the Annual Meeting entitled "Professional Development for Women in the AAPM".



Julianne Pollard-Larkin, PhD
MD Anderson Cancer Center

REPORT FROM THE EQUITY, DIVERSITY AND INCLUSION COMMITTEE, Cont.

WPSC was made a formal subcommittee in 2010, and hosted its first Women's Luncheon at the Annual Meeting in 2011.

Around 2010, I was introduced to Drs. Stephen Avery, Mark Harvey and Paul Gueye and my experience at AAPM changed radically. Prior to meeting these three gentlemen, I never felt like I was part of the "in crowd" or had any influence in this large society. I just went to the meetings to show off my poster and pray for the day I would get to give a talk. The day I met these gentlemen, they opened doors and offered hospitality and behind the scenes information that I never had access to before. AAPM finally became a fun organization to be a part of even as a junior physicist. Also, these three gave me opportunity as a guest member of WMRSC to help with taking notes during their meetings and support their efforts for DREAM. It was that welcoming spirit that allowed me to gain more access to other opportunities within WPSC, the Education council and beyond.

From 2010 to now, the efforts that I have been able to help usher in within WMRSC and EDIC have been incredible. In 2021, we had created the EDIC as a formal committee under Professional Council and administered our first EDI

climate survey for full members followed by our trainee survey that we ran in 2022. We also created affinity groups under EDIC to create safe spaces for marginalized groups within AAPM, including the Accessibility subcommittee, the Black and African American medical physics subcommittee, the Sexual and Gender Minority subcommittee and the Hispanic and Latinx medical physics subcommittee. In 2024, we also founded the Arab medical physics subcommittee. Our goal and mission is to create a space for all to feel connected, seen, valued and heard in our field. Establishing community so that we all can succeed is our focus.

It has been an absolute pleasure being the chair of EDIC these last four years and now it is time to pass on the baton to new leadership. As of September first this year, **Dr. Richard Castillo** is the chair of EDIC. He is an incredible researcher in the area of deformable image registration in lung radiotherapy and a former colleague of mine as well. He is a great friend and more importantly a valued leader in the field of inclusion. He is an up and coming leader at Emory University and we are grateful for his vision and future goals for EDIC. ■



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!

Special Interest Feature: Women's Professional Subcommittee Report

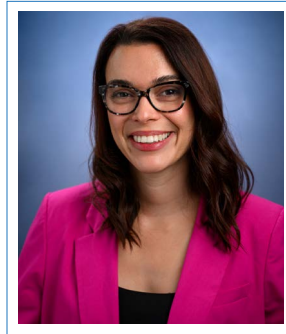
CHARTING YOUR COURSE: A CAREER ROADMAP FOR WOMEN IN MEDICAL PHYSICS — WPSC LUNCHEON AT THE 2025 ANNUAL MEETING

Sarah Aubert, PhD | Princess Margaret Cancer Centre

Written on behalf of the Women's Professional Subcommittee (WPSC)

The Women's Professional Subcommittee ([WPSC](#)), is a group under the Equity, Diversity, Inclusion Committee ([EDIC](#)) tasked with assessing the professional challenges unique to women in medical physics and developing resources to meet these challenges. Currently the WPSC has over 45 members dedicated to working on a variety of initiatives to fulfill this charge. The committee publishes a bi-annual newsletter, hosts webinars, and works to investigate current challenges faced by women working in Medical Physics.

Each year the WPSC hosts a luncheon during the AAPM Annual Meeting, which offers physicists an opportunity to network and discuss professional development while sharing ideas with other women in the field. This



Sarah Aubert, PhD

year, at the AAPM 67th Annual Meeting & Exhibition in Washington, DC, the theme for the WPSC luncheon was "**Charting Your Course: A Career Roadmap for Women in Medical Physics.**"

The sold-out luncheon started off with welcome remarks from the chair of the WPSC, **Jennifer Pursley**, who introduced the WPSC and explained its role within AAPM. **Todd Pawlicki**, AAPM Chair of the Board, gave a

touching tribute in memory of **Grace Gwe-Ya Kim**, who was a member of the Medical Physics Division at UC San Diego. Grace was a respected leader in our field, who served on both the AAPM and the Radiosurgical Society board of directors. Remarks were then given by AAPM President **M Mahesh** and Executive Director **David Gammel**, and the welcome remarks concluded with a few words from **Young Lee-Bartleet** on behalf of Elekta, the platinum sponsor for this year's women's luncheon. Luncheon Working Group Chair, **Samantha Hendrick** then introduced the format for this year's luncheon, along with the theme.

This year the luncheon used a moderated discussion format with each of the 300 attendees choosing one of 30 tables to join. Each table had a moderator that guided discussion based on a set of pre-determined questions relating to the theme of a career roadmap; they addressed topics ranging from navigating career transitions to how to redefine success over the course of your career journey. Topics discussed included strategies for negotiations, how to find mentors, and how to define key milestones. Attendees were given the opportunity to share and seek advice from those at their table to gain insight from physicists at a different stage of their career. Tables were composed of a mixture of graduate students, residents, young professionals, industry partners, diagnostic and therapy physicists,



WPSC Chair Jennifer Pursley delivering the welcome address at the 2025 WPSC Luncheon in Washington, DC.

CHARTING YOUR COURSE: A CAREER ROADMAP FOR WOMEN IN MEDICAL PHYSICS, Cont.

emerging leaders and allies. Discussion was fruitful, inspiring and informative (each year I leave the luncheon with renewed inspired energy after hearing the stories of those around me).

There was also an option to share feedback, comments and suggestions to the room of attendees via a submission portal that was accessible using a QR code. This allowed participants to share their words of wisdom on the screens displayed at the front of the room. This was a lovely way to get to share advice with those outside of your table, and offered words of encouragement, useful tools, resources and helpful hints to attendees. The submissions were also shared with attendees following the luncheon. A sampling of these messages include:

- Build connections and never underestimate the power of relationships

- Make a "star jar" full of accomplishments to keep yourself encouraged and see where you've been!
- Leverage AAPM community and resources

Finally, attendees were provided with instructions on how to generate a QR code that links to their LinkedIn profile. This encouraged attendees to connect on social media and expand their network beyond the connections formed at the individual tables. All luncheon attendees received a notebook and stickers (pictured). Overall, the 2025 Women's Luncheon was a huge success, and we hope to see everyone at the 2026 Luncheon in Vancouver.

A heartfelt thank you goes out to AAPM President M Mahesh, AAPM Executive Director David Gammel, AAPM Chair of the Board Todd

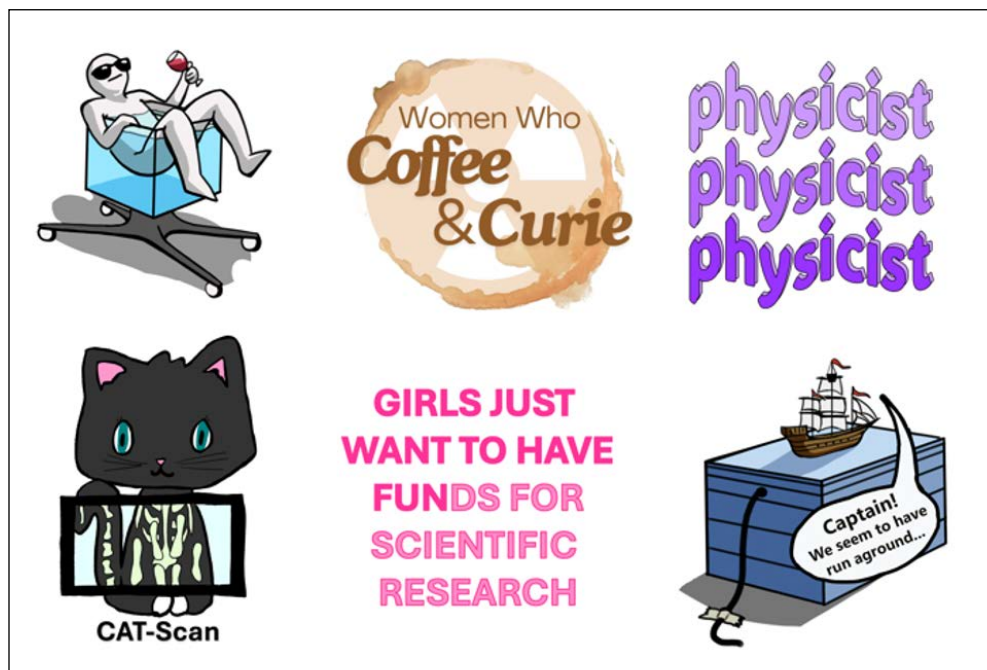
Pawlicki, and AAPM staff members Payton Brown and Linda Minor for their help with the luncheon. Huge thanks are also due to the luncheon working group (Chair: Samantha Hedrick; Members: Sarah Aubert, Cynthia Fu-Yu Chuang, Emily Draeger, Erika Kollitz, Lauren Long (Past-Chair), and Angelica Perez-Andujar). The luncheon would not be possible without the generosity of our sponsors, and the WPSC thanks them for their ongoing support.

Platinum: Elekta

Gold: Varian

Silver: IBA, PhantomLab, Radformation, Accuracy, Sun Nuclear

Bronze: ACR, LAP



Luncheon sticker handout, created by Erika Kollitz and Sarah Aubert of the WPSC Luncheon Working Group.

Special Interest Feature: Women's Professional Subcommittee Report

MAKING PARENTHOOD WORK: LESSONS LEARNED FROM DISCUSSIONS ACROSS AAPM

Jennifer E. Dorand, PhD | ProCure Proton Therapy Center

After reviewing results from the 2022-23 EDI Climate Survey for Medical Physics Students and Trainees, which found 23% of respondents had caregiving responsibilities. As taking leave becomes more commonplace, becoming an accepted part of being a parent in our field, improvements in workplace policies should follow.

As medical physicists, our careers are unique, in that many of us are juggling clinical obligations, research projects, teaching responsibilities, volunteering for professional organizations, conference attendance, regulatory tasks, and various other duties that don't necessarily fall within the scope of our job descriptions. Because of this, professionals in other fields can't always relate to our circumstances. To discuss the distinct obstacles we encounter and share strategies to overcome them, this year, **Kai Huang** and I moderated a session at AAPM titled "Making Parenthood Work: Strategies for Balancing Family and Career in Medical Physics." First, **Samantha Simiele** reviewed parental leave policies from professional organizations and the current research on parenthood in medical physics and radiation oncology. After reviewing results from the 2022-23 EDI Climate Survey for Medical Physics Students and Trainees, which found 23% of respondents had caregiving responsibilities, she discussed the work by Paradis et. al. on Gender Differences in Work-Life Integration Among Medical Physicists. This



Jennifer E. Dorand, PhD

work is the first formal qualitative investigation on this topic, discovering women and their careers are more affected by family life. She finished with a sample of relevant studies in radiation oncology, concluding that our physician colleagues are far ahead of us in this sphere. **Naru Lamichhane** followed, describing his experience with parental leave and his shifting priorities since becoming a parent, emphasizing the importance of an understanding boss and colleagues. He encouraged us all to take advantage of available leave, for we and our dependents deserve this time. As taking leave becomes more commonplace, becoming an accepted part of being a parent in our field, improvements in workplace policies should follow. Next, **Jennifer Stickel** described her experience with older children, sharing practical tips for raising a family while growing her career. She shared that each of her children are limited to one in school extracurricular activity and one outside of school. In addition, she hired local high school and college students to chauffeur her children to activities,

which can be especially helpful when schedules conflict with work hours.

Following the presentations, we opened the floor to discuss the question "What could the community do to change your parenthood experience for the better?" More empathy, more support, destigmatizing leave and other parental responsibilities, eliminating hidden expectations during leave, and flexibility, including the ability to work from home were just some of the audience answers. Another question that was brought up was the best time to have children during the training and career process with answers across the board stating there is no "best time." Proposed as a topic for discussion by an audience member responsible for staffing a department, proper staffing and budgeting was brought up as an area that needs addressed to account for leave of all kinds, particularly multiple staff members requiring leave simultaneously.

The session was met with an enthusiastic response and was well-attended. Meeting attendees who were unable to attend due to scheduling conflicts or delayed arrivals expressed their regret, having been excited to learn more about this topic. The interest surrounding this topic and overwhelming feedback during the discussion warrant continued dialogue on how AAPM and our fellow colleagues can best support parents throughout their parenthood journey.

MAKING PARENTHOOD WORK: LESSONS LEARNED FROM DISCUSSIONS ACROSS AAPM, Cont.

The conversation continued at the Women Who Coffee and Curie (WWCC) session on August 8, moderated by **Mahsa Servati** and myself. Aimed at fostering a supportive community, WWCC is an informal virtual coffee chat series open to all. If you're interested in joining us for future discussions, please sign up here: <https://forms.gle/p87idVpiRNrAfX6X6>.

After a brief recap of the Annual Meeting session, we delved into some of the questions and comments brought up at the annual meeting that we did not have time to discuss. The session was well attended by those well into their parenting journey, new moms navigating some of these issues for the first time, and those hoping to become parents wanting to get a head start on understanding the challenges they may face. We talked in detail about hidden expectations and subsequent backlash for taking leave, acknowledging that the more commonplace leave becomes across genders and circumstances, the more these expectations will be eliminated. Participants discussed strategies for setting clear boundaries and seeking support from colleagues to protect their time during leave. Lactation was a common concern among attendees. Despite federal and state level protections, in practice,

navigating clinical coverage and lactation is challenging. Investing in a wireless in-bra pump is a popular solution, though various comfort levels of pumping in the clinic and around colleagues is still a concern, as well as the fact that these types of pumps don't work for all lactating people. Storage of pumped milk and cleaning pump parts present additional challenges. Found to be subpar at best, another point of discussion was lactation accommodation at conferences. Advocacy, preparation through discussions with HR and direct supervisors prior to returning to work and seeking advice from colleagues who have faced the trials that come with pumping at work, can all help ease this transition.

Whether parents have moved away from their families for training or career opportunities or have delayed parenthood and are now balancing caring for elderly family members while raising children, lack of a support network is a major challenge. We had a robust discussion on finding alternative resources, including daycare with extended hours, after school care, babysitters, or friends and neighbors, who can step in to assist. Outsourcing household tasks is another avenue that can help lighten the load. Guilt and coping with long,

unpredictable work hours is often a challenge. Carving out dedicated time with our children can help, as can reminding ourselves of how special our relationship with our children is and that we are not alone in experiencing these feelings. The many benefits kids gain being cared for by someone else can also be a source of comfort. Navigating professional advancement as a parent presents distinct challenges. Some ambitions may need to be temporarily set aside, depending on an individual's circumstances. Learning to say no and prioritize goals can maximize what little time parents have outside of assigned job duties and childcare responsibilities. Reminders that all stages of life and situational circumstances are temporary can be helpful. No matter the issue, sharing our perspectives and experiences can help others encountering the same obstacles.

Though our experiences of parenthood are all unique, the challenges we encounter are often shared. Together we can work to bring awareness and find solutions to the issues we face, improving work-life balance for all. I encourage you to continue these discussions at your home institutions and at future meetings! ■

Special Interest Feature: Women's Professional Subcommittee Report

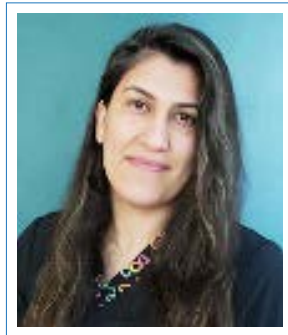
FEATURED PHYSICIST: MU-HAN LIN, PhD

Maryam Mashayekhi, PhD | Mayo Clinic, Rochester

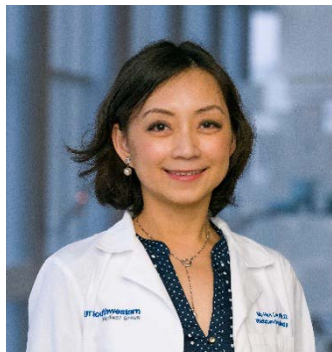
Motherhood didn't slow me down — it gave me focus. It taught me to prioritize what truly moves patient care and team growth, to protect time for the important work. I've been inspired by many role models who show that female physicists can lead, publish, mentor, and still make it to the recital. I'm walking that path, learning every day — and hopefully becoming that kind of example for someone else down the line. I believe the challenge isn't a burden; it's been an engine for resilience, creativity, and a wider circle of support.

Dr. Mu-Han Lin is a medical physicist and Full Professor in the Department of Radiation Oncology at the University of Texas Southwestern Medical Center, where she serves as the Senior Director of Clinical Physics. In this leadership role, she oversees the clinical integration and advancement of complex technologies across multiple platforms, with a strong focus on MR-guided and CBCT-guided adaptive radiotherapy. Originally from Taiwan, Dr. Lin completed her PhD in medical physics and received a competitive student grant to complete her thesis work at Fox Chase Cancer Center, where she later completed her residency.

Her clinical and research interests center on the implementation of advanced therapy techniques, automation and AI in treatment planning, adaptive therapy, workflow optimization, and multidisciplinary training. Dr. Lin has led numerous institutional and multi-institutional



Maryam Mashayekhi, PhD



Mu-Han Lin

initiatives, contributes actively to national task groups (AAPM, NRG Oncology), and is a strong advocate for workforce development through hands-on training programs and educational outreach. Her work bridges innovation and practicality to enhance quality, efficiency, and patient care.

Outside of work, she enjoys spending time with her children, playing piano, dancing — and, of course, the occasional boba tea.

How did you discover medical physics, and what drew you to the field?

I was hooked on the TV show ER as a

kid and thought being a doctor would be the coolest way to save lives. Fast-forward to medical school: after two years of classes, I hit the wards — only to discover the real ER made me pass out, and the patient stories stayed with me long after. I told my mentor, "I REALLY want to work in a hospital, but I don't think I can be on the front line every day." She smiled and said, "You'd make a great medical physicist."

That was the lightbulb moment. Medical physics meant I could still be in the hospital, still make a real difference for patients, but as the scientist behind the scenes — solving problems, improving treatments, and leaving the blood to someone else. That's when I knew I had found my place.

The dream truly clicked during a hospital practicum in the US, where I shadowed a female physicist. She was confident, professional, stylish — and there she was, pushing a QA equipment cart in high heels. I thought to myself, **"That's it. That's who I want to be."** And I've been on that path ever since.

What are you most proud of in your career?

I did my PhD in Taiwan and was fortunate to receive a student grant to complete my thesis work at Fox Chase Cancer Center in the US. That experience was transformative — suddenly, the researchers I had only seen as names on papers were just down the hall, and some even

FEATURED PHYSICIST: MU-HAN LIN, Cont.



2024 Piano Recital: A special evening where Dr. Lin, her husband, and children each took the stage with 1–2 performances. A meaningful moment of music and togetherness.

became my mentors. I still remember the thrill of being able to email experts at other institutions and actually get thoughtful replies.

But the moment I'm most proud of was being accepted into the residency program at Fox Chase. That was the true turning point — when I knew I was no longer just observing the field from the outside, but becoming part of it. It validated the risks I took in changing my career path and gave me the opportunity to grow alongside the very people I had once admired from afar.

Since then, I've had many milestones I'm proud of: joining my first AAPM working group, contributing to task group, and being promoted to full professor this year. But that first leap, from student to resident, remains the most defining and memorable.

What do you find most challenging and how have you faced it?

At first, the challenge was cultural. I was raised to be modest and reserved; here, small talk opens doors. That

shift came with practice. The deeper challenge arrived when I became a mom. There's no "parenting discount" in work, so I had to design a life that could hold both ambition and family. I learned to build systems — carpools with classmates' parents, shared calendars, smarter delegation at work — and to ask for help without apology. What started as survival became community: those carpools didn't just save time; they built friendships for my kids and for me.

Motherhood didn't slow me down. It gave me focus. It taught me to prioritize what truly moves patient care and team growth, to protect time for the important work. I've been inspired by many role models who show that female physicists can lead, publish, mentor, and still make it to the recital. I'm walking that path, learning every day — and hopefully becoming that kind of example for someone else down the line. I believe the challenge isn't a burden; it's been an engine for resilience, creativity, and a wider circle of support.

What advice do you have for aspiring female medical physicists on navigating challenges, particularly when it comes to balancing professional growth with personal life?

People may know me as an "adaptive therapy physicist," but in truth, the entire field of medical physics is adaptive by nature. Every few years, we encounter new technologies, fresh workflows, and evolving clinical demands; or expanding medical physicists' role! The field pushes us to keep learning, stay flexible, and work collaboratively. It's demanding, yes, but that's also part of what makes it

exciting. We're constantly growing alongside the science.

My first piece of advice: take care of yourself — physically and mentally. You can't support your team, patients, or family if you're running on empty. What self-care looks like will vary. For me, it began with a back injury. A physical therapist bluntly told me I didn't have enough core strength, and if I didn't build it, I'd keep getting injured. That was my wake-up call.

I started strength training and eventually tried Zumba. And to my surprise, I truly enjoyed it. It became a space where I could disconnect from the workday and focus entirely on the rep, the beat, or the movement. I may not be the best dancer or lifter, but I leave every session feeling mentally recharged. It's not just about physical fitness—it's also about emotional restoration. I will always check in my exercise before I check in at work! That is how I can protect it. Everyone has their own "entry point" to a healthier lifestyle. Find yours, and protect it.

Second: you don't need to be perfect. It's okay to say, "I can't do it all," and to ask for help. Let people in. Talk to others. You'll be surprised how many colleagues, friends, and even acquaintances are willing to support you if you speak up. And it's healthy to acknowledge when you're stressed. I often reach out to friends or mentors to talk through situations — whether clinical or personal. More often than not, I find someone who's been there before and can offer practical guidance. Our field is built on collaboration, and that spirit extends beyond physics itself.

FEATURED PHYSICIST: MU-HAN LIN, Cont.

I still remember the first time I packed my child's lunchbox with grilled cheese and a fruit cup. I felt guilty. I grew up with beautifully balanced lunches: two vegetables, one protein, rice, and fruit. But here's the reality check: my kids didn't like the "perfect" lunchbox. They often came home with half the food untouched. Meanwhile, grilled cheese was a hit, still reasonably nutritious, and — most importantly — meant I didn't have to wake up at 4:30 am to cook, exercise, and rush out the door to work. That just wasn't sustainable. So I let it go. Sometimes, good enough really is perfect.

Third: build friendships outside of medical physics. Some of the most insightful advice I've received about parenting, time management, and balance has come from friends in totally different fields. These outside perspectives can help you see your own challenges in new ways. At the same time, lean into your professional community. One of my favorite events every year is the AAPM Women's Luncheon—an incredible space to connect, share, and lift one another up. If it ever becomes a podcast, I'll be the first to subscribe for my morning commute.

And lastly: dream big, but plan practically. Set small, achievable goals along the way. Stay positive. When I'm overwhelmed by a looming deadline, I remind myself how great the day after will feel. That little mental trick gives me the boost I need to keep going.

Frankly, I'm still learning, too. We all are. And the best part? We get to learn together. ■

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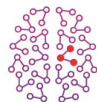
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Special Interest Feature: Women's Professional Subcommittee Report

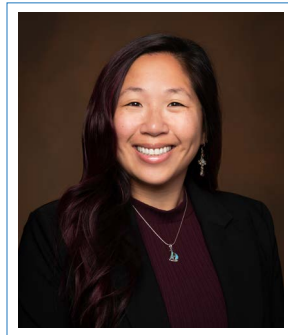
FROM OUTREACH TO MENTORSHIP AND BEYOND...

Ashley Tao, PhD | Emplify Health by Gundersen

We want to share information about our field with others because we are passionate about it and we want others to learn about it too. We all have our own stories of how we got into medical physics and I think it's important to share this with young scientists who are trying to find out what kind of career they might want to pursue.

It was the fall of 2018 shortly after I had completed my medical physics residency, I had started a new job in a new city and there were many new things to be acquainted with. If that wasn't enough, I was interested in becoming more involved with AAPM but wasn't entirely sure how to get involved. I can't quite recall my initial contact with the Women's Professional Subcommittee, but it was the first group I joined. I was a guest for about a year before I was offered to become a member.

In late 2019, an outreach opportunity was brought up during a WPSC meeting: the Conferences for Undergraduate Women and Gender Minorities - CU*IP (formerly Conference for Undergraduate Women in Physics - CUWiP). The conference is structured so that there are about a dozen host universities each year. I was living near the University of Minnesota and they were seeking individuals to serve on a career panel to answer discussion questions about jobs requiring physics background. I offered to talk about my journey of how I got into the field of medical physics. I have



Ashley Tao, PhD

written about my experience at this conference in a previous AAPM Newsletter ([Sept/Oct 2020 Vol 45, No 5](#)).

Each career panelist shared their contact information in case individuals who were interested in hearing more about the various careers wanted to reach out to the respective panelists.

Purity Bundi, an attendee at CUWiP was an international undergraduate freshman student from Nairobi, Kenya,



Purity Bundi, pictured here, was an international undergraduate freshman student from Nairobi, Kenya, majoring in Physics at Carthage College when we met at CUWiP at University of Minnesota. Now, she is a resident at the Ohio State University Therapeutic Medical Physics Residency Program.

majoring in Physics at Carthage College, reached out to me after the conference to learn more about medical physics. We had a lovely phone conversation and continued to communicate via email over the years. She later participated in the [SUPERS Program](#) at the University of Pennsylvania in her sophomore and junior year, conducting medical physics research and clinical shadowing. Fast forward to today, she completed her undergraduate degree in 2022, a Master's degree in health/medical physics at Louisiana State University and most recently was accepted as a resident at the Ohio State University Therapeutic Medical Physics Residency Program. Looking back, I don't think I really appreciated the impact that small event I participated in would have. It brings me such joy that five years ago, Purity was just learning about medical physics and now she is a colleague!

We want to share information about our field with others because we are passionate about it and we want others to learn about it too. We all have our own stories of how we got into medical physics and I think it's important to share this with young scientists who are trying to find out what kind of career they might want to pursue. I had never heard of medical physics in high school and if it weren't for the coincidence that my university offered an undergraduate program in medical physics and I had heard about their program information night,

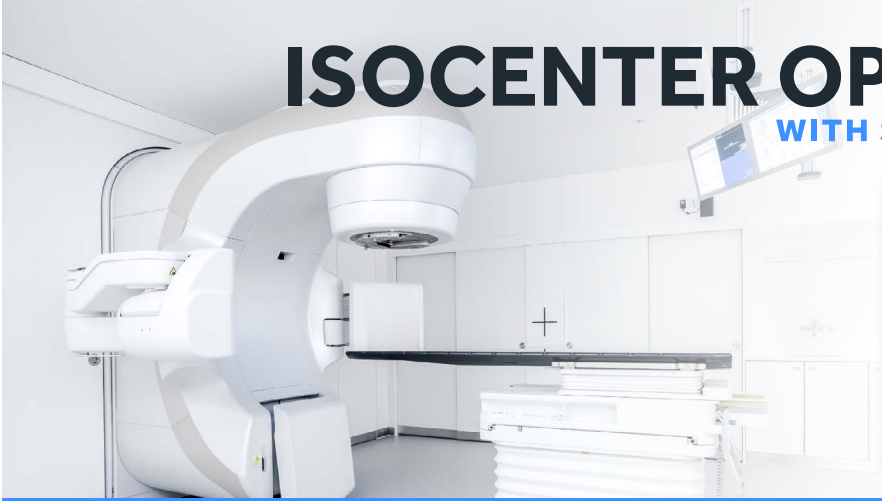
FROM OUTREACH TO MENTORSHIP AND BEYOND..., Cont.

I'm not sure I would have found out about it as a career option. Outreach events such as CU*iP serves as one of the many opportunities to share with others about the field of medical physics and we should certainly take of advantage of it.

As mentioned earlier, this was my first involvement with AAPM, but it opened up other opportunities within AAPM, from being on the Board of Directors, participating in MPLA, various Committees/Councils/

Task Groups, mentor for the Summer Undergraduate and DREAM fellowship programs, to involvement at the Chapter level. If you have been thinking about participating in any outreach, consider reaching out to the WPSC as they regularly share related events that may be of interest to members to participate in. Note that these events are not exclusive to women. Additionally, if you have been thinking about mentoring or if you feel like you need a mentor, there are plenty of AAPM resources to get

you started. Whether you find yourself at the early career and mentor lounge at the AAPM Annual Meeting, participating in the AAPM Mentorship Program, or getting involved in other outreach programs there are really many avenues to give back to our community. I certainly have found my involvement with AAPM to be a rewarding part of my career. So, take this as a sign to participate in an outreach event or volunteer with AAPM. Wishing Purity Bundi all the best for her residency! ■



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Undergraduate Research Competition and Outreach Activities at the 2025 AAPM Annual Meeting

AAPM SUFP AND DREAM SUBCOMMITTEE REPORT

Written on behalf of the AAPM Undergraduate Summer Fellowship & Outreach Subcommittee

The AAPM Annual Meeting once again featured two events specifically designed for undergraduate students, in collaboration with the Society of Physics Students (SPS). SPS serves as the national organization for undergraduate students in physics and astronomy and is a member of the American Institute of Physics federation alongside AAPM.

The first event was the Undergraduate Research Competition, the third consecutive year the competition has been held. The competition is available to students who have been accepted to present proffered abstracts at the meeting as first authors, provided that the research was conducted prior to receiving their undergraduate degree. This year's competition featured awards for the two top-scoring presentations. Each winner will receive up to \$1500 in travel support to attend the 2025 Physics and Astronomy Congress in Denver, Colorado, later this year, where they will showcase their research through a poster presentation. These awards are generously funded by SPS.

The winners were:



Fahd Hatoum, Emory University

Title: Demographic Attributes of The Train-Test Sets and Their Impact on AI Performance: Medical Imaging Applications

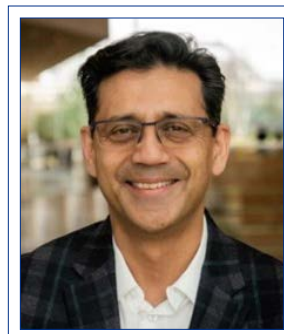
Advisor: Maryellen L. Giger, The University of Chicago



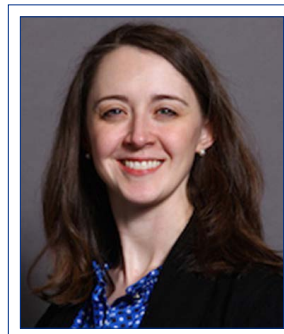
Keshav Jha, Duke University

Title: Predicting Reactive Oxygen Species generated through photoactivation of targeted laser therapy in-silico

Advisor: Timothy Haystead, Duke University



Parminder S. Basran, PhD
Cornell University



Heather M. Whitney, PhD
University of Chicago

These undergraduate events play a crucial role in fostering a sense of togetherness, unity, and belonging among the next generation of physicists. Students have the opportunity not only to strengthen their bonds with the scientific community but also to promote professional growth, create opportunities for collaboration and engagement, and encourage volunteerism in the profession.

AAPM SUFP AND DREAM SUBCOMMITTEE REPORT, Cont.

The judging panel consisted of **Parminder Basran, PhD; Magdalena Bazalova-Carter, PhD; Xiuxiu He, PhD; Xun Jia, PhD; William Thomas, MS; Martin Tornai, PhD; Ingrid Valencia Lozano, PhD; Harini Veeraraghavan, PhD; and Jing Wang, PhD.**

The second event was an undergraduate student gathering, co-sponsored by the Undergraduate Summer Fellowship and Outreach Subcommittee (SUFP) and Diversity Recruitment through Education and Mentoring Program (DREAM). Students came together to receive overviews of medical physics and guidance on navigating the AAPM Annual Meeting, presented by Sarah Ashmeg, PhD, MS and Kip Matthews, PhD. The committee members also participated in an 'ask-us-anything' session, during which the student participants asked various questions about training and experiences in medical physics. The event concluded with all participants sharing the right-hand rule handshake, an SPS tradition.

These undergraduate events play a crucial role in fostering a sense of togetherness, unity, and belonging among the next generation of physicists. Students have the opportunity not only to strengthen their bonds with the scientific community but also to promote professional growth, create opportunities for collaboration and engagement, and encourage volunteerism in the profession.

We are grateful to SPS for supporting these undergraduate research awards and were pleased to welcome this group of undergraduate students to our Annual Meeting. The competition participants presented strong work, and enthusiasm for the field of medical physics was evident at the student gathering. We anticipate continued undergraduate-focused programming at future AAPM Annual Meetings. ■



Undergraduate physics students, DREAM and SUPFO fellows, and AAPM volunteers meeting at the AAPM ASM at the student gathering event.

Empowering the Next Generation of Medical Physicists: Student Events at the AAPM Annual Meeting

STUDENT EVENTS AT THE AAPM ANNUAL MEETING #1

STSC and WGSTR worked in collaboration at the AAPM 67th annual meeting and exhibition in Washington, DC to incorporate a variety of events for students and trainees ranging from undergraduate students to residents. Our events are targeted to cultivate aspects of the advancements of young medical physicists in the field and encourage student and trainee involvement in the AAPM to continue to advance our profession.

Written on behalf of the Student and Trainees Subcommittee (STSC) and the Working Group and Student and Trainee Research (WGSTR).

The Students and Trainees Subcommittee ([STSC](#)) and the Working Group on Student and Trainee Research ([WGSTR](#)) worked in collaboration at the AAPM 67th Annual Meeting in Washington, DC to incorporate a variety of events for students and trainee attendees. Our events provide opportunities to network and build connections with leaders in medical physics, gain insights into emerging technologies and to get to know other students in the field.

Student Night Out

On Saturday, July 26, the STSC took over SPIN DC for the 2025 Student Night Out. We welcomed 200 participants for an evening of networking, fun and ping pong. Each game won in the ping pong tournament entered participants in a draw for free registration to next year's Annual Meeting—congratulations to Alex, whose ticket was pulled, and a thank you to One Physics for sponsoring the event.

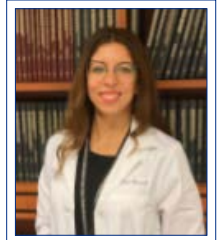
Residency Fair + Resident and Applicant Connect

On Sunday, July 27 the STSC hosted the highly anticipated residency fair. The AAPM Residency Fair is an opportunity for prospective applicants and candidates to interact with various medical physics residency programs from across the country. This year, the fair hosted 100 programs (25 imaging, 75 therapy). The event was divided into two, 90-minute timeslots to allow candidates time to evaluate and interact with registered programs. Over 400 potential applicants participated in this year's event, making it one of the largest and most successful residency fairs put on at the Annual Meeting. In addition to being able to interact with residency programs, candidates had the opportunity to speak to the event sponsor, Varian. The STSC aims to continue to improve and grow this event which has become a key element of the Annual Meeting program for students and trainees. If you didn't get a chance to participate in the on-site residency fair in DC, keep an eye out for our **Virtual Residency Fair** series in October 2025.

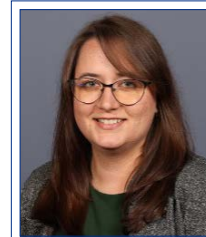
In addition to the residency fair, the STSC hosted its third annual **Resident and Prospective Applicants Connect** session. This initiative was created to



Sarah Aubert, PhD
Princess Margaret
Cancer Center



Hana Baroudi, PhD
MD Anderson



Megan Chesal, PhD
University of
Pennsylvania



Keyur D. Shah, PhD
Emory University



Rachel Trevillian, MS
Emory University

STUDENT EVENTS AT THE AAPM ANNUAL MEETING, Cont.

provide potential match candidates with the opportunity to connect with current residents in a more relaxed, casual environment. The in-person session was held on Monday July 28 from 1:30–2:30 pm and had over 130 candidate attendees and over 100 current residents who registered to participate. Event participants expressed positive experiences and the STSC has plans to continue hosting the event at future Annual Meetings.

Student and Trainee Luncheon

The Student and Trainee Luncheon is held each year to bring together experts on a given topic to share their knowledge and experience with students and trainees. The topic of this year's luncheon was on **leadership in traditional and entrepreneurial roles** within the medical physics landscape. As the field of medical physics evolves, the role of the medical physicist becomes more fluid, requiring trainees and young professionals to learn how to adapt to these different roles.

The first speaker of the day was **Dr. Matt Daniels**, a managing partner and owner of TrueNorth Medical Physics, a self-described company "by physicists for physicists." Dr. Daniels gave a presentation titled "How to Make Your Business Fail," sharing humorous anecdotes and potential business pitfalls, and the ways he and his partners sidestepped these traps and built a profitable company. The next speaker was **Dr. Karl Otto**, a pioneering figure in radiation oncology and the developer of Volumetric Modulated Arc Therapy (VMAT). The current Chief Science Officer at Radformation, Dr. Otto spoke of recognizing when things could be improved and diligently working to make them better, highlighting his years of work on VMAT and his current work at Radformation supporting clinics worldwide. The final speaker of the day was **Dr. Julianne Pollard-Larkin**, the Service Chief of Thoracic Radiation Physics at MD Anderson Cancer Center. Dr. Pollard-Larkin gave an impassioned talk on knowing oneself and one's desires, both in life and career, and how the only limitations to success are the ones you let others put on you. The luncheon ended with a lively Q&A session with many attendees staying behind to talk with the speakers about leadership roles and opportunities.

Annual Student Meeting

Each year the STSC hosts an annual student meeting session, aimed at highlighting a topic relevant to student and trainee meeting attendees. This year the session was titled, **"The Art of Communication in Medical Physics: Bridging Science and Patient Care."** The session aimed to address the importance of developing effective communication skills as a scientist working in the field of medical physics. In recent years there has been a shift toward increasing the role of medical physicists in direct patient care, however formal training in patient communication is not provided in many training programs. The session highlighted the importance of acquiring patient communication skills as the future generation of medical physicists and to introduce students to the role medical physicists may have in communicating with patients and the general public across radiation therapy, diagnostics and nuclear medicine settings.

This year, the session consisted of a panel of four speakers: **Dr. Todd Atwood** (University of San Diego), **Dr. James Kofler** (Mayo Clinic), **Dr. Megan Hyun** (Memorial Sloan Kettering Cancer Center), and **Dr. Rachel Barbee** (MD Anderson Cancer Center). Each speaker delivered a presentation sharing their experiences with effective communication skills both in the clinical and to the general public, followed by a Q&A session with the audience. The conversation that arose from the Q&A session was fruitful and the panelists demonstrated a wealth of knowledge while offering advice on where to start with learning more about communication.

MedPhys Slam: Final Competition

The Med Phys Slam competition challenges participants to deliver a three-minute presentation about their research in a way that is engaging and accessible to a non-scientific audience. This format highlights the importance of communicating medical physics research to the broader public. Participants are students or trainees who qualify through regional AAPM chapter competitions. Winners from each of the 21 chapters, along with one entry from the non-chapter competition, advance to the final round held at the AAPM Annual Meeting.

This year's final featured 19 participants, showcasing a diverse range of research topics through compelling

STUDENT EVENTS AT THE AAPM ANNUAL MEETING, Cont.

presentations. A panel of four judges — representing backgrounds in public health, journalism, content design, and consumer protection (none from medical physics) — evaluated the talks. Presentations were judged on both content (research question, significance, methodology, and quality/flow) and communication skills (clarity, pace, nonverbal delivery, energy, and audience engagement).

The 2025 winners were:

- 1st Place: Minji Kim (also recipient of the People's Choice Award)
- 2nd Place (tie): Sarah Aubert and Mitchell Yu
- 3rd Place: Victoria Ainsworth

Congratulations to our winners! We look forward to next year's joint COMP-AAPM Med Phys Slam, to be held in Vancouver. Interested in participating? Contact your local AAPM chapter. If you are not affiliated with a chapter, keep an eye out for announcements about the non-chapter competition.

Early Career and Mentor Lounge

This year the STSC and WGSTR collaborated to host a lounge space for students and trainees during the conference. This space provided a meeting and mingling space for students and trainees throughout the duration of the meeting. Each morning there was a morning debrief led by an STSC and WGSTR representative to help maximize the experience of early career attendees by highlighting potential sessions of interest.

On Sunday, July 27 the **New Attendee Orientation** was hosted by the **New Professionals Subcommittee** ([NPSC](#)).

Following this, there was the **Society of Physics Students (SPS) Gathering** for undergraduate students.

Monday, July 28th we hosted **exhibit hall student guided tours** to help students navigate all the exhibit hall had to offer. Then, Women Who Coffee and Curie hosted an event called **Your Support Network: An Introduction to Women Who Coffee and Curie** promoting their group which meets virtually once per month for moderated discussions on topics of importance to women in physics. Following this, WGSTR hosted their **Annual Student and Trainee Luncheon**. The next event was the **Resident and Prospective Applicant Connect**. Monday ended with **Speed Mentoring** where participants were provided the opportunity to have short conversations with multiple mentor participants.

Tuesday, July 29 kicked off with the **Annual Student Meeting** hosted by STSC. Proceeding this event, there was a **Technical Grant Writing Workshop** hosted by the Editors of JACMP to delve into technical writing for scientific publication. The **AAPM Seed Grant Session** concluded the events for Tuesday.

Wednesday, July 30 started with the morning debrief and concluded with a session on **How to Submit to Journals** where the Editors of *Medical Physics* and JACMP discussed how to prepare your manuscript for success.

We would like to thank all of the students and trainees who attended our events at the Annual Meeting in DC and we hope to continue to be able to organize events that benefit the student membership of AAPM in coming years. ■



Left: Undergraduate physics students, [DREAM](#) and [SUFP](#) fellows, and AAPM volunteers meeting at the AAPM ASM at the student gathering event.

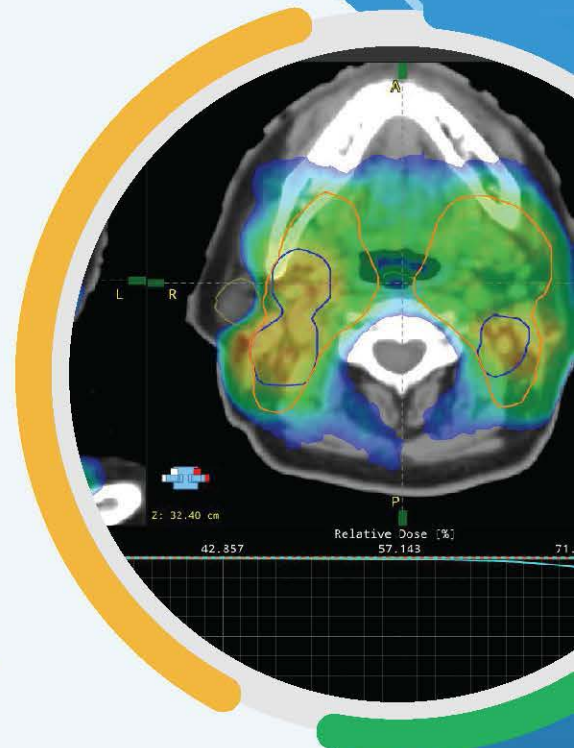
Right: Pre-event smiles from the STSC crew at SPIN DC as they test tables and prep the raffle for Student Night Out.

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My First AAPM National Conference as an Undergraduate

STUDENT EVENTS AT THE AAPM ANNUAL MEETING #2

My name is **Dayadna Hernandez**, and I'm a senior undergraduate studying Physics with a concentration in Medical Physics at the University of Florida. I was honored to attend the AAPM Annual Meeting through a free registration program for undergraduate physics students offered by the Undergraduate Summer Fellowship and Outreach Subcommittee ([SFP](#)), which gave me the chance to explore the field more deeply and begin building connections for my future in medical physics. The schedule felt overwhelming at first, with so many talks, posters, vendors, and networking events happening at once. Yet that turned out to be the best part. No matter where I went, I was learning something new or meeting someone inspiring. One of my favorite sessions was **Dr. Anthony Chang's** "*Coming in Hot: How Theranostics is Changing the Game of Precision Medicine*," which introduced me to exciting new directions in the field.

However, since my technical knowledge is still developing, I focused on two priorities: gaining a clear understanding of the career paths within medical physics and networking as much as possible to prepare for graduate school and, later, residency.

The **Student Speed Mentorship Event** stood out as one of the most impactful. I received feedback on my resume and statement of purpose, ideas for extracurricular involvement, and honest insights into residency programs and the profession in general. The **Residency Fair** was equally valuable, giving me the chance to speak directly with residency directors about what they look for in applicants and how to prepare during graduate school. Conversations with residents, and later at the **Residency Connect** event, were especially helpful, offering advice on challenges, lessons learned, and what they wished they had known earlier.

I left Washington, DC with mentors, new friends, and a stronger sense of belonging. I already knew I wanted to pursue medical physics, but this conference confirmed it: this is my place. ■



Dayadna Hernandez-Perez
University of Florida

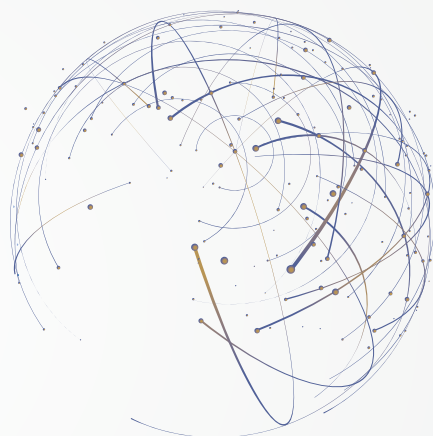


AAPM Science Council Associates Mentorship Program (SCAMP)

This program has been established to recognize and cultivate outstanding researchers at an early stage in their careers, with the goal of promoting a long-term commitment to the advancement of science within AAPM. SCAMP uses the process of shadowing to integrate the Associate into the scientific activities of the organization.

AAPM International Council Associates Mentorship Program (ICAMP)

This program has been established to recognize and cultivate outstanding researchers at an early stage in their careers. The program aims to promote a long-term commitment to global health and education within the AAPM. ICAMP uses the process of shadowing to integrate the Associates into the International Council and its related internationally focused activities.



BOTH selected SCAMP Associates and ICAMP Associates

will participate in the program through the end of the following calendar year. Each Associate will be reimbursed up to \$2000 per year for two years to cover the costs (travel-related expenses including flight, hotel, and meeting registration) to attend the 2026 Annual Meeting in Vancouver, BC and the 2027 Annual Meeting in Columbus, OH.

Applications for both programs open on January 13, 2026!

[SCAMP information on how to apply, including eligibility criteria](#)

[ICAMP information on how to apply, including eligibility criteria](#)

Recap from the 2025 Annual Meeting Early Career Investigator Symposium

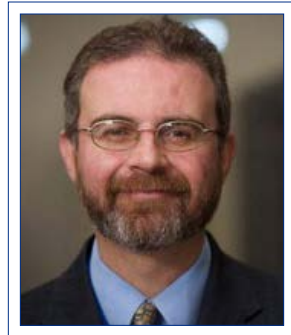
REPORT FROM AWARDS AND HONORS

The John R. Cameron Early Career Investigator Symposium (ECIS), previously known as the John R. Cameron Young Investigator Symposium, is a highly anticipated part of each AAPM Annual Meeting. The symposium is named in honor of Dr. John R. Cameron, who was one of the founding fathers of the AAPM and who also founded the Department of Medical Physics at the University of Wisconsin in Madison, one of the pre-eminent academic medical physics departments in the world. Dr. Cameron placed enormous value on education of medical physicists, and it is quite fitting that the AAPM is recognizing his great contributions to our organization and to medical physics by naming this symposium in his honor.

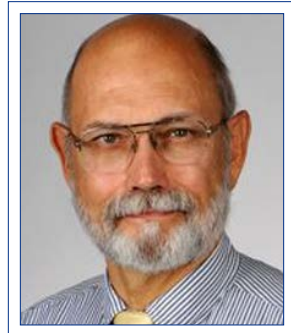
Each year, early career investigators are encouraged to submit abstracts of their research work for presentation during the symposium. To be eligible as an early career investigator, at the time of abstract submission candidates must be a trainee in either a medical physics graduate program, a CAMPEP certificate program, a medical physics residency, or a postdoctoral fellowship within two years post-degree. The top 10 abstracts, as scored by multiple reviewers, are selected for presentation during the ECIS held each year at the Annual Meeting.



2025 ECIS Participants (alphabetical order): José Freire, Adnan Jafar, Anthony Lim, Kevin Liu, Giulio Lovatti, Benedict Neo, Bangho Shin, Xiwen Shu, Yaogong Zhang and Zhendong Zhang



Matthew B. Podgorsak, PhD
Roswell Park Comprehensive
Cancer Center



E. Russell Ritenour, PhD
Medical University of South Carolina



Nancy Vazquez
Programs Manager
AAPM HQ

REPORT FROM AWARDS AND HONORS, Cont.

During the symposium, each speaker is allowed 10 minutes for their talk followed by two minutes to answer questions from the audience. There are 15 to 20 judges who are in the audience and score each speaker according to the following criteria: organization of talk, presentation style, scientific innovation, use of visual aids, and timeliness. The top three investigators are recognized during the Awards and Honors Ceremony.

For this year's ECIS, there were over 450 abstracts submitted. To begin with, being one of the 10 investigators selected to present research work during the symposium is quite an accomplishment. Immediately below are the 2025 ECIS participants (one speaker withdrew their submission prior to the symposium).

Being one of the top three investigators as scored by the judges during the symposium, however, requires excellence

in scientific research along with superior organization and presentation skills. The 1st, 2nd, and 3rd place early career investigators during the 2025 ECIS are Kevin Liu, Jose Freire, and Benjamin Neo, respectively.

A list of the top three participants in previous years' symposia (going back to 2001) can be found [here](#).

Dr. Ritenour and I have had the privilege of co-moderating the ECIS since 2020, and we continue to be impressed each year by the poise, professionalism, and academic talents demonstrated by each year's early career investigators. We remain convinced that the scientific mission of AAPM will be well served into the future by AAPM early career investigators. ■



From left to right:
Kevin Liu, Jose Friere,
Benjamin Neo

Our Condolences

Tao Wu, PhD

Our deepest sympathies go out to the family. 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.)

Second Interview With an International Medical Physics Trainer by Train-The-Trainer Working Group (TTTWG)

INTERNATIONAL COUNCIL REPORT

Train-The-Trainer Working Group ([TTTWG](#)) is a working group under the Global Clinical Education and Training Committee ([GCETC](#)) in the International Council. The goal of TTTWG is to provide AAPM members participating in international training via AAPM initiatives for global outreach and clinical training with guidelines on non-technical knowledge, awareness, skills needed for training outside one's country. In a series of interviews, we seek to collect the experiences of seasoned trainers and provide them to AAPM members. Our second interview is with Dr. Caridad Borrás.



Brief Biography:

Cari (Caridad) Borrás obtained a Doctor of Science degree from the University of Barcelona, Spain, having done a thesis research project on the dosimetry and embryological effects of Astatine-211 at Thomas Jefferson University in Philadelphia, PA, USA, as a Fulbright scholar. She worked for two years as a radiological physicist in Barcelona, Spain, before moving to the United States. She worked at the West Coast Cancer Foundation in San Francisco, CA, for 14 years. For 15 years, she directed the

Radiological Health Program of the Pan American Health Organization/World Health Organization (PAHO/WHO) in Washington, DC. She served as a Visiting Professor at the Universidade Federal de Pernambuco in Recife, Brazil, for 2.5 years. She currently holds an adjunct faculty position at The George Washington University and works as an international consultant. She has organized and/or participated in more than 300 courses/workshops in more than 50 different countries, written over 100 publications, five book chapters, and edited/coedited four books on radiology services and radiation safety, including radiotheranostics. She is a Fellow of the ACR, AAPM, IOMP, HPS, and IUPESM, and has received awards/recognitions from SEFM, AAPM, IOMP, ALFIM, ACCE, ACR, ABR, and IUPESM.

Why did you become a trainer?

I never thought I was a "trainer." But yes, I have trained a lot of people, not just physicists, but also physicians and technologists. My first training assignment was in 1966, when I taught a course on Cobalt-60 therapy for radiation oncologists at Hospital Santa Creu i Sant Pau in Barcelona, Spain. I continued teaching while I was a graduate student at the Stein Research Center of Thomas Jefferson University in Philadelphia, PA, and was trying to make extra money as a part-time "assistant physicist." I primarily trained radiology and radiation oncology residents, as well as radiotherapy technologists who needed to learn how to calculate Cobalt-60 treatment times! The latter was



Surendra Prajapati, PhD
UT MD Anderson Cancer Center

INTERNATIONAL COUNCIL REPORT, Cont.

the most difficult task, as it seemed that in the US, high-school students learned mathematical skills very differently from those in Spain. My students did not know what the Rule of 3 was. Perhaps that was a Spanish term that did not translate into English in that way? I still recall the unfortunate comment I made once to the late Dr. Simon Kramer, Chair of the Radiation Oncology Department at Jefferson, during a departmental meeting. He was concerned about the training the technologists were receiving. He asked me, "Are you sure they understand?" And I replied, "Oh, yes, I taught the same thing to your residents, and even they understood it." There was a sudden silence, and I realized my faux pas and was terrified. But then Dr. Kramer started laughing, and everybody laughed with him. I was saved! Perhaps this event triggered in me the passion for training?

Where have you provided training, and how long have you been doing so?

I trained radiation oncology residents at UCSF in 1974. But I also joined the faculty at San Francisco City College as an Instructor to teach X-ray technologists. I also organized several refresher courses for medical physicists. This continued until 1988, when PAHO/WHO employed me as the Regional Adviser in Radiological Health. In this capacity, I organized and contributed to workshops, courses, and seminars throughout Latin American and Caribbean countries on the physics of radiology, radiation therapy, radiobiology, and radiation safety, including sessions on radiation accidents. The audience was primarily working medical physicists, but, especially when teaching mammography, there were also radiologists and technologists present. Most of the training events included practical sessions, as I did not believe working medical physicists needed lecturing on theoretical aspects that they could read in publications. During my 15 years at PAHO/WHO, I participated in 133 training events, most of which I had organized. After I left the organization, I continued teaching, mainly at the invitation of medical physics societies worldwide. From 2009 to 2011, I was invited as a Visiting Professor by the Department of Nuclear Energy at the Federal University of Pernambuco, where I was involved in training graduate students pursuing Master's or Doctoral degrees. Since then, my training activities have continued, reaching over 300, including courses, workshops, and seminars.

What do you remember the most from these trainings?

The people, of course, always the people, their eagerness to learn. In Brazil, I met the warmest, kindest individuals – it was an incredibly emotional experience.

What challenges did you face during the training period?

Some challenges were technical. For example, finding a local hospital willing to allow students to perform measurements on their equipment, ensuring all students had or were issued a dosimeter, etc. And, depending on the number of students, split them into manageable groups for which one had to find a group leader. However, that allowed me to engage local physicists as group leaders. Never mind, I had to give them special training first!

However, there were also cultural differences among the countries I visited that startled me... I had to learn how to tailor the training to their needs. The greatest challenge occurred during the pandemic confinement. The training events were all virtual and not being able to see the audience, I couldn't tailor the training to their reactions, something that I always do when I teach.

How can the training experience be improved? What worked and what did not work? What could you have done differently?

Again, the issue is not technology transfer but culture transfer. What works in an industrialized country may not work in a developing one. It is not a problem of infrastructure but of societal values. How can one teach to assume responsibility for errors when the individual will forever be barred from his/her job? The typical reaction is to cover up the error. I don't think we ever learned how to handle that. I don't know what I could have done differently. Probably I should have been more patient, more flexible...

What was rewarding?

After 61 years of uninterrupted work as a medical physicist, I continue to be invited to teach. That is the most rewarding feeling.

What non-technical skills should the new trainers learn and master?

In addition to cultural and situational awareness, as well as the capacity to manage often-limited resources, the most important non-technical skills a trainer must develop are

INTERNATIONAL COUNCIL REPORT, Cont.

organizational and communication abilities. To convey a message, it is not enough for the content to be accurate and relevant; how it is presented is paramount. People often say one of my greatest teaching assets is the passion I bring to my lectures. Whether one is naturally charismatic or not, everyone can learn to teach with confidence and respect for diverse audience backgrounds. During your teaching, strive to build rapport with your students. Engage and interact with them; show your enthusiasm—it's contagious.

Language is another important factor. Delivering lectures in the students' native language is extremely helpful. Translations are not always accurate, and even though most people understand English and can read it well, they may struggle with complex concepts or technical terminology.

With time, your confidence in teaching will grow. The first time I gave a presentation at an international conference was in Tokyo in 1974, based on my doctoral research. The night before, I couldn't sleep — I was so nervous! After my talk, a professor from Argonne National Laboratory invited me to present my results to her department. I gladly

accepted. My lecture was scheduled for the afternoon, and before it, I was asked to lunch with her professorial colleagues. Meeting them was intimidating, especially when I found out that among them was a Nobel Prize winner. I worried I would not be able to deliver my talk. Then, I remembered how I always wanted to act in a play. I told myself, 'Why not pretend I was a renowned physicist presenting my work to my peers?' The trick worked! I was no longer a nervous postgraduate student describing the radioembryological effects of Astatine-211; I was an actress playing the role of an accomplished researcher. Perhaps I have never stopped acting...

What advice do you have for upcoming international trainers?

Before visiting a country, learn about its history, government, and regulations. What are the people reading; how do they spend their free time? What music do they like? And don't think that the students are lazy or incompetent just because they don't ask questions. It may be part of their culture. Be patient and persistent. They and you will enjoy the training experience. I certainly have and hope to continue! ■



GRACE CHALLENGE

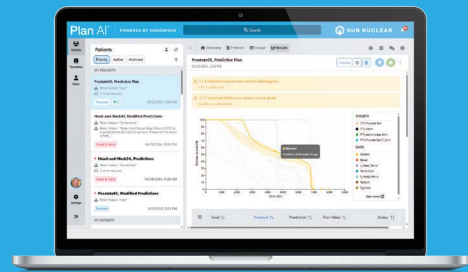
The Grace Kim Memorial Grand Challenge:
Advancing Total Body, Marrow,
and Lymphoid Irradiation Treatment Planning

Total body, marrow, and lymphoid irradiation represent some of the most complex and technically demanding areas in modern radiation therapy. We invite you to take part in this upcoming AAPM Grand Challenge on total body, marrow, and lymphoid irradiation treatment planning, organized by the Working Group on Grand Challenges and TG379, and honoring the innovative spirit of Grace Gwe-Ya Kim, PhD.

**Registration opens and
the Challenge begins DECEMBER 1.**

Please check [HERE](#) often for more details and the live registration link, coming soon!

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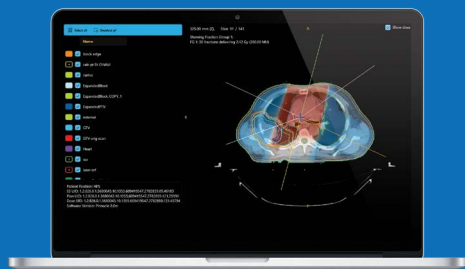


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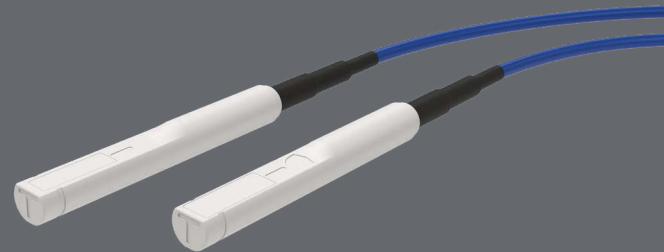
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REPORT FROM THE MEDICAL IMAGING AND DATA RESOURCE CENTER (MIDRC)

AAPM-MIDRC SUBCOMMITTEE REPORT

MIDRC Expands Global Reach with New Chan Zuckerberg Initiative (CZI) Funding

We are pleased to announce that the **Medical Imaging and Data Resource Center (MIDRC)** has received a **\$1.5 million grant** (grant #: 2024-354607) from the **Chan Zuckerberg Initiative (CZI) Donor Advised Fund**, an advised fund of the Silicon Valley Community Foundation, to launch **MIDRC-GLOBAL**, an ambitious international expansion of the MIDRC data commons.

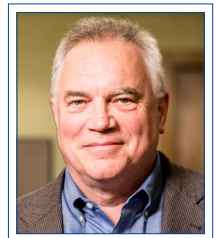
MIDRC-GLOBAL is designed to increase representative, annotated imaging data available creating an AI-ready imaging data ecosystem. The initial focus is on fibrosis as presented on chest radiographs and lung CT imaging, a major global health burden, with early collaborations in Africa. By including imaging data from across the world, MIDRC-GLOBAL seeks to improve the reliability, accuracy, and applicability of machine learning algorithms.

Key goals of this initiative include:

- Expanding global data contributions to create a more comprehensive resource for researchers.
- Contributing to infrastructure and research capacity at international sites, fostering sustainable data-sharing ecosystems.
- Improving FAIR (Findable, Accessible, Interoperable, Reusable) pipelines for harmonized image curation and metadata processing.
- Enhancing the MIDRC user portal to enable broader international participation and access to AI-ready datasets.



Maryellen Giger, PhD
University of Chicago



Paul Kinahan, PhD
University of Washington

MIDRC BY THE NUMBERS



[MIDRC.ORG](https://midrc.org) | [DATA.MIDRC.ORG](https://data.midrc.org)

MIDRC numbers as of Oct 6, 2025

Please direct inquiries to:

Maryellen Giger, PhD, FAAPM,

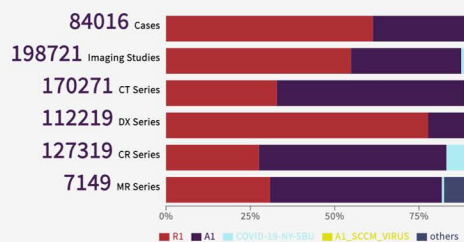
Paul Kinahan, PhD, FAAPM, or

Emily Townley, AAPM MIDRC Program Manager



MIDRC Data Commons

The Medical Imaging & Data Resource Center (MIDRC) Data Commons supports the management, analysis and sharing of medical imaging data for the improvement of patient outcomes. The data in MIDRC are open access in order to foster machine learning innovation through data sharing and include in addition to imaging files, patient demographic data, COVID-19 test results and other clinical data, harmonized study descriptions utilizing the LOINC playbook, and image DICOM tags for purposes of data filtering and selecting cohorts for analysis.



(MIDRC data publication numbers, as of Sept. 28, 2025. The Medical Imaging and Data Resource Center [MIDRC] is funded by the National Institute of Biomedical Imaging and Bioengineering [NIBIB] of the National Institutes of Health under contract 75N92020D00021 and through The Advanced Research Projects Agency for Health [ARPA-H])

AAPM-MIDRC SUBCOMMITTEE REPORT, Cont.

Further MIDRC Updates

Beyond MIDRC's recent international expansion, other milestones include:

- **Release of over 185,000 imaging studies** and associated clinical data, making MIDRC one of the largest open-access medical imaging repositories.
- **Development of advanced curation pipelines** that integrate radiology reports, structured metadata, and imaging biomarkers, improving dataset richness for AI training.
- **Deployment of novel AI benchmark tasks**, enabling researchers to evaluate algorithms on clinically relevant challenges, such as disease severity assessment. Visit MIDRC's open [GitHub Repository](#).
- **Federated learning pilot projects**, which allow AI models to be trained across distributed institutional data without moving sensitive patient data—an important step for privacy-preserving collaboration, including the launch of [MIDRC Biomedical Data Fabric \(BDF\) Imaging Hub \(BIH\)](#), a federated data hub enabling researchers to query structured data aggregated from various other data repositories
- **Expansion of multimodal data integration**, including linking imaging with electronic health records to support translational research at the interface of precision medicine and imaging science.
- **Continuation of the free MIDRC monthly Seminar series, to democratize knowledge**, accelerate the translation of research into practice, and inspire the next generation of scientists and health care professionals. You can register for the series, allowing you to participate in live discussion, [HERE](#). Past Seminars are posted to MIDRC's open YouTube channel for viewing [HERE](#).

MIDRC at RSNA2025

MIDRC will host a booth for the fourth year in a row at the McCormick Lakeside Learning Center. Visitors can engage with MIDRC staff, learn about the latest advancements in AI for imaging, and explore how MIDRC data resources and tools can fuel their own research endeavors — if you're attending RSNA (November 3–December 4, Chicago, IL), please come visit us!

Together, these advances underscore MIDRC's commitment to driving innovation in imaging-powered AI while ensuring that solutions are globally relevant and equitable. With the launch of MIDRC-GLOBAL and continued community outreach, MIDRC takes a bold step toward building a truly international data commons that accelerates discovery and improves health outcomes for all. ■

IHE-RO New Integration Profile: Standardizing the Content of Ion Beams Treatment Records using IHE-RO TDRC-Ion

UPDATE FROM IHE-RO AND DICOM

Written on behalf of AAPM Working Group on IHE-RO

Radiation therapy clinics use specialized information systems that support the end-to-end management of radiation treatment processes, including simulation, treatment planning, quality assurance, delivery, billing, and oncology-specific electronic medical record (EMR) functions such as treatment documentation and progress notes. These systems are generally referred to as Oncology Information Systems (OIS). While primarily designed to support the care of cancer patients, they are also used to manage radiation treatments for certain non-cancerous conditions.

The interface between OIS and treatment delivery systems (TDSs) was standardized 15 years ago by the radiation oncology domain of the IHE initiative, IHE-RO. The second version of the Treatment Delivery Workflow IHE-RO profile, TDW-II, specifies how such systems need to collaborate in real-time to allow smooth and safe delivery of the scheduled treatment sessions throughout a course of treatment.

The main OIS manufacturers have now implemented the TDW-II profile with most ion beam TDSs (delivering protons or other ions) and some advanced photon-based systems supporting TDW-II. This standardized direct interface allows the users to schedule and track the progress of treatment for TDSs from multiple vendors within a single OIS.

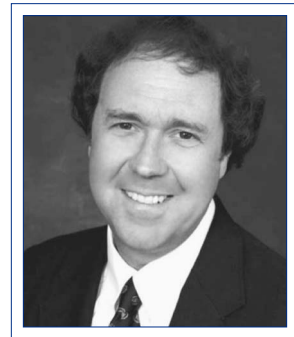
To remain vendor-neutral, IHE-RO integration profiles do not define interfaces between specific commercial systems, but rather between abstract functional components known as actors. The TDW-II precisely specifies the sequence of transactions between 3 actors, the Treatment Management System (TMS), the Object Storage (OST) and the Treatment Delivery Device (TDD). The TMS and the OST are typically included in an OIS while the TDD, that is focused on beam delivery only, is included in a TDS.

The TDW-II profile specifies the expected TMS behavior as pre-conditions to the treatment delivery workflow including: (1) how the TMS manages a list of scheduled treatment sessions in a DICOM Unified Worklist (a list of Unified Procedure Steps (UPS) work item objects) and (2) which treatment data are stored as DICOM RT objects in the OST and how they are referenced in the UPS work items (typically a treatment plan and possibly treatment records from previous partial treatment sessions).

TDW-II also specifies each transaction of the treatment delivery workflow and how the TMS, the OST and the TDD must use DICOM standard services to exchange information when performing together the treatment delivery of a scheduled session (Figure 1).



David Wikler, MS
IBA
Université Libre de Bruxelles



Michael Moyers, PhD
Shanghai Proton Heavy Ion Center
(SPHIC)

UPDATE FROM THE DICOM RT WG-07 ION SUBGROUP, Cont.

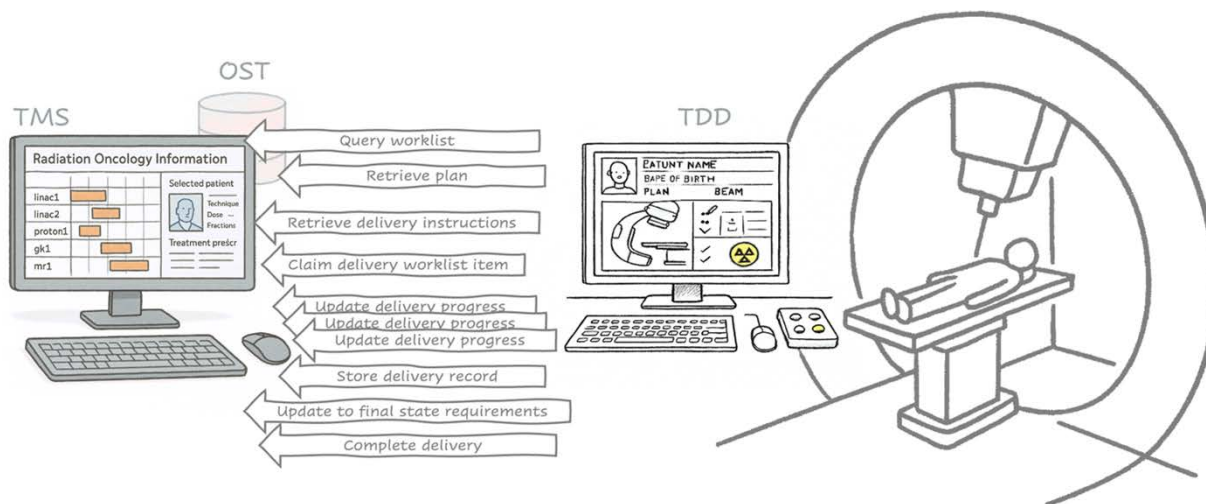


Figure 1: Treatment Delivery Workflow¹

The TDD queries the TMS unified workload for the scheduled delivery sessions and receives a list of DICOM UPS objects. Upon selection of a session, the TDD retrieves the DICOM RT objects referenced in the UPS object and claims the delivery workload item by requesting the TMS to change the state of the selected UPS from scheduled to in-progress. Once beam delivery has started, the TDD notifies the TMS by updating the UPS progress information. During the delivery of the beams, the TDD may or may not regularly update the UPS progress information in the TMS. The TDD creates and stores a DICOM RT (Ion) Beams Treatment Record in the OST and updates the UPS in the TMS to the final state requirements, including links to the treatment record. Finally, the TDD signals the completion of the delivery session to the TMS.

After the treatment delivery workflow, the TMS can retrieve the treatment record from the OST to verify and document the delivered dose matches the prescribed dose for further review and approval by the radiation oncologist.

The TDW-II profile specifies which DICOM service and objects needs to be used for each transaction; however, the profile does not specify the required content of the objects because the required attributes may be very dependent on the treatment delivery technique. For this, the IHE-RO Technical Committee (TC) develops additional integration profiles, known as content profiles, which can be combined with the TDW-II profile to provide

interoperability between the TMS and specific treatment modalities. A new profile specifying the required content of the DICOM RT Ion Beams Treatment Record, the Treatment Delivery Record Content – Ion (TDRC-Ion) profile was published in 2025 for trial implementation.

TDRC-Ion is the result of a 4-year collaboration between the IHE-RO TC and the Ion subgroup of the DICOM RT workgroup (WG-07). A first version was submitted for Public Comments in December 2023 which was followed, after adjustments to address the RT community comments, by a publication of the Trial Implementation version in June of 2025. This version is now ready for implementation by interested vendors.

Why is this profile important for the RT ion user's community when interoperability between ion treatment machines and TMS manufacturers already works fine today using just the TDW-II alone? The answer lies in the details of the modulated scanning delivery technique, now the state-of-the-art of ion beam radiotherapy systems. In modulated scanning, the prescribed dose is not delivered by one beam collimated laterally by blocks and distally by range modulators as was often used with scattering techniques. The dose is delivered by many small diameter beams (spots) of varying energies steered by magnets to paint the target energy by energy, and spot by spot, achieving high conformality and sparing healthy tissue. Whereas a comparison of the delivered dose to the prescribed dose

UPDATE FROM THE DICOM RT WG-07 ION SUBGROUP, Cont.

for a scattered and collimated ion beam delivery session can be easily performed using the delivered geometry parameters of the TDS and the number of monitor units (MU) delivered per beam, this is not the case for a modulated scanning ion beam delivery session because the geometry parameters, number of MU, energy, and position of each individual spot is required.

During the development of the DICOM RT Ion objects, three approaches were investigated. One approach was based on prescription parameters but was rejected due to the possibilities of many ambiguities in setting up the TDS and recording the treatment. A second approach was based upon specifying the accelerator, transport, and radiation head parameters but was rejected because each TDS is different and therefore next to impossible to have a standard. A third approach, the one that was selected for the standard, was to use conceptual treatment delivery parameters that are common to most TDSs and treatment planning systems (TPSs). Despite this approach, not all manufacturers interpreted the standard the same way leading to some conflicts. In addition, some conceptual parameters are not needed by some manufacturers and thus were ignored. The IHE-RO effort has tried to mitigate the effects of these conflicts by applying restrictions on how the DICOM standard should be used.

One instance is that in some infrequent situations, inaccuracies of individual spot delivery may lead to cases when either the prescribed total number of MU was reached before all spots were delivered or when the prescribed number of MU may not be reached although all spots were delivered. This leaves the medical staff struggling with the discrepancy between the TMS and the TDD displays, nevertheless, it may require manual handling of these infrequent cases by the medical physicists. TDRC-

Ion profile addresses this offline dose review use case by defining additional requirements on the presence and values of the attributes necessary for spot-level verification of delivered dose.

Another instance where TDRC-ion can be of benefit is for routine software-based QA after each treatment session where the dose distribution can be accurately reconstructed from the detailed delivery information for the treatment record and compared to the planned dose distribution. This application is usually named log-file-based QA as; in order to have access to the detailed delivery information, it is necessary to access the machine log-files through non-standard and sometimes unsupported research interfaces. In ion treatments, the use of log-file-based QA application is growing with the advent of novel treatment techniques such as: (1) treatments with motion management where interplay effect between the spot delivery and the target may lead to dose distribution degradation; (2) arc treatments where the dose distribution computed by the TPS may not accurately model the actual delivery process; or (3) online adaptive treatments where phantom measurements based QA is not achievable.

Finally, the TDRC-Ion standard interface should also benefit dose summation and accumulation applications enabling precise monitoring of dose distribution over the entire course of radiation therapy.

For each of these applications, the implementation of the IHE-RO TDRC-Ion profile by the TDS and software applications manufacturers should allow the users to rely on a robust, standard interface. ■

Illustrations generated using Microsoft Copilot

RO Interoperability Issues?

Interoperability is a major challenge in radiation oncology, due to dependence on the many different machines and software programs. Safety and efficiency of clinical care can be compromised when information exchange is not seamless.

Please participate in this survey so that we can hear about your problems and work with vendors to solve them.



IHE-RO INTEROPERABILITY SURVEY
aapm.questionpro.com/ihero2025



For more information on IHE-RO: aapm.org/IHERO/

American Association of Physicists in Medicine Call for Editor-in-Chief of *Medical Physics*



Journal and Position

Medical Physics, a hybrid open access journal of the American Association of Physicists in Medicine (AAPM), is seeking a new Editor-in-Chief with a three-year initial appointment starting January 1, 2027. This position offers a unique opportunity to shape the future of AAPM's medical physics publications, ensuring *Medical Physics*' highest scientific integrity, quality, and global impact.

The Editor-in-Chief's key roles are to provide strategic vision and leadership for the Journal and to oversee the editorial and peer-review process, maintaining the highest standards for scientific excellence and innovation. Responsibilities include leading the *Medical Physics* Editorial Board, representing the Journal on international platforms, collaborating with AAPM's publisher and AAPM publishing staff for efficient journal production, and serving as a voting member of the AAPM's Journal Oversight Committee. This appointment is fully remote with administrative support and publishing tools provided by the publisher and AAPM publishing staff. A market-competitive honorarium will be provided by AAPM.

Additional Information

This search is being conducted by the AAPM Journal Editor Search Task Group (TG428). Please contact EditorSearch@aapm.org for further information.

Search Timeline

• Present – December 15, 2025	Call for Applications, Initial Reviews of Candidates
• January – April 2026	Candidate Shortlist and Interviews
• May – June 2026	Search Committee Recommendations
• July 2026	Approval of Appointment by AAPM Board
• October – December 2026	Onboarding for Effective Editor transition
• January 1, 2027	Appointment as Editor-in-Chief

A detailed position description can be found [here](#).

Elevating Standards in Radiopharmaceutical Therapy with APEx

ASTRO QUALITY IMPROVEMENT

When Miami Cancer Institute (MCI) became one of the first practices in the United States to achieve the new radiopharmaceutical therapy (RPT) designation through ASTRO's APEx – Accreditation Program for Excellence®, it was more than a milestone — it was a statement of where radiation oncology and medical physics are heading. In a recent discussion, leaders from MCI shared how accreditation helped their practice, supported their multidisciplinary collaborations, and elevated the role of physics and dosimetry in a rapidly growing field.

Accreditation as a Journey, Not a Destination

For Minesh P. Mehta, MD, chair of radiation oncology at MCI, accreditation has always been about more than recognition. "Growing a high-quality, academically oriented, evidence-based practice with the patient at the center has been our focus for the last decade," he explained. "Once you put the patient at the center, high quality, high consistency, and error-free delivery become the hallmarks of every treatment. Accreditation is the measurable yardstick that ensures you reach those goals."

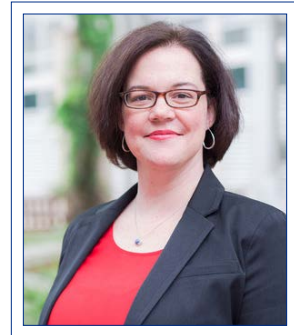
Unlike one-time certifications, the APEx process is intentionally designed as an ongoing journey of quality improvement. Dr. Mehta emphasized how accreditation helped the team to rebuild processes, rethink workflows, and document standards across the system, including satellite facilities. That rigor, he noted, produced value even before the final certificate was granted: "The process itself elevated our quality. The accreditation just confirmed it."

Radiopharmaceutical Therapy: A Growing Frontier

When MCI returned for reaccreditation, RPT was added as a new APEx designation. For Mehta, the timing was perfect:

"We saw significant growth in the RPT space. Our numbers were going up year on year. This is an area where multiple specialties — medical oncology, nuclear medicine, diagnostic radiology, and radiation oncology — all want to participate, which makes it especially challenging to maintain consistency. And because errors in this space can easily harm patients, standards and quality become even more critical."

This complexity underscored the importance of accreditation. RPT, he explained, is radiation therapy at its core — it simply uses a molecular carrier to deliver a radioactive payload. "Just as surgery belongs in surgery and chemotherapy belongs in medical oncology, radiation therapy, including radiopharmaceutical therapy, belongs in radiation oncology," he said. "That's where expertise in dose and toxicity mitigation resides."



Randi Kudner
Assistant Director of Quality
Improvement, ASTRO

We'd love to talk with you!

Learn more about APEx and the RPT-specific designation at www.astro.org/APExRPT or by emailing APExSupport@ASTRO.org.

ASTRO QUALITY IMPROVEMENT, Cont.

Building Multidisciplinary Trust

Adeel Kaiser, MD, noted that MCI began with internal processes to ensure safety and consistency, then deliberately expanded to include colleagues in nuclear medicine, medical oncology, and molecular imaging. The team formalized organizational charts, established leadership structures, and created workflows to balance the needs of each specialty.

The result was not competition, but collaboration. "It's not a turf war," Dr. Mehta emphasized. "It's about doing the right thing for patients. Everyone understood that radiopharmaceutical therapy is both a targeting tool and a radiation delivery tool. Radiation oncologists are positioned to manage both the risks of overdosing and the consequences of underdosing. But that doesn't diminish the critical contributions of our colleagues in imaging, oncology, and other fields."

This open, inclusive practice framework helped gain buy-in across specialties. As Dr. Kaiser put it, "We all play different roles, like members of a seasoned football team. The goalie doesn't abandon the net to score goals, and the striker doesn't stay back all game to defend. Respecting each specialty's strengths has made our program stronger."

The Physics Perspective: Dosimetry at the Center

For medical physicists, the growing role of RPT presents both challenges and opportunities. **Ranjini Tolakanahalli, PhD**, director of photon physics at MCI, highlighted the unique contribution of physics in this field:

"Dosimetry is only growing within radiopharmaceutical therapy. Dose calculation engines, dose summation, and understanding distribution across lesions are becoming central to patient management. Radiation oncology, with its established infrastructure in physics and dosimetry, is equipped to handle these challenges, especially as patient volumes increase."

Unlike external beam radiation therapy (EBRT), radiopharmaceuticals deliver non-uniform doses, with some lesions receiving higher or lower levels of radiation. Physics plays a key role in identifying these patterns and integrating solutions, such as supplementing with EBRT or stereotactic body radiation therapy (SBRT), to support comprehensive care.

Dr. Tolakanahalli added that accreditation sharpened this focus: "APEX holds us to high standards of documentation, workflow and quality assurance. Preparing for accreditation highlighted gaps we didn't realize existed and gave us a chance to tighten those processes. It was a learning experience that improved care before surveyors even arrived."

Accreditation in Action: Patient Safety and Market Leadership

At the micro level, APEX accreditation improved workflows, documentation and patient safety protocols. For example, MCI developed new ways to communicate radiation exposure to hospital staff unfamiliar with RPT, ensuring safety during admissions or procedures. They also refined patient education, strengthening informed consent processes around dosimetry and potential risks.

Accreditation also had external benefits. Pharmaceutical companies and partner institutions recognized the credibility of APEX Accreditation, which bolstered MCI's ability to secure clinical trials and collaborations. "It immediately gets their attention," Mehta said. "It signals quality, consistency and trustworthiness — critical factors for trials that demand rigorous data."

For Dr. Kaiser, accreditation also strengthened MCI's leadership in Florida and beyond: "We wanted to be among the leaders in our state. Being first in the country validated our efforts and gave us recognition among referring physicians and peers."

Lessons for the Field

As RPT continues to grow, practices nationwide are grappling with how to organize programs, balance specialties, and maintain patient safety. Industry itself, Dr. Mehta observed, often struggles to understand the wide variation in how hospitals deliver RPT — sometimes through nuclear medicine, sometimes through oncology, and sometimes through hybrid theranostic centers.

MCI's example shows the value of fostering multidisciplinary collaboration. It also demonstrates the central role of medical physics in ensuring safe, effective and adaptive treatment strategies.

ASTRO QUALITY IMPROVEMENT, Cont.

Looking Ahead

Both Drs. Tolakanahalli and Kaiser stressed that accreditation is not as daunting as it may seem. "The process may look rigorous, but APEx has made it easy to follow," Dr. Tolakanahalli said. "It's designed to walk you through identifying gaps and improving quality, not to punish you."

Dr. Kaiser added that future iterations of accreditation could incorporate emerging best practices and white papers on RPT workflow. "Recommendations from recent literature, like the paper by Zoberi et al. in *Practical*

Radiation Oncology,¹ offer valuable guidance. Integrating those insights into accreditation would strengthen the entire field. We have also published our own lutetium workflow² to make the start-up process easier for new radiopharmaceutical therapy programs."

Ultimately, MCI leaders see accreditation as both a framework for internal improvement and a platform for external recognition. For Dr. Mehta, the goal remains constant: "This isn't about territory. It's about ensuring patients get the safest, highest quality care possible. Accreditation helps us get there." ■



What Accreditation Brings to RPT



1. Strengthens Patient Safety

Accreditation establishes standardized safety checks for staff handling, patient education, and coordination during RPT procedures.



2. Builds Quality Infrastructure

Formalizes workflows, documentation, and QA processes to support consistent and scalable RPT delivery.



3. Improves Collaboration

Encourages structured communication across nuclear medicine, radiation oncology, medical oncology, physics, and nursing teams.



4. Demonstrates Readiness for Growth

Accreditation signals trial readiness, compliance with regulatory standards, and capacity to expand RPT services.



5. Establishes a Learning Environment

Embeds continuous review, feedback, and improvement into everyday clinical practice.

1. Zoberi, JE, Charara, Y, Clements, J et al. *Quality and Safety Considerations for radiopharmaceutical therapy in the Radiation Oncology Environment: An ASTRO Safety White Paper. PRO* Published April 4, 2025. DOI: 10.1016/j.pro.2025.03.006
2. George SC, Tolakanahalli R, Aguirre S, Kim TP, Samuel EJJ, Mishra V. A single-institution experience with ¹⁷⁷Lu RPT workflow improvements and qualifying the SPECT/CT imaging for dosimetry. *Front Oncol.* 2024 Feb 26;14:1331266. doi: 10.3389/fonc.2024.1331266. Erratum in: *Front Oncol.* 2024 Apr 12;14:1410818. doi: 10.3389/fonc.2024.1410818. PMID: 38469241; PMCID: PMC10925616.

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Honoring Jatinder Palta: ASTRO Gold Medalist 2025

PERSON IN THE NEWS #1



When the ASTRO nominating committee revealed that **Dr. Jatinder Raj Palta** would be a 2025 Gold Medal recipient, I felt a surge of pride, not only as a fellow physicist, but as someone who has known Jatinder for more than three decades. This award is a fitting recognition of Jatinder's career of significant scientific impact, enduring leadership, and global health contributions. But to appreciate its true meaning, one must understand that for Jatinder this is not merely an end in itself, it is part of a broader trajectory of recognition, service, and visionary thinking in medical physics.

My first encounter with Jatinder dates back to 1990 at Thomas Jefferson University Hospital in Philadelphia. We overlapped briefly when I was just beginning my clinical and research career. Even in those early months, his combination of intellectual curiosity, humility, and warmth stood out. Over the years we saw each other at meetings, connected on projects, and supported each other through career transitions, scientific challenges, and life's ups and downs. Our friendship has become one of the deepest personal anchors in my life and in my professional journey in medical physics.

Dual Honors: ASTRO and AAPM Recognition

It is worth emphasizing that the ASTRO Gold Medal is the highest award bestowed by ASTRO, not the highest in our entire field of medical physics. The apex honor in our discipline remains the AAPM William D. Coolidge Gold Medal. Jatinder was awarded the Coolidge Medal in 2017, recognizing his foundational contributions specifically to medical physics.

Thus, Jatinder stands in a rare class: having earned both the Coolidge Medal and now the ASTRO Gold Medal. This dual recognition underscores his bridging role between the physics and clinical oncology communities, and it validates his consistent leadership and influence across both professional arenas. In many ways, he has always embodied the ideal of a physicist deeply engaged in patient-centric radiation oncology.



M. Saiful Huq, PhD, FAAPM, FInstP
UPMC Hillman Cancer Center and
University of Pittsburgh School of
Medicine

PERSON IN THE NEWS, Cont.

A Career of Impact: Science, Systems, and Leadership

Over more than 45 years, Jatinder's contributions have spanned nearly every frontier of radiation oncology physics. His work has touched dosimetry, quality assurance, risk-based planning, data interoperability, clinical informatics, global education, and large-scale system implementation. Below are some of the salient threads of his legacy.

Innovation & Clinical Translation

- Jatinder published over 200 peer-reviewed studies; this is a volume that speaks to sustained productivity and influence across multiple topics.
- He has worked on dose uncertainties, IMRT/IGRT optimization, stereotactic treatments (SRS & SBRT), proton therapy, and Monte Carlo dose modeling, often with a practical eye toward safe translation into clinic.
- More recently, his leadership in data systems, especially in the Veterans Affairs (VA) health system, has advanced integrative approaches to radiotherapy planning, quality surveillance, and learning health systems. For instance, he has contributed to the VA Radiation Oncology Quality Surveillance (VA-ROQS) program and led initiatives to aggregate and standardize RT data across multiple platforms and centers.
- His efforts in building interoperable radiotherapy infrastructure, such as engaging with IHE-RO (Integrating the Healthcare Enterprise for Radiation Oncology) and related interoperability tools, have helped smooth the path for connecting disparate clinical systems.
- He also took early steps in error reporting, incident learning, and risk-based quality assurance (working with TG100, RIRAS, VHA-ROQS, and other safety frameworks) to bring systematic structure to radiation safety.

Systems, Big Data & Infrastructure

What distinguishes Jatinder is not only his grasp of physics but his strategic vision for systems and data as the next frontier. Over the last decade, he has helped conceptualize and operationalize frameworks for learning radiotherapy systems that integrate clinical, dosimetric, and operational data.

In the VA system, his influence has been transformative. The VA is the largest integrated health system in the U.S., and he has served as National Chief of Physics for the VA's National Radiation Oncology Program, leading efforts to harmonize care, ensure quality, and enable data-driven practice across dozens of facilities. His work in creating structured data capture, standard nomenclature, and cross-site benchmarking has been foundational for future AI-enabled decision support.

He has also been a key figure in AAPM's recent launch of the Medical Physics Institute (MPI), becoming its inaugural Director. In that role, Jatinder will guide technology assessments, standardization efforts, vendor collaboration, and educational outreach, extending his influence into the strategic infrastructure of medical physics in the U.S.

Global Vision & Contributions

While many of Jatinder's efforts have been U.S.-centered, his ambitions and influence extend globally. Some highlights:

- He has long been engaged in global dialogues about radiotherapy access in low- and middle-income countries (LMICs). Through ASTRO and AAPM, he has supported educational outreach, remote peer-review models, and cloud-based tools for remote planning and QA in resource-limited settings.
- In international assemblies (such as IAEA forums), he has spoken about the role of physics leadership in building radiotherapy systems, capacity, and safety globally.
- His vision is not limited to technology transfer; he has advocated for scalable models of radiotherapy care that fit local constraints, workforce training, and sustainable funding as part of universal health coverage efforts.
- Through his published work and participation in commission-style reports, he has helped shape global consensus on radiotherapy strategy, standards, and quality for the next decades.

This global dimension of his work aligns with his belief that radiation therapy is not a privilege of a few centers but a necessity to be equitably available.

PERSON IN THE NEWS, Cont.

Leadership, Mentorship & Character

All these accomplishments could atrophy without equally strong leadership, integrity, and generosity; and on those accounts, Jatinder is unmatched.

- He has mentored scores of physicists, many now leaders themselves. He always credits his trainees and is known for making time for younger colleagues.
- Even while carrying heavy administrative and strategic responsibilities, he remains an active scientist: reading new literature, collaborating across disciplines, participating in committees, and attending meetings.
- Jatinder is engaging in scientific discussions, with an infectious enthusiasm that fills any room. He speaks with conviction and depth, often sparking lively exchanges that move ideas forward, always grounded in his vast experience and genuine passion for the field.
- One of his guiding maxims is that “every cancer patient deserves the best radiation therapy anywhere.” That principle has animated his advocacy for equity, safety, and access.
- Personally, Jatinder is warm, gracious, and a generous host of colleagues, especially younger physicists. He is devoted to his family, his wife Rita, his children Manisha and Priya, and now his grandchildren. He often speaks with pride of their achievements, which echo his own dedication to service.

I have often seen Jatinder engaging enthusiastically with young physicists from low- and middle-income countries at ASTRO and AAPM meetings, offering guidance, encouragement, and practical advice. His ability to connect across generations and geographies reflects his deep commitment to mentorship and to advancing medical physics globally.

Reflections on the Award & What Comes Next

Receiving the ASTRO Gold Medal in 2025 is not merely a capstone on Jatinder's career; it is a signal of momentum. It reflects his ability not only to innovate in medical physics but to shepherd the discipline into data-driven, integrated systems. It acknowledges his critical role in bridging

the physics and clinical oncologist communities. And it celebrates a vision that is global in reach.

Importantly, Jatinder now carries not one, but two of the most prestigious honors in our ecosystem: ASTRO Gold and AAPM Coolidge. That dual recognition is symbolic: it says he belongs to both worlds and has helped integrate them in service to patients.

As he steps into new leadership roles, such as directing MPI, he is poised to influence the next generation of technologies, vendor practices, regulatory norms, education policies, and clinical workflows. He is uniquely positioned to serve as a custodian of safety, quality, and forward-looking strategy.

To those of us who have walked parts of this path with him, the award is cause for pride and gratitude. To younger physicists, it offers a model: one can remain scientifically productive, humbly generous, and system-building at once.

Closing Thoughts

Jatinder Palta's life in medical physics is one of symbiosis: of science and service, vision and execution, local detail and global aspiration. The ASTRO Gold Medal of 2025 richly recognizes this union. Yet it would be incomplete without remembering that he has already been honored by AAPM with the Coolidge Gold Medal, and that he continues to shape the trajectory of our field, both in the US and abroad.

For me, this award is deeply personal. I have had the privilege to learn from him, to share moments of professional joy and frustration, and to call him a friend. There are few colleagues whose opinions I trust more or whose counsel I seek more often. Today, I join the community in celebrating this remarkable honor, and I look forward to the chapters of influence Jatinder has yet to write.

Congratulations, to my friend. The field and the world of radiation therapy are richer for your work — and honored to count you among its leaders. ■

Congratulations!

The International Organization for Medical Physics (IOMP) will be recognizing **AAPM Members** for excellence in medical physics across education, research, innovation, and leadership during
IUPESM 2025 World Congress on Medical Physics and Biomedical Engineering
September 29–October 4 | Adelaide Convention Centre, Australia.



**2025 IUPESM Award of
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John Boone, PhD
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<https://health.ucdavis.edu/radiology/team/170/john-boone>



John Mallard Award:
Adam Kesner
Memorial Sloan
Kettering Cancer
Center, USA
<https://www.mskcc.org/profile/adam-kesner>



**Marie Sklodowska
Curie Award:**
Michael McNitt-Gray
University of California,
Los Angeles (UCLA),
USA
<https://www.uclahealth.org/cancer/members/michael-mcnitt-gray>

We extend our warmest congratulations to all awardees for their outstanding contributions to the global medical physics community. Their achievements continue to inspire excellence and innovation in healthcare.

For more details, visit www.iomp.org

AAPM Members Honored at the IUPESM 2025 World Congress

PERSON IN THE NEWS #2

Every three years, the IUPESM (International Union for Physical and Engineering Sciences in Medicine) hosts the World Congress on Medical Physics and Biomedical Engineering. The IUPESM 2025 World Congress was held at the Adelaide Convention Centre, Australia, from September 29–October 4. During the Opening Ceremonies, the winners of several prestigious international awards were honored. Three AAPM members were among the awardees. **Adam L. Kesner, PhD**, received the IOMP (International Organization of Medical Physics) John Mallard award. **Michael F. McNitt-Gray, PhD, FAAPM, FACR**, received the IOMP Marie Skłodowska Curie award. And **John M. Boone, PhD, FAAPM, FACR, FAIMBE, FSBI, FSPiE**, received the 2025 IUPESM Award of Merit in Medical Physics. Congratulations to all three for this recognition of their substantial contributions to the field!

Additionally, several AAPM members were named 2025 Fellows of IUPESM and IOMP and celebrated during the World Congress. Congratulations to **Arun Chougule, PhD**, **M. Mahesh, PhD, MS, FAAPM, FIOMP, FACR, FSCCT, FACMP**, and **Xiance Jin, PhD**, for being named Fellows of IUPESM, and to the new IOMP Fellows:

Kathleen M. Hintenlang, PhD

The Ohio State University

Nominated by: AAPM

Ana Maria Marques da Silva, DSc

University of Sao Paulo (USP) and Medical Imaging & Data Analytics (MEDIIMA)

Nominated by: ALFIM

Jing Cai, PhD

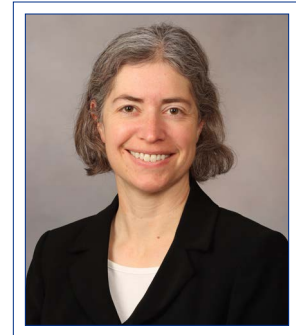
The Hong Kong Polytechnic University

Nominated by: AFOMP

Supriyanto Ardjo Pawiro, PhD

University of Indonesia

Nominated by: SEAFOMP



Jennifer Pursley, PhD
Mayo Clinic



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Congratulations!
to our AAPM members

who have been newly elected as IUPESM and IOMP Fellows!
Your achievements continue to advance the field of medical physics.



Kathleen M. Hintenlang, PhD
The Ohio State University
Nominated by: AAPM



Arun Chougule, PhD
Swasthya Kalyan Group

M. Mahesh, PhD
Johns Hopkins University
School of Medicine

Xiance Jin, PhD
Wenzhou Medical University First Hospital
Department of Radiotherapy
and Chemotherapy

Ana Maria Marques da Silva
University of Sao Paulo (USP) and Medical
Imaging & Data Analytics (MEDIIMA)
Nominated by: ALFIM

Jing Cai, PhD
The Hong Kong Polytechnic University
Nominated by: AFOMP

Supriyanto Ardjo Pawiro, PhD
University of Indonesia
Nominated by: SEAFOMP

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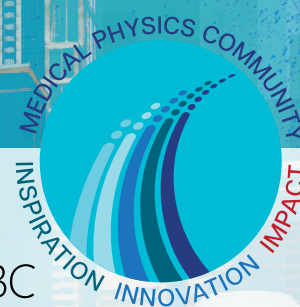
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Abstract Submission Site Opens for Proffered Abstract Submissions

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Tuesday, **January 27, 2026**

Authors Notified of Presentation Disposition

Thursday, **April 23, 2026**

Online Meeting Program Goes Live

Wednesday, **May 13, 2026**

Abdullah Alshreef, PhD, MS, MSc Named ABMS Scholar

PERSON IN THE NEWS #3



The ABR is sponsoring three American Board of Medical Specialties (ABMS) Scholars in this year's cohort. The Scholars, each of whom will receive a \$15,000 grant from the ABR, include **Abdullah Alshreef, PhD, MS, MSc**. Dr. Alshreef is a resident at Loma Linda University Medical Center and is the first medical physicist to be chosen for the program. His research project is titled: "Enhancing Clinical Readiness and Board Exam Preparation through Virtual Education Resources for Medical Physics."

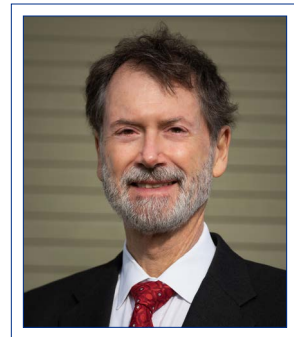
<https://www.theabr.org/abms-visiting-scholars-program>

<https://www.theabr.org/blogs/abr-names-its-three-abms-scholars>

<https://www.abms.org/early-career-research-grants/abms-scholars-research/>

Why did Abdullah apply for the ABMS Scholars program? In his application, Dr. Alshreef wrote:

As an ABMS Scholar, I will develop a Virtual Education Database to bridge gaps in clinical and certification preparation. This experience will strengthen my leadership, advance equity in board exam readiness, and further my vision of fostering international collaboration to elevate professional standards and patient-centered care in medical physics worldwide. ■



Geoffrey S. Ibbott, PhD
Associate Executive Director
The American Board of Radiology

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