



Increasing Radiation from Medical Imaging

The amount of radiation the U.S. population receives from medical imaging has risen 750% in the last 25 years, according to preliminary results of a report of the medical subgroup of the National Council on Radiation Protection and Measurement (NCRP). A summary of these results was presented by subgroup member Fred A. Mettler, Jr., MD, on April 16 at the NCRP annual conference in Arlington, VA. Mettler reported that the collective annual dose of radiation from radiology and nuclear medicine sources will be estimated at 930,000 person-Sv in the full NCRP report, scheduled for release in 2008. The size of the increase was attributed to growth in the number of scans performed, with larger doses from multislice CT imaging accounting for the largest portion of the annual collective dose (440,000 person-Sv, with chest and abdominal/pelvic imaging making up the majority of the burden). Nuclear medicine procedures account for 220,000 person-Sv of the collective dose; of these, cardiac studies account for more than 85%.

Also in April, the American College of Radiology (ACR) Blue Ribbon Panel on Radiation Dose in Medicine published a white paper on radiation dose in medicine (*J Am Coll Radiol*. 2007;4:272-284; available at: www.acr.org/s_acr/bin.asp?DID=26119). The panel was headed by E. Stephen Amis, Jr., from the Albert Einstein College of Medicine/Montefiore Hospital (Bronx, NY). The panel concluded that information gleaned from studies dating as far back as World War II "suggests that the rapid growth of CT and certain nuclear medicine studies over the past quarter century may result in an increased incidence of radiation-related cancer in the not-too-distant future." The panel offered 33 specific

and practical suggestions, intended to guide ACR activities but instructive to all relevant organizations and practitioners, focusing on: enhanced efforts to educate all stakeholders in the principles of radiation safety, appropriate utilization of imaging to minimize any associated radiation risk, standardization of radiation dose data to be archived during imaging for its ultimate use in benchmarking good practice, and the identification and perhaps alternative imaging of patients who may have already reached threshold levels of estimated exposure from diagnostic imaging.

*National Council on Radiation Protection and Measurement
American College of Radiology*

New Focus on TBI

A public meeting of the President's Commission on Care for America's Returning Wounded Warriors (PCCWW) was held in San Antonio, TX, on May 4 and focused on traumatic brain injury (TBI) and patient rehabilitation. This was the third public meeting by the commission and first outside Washington, DC, since its creation in the wake of criticisms of medical care for returning soldiers and veterans. The meeting came only 2 weeks after an interagency task force, headed by Veterans Affairs Secretary Jim Nicholson, endorsed TBI screening for larger numbers of wounded military servicepersons. Previous meetings focused on an overview of the current health care system provided to servicemen and women and the issue of disability benefits.

Military health analysts have indicated that SPECT imaging will be an essential element in the stepped up TBI assessments. The increase in cases of TBI have already led to SPECT acquisitions in some military hospitals that did not previously incorporate this technology into routine screening. On

April 24, the Associated Press carried a story about a new SPECT unit to be installed at Evans Army Community Hospital (Fort Carson, CO). A recent study by physicians at Fort Carson found that 18% of troops returning from Iraq (2,392 of 13,400) suffered some degree of brain damage from the effects of explosive devices. Staff at the hospital will determine whether SPECT is a useful adjunct and/or replacement for the traditional assessment tool, a verbal questionnaire. Lt. Col. Reed Smith, head of nuclear medicine at the Evans hospital, said that initial studies will be conducted in soldiers who have already been diagnosed with TBI. Results will be reported to an Army review board that will consider integration of SPECT into routine TBI assessment protocols.

President's Commission on Care for America's Returning Wounded

Associated Press

Medicare Proposes Revised Clinical Trial Policy

The Centers for Medicare & Medicaid Services (CMS) announced on April 10 proposed revisions to the Clinical Trial Policy national coverage determination (NCD). Under the Clinical Trial Policy, first developed in September 2000, Medicare pays for certain items and services for Medicare beneficiaries involved in clinical trials. "This new decision will signal our continued support to provide access to services for beneficiaries by facilitating participation in the full range of qualified, scientifically sound research projects," said CMS Acting Administrator Leslie V. Norwalk, Esq. In developing the revised policy, CMS convened the Medicare Evidence Development and Coverage Advisory Committee (MedCAC) on December 13, 2006. The MedCAC proposed several recommendations, subsequently

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