

American College of Radiology

by Harvey L. Neiman, M.D.

WHO WE ARE

The American College of Radiology (ACR), a major national medical association with more than 32,000 members, is dedicated to improving patient care. The membership includes diagnostic radiologists, radiation oncologists, and medical physicists. ACR's mission is to advance the science of radiology and radiation oncology, study the socioeconomic aspects of the practice of radiology, and encourage and improve continuing medical education.

TOP PRIORITIES IN 2001

- Ensure adequate workforce staffing, specifically physicists, radiation therapists, and technologists
- Incorporate new technology into clinical practice
- Understand the role of molecular biology/molecular imaging in radiation oncology and diagnostic radiology

On the regulatory front, ACR and the American Society for Therapeutic Radiology and Oncology (ASTRO) are coordinating radiation therapy activities important to their members. Currently, they are monitoring activities associated with intravascular brachytherapy at the Food and Drug Administration (FDA) and the Nuclear Regulatory Commission (NRC). FDA has

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issued pre-market approvals for two new intravascular brachytherapy devices—the Cordis Checkmate™ System and the Novoste Beta Cath™ System, and the NRC is reviewing a request for using these devices.

Working with ASTRO, ACR hopes to convince the NRC that only trained and qualified physicians should use these devices clinically and that the devices should be used in a multidisciplinary team setting, ensuring that cardiologists, radiation oncologists, and medical physicists work together for the safety and health of both the patients and their health care team.

ACR established and maintains the Radiation Oncology Carrier Advisory Committee (CAC) Network to help radiation oncologists comment on local medical review policies to Medicare. ACR also works through the ACR/ASTRO Joint Economics Committee to provide coding support for radiation oncology (by answering questions from members), develop coding proposals and changes to the CPT Editorial Panel, and provide comments on the Correct Coding Initiative.

The ACR Department of Economics and Health Policy is actively working to educate radiation oncologists about new radiation oncology procedures. This activity includes the ACR/ASTRO Joint Economics Committee and ACR Physics Economics Committee jointly working on developing new codes and relative values and a policy statement for intensity modulated radiation therapy (IMRT).

To date, 156 radiation oncology facilities are accredited by the ACR Practice Accreditation Program for Radiation Oncology. The Joint Commission on Accreditation of Healthcare Organizations

(JCAHO) recognizes the program as meeting its health care network standards, which facilitates an institution's JCAHO survey.

The Radiation Therapy Oncology Group (RTOG), which ACR manages, now has 32 scientific trials open to its 250 academic and private practice-member institutions. RTOG, a federally funded cancer clinical trials cooperative group that carries out multidisciplinary research nationwide, currently has large randomized studies in prostate, head and neck, brain, and lung cancer. The Patterns of Care Study projects include a collaboration on breast cancer with the American College of Surgeons and a prostate implant study. ACR also has formed a task force to develop a standardized tool to help radiation oncology practices conduct outcomes studies, and a software program has been distributed to 20 sites for a pilot study.

In the clinical arena, ACR believes that radiation oncology, which is entering its second century of development, can look back with pride at tremendous past achievements. Radiation therapy is now at the very forefront of the management of most forms of human cancer.

ACR regards the future with great optimism. As understanding of the biological effects of radiation therapy and the cellular and molecular basis of cancer improve, cancer treatment will improve as well. We anticipate that these improvements, combined with enhanced tumor imaging capabilities and the broad implementation of new technologies, such as 3-D conformal methods and intensity modulated radiation therapy, will translate into improved local tumor control and survival for many additional cancer patients. ☛