I. Welcome and Introductions

Dr. Janowitz called the meeting to order. Quorum was not established.

II. Approval of Minutes

The minutes of the Mid Winter Meeting were distributed, however without quorum, these could not be approved.

III. Changes to SNM Governance Structure

During the SNM BOD meeting on June 2, 2011, the BOD approved of Dr. Segall’s motion to dissolve the current Commission structure. The Commission on Health Care Policy and Practice has been therefore dissolved; also the two guidelines committees have been merged and will now be just on Committee on Guidelines chaired by Dr. Kevin Donohoe. The Collaborative Guidelines Committee was working to identify and appoint member representatives to collaborations and review collaborative documents. Ideally this work should be done by the same people that are writing the SNM guidelines to ensure there is no conflict in the content.

There is also a new Committee on Appropriateness that will focus on generating patient centered guidelines. These are different from the guidelines we currently produce; the current guidelines are technical guidelines, but payers want to see evidence-based guidelines, which include what patients will benefit from the procedure. The new committee will start with a guideline on the appropriate use of PET CT for Lung Nodule because the literature is available. This guideline will be sent to NQF.

IV. SNM Guidelines Update

a. Status of Revisions

There are a number of guidelines in some stage of the revision process. The Guideline for Somatostatin Receptor Scintigraphy V2.0 and the Guideline for Lung Scintigraphy V3.0 both were sent to the SNM BOD for approval during the Annual Meeting. The Guideline for Therapy
with of Thyroid Diseases with I-131 was undergone an extensive revision; the second draft will
go back to the task force soon and is on track to go for BOD approval by the end of the summer.
Also, the Guideline for Parathyroid Scintigraphy will be made available for public comment soon
and is on track to go for approval this summer as well.

Other guidelines being worked on include Brain Death Scintigraphy, the collaborative Hybrid
Imaging guideline, and a new guideline developed by the Brain Imaging Council for I-123 FP CIT
SPECT.

b. New Guidelines

Dr. Delbeke asked the members to consider developing new guidelines: Radioimmunotherapy,
Treatment of Lymphoma, and Dosimetry. ACR already has guidelines for the therapies and if we
want to position nuclear medicine physicians as better trained and to be leaders in therapies,
we must develop these guidelines. There is an effort by outside groups such as PCORI to
harmonize guidelines, meaning when there are multiple guidelines on a specific procedure or
indication, the third party will seek to produce one guideline that is acceptable to all. If SNM
wants to be included in this process, we have to have guidelines for consideration. There is no
existing guideline for radioimmunotherapy so SNM would be the first to develop this. Also, the
Palliation of Bone Pain Guideline (2003) must be revised.

It was recommended that Greg Wiseman be contacted to chair the radioimmunotherapy
guideline; Heather Jacene has volunteered for this task force as well. New guidelines are
published in JNM; revised guidelines, if there are no major changes, have an abstract published
in JNM with the entire document posted on the SNM website, but still comes with a journal
citation. A recommendation was made to refer to the Publications Committee to seek periodic
publication of all approved guidelines.

Dr. Delbeke has recommended development of the guideline for dosimetry which will then be
referenced in all other guidelines. Currently, dosimetry tables are created for each individual
guideline. It was recommended that the MIRD Committee be approached to develop this since
a lot of the data will come from the MIRD Pamphlets. Having the general dosimetry guideline
will simplify the development/revision of future guidelines and can be constantly updated.
RADAR will also be consulted during the development.

c. Addition of Maintenance of Competency Section to Guidelines

Add the section on maintenance of competency would specify that those performing the
procedures be involved in a minimum number of that procedure to maintain competency. For
therapeutics, there is a reason to include this section and there is probably a number that can
be agreed upon, but this is not needed for diagnostic procedures and the related guidelines.
CMS and FDA have be in conversation with ICANL to have accreditation requirements that
include maintenance of competency. This should be done in collaboration with ABNM. The
SNM BOD will need to make the final decision but the recommendation is to include this section in therapeutic guidelines and develop the standards in collaboration with ABNM.

V. PCPI Measure Testing Project Update

The project continues to move forward to test the single bone scan measure for validity in order to secure the full NQF endorsement. There have been some delays, mainly in getting sites signed on for the data collection. Originally, the final report was due in June, but to-date, only one site has been available for the data collection. PCPI is working with the contract company to extend the timeline. The site that was recruited through SNM had to drop out due to lack of administrative support within the facility that was vital to participation.

VI. Draft SOP for Collaborative Guidelines

This document is an attempt to formalize the process by which we handle requests for collaborating on a guideline. The main problem is manpower and getting SNM members to serve on the writing groups. The process will be overseen by the Guidelines Committee but committee members may not necessarily be the ones serving as the representatives on the writing groups. Councils will be asked to identify people who are willing and able to serve on the writing groups.

The document will be updated to reflect the dissolution of the Health Care Policy and Practice Commission, but otherwise no additional changes were recommended.

VII. Draft Policy and Procedures for Meeting the CMSS Code for Interactions with Industry

There has been a lot of issue with industry input into guideline development. As a result, CMSS developed the Code for Interaction with Industry to describe situations where it is and is not acceptable for societies to accept money from industry. The Code disallows an solicitation of industry for money to develop a specific guideline. The immediate consequence to the Guidelines Committee is the requirement that a Chair of a guideline writing group can not have any direct conflict of interest, all members of the writing group must declare conflict, and a majority of the writing group must be free from conflict. If SNM signs on to the Code, Committee members will be required to sign COI statements as well. There is the potential for this to become public knowledge, so as we put together writing groups, we must take this into account.

No objections were voiced to the draft document; implementation will be pending the decision of the SNM BOD to sign onto the Code.