

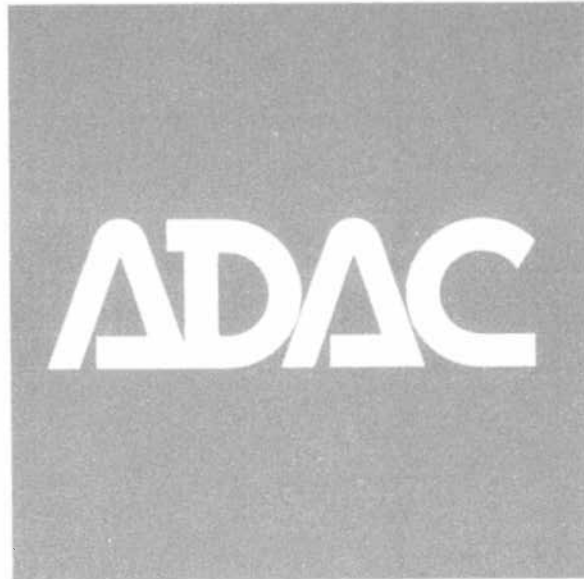
Volume 1 Number 1

August 1983



American Association
of Physicists in Medicine

QUARTER
CENTURY
BULLETIN



Medical Imaging Systems

*Congratulations on 25 years
of progress in physics
ADAC Laboratories*

THE AAPM QUARTER-CENTURY BULLETIN

FOREWORD

Those individuals who have contributed original articles, those organizations which have sent various expressions of goodwill and support for AAPM, and those manufacturers which have supported the cost of production, may be readily identified within this special publication. We would like to thank them for their generosity, cooperation and willingness to submit material at short notice.

This Quarter-Century Bulletin is not intended as a definitive and exhaustive history of the first 25 years of the Association. We have selected items which may illuminate the process of evolution of the Association to its present form, and which may help to illustrate the recognition now given to Medical Physicists as a partial result of the existence of AAPM.

In preparing this material we have drawn heavily on the article by G.D. Adams written, appropriately, for Medical Physics (Vol 5, #4) and we have quoted liberally from the "Quarterly Bulletin" which was the "voice" of the AAPM in 1967-73. The society grew from approximately 25% to 50% of its present size during those years, and we assume that this material will therefore be new to the majority of members, and a source of nostalgia to the remainder. We sincerely hope that such quotation, out of its time as well as its context, and the identification of names with views and events, will not cause offence.

Finally, the initiative for this publication, and much of the effort involved in its production, was contributed by Jean St. Germain.

The Editors:

Christopher H. Marshall, Alan H. Schoenfeld, Shirley D. Vickers

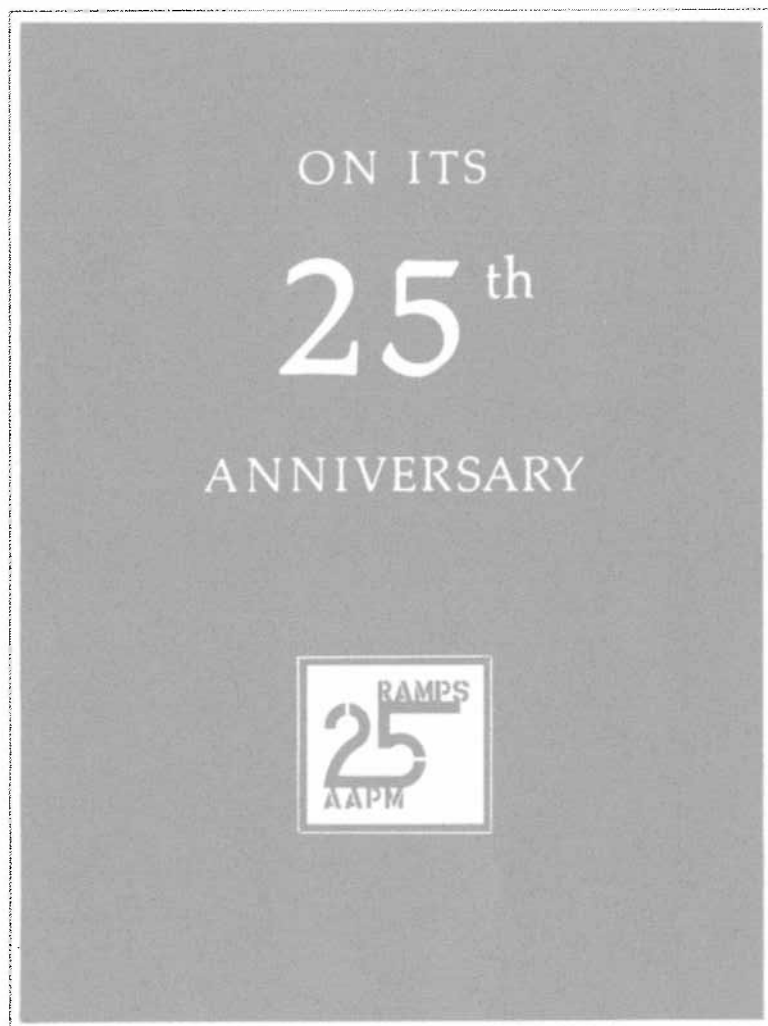
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CONGRATULATIONS

TO THE
AMERICAN ASSOCIATION
OF PHYSICISTS IN MEDICINE



SPECIAL THANKS TO EACH
AAPM MEMBER IN HELPING TO ASSURE
CONTINUING HIGHEST STANDARDS
IN RADIATION THERAPY



PRESIDENT'S PAGE



On the occasion of the Silver Anniversary of our Association it is fitting that we take note of our growth and accomplishments and also look at the future prospects of our profession. During the past twenty-five years the prestige of physicists working in medicine has certainly seen a considerable improvement. Several physicists have worked on stimulating problems, provided fresh research ideas and made significant contributions towards the betterment of the practice of medicine. Our physician colleagues have slowly recognized their dependence on physicists. They now place a high value on improving communications between physicists and physicians. There is little doubt that medical physics has moved steadily along a successful path and today enjoys the recognition it richly deserves.

However, let us not be content with where and what we are. Despite the obvious risks attending attempts to prophecy there are certain aspects of the future contributions by physicists to medicine, that are worth presenting. It is my strong belief that opportunities for physicists do exist at the frontiers of medicine. We need more good ideas from young imaginative physicists. We need to speak the same language as our physician colleagues. We need to attract more physicists into our medical specialty. Progress cannot be achieved without a multidisciplinary approach and a recognition that adequate support for teaching, training and research is essential. "Shoe-string" operations cannot succeed any more. Modern society, influenced by the rapid growth of science and technology, is demanding improved health care. Our bond with medicine should be increasingly strengthened. Our interaction with external organizations, sharing the same interests and goals, needs to be expanded.


We need to collectively place a high value on the demands of our profession. The success of our endeavours has been in no small measure due to the numerous activities of our Association representing organized medical physics. The intensity of membership participation has been the strength of our accomplishments through groups of dedicated people working to advance our mutual interests. We need to keep up the momentum. Our primary goal should be for a strong unified organization working towards a peaceful world in which we, our children and future generations can lead a healthy happy life. On this anniversary I invite all physicists to help and participate in achieving our goals.

N. Suntharalingham, President
July, 1983

Congratulations
on your
25th Anniversary

VICTOREEN
NUCLEAR ASSOCIATES

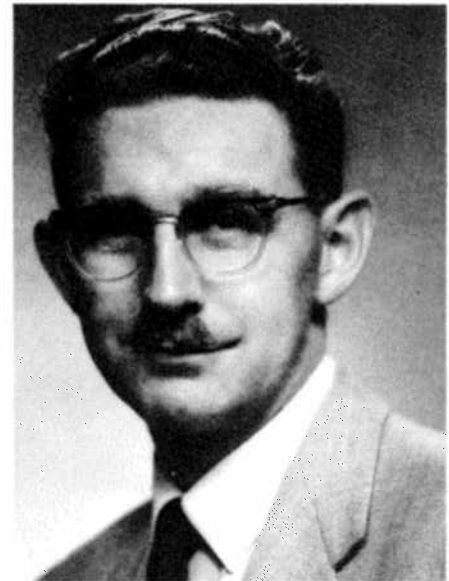


A Sheller-Globe Corporation Subsidiary 



GAIL ADAMS - 1958-60

General organization meeting held
Constitution ratified
First professional questionnaire published
Affiliation with ICMP established



WARREN SINCLAIR - 1961

Placement services started
"The Medical Physicist" published
Affiliation established with IOPAB
(International Organization of Pure and
Applied Biophysics)



JOHN HALE - 1962

First scientific sessions held
Support for PMB adopted
Syllabus of Radiological Physics for
Residents in Radiology published

The Du Pont Company
congratulates the AAPM
for twenty-five years of leadership
in promoting the
application of physics to medicine,
imaging science and technology,
and radiological health.

E. I. du Pont de Nemours & Co. (Inc.)
Photo Products Department
Medical Imaging and Radiation Therapy Systems



* * * * *

* The formation of the American Association of Physicists in *
 * Medicine was sparked by the confluence of two forces, one *
 * internal, the other external. The internal force was the *
 * frustration experienced by physicists in biological and *
 * medical pursuits; in substance, we were not being *
 * recognized as competent professionals. The external force *
 * was a proposal to form an international organization related *
 * to medical physics....." *
 * *
 * G.D. Adams *
 * from Medical Physics, Vol 5 #4, July 1978 *
 * *
 * * * * *

AAPM AND ITS RELATIONSHIP TO INTERNATIONAL ORGANIZATIONS

by Lawrence H. Lanzl

The American Association of Physicists in Medicine has played an important role in the establishment and functions of related international organizations. The AAPM is now 25 years old. At about the time of the first meeting of AAPM in Chicago, on November 17, 1958, individuals in several countries were exploring the idea of an international organization of medical physics. A most important session on this topic took place on July 31, 1959, in Munich, the site of the IX International Congress on Radiology. The meeting was attended by more than 80 medical physicists from 20 countries. Reporting on the status of medical physics in their countries were Drs. J.W. Boag and F.W. Spiers for the United Kingdom, Dr. J.S. Laughlin for the United States, and Dr. F. Wachsmann for West Germany. In the discussion tht followed, representatives from Australia, Czechoslovakia, France, East Germany, West Germany, Holland, Hungary, Norway, the United Kingdom, U.S.A. and U.S.S.R. also spoke. Representatives from the United States were Drs. G.D. Adams, J.S. Laughlin, W. Sinclair (now president of NCRP), E.C. Pollard (American Biophysical Society), K.F. Morgan (Health Physics Society), L.S. Taylor, and myself. I represented the Radiation and Medical Physics Society of Illinois which, some years later, became the Midwest Chapter of AAPM.

At this meeting, Dr. Boag made the following motion:

"That the meeting decide to form an international link between medical physicists in different countries pending the formation of any more comprehensive international organization covering this field of both pure and applied biophysics...(and)...that this link be maintained through the societies participating in the present meeting and that those countries which have not, as yet, any national societies for medical physicists should be kept informed through their representatives at this meeting."

To implement the link referred to in the motion, the group in Munich formed an international committee which met for the first time in Stockholm in 1961. At this meeting, attended by more than fifty medical physicists from twelve countries, a steering committee was elected to prepare a constitution for the proposed international organization. Meeting in Montreal in 1962, this committee

formally agreed to the establishment of the International Organization for Medical Physics (IOMP) as of January 1963. One of the objectives of the IOMP was "to encourage, promote, assist, and advise on the formation of national organizations of medical physics in those countries which lack such organizations, and also the possible formation of national committees in those countries where there is more than one medical physics organization."

Initially, the United States had three national groups interested in medical physics: AAPM, the Radiation Research Society (RRS), and the Health Physics Society (HPS). A U.S. National Committee for Medical Physics was formed with representatives from these three groups, and this Committee provided the liaison between IOMP and medical physics in this country.

Over the next several years, the HPS became affiliated with the International Radiation Protection Association, and the RRS became affiliated with the International Congress of Radiation Research; this left AAPM as the only U.S. organization whose primary interest was in medical physics. The National Committee on Medical Physics was dissolved in 1974, leaving AAPM as the sole representative to IOMP from the United States.

The main achievement of IOMP has been the sponsorship of a series of international conferences, in which AAPM members have been active participants. The following International Conferences on Medical Physics have been held:

- I. Harrogate, England, September 8-10, 1965; President, W. Mayneord
- II. Boston, Mass., USA, August 10-14, 1969; President, L.S. Taylor
- III. Goteborg, Sweden, July 30-August 4, 1972; President, I. Petersen
- IV. Ottawa, Canada, July 25-30, 1976: President, H.E. Johns
- V. Jerusalem, Israel, August 19-24, 1979; President, E.H. Frei
- VI. Hamburg, Germany, September 5-11, 1982; President, D. Harder

The VIIth conference will be held in Helsinki, Finland, in 1985, and the VIIIth conference is scheduled for San Antonio, Texas, in 1988. In 1984, a regional IOMP conference, the Interamerican Meeting of Medical Physics, will be held in Chicago together with the Annual Meeting of AAPM. In addition to holding international conferences, IOMP has decided to publish a bulletin entitled "Medical Physics World." This bulletin will be circulated to all individual medical physicists who are members of the affiliated national organizations. The bulletin is intended as a vehicle which will bring greater cohesion to medical physicists in all of the participating countries.

At present, AAPM is one of 28 national organizations which are members of IOMP, in the following countries: Austria, Belgium, Brazil, Canada, Denmark, Federal Republic of Germany, Finland, France, German Democratic Republic, Greece, Hungary, India, Ireland, Israel, Italy, Japan, Mexico, Netherlands, New Zealand, Norway, Poland, South Africa, Switzerland Spain, Sweden, Thailand, United Kingdom, and the United States.

PREVIOUS AND CURRENT OFFICERS OF IOMP

	President	Vice President	Secretary-General
1965-1969	W. Mayneord, U.K.	J.S. Laughlin, U.S.A.	B. Waldeskog, Sweden
1969-1972	J.S. Laughlin, U.S.A.	R.I. Magnusson, Sweden	J.R. Cameron, U.S.A.
1972-1976	R.I. Magnusson, Sweden	R. Mathieu, Canada	J.R. Cameron, U.S.A.
1976-1979	R. Mathieu, Canada	J. Mallard, U.K.	R. Walstam, Sweden
1979-1982	J. Mallard, U.K.	A. Kaul, West Germany	R. Walstam, Sweden
1982-1985	A. Kaul, West Germany	L.H. Lenzl, U.S.A.	B. Stedeford, U.K.

Closer cooperation between IOMP and the International Federation for Medical and Biological Engineering (IFMBE) was proposed and discussed at the 1972 congress in Goteborg. In Ottawa, the international congresses of the two organizations (IFMBE and IOMP) were held during successive weeks, making attendance of both convenient for those interested in doing so. A committee was established which studied possible advantages of future closer cooperation between the two organizations. This committee, consisting mainly of officers of IFMBE and IOMP proposed the establishment of a scientific union. The aims and statutes of such an umbrella organization were agreed upon at the combined IOMP/IFMBE congress in Jerusalem in 1979. The resulting INTERNATIONAL UNION ON PHYSICAL AND ENGINEERING SCIENCES IN MEDICINE was accepted for associate membership in the International Council of Scientific Unions (ICSU) in 1982 with support from a number of national academies of science and scientific members of the ICSU.

The IOMP is a non-governmental organization. Two other international organizations, both governmental, have important interests in medical physics. One is the World Health Organizations (WHO), and the other is the International Atomic Energy Agency (IAEA). Both are in the United Nations group. Over the years, many members of AAPM have served on WHO and IAEA panels and have been authors and editors of important publications by the two organizations. In addition, a number of AAPM members have served on the staff of the IAEA in Vienna and as WHO and IAEA technical experts on all continents of the world. An especially important activity of the IAEA and WHO is the development of the World Dosimetry Network. The network is making a major contribution to the uniformity of radiation dosimetry through the development of Secondary Standards Dosimetry Laboratories (SSDL) in various countries. The three AAPM - accredited Regional Calibration Laboratories, together with our national Bureau of Standards, serve the United States in the way in which an SSDL serves in countries without primary standards laboratories. Traceability of radiation standards from the SSDL's to the World Network is a primary function of the SSDL's.

Through the work of many of its members AAPM can be justly proud of the role it has played in developing international collaboration among medical physics groups worldwide. Science, in general, and medical physics, in particular, is of concern to all peoples of the world.

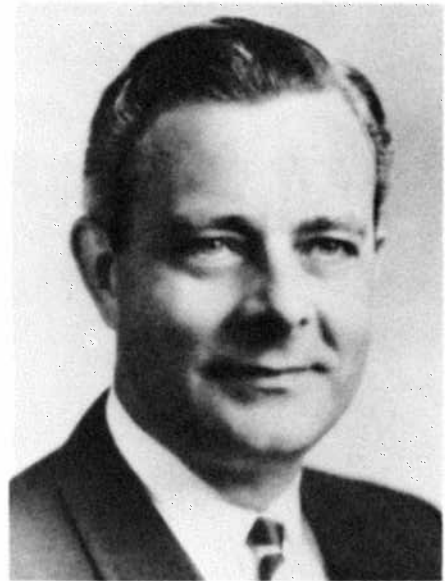


MARVIN WILLIAMS - 1963

First scientific committee established
Affiliation established with
U.S. National Committee on Medical Physics,
under auspices of
National Academy of Sciences.

EDWARD WEBSTER - 1964

Sponsorship of PMB begins with vol 9
Scientific Committee on Radiation
Dosimetry (SCRAD) created.



JOHN LAUGHLIN - 1965

AAPM incorporated.
AAPM becomes a Collaborating Organization of NCRP.
First ICMP meeting held in Harrogate, UK.
Physicists eligible for full membership in RSNA.



BEST WISHES

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Stamford, CT 06907

AAPM and the NCRP
by E.W. Webster

The NCRP, the National Committee on Radiation Protection and Measurements (originally known as the Advisory Committee on X-Ray and Radiation Protection) was formed in 1929 upon the recommendation of the International Commission on Radiological Protection (ICRP). From 1931 to 1964, recommendations were published as handbooks of the National Bureau of Standards. Even before the founding of the AAPM, the leading medical physicists contributed significantly to the NCRP reports, particularly G. Failla, E.H. Quimby, C.B. Braestrup, J.L. Weatherwax, L.D. Marinelli, as well as others closely associated with radiological physics including L.S. Taylor (President of NCRP), H.O. Wyckoff, H.M. Parker, and E.D. Trout. Typical of the NCRP Reports of this era was NBS Handbook 54 issued in 1954 on "Protection against Radiations from Radium, Cobalt-60 and Cesium-137" under the chairmanship of C.B. Braestrup on which E.H. Quimby and H.O. Wyckoff served; and NBS Handbook 59 also issued in 1954 on "Permissible Dose from External Sources of Ionizing Radiation " prepared by a sub-committee under the chairmanship of G. Failla on which H.M. Parker served.

Up to 1964 the National Committee consisted of representatives of national professional and government organizations with an interest in radiation protection including medical, dental, veterinary and radiological societies, industrial hygiene societies, the Health Physics and American Nuclear Societies, the electrical manufacturers, the Atomic Energy Commission, the Public Health Service, the National Bureau of Standards and the Armed Services, together with sub-committee chairmen.

An important change in the organization of the NCRP occurred in 1964. The increasing involvement of federal agencies in radiation control, particularly the formation of the Federal Radiation Council, stimulated action to create an independent advisory body holding a congressional charter primarily to formulate radiation protection recommendations, and this was accomplished with the passage of Public Law 88-376 by the U.S. Congress in 1964. The Committee was reconstituted as a Council with corporate status. The members of the Council were elected by the existing Council from nominations submitted by collaborating organizations and served 6-year terms independently, as distinct from representing the nominating organization. The President, other officers, and a Board of Directors, were elected annually by the Council. An annual report was submitted to the U.S. Congress.

The AAPM was not represented as such on the National Committee, but several AAPM members were members of the Committee when the change to Council status occurred. These were C.B. Braestrup, R.O. Gorson, H.M. Parker, E.H. Quimby and L.S. Taylor. At the first meeting of the Council in 1964, J.S. Laughlin and E.W. Webster were elected to the Council, in 1965 R.D. Evans and W.C. Roesch, and in 1966 M.M.D. Williams. In 1965 during the presidency of J.S. Laughlin, the AAPM became a collaborating organization of the NCRP with the prerogatives of nominating individuals for election to the Council and of designating a liaison who was a member of the Council. E.W. Webster has been a AAPM liaison since 1965. The Council currently has 75 members of which 5 are members of the AAPM, namely E.R. Epp, R.O. Gorson, J.G. Kereiakes, W.K. Sinclair (the NCRP President) and E.W. Webster. Gorson has been a director and Webster is currently a director. About 500 persons are serving on the NCRP Scientific Committees at present, of which 59 including the 5 individuals above, are members of the AAPM.

Since 1977 the NCRP has increasingly expanded its activities and funding. Of more than 70 active and inactive scientific committees, AAPM members are currently involved in the following 19 which deal with: medical x-ray and gamma-ray equipment performance, x-ray protection in dental offices, standards and measurements of radioactivity for medical use, relative biological effectiveness, protection of small neutron generators, administered radioactivity, radioactivity dose calculations, low-level waste disposal, atomic bomb survivor dosimetry, radiation dose in medical examinations, radiation received occupationally, radiation protection in pediatric nuclear medicine, experimental verification of internal dose calculations, internal emitter standards-thyroid cancer risk, human population exposure experience, neutron contamination for medical accelerators, biological effects of ultrasound, x-ray protection in mammography, and policy for use of SI units.

The following very significant NCRP reports have been generated since 1960 with important participation by AAPM members, including those listed below:

- #24 1960 Protection against Radiations from Sealed Gamma Sources. C.B. Braestrup (Chairman), E.H. Quimby, W.K. Sinclair
- #26 1961 Medical X-ray Protection up to 3 Million Volts. C.B. Braestrup, E. Focht, J. Hale
- #28 1961 Manual of Radioactivity Procedures. W. Gross, J. Hale, E.H. Quimby, W.K. Sinclair
- #30 1964 Safe Handling of Radioactive Materials. H.M. Parker, W.K. Sinclair, M.M.D. Williams
- #31 1964 Shielding for High-Energy Electron Accelerator Installations J.S. Laughlin
- #32 1966 Radiation Protection in Educational Institutions. C.B. Braestrup, J.S. Krohmer, E.H. Quimby
- #33 1968 Medical X-ray and Gamma-Ray Protection: Equipment Design and Use. R.O. Gorson (Chairman), J. Hale, J.S. Krohmer, E.W. Webster
- #34 1970 Medical X-ray and Gamma-Ray Protection: Structural Shielding Design. C.B. Braestrup (Chairman), R.T. Mooney, C.S. Simons
- #35 1970 Dental X-ray Protection. R.O. Gorson
- #37 1970 Precautions in the Management of Patients who have Received Therapeutic Amounts of Radionuclides. E.H. Quimby (Chairman), J.S. Laughlin, R.S. Yalow
- #40 1972 Protection against Radiation from Brachytherapy Sources. J.G. Kereiakes
- #41 1974 Specification of Gamma-Ray Brachytherapy Sources. M.M.D. Williams (Chairman), R.J. Shalek
- #48 1976 Radiation Protection for Medical and Allied Health Personnel. E.H. Quimby (Chairman), G. Shapiro, E.E. Stickley
- #49 1976 Structural Shielding Design and Evaluation for Medical Use of X Rays and Gamma Rays of Energies up to 10 MeV. J.P. Kelley (Chairman), R.O. Gorson, Raymond Wu
- #51 1977 Radiation Protection Design Guidelines for 0.1-100 MeV Particle Accelerator Facilities. G.L. Brownell, C.J. Karzmark
- #54 1977 Medical Radiation Exposure of Pregnant and Potentially Pregnant Women. R.O. Gorson (Chairman)
- #57 1978 Instrumentation and Monitoring Methods for Radiation Protection. E.W. Webster (Chairman), M. Ehrlich, J.S. Krohmer, R.T. Mooney, J. Ovadia, W.C. Roesch
- #66 1980 Mammography. L. Rothenberg, D.A. Weber
- #69 1981 Dosimetry of X-Ray and Gamma-Ray Beams for Radiation Therapy in the Energy Range 10 keV to 50 MeV. R.J. Shalek (Chairman), P.R. Almond, J.R. Cameron, A. Feldman, L.H. Lanzl, J.S. Laughlin, R. Loevinger, R.J. Schulz
- #70 1983 Nuclear Medicine - Factors Influencing the Choice and Use of Radionuclides in Diagnosis and Therapy. A.B. Brill (Chairman), R.N. Beck, R.J. Cloutier, R.E. Johnston



ROBERT SHALEK - 1966

First mid-year topical meeting held in Madison.
SCRAD publishes "Protocol for Electron Beam Dosimetry" in PMB.

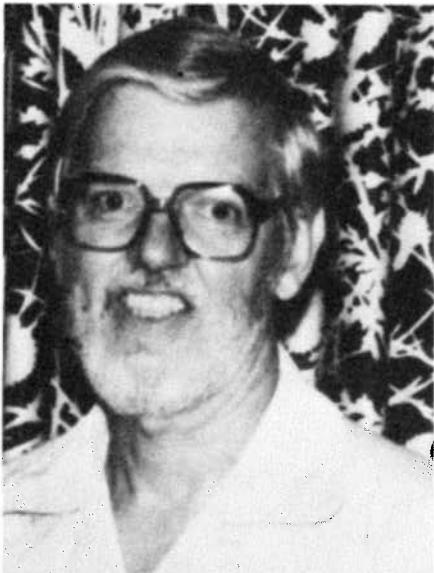
LAWRENCE LANZL - 1967

Quarterly Bulletin starts,
Kereiakes is editor.
AAPM becomes affiliated society of
AIP.
Symposium on High Energy Radiation Dosimetry
held at New York Academy of Sciences.



JOHN CAMERON - 1968

Radiological Physics Center
(RPC) established.
Annual meetings in Chicago,
but separated from RSNA.
Topical Symposium on Diagnostic Radiology
held in San Francisco.



QUOTES ON ANNUAL MEETINGS

From the "Quarterly Bulletin" Vol 1 #2, September 1967:

In recent years the membership of AAPM has expressed the wish to have meetings which provide closer identification with the profession of medical physics. To satisfy this wish, the Association for 1967 sponsored a Symposium on High Energy Radiation Therapy Dosimetry this last June. Some three hundred scientists, a number amounting to 85% of our membership, attended.....

From the "Quarterly Bulletin" Vol 2 #3, September 1968:

The 1968 mid-year meeting of the AAPM assumed a new posture with respect to diagnostic radiology for the radiological physicist, in addition to adding new horizons in the form of thermography and ultrasonics to the area of medical physics. These ideas have previously attracted too little attention from the radiological (medical) physicist. This perhaps is a natural consequence of the association of the medical physicist almost exclusively with radiation therapy, to the almost complete neglect by the roentgenologist and other physicians in general.....

N. Baily

From the "Quarterly Bulletin" Vol 3 #4, December 1969:

At the time of this writing, the 1969 Program Committee is busy putting together the details of the scientific program for our 11th Annual Meeting at the Sheraton-Blackstone Hotel 3-6 December....This is the first time the Association is holding its annual meeting outside of the Palmer House....Gail Adam's Committee obtained a good response to the questionnaire concerning alternative arrangements for future AAPM meetings...As a result the AAPM Board of Directors...approved the Committee's recommendation that the Annual Meeting for 1970 be scheduled in Washington D.C.....Tentative plans call for having an abbreviated AAPM session after the RSNA meeting in 1970.

R.O.Gorson, President

From the "Quarterly Bulletin" Vol 7 #1, March 1973:

It is axiomatic that we in medical physics must work closely with physicians if our labors are to be implemented in the patient's best interest and be rewarding for us. In this regard I am delighted with the efforts of Jack Krohmer and others to increase our collaboration in scientific matters with the Radiological Society of North America (RSNA). This collaboration will be implemented in 1973 by joint sponsorship with RSNA of additional scientific sessions at the RSNA meeting along with the curtailment of our independent scientific program on that occasion. An important benefit was arranged at the 1972 meeting at which AAPM registration badges provided entry to all RSNA Scientific Sessions...

C.J.Karzmark, President.

* * * * *

* From the "Quarterly Bulletin" Vol 2 #1, March 1968: *

*The scenario for the Radiological Physics Center *

* is just being completed at this time.....I can hardly *

* overemphasise the significance to the Association of this *

* project.... *

* L.H.Lanzl, 1967 Presidential Report. *

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* * * * *

THE AAPM RADIOLOGICAL PHYSICS CENTER
by Robert J. Shalek

The Radiological Physics Center (RPC) was established in 1968 upon the recommendation of the Committee on Radiation Therapy Studies (CRTS) under the sponsorship of the AAPM. The RPC is funded by the Division of Cancer Treatment of the National Cancer Institute and has been charged by them with the responsibility of insuring the correctness and consistency of radiation dosimetry upon protocol patients from institutions involved in NCI sponsored interinstitutional cooperative clinical trials. The RPC is directed by Dr. Robert J. Shalek and is located at M.D. Anderson Hospital in Houston.

Review of dosimetry is accomplished in several ways. The most visible method is by visits to the participating institutions by one of the RPC traveling physicists. During these visits physicists, therapists and technicians are interviewed to determine how dose is defined, measured and calculated at that institution. Dosimetry measurements are then done on each of the therapy machines there. Since all institutions cannot be visited immediately, initial monitoring and periodic checks of quality are accomplished through mailed TLD. The dose delivered to protocol patients is monitored by review of individual patients treatment records using the measured data. If a discrepancy exists between the RPC and the institution on any of these reviews, the RPC works with the institution to discover and resolve the discrepancy. The RPC staff also tries to make its experiences available generally by presenting scientific talks, workshops, and papers.

Problems encountered by the RPC in comparing dosimetry from various institutions have resulted in further investigations which have had impact upon methods of measurement and calculation of radiation dose. The most important of these efforts have been: the calculation of dose in large irregular fields such as Hodgkins mantle treatment; the disagreement between Cobalt-60 calibrations in water or in air; the importance of the traceability of chamber calibration factors to a national standard; support for the view that with proper constancy checks the frequency of chamber calibrations can be reduced; the discovery and correction of several systematic miscalibrations of brachytherapy sources by suppliers; and the investigation of discrepancies resulting from different methods of electron beam calibration.

When the RPC began, it was responsible for three cooperative clinical trial group each of which had one active protocol involving radiotherapy. At that time clinical trails were mostly chemotherapy studies. However, in the early to mid 1970's, cooperative clinical trial activities became strongly

multidisciplinary and the responsibilities of the RPC expanded greatly so that today twenty active study groups and five intergroup efforts are monitored by the RPC. Each of these groups have multiple active treatment protocols. Presently 393 institutions with more than 800 radiation therapy machines are monitored in some fashion by the RPC in the USA (347), Canada (20), Europe (19), Central and South America (5), South Africa (1), and Australia (1).

Approximately 1500 patient treatment records are reviewed yearly. And the aim is to mail TLD twice per year for every therapy machine monitored. Until recently, the radiotherapy in cooperative trials was limited primarily to conventional photon therapy so RPC reviews were limited to these conventional techniques. Now the scope of the radiotherapy in cooperative trials has expanded so that today the RPC also routinely reviews the dosimetry of brachytherapy, electron therapy, and total body irradiation therapy.

Cooperation with other review groups is also an important part of the present RPC activities. The Six Cancer Control Centers for Radiological Physics (CRP) as part of their activity review therapy physics at cancer control affiliates within various cooperative clinical trial groups. Significant scientific and administrative cooperation between the CRPs and the RPC occurs. At annual intercomparison meetings there is an exchange of methodology as well as an intercomparison of measuring equipment. Data from CRP reviews are collected and processed through the RPC when the data relates to interinstitutional clinical trials. The RPC presently reviews the dosimetry of patient radiotherapy treatment records for ten study groups while the records of patients treated by the other groups are reviewed by one of six radiotherapy quality assurance offices.

The following physicists have worked or are working in the RPC: Robert Shalek, Robert Golden, Jack Cundiff, Walter Grant, William Hanson, William Storey, William Gagnon, Lawrence Berkley, Steven Givens, Keith Weaver, Robert Gastorf, Thomas Kirby, Ronald Cowart and John Hazle. Other physicists who have given extensive consultation to the RPC include Ralph Worsnop, Marvin Williams, Arnold Feldman and Donald Herbert. Other key RPC personnel include Paula Kennedy, Jane Davis, Joye Roll and Mary Lou Lesseraux.

The RPC has had an impact on radiation dosimetry practices. Analysis of RPC data indicates that there has been a general improvement in the quality of radiation dosimetry over the last 15 years and there can be little doubt that the RPC has made a contribution to this. If an institution has been previously visited by the RPC, agreement with the RPC has usually been better on subsequent visits. The RPC was one of the early groups that preached the necessity of quality assurance in clinical trials not only in radiation physics, but also in the medical aspects.

The relationship between the AAPM and RPC has been mutually beneficial. The AAPM Radiation Therapy Committee has served as a scientific policy and advisory committee for the RPC from the beginning, and has provided solid support, particularly through its various chairmen (John Laughlin, Peter Wootton, Kenneth Wright, Nagalingam Suntharalingam, and James Purdy). In return, the RPC has been a highly visible activity that helped the young AAPM gain confidence, and recognition in the medical community.



AMERICAN SOCIETY OF THERAPEUTIC RADIOLOGISTS

20 NORTH WACKER DRIVE, ROOM 1660, CHICAGO, ILLINOIS 60606 (312) 236-4963

Office of the President
SAMUEL HELLMAN, M.D.
Joint Center for Radiation Therapy
Harvard Medical School
Department of Radiation Therapy
50 Binney Street
Boston, Massachusetts 02115
Area Code 617/732-1889

June 16, 1983

Nagalingam Suntharalingam, Ph.D.
President
American Association of Physicists in Medicine
Thomas Jefferson University
Radiation Therapy Department
11th and Walnut Streets
Philadelphia, Pennsylvania 19107

Dear Sunta:

We congratulate the American Association of Physicists in Medicine on its twenty-fifth anniversary. We radiation oncologists are greatly appreciative of the advances in radiological physics. They have led to advances in our specialty and ultimately improved the care of our patients. Nowhere in medicine is there a better example of the close relationship between professions than that between the Radiological Physicist and the Radiation Oncologist. The American Association of Therapeutic Radiologists and the American Association of Physicists in Medicine are both committed to that goal. Coincidentally, both organizations celebrate their silver anniversaries this year.

You have our best wishes.

Sincerely yours,

Samuel Hellman, M.D.

/pw



THE SOCIETY OF NUCLEAR MEDICINE

475 PARK AVENUE SOUTH, NEW YORK, N. Y. 10016 · TEL 212 889 0717

June 27, 1983

American Association of
Physicists in Medicine
Thomas Jefferson University
Radiation Therapy Dept.
11th & Walnut Sts.
Philadelphia, PA 19107

Congratulations on your Silver Anniversary.

The Society of Nuclear Medicine has long recognized the necessity of a symbiotic relationship between medicine and physics. In our field, one cannot exist without the other. Indeed, many of the members of your Society are members of the Society of Nuclear Medicine as well, and we value their full participation.

Through my years of involvement in research and practice in nuclear medicine, I have leaned heavily on my prior training in physics and biophysics. There is no doubt that in the years ahead, the relationship of physics and medicine will become ever more important. The development and utilization of new pharmaceuticals and instrumentation, as we have seen recently in the advances of positron emission tomography and nuclear magnetic resonance, bode well for the importance of our disciplines for the future of health care in our country and indeed throughout the world.

Sincerely,

Merle K. Loken, M.D., Ph.D.
President

MKL:mav

JOHN H. HARRIS, JR., M.D., *President*
c/o Department of Radiology, University of Texas Medical School
6431 Fannin Street, Houston, Texas 77030 (713) 797-3539

24 June 1983

Nagalingam Suntharalingam, Ph.D.
President, AAPM
Thomas Jefferson University
Radiation Therapy Department
11th & Walnut Streets
Philadelphia, PA 19107

Dear Dr. Suntharalingam:

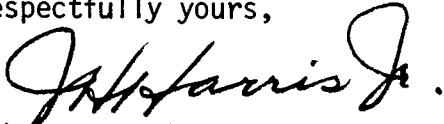
The staff, members and officers of the American College of Radiology extend best wishes to their counterparts in the American Association of Physicists in Medicine on the occasion of the 25th Anniversary of the founding of this distinguished Association.

Radiology was born of physics and has depended heavily upon physicists ever since. The scientific and technical explosion that has occurred in Radiology during the past decade and which promises to continue in even greater magnitude, requires that radiologic physicists become increasingly active in Diagnostic Radiology. The College has recognized the physicist's expanding role by creating the Commission on Physics. Raymond L. Tanner, Ph.D., was appointed to the Board of Chancellors and serves as the first Chairman of this Commission.

As an era of even higher technology begins, the College looks forward to an even closer relationship with the American Association of Physicists in Medicine--and particularly its radiologic physicist members--for the betterment of patient care.

The American College of Radiology congratulates the American Association of Physicists in Medicine on its Silver Anniversary.

Respectfully yours,



John H. Harris, Jr., M.D., D.Sc.

The Radiological Society of North America, Inc.



1415 W. 22nd Street, Suite 1150 • Oak Brook, Illinois 60521

PRESIDENT-ELECT

Richard G. Lester, M.D.
Department of Radiology
University of Texas Medical School
6431 Fannin Street
Houston, TX 77030

June 15, 1983

Nagalingam Suntharalingam, Ph.D.
Thomas Jefferson University
Radiation Therapy Department
11th & Walnut Streets
Philadelphia, PA 19107

Dear Doctor Suntharalingam:

The Radiological Society of North America treasures its formal alliance with the American Association of Physicists in Medicine, now in its eleventh year, through which the two organizations jointly sponsor many of the scientific sessions at our annual scientific assembly. Through that joint effort academic and clinical radiologists have gained a greater understanding of the fundamental principles underlying our use of equipment in diagnosis and in treatment, toward safe and effective patient care.

Importantly, too, a close relationship has developed between the members and the leadership of these two national organizations, based on respect for the important medical roles each plays.

On behalf of the more than 15,000 members of RSNA and of its Board of Directors, it is a pleasure to extend to your association our congratulations on your 25th anniversary of service. We look forward to your continued leadership in medical science.

Yours sincerely,

A handwritten signature in cursive script that reads "Richard G. Lester".

Richard G. Lester, M.D.
President



SILVER ANNIVERSARY

BANQUET

AUGUST 2

1983

AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE
SILVER ANNIVERSARY BANQUET
AUGUST 2, 1983

PROGRAM

Greetings and IntroductionsN. Suntharalingham

DINNER

Introduction of Local Arrangements CommitteeJean St. Germain

REFLECTIONS

U.S. Medical Physics – Where were we?Gail Adams

U.S. Medical Physics – Where are we?John Laughlin

International Medical Physics – Then and nowJack Fowler

AWARDS CEREMONY

Delaware Valley Chapter Award (Presented by Raymond Wu)

Farrington Daniels Award (Presented by Farrington Daniels, Jr.)

Sylvia Sorkin Greenfield
Memorial Award (Presented by Moses Greenfield)

COOLIDGE AWARD (Presented by Kenneth Wright)

PRESIDENT'S MESSAGE

“Change is the only constant”N. Suntharalingham

DANCING

to “Music for Occasions”

MENU

Mousse Chaud de Salmon
Sauce Nantua

Tournedo de Boeuf
Sauce Bordelaise

Pommes de Terre Champs-Elysees
Artichoke Clamart

Salade Marco Polo
Dijonnaise

Anniversary Cake
Gateau Mousse au Chocolat

Petit Fours
Café

AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

1983

OFFICERS

President
President Elect
Secretary
Treasurer

Nagalingham Suntharalingham
Edward S. Sternick
Gary D. Fullerton
Joseph S. Blinick

SILVER ANNIVERSARY MEETING

Scientific Program

Chairman
Coordinator
Works-in-progress

Philip F. Judy
Stephen R. Thomas
James M. Galvin

Local Arrangements Committee

Chairman
Finance
Scientific Exhibits
Registration
Quarter-Century Bulletin Editor
Audio Visual Arrangements
Signs and Decorations
Social Program

Jean St. Germain
Robert J. Barish
Stephen R. Szeglin
Morris Hodara
Christopher H. Marshall
James Summers
Paula R. Salanitro
Marilyn E. Noz

SUMMER SCHOOL

Scientific Program

Ramesh Chandra, Martin C. Graham, Dandamudi V. Rao

Local Arrangements Committee

Bun Chan, David K. Steidley



AMERICAN INSTITUTE OF PHYSICS

335 EAST 45 STREET, NEW YORK, NEW YORK 10017 • (212) 661-9404
Telex 960983/AMINSTPHYS-NYK

H. WILLIAM KOCH
Director
RODERICK M. GRANT
Secretary
GERALD F. GILBERT
Treasurer

22 June 1983

American Association of Physicists
in Medicine
335 East 45th Street
New York, NY 10017

Dear AAPM Members:

Anniversaries are always joyous occasions, especially for those who are personally involved with the event.

Twenty-five years ago I was a radiation physicist at the National Bureau of Standards, and medical physics was just emerging as a separately identifiable field. When the American Association of Physicists in Medicine was founded in 1958, it filled a great need because it provided a focus for the collective efforts of scientists engaged in medical physics.

During the ten years in which the AAPM has been a Member Society of the American Institute of Physics, it has been a source of great personal pleasure to watch the Association's continued growth in membership and service to the field. Equally pleasing is the satisfaction I have derived both as a member of the AAPM and as Director of AIP in its work in providing publishing and other services for the AAPM.

The AAPM can take pride not only in its own growth but also in its role in bringing about the position and respect now accorded the field of medical physics and medical physicists by the institutions they serve.

To honor the AAPM's many contributions through its scientific meetings and its successful scholarly journal, "Medical Physics," the physics and astronomy community represented by AIP salutes you on your 25th anniversary. We look forward to many more years of contributions from the AAPM to the sciences of physics and medicine.

Sincerely yours,

H. William Koch

HWK:mt

NCRP

*National Council on Radiation Protection
and Measurements*

7910 WOODMONT AVENUE, SUITE 1016, BETHESDA, MARYLAND, 20814-3095 AREA CODE (301) 657-2652

WARREN K. SINCLAIR, Ph.D., *President*
S. JAMES ADELSTEIN, M.D., *Vice President*
W. ROGER NEY, J.D., *Executive Director*

June 14, 1983

Nagalingam Suntharalingam, PhD
President, AAPM
Thomas Jefferson University
Radiation Therapy Department
11th & Walnut Streets
Philadelphia, PA 19107

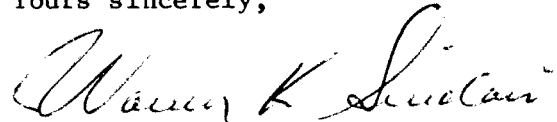
Dear Dr. Suntharalingam:

On behalf of the National Council on Radiation Protection and Measurements I would like to extend good wishes to the American Association of Physicists in Medicine on the celebration of its "Silver Anniversary." Its role in promoting the applications of physics to medicine and biology, in the dissemination of information in medical physics and related fields and in fostering exchanges of ideas is a most important one.

The information published in the journal *Medical Physics* and your associated journal *Physics in Medicine and Biology* has helped NCRP objectives in establishing recommendations about radiation protection matters in various areas of radiation therapy, diagnosis and nuclear medicine. We are pleased not only to have the Association as a valued member of our group of collaborating societies, but also to enjoy the support of so many members of AAPM on our Committees and Council. The NCRP needs and appreciates these associations.

I hope your association will continue to do a fine job and I wish it continued success in the future.

Yours sincerely,



Warren K. Sinclair
President

WKS/JTW/cmt



HEALTH PHYSICS SOCIETY

ROGER J. CLOUTIER, President
Oak Ridge Associated Universities
P. O. Box 117
Oak Ridge, Tennessee 37830
Telephone: (615) 576-3437

June 16, 1983

Dear AAPM Members:

The Health Physics Society shares your joy in reaching such an important milestone as your Silver Anniversary. Your efforts over the past twenty-five years to improve the applications of physics to medicine, especially radiation, has greatly improved the quality of health care not only in this nation but throughout the world. The Health Physics Society has welcomed the opportunity it and its chapters have had to join with the AAPM at meetings and conferences. We look forward to our close relationship over the next twenty-five years.

Congratulations,

Roger J. Cloutier
President



AAPM Headquarters
335 East 45th Street
New York, New York 10017

Dear AAPM Members:

Congratulations to all of you on the 25th anniversary of the American Association of Physicists in Medicine. Your organization has played a key role in promoting excellence in medical physics. We are pleased to have participated with you in many programs with goals of common interest in the past as the former Bureau of Radiological Health. As we enter a new phase as the National Center for Devices and Radiological Health with concern for the safety and effectiveness of all medical devices, we look forward to even greater interaction with your organization and with you as individual members.

Best wishes for continued success in your endeavors in education, research and application of medical physics to improve the quality of health care delivery in the United States.

Sincerely yours,

A handwritten signature in black ink, which appears to read "John C. Villforth". The signature is written in a cursive style with a large, looping initial "J".

John C. Villforth
Director
National Center for Devices
and Radiological Health



ROBERT GORSON (Right) - 1969

JAMES KERELAKES (Left) - 1970

First AAPM Summer School,
 Burlington, Vermont.
 AAPM becomes Charter Member of
 Alliance for Engineering in Medicine
 and Biology.
 Second ICMP held in Boston,
 Webster is Secretary-general.

First summer Annual Meeting,
 Washington, D.C.
 AIP publishes "Quarterly Bulletin"
 "Problems in Physics for
 Radiology Residents" published.

This picture symbolises the continuity and change of the Association by the passage of the gavel between Presidents. According to Gail Adams, the first gavel was an orthopedic mallet with the words "DO NOT BOIL" impressed on the handle. If any member can locate this memento, please contact the AAPM historian.

QUOTES ON GROWTH AND CHANGE

From the "Quarterly Bulletin" Vol 1 #3, December 1967:

.....our Secretary, Prof. Stanton, has observed that "Association activity has mushroomed overnight into big-league proportions".

Lawrence H. Lanzl, President.

From the "Quarterly Bulletin" Vol 2 #1, March 1968:

.....Our petition to become an affiliate member of the American Institute of Physics was granted this past year. The affiliation is an important step in the recognition of the scientific stature of our Society. When our membership exceeds 400, we may apply to the institute to become a member society.....

L.H. Lanzl, 1967 Presidential Report.

From the "Quarterly Bulletin" Vol 3 #1, March 1969:

....Today we are about to pass the 500 mark....Growth gives rise to associated problems. One is the need for greater efficiency in conducting the Association's routine business....With the recently approved dues increase we have been able to complete an agreement with the American Institute of Physics, of which the AAPM is an affiliate member, whereby the Institute will be providing many routine services such as handling dues collection, PMB subscriptions, mailing to membership, publication of the Quarterly Bulletin and the soliciting of advertising.....

R.O.Gorson, President

From the "Quarterly Bulletin" Vol 4 #4, December 1970:

....our structure is becoming more complex and more members are becoming involved in AAPM activities. Five years ago we had approximately 280 members, 16 Board members, 4 regional chapters, 13 committees of all types with a total involvement of 50-60 people. Today we have approximately 560 members, 27 Board members, 10 regional chapters, 26 committees of all types involving approximately 150 people....changes in our structure are needed....the possibility of establishing an Executive Committee of the Board of Directors is being considered...(and) a permanent budget and finance committee....

Peter Almond, President.

From the "Quarterly Bulletin" Vol 5 #3, September 1971:

....Many will feel an understandable nostalgia at the disappearance of the intimate atmosphere of the younger society, but everything changes and we must now address ourselves to some of the problems that our increased size presents. One of these is committee structure...I hope we can consolidate some committee functions, eliminate "busy work", and generally make our operations more efficient.....

Fearghus O'Foghludha, President

LOOKING BACK TO OUR ADOLESCENT YEARS

by R.O. Gorson

At the time of our 25th Annual Meeting, it seems appropriate for senior members to look back and reminisce about the occasions when we were actively involved in guiding the AAPM through some of its crucial times. Accordingly, I would like to recall the period around the time when I served as president-elect, president, and immediate past-president of the AAPM. This was during 1968-1971 when we held our 9th, 10th, and 11th Annual Meetings.

It was during this period that the AAPM was reaching adolescence and experiencing the inevitable growing pains requiring changes in its operation and orientation. As always happens there was resistance to some proposed changes that persists even today regarding the roles of medical physicists and activities of the AAPM.

During the first ten years, the AAPM membership grew tenfold from 48 who attended the organizational meeting (11/17/58) to over 500 by the time of our 10th Annual Meeting (12/6/68). Originally, the AAPM was primarily a professional society but it began to schedule scientific sessions as well as the annual business meeting after the close of the RSNA meetings at the Palmer House in Chicago. At first this was a convenient arrangement since most AAPM members were wont to attend the RSNA meetings anyway. By the 10th year (1968) it became increasingly difficult to avoid time and room conflicts with RSNA activities in the Palmer House and some of our sessions had to be scheduled at the University of Chicago Downtown Center. Also by that time the RSNA had agreed to allow the AAPM to co-sponsor the RSNA physics sessions and this arrangement continues to the present time. Accordingly, the AAPM Board with membership approval decided to divorce the AAPM Annual Meetings from the RSNA meetings and to schedule them instead in the summer to replace the AAPM Midyear Topical Symposia. Our 11th Annual Meeting was the last to be held in Chicago after the RSNA meeting and it was held at the Sheraton Blackstone to avoid potential conflicts at the Palmer House. The 12th meeting in 1970 was the first to be sponsored by a local chapter (The Mid-Atlantic) and the first to be held in the summer. Although there was considerable resistance at the time to breaking away from the RSNA that decision has proven wise and all of our meetings since then have continued to grow to ever increasing successes with the responsibility for local arrangements being rotated among the various AAPM Chapters.

Controversy over other changes proposed around the time of my presidency still linger to the present time. Perhaps the most important was the decision to apply for affiliate membership and eventually full membership in the American Institute of Physics and to negotiate with the AIP to take over our routine administrative and housekeeping chores. Until that time, such activities were carried out entirely by the offices of the president, secretary and treasurer with very limited budgets to pay for any administrative or secretarial assistance. In those days we sponged off our own institutions for such support. That could not continue indefinitely.

The AIP was reasonably receptive to our overtures, but cautious. The officers seemed somewhat skeptical. What kind of physicists would have to work in medicine? Were we really legitimate card-carrying physicists or were we drop-outs forced to turn to biology and medicine? That kind of reaction to

medical physicists by the general physics community was quite prevalent during the formative years of the AAPM and still persists to some extent today.

In order to affiliate with the AIP which was classified by the IRS as a tax-exempt, charitable, scientific and educational organization under Section 501 (c) (3) of the Internal Revenue Code, the AAPM had to apply to the IRS for similar status. The IRS ruled that we could not qualify without amending our constitution and by-laws to eliminate references to our professional interests and objectives. Hence we had to delete from the Articles of Incorporation two of the five stated purposes of the Association and references to the professional ethics committee. These changes eventually were accomplished and we obtained the required IRS classification. This left succeeding AAPM officers and board members in a quandary over our new status resulting in repetitious debates over how much professionalism we could engage in without jeopardizing the IRS classification of both the AAPM and the AIP. The AIP was particularly nervous about any overt professional activity by the AAPM since for several years it (as well as many other societies) was under investigation regarding the justification of its own tax status. These concerns linger to some extent even to the present time.

Several approaches were proposed to address the professional concerns of those AAPM members who were primarily "clinical" physicists, perhaps 50% of the total membership. One was to create a new independent professional society, such as the "American College of Medical Physics." Another was to create a new membership class of clinical physicists with more restrictive requirements than for non-clinical members. After a number of surveys and polling of members and heated debates, both approaches were "defeated." Instead, the AAPM created three councils, one of which was the Professional Council with its various professional committees. Fortunately by this time AIP concerns had sufficiently abated and the IRS took no further notice of us. The concept of an "American College of Medical Physics" was put into abeyance for another 10 years or so as an idea that proved to be a decade ahead of its time.

I will just mention a few other important events or considerations of that time. We held our first symposia on the role of medical physicists and their certification. Consideration was being given to the creation of our own scientific journal which after much soul searching and a period of gestation came into fruition as "Medical Physics" under the superb leadership of Gail Adams. During this time period the AAPM also helped to organize and became a charter member of the Alliance for Engineering in Medicine and Biology and our long series of very successful AAPM summer schools started. We continued to sponsor the American Board of Health Physics and strengthened our cooperative relationships with the RSNA and the ACR providing the bases for the excellent relations we continue to enjoy today with these and other organizations, both national and international.

It is hard to believe now that the AAPM was once considered a fledgling toddler of little consequence that might not make it to adolescence. Indeed, there were a number of radiologists and even some prominent medical physicists who were opposed to the idea of creating a Medical Physics Society 25 years ago. It was argued that we already had a home in the various radiological societies and to go on our own would only antagonize our professional colleagues in radiology. Similar arguments still persist today against the creation of the new "American College of Medical Physics." DEJA VU!



PETER ALMOND - 1971

SCRAD publishes "Protocol for Dosimetry of X- and Gamma-Ray Beams with Maximum Energies between 0.6 and 50 MeV" in PMB.
First reports of AAPM-ACR Joint Committee on Manpower needs in Medical Physics published.

FEARGHUS O'FOGHLUDA - 1972

New award for Distinguished Contributions to Medical Physics named after and presented to Dr. William D. Coolidge.
AAPM Board endorses proposal to publish a journal.
First joint symposium with American Physical Society.



C.J.KARZMARK - 1973

AAPM becomes a Full Member Society of AIP.
Council Structure proposed.
"Clinical" member status discussed.



MORE QUOTES ON GROWTH AND CHANGE

From the "Quarterly Bulletin" Vol 5 #1, March 1971:

Some 88 full time and 82 part-time associates in radiation therapy physics were reported as being needed by the American College of Radiology....The survey....received data from 903 radiation therapy groups in the United States.....207 groups reported that they do not have radiation physics support....

From the "Quarterly Bulletin" Vol 5 #2, June 1971:

.....the minimum need in the United States is for 900 professional medical physicists. The number of medical physicists now practicing is estimated to be about 350...It should be emphasised that our estimate does not include the need for physicists in the non-radiation-oriented departments.

L.H.Lanzl, E.L.Saenger and J.G.Kereiakes

From the "Quarterly Bulletin" Vol 6 #1, March 1972:

....the AAPM has prospered far beyond any reasonable hopes of its founders, far-sighted as they were; it now appears certain that the Association must inevitably become, if it has not already, the undisputed controlling body for medical physics in the U.S.....

Fearghus O'Foghludha, President

From the "Quarterly Bulletin" Vol 6 #3, September 1972:

....almost unanimously, the Board voted to publish our own journal.... Our first awards and honours presentation for Distinguished Contributions to Medical Physics has been named in honor of and awarded to Dr. William D. Coolidge, inventor of the modern X-ray tube....

C.J.Karzmark, President

From the "Quarterly Bulletin" Vol 7 #1, March 1973:

I am delighted to announce that the American Institute of Physics Corporation has very recently elected the American Association of Physicists in Medicine a full member of the Institute. As physicists, it is appropriate that we be so affiliated to better organize and enhance our contributions to medicine and physics as well as to secure more fully the benefits and support of the Institute. This affiliation, which I have the privilege of announcing, represents the culmination of the concerted efforts of dedicated AAPM members and presidents who have preceded me.

C.J.Karzmark, President

THE AAPM-CRP COORDINATION PROGRAM

by Lloyd M. Bates

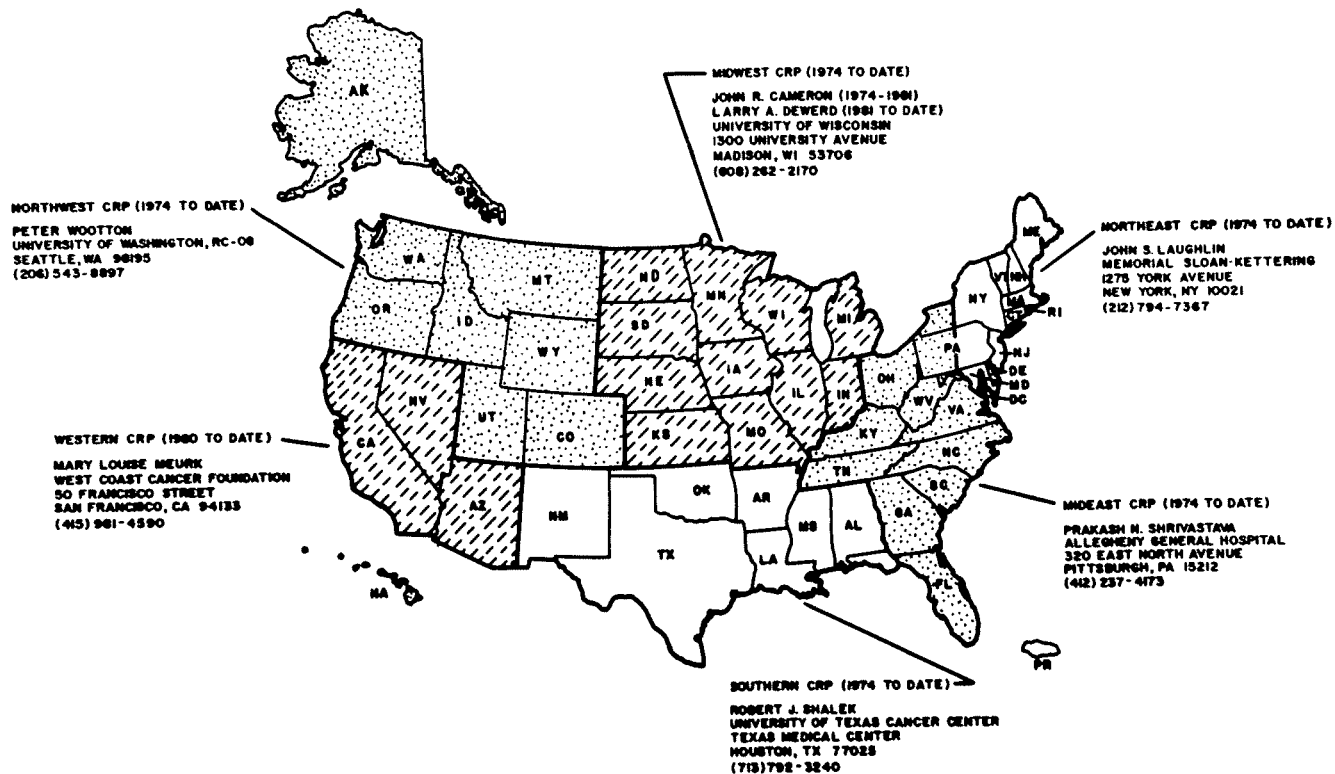
The CRPS

Six regional Centers for Radiological Physics (CRPs) have been in operation since June, 1974; having received continuous support from the National Cancer Institute's (NCI) Cancer Control Program. The CRP funding mechanism is through individual contracts between each CRP's parent institution and the NCI Division of Resources, Centers and Community Activities (DRCCA).

A primary objective of the CRPs is to ensure, through the mechanism of physics review, a uniformly high quality of physics services at clinical facilities where DRCCA supports activities in diagnostic or therapeutic radiology. It is also accepted, de facto, that the demonstration of good radiological physics practice by the CRPs in their reviews, together with other educational activities not directly related to the reviews, will result in an overall upgrading of radiological physics in the United States.

To date, the CRPs have interacted with clinical physicists at about 400 radiotherapy facilities and are currently reviewing about 250 facilities. In the area of cancer detection they are engaged in activities related to mammography, chest radiography, fluoroscopy, cardiovascular roentgenology, computerized tomography, and ultrasound. They have ongoing regional educational activities, primarily through media workshops and symposia.

The map shows the geographical region served by each CRP and gives some further details on each Center.



The AAPM Coordination Program

Each CRP operates under an individual contract and is responsible for meeting the commitments of its contract. There was, however, a recognized need for national uniformity of the services of the CRPs. NCI turned to the AAPM as an organization with a unique capability to ensure this uniformity. This resulted in a contract between NCI and the AAPM to establish and operate a CRP Coordination Program. As with the CRPs, the Coordination Program was initiated in June, 1974, and has received continuous financial support since that time through contracts with DRCCA. Winfred F. Malone, Ph.D., has served as NCI Contract Officer for both the CRPs and the Coordination Program since 1975.

The Coordination Program is organized into two components: 1) a Coordination Office staffed by two full-time radiological physicists with supporting staff and 2) a five member Coordination Committee appointed from the AAPM membership, one of whom is the President of the AAPM or his designate.

The Coordination Program has been able, and continues, to ensure the required uniformity of CRP operations and, in addition, to provide some additional benefits to the AAPM membership, the CRP Program, and the NCI Cancer Control Program. The Coordination Program ensures that CRP activities are of a review nature only and that primary services, better provided by employed or consultant physicists, are not delivered by any CRPs. As a national component of the overall NCI radiological physics program, it averts duplication of effort by the several CRPs and duplication of effort by the CRPs and the Radiological Physics Center supported by the NCI Division of Treatment. It provides a focus for liaison between the CRPs and the agencies or organizations with which they interact, and provides a communications channel between the CRPs and the radiological community through the various AAPM Committees or Councils. It also provides the NCI Project Officer with guidance on which CRP activities will be in the best interests of the radiological physics community and the national Cancer Control Program.

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*
* From the "Quarterly Bulletin" Vol 2 #1, March 1968:
*      .....I would like to call the attention of our
* members to the possibility of establishing Regional
* Medical Physics Centers under funds available from the
* "Heart, Cancer, Stroke" program for Regional Medical
* Centers.....
*      John Cameron, President.
*
* * * * *

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RAYMOND TANNER - 1974

AAPM publishes first issue of MEDICAL PHYSICS
Gail Adams is founding editor.
Agreement reached with NCI to fund
Regional CRP program.
Physicists eligible for full membership
in American Rontgen Ray Society.



JACK KROHMER - 1975

Membership exceeds 1000.
Radiation Therapy Committee publishes
"Code of Practice for X-ray Therapy Linear
Accelerators," in Medical Physics.
Code of Ethics and Employment Practices Code
established.
ABR Certification procedures modified.



JACQUES OVADIA - 1976

Chicago firm, Smith, Bucklin and Associates
hired for management services.
AAPM monograph series starts with publication
of "Biophysical Aspects of the use of
Technetium-99m".
AAPM Newsletter published, Andrew Bukovits editor.
Membership rejects "Clinical" membership status.

QUOTES ON CERTIFICATION

From the "Quarterly Bulletin" Vol 2 #3, September 1968:

....It is an anomaly of history that radiological physicists are certified by a medical specialty board. I hope that within the next few years it can be done under a more appropriate board such as an "American Board of Radiological Physics".

John R. Cameron, President

From the "Quarterly Bulletin" Vol 2 #4, December 1968

....I have been opposed to the practice of certification....I must admit, however, to have applied for and received several certifications in self defence.

....It appears to me that the principal reason for certification is for status and often the person who seeks status is not the one scientifically motivated to do good work.

Hanson Blatz

.....The purpose of grades, degrees and certificates is to demonstrate to the outside world that you have reached certain goals as determined by your peers. Members of the outside world can now proceed to rely on your ability in the accredited area without reevaluation. These accreditation procedures are for the convenience of those outside of the field, not for your peers who can, and do, readily make their own evaluation.....

James C. Carlson

From "The Bulletin", Medical Physics Vol. 1, No. 6, November 1974:

The image of an organization is strongly derived from the image of its members, not vice-versa.....Board certification will be the major factor in establishing the therapeutic medical physicist as being a professional member of the therapy team The establishment of this professional status is a necessary precursor to the recognition of professional services in the charge structure of radiotherapy.....At the risk of "replaying an old record," I would like to urge that we increase (the percentage of Board Certified members) to 70% in 1976. This will do more towards identifying AAPM as a true and productive part of the medical field than all of the "lobbying" and "pressuring" which is sometimes urged.....

Jack S. Krohmer, President

From the "Quarterly Bulletin" Vol 5 #3, September 1971:

....This topic (of membership requirements) has been discussed at length, together with questions of certification, education, accreditation, and so forth. Progress in these matters, some of them potentially involving other bodies, is necessarily slow.....

Fearghus O'Foghludha, President



WILLIAM HENDEE - 1977

AAPM Report Series initiated with
"Phantoms for Performance Evaluation and
Quality Assurance of CT Scanners."
AAPM Charter Member Rosalyn Yallow wins
Nobel Prize for Radioimmunoassay discovery.

PETER WOOTTON - 1978

CRP Report series initiated
JCAH defines Qualified Medical Physicist
in Hospital Accreditation Manual.



BENGT BJARNGARD - 1979

AAPM Board asked to nominate physicists as
Trustee of American Board of Radiology.
AAPM sponsors American Board of Science
in Nuclear Medicine.



SILVER ANNIVERSARY MIND BENDER
by Colin G. Orton

The AAPM's Silver Anniversary Meeting Big Apple Run was about to begin. As the competitors assembled at the starting line, the five most outstanding runners, Suntha O'Lingham, Joe B. Limerick, "Irish" O'Bushong, Derry O'Jare, and "Fearless" O'Foggledeehoocha, were huddled together exchanging blarney as usual. In between examining photographs of less-than-adequately attired "lab assistants" to be presented later as slides in O'Bushong's Refresher Course, they were overheard making the following rash predictions about the order in which they would finish the race:

- O'Lingham: "I think Joe will finish two places higher than 'Irish'."
- Limerick: "No way! I'm going to finish third."
- O'Bushong: "One thing's for sure, Derry will finish first."
- O'Jare: "And Joe will surely finish second."
- O'Foggledeehoocha: "You've got it all wrong, 'Irish' will finish three places lower than Suntha."

At the gun, all five athletes shot off to the front of the pack and stayed there the entire race. They were not so successful in their predictions, however, since only one of them made the correct prediction, and he came in first.

Who was this supreme athlete?
The solution will be published in the next issue of the Quarter-century Bulletin. Deadline for receipt of answers is July 15, 2008. A free T-shirt will be awarded for the first correct solution received after that date.

* * * * *
 *
 * From the "Quarterly Bulletin" Vol 1 #1, June 1967: *
 * With this initial issue, your association is *
 * inaugurating the Quarterly Bulletin to expand the channels *
 * of communication among our membership. The general content *
 * of the Bulletin will include: a calendar of events, section *
 * of news from our regional AAPM chapters, general *
 * Association news, personnel changes and activities. AAPM *
 * policy matters, congressional reports on legal action taken *
 * affecting our members, idea column, editorials which will *
 * be controversial when the need arises, continuous *
 * background information from industrial leaders, guest *
 * editorials from industry leaders letters to the editor, and *
 * other items..... *
 * *
 * Lawrence H. Lanzl, President *
 * *
 * * * * *

AAPM FINDS A VOICE

by Shirley D. Vickers

A new member who joins the AAPM today is immediately aware of its identity as a publishing society. He receives its archival journal, Medical Physics, and its Newsletter, informing him of Association activities and outside events pertinent to his profession. He is invited to purchase a long list of AAPM reports, monographs, and symposium proceedings, and to share brochures describing the AAPM and the profession of medical physics. His Membership Directory gives the identity and whereabouts of some 2000 colleagues in almost every State, plus 35 foreign countries, and displays the structure and function of his Association through its Bylaws and Rules, the Committees and Councils that channel its activities, and the individuals that make up its government. On this 25th anniversary, our "publishing personality" seems complete and stable, giving the sense of "always having been that way." But to those of us who were witnesses and participants, the memory of its formation in the "adolescent years" is still delightfully fresh.

The first publication of a society is a special event - like a child's first word. Ours announced to the world who we were. "The Medical Physicist", a small booklet produced in the early sixties through the editorial efforts of Ted Webster, supplied a means for disseminating information about our widely unknown profession.

The first blossoming of our serious commitment to publishing appeared in 1967 - the AAPM Quarterly Bulletin. Two years previously, we had adopted as our scientific journal Physics in Medicine and Biology, published by our British cousins, the Hospital Physicists Association. This provided both an official outlet for us and financial stability for PMB. Our primary need, therefore, was for a means of communication concerning our own activities. Larry Lanzl was

inspired by the Bulletin of the HPA to propose the new publication, and upon his election as President of AAPM surprised Jim Kereiakes with the task of implementing the idea. Jim undertook this endeavor with "enthusiasm and vigor," and generated a product which is still recalled with great affection by its recipients. Like the AAPM itself at the time, it was personal, homey, and accessible. Announcements were often written in the first person, had by-lines, and names were familiar: it was small enough to fit in the pocket. But as the Association grew, so did the Bulletin. It was my good fortune to inherit the editorship when the AAPM transferred its publishing operations, along with other membership services, to the AIP in 1969. While I had the giant resources of AIP to help me, Jim had worked virtually alone, and I began to appreciate his contribution more fully. The AIP staff and I laid plans to increase the size of the Quarterly Bulletin with hope of its eventual metamorphosis into a fully-fledged journal. In 1972 the Bulletin passed into the editorial hands of Colin Orton and grew healthier and more exuberant with each issue.

In 1971, Gail Adams had presented the Board of Directors with a plan to explore the feasibility of launching a new journal. While not wishing to undermine support for Physics in Medicine and Biology, or our association with HPA, Gail perceived that the time was ripe for AAPM to speak with its own scientific voice. The members were enthusiastic but cautious, but their doubts and concerns bowed before Gail's absolute conviction of the viability of the new venture, braced by membership polls and extensive financial data. The board approved with the proviso that \$15,000 would be raised in advance to offset any early losses. Over 270 members and a dozen organizations responded to the Founder's Fund appeal, and when Volume 1, No. 1 of Medical Physics appeared in early 1974, it was clearly "the will of the people." The journal's subsequent success under the guidance of its Founding Editor, Gail Adams, and his successors Ed Siegel and Ed Chaney, is obvious.

Since two separate publications were considered too costly, the Bulletin was incorporated into Medical Physics with its pages dyed blue, and with Colin Orton continuing as "Associate Editor for Association Affairs". With six issues instead of four each year, it was believed that communication with membership would therefore be improved. However, production delays proved to be a burden and a limitation, and a need for rapid communication became obvious. When AAPM engaged the management firm of Smith, Bucklin & Associates of Chicago, one of its services was the production of a Newsletter to replace the Bulletin pages in Medical Physics. Andy Bukovits came forward to edit this new channel for internal communication in 1976, and stayed to set our editorial record for length of service. His successor in 1982, Bob Zamenof, continues the most demanding task of finding and sharing the important news of our mutual endeavor.

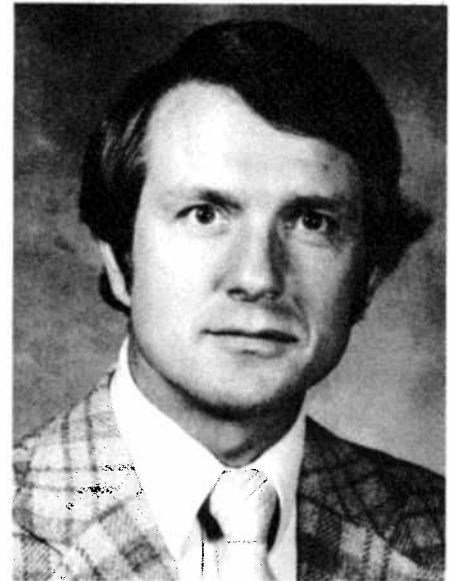
In 1974 the Publications Committee came into being, and provided a forum for centralized review and coordination of all of the societies' publishing activities, and for the appearance of high-quality AAPM-sponsored publications containing the output of Committees, Summer Schools, and Symposia. In selecting Ted Webster as its first chairman, President Jack Krohmer assured that the initial policies would be carefully considered and that high standards would be established. Ted, and his successors John Laughlin and John Cameron, have played major roles in raising the Association to its present state of maturity.

This brief reminiscence mentions only a few of those who have contributed to the publishing operations of AAPM. The personal satisfaction inherent in such efforts are great, and the the society thus molded returns rich rewards.



ROBERT WAGGENER - 1980

AIP selected as new management firm for AAPM.
Renewed interest in professional issues.



COLIN ORTON - 1981

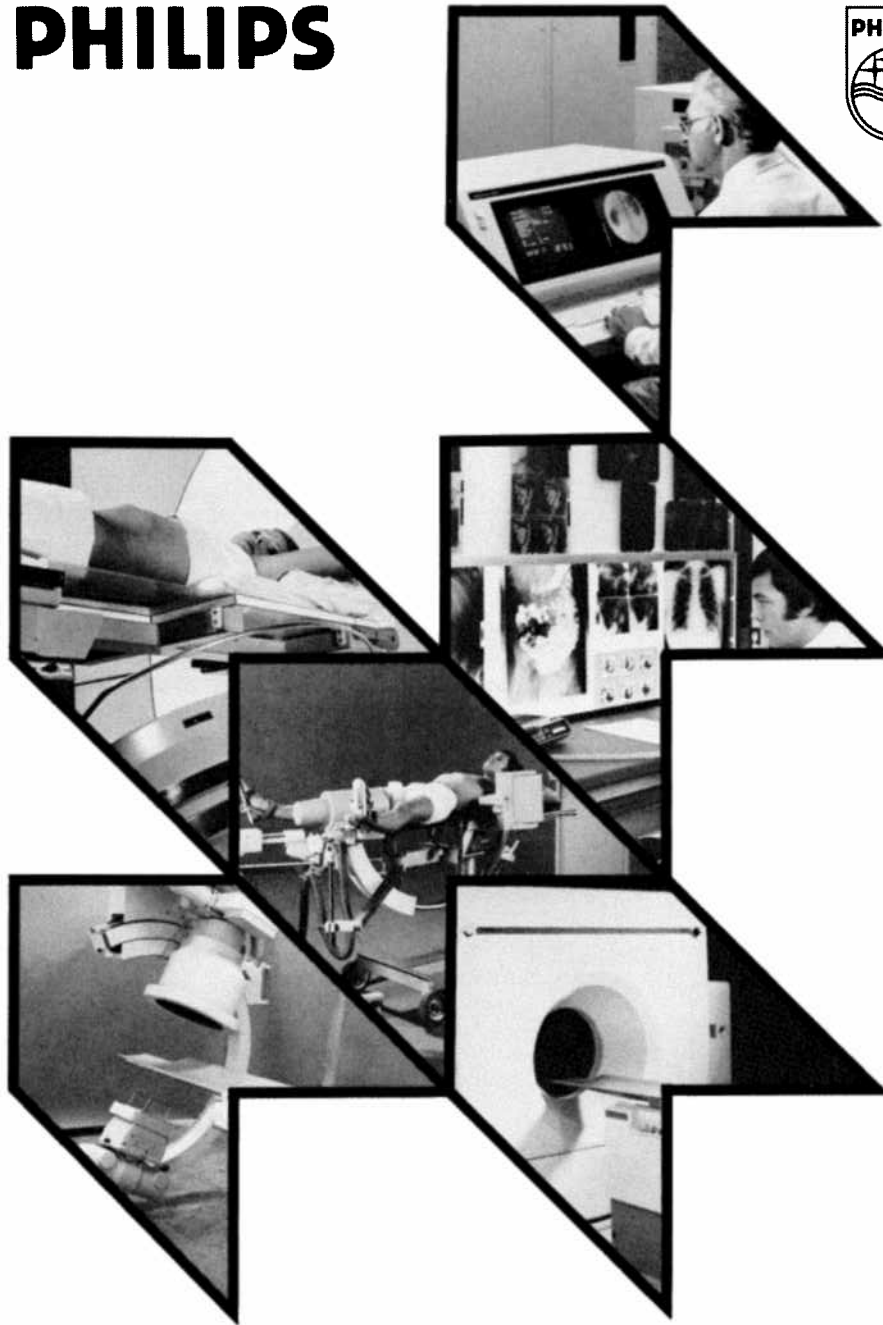
Ad hoc Committee on Professionalism established.
AAPM Board agrees to formation of ACMP
Constituting Panel
ten ACMP members elected by membership.



ANN WRIGHT - 1982

AAPM membership votes in favor of ACMP.
ACMP established independently of AAPM.
ACR creates a Commission on Physics.

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PERSONAL REFLECTIONS ON MEDICAL PHYSICS

by Leonard Stanton

On this 25th AAPM Anniversary it is useful to reflect on the history and future of our specialty.

Prior to 1939 there was important progress in the clinical use of, and protection from, ionizing radiation. However, the governmental investment was very small, resulting in a relatively slow pace of developments in X-ray generation, imaging systems, and radiation measurements and dosimetry.

During the period from 1939 to 1945 our country's productive capacity doubled, while that of other technologically advanced countries was destroyed by war. Also, the war brought great technical and scientific progress to the fields of nuclear energy, electronics and radio, metal and plastic fabrication, and instrumentation - to mention only a few. The war was followed by an extended period of relative prosperity, with an expansion in all branches of physics. However, while medical physics grew both rapidly and constantly during the past 25 years, many other physicists and engineers had periods of economic distress which left them in a less favored economic position.

The relative economic health of medical physics arose from at least two factors. The first was generous public support of medical care and research, without serious complaint until recently. This support provided a strong capital base for major scientific and technical developments, which in turn created jobs in clinical and health physics applications, and opportunities for our own innovative efforts to best apply these developments. The second factor is the historical close relationship between the radiologist and the radiologic physicist, going back more than 60 years. This is exemplified by our certification by the ABR, unique among non-M.D.'s. Our favored position was further enhanced by the public concern over radiation risks, following use of the atomic bomb and the subsequent arms race, since we were among the earliest "qualified experts" in controlling and quantifying human radiation dosage. This continuing role provides much of the bread-and-butter employment basis for most radiological physicists.

The coming period will likely bring less public financial support to radiology than in the past. However, the recent major technologic developments demand the help of qualified people, and we should be prepared to meet these needs before others do so by default. The physicist is well established in radiation oncology as the expert in treatment planning, dosimetry, machine application and some of the newer adjuvant therapies. New diagnostic equipment now offers great promise, and we can help to optimize diagnostic efficiency in their application. In the future, the radiation researcher will have to compete more than now for support with those working on genetic and immunologic projects, and likely more and more of us will find ourselves drawn into more general biologic fields. All in all, we face an exciting and still somewhat favored future in medical physics.

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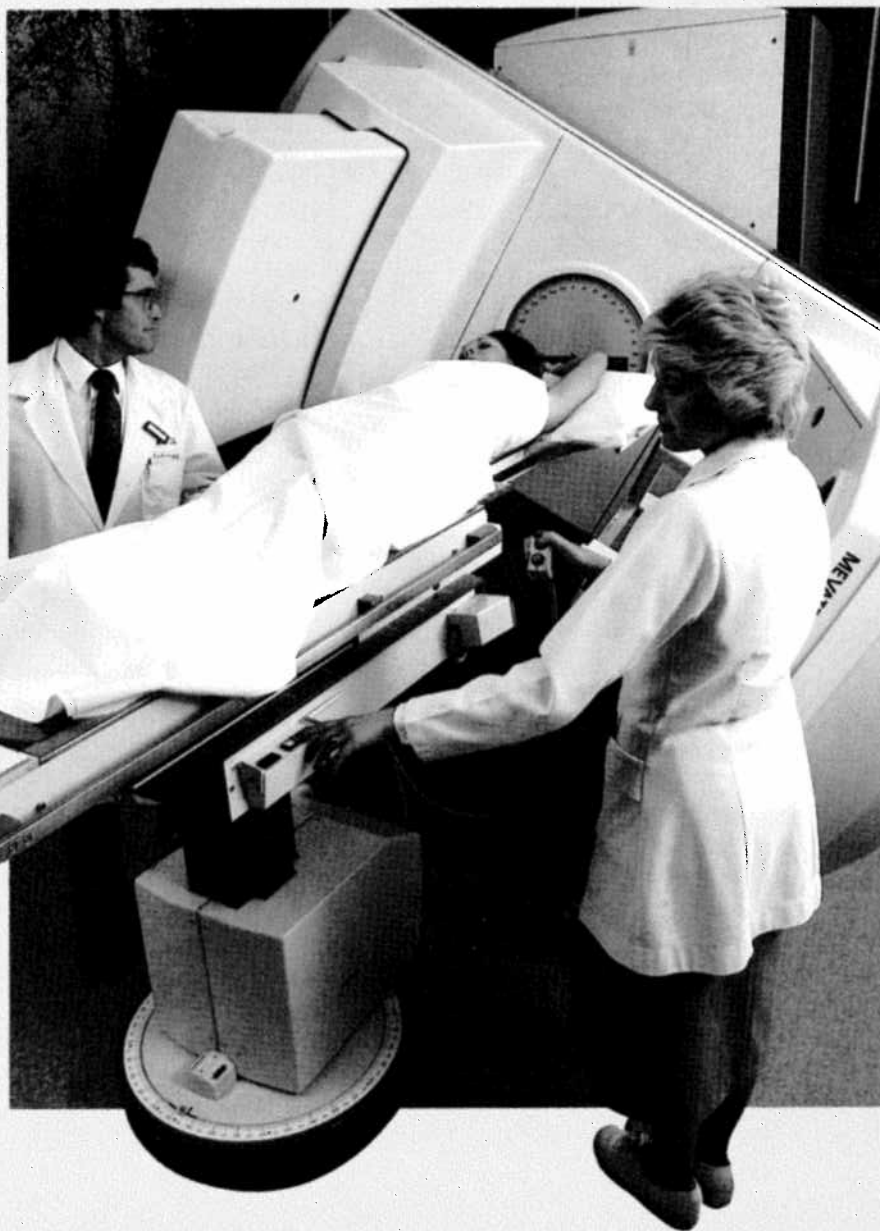
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The Challenge: *What is that question?*

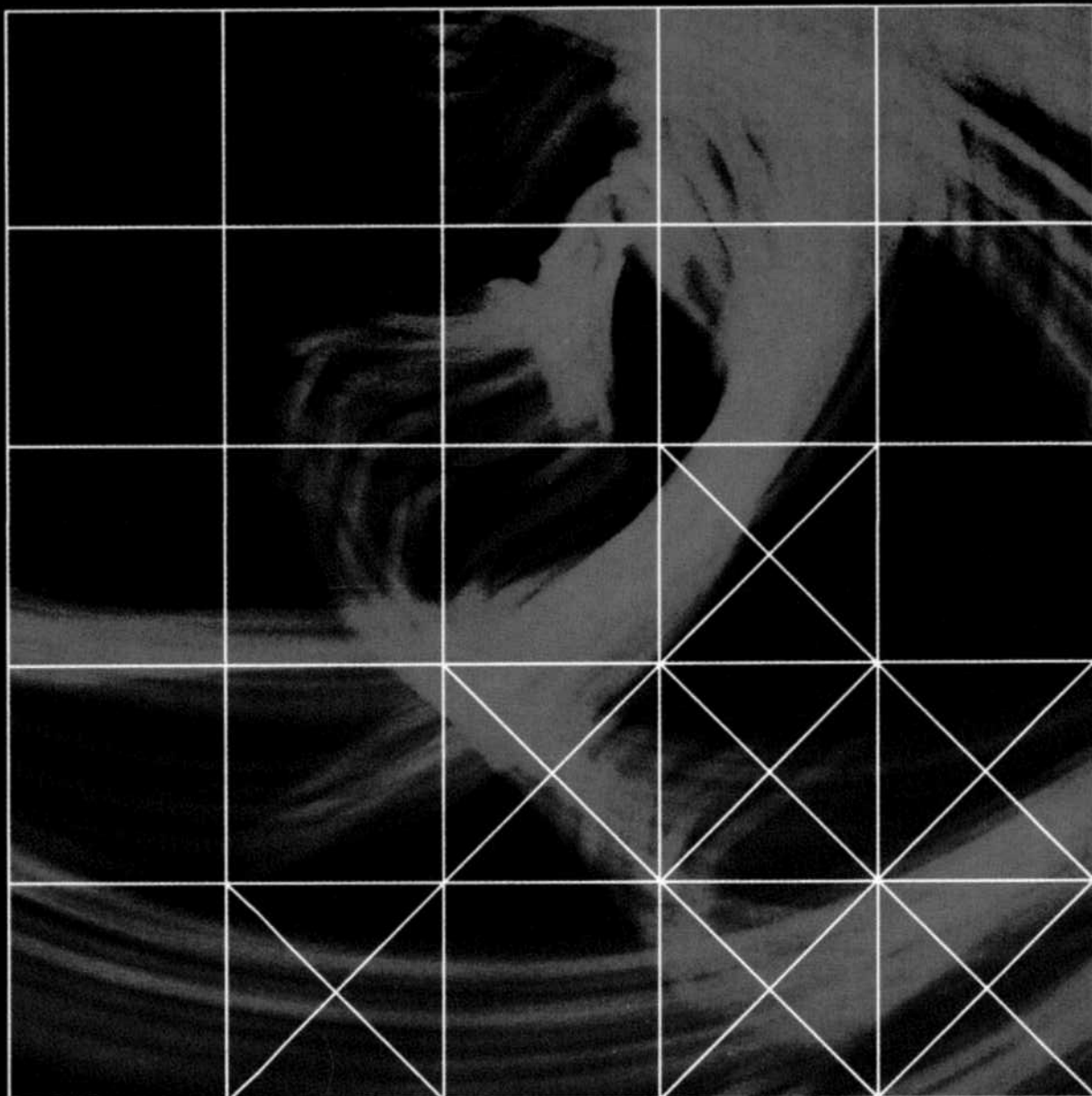
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