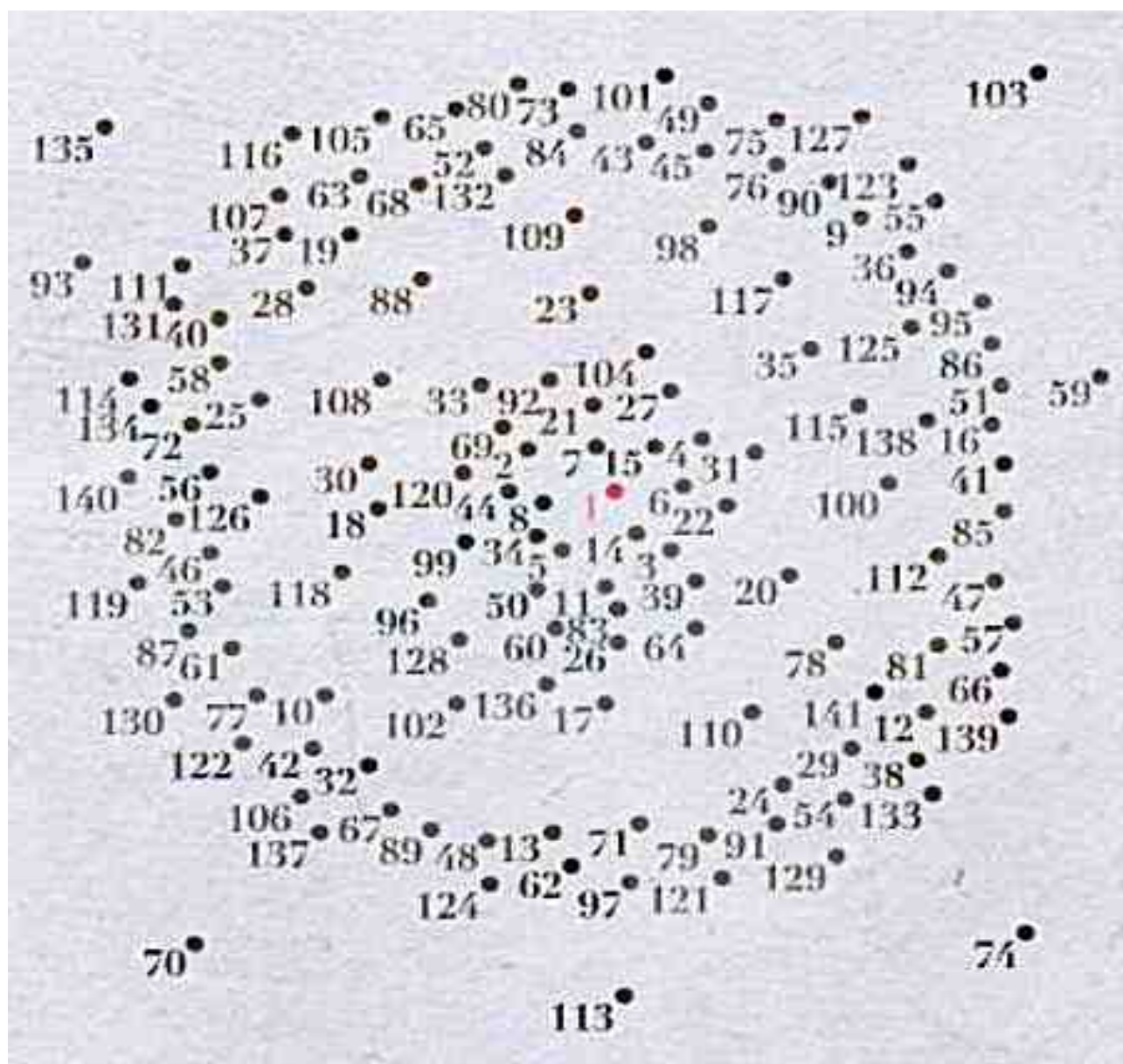


BULLETIN

April 2021



SGSMP
SSRPM
SSRFM

Schweizerische Gesellschaft für Strahlenbiologie und Medizinische Physik
Société Suisse de Radiobiologie et de Physique Médicale
Società Svizzera di Radiobiologia e di Fisica Medica
Swiss Society of Radiobiology and Medical Physics



Letter from the Editors

Dear SSRMP members,

This issue reflects the recent focus on radiation protection, for both the patients and the operators, in an effort to optimize the best way to carry out a treatment or imaging procedure in RT, radiology or nuclear medicine. A mix of communication and cooperation stands out as the *fil rouge* that connects the otherwise isolated *dots* of the many different experiences, imaging and treatment protocols, clinical data and observations, research and test results, belonging to institutions both in our country and beyond its borders. We are all aware of and used to the colloquial saying that "connecting the dots creates knowledge". The process of sharing (e.g. by seminars, workshops, task forces, public recommendations, national databases) and of openly and shamelessly correcting mistakes (i.e. through the aid of clinical audits and CIRS Reporting systems) can positively improve patient care and lead to standardized approaches. I hope that you can understand better what I mean by reading the first report from our SSRMP delegate on the MEDIRAD project, as well as the reports on the KSR Seminar and the Winter School on dosimetry in Radionuclide Therapy, all held during the first trimester of this year. These events took place within the context of a need for flexibility and getting out of standard forms, as the

reports themselves all point out in their entrance statements. Our SSRMP President will give you very inspiring and interesting hints for personal and professional reflections exactly on this matter.

This issue lacks the refreshing contribution from a PhD student. Instead, it features a one-of-a-kind article telling about Medical Physics making its way in the largest and most consulted encyclopedia of our times (can you take a guess on which one I'm talking about?). And a very particular SpotLightOn from someone treating a very different "species" of patients than the ones we are used to. Even going through the Personalia, it comes out as incredible how we can all work in the same field, but still have such a different daily routine.

We would like to conclude this editorial with:

- i) the announcement - I hope not too hazardous - of a very special edition for the next Bulletin in August, the **Bulletin 100**!! We won't miss out on throwing a big party for our dear journal!
- ii) the announcement of our team wanting to expand. Please, don't miss our announcement at page 9 and come forward!

Francesca Belosi,
On behalf of the Editorial Team.

Contents

BULLETIN 99 - April 2021

1 Editorial

Cover Image: connect the dots and find out!

SSRMP News

- 3 President's Letter
- 5 SSRMP Board and committees composition
- 6 SSRMP delegate in MEDIRAD
- 9 Bulletin: call for a new editorial team member
- 10 Breaking News: recognized continuous education in Radiation Protection
- 11 SCR'21 Announcement
- 12 Dreiländertagung Announcement
- 13 SSRMP Continuing Education Day Announcement

Issues of Interest

- 14 Report from the Winter School on Dosimetry Guided Treatment Planning for Radionuclide Therapy
- 19 Report from the WEBINAR on Radiation Protection in Medicine
- 22 SSRMP & EFOMP on Wikipedia!

- 24 SpotLightOn
- 25 Personalia
- 29 SSRMP Editorial Staff and Information
- 30 SSRMP Board
- 31 Conference Calendar

PRESIDENT'S LETTER

Dear colleagues,

First of all, I hope that all of you are fine. A year ago, I had to adapt my letter for the bulletin to reflect on the pandemic situation and I thought we would be back to more normality by now. However, the reality is different. The past year was a huge challenge for all of us. Nothing was as usual and everything had to be adjusted not only once, but several times and often all over again. That affected also our Society, as we had to cancel all personal meetings including our annual meeting and AMPs as well as our planned continuous education day. However, at least we were able to carry out the certification exams, our general assembly as well as one AMP online.

On the other hand, the past year has also proven that many of us were able to react fast, to improvise and adjust to this extraordinary situation. Still, and although we learned quite a lot during this time, we are not at the end of the pandemic time. Three qualities to continue in this situation are helpful in my opinion.

First: attention. Attention to ourselves but also to those around us, both in our private and professional environment. The long-lasting lockdown and home office are impairing our social connections at work and during our leisure time, even though we might not recognize the effects of these changes ourselves. Paying

attention to those needing help and supporting them is essential.

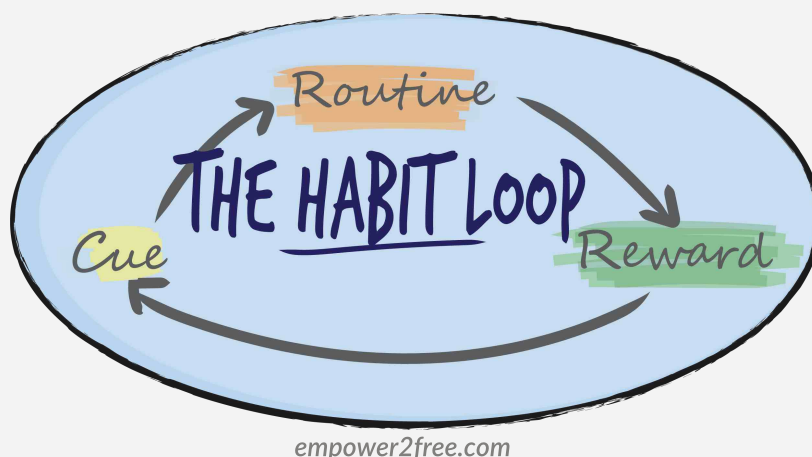
Second: endurance. It was clear from the beginning of this pandemic situation that it would take a long time to go back to normal. Like a marathon runner, the wise distribution of the resources is key to reach the end of the race. We all look forward to complete vaccination of the population, with priority to those in the high-risk groups. While still in the ramp-up phase, the vaccination plan provides some much-needed confidence.

Finally: agility. There will still be continuous adjustments we'll need to include in our daily life. Mental agility will help rearrange the situation by using emotional intelligence as mentioned in a previous presidential letter, keeping the different aspects of our lives balanced and not losing our orientation.

In addition, we can also take advantage of this crisis for meaningful activities. We all have “*things to do*” at home sitting there for years already, such as thousands of digital pictures taken over the last decades to sort out. It is also an opportunity to re-think certain habits. It might be time to question one-day shopping trips to London. In contrast, it may be a good time to start new habits as, for example, intensifying local



PRESIDENT'S LETTER



community activities in your neighborhood. Lastly, some habits might have gone lost over the years and are now worth revisiting. I could say about myself that, as a family, we did a lot of walking and hiking when our kids were young. Over the years it changed and lately my wife and I have been doing these activities just the two of us. The last year has brought some kind of revival of these family activities. Surprisingly, our adult kids have been joining us again and even more surprisingly, there were many really good discussions and conversations all of us enjoyed. Something I indeed would not want to miss! Another experience was to invite some old friends, both those close by and those far away, to a zoom session, which, needless to say, was a real great pleasure.

In an example closer to our society, in January 2021, the “Winter School of Dosimetry-Guided Treatment Planning for Radionuclide Therapy” that was postpone from last year, took place virtually. In a panel discussion, Prof. M. Bardiès argued that apart from financial aspects, one of the most important barriers to progress and advancements are habits. The community that is not willing to change procedures or methods they have been working with for decades will not progress.

What about your habits? All these examples

might inspire you to reflect on your own personal habits and maybe there are some surprises also for you.

Last but certainly not least, I would like to mention that our Joint Conference of the ÖGMP, DGMP and SSRMP will take place later this year. Although it will be a virtual conference, I would like to encourage you to actively participate. Especially since our last SSRMP annual meeting had to be cancelled, I assume that several projects have piled up with abstracts eagerly waiting to be submitted.

To finish, I would like to reiterate the message from my previous letter: let's stick together within our society in the best possible way. A big “Thank you” to all of you for your individual efforts and contributions towards your family, neighborhood and society at large. Thank you all and take care!

Michael K Fix,
SSRMP president

PROFESSIONAL AFFAIRS

SSRMP executive board and permanent committees compositions

The SSRMP general assembly 2020 was held online on November 19. The executive board was renewed. The elections were carried out through an online voting system, in which each member was able to cast their votes anonymously and securely:

- **Michael Fix** was confirmed as President SSRMP
- **Jérôme Krayenbühl** was elected as new chair of the committee for Educational Affairs
- **Jean-Yves Ray** was confirmed as chair of the committee for Professional Affairs
- **Raphael Moeckli** was confirmed as chair of the committee for Scientific Affairs
- **Stefano Gianolini** was confirmed as board member
- **Yvonne Käser** was confirmed as board member
- **Roman Menz** was confirmed as board member
- **Markus Notter** was confirmed as board member
- **Stefano Presilla** was confirmed as board member
- **Regina Seiler** was confirmed as board member
- **Maud Jaccard** was elected as new board member

After 2 years of ad interim chair of the committee for Educational Affairs, **Regina Seiler** was relieved of her task. The board thanks her for having stepped in, in a time of need.

On December 2, 2020, the executive board decided its members further appointments:

- **Raphael Moeckli** was confirmed as Vice-President;
- **Roman Menz** was appointed as Secretary;
- **Regina Seiler** was appointed as Treasurer.

The composition of the permanent committees was approved on February 1, 2021 as follow :

Educational affairs

Jérôme Krayenbühl (chair)

Maria Aspradakis, Frédéric Corninboeuf, Stephan Klöck, Götz Kohler, Angelika Pfäfflin, Regina Seiler, Valéry Zilio.

Professional affairs

Jean-Yves Ray (chair)

Stefano Gianolini, Roman Menz, Stefano Presilla, Francesca Belosi, Shelley Bulling, Nathan Corradini.

Bulletin editorial board: Francesca Belosi, Shelley Bulling, Nathan Corradini.

Scientific affairs

Raphaël Moeckli (chair)

Thomas Buchsbaum, Maud Jaccard, Peter Manser, Marc Pachoud, Stefan Scheib, Stephanie Tanadini-Lang

Varian prize committee: Raphaël Moeckli, Matthias Guckenberger, Maud Jaccard, Thiago Lima, Michaela Medova, Roman Menz, Hans Neuenschwander.

The board warmly thanks all these colleagues for their commitment to SSRMP.

On behalf of the SSRMP board,

Jean-Yves Ray

PROFESSIONAL AFFAIRS

SSRMP delegate in MEDIRAD

MEDIRAD is an European research project funded by the EURATOM 2020 research program constituted of 34 partners (<http://medirad-project.eu/>). The aim of MEDIRAD is to advance science for radiation protection in selected areas in the fields of radiology, nuclear medicine, radiobiology and epidemiology and to promote links between science and society through the publication of recommendations based on the research findings.

The MEDIRAD key research objectives are summarised in three pillars:

- Pillar 1: Development of innovative tools to increase the efficiency of future radiation protection research activities and support good clinical practice;
- Pillar 2: Improvement of the understanding of low-dose ionising radiation risks associated with major medical radiation procedures;
- Pillar 3: Development of recommendations based on research results and establishment of information exchange infrastructures to facilitate consensus.

The recommendation documents will focus on the following four topics:

- i) Standardized European procedures for consolidating patient data repositories;
- ii) Further optimisation of ionising radiation-based medical protocols for diagnostics or therapy;
- iii) Further optimisation of radiation protection for patients and medical workers;
- iv) Future priorities for research and development.

The outcome of the research will be targeted towards relevant professional medical communities, regulatory authorities, and research communities. For this purpose, MEDIRAD has created a Stakeholder Forum with currently over 80 members (MEDIRAD 2020a). The main role of the forum is to contribute through a dialogue regarding the recommendations which are expected from the project.



Do you know your delegate?

Although the SSRMP president is the first representative of the society, the executive board may require the support of additional delegates.

The board can appoint a delegate to represent the SSRMP to another society or authority's body.

This article describes the tasks of one of your delegates.

<http://ssrpm.ch/the-society/board/>

-> Section "Delegates to other societies"

PROFESSIONAL AFFAIRS

Three successive steps have been envisaged in this dialogue which will take place at different phases of the project:

- Step1** - A first exchange of different topics to address in the recommendations. For this purpose, two questionnaires have been sent to the Stakeholder Forum.
- Step2** - A consultation on the drafts of the MEDIRAD recommendations.
- Step3** - An exchange on how to maximise the practical impact of MEDIRAD recommendations, through professional societies, patient associations, regulatory practice, standards, training and education, or further research.

The SSRMP has been requested to be part of this Stakeholder Forum. So far, we, the board members and me as the SSRMP delegate for MEDIRAD, have been asked to participate by answering two questionnaires. The first questionnaire, distributed in summer 2019, was seeking answers for the four topics mentioned before.

A second, shorter and more focused questionnaire was sent to us in August 2020. This questionnaire was dedicated to radiation oncology and was complementary to the first one.

Both questionnaires were analysed and the report was published as part of the public project deliverable “D6.4 Third Stakeholder Board Annual Report” (MEDIRAD 2020a).

From what I have seen, all the topics that we have considered with priority 1 have been also identified within the top 10 priorities for MEDIRAD by the Stakeholder Forum (MEDIRAD, 2020a). Other topics that we have considered as priority 2 or 3 are also in this list of the top 10 priority topics. Among others, these topics are: • optimising image quality/dose during CT scans, including multimodality imaging procedures (e.g. SPECT-CT and PET-CT-scans); • increasing education and training of medical professionals on radiation protection optimization or optimizing medical staff protection.

Moreover, from all the 17 topics addressed by MEDIRAD, none of them was considered by our community as “low interest”.

I believe it's important that we have been involved in these questionnaires knowing that these topics will be considered, together with topics suggested by other European platforms, for the next European research grants. Thanks to all who have participated!

PROFESSIONAL AFFAIRS

I will keep you updated on the MEDIRAD activities. Nevertheless, don't hesitate to check regularly their webpage: <http://medirad-project.eu>. You can find very interesting information concerning the research outcomes of the project, as for example “D2.19 Report on effectiveness of protective devices for staff in interventional procedures” (MEDIRAD, 2021) or “Automatic Tube Current Modulation and Tube Voltage Selection in Pediatric Computed Tomography: A Phantom Study on Radiation Dose and Image Quality” (Papadakis & Damilakis, 2019).

Both items and many more are available through the project webpage.

Marta Sans Merce, PhD
SSRMP delegate in MEDIRAD

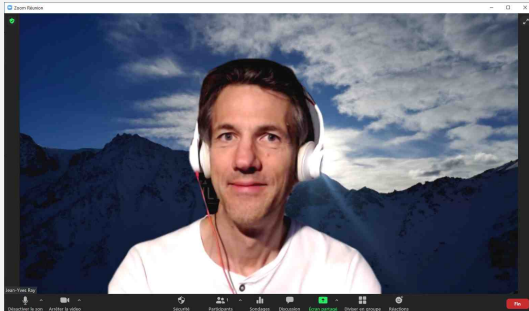
MEDIRAD received funding from the EURATOM research and training program 2014-2018 under grant agreement No 755523.

Bibliography:

- MEDIRAD 2020a. D6.4 Third Stakeholder Board Annual Report (<http://mediradproject.eu/storage/app/media/results/>)
- MEDIRAD 2020b. MEDIRAD Stakeholder Forum Exploratory Questionnaires in-depth analysis (<http://medirad-project.eu/storage/app/media/publications/medirad-sf-questionnaires-analysis.pdf>)
- MEDIRAD 2021. Report on effectiveness of protective devices for staff in interventional procedures (<http://mediradproject.eu/storage/app/media/results/>)
- Papadakis A.E., & Damilakis, J. Automatic Tube Current Modulation and Tube Voltage Selection in Pediatric Computed Tomography. A Phantom Study on Radiation Dose and Image Quality. Invest Radiol. 2019 May;54(5):265-272. (doi: [10.1097/RLI.0000000000000537](https://doi.org/10.1097/RLI.0000000000000537))

PROFESSIONAL AFFAIRS

SSRMP Bulletin: Join the Team!



Here we are!

Jean-Yves, Shelley, Nathan and myself. As you can imagine being an editor for the bulletin can be time-consuming and at times overwhelming. But it is also incredibly rewarding and I can assure you that it pays off!

To keep a journal “fresh” and avoid it stalling into habits or too familiar of forms, it’s also important for different people to “jump in” every once in a while and add their personal touch, contribute with fresh ideas, and look at it with a fresh mind and eyes. This is why we would like to call for **YOU**, whoever you are and wherever you are – to come and join us.

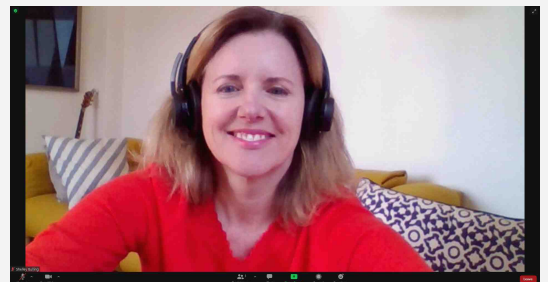


I can guarantee that no special literal or graphic skills are needed... I’m the least artistic and crafty person in the world, and nevertheless here I am! Just a lot of motivation and passion for our profession combined with a maybe till now secret and hidden journalistic fiber will do the trick.

Of course, if you happen to also be a graphic designer in your free time, we won’t waste your talent.

Come forward and contact me or Jean-Yves!

francesca.belosi@usz.ch
jean-yves.ray@hopitalvs.ch



EDUCATION

Recognized continuous education in radiation protection

The radiation protection training ordinance of April 26, 2017 (814.501.261) is requiring medical physicists MP1 and MP2 to acquire 8 units of instruction in recognized continuous education in radiation protection during the course of five years.

The Federal Office of Public Health (FOPH) and SSRMP came to an agreement on how to incorporate the continuous education in radiation protection into SSRMP's certification renewal. The **FOPH issued a license to SSRMP for the society to define what's recognized as continuous education in radiation protection** and to keep track of people's compliance with the requirements.

The period 2018-2022 will be the first one to be evaluated under this new aspect and the 2017 graduates, who will renew their medical physics' license in late 2022 by providing their points collected in the years 2018-2022, will be the first ones affected by this, followed by the group who needs to renew in 2023.

Annexe V of the guidelines for the SSRMP certification in medical physics, defining the number of points granted for various types of continuous education, has been amended by a new category "Continuous education in radiation protection", of which one needs a minimum of 8 units of instruction. The total number of 250 required points for the renewal of the certification remains the same, but at least 8 of these 250 points will have to be acquired in a course or conference which has been recognized as continuous education in radiation protection.

SSRMP and FOPH, on their respective websites, will publish a list of future courses/conferences which are recognized, as well as a list of past events that have been recognized with the number of units of instruction to be awarded. This has been done retrospectively for the events occurred after 1st January 2018. In an agreement between FOPH and SSRMP, the following ground rules for the recognition of radiation protection courses have been set:

- The event takes place in Switzerland (organized by ARRAD, IRA, FOPH, CPR-KSR, PSI, SSRMP; list not exhaustive)
- The event takes place abroad but with strong ties to SSRMP (Dreiländertagung DGMP-ÖGMP-SGSMP; Winterschule Pichl)
- The event is organized or endorsed by ESTRO, EFOMP, IOMP, IAEA
- For administrative reasons, foreign country-specific courses or conferences will not be recognized, even if they do deal with radiation protection.

The SSRMP board is confident that this procedure is highly practical and allows to comfortably acquire 8 units of instruction in a five year period and the board appreciates the collaboration with FOPH on this topic.

Jérôme Krayenbühl,
Chair of the Committee of Educational Affairs

SCIENCE

SCR' 21 Announcement



Congress venue:

held on-line

Save the date:

Start from June 26, 2021

followed by a series of webinars till end of 2021.

Of particular interest:

- Joint scientific session SSRMP/SGR-SSR
September 14 @19:00-20:00
- Joint session SSRMP/SGNM
November 15 @19:00-20:00

Congress Presidents:

Prof. Dr. Hatem Alkadhi,

Congress President SGR-SSR

Prof. Dr. Gustav Andreisek,

Scientific Committee President

Registration:

will open soon;

free of charge for SSRMP members, as for all:
SGR-SSR, SVMTRA-ASTRM, SGNM-SSMN,
SGPR-SSRP, SSER, SSVIR, and SSSR.

SCIENCE

Dreiländertagung Announcement



Joint Conference of the ÖGMP, DGMP & SSRMP
Dreiländertagung der Medizinischen Physik
19-22 September 2021 - Virtual !

Congress venue:

held on-line

Registration:

Early-Bird deadline: June 30, 2021.

Will open soon

Congress Presidents:

Univ.-Prof. Dr. DI Dietmar Georg,

Medical University of Vienna

ao. Univ.-Prof. Dr. Mag. Wolfgang Birkfellner,

Medical University of Vienna

Call for Abstracts:

Deadline: March 31, 2021.

SCIENCE

SSRMP Continuing Education Day: Challenges of medical physicists in the operating theatre

Since the new radiation protection ordinance came into force in 2018, medical physicists have also to be involved outside their conventional working settings such as operating theatres and cardiac catheter laboratories. On this year's continuing education day, we address the challenges that medical physicists face in this new working environment. Attendees will not only learn about the changes associated to the revised radiation protection ordinance but will also learn about how the new legal requirements are implemented in different institutions.

Based on presentations about the fundamental functionality of conventional C-arm systems and more complex hybrid systems, different international experts from universities and industry will be invited to discuss with us about the possibilities to implement the ALARA principle in an operating theatre or cardiac catheter laboratory. Last but not least, a special focus will be given to the radiation protection of physicians and caregivers.

Venue:

Hirslanden Hospital Salem,
Schänzlistrasse 39, 3013 Bern

Save the date:

Monday October 25, 2021
9am - 5pm

Topics:

- Legal requirements and responsibilities
- Technology and functioning of C-arm systems
- Hybrid operating rooms (fix-installed angiographic and computed tomography systems)
- System control, protocol parameters, dose-saving techniques
- Quality assurance (technical quality control and dose management)
- Radiation protection of medical staff

We are looking forward to seeing you in Bern.

Department of Radiation Protection and Image Processing Systems,
Hirslanden Hospitals AG
strahlenschutz@hirslanden.ch

Winter School “Dosimetry Guided Treatment Planning for Radionuclide Therapy”

virtual, 20th-22nd of January, 2021

From the scientific organisers' point of view

Mission and Scope

The winter school targets medical physicists, physicians, technologists and researchers involved and interested in the workflow of clinical dosimetry in support of precision radionuclide therapy. The aim of this winter school was to present the basis of quantitative imaging and dosimetry methodologies to support patient-based treatment planning and verification in clinics. The school also aimed to promote a common/shared knowledge and cooperation of different partners involved. Research and commercial solutions to assist quantitative imaging and dosimetry workflows were also presented and discussed.

Program and Speakers

The dosimetry school had contributions from eminent and recognized international experts in the different topics covered by the school program.

The school was opened with the wishes from international and national societies regarding the clinical implementation of dosimetry first by the IAEA, represented by Prof. Francesco Giammarile (Senior Technical Officer for the International Atomic Energy Agency), followed by the Swiss society of nuclear medicine (SGNM/SSMN), represented by Prof. John Prior (Dept. Nuclear Medicine, Lausanne University Hospitals CHUV, Switzerland), the Swiss society of medical physics (SGSMP/SSRPM), represented by Prof. Michael Fix (University of Bern, Switzerland). There was a very important involvement on behalf of the Swiss Federal Authority on radioprotection (FOPH) where their vision on clinical scope of nuclear medicine dosimetry, was presented by Dr. Sebastien Baechler (head of the radioprotection division, FOPH, Switzerland).

The scientific program of the first day started with Prof. Mark Konijnenberg (Erasmus Medical Center, The Netherlands) who brought us directly into the hot topic of quantitative imaging in support of personalized treatment providing us with a large and complete overview of current applications in different treatments at clinical and research levels. To follow, two lectures from Dr. Johannes Tran-Gia (Dept. Nuclear Medicine, University of Würzburg, Germany) who gave us basis and key elements on how to obtain quantitative, accurate and reliable information from imaging and non-imaging modalities.

The afternoon was animated with interesting and stimulating talks on the topic of simplistic vs. individualized approaches on therapeutic activity administration. Prof. Alex Rominger (Dept. Nuclear Medicine, Inselspital, University of Bern, Switzerland) and Niklaus Schaefer (Dept. Nuclear Medicine, Lausanne University Hospitals CHUV, Switzerland) produced a lively debate on challenges and opportunities of dosimetry-based treatment personalization. The point of view of the medical physicist was then presented by Dr. Silvano Gnesin (Institute of Radiation Physics, Lausanne University Hospital, Switzerland), Mark Konijnenberg and Michael Lassmann (Dept. Nuclear Medicine, University of Würzburg, Germany) who gave some highlights on the evidence of benefits of dosimetry guided radionuclide therapy, the three levels of dosimetry proposed by the EANM and an overview on simplified dosimetry methods, respectively. The program of the first day was closed with the talk of Dr. Germo Gericke (Advanced Accelerator Applications, Novartis) who presented the big pharma point of view of producing and putting into the market radiotherapeutic solutions.

Issues Of Interest

The second day was opened by **Prof. Ernesto Amato** (University of Messina, Italy) who presented methodologies for dose calculation, from basic concepts, moving into MIRD formalism, and reporting applications of state of the art Monte Carlo simulations to clinical cases. **Prof. Manuel Bardies** (Institut du Cancer de Montpellier, France), brought these concepts even further indicating possible horizons of applicability of dosimetric concepts into the clinic. Clinical application of dosimetry and related results were the topic of the second afternoon: **Dr. Elisa Richetta** (Azienda Ospedaliera Ordine Mauriziano di Torino, Italy) introduced the basics for clinical dosimetry for hepatic radioembolization with Y-90 and the treatment of differentiated thyroid cancer with I-131. The focus was on treatment planning and verification supported by results obtained in her institution. **Prof. Richard Baum** (DKD Helios Klinik, Wiesbaden, Germany) presented different aspects and impacts of dosimetry in Lu-177 somatostatin analogues and PSMA therapies. Indeed, **Dr. Iain Murray** (Royal Marsden Hospital and Institute of Cancer Research, UK) discussed the challenges and implementation of dosimetry in support of the treatment of bone metastases with beta and gamma emitters.

At the end of the second day, we had a very interesting round table discussion on the need and practical implementation of clinical dosimetry. The kick-off was given from the presentation of **Dr. Carlo Chiesa** (Nuclear Medicine Division, Foundation IRCCS Istituto Nazionale Tumori, Milan, Italy), who presented the joint experience of the Italian nuclear medicine (AIMN) and medical physics (AIFM) societies that produced a common document defining the optimization of therapeutic procedures in nuclear medicine in compliance with the European Directive 2013/59/EURATOM. This text was drafted into law by the Italian government. During the round-table, different opinions were expressed. The need for more robust evidence of the benefit of dosimetry in the clinic was claimed on one side - it is worth noting that the requested level of evidence (randomized, multi-centric, prospective trials) is not produced for many techniques used in radio-oncology for which planning dosimetry and verification is compulsory. Others advocated for the obviate of the beneficial improvements for patients deriving by the appropriate inclusion of dosimetric information. The need for adequate resourcing and cost reimbursement of dosimetric procedures were recognized by the unanimity.

The third morning was devoted to biokinetics. **Prof. Gerard Glatting** (Dept. Nuclear Medicine, Ulm University, Germany) gave two lectures. The first one on pharmacokinetic modelling with special focus on the problem of fitting activity time data. Indeed, he presented how these physiological-based pharmacokinetic models can be implemented in support of clinical dosimetry. The same morning, in a first lecture **Prof. Michael Lassmann** gave us insights on the results obtained in multi-center trials involving dosimetry, showing potential and challenges in achieving accurate and comparable dosimetric information. In a second talk, he presented basics and applications of bio-dosimetry in nuclear medicine, techniques that provide valuable and complementary information to image-based dosimetry.

The last afternoon of the school was opened by **Prof. Kuangyu Shi** (Dept. Nuclear Medicine, Inselspital, University of Bern, Switzerland) who discussed with us how Artificial Intelligence can support personalized dosimetry. He presented current developments in the field that are in perspective exciting and promising but still need improvement and validation before racing into the clinic.

Our school finished with two presentations by **Dr. Francesco Cicone** (Magna Graecia University of Catanzaro, Italy) and **Dr. Christina Muller** (Center for Radiopharmaceutical Sciences ETH-PSI-USZ, Paul Scherrer Institute, Villigen-PSI, Switzerland). The first gave us an interesting overview on methodology and challenges of pre-clinical dosimetry and extrapolation of these results to humans. The second, presented exciting and promising results obtained with new radio-isotopes for theranostics (the Terbium family) that are ready to move from pre-clinical into clinical applications.

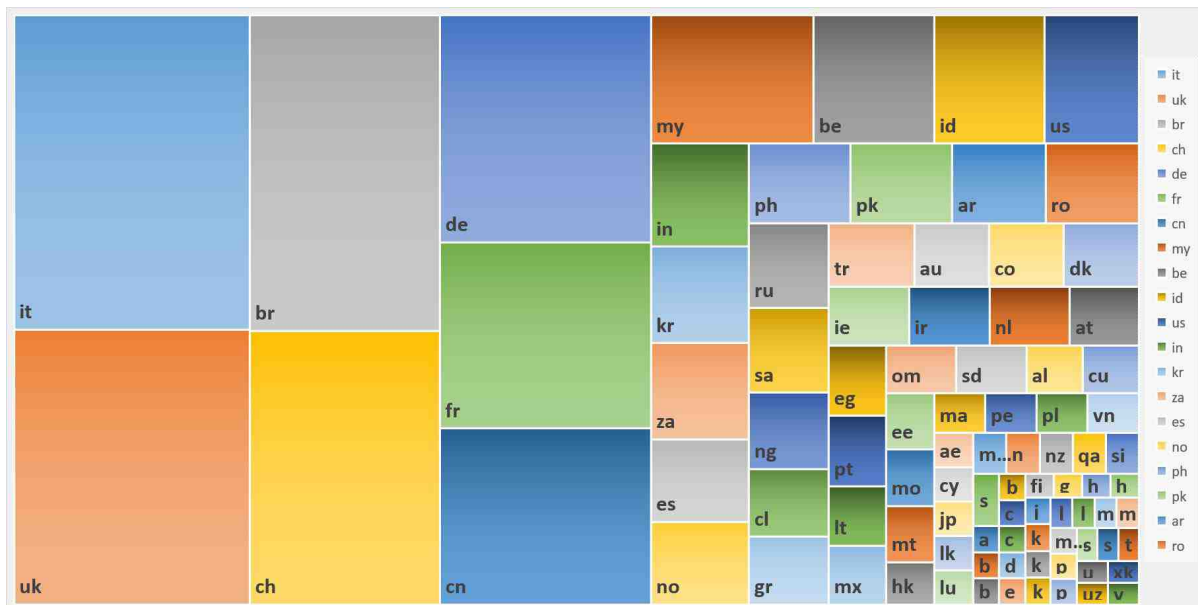
Issues Of Interest

During the three days, we had support from commercial sponsors involved in the domain that animated specific sessions where they presented their solutions for clinical dosimetry workflows.

We would like to highlight that a vendor independent, research dosimetry software is also developed and proposed by the Open Dose collaboration presented by Dr. Alex Vergara (CRCT, UMR 1037, Inserm, Université Toulouse III Paul Sabatier, Toulouse, France).

Registrations

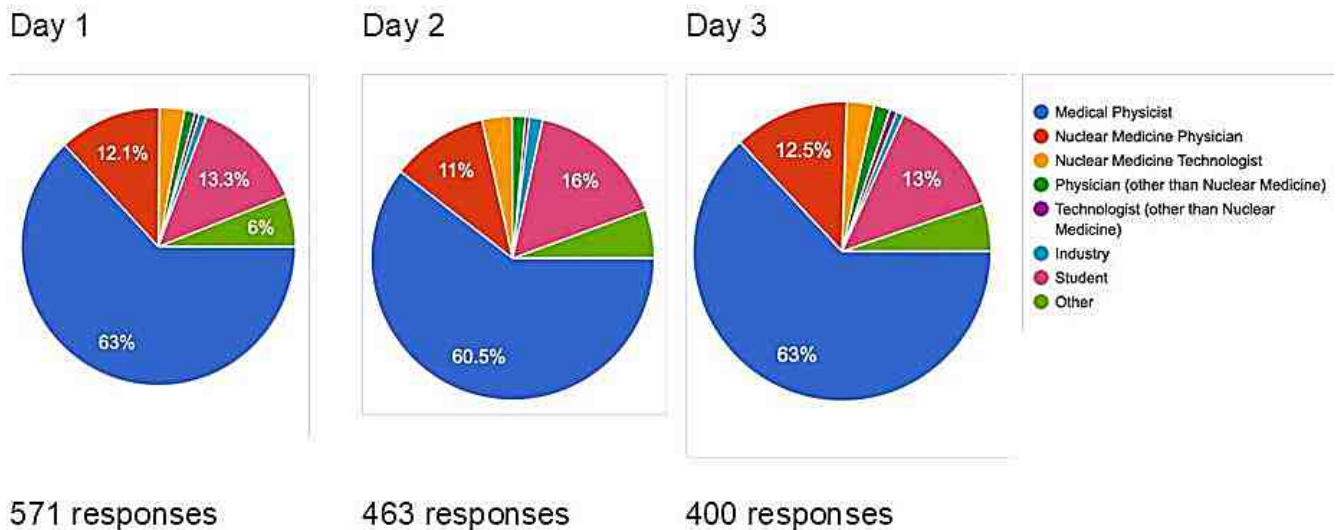
We have received more than 1297 registrations from 90 countries. Among them Italy, UK, Brazil, Switzerland, Germany, France and China are the top 7 countries. In particular, IAEA selected 49 participants and made a group registration for them.



Issues Of Interest

Background of participants

The attendees ranged across several professions. The most represented professions were that of medical physicists, followed by students and then nuclear medicine physicians. In total, 1434 certificates were produced for those participants that requested a certificate.



From the participant's point of view

(by Anne-Laurene Wenger)

There are two types of medical physicists in nuclear medicine: the ones that work closely in conjunction with a research center or in clinics where implementation of personalized dosimetry has already begun in the clinical routine, and the ones working in a location where physics involvement in therapy planning is unexplored territory.

I am part of the second group. As soon as I accidentally got in contact with the concept of personalized dosimetry, I was hooked: this is fantastic! We need to have it too. However, where to start? One can read papers and projects into a rabbit hole of peculiarities and complex details to pay attention to. One can get in contact with medical physicists from other institutions and get tips, hope and a sense of empowerment. However, having such a responsibility alone in the clinic constitutes a frightening step to cross. One can find dosimetry winter schools where a specific set of tools is displayed and learn how to use it. However, once back home, recollection lacks tiny details, and one may become stuck once again at the beginning. One can participate at EANM and other international conferences, that give a view of how deep personalized dosimetry can go, but eventually there are even more tiny details to pay attention to, making it even more impressive to cross the bridge and endorse full responsibility for activity prescription.

This dosimetry winter school was different. It managed to reach the "*bang for the buck*" effect for the humble and resources-limited local physicist who just struggles to get started.

Key parts of personalized dosimetry were mixed and matched in the menu:

- Easy beginner's classes on how to start with the first personalized dosimetry models: the basic theory, available calculation models and the first steps for "easy" therapies.

Issues Of Interest

- Practical descriptions on how to set up and calibrate the cameras and counters, so that the patient's measurements, on which personalized dosimetry relies to adjust the model to the patient's specific biology, are reliable.
- Open discussions among physicists, but also medical doctors, offering the participants an overview of the key issues that teams in individual clinics are facing regarding the practical implementation of dosimetry, and key facts and figures to give to the local medical team in order to be convincing of the necessity and scientific superiority of personalized dosimetry.
- Industry presentations of the available software packages in addition to talks from experienced physicists warning about the limitations of such software and the uncertainties hidden under the surface.
- Exciting talks about new radiopharmaceuticals, animal experiments, translational research, artificial intelligence, and current efforts to develop an open-source community, all offering the idealistic and hopeful impulse that is necessary to keep the motivation high.
- The necessary discussion about the problem of clinical trials and lack of sound data regarding dosimetry, which any physicist should keep in mind to avoid waiting for scientific data that will never come.
- Surprising talks on how to check the goodness of a fit, which was an unexpected but necessary reminder.
- Spot-on summaries: lists of therapies with available personalized dosimetry models, comments on the efficacy of such dosimetric methods and recommendations on which one to start with.

The participant could log off at the end of the third day and have a clear idea on what to do first, what to read, and how to be convincing so that motivation translates into activity prescription for real patients.

In addition to the high quality of the scientific content of this school, three aspects made it exceptional: it was well organized, online, and without charges.

Participants from all over the world could simply log in, take part, and learn, without having to find a significant budget for these three days, which could have been a barrier of entry for many.

Individual questions could be formulated in a separate but publicly visible window: each raised question was answered, no matter how many questions in total were asked (!), and every single participant could benefit from it.

The organizers passed organizational information in a parallel chat, allowing us all not to get lost, without having to interrupt presentations to remind people what needed to be done next.

One could self-organize one's own breaks to have the maximum learning efficacy: one can surprisingly and easily find one's own fridge and bathroom, no need to spend long periods of time waiting to go out of the room or in line at the bathroom or developing strategies to get food one likes in unknown territory.

Heart-warming surprises could be spotted by the participant who was listening during the breaks: one could serendipitously witness discussions between speakers and, for instance, learn the favorite color of a presenter's ties (it's pink).

And finally, the remote aspect of the conference allowed many of us, I am sure, to get out of the ordinary conference setting and get new experiences: people from far away were able to avoid the jet lag, one speaker could face his childhood nightmare of being in front of a crowd while wearing slippers, and I could partake in an international event while pregnant and gasping in surprise anytime my baby would kick - without becoming the international cuckoo.

WEBINAR of the Federal Commission on Radiation Protection in Medicine virtual, 29th of January, 2021

The seminar, initially planned for March 2020, was postponed twice due to the Covid pandemic. Eventually the organisational committee changed the original plans from an in-person event to holding a Webinar on January 29th 2021. The program was still the same as promised almost one year earlier and included a very wide range of topics and viewpoints on all aspects of radiation protection: justification, optimisation as well as individual protection. Speakers were invited from a great variety of institutions, from Switzerland and from abroad, and had experience in different professions involved in the use of ionising radiation.

Program	
09:00	Opening François Bochud, President KSR and Sabine Schmitt Kobbe, President Subkommission Medicine
Technical developments	
10:40	Coffee
Radiation exposure and risk assessment	
Justification	
11:50	Clinical justification of the examinations with ionizing radiation – how do we behave in the daily routine? Peter Vock, Inselspital, Berne, CH
12:15	Lunch
Clinical audits: current point of view from the stakeholders	
13:15	Federal Office of Public Health Carine Galli-Marxer, FOPH, Berne, CH
13:35	Auditors Adrian Steiner, Spital Oberengadin, CH
13:55	Institutes Sebastian Schindera, Kantonsspital Aarau, CH
Patient dose registry and management	
Practical radiation protection in hospitals	
15:15	Radiation protection in clinical practice: small efforts and huge effects! Christine Chevallier, CHUV, Lausanne, CH
15:35	Medical radiological events (StStV art 49-50): first outcomes from a multidisciplinary group analysis of the registry Margherita Casiraghi, EOC, Bellinzona, CH
15:55	Closing remarks François Bochud, Chair of the Federal Commission on Radiological Protection
16:15	End

The first part of the program presented new technical developments in the different fields using ionizing radiation. The speech given by Paul Jahnke (Charité, Berlin) was of great interest. He introduced the topic of the tricky balance between optimizing the patient's and workers' exposure during a radiological procedure and at the same time obtaining sufficient image quality. He openly showed examples of real patients' cases for whom CT-scans were acquired following the standard institute's protocol that resulted in poor image resolution to correctly identify low-contrast lesions and eventual misleading conclusions. In order to improve their protocols, they developed a radio-opaque-3D printer with which they can construct phantoms based on real patients' CT images. Interestingly they also observed a different behavior of the same image-reconstruction algorithm under different kV-settings! To be kept in mind. The take-home message from the experiments of the Berlin group was that CT parameters have complex effects on image quality and the amount of imaging dose may be of limited predictive value for the image quality. As a matter of fact, they showed that the capability of the radiologist to detect a low-contrast lesion was independent from the specific imaging protocol dose.

From the insights into the Swiss population dose it was very interesting to see that the average dose from CT examinations has actually decreased despite a rise in the number of examinations. Nevertheless, the year of 2019 saw 25 cases in which the eye lens limit was exceeded (21-37 mSv) in the fields of interventional cardiology and angiography. These events triggered the formation of a new SSRMP Working Group which just recently has finalized a Report (not yet published): how and when to measure the eye lens dose, how to perform the calibration of dosimeters, how to calculate individual dose reduction factors due to radiation protection means (i.e. glasses).

Issues Of Interest

A nice summary of the WG's recommendations was given by Raphael Elmiger (BAG).

We also heard from Ausrele Kasminiene (International Agency for Research on Cancer, Lyon, France) that a lot of effort has been put into the risk assessment from radiologic examinations for children. First results are to be published in the near future.

Results of the KSR committee working on a Swiss referral guideline were presented. Due to considerable variation in the Swiss culture a common guideline for the whole country was not possible, instead different international guidelines are proposed as suitable. Clinical audits will test the quality and consistency of the local use of guidelines. Some examples were given of published reports from our neighboring countries of inadequate justification for prescribing imaging involving radiation. This should be one of the potentials of clinical audits: *"to identify local strengths and weaknesses and to offer a chance to learn and improve"*.

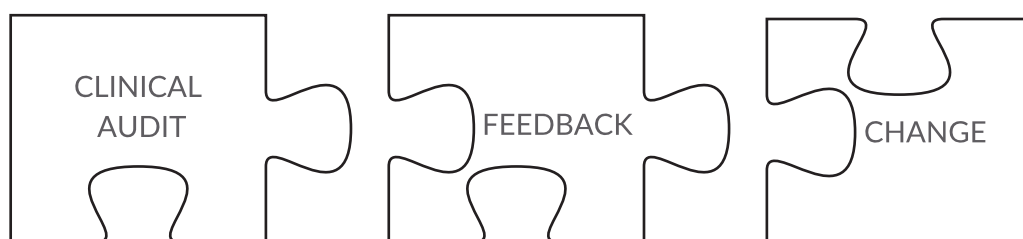
This inspired the first topic of the afternoon program: reports on the clinical audits in radiation protection.

Yvonne Käser: Usually, I find the lunch break at such seminars very nice – to be able to talk to colleagues from different employers and other parts of Switzerland is always interesting and new projects may arise. This time it was slightly different: my very quickly prepared lunch was shared with my kids returning from school and we discussed the very interesting topic of why my son was not elected for the school pupil's parliament. And then back to the computer for the afternoon session.



Francesca Belosi: during seminars and congresses I like the breaks to catch-up with colleagues from other institutions. In some lucky occasions, I might even get to meet and exchange a few words with someone new and broaden my point of view and awareness of the world outside my limited eyesight. This time, I enjoyed a short but exhausting and demanding steep uphill run in the forest next door. The path was still covered in snow, which made it even more challenging. And then back, to rest my legs and engage my brain in front of the PC!

More precisely, back to the clinical audits' reports. We learnt that even here Covid made people change plans. Indeed, the first official audits have been carried out during January this year, rather than 1 year ago as originally planned. Beside the experience of the auditors, some practical advises from institutions being audited were also given. Nevertheless, we were reminded that not everything needs to be fulfilled 100% and that clinical audits should be an opportunity to become aware of what still can be improved in the clinic.



Issues Of Interest

To follow, Christoph Aberle (University Hospital, Basel) gave an overview about the revised diagnostic DRL in Radiology in Switzerland. A drastic increase in the number of CT scanners and CT examinations has been observed. As of 2018, CT-procedures contribute to 69.4% of the examinations performed. The latest DRL were published in 2018 and included data from 2014-2017 from 14 institutions and 50 scanners. Compared to the 2010 values, the new DRL for $CTDI_{vol}$ and DLP are reduced by about 30% and 22%, respectively. Interestingly, the results of a follow-up project showed that image quality is not very high around DRL (i.e. for low-contrast lesion detections). As was already spoken about during the morning session, one has to keep in mind that over-reducing the dose can lead to dangerous outcomes. Dose optimization is not always dose reduction!

The schedule went on to patient dose registry and dose management with some practical examples from Luzern and CHUV. In radiology, this is quite commonly done but during these talks we heard about how the imaging dose can also be assessed in image guidance procedures for radiation therapy.

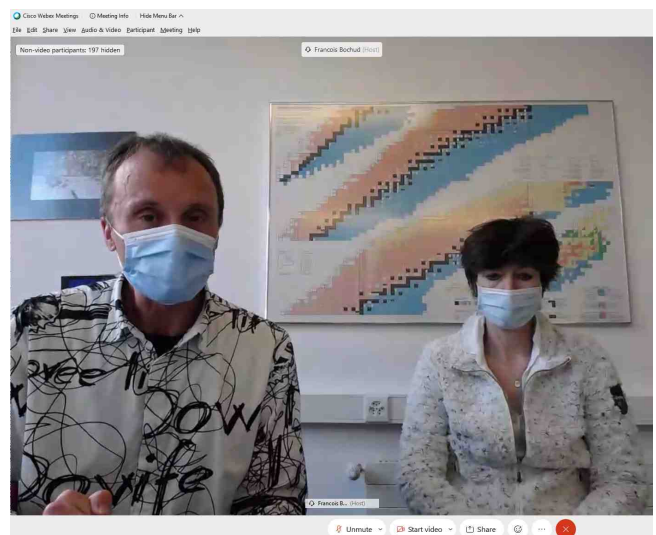
To conclude the day, some examples on what is done to ensure optimal radiation protection in hospitals and how to exploit the Incidence Reporting System. For instance, Margherita Casiraghi (EOC, Bellinzona) illustrated how they do a root causal-analysis of errors occurred within the department and finally she gave practical examples of workflow's changes introduced as a consequence to avoid similar errors in the future.

Yvonne Käser: In conclusion, for me, this was a very interesting seminar and I liked the very wide range of topics, as well as the different backgrounds of the speakers. Technically everything worked very nicely. As always, there are advantages and disadvantages of the online-solution - I missed the conversations in the breaks, but on the other hand I did not have to think about childcare.

Many thanks to the organizers, you did a great job and I will join your next seminar with pleasure!

Francesca Belosi: I liked the alternation of reports from audits, DRL, clinical studies and concrete experiences of people working in different departments and therefore exploiting imaging for different purposes. The presentation of small projects was also enjoyable and kept the attention level high. Good contents and in general good selection of speakers. Thank you!

Francesca Belosi &
Yvonne Käser



SSRMP and EFOMP on Wikipedia

When starting to write an article on Wikipedia about anything, you have to think about how to deliver evidence of notability for your subject. If this fails, it will be deleted right after you finished. There are clear criteria within the Wikipedia community about notability ... and the sources to prove it. Especially for organizations and companies the criteria are pretty tough in order to avoid self-promotion. For instance, the references are supposed to be secondary and independent of the subject.

However, notability itself is an interesting property. Actually, it is difficult to find an objective measure for it and therefore it is hard to be understood by a physicist. Obviously it's important, especially nowadays. It's one essential incentive even in our scientific world to become worth a notice. But notability is not an absolute concept, it has to become and can be constructed as well. The latter is one reason for the tremendous increase in the number of scientific journals and yearly publications. On the other hand, there is the concept of relevance and quality ... these are some of the aspects which compete in the game and struggle of life.

Launching in January 2001, Wikipedia exceeded 50 million articles in 309 language editionsⁱⁱ in March 2019. This is equivalent to 20'000 printed volumes of the Encyclopædia Britannicaⁱⁱⁱ, which was started in 1768 and contains roughly 65'000 articles today. The largest Wikipedia language edition is the English one with more than 6 million articles. The worldwide monthly readership reached approximately 495 million in September 2018 with 15.5 billion monthly page views.

What about medical physics in this encyclopedia? Only few articles are currently available. Does this actually represent the amount of notable knowledge in the total field of science and collective memory of humanity? Personally, I do not think so. We are an applied scientific discipline with a lot of fascinating content regarding pure science and technology, but also with links to other disciplines, history, organizational structures and finally biographies. I am convinced that Wikipedia is the perfect platform to present and explain this knowledge in its complexity to our neighbours.

And any of you is welcome to join the group of active editors!



Schweizerische Gesellschaft für Strahlenbiologie und Medizinische Physik

(Weitergeleitet von SGSMP)

Die **Schweizerische Gesellschaft für Strahlenbiologie und Medizinische Physik** (SGSMP) ist ein Verein, der einerseits die wissenschaftliche Arbeit und den Austausch auf den Gebieten **medizinische Physik**, **Strahlenbiologie** und **Strahlenschutz** fördert und andererseits die Aus- und Weiterbildung sowie die standespolitischen Belange der **Medizin-Physiker** in der Schweiz vertritt^[1]. Die SGSMP wurde 1964 in Genf gegründet und ist somit im deutschsprachigen Raum die älteste medizinisch-physikalische Fachgesellschaft (DGMP: 1969^[2], ÖGMP: 1980^[3]).

Sitz der Gesellschaft ist Bern. Ende 2019 hatte sie 274 Einzel- und 14 Kollektivmitglieder. Ordentliche Mitglieder können Akademiker (Naturwissenschaftler und Ärzte) werden, die in den Fachgebieten Strahlenbiologie, medizinische Physik oder deren klinischen Anwendungsdisziplinen tätig sind.

Inhaltsverzeichnis (Verbergen)

- 1 Struktur und Tätigkeit
- 2 Geschichte
- 3 Kongresse und Veranstaltungen
- 4 Publikationsorgane
- 5 Forschungsförderung, Preise und Auszeichnungen
- 6 Einzelnachweise
- 7 Weblinks

Struktur und Tätigkeit [Bearbeiten | Quelltext bearbeiten]

Die Gesellschaft ist thematisch gegliedert. Sie besitzt die drei ständigen Kommissionen Ausbildung, **Standespolitik** und Wissenschaft sowie mehrere Arbeitsgruppen. Sowohl die Strahlenbiologie als auch die medizinische Physik sind angewandte Naturwissenschaften an der Schnittstelle zur Medizin. Die SGSMP versteht sich daher als Plattform für die Förderung der translationalen Forschung und des interdisziplinären wissenschaftlichen Austauschs. Der Schwerpunkt der Aktivitäten liegt in der jährlichen Durchführung einer Tagung, welche an wechselnden Orten teilweise unter Beteiligung der deutschsprachigen bzw. europäischen Schwestergesellschaften abgehalten werden. Die SGSMP fördert Forschungsprojekte auf Antrag aus dem Gesellschaftsvermögen mit maximal CHF 7'000.-^[4]. Darüber hinaus verleiht sie jährlich bis zu drei gestiftete Preise für herausragende wissenschaftliche Arbeiten auf dem Gebiet, das die Gesellschaft vertritt^[5]. Neben der wissenschaftlichen Arbeit ist die fachliche Weiter- und Fortbildung ein weiterer Schwerpunkt, für den neben der Jahrestagung auch spezielle Fortbildungen und Arbeitsgruppentreffen abgehalten werden. In Zusammenarbeit mit der **Deutschen Gesellschaft für Medizinische Physik** (DGMP) und der Österreichischen Gesellschaft für Medizinische Physik (ÖGMP) wird jährlich bis zu zweimal eine einwöchige Winterschule in Pichl (A)^[6] zu ausgewählten Themen der Medizin-Physik veranstaltet.

Die SGSMP teilt sich mit der DGMP und der ÖGMP die Herausgabe der viermal jährlich erscheinenden **Zeitschrift für Medizinische Physik** (ZMP)^[7], einem begutachteten wissenschaftlichen Journal. Das Institute

Schweizerische Gesellschaft für Strahlenbiologie und Medizinische Physik

Physik,
Société Suisse de Radiobiologie et de
Physique Médicale, Società Svizzera di
Radiobiologia e di Fisica Medica, Swiss
Society of Radiobiology and Medical
Physics
(SGSMP, SSRPM, SSRFM, SSRMP)

SGSMP
SSRPM
SSRFM

Zweck: Fachgesellschaft für Strahlenbiologie und Medizinische Physik

Vorsitz: Michael Fix

Gründungsdatum: 1964

Mitgliederzahl: 296

Sitz: Bern

Website: SGSMP.ch

Issues Of Interest

Wondering where to start in this (almost) non-existing field, I ended up with the node points of our network: the societies. After practicing with some existing articles, I created a German article about SSRMP and later on an English one about EFOMP. The first versions are online and can be iteratively improved. For these projects, I got great support by some colleagues within SSRMP (Jakob Roth, Roman Menz and others) and elected officials of EFOMP. Efi Koutsouveli, thank you and to your team!

Finally to be disclosed, everything in life has consequences: by writing this article for the Bulletin, I am providing another reference for SSRMP and EFOMP, Wikipedia ... and all the upcoming articles about medical physics – looking forward to reading more of them!

For more information:

https://de.wikipedia.org/wiki/Schweizerische_Gesellschaft_f%C3%BCr_Strahlenbiologie_und_Medizinische_Physik

https://en.wikipedia.org/wiki/European_Federation_of_Organisations_for_Medical_Physics

Parts of this article were originally published in the Autumn 2020 issue of European Medical Physics News (the EFOMP Newsletter)

<https://www.efomp.org/index.php?r=fc&id=emp-news>

ⁱhttps://en.wikipedia.org/wiki/Wikipedia:Notability_%28organizations_and_companies%29

Stephan Klöck
Lindenhofgruppe, Bern



Animal Oncology and Imaging Center in Hünenberg



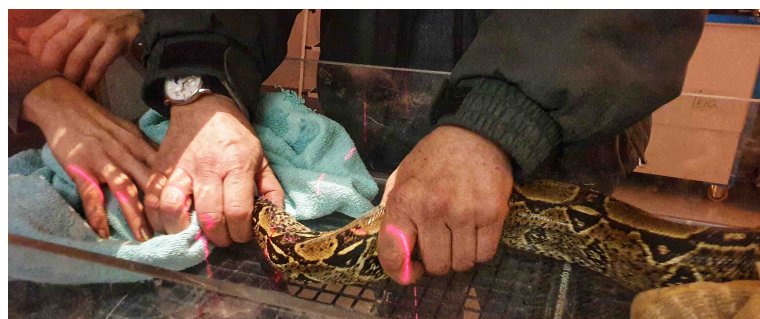
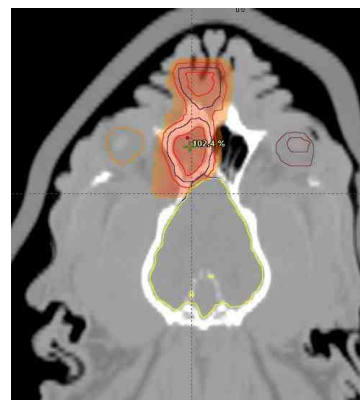
The first and only private owned veterinary radiation centre in Switzerland opened in summer 2008 in Hünenberg, Kanton Zug. Professor Barbara Kaser-Hotz – a pioneer in veterinary radiation therapy founded the AOI - Animal Oncology and Imaging Center with a small group of specialists. In 2016, eight years later, the clinic joined the AniCura Group. AniCura is a well-known family of veterinary clinics across Europe. The group is present in 13 countries and has 350 animal clinics seeing approximately 3 million patients annually. Three of these AniCura clinics offer radiation therapy, two in Italy and one in Switzerland: the AOI-Center, a clinic specialised in oncology and imaging.

The AOI-team is a small international team with diplomate specialists in radiation therapy, medical oncology, radiology, neurology, internal medicine and medical physics.

For our oncology patients we offer radiation therapy, chemotherapy, immunotherapy, photodynamic therapy and electro chemotherapy. For radiation therapy, we use the linear accelerator Clinac 2100 Varian with MLC, MV imager and IMRT technology.

So that our patients are not moving during the irradiation, they need to be under anaesthesia for every fraction. As anaesthesia is a burden for the animal, we use different radiation protocols than the ones used in human medicine. We commonly work with smaller amounts of fractions and higher dose per fraction. For therapy planning, we use Eclipse from Varian.

Most of our patients are dogs and cats. In rare cases, we do have other species. In the past, we also treated a rabbit, a snake and even a small donkey.



After more than one year of planning, challenging negotiations and construction works we expand the range of imaging modalities and will finish the installation of our brand-new high performance 1.5 Tesla MRI Canon in the coming days. With this equipment we complement our existing radiology services and cover the broad spectrum of imaging: ultrasound, X-ray, computer tomography and MRI.

Interested colleagues from human medicine are always welcome to visit our clinic.

Andrea Sumova
Medical physicist and CEO,
AniCura AOI Center

“Welcome!”

Martin Härtig



What a time to come to Switzerland!

When Switzerland decided to close the borders, on the same day I received my B-permit. It was clear that I was in for a special adventure. A year later, the adventure has not slowed down a bit, neither concerning the pandemic, nor my journey into Medical Physics.

To be honest, I did not know about Medical Physics for most of my physics studies in Würzburg and Edinburgh, instead learning about two-dimensional electron gases, single-photon detectors and high-energy particle physics. But as luck would have it, a nice Medical Physics topic emerged as I was searching for a PhD. People shooting ion beams into patients using three-storeys-high accelerators to cure otherwise untreatable diseases? I was hooked.

Thus started my journey into the world of Medical Physics. During my PhD time in Heidelberg, working with Prof. Oliver Jäkel and Prof. Katia Parodi, I had the opportunity to dive deep into the topic, covering not only particle therapy, but also conventional photon therapy. After the PhD, I decided to try out the "polar opposite" – switching the research world and particles with lots and lots of routine work and the goal to "*just treat patients*" – and found that I love that as well. If not more!

What I really love about Medical Physics is the interdisciplinary work with physicians, biologists, engineers, technicians – and that not two days are the same. And it is such a multi-faceted job as well – you have to be an educator, organizer, researcher, networker, technician, therapist, ... And, after all those years, it's still great to see patients every day and knowing who you are *really* working for.

Since April 2020, I have been working at Claraspital as the successor of Karl-Heinz Grosser. Luckily, I have a great team here, as well as a lot of challenges. Last year alone, the department got two new CT scanners, Claraspital opened a new building which needed a lot of new permits, I got my SSRMP qualification and we had round after round of meetings for a new treatment machine. This year, we'll hopefully see a new accelerator and new equipment – it just does not get boring!

Hoping to get the chance to see you all soon!

Martin Härtig
Claraspital, Basel

“On the Move”

Claire Tamburella

Several years ago (I don't mention how many...), I studied physics at the university of Paris and obtained a PhD degree developing a project for a radioactive ion source which started my first career as "radioactive woman".

After 2 years at Isolde-CERN playing with the all chart of radioactive isotopes, I found a position at the Hopitaux Universitaires de Genève, as a Cyclotron Engineer to produce radio-pharmaceuticals for nuclear medicine. Thirteen years going around in circles, I decided to go straight forward ;-) with Linacs and I got the SSRPM certification with the help of the HUG radio-oncology team. The beginning of my second career as a medical physicist.



I discovered La Chaux de Fonds in 2013 (as a woman from Paris, I did not know where it was before the interview...). I spent 7 years there as a medical physicist, in a beautiful area, with pleasant colleagues. Everybody will remember my successful implementation of hives on the hospital rooftop!

Genève calling! I recently had the opportunity "to come back home" by joining the HUG radio-oncology department not as a trainee but as a medical physicist :) . If I may bring my little experience in this field, I won't bring the bees because of papers and formalities with the change of canton :(

I am looking forward to start my new position and I wish all the best to my former colleagues and my successor.

Claire Tamburella
HUG, Genève.

“On the Move”

Maud Jaccard



Dear Bulletin readers,
when you change job, you know that sooner or later, you will be asked to write something in *that column*, especially when your new boss is part of the editorial team! And apparently this section is the most read... no pressure! I have to admit that for me too, *Personalia* is one of the nicest pages. It is a kind of relaxing people magazine about the life of Swiss medical physicists.

So after three great years spent in the radiotherapy department of Genève University Hospital, I embarked on a new adventure by joining the Swiss Medical Network in the Clinique de Genolier and Radio-oncology center of Eaux-Vives. It has been very nice to get to know my new motivated and hard-working physics colleagues Shelley and Marie and the rest of the team. I am grateful for the welcome I received. In fact, another colleague will be joining us soon, and will most likely have his own *Personalia* section in the next bulletin. I now enjoy working with RayStation and RayCare, and it is always a pleasure to take the train for a bucolic journey among the cows to reach Genolier, with a beautiful view over the Mont Blanc when the weather is clear.

Although I miss a little bit my former colleagues and the interesting projects we had, I am very excited to be part of the development of a new radiotherapy center at the Clinique Générale Beaulieu in Genève. It will open soon, with a fancy CyberKnife and a brand new Radixact, surface imaging, RayCare OIS, a comfortable physics office and a nice skylight... Maybe we'll be in the *Spotlight* section soon to show you all this in more detail.

I am looking forward to see you all at a next congress. Let's hope it will be this year!

Maud Jaccard
28th of February 2021,
Clinique de Genolier, Genève

“On the Move”

Térence Risse

I arrived from Basel in La Chaux-de-Fonds at the end of January, welcomed by a big amount of snow. The snow walls along the streets were almost 2 meters high and some trucks were sent throughout the city to take them away. It was a real winter atmosphere. In my flat, my cross-country skis rapidly found their place next to the entry door instead of my "*Wickelfisch*" in Basel.



At the beginning of February, I began to work at the RHNe (*Réseau Hospitalier Neuchâtelois*) in La Chaux-de-Fonds. We are a team of three medical physicists and have two linear accelerators, a brachytherapy and an orthovoltage unit. I am really looking forward to the coming years as we will soon change our two linear accelerators.

I grew up in Cottens, a small village near Fribourg. I studied physics first at the University of Bern for the bachelor degree before moving to the ETH in Zürich. There, I enjoyed the medical physics lectures and then went to Inselspital for my master thesis. After that, I was happy to find a trainee position at the University Hospital in Basel where I have been living during the last 3 years. Simultaneously, I followed the MAS course in medical physics at ETH in preparation for the SSRMP exam that I passed successfully last autumn. I want to thank the medical physics team in Basel for their support, kindness and all the fun discussions.

With 100hPa less, (more) snow, a coming back return to a French-speaking environment and a nice team at work, I had a great first month here in La Chaux-de-Fonds.

Térence Risse
RHNe, La Chaux-de-Fonds

Editorial staff and Information

Impressum

Editors

Francesca Belosi
Proton Therapy Center
Paul Scherrer Institut
5232 Villigen
056 310 37 45
francesca.belosi@psi.ch

Shelley Bulling
Centre d'Oncologie des Eaux-Vives
26 rue Maunoir
1207 Genève
022 319 77 30
sbulling@eaux-vives.com

Nathan Corradini
Clinica Luganese
Centro di Radioterapia
6900 Lugano
091 960 81 28
nathan.corradini@clinicaluganese.ch

Jean-Yves Ray
Service de radio-oncologie
Hôpital de Sion
Av. Grand-Champsec 80
1951 Sion
027 603 45 12
jean-yves.ray@hopitalvs.ch

Web Editor

Jean-Yves Ray
Service de radio-oncologie
Hôpital de Sion
Av. Grand-Champsec 80
1951 Sion
027 603 45 12
jean-yves.ray@hopitalvs.ch

SSRMP Secretary

Roman Menz
Radiologische Physik
Universitätsspital Basel
Petersgraben 4
4031 Basel
roman.menz@usb.ch

Publisher

Schweizerische Gesellschaft
für Strahlenbiologie
und Medizinische Physik
(SGSMP/SSRPM/SSRFM)

Printing Press

Valmedia AG
Pomonastrasse 12
CH-3930 Visp
www.mengisgruppe.ch

Call for Authors

Also, you are invited to participate in the construction of our bulletins. Of desirability are all contributions that could be of interest to members of our society, such as

- Reports of conferences, working group meetings, seminars, etc.
- Reports on the work of various committees and commissions
- Succinct results of surveys, comparative measurements etc.
- Short portraits of individual institutions (E.g. apparatus equipment, priorities of work, etc.)
- Reports on national and international recommendations
- Short Press Releases
- Photos
- Cartoons & caricatures
- Announcement of publications (E.g. books, magazines)
- Announcement of all kinds of events (E.g. conferences, seminars, etc.)
- Short articles worth reading from newspapers or magazines (if possible in the original)
- Member updates (E.g. appointments, change of jobs, etc.)

The easiest way to send your document is as a MS Word document via email to one of the editor addresses above.

Deadline for submissions to Bulletin No. 100 !!! (02/2021): 07.2021

SSRMP Board

Board members

Prof.	Michael Fix President michael.fix@insel.ch	Abteilung für Medizinische Strahlenphysik Inselspital - Universität Bern 3010 Bern	031 632 21 19 031 632 24 29 031 632 21 11 031 632 26 76
PD MER Dr.	Raphaël Moeckli Vice President Chair Science Committee raphael.moeckli@chuv.ch	Inst. Univ. de Radiophysique (IRA) Rue du Grand-Pré 1 1007 Lausanne	021 314 46 18 021 314 82 99 079 556 71 05
Dr. phil. II.	Roman Menz Secretary roman.menz@usb.ch	Radiologische Physik Universitätsspital Basel Petersgraben 4 4031 Basel	061 328 73 14
MSc.	Regina Seiler Treasurer regina.seiler@luks.ch	Radio-Onkologie Luzerner Kantonsspital Spitalstrasse 6000 Luzern 16	041 205 58 07 041 205 58 11
Dr.	Jérôme Krayenbühl Chair Education Committee Jerome.Krayenbuehl@usz.ch	Klinik für Radio-Onkologie Universitätsspital Zürich Rämistrasse 100 8091 Zürich	044 255 32 49
MSc.	Jean-Yves Ray Chair Professional Affairs jean-yves.ray@hopitalvs.ch	Service de radio-oncologie Hôpital de Sion Av. Grand-Champsec 80 1951 Sion	027 603 45 12 027 603 45 00
Dr. sc. nat.	Stefano Gianolini stefano.gianolini@hirslanden.ch	Hirslanden AG Corporate Office Boulevard Lilienthal 2 8152 Glattpark	044 388 63 80 076 747 00 72
Dr.	Maud Jaccard MJaccard@genolier.net	Service de Radio-Oncologie Clinique de Genolier Route du Muids 3 1272 Genolier	079 947 77 96
MSc.	Yvonne Käser yvonne.kaeser@physmed.ch	PhysMed Consulting GmbH Kleindorfstrasse 12a 8707 Uetikon a. S.	079 453 99 02
Dr. med.	Markus Notter markus.notter@lindenhofgruppe.ch	Radioonkologie Lindenhofspital Bremgartenstr. 117 3001 Bern	031 300 95 11 031 300 88 11 031 300 86 99
Dr.	Stefano Presilla stefano.presilla@eoc.ch	Ente Ospedale Cantonale Servizio di Fisica Medica Viale Officina 3 6501 Bellinzona	091 811 91 84

Conference Calendar

CALENDAR 2021

May 6 Online	World Congress of Brachytherapy May 6 - May 8 https://www.estro.org/Congresses/WCB-2021
June 4 Online	Particle Therapy Co-Operative Group annual conference June 4 - June 7 http://www.ptcog59.org/
June 16 Online	3 rd European Congress of Medical Physics June 16 - June 19 http://www.ecmp2020.org/
June 26 Online	SCR' 21 – Swiss Congress of Radiology http://www.radiologiekongress.ch/
June 26 Online	AAPM Summer School June 26 - June 29 https://w4.aapm.org/meetings/2021SS/
July 25 Online	63 rd AAMP Annual Meeting July 25 - July 29 https://w4.aapm.org/meetings/2021AM/
August 27 Madrid, ES (& Online)	ESTRO 2021 August 27 - August 31 https://www.estro.org/Congresses/ESTRO-2021
September 2 Rorschach (& Online)	25 th Annual SASRO Meeting September 2- September 3 https://www.sasro.ch/2021/
September 19 Online	Joint Conference of the ÖGMP, DGMP and SGSMP Dreiländertagung September 19 - September 22 https://www.medical-physics2021.com/
October 20 Online	34 th Annual Congress of the European Association of Nuclear Medicine October 20 - October 23 https://eanm21.eanm.org/
October 24 Chicago, USA	ASTRO Annual Meeting October 24 - October 27 https://www.astro.org/Meetings-and-Education/Micro-Sites/2021/Annual-Meeting
October 25 Bern	SSRMP Continuing Education day https://ssrpm.ch/continued-education/calendar/



And please, if you participate in any conference or meeting, think of writing a few lines or sending a picture for the Bulletin.

THANK YOU!