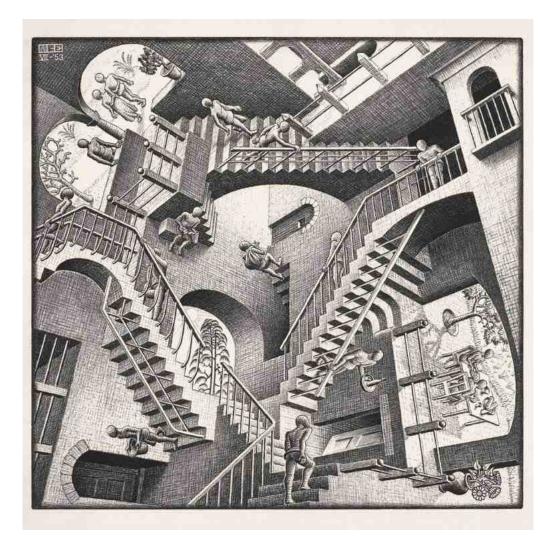
BULLETIN

May 2024



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



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Cover: Relativity, 1953 drawing (litography) by Maurits Cornelis Escher (Washington D.C., National Gallery of Art)

Editorial

Letter from the Editors



Dear colleagues,

After a dense January edition, we are delighted to bring you the new, more spring-like edition. Like every spring, we're in the middle of the congress season, the schedules are full and projects are flowering!

Thus, in this issue, we invite you to read the reports of the year's first congresses and take this opportunity to thank their authors warmly. A Quality Assurance and Dosimetry Symposium (QADS) took place in Lisbon in February. Although organized by SunNuclear, recommendations of ESTRO and AAMP were also presented. Then, the European Congress of Radiology 2024 took place in Vienna late February, with a main focus on AI as usual now but fortunately not only. Let's speak also about a very interesting Seminar organised by the Federal Commission on Radiation Protection (KSR) about "Just Culture im Strahlenschutz". We'll let you discover what's behind this term on page 9. The first course on "Diagnostic and intraoperative imaging" held by the SSRMP was succesfuly done some weeks ago. Thanks to the organisators and to those who shared with us this experience (p. 11).

After all these enriching conferences, we're now ready to move on to new horizons! To give you some ideas for your summer vacations, we're delighted to welcome you to Cambodia through the experience of Grégory Bolard. And if you're looking for a more lazy, hammock-reading vacation, we're thrilled to introduce a new section in the Bulletin. No doubt you're already up to date with all the scientific reading we're bombarded with all year round. So for those of you who'd like to pore over a novel, but are still curious about our field of activity, we'll try to regularly introduce you to books that we've enjoyed and that relate to our professional activity. Today, the spotlight is on Michael Crichton's novel Five Patients.

Finally, Diana Wüthrich is pleased to introduce herself in the Personalia section, and as is now tradition, you can solve our game alone or in a team over a cup of coffee in your department.

We wish you a beautiful Spring and above all a pleasant Summer break. See you in September! (Deadline for your numerous propositions of articles: 12.08.2024 ;-))

Davide & Marie

PRESIDENT'S LETTER



Dear colleagues,

Spring is here, though not as sunny as expected, but I'm sure it will come. I was wondering what I can share with you in this bulletin, but it's not that difficult. Indeed, we belong to this community, the SSRMP, where there is always something going on. I will just give you a couple of examples.

During the board meeting, we discussed many topics, especially our responses to queries from other professional societies such as ESTRO and EFOMP. We also learned about the existence of the "International Society for Radiation Oncology Informatics" (ISROI), which was founded in 2020 and comprises members from all areas and disciplines of radiation oncology. Their main objective is to improve patient care and treatment outcomes through the advancement of information technology within radiation oncology.

As a professional society, we are requested to take positions on topics within our area of expertise, and this always takes time. Let me take this opportunity to thank the board for their fruitful contributions to these discussions. Nevertheless, I would like to point out that not only members of the board are solicited, but other members of the society are also consulted when the topic lies within their field of expertise. Thanks to them as well.

During the board meetings, we also discussed the proposals of the different committees. I have to say that, judging by the number of things presented during the board meetings, there is a lot of work going on in the committees. Thanks to all the members of the committees! Last, but not least, are the new ideas that are brought for discussion. I will not go into details here and will leave you in suspense because they will be presented to you once they have matured a bit more.

Many members are also involved in making our society very lively. For example, the team from the University Hospital Zurich proposed an educational course entitled "Diagnostic and Intraoperative Imaging Course". This 3-day course took place from the 15th to the 17th of April at the University Hospital Zurich. The course received very positive feedback from the attendees. I would like to express my special thanks to Elina Samara and Natalia Saltybaeva for their initiative and organization of this course. An interesting

event has also been proposed to our members, a lecture from the Editor-in-Chief of the Medical Physics journal, John Boone, and his colleagues. The lecture on how to prepare your manuscript, text and figures, to increase the odds of a streamlined and successful peer-review process will be given twice, once in Geneva and once in Bern, at the beginning of May.

Who says spring also says congresses coming up soon. Participating in a congress allows you to connect with other experts in the field, gain insights, and network. It's clearly an opportunity to stay updated on the latest developments and contribute to the advancement of knowledge in your area of expertise. The SCR'24 will take place in Geneva very soon, from the 20th to the 22nd of June. As you might know, we have participated in the scientific committee meetings and proposed interesting topics. I hope you will enjoy it and I also hope to see you there! We have been asked to participate again in the scientific committee for next year's congress, SCR'25. I will be happy to receive your ideas about topics of interest, so don't hesitate to share them with me. Don't forget the upcoming European Conference of Medical Physics 2024 from the 11th to the 14th of September in Munich. As a reminder, this congress has been co-organized with our partner societies, the German and Austrian societies, DGMP and ÖGMP. This implies that our General Assembly will not take place as usual during the annual meeting, but we decided that it will take place during the next continuous education day. But no worries, we will let you know all the details in due time.

Before finishing this report, let me remind you that there will be another opportunity to discuss everything together in person, the next AMP meeting that will take place in June. It's a nice opportunity to see your colleagues again, to get informed about what is going on within the society. On top of the President's report, there will be the reports of the working group leaders who will take the opportunity to present the work performed within their group. Not to forget, there is always a nice scientific presentation which makes the meeting even more interesting.

I hope you enjoy the spring as much as I do. Looking forward meeting you soon again!

Marta

The next AMP meeting will be held in Bern on June 28 from 9:30 to 12:30. Program:

- SSRMP President's report and Chairs of working group reports
- Radiobiology of the Flash Effect with Professor Marie-Catherine Vozenin A more detailed program will come later in a newsletter.

QADS 2024 - The First of its Kind in Europe Lisbon, 16th-17th of February 2024

It took Sun Nuclear 13 QADS installments to find out that Europe is a very attractive venue for the QA & dosimetry symposium. The 14th QADS took place in Lisbon, for the first time in Europe, where 26 physicists and physicians from all over the world presented their ongoing work and experiences in QA & dosimetry matters.

As it was my first QADS, I was surprised to find out that not every speaker or participant had a direct connection with Sun Nuclear. In large part the presentations were not related to any products but to general QA topics like AI in radiotherapy or more



specific topics such as solid state dosimeters for QA. The program was tightly arranged featuring not only presentations but also panel discussions where participants and presenters were offered a platform to discuss their questions together. This format allowed all speakers of one session to discuss open questions as a group rather than in terms of a one by one discussion after each presentation.

In the following, I will very shortly summarize and highlight some of the topics - please refer to the QADS homepage [1] for more details on the program of the 2024 symposium.

The meeting opened with a keynote presentation by Nuria Jornet about the ESTRO initiatives to improve safey and quality in radiotherapy. She presented the structure and function of ESTRO initiatives and gave an overview of the outcomes of the various working groups.

ROSEIS, a voluntary incident reporting and learning system was presented by Mary Coffey. She showed how extensively this project was prepared over the last decades and how it helps improving optimisation and safety in radiotherapy processes.

General aspects of using the portal imager for patient specific QA were introduced within the scope of the AAPM TG307 committee report. Commissioning, calibration and validation of portal imaging systems were discussed, error detection sensitivity & tolerance level checking as well as QA of EPID based QA systems were depicted, summarising a variety of techniques and systems on the market.

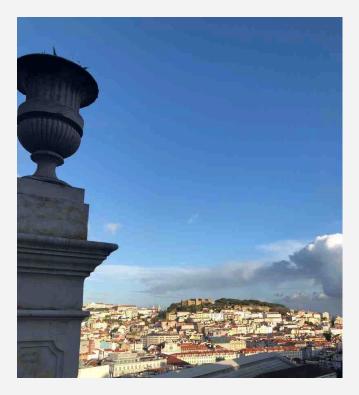
Another general report on online treatment monitoring by the IPEM working party was presented, including log file evaluation and transmission detectors like the IQM. The sensitivity and specificity of various online treatment monitoring systems regarding a variety of machine and patient related inaccuracies was discussed.

Carla Cases reported on the experience of the Hospital Clinic de Barcelona with a cyber attack that shut down the radiotherapy department for ten days. She depicted the course of events, the actions taken and the lessons learnt from the blackout.

The clinical evaluation of the performance of different AI based contouring systems was presented by **Efstratios Karagiannis**, giving insight to the assets and drawbacks of the commercial systems under investigation.

Other speakers presented QA methods in terms of secondary dose verification, detector array measurements for novel modalities like MR linac systems, FLASH, gyroscopic radiosurgery systems and real-time tumor tracking.

Aside from the wide-ranging agenda, the main interest in attending an international symposium is of course networking and the exchange of experience. During coffee breaks and excellent lunch buffets we had plenty of opportunity to catch up with colleagues and discuss QA issues. In the evenings, at the networking reception at the Scale Bar, during dinner and strolling through the old streets of Lisbon topics of conversation shifted slightly off QA.



The symposium was very well organised at an excellent hotel with a fantastic variety of delicacies not only at the lunch buffet but also during the coffee breaks and the networking reception in the evening. Overall, the event provided an interesting and fruitful program during the day in a very comfortable ambience. Five SSRMP members attended the symposium. They all happen to be Sun Nuclear customers, but as the scientific program showed, that really doesn't need to be the case. The symposium can be recommended for anyone with an interest in QA and dosimetry.

> Marlies Pasler Hirslanden Gruppe

[1] https://www.qasymposium.com/

European Congress of Radiology 2024 Vienna, 26th of February - 2nd of March 2024

As per tradition the ECR was organized at the end of Winter in Vienna and I had the lucky opportunity to attend and present some work. I am happy to confirm that ECR is always packed with events, exhibitors and people to meet, and represents an amazing opportunity to learn and networking for medical physicists active in the imaging domain. I'll present here some notes, ordered by topic, and of course a bit biased by my own choice of sessions!

Artificial Intelligence

I had again the strong impression that AI definitely shifted from "the latest cool thing" to "everywhere product". This had an impact on the session topics, that are also increasingly shifting from presenting proof-of-concepts to discuss practical problems like defining appropriate QA protocols. AI has become an established tool.

Cone Beam CT

Until recently my idea of diagnostic CBCT was "that thing used by dentists" and I had never touched one. Nowadays new CBCT devices are being offered for muscoloskeletal imaging not limited to the extremities but with a full-body sized table and gantry. Will the concept prove itself useful?

Photon Counting CT

PCCT confirms itself as the triendiest non-AI topic in radiation imaging, with a variety of sessions exploring principles, applications and future developments. The field of Spectral Imaging, to which PCCT belongs together with Dual Energy CT, is still growing and has not yet reached its full potential.

Conventional X-rays

Conventional X-ray imaging won't go away anytime soon. There is, however, some debate on what should be its optimal place in modern times. As a practical example, one session was devoted to discuss the possibility to remove Chest X-rays as mandatory initial step for specific workflows, and to forward patients directly to CT instead. The motivation is that Chest X-ray is intended to be a low-dose triage step but for some specific cases the use of CT has become statistically inevitable and thus removing the initial Chest X-ray would actually reduce the patient dose.

I found this discussion stimulating, reminding me that from time to time we should reconsider (and not just replace) whatever the current standard is.





Other topics

A few other sessions offered good discussions on the ever-running topics of low-dose effects, patient communication and image quality; a useful addition to the list is the relatively recent topic of discontinuing patient shielding, a process that will take some more time to be fully implemented in a homogeneous way.

As a summary, I had three very busy and fruitful days with a lot of sessions and interesting discussions (and good food in the evening). Vienna is relatively close to Switzerland and it's worth to keep ECR abstract deadlines on the radar.



Davide Cester University Hospital Zurich

ECR Tips & Tricks

- Public Transport in Vienna is of high quality and the Congress complex is well served by the metro line U1 (red); any accomodation along the metro lines will be convenient;
- food options at the venue are not abundant and there can be long waiting times for lunch. The best option is therefore to attend one of the lunch sessions offered by the commercial exhibitors, where lunch bags are offered: these events can be found in the "Industrial sessions" part of the Programme, which is sometimes easily overlooked;
- the previous suggestions is also valid for spontaneous coffee breaks, and sometimes even beer...
- it's worth investing some time in checking the program at least one week before the Congress: some interesting events require registration and have limited seats!
- although the official ECR App is quite good, it relies on a constant network connection to work properly; since in the Industrial Exhibition area and some other corners both WiFi and 4G are often poor, it's advisable to list the most important events on paper;
- take a picture of the wardrobe receipts with your smartphone, in case you lose them;
- most sessions are streamed and can be replayed for free until Monday evening. In case of overlapping sessions it's better to give priority to the few non-streamed ones.

KSR Seminar 2024 "Just Culture in Radiation Protection" Bern, 22nd of March 2024

With "Just Culture" becoming more and more prominent in different fields of medicine and also in radiation protection, the Seminar organized by KSR gave us insight into how management of mistakes is handled in different professional fields outside of medicine.

The day started out with a view on psychological aspects of the human factor in the management of critical situations. Being completely outside my normal professional scope, I found this presentation to be very interesting, especially by showing, that the perception of the "human factor" often being a rather negative "humans make mistakes" is not really true. On the contrary, it is often the human factor that resolves possibly devastating situations with a favourable outcome, even if the found solutions do not necessarily comply with existing rules. One very impressive example that was shown, was the reaction of air traffic controllers during the attacks of 9/11.

For me personally, the most interesting, and also most important point to take home from the seminar, was the tension between true "Just Culture" and the legal framework that often leads to persecution even in cases of honest mistakes. In many aspects, this makes the management of mistakes and their reporting inside organizations very difficult. This was shown impressively with examples from Skyguide, where air traffic controllers face legal consequences for endangering the safety of the public. Nevertheless especially in this field, reporting of problematic situations seems very important – all the company can do is stand by its employees.





Some solutions to this dilemma were shown in the field of military aviation, where civil law does not necessarily apply. Military law offers the possibility to handle mistakes and thus their reporting differently. With my personal family history linked to military aviation, I found this presentation especially interesting.

After those excurses into different fields, the focus came back to medicine and nuclear safety and some propositions on how Just Culture can be applied in this context. One learning for me was, that a culture where everyone wants to learn from mistakes without fear of being seen as the culprit has to grow slowly. Increase in awareness is seen in the last few years, as also demonstrated by the FOPH with increasing reports of radiation incidents in medicine – it seems encouraging, that the reluctance to talk about incidents decreases.

For me, the seminar was really enlightening and interesting and opened the perspectives into different professional fields.

> Yvonne Käser PhysMed Consutling GmbH

All presentations can be found at the following link: https://www.bag.admin.ch/bag/de/home/das-bag/ organisation/ausserparlamentarische-kommissionen/ eidgenoessische-kommission-fuer-strahlenschutz-ksr.html

SSRMP Education Course "Diagnostic and intraoperative imaging" Zurich. 15th - 17th of April 2024

This year the SSRMP offered for the first time an additional 3-day course on the topic of "Diagnostic and intraoperative imaging", intended for the medical physicist in training as well as board-certified medical physicist who wanted to refresh their knowledge. Organized by the Radiation Protection Unit of University Hospital Zurich, the course provided a comprehensive overview on state of the art radiation protection in diagnostic and intraoperative imaging. In a very throughout and concise way theoretical, technical, legal and practical aspects were well covered. I found the course efficiently organized and presented to an attentive and engaged audience; presenters were known experts in the field, approachable and always ready to answer questions. Another highlight for me as a current trainee was the socializing among the participants and forming of a learning group for exam preparation.

Conny Waschkies USZ

Impressions from a lecture

During the morning of the last day we attended a lecture with Michael Ith, Leiter Strahlenschutz & RP from Hirslanden. While international regulations and recommendations are certainly interesting and relevant, the 45-minute interactive session primarily focused on the legal aspects of being a medical physicist in Switzerland, non-binding recommendations and assuming the role of the responsible person. The requirement for a medical physicist in a radiology





department, sometimes extending to nuclear medicine, is not old compared to radiation therapy. Moreover, the law officially makes a distinction between Medical Physicists (MP) and Radiation Protection Experts (RPE). We discussed how multilingual laws sometimes set limits on immeasurable physical quantities and at times provide only vague circumstantial requirements, compounded by occasional translation errors. However, this complexity does not eliminate the pressing question: who is accountable and might face legal proceedings in the event of issues with the use of ionizing radiation? These ambiguities can sometimes be resolved through the SSRPM, the Swiss Society of Radiobiology and Medical Physics, which also assesses and certifies those aiming to become certified medical physicists, thus qualifying them for legal responsibilities. For those prepared for lengthy discussions, bypassing SSRPM and directly inquiring with BAG is another route to certification in the medical physics profession. This brings us to another key point of the lecture: In Switzerland, 'medical physicist' is not a protected title, meaning that individuals from various backgrounds, unrelated to physics or medicine, may be employed but not certified as medical physicists in hospitals. We also explored how the law defines a 'medical physicist.'





According to the Radiation Protection Training Regulation (814.501.261), a medical physicist must have an academic background designated as MP1 or MP2, requiring at least a bachelor's degree in physics or an equivalent, and a master's degree in natural sciences or an equivalent. We discussed what could be considered equivalent in this context and as an example referencing my nanotechnology degree from an engineering university, which included typical physics courses like advanced quantum mechanics and relativity theory - demanding higher admission GPA and level of physics than the standard physics program was requiring at that time in Denmark. After discussing the background of multiple Swiss certified colleagues, it became clear that the laws are subject to a certain degree of interpretation when pursuing certification as a medical physicist in Switzerland. It's however also possible to risk not having one's certificate renewed if federal laws are not followed. The lecture concluded with ongoing discussions on medical physics, leaving the topic of radiation protection experts or "Strahlenschutz-Sachverständige" for another time.

> Ailin Parsa Team Radiologie Plus

Interview: Medical Physicists abroad





Destination: Cambodia

Capital: Phnom Penh Official language: Khmer Population: 17 millions inhabitants

After a trip to South America, let's continue our medical physics world tour with a new destination. Just as exotic, we are heading for Southeast Asia, and more specifically Cambodia. We meet **Grégory Bolard**, a medical physicist, who shares with us a very special experience he had last year.

Marie Fargier-Voiron: I always like to ask my colleagues how they discovered the profession of medical physicist. So, what was your career path? Any desire to go abroad before this experience?

Grégory Bolard: l'm an engineer by training, with a university degree in medical physics (France). And yes, Cambodia wasn't a first for me. I did a clinical commissioning mission for a machine in



Grégory Bolard with his colleagues under a LINAC.



Australia in 2014, and several training/application consulting missions in the past (mostly in APAC).

MFV: The context of your departure for Cambodia is a bit peculiar, isn't it?

GB: The non-governmental organization Physicien Médical Sans Frontières (PMSF) was looking for a physicist for a several-month assignment in Cambodia, and it wasn't easy for them to find a physicist available for such a long period. They published an advert, and my profile was selected. The assignment was part of the association's long-term action in Cambodia. The project was to train the team in Head and Neck intensity modulation radiation therapy, measurements, configuration, planning strategy, positioning, quality assurance, etc...

The main aim was to provide training so as to ensure the long-term future of the technique at the center. The idea was also to verify the achievements of the previous mission.

MFV: You arrived in Cambodia in April 2023 for a period of 3 months, with this trainer's hat on, and a real objective to achieve in a fairly short space of time. How quickly did you find your feet in this context?

GB: The context is of course very different from what we know in Europe. Paradoxically, I quickly

Interview: Medical Physicists abroad



felt at ease. The teams gave me an excellent welcome and I was able to approach this mission in the best of spirits. As I'm not too sensitive to the heat, I learned to cope with the 35/40° daily temperature. Cambodia is a small country, but one with real ambitions in terms of quality cancer care.

MFV : What resources are currently available for radiotherapy in Cambodia? Is the organization of the department similar to that in European countries?

GB : The country has 4 linear accelerators for 17 million inhabitants, but things are moving

fast, as is the growth of Phnom Penh.

The mission took place at L'Hopital Calmette, in Phnom Penh, which is very close to the European standard we are familiar with. The hospital has a Varian linear accelerator, with 4 physicists, 2 of whom are shared with nuclear medicine.

The organization of the department is very similar to our own, with one manager per team. All patients treated daily (30 to 40) benefit from advanced conformal planning. The main treatment sites are breast, head and neck, brain, lung and also gynecological brachytherapy. The doctors have all spent time in French hospitals as part of a well-established partnership. MFV: Physicians therefore take advantage of various agreements to perfect their training with French hospitals. What about physicists?

GB: As medical physics training is not formally defined in Cambodia, physicists receive IAEA grants to do their Masters in neighboring Southeast Asian countries (Thailand, Malaysia, Indonesia). MFV: How did the exchanges with colleagues go? Both professionally and outside the hospital!

GB: Excellent, the staff were extremely receptive and eager to confirm the correct use of equipment or practices.

Colleagues also accompanied me on various excursions, enabling me to discover the country's riches (Kampot and its pepper, Siem Rieap and its famous Angkor temples in particular). And in



terms of cuisine, I experienced real cultural differences, especially at lunchtime :) and at Khmer New Year. I discovered Khmer cuisine, with its rich blend of fruit, vegetables and Mekong fish.

MFV: Do you still have contacts there? How are the projects progressing?

GB: Yes, of course! I keep in touch with the team and since then another PMSF mission has taken over.

MFV : In conclusion, any advice for those who would like to leave?

GB: My main advice is, of course, to be aligned with the mission and its goals.

For me, this experience will remain engraved in my memory, and has inevitably put things into perspective. It was a privilege to have made this contribution.

I understand why Cambodia is nicknamed the Pearl of Asia.

Thank you very much Greg for sharing with us this particular adventure. I don't know about you readers, but personally, I've got stars in my eyes. We have easy access to training and equipment. To be able to share this with less fortunate colleagues, while at the same time going to a culturally rich country, is a real blessing.

For interested people, I would like to share the website of "Physicien Médical Sans Frontières" which is doing a fantastic job: https://www.pmsf.asso.fr/

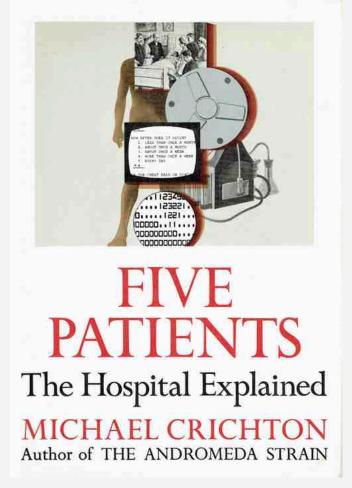
For the next Bulletin, we'll come back to Switzerland, but if you know someone or if yourself would like to share an experience abroad, don't hesitate to contact the Bulletin team at bulletin@ssrmp.ch!

Books and History

Michael Crichton Five Patients (1970) The Hospital Explained

The american author Micheal Crichton (1942 - 2008) is famous for his novels and their Hollywood movie adaptations (you might remember *Jurassic Park* or the TV show *E.R.*). It is probably less known that Crichton started his career as a medical doctor, receiving his M.D. degree from Harward Medical School in 1969; only then did he decide to focus on writing instead of practicing, but the passion for biology and biotechnology transpires from many of his works. His first novel (The Andromeda Strain, 1969) told the story of a group of scientists dealing with a deadly microorganism that came from space.

Five Patients is Crichton's second major publication; the additional title "*The Hospital Explained*" gives away the non-fictional content of the work. The book is based on Crichton's personal experience during his traning years at Massachussets General Hospital in Boston; each of the five chapters follows a patient



starting from the moment of the admission, and guides the reader through the workflow of a modern teaching hospital, alternating the description of the various stages of patient care with discussions on the evolution of medicine, medical education and healthcare in the last two centuries.

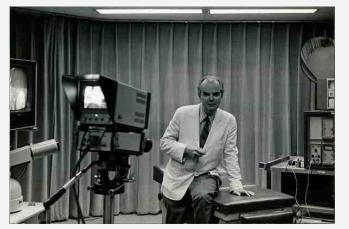
For a book that's been written more than 50 years ago the novel is surprisingly modern and insightful. In addition of being presented with the human side of healthcare, including not only patients but also students and clinicians, the contemporary reader will get a glance on the origin of computer automation and telemedicine (see next page), as well as an historical perspective on the topics of rising healthcare costs, insurance models and spending cuts. Anyone interested in the history of healthcare professions will certainly find inspiration in this well-written and not so long tour.

Davide and Marie (next page as well)

Telemedicine in the 1970s A short glimpse into the past

Crichton's book describes one of the first experiments of telemedicine in the United States, a branch of healthcare pioneered by a few institutions like the Massachussets General Hospital (the "Mass General") in Boston. The peculiarity of this center was its proximity to the Logan International Airport. According to some accounts [1] the first step towards a reorganization of the medical services was taken in 1960, when after a major air crash it was not possible to provide timely rescue and treatment to the survivors due to the traffic jams that formed in the area. At the beginning only a traditional satellite clinic inside the airport was foreseen, and it opened in 1963, but the persistent traffic jams on the road to the airport motivated the commuting doctors to search for more radical innovations.

Physician Kenneth Bird is credited by the Mass General to have created the first tele-diagnostic clinic, as well as inventing the term "telemedicine", defined as "the practice of medicine without the usual physician-patient physical confrontation, or the practice of medicine via interactive television".





Dr. Kenneth Bird in the satellite clinic at the airport (left) and at his desk at Mass General (right). Source: Massachussets General Hospital Archives and Special Collections

The new clinic was essentially a small TV studio, realized in cooperation with a local broadcasting company and connected to the main hospital with a dedicated microwave link. With this setup, only one nurse had to be present on site. Teleradiology was included since the beginning, by means of simply putting the film in front of the TV camera; one could wonder how such an effective but rough arrangement would comply with modern sensitivity to requirements - gone are those days... Later the model was extended to include psychiatric consultations and extended to other satellite centers and hospitals.

[1] https://mgriblog.org/2023/01/23/how-traffic-and-tragedy-combined-to-launch-telemedicine-at-massachusetts-general-hospital/

Personalia

"Welcome!"

Diana Wüthrich

It is a bit difficult to say exactly where I come from. When I was a child, my parents moved around a lot within Switzerland, from the Bernese Oberland to Biel to Burgdorf, where I was born, to the cantons of Aargau and Appenzell. They finally settled in Thun, where I spent most of my life.

I liked mathematics from an early age, and later became interested in physics and biology. I therefore chose my favorite subjects, mathematics and physics, as my main subjects for the Matura. Later, I wanted to deepen my understanding in physics and therefore studied this discipline at the University of Bern. I took the path towards



medical physics with a bachelor's and master's thesis at the cyclotron laboratory of the University Hospital of Berne (Inselspital). While my bachelor's thesis focused on accelerator physics, my master's thesis was in the field of radioisotope production for nuclear medicine. I then went on to do a PhD in radiotherapy treatment planning optimisation at the University Hospital of Lausanne (CHUV), where I also trained as a medical physicist and became proficient in French. Last year, I obtained the SSRMP certificate and since the beginning of this year I am proud to be part of the medical physics group in the department of radiooncology at the Kantonsspital Graubünden in Chur. I like the work here. We use a wide range of different treatment techniques and we have a very efficient team work.

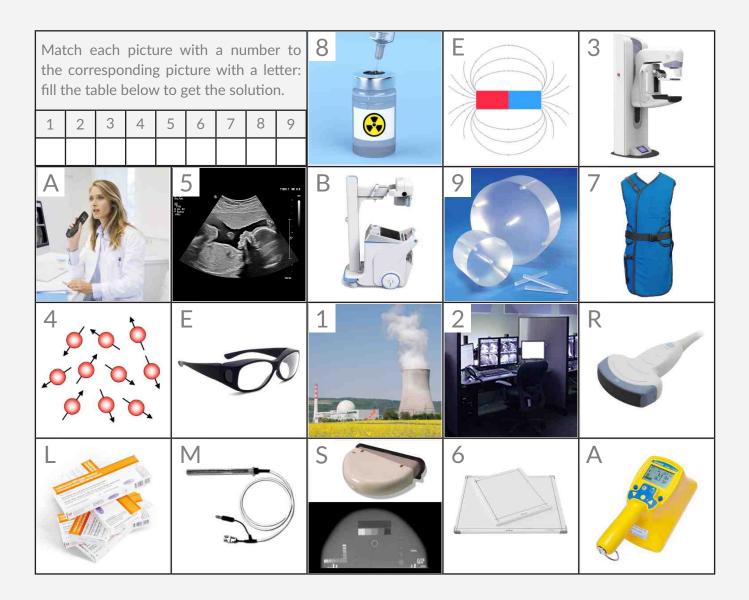
In my leisure time I have many different interests. I like being in nature, whether it is walking in the forest or swimming in the lake or river, I like animals, especially goats, I like travelling to different places in the whole world and learn to know different cultures, I like climbing, gymnastics and on rainy days I like listening to audio books.

I am very excited about my journey in medical physics and hope to see you at congresses and conferences in the future!

Diana Wüthrich Kantonsspital Graubünden

Off-duty

The Couples Game



Solution of the January puzzles:

Easy

1	0	1	1	0	1	0	1
0	0	1	0	1	1	0	1
1	1	0	1	0	0	1	0
1	1	0	1	0	1	0	0
0	0	1	0	1	0	1	1
1	0	1	1	0	0	1	0
0	1	0	0	1	1	0	1
1	1	0	0	1	0	1	0

Medium	1	0	1	0	1	0	0	1
	1	0	1	0	0	1	1	0
	0	1	0	1	0	1	0	1
	0	1	1	0	1	0	1	0
	1	0	0	1	0	1	0	1
	0	1	1	0	1	0	0	1
	1	0	0	1	0	1	1	0
	0	1	0	1	1	0	1	0

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Publisher

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

www.ssrpm.ch

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Printing Press

Valmedia AG Pomonastrasse 12 3930 Visp www.mengisgruppe.ch

Call for Authors

You are all 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 DOCX or ODT document via email to **bulletin@ssrpm.ch**.

Deadline for submissions to Bulletin No. 109 (Sep 2024): 12.08.2024

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May 24 Freiburg, D	ISROI Meeting 2024 May 24 - 25 https://isroi.org/wp/next-isroi-meeting-may-2024/
Jun 12 Dijon, F	62ème Journées Scientifiques - SFPM Jun 12 - 14 https://www.sfpm.fr/node/1022
Jun 20 Geneva	Swiss Congress of Radiology - SCR'24 Jun 20 - 22 https://congress.sgr-ssr.ch/
Jun 28 Bern	SSRMP AMP Meeting Jun 28, 9:30 - 12:30 https://ssrpm.ch/events/
Sep 11 Munich, D	5 th ECMP - Joint Conference of the DGMP, ÖGMP & SGSMP Sep 11 - Sep 14 https://ecmp2024.org/
Sep 19 Campus Sursee	28th Annual SASRO Meeting 2024 Sep 19 - Sep 21 https://www.sasro.ch/home-2024
Nov 22 Lausanne	SSRMP CE day: "From Conventional CT to spectral CT: Technical perspectives for radiology and radiation therapy" Nov 22
Dec 01 Chicago, USA	RSNA 2024 Dec 01 - 05 https://www.rsna.org/annual-meeting
Dec 04 Rome, I	4 th Flash Radiotherapy and Particle Therapy Conference Dec 04 - 06 https://frpt-conference.org/
Dec 16 Bern	SSRMP AMP Meeting Dec 16, 9:30 - 12:30 https://ssrpm.ch/events/



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!