



# The State of Nuclear Medicine 2006

## From the Newsline Editor

The year 2006 is off to a promising start for the nuclear medicine community. As I look at 2006 and reflect on 2005, I remain thankful that I am practicing nuclear medicine today and am able to experience the advances in medical technology, molecular medicine, and radioimmunotherapies. Patients are receiving more efficient and higher quality care as a result of these changes. Medical research and pharmaceutical developments are advancing with the use of novel radiopharmaceuticals and improved nuclear medicine techniques. In June of 2005, the National Cancer Institute (NCI) revamped its approach to clinical trials, prompted by advances in molecular imaging. In October 2005, the NCI created centers of cancer nanotechnology excellence in which nuclear medicine will play an integral part. The National Oncologic PET Registry is expected to begin accepting case studies in 2006, expanding data for PET use in oncology patients and holding the promise of improved patient care.

And yet, the challenges we all face to ensure the continued advancement of medicine through nuclear medicine remain daunting. On February 7, 2005, we learned that the U.S. Department of Energy would significantly cut the medical research budget for FY 2006. On February 22, 2005, the Nuclear Regulatory Commission announced a change in annual fees and fees for licensing and inspection, with hourly rates rising to \$198 for Nuclear Materials and Waste Safety Programs. On March 17, 2005, the chair of the American College of Radiology Board of Chancellors, James Borgstede, told the U.S. House Ways and Means Subcommittee on Health that the overuse of medical imaging procedures by less qualified providers lowers the quality of patient care, undermines patient safety, threatens the status of Medicare, and drains the American health care system of billions of dollars each year. In October 2005 the Centers for Medicare & Medicaid Services released the 2006 Healthcare Common Procedure Coding System (HCPCS) Level II code set, containing 60 changes for nuclear medicine and drugs for 2006. On December 14, 2005 an article in the *Journal of the American Medical Association* (2005;294:2858–2865) indicated that despite

tremendous input in time and funding, progress has been slow in improving patient safety in U.S. hospitals.

This was also the year of Katrina. In a personal accounting by one of our nuclear medicine colleagues, we learned of events beyond the devastation witnessed on television, including a total disruption of medical care. “Patients and their attending physicians are unable to contact each other, although personal ads are beginning to appear in the local papers,” wrote Terence Beven, MD, in his Newsline diary (*J Nucl Med.* 2005;46(11):11N–12N). More hurricanes, earthquakes, and tornadoes made the news, but medical news was topped by pandemic planning and fears associated with the avian flu. (Has anyone performed a nuclear medicine white cell scan yet?)

All these and more news items pertinent to nuclear medicine—the good, the bad, the encouraging, and the troubling—were included in the pages of Newsline this year. In our annual Newsline retrospective, we’ve asked colleagues from the SNM and various areas of nuclear medicine practice to give their valuable perspectives on the year past and their thoughts for the year to come. We’re grateful to those who volunteered their valuable time over the holiday season to do so. At Newsline, we rely on our colleagues and readers to keep us apprised of news and information in the field throughout the year. We welcome contributions on practice-related issues of wide interest to the nuclear medicine community. Don’t hesitate to contact me at [cnagle@beaumont.edu](mailto:cnagle@beaumont.edu) if you have a suggestion for a feature story or other relevant news coverage.

I wish you all—and our exciting discipline—a good 2006.



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