Outstanding JNMT Articles for 2015

Norman E. Bolus, MSPH, MPH, CNMT, editor-in-chief of the Journal of Nuclear Medicine Technology (JNMT), and members of the journal’s board of editors announced in April the winners of annual awards for outstanding articles. The awards will be presented on June 14 at the annual business meeting of the SNMMI Technologist Section, to be held in San Diego, CA. LisaAnn Trembath, Maureen Newell, and Michael D. Devous, Sr., from Avid Pharmaceuticals, Inc. (Philadelphia, PA), were recognized with the Editor’s Choice Award for the best JNMT continuing education article, “Technical considerations in brain amyloid PET imaging with 18F-florbetapir” (J Nucl Med Technol. 2015;43:175–184). The Editor’s Choice Awards for the 3 best JNMT articles in 2015 went to Priyanka Jha and Bijan Bijan, from the University of California Davis Medical Center (Sacramento), for “PET/CT for pancreatic malignancy: potential and pitfalls” (J Nucl Med Technol. 2015;43:92–97); Joana do Mar F. Machado, Marina S. Monteiro, Victor Fernandes Vieira, Jean-Aybert Collinot, John O. Prior, Lina Vieira, and José A. Pires-Jorge, from the University of Applied Sciences and Arts of Western Switzerland (Lausanne), for “Value of a lower-limb immobilization device for optimization of SPECT/CT image fusion” (J Nucl Med Technol. 2015;43:98–102); and Troels Joergensen and Susanne Haase Hansson, from Naestved Hospital (Denmark), for “Evaluation of the left ventricular ejection fraction with gated IQ-SPECT myocardial perfusion imaging” (J Nucl Med Technol. 2015;43:193–220). “These articles reflect a broad range of studies chosen to provide both foundational and technical knowledge to enhance nuclear medicine and molecular imaging practice,” said Bolus. “We congratulate this year’s awardees and all those whose contributions continue to make JNMT a vital resource for a diverse and growing community.”

FDA: CT and Electronic Medical Devices

In mid-April, the U.S. Food and Drug Administration (FDA) released an updated section on its website providing information and guidance on “a rare and preventable type of interference” between CT units and electronic medical devices. This information updates and replaces a preliminary public health notification issued by the agency in 2008. The new release follows up on receipt of a small number of reports of adverse events that the FDA believes were associated with CT imaging of some implantable and wearable electronic devices. The devices addressed in detail in the new guidance include insulin pumps, cardiac implantable electronic devices, and neurostimulators. In part, the FDA summary states that “Our current understanding is that when a CT scanner directly irradiates the circuitry of certain implantable or wearable electronic medical devices (i.e., when the device is visible in the resulting CT image), it can cause sufficient electronic interference to affect the function and operation of the medical device. The probability that this interference can cause clinically significant adverse events is extremely low. Furthermore, the probability of x-ray electronic interference is lower when the radiation dose and the radiation dose rate are reduced. Interference is completely avoided when the medical device is outside of the primary x-ray beam of the CT scanner.”

The new site contains advice/supporting information for patients, ordering physicians, and imaging physicians. However, in listing reported symptoms associated with adverse events for each type of worn/implantable device, FDA notes a lack of evidence supporting direct causation by radiation from CT, except in rare cases of events in implantable cardioverter defibrillators and pacemakers. Both health care personnel and medical device manufacturers are encouraged to promptly report adverse events so that the agency can identify and better understand potential problems with CT and electronic medical devices. The FDA emphasized that “CT continues to be the preferred tomographic imaging technology for patients with implantable or wearable medical devices,” given the more substantial challenges with MR safety.

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