
COMMENTARY

LINES FROM THE PRESIDENT: SNM 1986-1987 YEAR IN REVIEW

The recently concluded 34th Annual Meeting of The Society of Nuclear Medicine (SNM) was a success by all measures. The attendance, with 6,129



Howard J. Dworkin, MD

registrants, surpassed last year's record-breaking attendance at the 33rd Annual Meeting in Washington, DC. The site of this year's meeting, Toronto, Canada, was a host city unequalled in recent SNM experience. The Metro Toronto Convention Centre appeared new, well laid-out, and easy on the eyes and feet. The most exciting aspect, though, was the high scientific quality of the presentations, demonstrating

renewed vigor and ingenuity in our field. In years to come, the results of this active investigation will translate into improved patient care and a greater variety of nuclear medicine procedures. Dr. Henry N. Wagner, Jr., delivered his 10th annual Scientific Highlights lecture at the conclusion of the meeting, illustrating once again the directions of advancement in nuclear medicine. If you weren't in Toronto last month, you missed a great experience—but perhaps you'll join us next year in San Francisco!

As my year in the SNM presidency draws to a close, it is appropriate to review some highlights of the past 12 months. In the United States (US), we have seen an 11% increase in funding for nuclear medicine research from the Department of Energy (DOE). There has been improved cooperation between the SNM and other organizations, including the American College of Nuclear Physicians (ACNP) and the American College of Radiology (ACR). Expert committees are now at work reviewing the medical literature to delineate the clinical usefulness of dual-photon absorptiometry (DPA) and positron emission tomography (PET). These efforts will assist the US Health Care Financing Administration (HCFA) in deciding whether to approve DPA and PET studies for Medicare reimbursement.

A manpower survey of US physicians and scientists involved in nuclear medicine was initiated under the chairmanship of Dr. Richard A. Holmes, vice president of the SNM. Progress has been steady, and the results should be available soon. (I would urge all readers who have received the SNM manpower questionnaire in the mail to par-

ticipate in this survey so that our database can be as complete as possible.) The SNM Education and Training Committee will soon release guidelines to help residents learn how to establish and apply quality assurance procedures, now mandated in the US by the Joint Commission on Accreditation of Hospitals (JCAH).

Several issues deserve careful observation in the future:

- It appears that the US Nuclear Regulatory (NRC) Commission will maintain its requirement for six months of training and experience in radiation safety for physicians licensed to use radioactive materials. This issue will undoubtedly surface again, pressed by clinicians with less training and experience, but we cannot disregard patient safety. Misadministration problems, for example, lurk as a byproduct of inadequate training. A number of individuals have approached me on this topic of training and experience requirements for physicians who intend to apply for NRC licensure. The rules are clear, and six months—not four—are required (*Federal Register*, Oct. 16, 1986, p. 36964). Some complaints stem from the belief that residents may receive only four months of nuclear medicine radiation safety training, but mentors may give credit for six months. The *Federal Register* notice makes no mention of correlative imaging credits. Perhaps more stringent documentation of residents' radiation safety experience with radionuclides should be sought.

- The Conjoint SNM/ACNP Washington Office, under the able direction of Melissa P. Brown, is dealing with problems raised by the Reagan Administration's RAP-DRG proposal [a plan for Medicare physician fees to radiologists, anesthesiologists, and pathologists (RAP) to be paid according to a diagnosis-related group (DRG) system].

Last August, the Inter-Society *Ad Hoc* Committee on Radiopharmaceuticals (comprising representatives of the SNM, ACNP, and ACR) met with Dr. Frank E. Young, commissioner of the US Food and Drug Administration (FDA), to discuss procedural and staff changes that could shorten the review time for new radiopharmaceuticals. We remain hopeful that this important initiative will yield meaningful results and speed the approval process so these agents will become available sooner for routine clinical use.

- The role of radioimmunoassay (RIA) in nuclear medicine training programs is undergoing evaluation by the SNM Academic Council. Members of the American Board

(continued on page 1102)

NEWS BRIEFS

SPECT/PET Symposium at European Nuclear Medicine Congress 1987 in Budapest, Hungary

During the European Nuclear Medicine Congress 1987, to be held August 24–28 in Budapest, Hungary, nuclear medicine professionals from around the world will assemble in the birthplace of the scientist who developed the radiotracer method. In honor of Georg Charles de Hevesy, PhD, Dc-Sci, MD (1885–1966), the Hungarian chemist often called “the father of basic nuclear medicine,” the congress will include a Hevesy Memorial Exhibition, covering the history of nuclear medicine in Europe.

Prof. László Csernay, MD, DSc, of the University Medical School of Szeged, Hungary, is president of the congress, which will be the 25th meeting of The Society of Nuclear Medicine—Europe, the 10th meeting of the European Nuclear Medicine Society, and the 5th meeting of the Hungarian Nuclear Medicine Society.

In addition to the plenary sessions and scientific program, the congress will include five symposia.

One of the pre-congress symposia,

organized by Prof. Dr. med. Udalrich Büll and Prof. Dr. med. Hans-J. Biersack, will explore clinical aspects of single-photon emission computed tomography (SPECT) and positron emission tomography (PET). Twelve lecturers will cover the physiologic principles of SPECT and PET studies, as well as applications in brain, heart, and tumor imaging. The symposium, August 24 in Budapest, will conclude with a discussion on what can be transferred from PET to SPECT, and the economic considerations of adding these modalities to clinical practice.

“SPECT and PET have important applications that can be used for clinical decision-making,” said Prof. Büll. Nuclear medicine departments that can offer both SPECT and PET studies will be able to provide patients with “a more complete spectrum of examinations,” said Prof. Biersack.

The other pre-congress symposia on August 24 will cover: knowledge-based systems in nuclear medicine (organized by D.P. Pretschner, P.E. Asard, and E. Santa-Tóth) and nuclear magnetic resonance (NMR) principles and applications (organized by J. Chambron and R. Bauer).

Two post-congress symposia will

be held August 28–30. A meeting on nuclear probe systems—similar to the nuclear stethoscope—will take place in the city of Balatonfüred (organized by M. Horváth and G. Hoffman). In Debrecen, another meeting will cover cyclotron-aided nuclear pulmonology (organized by L. Kertész).

The congress will focus on “the new trends and new possibilities in nuclear medicine,” said Prof. Csernay, who is also president of the Hungarian Nuclear Medicine Society. “I invite you to Budapest to take part in the commemorative celebrations, and in the discussions concerning the possibilities for the next 25 years. It seems fitting that the memory of Hevesy should occupy a central position at this jubilee meeting.”

[The deadline for abstract submissions has passed, but manuscripts for the works-in-progress section may be submitted until August 5 to: Prof. L. Csernay, Institute of Nuclear Medicine, University Medical School, H-6720, Szeged, Koranyi fasor 8, Pf. 469, Hungary. For registration information, contact: Ms. D. Kanizsay, OTP-Penta Tours Kft., H-1453 Budapest 92, POB 34, Hungary, telephone 00-36-1-189-541.] ■

(continued from page 1099)

of Nuclear Medicine (ABNM) remind us of the importance of radioimmunodiagnosis (including RIA) and radioimmunotherapy to many nuclear medicine practitioners.

Ironically, while the above-mentioned governmental and socioeconomic issues demand much of the SNM president's time, these activities actually require less than 2% of the SNM operating budget. For the most part, the Society's resources are used for *The Journal of Nuclear Medicine*, the *Journal of Nuclear Medicine Technology*, the SNM Annual Meeting, and other member services. Seven years ago, the SNM set a goal of putting aside funds, equal to 50% of the annual operating budget, in a Capital Reserve Fund,

and that goal was achieved this year. With the reported upturn in nuclear medicine procedures, we are seeing increases in advertising and exhibit space revenues, and the immediate SNM future appears fiscally sound.

I would like to thank the many SNM members and administrative staff for their hard work and cooperation. If the past year is judged to have been successful, then all of these individuals deserve the credit. I wish Dr. B. Leonard Holman, your new president, an exciting (but not too exciting) and productive year.

Howard J. Dworkin, MD
President, The Society of Nuclear Medicine