

SCAN TRENDS REFLECT MULTIPLE FORCES

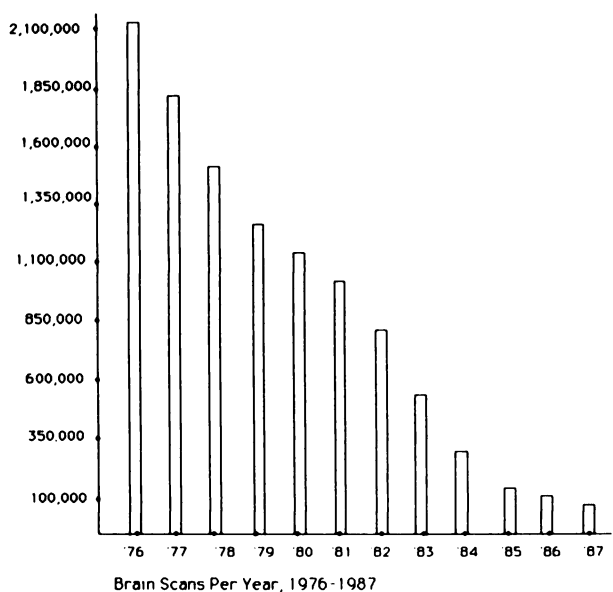
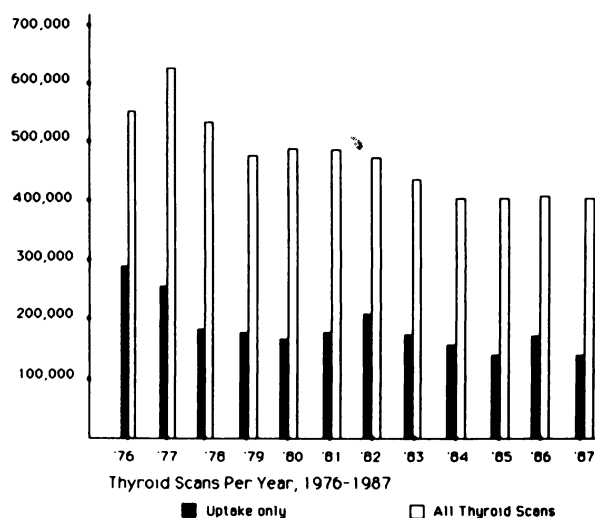
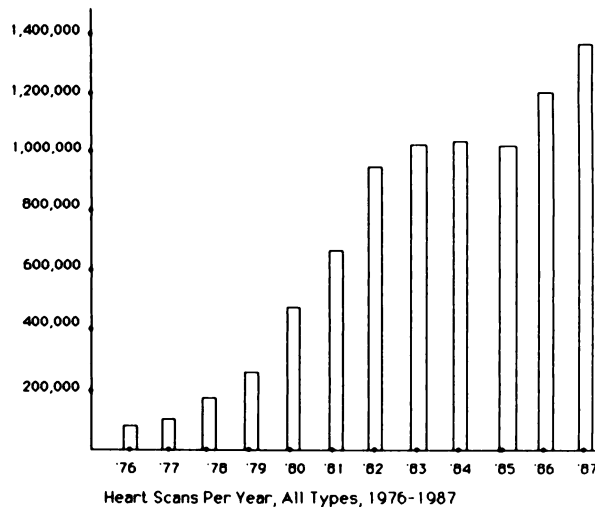
While the field of nuclear medicine as a whole is experiencing robust growth, data obtained by a marketing research company over the past 11 years suggest that the picture is a much more complicated one, with certain aspects growing rapidly as others experience decline.

In general, the usage of a new test can be expected to follow a sinusoidal curve over time, according to B. Leonard Holman, MD, president of the Society of Nuclear Medicine and chairman of radiology at Brigham & Women's Hospital in Boston. "It takes a little while for an examination to be introduced and popularized. At first it's used by a small number of eager enthusiasts, and as it becomes more mature, it finds its patient population and grows slowly, but is outmoded and replaced by others, and then there's a fall-off," he said. "The interesting thing is that it takes some time for this to occur. No matter how good the other test is, some enthusiasts will continue to use it."

The data represented graphically were provided by Market Measures, Inc., West Orange, New Jersey. The data are limited to scans obtained in *in vivo* laboratories in hospitals and are based on stratified random samples.

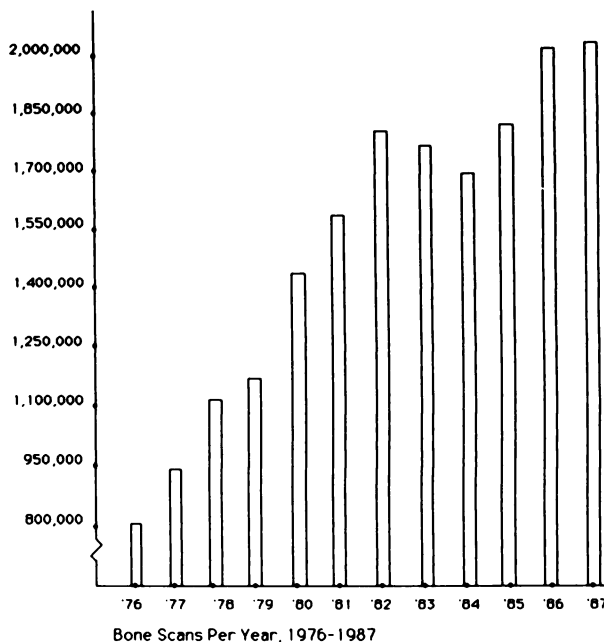
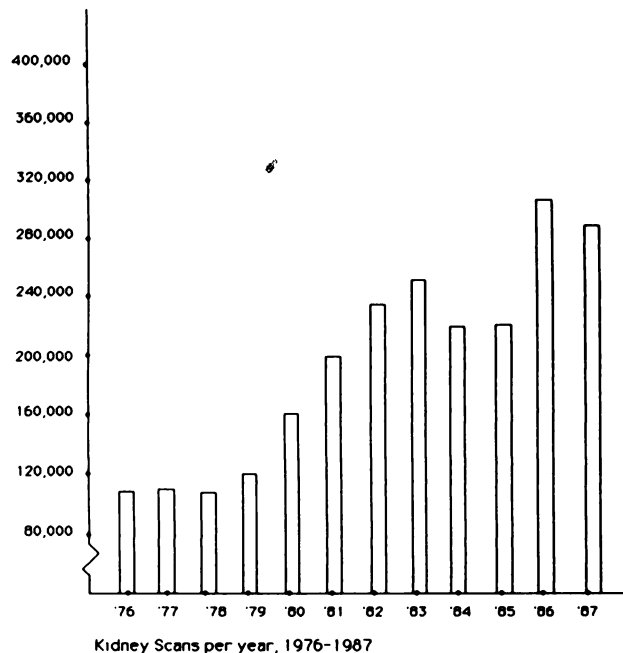
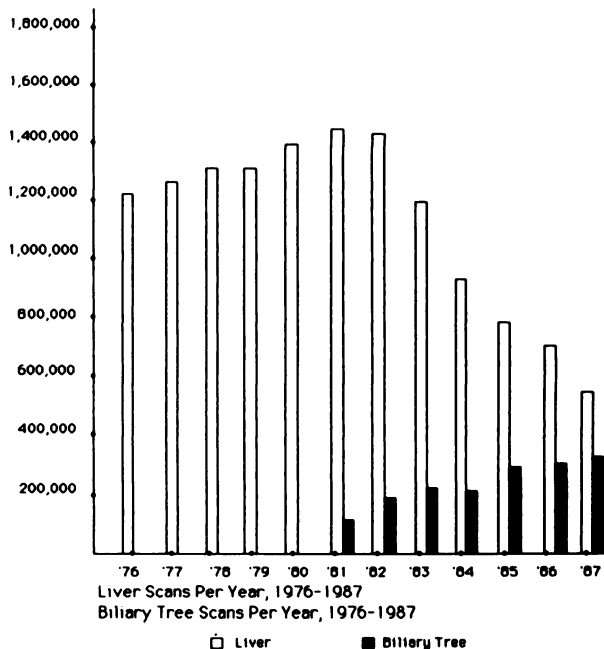
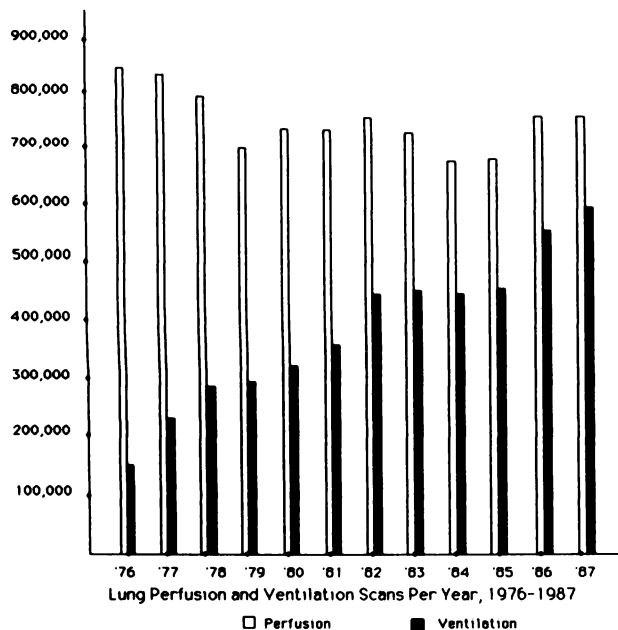
No data set is perfect, however. These data say nothing about the years before 1976 and cannot provide reasons for changes. By not including nuclear medicine procedures performed in non-hospital settings, some think a critical component of the nuclear medicine market is missed.

"We are decreasing, if possible, the number of tests per-



formed in hospitals and increasing in the outpatient area," said Alan Waxman, MD, director of nuclear medicine at Cedars-Sinai Medical Center in Los Angeles and clinical professor of radiology and nuclear medicine at the University of Southern California Medical School. One reason is that patients discharged earlier may be given more follow-up tests on an outpatient basis. Another reason is that more outpatient facilities are available. "People—medical doctors—are looking for ways to improve their income," said David Rollo, MD, PhD, senior vice president for medical affairs at Humana, Inc., Louisville, Kentucky. "They're finding it doesn't take a whole lot to do nuclear medicine in the office."

(continued on page 1010)



(continued from page 1009)

Reimbursement may also be a factor. "Anything that's reimbursed is used over things that are not reimbursed," said Lawrence Muroff, MD, director of nuclear medicine, radiology and magnetic resonance at University Community Hospital in Tampa, Florida.

Those interviewed seemed to find these data, despite their limitations, consistent with experience. Robert E. Henkin, MD, director of nuclear medicine at the Foster G. McGaw Hospital at the Loyola University of Chicago in Maywood,

Illinois, said he found the data "not at all surprising," as the expected sine wave is confirmed in most cases.

Looking at the individual graphs, Dr. Henkin said the slow decline shown in thyroid scans "is probably related to the replacement of many thyroid scans by *in vitro* analyses that involve less radiation exposure to the patient and provide almost as much information." David Becker, MD, director of nuclear medicine at New York Hospital-Cornell Medical Center in New York City, added that some of the

(continued on page 1013)

(continued from page 1010)

scientific literature favors needle biopsies.

For brain scans, the precipitous decline in the past 11 years is familiar to anyone in the field. "[The decrease in] brain scans, of course, represents the increasing use of magnetic resonance imaging (MRI) and computer tomography (CT) to displace the standard isotope brain scan," Dr. Henkin said. "However, in the next year or two, one would anticipate that brain perfusion studies will show a marked increase." The reason he cited is the marketing of Iofetamine HCl iodine-123, which is used to show brain function. Dr. Holman pointed out, however, that despite MRI and CT, traditional brain scans are still used. "This asymptote is not going to zero," he noted.

As for lung perfusion studies, Dr. Holman said "It's found its market. The percentage of the population with pulmonary embolism is not changing dramatically." On the other hand, lung ventilation studies "can be used for more than pulmonary embolism," he said, "but the more important reason [for growth] is that in the early days it was be-

ing underutilized." The popularity of this procedure has also been helped by the introduction of radioaerosols.

While kidney scans are not showing any statistically significant changes, bone scans show increasing popularity. The data also reflect the uniqueness of the test. "There's no other modality that can do a better job than nuclear medicine," said Donald Tow, MD, chief of nuclear medicine service at the West Roxbury VA Medical Center in Massachusetts. "Bone has no competition."

Market Measures draws a stratified random sample of 400 hospitals by grouping them according to size, type (e.g., government, private) and census region. The data obtained are weighted and projected to the universe of 3,800 hospital labs. Yearly totals were obtained by adding the data from survey results from reports of the first and third quarter and multiplying by two. The figures for each quarter have a sampling error of less than five percent, according to Dorothy Weinstein, senior vice president. The firm's clients include many large companies that produce and market radiopharmaceuticals and instruments.



SNM, ACNP MEETS AMA. *Members of the leadership of the Society of Nuclear Medicine (SNM) and the American College of Nuclear Physicians (ACNP) met in Chicago with the leadership of the American Medical Association (AMA) at the AMA's invitation to discuss issues of mutual concern. The agenda at the April meeting included the Harvard Relative Value Scale study, Medicare reimbursement for new technologies, the Food and Drug Administration's review process, and support for the Allied Health professions. Pictured front row, left to right: William S. Hotchkiss, MD, AMA President; John J. Ring, MD, Vice Chairman, AMA Board of Trustees; Alan R. Nelson, MD, Chairman, AMA Board of Trustees; E. William Allen, MD, ACNP President-Elect; Myron Pollycove, MD, ACNP President. Back row, left to right: Joseph T. Painter, MD, Member, AMA Executive Committee; B. Leonard Holman, MD, SNM President; Stanley J. Goldsmith, MD, Chairman, ACNP/SNM Washington Oversight Committee; James H. Sammons, MD, AMA Executive Vice President; Barbara Y. Croft, PhD, SNM President-Elect; George L. Collins, Jr., MD, AMA Secretary-Treasurer; Conrad E. Nagle, MD, Chairman, ACNP Practice Management and Economics Committee.*