

COMMENTARY

LINES FROM THE PRESIDENT NUCLEAR MEDICINE'S BEST BUT TOUGHEST TIMES

As The Society of Nuclear Medicine (SNM) begins its 38th year, there is no doubt that it is simultaneously in its best of times and its toughest, roughest of times.



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The good news is that the 37th Annual Meeting in Washington, DC last June was the biggest and grandest SNM Meeting ever. Over 7,200 registrants presented 505 oral sessions as well as 375 poster scientific papers, 74 scientific exhibits, and 63 works-in-progress papers. Over 100 exhibitors utilized 56,000 square feet of exhibit hall space. In addition, the Technologist Section presented 89 papers, posters, and scientific exhibits. The continuing medical education program consisted of 47 SNM sessions and 30 technologist sessions. The 1990 meeting surpassed all prior meetings in these categories.

The Society of Nuclear Medicine has the largest, most important scientific nuclear medicine meeting in the world. Of the more than 1,000 scientific presentations and exhibits presented in 1990, 260 were from centers outside the United States and Canada. Of the Society's 12,000 members, approximately 1,000 are from outside the U.S. and Canada. The percentage of presentations from outside the U.S. and Canada was greater than the percentage of international members in the Society. Thus, the Society serves an important international function for communication, discussion, evaluation of information on nuclear medicine research and clinical practice, and education. To enhance the international exchange of scientific information, the Society would like to encourage more international memberships and, therefore, even wider readership of the *Journal*.

On the national level, the SNM faces, perhaps, the roughest and toughest of times. While the scientific activities in nuclear medicine are flourishing, the field encounters enormous hurdles of regulatory agency activities and government-proposed reimbursement changes. In response, the SNM

must initiate the best proactive and reactive strategies possible. At various Society committee meetings that took place prior to the Annual Meeting in Washington, the Society's Government Relations Office staff, Kristen Morris (director) and Valerie Fedio (assistant director), reported in detail on the activities of the joint SNM and American College of Nuclear Physicians (ACNP) efforts. These include interactions with regulatory agencies, such as the Nuclear Regulatory Commission and the multitude of other government bodies with which the Society interacts, including the Food and Drug Administration, the Environmental Protection Agency, the Health Care Financing Administration, the Physician Payment Review Commission, and the Department of Energy, as well as Congressional lobbying activities. The ability of the SNM President to respond rapidly to a wide variety of issues demands time, effort, and the expertise and advice of the Society's membership. Fortunately, the SNM has excellent support in the Washington office staff and from the knowledgeable physicians, scientists, and technologists devoted to these causes.

One of the problems that nuclear medicine in the U.S. has not overcome is the lack of effective communications among the various organizations that serve different facets of nuclear medicine. To improve communications and discuss unified strategies for nuclear medicine and to address the pressing problems it faces, such as recruitment of talented physicians, scientists, and technologists into the field, the related organizations will convene an intersociety nuclear medicine leadership summit meeting in September. The agenda will include training requirements for nuclear medicine in relation to the impact on recruitment and in relation to nuclear radiology, with participation of the American Board of Nuclear Medicine (ABNM), the American Board of Radiology (ABR), and the Residency Review Committee (RRC) for nuclear medicine. The intersociety group will consider the question of how a national resident matching plan for nuclear medicine residency positions might impact on recruitment. The ABNM is currently discussing plans for modifying its requirements in order to strengthen the specialty and facilitate entry into nuclear medicine for medical students. Turf battles, nuclear

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timistic. "Progress on food irradiation may be slow, but it shows steady upward trends," he says. "Twenty-four countries are using the technology to treat food for commercial purposes, compared to five, ten years ago. The number of irradiators being used for treating food has increased to almost 50 in comparison to less than 10 in 1980."

Experts say uniform standards and education will help expand the technology, but for it to be viable, industry must be willing to make a move. The FDA has put the onus on industry. The FDA's part, says Dr. Takeguchi, "is to determine whether the process is safe and effective. For the processes that we've approved, we've determined it to be safe and effective. Whether it's going to be used is up to industry."

Even with positive test market results, industry fears public rejection. Citing articles in the September 1987

issue of the journal *Food Technology* and the November 1986 issue of the IAEA's *Food Irradiation Newsletter*, Ms. Morrison noted in a June 1989 USDA Report entitled, "An Economic Analysis of Electron Accelerators and Cobalt-60 for Irradiating Food," that "Despite generally favorable responses in test markets to irradiated mangos and papayas, U.S. food manufacturers and retailers seem unwilling at this time to risk consumer opposition to irradiated food."

Dr. Wenk says, "In our society, there are so many alternatives, so many differences of opinion. . . often these differences of opinion are not scientifically based. This issue is popular political football in the United States."

In his address on Consumer Views on Acceptance of Irradiated Food during the Geneva conference, Jan Taylor of the Queensland Government Consumer Affairs Bureau in Brisbane,

Australia, said, "To quote a participant of the [1988] FAO/IAEA Advisory Group Meeting on the Commercial Use of Food Irradiation in Vienna, [Austria]. . . 'food irradiation is the best investigated, best regulated, and least applied food process.' This is a tragedy not only for the food industry but also for those consumers who should have the right to make a free and informed choice of a better quality or safer product."

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References

1. Pauli, GH, Takeguchi, CA. Irradiation of foods — an FDA perspective. *Food Reviews International* 1986; 2(1):79-107.
2. Irradiation in the production, processing, and handling of food; final rule. *Federal Register*; 1986; 51(75):13376-13399.
3. Roberts, T, Morrison, RM. Irradiation, It could become a food preservation technology for the 1990s. *Choices* 1987; second quarter:8-11.

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medicine's place in medicine's future, positron emission tomography (PET), practice guidelines, outcomes research, quality assurance, and government affairs will all be discussed by this uniquely constituted group. Leadership representatives from the SNM, ACNP, ABNM, ABR, RRC for NM, American College of Radiology, American College of Nuclear Medicine, and the American Medical Association will convene at this meeting.

Practice Guidelines and Outcomes Research

Most specialty societies are involved in efforts to develop practice guidelines. At the Washington meeting, Henry Royal, MD, associate professor of radiology, Washington University School of Medicine in St. Louis, Missouri, who is the Society's representative at courses sponsored by the Council on Medical Specialty Societies (CMSS)—that teach how to write practice guidelines—reported to a group representing three key Society committees: the Scientific Affairs and Research Committee, chaired by R. Edward Coleman, MD, professor of radiology, Duke University Medical Center in Durham, North Carolina, the Efficacy Evaluation Committee, chaired by Michael L. Goris, MD, PhD, professor of radiology, Stanford University School of Medicine

in California, and the Task Force on Development of Practice Guidelines, chaired by James W. Fletcher, MD, chief of the nuclear medicine service, VA Medical Center, St. Louis. These committees will be working together to develop a comprehensive plan for nuclear medicine's participation in outcomes research that will be useful in the development of practice guidelines. This is important to the future of nuclear medicine because, ultimately, practice guidelines may be used as a criterion for payment for medical care. Furthermore, the SNM needs to position itself to give input to other medical societies so that nuclear imaging becomes an important component in practice guidelines written by other medical societies. This is a most complex and challenging issue. The Society plans to address it in some detail at the SNM Midwinter Meeting in Tampa, Florida in January 1991. During the meeting, Barbara McNeil, MD, head of the department of health care policy, professor of radiology at Harvard Medical School in Boston, Massachusetts, will highlight the issue in her address to the Board of Trustees. I welcome input and participation from all Society members interested in these projects.

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