

## A FABLE FOR OUR TIMES



James M. Sylvester, MD

**L**ONG, LONG ago, in a galaxy far, far away, there was a world much like ours. In this world, advances in medical science were comparable to those of our own planet, with some important exceptions. Physicians there, like those here, had discovered the utility of x-rays in the diagnosis of disease. A medical discipline known as radiology was born as certain physicians, mostly surgeons,

began developing the new technology. Many advances were made, and the time approached for radiology to be a recognized boarded specialty. Radiology training required four years beyond medical school, after which an individual could take the board examination and practice as a radiologist. However, surgery residents were also required to take six months of radiology training. These surgeons were also able to practice radiology, albeit part time.

Gradually, a dominant pattern of radiology practice developed. Hospitals, always concerned with the bottom line, hired a few full-time radiologists. These hospitals were content to let surgeons read films whenever they weren't doing their "real job" in the operating room. Of course, this meant that relatively few radiology studies were done. Those studies that did get completed were often inferior to those performed and interpreted by fully trained radiologists. Surgery groups, for their part, liked the extra revenue that radiology brought them. The surgeons realized that a trained, full-time radiologist could do a better job of running the service than could a surgeon working in his or her spare time. But they looked at the number of radiologic studies they were doing and decided it just wasn't "practical" to have someone just doing radiology. Above all, they refused to consider letting anyone join a surgery group practice who wasn't boarded in surgery. "After all," they said, "how would any non-surgeon fit into our call and vacation schedule?"

There were a few surgery groups in which one or two mem-

bers were interested in radiology and maintained a radiology service known for its high quality and professionalism. Those in charge of the group were not likely to share this enthusiasm, however, and the dedicated surgeon/radiologists often found themselves doing twice the work as others in the group for little or no additional compensation or prestige.

All this meant that boarded radiologists found employment mainly in academic centers developing new technologies. However, the surgeons who practiced radiology "in the real world" were much too busy to learn about any of these new advances, much less use them, which made it very discouraging to be a radiologist. As time went on, fewer and fewer trained radiologists actually practiced radiology, and very few medical students wanted to become radiologists. Articles titled "The Future of Radiology" began to appear in radiology journals. Those who were "pure radiologists" argued, "Radiology must become independent from surgery!"

"Nonsense!" shot back the surgeons. "Most hospitals don't have enough volume to keep a full-time radiologist busy. Physicians competent only in radiology must realize that their career opportunities are limited to academic centers. What we need is to recruit more surgery trainees into radiology residency programs."

Meanwhile, other specialists, seeing the promise of radiology as a diagnostic tool, began to take over many radiologic procedures. Radiologists were unable to fight these turf wars from their thinned ranks and became even weaker than before. Finally, the last "pure radiologist" died, and the specialty perished.

Of course, this tale is but a fable. It has absolutely no basis in reality, does it?

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## NEWS BRIEFS

### Boosts for LLRW Disposal

When central facilities for low level radioactive waste (LLRW) disposal have grown scarce, developments last December may help relieve a desperate situation. The North Carolina LLRW Management

Authority approved the site for the Southeast compact's next facility, and the American Medical Association (AMA) offered its name and assistance to Organizations United (OU), the new umbrella group of associations—including SNM—campaigning for central LLRW disposal. The New York State LLRW Siting Commission also released a poll showing that pub-

lic support for such a facility increases when individuals are informed about assistance programs the state provides a community near a facility.

After the North Carolina General Assembly created the LLRW Management Authority in 1987, the Authority spent the next six years searching for a site, narrowing the candidate sites to

two and spending two years on scientific and engineering studies of the land. To decide between the two sites, the Authority used 51 safety and strategic criteria; and though both measured up equally in safety measures, two other criteria made the difference: the Wake county site required no relocation of people, and costs would be about \$2 million less than for the other site. The Authority voted unanimously for the Wake county site even though it is in a much more populous county. Nonetheless, some observers foresee difficulty in a LLRW site in the state's second most populous county, even if that site is far from population centers.

"The county is served by the speaker of the North Carolina state senate," said William H. Briner, a commissioner in the Southeast Compact, and this speaker is very powerful in state politics. Sarah Kempin, public information officer at the Authority, noted that "Wake county came out against [the site]... Wake county officials have publicly said they plan to sue." Yet a state supreme court ruled that counties should not sue a state agency in an important process until that process is complete—so there is some question of when a case could be heard—and no one has yet filed. Besides threats, there has been little litigation on the matter, compared to other states where similar disposal facilities have been held up for years (*see Newsline*, "California Grants Ward Valley License," December 1993).

"A lot of people in the state and legislature believe [LLRW] is the state's responsibility," Ms. Kempin said. "If there's any single factor to account for [our progress], it would be that attitude." Disbarring any litigation, the Authority anticipates the site to be functional by January 1, 1996. The contractor, Chem Nuclear, which operates the Barnwell, SC disposal facility, has applied for the North Carolina license, and the Authority will

give it a 14 months technical review. In the meantime, the state is assembling a \$3 million per annum compensation and benefits package for Wake county.

To help make the process of siting and licensing more smooth nationwide, the AMA agreed to add its weight to OU, though exactly in what capacity is yet to be worked out. The AMA House of Delegates passed a resolution to join; the association has made a move to adopt OU's set of resolutions; and the AMA will send a representative to OU meetings. "They've looked at [OU's] principles and seen it's within their own interests [to have] central storage of LLRW," said William H. McCartney, ACNP president-elect. "It will be valuable to have" their support. Founded just last October, OU already has nine member groups, including ACNP and SNM, with a primary goal of public education about the need for central LLRW disposal. After the AMA showed interest in joining, the Pharmaceutical Manufacturers Association also sent a letter requesting to join.

As if corroborating OU's own mission, the New York State LLRW Siting Commission's poll demonstrated that altering public awareness can change opinion about LLRW. Seventy-nine percent of NY residents prefer building a central disposal facility over foregoing activities that generate LLRW. Only 13% favor having a facility in their own county; the key is that when the residents were asked if they were convinced of the facility's safety, 66% would then support the site in their own county. Alternatively, when they learn of incentives the state offers the community near the disposal site, the favorable response increased to 50%. Nonetheless, LLRW disposal facility planners will have to reckon with the 41% of respondents who strongly oppose building a facility in their county and the 30% who would oppose it no matter the incentives.

For copies of the New York State LLRW Siting Commission's report, contact John Thomas at (518) 271-1585. ■

### NIH Licenses Antibody Probe

On November 30, Neoprobe (Columbus, OH) announced that the National Institutes of Health (NIH) had completed a sublicense agreement (through Dow Chemical) with Neoprobe for exclusive global rights to a new monoclonal antibody that will be used with surgical probes, marketed as RIGScan™. The surgeon injects the radioactive cancer-targeting agent 21 days before surgery then, in the operating room, uses a hand-held device to scan the surgical field and determine the extent of colorectal cancer.

Such non-imaging devices are "filling a prescription for surgeons," said Neoprobe President David Bupp. "Their purpose is not to *replace* pre-operative imaging but provide more information for surgeons" during surgery.

Al Cohen, MD, surgeon at Memorial Sloan-Kettering (New York, NY) who uses probes, noted that several antibodies are available and the new one from Neoprobe "is a pretty good antibody. They've found [many] sites of disease—but it's an unclear signal—whether a false positive or negative," he said. "The problem is the antibody is intact murine, so there's a delay of three to four weeks after injection before surgery. Also, you get a HAMA response," he said, referring to human anti-murine antibody problem: human antibodies destroy the murine and diminish the desired localization.

As for the cost-effectiveness of probes, Mr. Bupp said "We have built this question into the Phase III trials, with economic data on patients.... Preliminary data says it's very cost-effective." The company is also conducting Phase II trials on the antibody for use in breast and ovarian cancer. ■