

from the agencies' interpretation of the original legislation, the Atomic Energy Act of 1954, which gives them jurisdiction over nuclear medicine in radiation safety issues. The majority of legal experts who deal with these issues disagree with the agencies' belief that the original legislation authorized their governance over the practice of medicine.

Therefore, I'm proposing that, in addition to logic and scientific data, we establish a strategy and action based on legal and legislative grounds. Of course, this would require legal counsel and legislative expertise above and beyond the resources SNM now utilizes. This approach has been relatively successful in industry and with other medical disciplines embroiled in regulatory disputes. Various SNM committees and leaders have recommended we embark on this route; task groups are currently developing a Request for Proposal that will be submitted to a variety of legal and legislative firms for their bids. Our membership must deal with this issue, or we'll continue to face a growing number of restrictions that will tighten like a noose around our necks and stem the growth of nuclear medicine in the future.

In the past, we've always hoped that these agencies would become enlightened themselves. But their inherent structure, large turnover of personnel, competitiveness towards each other and other negative aspects common in bureaucracies have prohibited this advancement. Task groups and advisory panels composed of the SNM, ACNP and ACR have reviewed the agencies' efforts and have offered "White Papers" containing suggestions—which in general have been ignored. The most recent review, conducted by the National Academy of Science's (NAS) Institute of Medicine, may be fruitful.

I testified before the Institute's panel on the role of the NRC in the regulation of nuclear medicine. I took the position that the NRC has over-regulated our specialty and has failed to turn over responsibility to the states as originally defined in the Congressional Mandate of the Atomic Energy Act of 1954. Licensing fees are escalating at an unconscionable rate, and many licensees have dropped their licenses because of this. Appeals to Congress have been made to end this practice since these costs are being passed to the patient making nuclear medicine tests more expensive than necessary.

Many medical organizations who deal with radioisotopes, such as SNM, ACNP and ACR, favor removing the NRC

from the regulation of medical isotopes. Instead, we believe that states can regulate radiation safety issues under the oversight of a national radiation council which would set the standards for training requirements for licensing radioisotope use. Unfortunately, if the past is any indication, the NRC will construe the NAS report as merely an advisory, not a tool of change. Thus, I feel that legal or legislative action must be initiated to implement more meaningful results.

Before I close, I wanted to briefly mention two more areas of concern that warrant further discussion at SNM meetings. We're all feeling the impact of managed care and capitation in our practices. I have asked the scientific program chairperson, William Eckelman, and the general program chairperson, Paul Murphy, to consider having a series of presentations on these topics at the annual scientific meeting. Managed care and capitation vary by locality and what is good for one region of the country may not be good for another. Keeping this in mind, I've suggested that a general program be presented which describes the various forms of managed care and the mechanisms of how capitation might affect our practices in the future. The socioeconomic committee under the direction of Darrell "Skip" McIndoe will coordinate SNM's activities in this area with the ACNP.

Lastly, we're working to address the problem of slow drug approval for radiopharmaceuticals. Dr. Peter Kirchner, President-Elect of SNM is spearheading the development of an organization of radiopharmaceutical groups within the Society, ACNP and industry. This umbrella organization would include the four committees within SNM as well as the several others within ACNP. At a meeting held at the U.S. Pharmacopeia in Washington, DC on September 8-9, 1994, a plan of action was developed on how to approach the FDA on the manner in which PET radiopharmaceuticals can receive general approval for use throughout the country. This is to serve as a model for our approach to all radiopharmaceuticals. In addition, it was decided that the Society should seek legal counsel in developing petitions and actions to the FDA in the future. Although such legal counsel will be costly, it may be very fruitful in the long run in expediting the process of drug approval for radiopharmaceuticals. If we all work together on these various issues, we can make a great deal of progress in the months ahead.

James J. Conway, MD

NEWS BRIEFS

Can an AV Recording Mean Legal Trouble?

Many speakers presenting their research at SNM meetings have their presentations videotaped for sale by the Society. But this often raises a question in their minds: Will they be compromising their future use of these data for publication or presentation

at other fora? "The recording release that all presenters sign only gives SNM the right to use the material on a video or audiocassette," said Paula Goedert, Esq., a partner at the law firm of Jenner and Block who represents SNM in legal matters. "Presenters maintain all rights to publish or present their material elsewhere—regardless of whether it's as an oral presentation with slides or a tape that's sold."

Authors also may wonder if they're prohibited from having their data reproduced on video if it has already appeared in typeset copyrighted format in a journal. Here are the main areas of concern and confusion:

Previously published data: Those who are presenting their own previously published material should check the contract that they signed with the journal. If the contract says that further publication

of the data is prohibited, authors need to get a waiver from the journal before the presentation is videotaped, said Goedert. "Any tape recording can be considered to be a publication," she said. Most journals, including *The Journal of Nuclear Medicine* (JNM), will give a waiver for this purpose. For those who are presenting data extracted from another author's text, they need to get permission from the author or give an appropriate citation if they plan only to briefly summarize the data.

Data that have been accepted for publication but are still in press: Once again, the contract needs to be checked. It may stipulate that the material was "never presented before," which means that the author agrees not to discuss his or her findings at a conference (or have them taped), according to Goedert. More often, the contract will say "never published before," which means the author is allowed to present the material. However, since the tape may be construed as a publication, the author should check with the journal beforehand.

Data that will be submitted for publication in the future: Most journals inquire on their contracts if the material has been previously published. From a legal standpoint, a videotape could be a quagmire. However, JNM and most of the other journals don't consider a recording to be a reason to withhold data from publication. "Still, authors should disclose to the journal that a video or audiotape was made to ensure that they are protected from copyright infringement," said Goedert. If you have any questions pertaining to this matter, contact Virginia Pappas or Toni Doolittle at (703) 708-9000. ■

Uranium Seeps into Pipe at Oak Ridge Nuclear Reactor

In an event that could have touched off an uncontrolled nuclear reaction, uranium has seeped from a defunct nuclear reactor at Oak Ridge National Laboratory in Tennessee and accumulated in a pipe, DOE officials announced in November. About 4.4 pounds of uranium were discovered in the filter pipe last March after laboratory officials detected elevated levels of radiation in the area. The filter pipe was immersed in an underground silo filled with water. "If the pipe had failed and ura-

nium leaked out into the water, it would have created the potential for a nuclear reaction," said Clayton Gist, branch chief for decontamination at Oak Ridge.

As of press time, a cleanup crew had drained the water surrounding the pipe and was beginning to close all valves that could have allowed the uranium buildup. Removing the uranium from the pipe, however, is more complicated and probably won't be accomplished until the end of 1996, said Gist. The final stage of the plan is to remove the remaining uranium from the storage tanks and to demolish the reactor.

The uranium seepage illustrates one of the problems that can result from a lack of government policy over how to dismantle defunct nuclear reactors. The reactor was used during the 1960s by the Atomic Energy Commission to explore a new concept for possible use in commercial reactors. Although it was shut down in 1969, no long-term plan for destroying or storing the facility has been developed. "Until this incident occurred, we didn't think there was a threat involved," said Danielle Jones, a DOE spokesperson.

The buildup began when uranium salt in the storage tanks was transformed into uranium hexafluoride, which is a gas, through radiation produced by radioactive decay. The gas flowed into the adjoining filter pipe and then resolidified. Although no one was injured, Jones said about 39 employees who had worked in offices near the pipe were relocated as a precautionary step. ■

ABNM Update

Practically all nuclear physicians have a certificate from the American Board of Nuclear Medicine (ABNM) hanging in their offices. But many aren't aware of the changes taking place in certification procedures. Here's a quick update:

- For those who were certified during or after 1992, the ABNM is now requiring recertification every ten years, which includes passing a written examination. The Board won't rescind certification granted prior to 1992 but offers voluntary recertification.

- At the start of this year, ABNM will begin to offer an in-training examination patterned on the certifying examination

to residents enrolled in accredited nuclear medicine residency training programs. This acts as a pretest for incoming nuclear medicine physicians. The standards set by the ABNM are continually reviewed and updated to ensure that diplomats certified by the Board meet the requirements for the cutting edge of clinical and scientific nuclear medicine. ■

Awards and Honors

- ★ On Sept. 13, 1994, Martha Krebs, PhD, Director, Office of Energy Research, US Dept. of Energy, visited the nuclear medicine division of the University of Michigan Medical Center and was guided by David E. Kuhl, MD, in an intensive review showing actual examples of how DOE (funded research in nuclear medicine) affects patient care.

During her visit, Krebs presented division radiopharmaceutical chemist Donald M. Wieland, PhD, with a commendation letter from Hazel O'Leary, Secretary of Energy. The commendation recognized his scientific excellence in inventing the radiopharmaceutical metaiodobenzylguanidine (MIBG), with DOE research support. In June 1994, MIBG first became commercially available for medical use throughout the United States. O'Leary noted in the letter that Wieland's research had significantly advanced the field of nuclear medicine technology for management of cancer.

- ★ The Institute for Clinical PET, at their annual meeting in Washington, DC awarded their highest award "Distinguished Clinical Research Investigator," to Giovanni Di Chiro, MD, on October 14, 1994, for his pioneering research on the application of FDG-PET imaging to the clinical management of brain tumors.

Di Chiro is Chief of the Neuroimaging Branch, National Institute of Neurologic Disease and Stroke. He is a distinguished neuroradiologist and is the founding and current editor of the *Journal of Computed Tomography*. He has received numerous awards in the past for outstanding contributions to neuroradiology, which include discovering that glucose metabolism is directly related to the histologic grade of brain tumors.