

The Rest of the Story



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Those of you familiar with the classic Paul Harvey news commentaries blasting across the airways for years from Chicago will recognize that “The Rest of the Story” is the line he always uses as a teaser to keep you listening in after giving out introductory tidbits of a potentially engaging news item. My first letter to you began with the question “How do I tell you about all that is going on, relay to you the sense of encouragement and excitement that many of us feel about progress in our discipline?” This article (my third, and perhaps last communica-

tion to you in this forum) is my way of giving you the rest of the story from my year as SNM President. We have a new President, and the reins are very capably in Bill Strauss’ hands. However, I thought you might be interested in a “year end” summary, and news of what’s on the front line. Certainly the excitement and encouragement have continued to build. There is an amazing array of activities conducted by our organization, and there is no way to review it all here. But a few key points might help you appreciate the tremendous efforts that you members and our staff have moved forward. So here goes.

Focus. The Board of Directors met in October and in April to completely review the SNM’s programs and strategic plan, and further analyze weaknesses and strengths. In facilitated reviews, the BOD determined “to establish SNM as the driving force to integrate nuclear medicine into health care delivery.” Five strategies were adopted to address over the short term our most substantive needs: (1) by 1998, gather, package and disseminate efficacy data on the top ten procedures most likely to increase appropriate nuclear medicine referrals and result in a 10% increase in nuclear medicine procedures; (2) implement methods to ensure the quality of nuclear medicine as a necessary component of value; (3) identify, prioritize and develop liaison relationships with key referent groups and other organizations, in alignment with IS/I; (4) engage in a strategic program assessment of Society programs and activities; and (5) meet our fundamental need for data through membership needs assessment and gathering nuclear medicine outcomes data.

Outcomes. One of our major goals is to make it easy for referring physicians to know when their patients should undergo a nuclear medicine study and what outcome they can expect. Therefore, the SNM has embarked on a new program to track and collect patient outcome and cost-effectiveness data on nuclear medicine procedures. The data will be gathered on clinically relevant and widely available procedures that specialists such as oncologists, cardiologists and radiologists can use in their day-to-day practice—and it will be presented in concise, useful formats by specialty area.

Quality. As many of you are aware, there is a great push throughout medicine to provide ongoing documentation of quality for both laboratories and physicians. In order that we might

decide for ourselves how such activities will be conducted, I created an Accreditation, Certification, Proficiency Task Force to establish cooperative programs among the SNM, ACNP, ASNC, ICP and ACR. Two programs now exist to meet these needs. First, the Commission on Health Care Policy and Practice (CHCPP) is developing the SNM Physician Evaluation Program (SNM-PEP) that can be utilized by nuclear physicians to demonstrate currency and/or proficiency in the practice of nuclear medicine. Phase one will involve a physician-oriented, clinical evaluation of film interpretation and report generation. The first modules will involve myocardial perfusion imaging, thyroid, bone and lung scintigraphy. In addition, it is expected that this program will fulfill the AMA’s American Medical Accreditation Program (AMAP) requirements for self-assessment in the field of nuclear medicine. Continuing Medical Education (CME) credits may accompany the program and the program could generate revenue for the SNM.

Second, SNM and ASNC are forming the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories, which we hope will also have full participation from other nuclear medicine organizations. This program will initially focus on nuclear cardiology, and will later be expanded to include general nuclear medicine and other nuclear medicine practice subspecialty areas. Accreditation of laboratories can be viewed as consisting of two layers: basic structures and processes common to all of nuclear medicine procedures, and processes and outcomes specific for procedures in nuclear cardiology, nuclear neurology, nuclear oncology, etc. The joint accreditation program will use a modified three-part approach: (1) submission of written material, providing proof that the structure and process are in place in the laboratory; (2) submission of digital data and “end product” (digital images and reports), representative of the services provide by the laboratory; and (3) optional site visits only when required.

Utilization Database. CHCPP is also developing a database to collect, analyze and distribute nuclear medicine utilization/utility data. Utilization management is a critical element of health care delivery and the associated requirements of preserving quality while reducing unnecessary costs. This project will provide SNM members with a yardstick for comparing their own practice referral patterns with national and local patterns. The Technologist Section is helping to recruit facilities to participate in this program. Three procedure-oriented task forces have been formed to examine outcomes studies and technology assessments in nuclear medicine. They are bone scintigraphy chaired by Frank Papatheofanis; myocardial perfusion imaging, chaired by Ray Gibbon (in collaboration with ASNC); and FDG tumor imaging, chaired by Carter Young (in collaboration with ICP).

We are also working with the EANM in a cooperative program referred to as the EANM/SNM Liaison. Our first conjoint activity will be an International Utilization Data Analysis Survey, similar to the SNM program. We are excited to unite the strengths of our two organizations toward common goals.

Guidelines. The finalized versions of 26 procedure guidelines were put on the SNM web site (www.snm.org) in June and are being published in *The Journal of Nuclear Medicine* a few at a time. In May, a bound version of the 26 procedure guidelines was sent at no charge to medical directors of major third-party payers and to health maintenance organization executives. An introductory cover letter and public relations material on nuclear medicine accompanied the manual. In addition, a letter will be sent to all nuclear medicine departments in the U.S. (5000+) offering the *Procedure Guidelines Manual 1997* at a cost of \$23.00. Also, as part of the SNM/EANM Liaison effort, we are working with EANM to use the SNM procedure guidelines to coincide with the clinical guidelines in Europe. This effort may simplify the collection and collation of utilization data, since European studies that follow these guidelines could then be equated reliably to U.S. studies that also follow these guidelines.

Publications. The Publications Committee and our editorial staff have been productive this year and have focused on sustaining the high scientific and editorial quality of journal content while exercising cost-effective management. For example, at six months into the current fiscal year, *JNM* production was operating approximately \$30,000 below budget for expenses, and approximately \$16,000 above budget for revenues. New publications include *Nuclear Medicine Oncology* and *Nuclear Medicine Cardiology Self-Study* programs (published in June and September, respectively) and *MIRD Cellular S Values* (June). "*JNM* on CD-ROM," an archive of the *JNM* over the past ten years, was introduced for sale at the annual meeting. Two web pages on the SNM internet site are devoted to "Information about *JNM*" and the most recent *JNM* table of contents. *Nuclear Medicine Excerpts: Oncology* was made available at the annual meeting, and ten pamphlets in the Nuclear Medicine Patient Pamphlet series were published by June, with three new pamphlets in oncology: "Breast Cancer," "Colorectal and Ovarian Cancer" and "Prostate."

Annual Meeting. The San Antonio meeting was a wonderful success. You can read more about it in the August issue in Dr. Henry Wagner's highlights summary (*J Nucl Med* 1997;38:15N). Large, enthusiastic attendance continued from our Denver meeting, with effective continuing education, research and new product presentations (including the largest commercial exhibit display in our history!) — supporting the overall sense of a true resurgence in nuclear medicine. Also new this year, the abstract form, registration and housing forms, as well as complete meeting preview information were available on the SNM home page. And for the first time, annual meeting attendees could register and secure hotel accommodations electronically. From the 2200 abstracts submitted, 671 posters and 554 oral abstracts were presented at the meeting. The popular "Read with the Experts" (audience response system) sessions were increased to allow daily use. Internet access was available for all annual meeting attendees on-site for the first time, and shuttle service was available for all attendees from the convention center to the airport at the conclusion of the meeting.

Finances. The SNM ended fiscal year 1995-96 in the black

for the first time in several years, and current projections suggest the same healthy financial picture for 1996-97. Even so, we achieved substantial improvements in the annual meeting, underwrote important activities of the Commission on Health Care Policy and the Government Relations Office, expanded our educational programs and enhanced *The Journal of Nuclear Medicine*. Thus, we were able to support our key activities, including the new strategies described above, within our fiscal resources. Perhaps even more importantly, the Finance Committee is engaged in the initiation of formal strategic financial planning. A draft plan is due at the end of the summer, and fall implementation is planned. This plan will facilitate the restoration of our reserves, will rebuild a capital resources replacement fund and will ensure the sound fiscal health of the SNM.

Reimbursement. Following the first and successful Reimbursement Seminar at the annual SNM meeting in Denver, the SNM developed a "roadshow" for Reimbursement for Nuclear Medicine Procedures. The first regional seminar was held in Baltimore in February and was quite successful. Over the last several months, in conjunction with SNM staff, we have revised the workbook, case studies and slide presentation for a more effective seminar. Three roadshows have been scheduled for fall 1997 in conjunction with SNM chapter meetings: Western Regional Chapter on September 17; South Eastern Chapter on September 25; and Greater New York/New England Chapters on October 23. Because of overwhelming requests, we are tentatively planning a roadshow for the midwest as a stand-alone, sometime in the fall. We are still waiting for HCFA's proposed rule-making for resource-based relative value units for practice expense. Based on the proposed rule-making and the analysis of our own survey data, the SNM will make formal comment to HCFA on the practice expense issue. In order to combat the negative reductions in reimbursement for nuclear medicine (projected from 4%-24%), SNM leadership contributed to the Practice Expense Coalition, a multispecialty society group that is addressing multiple issues with HCFA.

IS/I. The InterSociety/Industry Project's mission is to make nuclear medicine an integral part of appropriate patient management. To do this, the IS/I established discipline-wide goals and objectives and united more than 100 volunteers from various nuclear medicine organizations to develop specific plans to address research, practice and communication to managed care personnel and referring physicians. The IS/I Project encountered some bumps this spring, was refined considerably through specific proposals received from ACNP, SNM, ASNC and ICP, and is now being finalized by the executive directors of each of these organizations, with the overall guidance of the IS/I committee. In some ways the IS/I Project is reminiscent of health care reform legislation. The act of preparing for IS/I activities, and the fundamental concept of focused cooperation among our professional organizations and industry, has led to valuable alignments of many current activities, to the creation of new initiatives that fulfill IS/I goals, and to a level of cooperation and integration heretofore unseen in nuclear medicine. So in many ways, the IS/I has achieved many of its primary objectives before

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SNM Award Winners*(Continued from page 24N)*

Growth Factor receptor-mediated chemotaxis versus cell division, which was the basis for his PhD thesis.

Kundra, however, also has a strong personal interest in cancer research. He was diagnosed with cancer when he was in tenth grade. "As a patient going through surgery, radiation and chemotherapy, I felt that the cure was worse than the disease," he wrote on his application to the residency training program at Brigham and Women's Hospital. "In twelfth grade, I had my last treatment. The experience taught me the extent of life, its shortness, its wonder, its beauty." Kundra has taken those insights to a microcosmic level to explore the beauty and transience in the life of a cell.

Testing a New Tracer for Cardiac PET Studies

William F. Oellerich, MD, PhD, winner of this year's DuPont Pharma/Society of Nuclear Medicine Research Fellowship for Cardiovascular Nuclear Medicine, recognizes the need for a radiopharmaceutical that can reliably quantify glucose metabolism in cardiac studies. He plans to determine if ^{11}C -glucose can achieve more accurate measurements of glucose metabolism in the heart than FDG. It is well recognized that FDG

is limited by its nonspecificity relative to the overall glucose utilization, thus there is the need to correct mathematically for the differences in metabolism between FDG and glucose. Recent research at Washington University in St. Louis has shown that ^{11}C -glucose (radiolabeled with ^{11}C specifically at the one-carbon position) can provide accurate measurements of glucose utilization in the brain, which leaves the possibility that it could provide accurate measurements in the heart.

In his project, Oellerich's overall objective is to validate that myocardial glucose utilization can be quantified by PET and ^{11}C -glucose using an appropriate compartmental model of ^{11}C -glucose kinetics. He plans to test the method in canine studies to see if the measurement of myocardial glucose utilization using PET correlates with direct measurements of glucose utilization in blood samples.

Oellerich earned his MD and PhD from the University of Tennessee in Memphis and is currently a postdoctoral research fellow in the cardiovascular division at Washington University. During the course of his PhD training, he published two manuscripts and four abstracts describing the impact of neuropeptide Y on adrenergic transmitter release.

—Deborah Kotz

Past President's Message*(Continued from page 30N)*

the initiation of its first programs!

NRC. Stimulated by the National Academy of Sciences Institute of Medicine report, substantial progress toward significant regulatory reform regarding the medical use of byproduct material has been made, largely through the auspices of the SNM/ACNP leadership and our joint Government Relations Committee. The NRC Commissioners, weighing all the comments received regarding the reform of the medical program, have directed the NRC staff to submit a plan for revising 10 CFR Part 35 and associated guidance documents, as well as the Commission's 1979 Medical Policy Statement by June 6, 1997. The program should describe how 10 CFR Part 35 can be restructured into a risk-informed, more performance-based regulation to be implemented by June 30, 1999. In addition, the Commission decided to terminate the "Unauthorized Usage" rule-making, consistent with the comments provided to the Commission from ACNP and SNM.

FDA. I have worked with others on two fronts to improve approval processes. With NEMA, we achieved approval of 511-keV collimators, which had previously been rejected by the devices branch. Also, I met with many FDA leaders, across several centers, in cooperation with CORAR and ICP, to successfully add diagnostics to the recently announced Cancer Fast-Track approval initiative. The SNM also worked with Syncor to file an appeal brief in Syncor's suit against the FDA regarding the authority to regulate PET radiopharmaceuticals. The case awaits oral arguments which are scheduled for September 11, 1997. SNM has also assisted Senator Ted Stevens (R-AK) in drafting language for legislation that would reform the regula-

tion and use of PET under the FDA. Finally, Representatives Richard Burr (R-NC), Gary Condit (D-CA) and Tom Delay (R-TX) have introduced legislation (HR 1060) that would provide important protection for physicians and pharmacists against unwarranted regulation by the FDA. The legislation clarifies that states, and not the FDA, have regulatory authority over pharmacy compounding. The bill also applies to licensed physicians involved in compounding. In addition to compounding provisions, the legislation would also withdraw FDA-proposed regulations of PET drug products. The legislation would make null and void the FDA proposal to expand regulation of PET drugs, and return this issue to the state boards of pharmacy.

Brain Attack. I represented the SNM at a symposium sponsored by NIH/NINDS to launch a national program focused on the treatment of acute stroke (watch for national ads about brain attacks that will parallel the public education programs of the 1960s for heart attacks), subsequent to the approval of rt-PA for such treatment. This has resulted in the design and approval of a clinical trial in cooperation with Genentech to combine SPECT imaging of regional cerebral blood flow with acute stroke treatment by thrombolysis to determine if SPECT can be used to screen patients at risk for hemorrhagic transformation.

Whew, and that's just a sample! I hope you continue to read the journal and visit our home page to get more details on these and the many other SNM activities the come along with your membership. I've had a wonderful year as your president and want to extend my thanks to you for providing me with this opportunity.