SNM Leadership Update

In June the Society capped off the celebration of its 50th anniversary year with a very successful and well-attended meeting in Philadelphia. The feedback I received from members, exhibitors, and the Society leadership was full of enthusiasm for the scientific program, the location, and our new tradition of adding a bit of fun. The American Bandstand gala Saturday night set a tone of collegiality and goodwill that carried through the following 4 days of scientific presentations and educational activities.

Once again Scientific and Teaching Program Chair Tom Miller, MD, PhD, put together an unmatched scientific program for physicians, physicists, and chemists, and Eileen Smith, this year's Technologist Section educational program chair, organized a superb and wide-ranging educational program for technologists. We all appreciate the tremendous amount of work done by the chairs and the many volunteers who work with them throughout the year to pull together outstanding speakers, timely educational seminars, and a wealth of research and clinical presentations.

The Board of Directors (BOD) discussed a list of "megaissues," topics that need to be addressed now because they will impact the Society and the practice of nuclear medicine in the near future. The megaissues were identified as:

Recruiting. The need to recruit more physicians and scientists into nuclear medicine is critical both to practice and to continuing the research that keeps our specialty at the forefront of the molecular revolution. One suggestion under consideration is to seek out medical students who have a background in engineering or chemistry, because such students should find our field to be an attractive combination of biology and the hard sciences.

Training. While we can't know what nuclear medicine will look like in the future, we do know that it will be very different. We need to challenge ourselves to develop effective training programs that will prepare tomorrow's practitioners for tomorrow's practice. This will require interaction with radiologists, specifically, training radiologists in nuclear medicine techniques and cross-training nuclear medicine practitioners in other imaging modalities that are being fused with nuclear imaging. Basic nuclear medicine training will need to expand beyond imaging into therapy, genetics, and molecular medicine.

Outreach. Collaboration with other professional associations combined with legislative and regulatory advocacy at the federal and state levels is essential to keeping the practice of nuclear medicine viable. The Society must have a consistent policy and a long-term commitment to advocacy on behalf of members both to protect our specialty from unnecessary restrictive regulation and to leverage the federal government's involvement in research and educational funding.

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SNM Executive Director

Molecular Focus. SNM must embrace emerging technologies to stay in the forefront of molecular imaging and molecular medicine. The SNM has created a task force to explore educational initiatives in molecular medicine and to position the SNM as the leader in this rapidly developing field.

Membership. New professionals do not seem to be joining professional associations at the same rate today as in the past. That creates a real challenge to encourage membership in the Society among students and young professionals, convincing them of the value of professional society membership and the rewards of working with colleagues for the good of the profession.

Continuing Education. The demand for continuing education programs is expanding in response to the increasing pace of technological and scientific innovation. Other specialties, such as radiology, oncology, and cardiology, look to the Society as a resource for continuing education in the nuclear medicine procedures that they use on a regular basis. Full-time nuclear medicine physicians who are increasingly performing PET/CT look to the Society for education in fusion imaging. And PET/CT is just the first fusion modality—SPECT/CT, PET/MR, and a host of new therapies are all on the horizon. If the Society expects to be a leader in the molecular revolution, it will need to lead in education.

Academic Nuclear Medicine/Research. We need to focus on developing research funding to train the next generation of radiochemists and radiobiologists.

International Outreach. Dr. Thakur created a task force to develop international programs and recommend policies on international cooperation.

Lifetime Membership Category

The BOD has approved the creation of a lifetime membership category. The details will be incorporated into the bylaws, which will be submitted to the membership for approval next spring.

50th Anniversary Commemorated

To mark the Society's 50th year, the 50th Anniversary Task Force commissioned a book to record the

(Continued on page 53N)

served FDG accumulation in the aorta and its branches and a strong correlation between tracer uptake and markers of inflammation" are suggestive of large vessel arteritis and that quantitative ROI analysis appears to be a sensitive tool for detecting such inflammation.

Annals of the Rheumatic Diseases

^{18}F-FDG PET for Small Pulmonary Nodules

In a study published in the July issue of *Lung Cancer* (2004;45:19–27), Nomori et al. from Saiseikai Central Hospital (Tokyo, Japan) reported on research to determine the effectiveness of ^{18}F-FDG PET in diagnosing small pulmonary nodules. Prospective PET scans were undertaken in a large series of patients, and 136 small (<3 cm) noncalcified lung nodules were identified. CT data histograms were made for each nodule and classified the nodules as solid or ground-glass opaque (GGO). Eighty-one nodules were found to be malignant, and 55 were benign. PET failed to visualize uptake in any of the 20 nodules, malignant or benign, that were smaller than 1 cm. In the 116 nodules that measured 1–3 cm in diameter, PET produced 15 false-negatives and 15 false-positives, with an overall sensitivity of 79% and specificity of 65%. All of the 10 malignant nodules with GGO images on CT were histologically well-differentiated adenocarcinoma, but 9 (90%) were false-negative on PET. PET sensitivity and specificity for nodules with GGO images were 10% and 20%, respectively, significantly lower than the 90% and 71% sensitivity and specificity for nodules with solid images. The authors concluded that pulmonary nodules smaller than 1 cm or that have GGO images on CT cannot be evaluated accurately by PET.

Lung Cancer

(Continued from page 46N)

history of the Society. Through the generous support of Mallinckrodt and MDS Nordion, and with input from a number of past and current leaders, *Society of Nuclear Medicine, 1954–2004: 50 Years of Excellence* was published in early June and distributed at the annual meeting. Copies were available at many leadership meetings and at the sponsor's booths on the exhibit floor. This colorful history of the society was well received by all.

Our third plenary session featured the first collective tribute to the past presidents of the Society and recognized the contributions that they have made not only to SNM but to the science and practice of nuclear medicine.

Molecular Imaging Task Force

SNM President Mathew Thakur, PhD, has launched an initiative in molecular imaging and molecular medicine that will explore ways that the Society can spur research and provide education in the essential and swiftly developing new specialty of molecular medicine. President-Elect Peter Conti, MD, PhD, will serve as co-chair of the task force as it evaluates the SNM's response to the challenges of molecular science. Educational initiatives will be developed, and the possibility of forming a Center of Excellence for the study and support of molecular medicine will be discussed.

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