



The State of Nuclear Medicine 2005

The future is bright, and the benefits to patient care remain exciting and promising.

From the Newsline Editor

In looking back at 2004, what key advances for nuclear medicine imaging come to mind? For me this past year was memorable for several reasons: (1) advances in and rapid clinical adoption of hybrid imaging with PET/CT; (2) the exciting opportunities apparent with SPECT/CT applications; (3) the implementation of 64-slice multidetector CT angiography (CTA) and its potential effects on myocardial perfusion stress testing; and (4) the lack of significantly increased use of nuclear medicine therapies.

These and other issues reveal what are sure to be topics of discussion in the coming year. Debates about the use of multidetector diagnostic CT scanners versus nondiagnostic CT units have begun and will likely continue. The use of oral and intravenous contrast for the CT portion of nuclear medicine/CT procedures will be studied. It will be important for the nuclear medicine literature to document the enhanced medical value of expensive hybrid scanners by comparing data on patient management decisions made with hybrid imaging with those made on the basis of single-modality data. It is my belief that SPECT/CT, just as with PET/CT, will give the nuclear medicine physician the tools to better answer clinical questions and will make a difference through enhanced and better informed patient management.

Data are now being acquired at large centers regarding the comparison of CT angiography with cardiac catheterization and myocardial perfusion studies. I would speculate that those patients who might have undergone a myocardial perfusion study in the past will soon be spared this procedure when found to have normal coronary arteries on CTA. On the other hand, myocardial perfusion imaging may be in even higher demand when subcritical coronary artery disease is detected in greater numbers of patients who are not candidates for intervention procedures.

Radioimmunotherapy is making its way into clinical practice. The coding issues, reimbursement issues, and evolution of the clinical pathways for the use of these therapies is still challenging. The future is bright, and the benefits to patient care remain exciting and promising.

I wish you all—and our exciting discipline—a good 2005.



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