

SNMMI Adopts Family Leave Statement

The SNMMI Women in Nuclear Medicine Committee, Nuclear Medicine Program Directors Committee, and Diversity, Equity and Inclusion Task Force announced on November 12 the collaborative creation of an SNMMI Family Leave Statement. The statement, which was adopted by the SNMMI Board of Directors on November 1, is included here in its entirety:

SNMMI believes in communities, families, and partnerships where each person's values and needs are held in high regard and that a family's benefits, burdens, and responsibilities are shared among all its members. Caregiver responsibilities are part of a family's natural life cycle, from birth to death, encompassing self, partner, parents, and children.

The benefits of leave are well established, and supported family/medical leave promotes equity, creates a more inclusive environment, and contributes to a person's well-being. Employers and training programs with equitable workplaces must address family/medical leave to support their current employees and trainees and attract and retain future employees and trainees.

To that end, SNMMI believes that:

- Taking family/medical leave should not prevent a person from having a successful career in nuclear medicine and molecular imaging.
- Employers should develop transparent policies regarding family/medical leave and make that information readily available to current and prospective employees.
- Employers should inform all employees of their leave entitlements, including those provided under federal

(1) and state laws and relevant NIH (2) and institutional policies.

- Training program directors and supervisors should inform all trainees of their leave entitlements, including those provided under federal (1) and state laws and relevant NIH (2), ACGME (3), institutional, and specialty board (3,4) policies.
- Employers, supervisors, and training program directors should ensure that employees and trainees eligible for leave are supported in taking leave.
- Employers, supervisors, and training program directors should provide lactation support and accommodations in accordance with federal law (5) during the postpartum period.

REFERENCES

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(Continued from page 16N)

deep-learning network allows for prediction of MACE directly from polar map images with improved accuracy compared to automatic quantitation of perfusion.

Authors from the same group extended this approach to ^{82}Rb PET perfusion imaging with similar results. Singh et al. from Cedars-Sinai Medical Center (Los Angeles, CA) and the University of Calgary (Canada) reported on "Explainable prediction of all-cause mortality from myocardial PET flow and perfusion images using deep learning" [28]. Here their goal was to develop and evaluate a novel explainable deep-learning network for prediction of all-cause mortality directly from PET MPI flow and perfusion polar map image data. The study included 3,206 patients referred for regadenoson (91%) and adenosine (9%) stress and rest ^{82}Rb PET. The deep learning approach was trained using stress and rest polar map image data of raw perfusion, myocardial blood flow, spill-over fraction, and myocardial flow rate combined with end-systolic and -diastolic volumes, age, and sex. Over a mean follow-up of 4.7 years, 654 patients died. Again, the deep learning model had a

much better accuracy for predicting all-cause mortality. Survival curves presented by the authors emphasized the potential value of deep learning in prediction of adverse outcomes. Deep-learning attention maps generated from these results showed again the value of rapid aggregation of individual patient data for physician assessment. These presentations are very important, because the field of machine learning and AI is rapidly growing not only in cardiac imaging but in all of medicine. Quantitation is one of the biggest assets of nuclear cardiology, and we hope that studies such as this will advance further risk estimation using PET and SPECT MPI.

Thank you all for your attention. Although I was able to highlight only a few of the many cardiovascular research papers presented at this meeting, I urge you to look at the entire meeting available online to see the full spectrum of outstanding research. I want to end by congratulating Omar Mahmood, MD, PhD, and the entire SNMMI Scientific Program Committee for a fantastic meeting and for inviting me to present these highlights.