

Letter to the Editor: RE: "Is 16 Months of Specialized Nuclear Medicine Training Enough for Best Patient Care?"  
J Nucl Med 2017 58:1535" by Johannes Czernin

As the program director of the national nuclear medicine training program in Singapore (ex-British colony that just celebrated our 52nd anniversary of independence), I read with interest "Is 16 Months of Specialized Nuclear Medicine Training Enough for Best Patient Care?" I agree with the editor that my answer is also "No."

In our institution, "Nuclear Medicine and Molecular Imaging" has just joined our cousin departments "Diagnostic Radiology" and "Vascular and Interventional Radiology" to form the division of "Radiological Sciences". In the Specialists Accreditation Board, nuclear medicine is an independent specialty with its own Residency Advisory Committee.

Let me comment on the key questions that the editor has raised. First, nuclear medicine is not a division of radiology in Singapore (I agree that cross-sectional imaging is an important part of nuclear medicine training.) Second, the nuclear medicine practice will continue to grow in therapy, oncology, neurology and cardiology in the next 5–10 years. Third, we have to increase our capacity to meet the needs of theranostic programs. And fourth, theranostics will subspecialize into systems to fit into the workflow of nuclear medicine.

I agree that nuclear medicine therapy (precision medicine) has different training demands. In Singapore, nuclear medicine is considered a senior residency program (2.5 years) where we accept applicants from medicine (after internal medicine residency) and radiology (after 4 years of diagnostic radiology residency as dual accreditation program). Graduates of our program (previously called advanced specialist training) are highly skilled experts that have shaped the field in Singapore for more than a decade.

Image interpretation with cross-sectional imaging training is an important part of our program (more so for residents with medicine background). We are also developing relationships with urology (prostate-specific membrane antigen–targeted theranostics), radiation oncology (theranostics), endocrinology, and oncology (somatostatin receptor–targeted theranostics, bone pain treatments). Not to mention our close ties with cardiology, neurology, and medicine (infection/inflammation). We are also involved in the academic, translational and clinical applications of imaging probe development, tracer kinetics, and molecular imaging in drug development.

The Journal of Nuclear Medicine has readership across the world and we are keen to be engaged in this discussion. In order of us to succeed, you must succeed as well.

Regards,  
Winnie Wing-Chuen Lam