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 COMMENTARY
 

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## LINES FROM THE PRESIDENT

**A**s I complete my term as president of The Society of Nuclear Medicine (SNM), I believe it is appropriate to review the major "happenings" during my tenure. Of course, I have benefited from the many hours of work done by my predecessors and the support from Society members and staff. In trying to affect change, either within the Society or on the various external influences which impact upon nuclear medicine, one soon realizes that the effort is only a part of a continuum, and the goal may not be realized during a one-year term.



Stanley J. Goldsmith, MD

I am pleased with the effort which led to passage of the Low-Level Waste Amendments Act of 1985, which provides immediate relief from the constraints of the previous act that would have prohibited access to existing sites after December 31, 1985. At the same time, this new act applies continuous pressure on states to join compacts and to develop sites within compact regions for low-level radioactive waste disposal.

The current requirement of six months training for physician licensure with the US Nuclear Regulatory Commission (NRC) for diagnostic use of radioactive materials was instituted only a year ago. There was a movement at that time to reduce the length of required training, but it did not gain support. At recent hearings in Congress on the US Department of Energy (DOE) budget, I reiterated the position of the SNM and the American College of Nuclear Physicians (ACNP) that further reductions in training requirements for broad licenses are unwise and unsafe. Suboptimal imaging studies have an adverse cost:benefit ratio compared to studies properly performed and interpreted. Although there may be renewed activity in the future, the six-month rule continues to prevail at present.

There has been considerable "behind-the-scenes" discussion about the length of the US Food and Drug Administration (FDA) review process for radiopharmaceuticals and contrast agents, and the adverse impact this has had on the development of these agents. At a recent meeting of the Ad Hoc Inter-Society Commission on Radiopharmaceuticals, representatives of the SNM, the ACNP, and the American College of Radiology (ACR) reviewed

various options to accelerate the review process. At present, we are requesting a meeting with Frank E. Young, MD, commissioner of the FDA, to stress the importance of this issue and to discuss possible mechanisms to accelerate new drug application (NDA) approval without loss of review quality.

Other areas have involved issues within the Society, and the relationship of the Society to other nuclear medicine groups, particularly the ACNP. In response to a mandate from the Board of Trustees, I appointed a special committee to meet with the ACNP leadership to discuss these issues (see *Newsline*, April 1986, p. 441). At a meeting this April in Dearborn, MI, we clarified numerous points of concern and agreed to work closely with the ACNP. There is not a clear division between the interests of the SNM and the ACNP in areas of government funding, regulation, practice reimbursement, research allocations, and efficacy studies. Members of the SNM who are nuclear medicine physicians/radiologists practicing in the United States will continue to have the SNM represent them in government and socioeconomic affairs. The resources and talents of the ACNP, however, are essential also to respond effectively to the many issues confronting nuclear medicine.

Based on the consensus reached at Dearborn, Jose Martinez, MD, president of the ACNP, and I will recommend to our respective executive committees a program for further cooperation in representation, administration, and expansion of membership. Nuclear physicians/radiologists practicing in the United States would serve their interests best by membership in *both* the SNM and the ACNP.

I am concerned also about the issue of representation of non-physicians and of non-US residents within the SNM. We view the Society as the single umbrella organization representing and bringing together all nuclear medicine interests, thus providing an opportunity to fulfill our primary goal of promoting education and research in nuclear medicine. To this end, I am recommending that the Councils of the Society (whose membership is predominantly non-physician) be represented on the Board of Trustees. Further, we have made a start toward recognizing the needs of members outside the US by encouraging the formation of the SNM in Canada "to address scientific, educational, or sociopolitical issues in nuclear medicine specifically relevant to Canadian members" (see *Newsline*, May 1986, p. 589). I expect that the Society will be invigorated by

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## U.S. NAVY STARTED EARLY TECHNOLOGIST TRAINING PROGRAM, ALUMNI MEET IN BETHESDA

**T**he US Navy established one of the very first schools for "radioactive isotope technicians" in 1949, contributing about 1,000 enlisted members of the Navy, Army, and Air Force to the ranks of nuclear medicine technologists in the United States.

The military offered formal training in nuclear medicine technology when very few nuclear medicine departments existed and most technologists were trained on the job. During The Society of Nuclear Medicine's (SNM) Annual Meeting this month in Washington, DC, alumni of the military training program are invited to a tour and reception at the Bethesda Naval Medical Command (Tues., June 24, 5:00).

When the Naval Hospital in Bethesda, MD, established the Radioisotope Branch of the Department of Radiology in 1948, the Navy recognized that it needed to provide training for technicians using radioactive materials. The original program, called the Radioisotope Technic Course, required eight months of training, with didactic courses

followed by clinical experience.

In 1972, the Navy program in Bethesda made major curriculum changes, increasing didactic training to 16 weeks and clinical training to 36 weeks at various tri-service hospitals. That same year, the name was changed to the Clinical Nuclear Medicine Technic School, and it received accreditation from the Committee on Allied Health Education and Accreditation (CAHEA) and formally affiliated with George Washington University.

John C. Hergenrother, CNMT, chief technologist at Massachusetts General Hospital, graduated from the Navy program in 1967, and was its director from 1974 to 1978.

### More Nonimaging Procedures

One interesting difference between technologists in military hospitals (as well as most Veterans Administration hospitals) and those at civilian institutions, he noted, is that their work generally entails more non-imaging studies.

This pattern might reflect the era in which the nuclear medicine department was established, said Mr.

Hergenrother. Nonimaging applications (or "wet-work" studies, blood and urine analysis) were much more prevalent in nuclear medicine in the 1950s and 1960s than imaging. In civilian hospitals, many nonimaging procedures are performed in medical laboratories and pathology departments.

Since October 17, 1949, the Bethesda Navy program has taught 81 classes, with 470 graduates from the Navy, 249 from the Army, 135 from the Air Force, and 53 nonmilitary.

"The military actually played a major role in pioneering nuclear medicine," said Donald H. Manley, CNMT, of the Washington Hospital Center. Mr. Manley, who directed the Bethesda Navy program from 1970 to 1974, is organizing the tri-service alumni meeting, which will include a tour of the Nuclear Medicine Clinic at the Bethesda Naval Hospital, followed by a reception at the Petty Officers Club.

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these developments that encourage scientific and educational exchanges among its members from diverse locales and with a variety of professional interests.

Finally, this is my opportunity to thank the many people who have helped me during the past year. They are truly too numerous to mention. It is restating the obvious to say that the Society accomplishes its goals through the dedicated work of many members and staff. I do have a special word of praise for our talented executive director, Henry L. Ernstthal, and for our Washington representative, Robert Wilbur. They have truly been invaluable. Many of

my predecessors have stated that the happiest days of the presidency are the first day in office and the last day in office. As for me, I have rather enjoyed it. It has indeed been a privilege to have been chosen for the honor and responsibility of this position. Philip O. Alderson, MD, and his Scientific Program Committee have prepared an outstanding program for our 33rd Annual Meeting this month in Washington, DC. I hope to see you all there!

*Stanley J. Goldsmith, MD*  
*President*  
*The Society of Nuclear Medicine*