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**COMMENTARY**


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## LINES FROM THE PRESIDENT: MOVING INTO FALL

**G**reetings to the Society of Nuclear Medicine from Thomas Jefferson's Charlottesville. This has been a hot, busy summer and we are moving into a wonderful fall. "Moving" is exactly the right word to describe my life, as I have moved my household in the past month and will move my office into a new hospital building in the next few months.



*Barbara Y. Croft, PhD*

There were several areas of activity this summer. One of these areas is the relative value scales (RVS). The Harvard-AMA study, also called the Hsiao (pronounced "show," as in shower) study, was to be evaluated prior to being released on August 15; it now seems that that date slipped by approximately 6 weeks, so look for it about October 1. The potential cause of interspecialty strife is the multipliers which compare one medical specialty with another. The RVS study results go to HCFA and Congress to be incorporated into laws and regulations. Funds have now been appropriated to include nuclear medicine in this study during the next year. Our representatives, Larry Heck, Oscar Powell, and Philip Alderson, have been helping with this process; their reports indicate some dissatisfaction with the process and the results so far. In the meantime, the ACR, with the Society's participation, has been encouraged by HCFA to develop their own RVS, which they have proceeded to do. Quite a number of our members may have completed questionnaires for the ACR study. The steps of this study were first to survey the fee schedules in the radiologic practices, carefully separating hospital-based practice from office-based practice. These charges were converted to a relative value scale using the IV urogram as a reference; note that this RVS is then based on existing charges. The ACR committee then surveyed the actual costs of radiologic practice, creating a database not only of costs but of geographical variation. Finally, they surveyed approximately 2,500 radiologists to estimate the effort put forth for 57 separate examinations, using the IV urogram as a reference, creating an RVS based on effort.

In a series of committee meetings, a combined RVS was created from the two sets of data. Along the way, regional differences in the application of CPT codes have had to be reconciled. The same three people serving with the Hsiao study have also been participating in this study. The amount of work is staggering; we are very grateful to these people for their time and energy. The results of the ACR RVS study of professional charges were presented to HCFA early in August, although the technical RVS was to be delayed until mid-September. The final end of all this concerns the whole medical industry. The federal government views the RVS as a step along the way to paying everyone equally for equal work and to reducing costs by reducing the payments to all in some equitable fashion. The AMA's public position is that institution of an RVS across all of medicine will cause equal work to be equally remunerated and that there will not be a limited amount of money to split among the practitioners. These two points of view do not match and there is likely to be a great deal of politicking and strife on the way to any kind of meeting of the minds. The place of nuclear medicine in the grand scheme of things is often not at all clear to those creating the scales; it is the job of our representatives to these committees to make sure we are kept in mind and that studies which are representative of nuclear medicine are used for comparisons so that we can be fitted into the right niche in the grand scheme.

On May 25, the Nuclear Regulatory Commission published a so-called Advance Notice of Proposed Rulemaking (ANPR) whose contents asked those commenting to contribute to a complete revision of 10 CFR 35 on the medical use of radioactive materials; this section contains all the training requirements and was most recently revised and promulgated in April of 1987. The source of the Commissioners' dissatisfaction is the number of misadministrations, so they asked for comments on how the training requirements might be changed to improve this situation. Besides training requirements for both diagnostic and therapeutic physicians using reactor byproduct materials, the ANPR also asked for recommendations about the training of physi-

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cists, technologists, and dosimetrists. The SNM, its Technologists Section, and the ACNP formed a combined committee to consider an answer to the ANPR. We were indeed fortunate that the ANPR was printed in the Federal Register in time for us to consider it at the meeting in San Francisco, because by the time we left a committee had been appointed, had met, and had created a first draft reply. We were also fortunate in having at the meeting Norman McElroy from the NRC staff to answer questions about the Federal Register announcement. Since the ANPR comment period ended August 24, 1988, the reply is in the hands of the NRC. Now what is to become of it and the comments that everyone else has sent to the NRC? The answer lies in the next paragraph.

Along with asking for public comment on the training requirements for those using reactor byproduct materials medically, the NRC directed its staff to prepare a Request for Proposal (RFP) for a contract to study the current training requirements. The RFP asks that the contractor collect information on training and experience criteria for all personnel involved in the medical use of byproduct material as to their duties and responsibilities, the standards and regulations that organizations impose on training programs, and evaluations of the implementation of these standards and regulations. The RFP specifies a large amount of work gathering the data and analyzing it, since the contractor is to identify overlaps and gaps in the standards, etc. that organizations impose on available training programs. The Society of Nuclear Medicine along with the American College of Nuclear Physicians and the American College of Radiology have submitted a proposal and consultants from the other organizations whose members are directly affected, as well as from a larger number of related organizations which might impose standards in their fields. The RFP also specifies that a preliminary report be available in eight months and that the final report be finished in 13 months after the start, which may occur with the start of the federal government's fiscal year October 1, 1988. The NRC has indicated that the comments to the aforementioned ANPR and the final report of the contractor will be considered by the Commissioners as they decide how to revise 10 CFR 35.

I have also been engaged in discussion with the staff at the Division of Oncology and Radiopharmaceutical Drug Products at the Food and Drug Administration (FDA) about the difficulties in getting radiopharmaceutical New Drug Applications (NDA) approved. You see elsewhere in Newsline a plea from the FDA for personnel to apply to work with this problem. I think that the joint efforts of the users, the manufacturers, and the FDA will be brought to bear on the whole problem and that we will see some

improvements.

One of the duties of the incoming President is the nomination and appointment of members of the Society's committees. As I examined the structure of some of the committees and subcommittees, it seemed to me that there has been duplication in some of the areas relating to the Annual Meeting program. After consulting with the General Program Chairman and the Scientific Program Chairman, both past and present, I concluded to ask the person in charge of Categorical Seminars which occur on the day prior to the start of the Scientific Program of the Annual Meeting and the person in charge of the board review session to serve in the Scientific Program Committee. I left the Course Approval Subcommittee, which grants CME credit to courses, under the guidance of the Education and Training Committee. The Efficacy Committee, a standing committee added by a Bylaws change in June of 1987, has been staffed, with Michael Goris as the Chairman.

To further improve communication between members of the Executive Committee, we are meeting to discuss general and specific topics on a September weekend at Belmont House outside of Baltimore, Maryland. We will discuss the issues mentioned here and learn about where medicine and its financing are going in the 1990s, and talk about the structure of the Annual Scientific Meeting in the face of rising attendance, among other topics.

My point of view is that training the nuclear medicine practitioners of the future is only part of the whole picture of education and training; the other consideration is that there are many people practicing nuclear medicine today for whom we should be providing continuing education opportunities. We need to consider not only the nuclear medicine enthusiasts who eagerly turn out for all educational sessions, but also those who practice nuclear medicine part-time and have trouble justifying spending too much time keeping up their skills and knowledge in this area. For these individuals we must thoughtfully provide sessions and materials with easy availability. I have in mind many possible ways to sensitize people to the need for such continuing education as well as how to present the material. All of us who are interested in nuclear medicine are concerned that it is practiced with as great skill as possible, with the best utilization of the radiopharmaceuticals and equipment available. The advent of SPECT on the nuclear medicine scene merely highlights the problem of presenting continuing education for all practitioners.

In San Francisco, I continued an idea begun by Dr. Holman last year, an informal luncheon with a number of people attending the meeting from around the world. The aim of the luncheon is for the Society to communicate with the international members and to learn something of their

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**NEWS BRIEFS**

**The Society of Nuclear Medicine  
1988 Election Results**

**President-Elect**

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**Trustees**

James W. Fletcher, MD  
Edward B. Silberstein, MD  
Alan D. Waxman, MD

**Chapter-Elected Trustees**

Robert E. Sonnemaker, MD  
Gilbert A. Hurwitz, MD  
Jerome G. Dare, MS  
John B. Marta, MD

**Technologist Section  
1988 Election Results**

**President-Elect**

Author J. Hall, CNMT

**Secretary/Historian**

Bradley K. Pounds, CNMT

**SNM Trustee**

James J. Wirrell, CNMT

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Mark A. Crosthwaite, CNMT  
Marianne G. Gaskill, CNMT  
Barbara Schimdt, CNMT

**PRESIDENTIAL MEDALS  
AWARDED TO YALOW,  
DAMADIAN,  
LAUTERBUR**

Rosalyn S. Yalow, PhD, and joint winners Raymond Damadian, MD, and Paul C. Lauterbur, PhD, have been awarded the National Medal of Science and the National Medal of Technology, respectively, by President Reagan. These medals are highest honors for achievement in mathematics, science, engineering, technology or the social sciences awarded by the United States.

Dr. Yalow, one of 20 recipients of the National Medal of Science, was honored by the President "for her historic contributions to the discovery and development of radioimmunoassay." A Nobel Laureate, she is Solomon A. Berson Distinguished Professor at Large, Mt. Sinai School of Medicine; professor emeritus, Albert Einstein College of Medicine; and senior medical investigator, Veterans Administration Hospital, Bronx, all in New York.

Drs. Damadian and Lauterbur were honored "for their independent contributions in conceiving and developing the application of magnetic resonance technology to medical uses, including whole body scanning and diagnostic imaging." Dr. Damadian

is president and chair of the Fonar Corporation, Melville, New York. Dr. Lauterbur is director of the Biomedical Magnetic Resonance Laboratory, University of Illinois at Urbana. Their medal was one of nine awarded.

In 1959, Congress authorized the President to award the National Medal of Science to individuals deserving of special recognition because of their contributions to science. Selection is based on the impact of an individual's work on the current state of a given field or its potential effect on the development of scientific thought. The National Medal of Technology was established by Congress in 1980 to give Presidential recognition to individuals or companies for outstanding contributions to improving the well-being of the nation through the promotion of technology or contributing to a work force skilled in applications of advanced technology and manufacturing processes. ■

**SNM FAX NUMBER**

The Society of Nuclear Medicine now has a facsimile machine and can accept transmissions 24 hours a day. The number is (212)545-0221.

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satisfactions and dissatisfactions with us. We wish to smooth the path of the non-US investigator who wishes to submit an abstract for the Scientific Meeting, to aid the meeting attendees, and to speed the Journal to the members as quickly as possible. The luncheon was quite productive this year and will undoubtedly be continued.

I wish to publicly extend my condolences to Paul Cole's family and to the Technologist Section. We have lost a dedicated worker and friend whom we will miss for years to come. The Technologist Section's Executive Committee is bravely picking up the pieces where Paul left off.

*Barbara Y. Croft  
President, The Society of Nuclear Medicine*