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are in turn reviewed "specifically for the principles established by Drs. Berson and Yalow." Speaking on behalf of the committee, Dr. Welch, said that Dr. Stadalnik's abstract was outstanding because it employed the principle of RIA and subsequently validated it through imaging techniques.

The Radioimmunoassay Technique

In RIA, an antigen is added to a solution of radioantigen-antibody complex, and the cold antigen competes with the labeled antigen to bind with the antibody. The unbound antigen is later separated from the complexes, and the radioactivity in both portions is measured with a gamma counter. By determining the ratio of labeled bound antigen to labeled free antigen, and comparing

that ratio to standard measurements of known samples, the concentration of antigen in the unknown sample can be determined. The technique was further developed to measure non-hormonal substances such as drugs, vitamins, enzymes, viruses, serum proteins, and tumor antigens, and binding agents other than antibodies have been used for "radioligand" assays.

Born in Philadelphia, Dr. Stadalnik received his MD from the University of Medicine and Dentistry of New Jersey at the New Jersey Medical School in 1966. Dr. Stadalnik served his residency in radiology at Pennsylvania Hospital and the University of Pennsylvania. In 1970, he took a clinical instructor position at the University of California at Davis, and in 1983, he was appointed professor of radiology there. In April of that year he was named chief of the

division of nuclear medicine.

Dr. Stadalnik praised the efforts of the entire team for the achievement. Dr. Vera, assistant professor adjunct at the University of California at Davis, has been connected with the project since its inception. Dr. Kudo, under Dr. Stadalnik's supervision, was responsible for the working of the assay technique of the project using a 10 milligram tissue sample. He is currently the assistant chief of gastroenterology at Kobe General Hospital in Japan. Dr. Trudeau is currently professor of clinical medicine at the University of California at Davis.

Dr. Kudo will present the winning abstract at the SNM Business Meeting on Tuesday, June 13th, in St. Louis, Missouri.

Richard J. Arnold

SNM/ACNP Statement on Reimbursement for SPECT Studies

SPECT imaging is an extension of planar imaging designed to enhance the diagnostic accuracy of nuclear medicine gamma imaging. Most SPECT systems employ scintillation cameras used in routine gamma imaging but in a different mode with a computer to produce tomographic images of the physiologic processes within the body. SPECT utilizes the same radiopharmaceuticals normally employed in nuclear medicine gamma imaging.

As in diagnostic x-ray, SPECT tomography produces images of greater diagnostic accuracy compared to standard gamma imaging. In view of its proven utility, many small as well as large hospitals and clinics have acquired the technology to perform SPECT, making it available to most nuclear medicine practitioners and their patients.

The ACNP and SNM are convinced of SPECT's diagnostic accuracy and in the past three years have addressed its clinical advantages and cost effectiveness in conferences and publications. SPECT imaging of myocardial perfusion using radiothallium has become a mainstay in the assessment of coronary artery disease.

SPECT imaging of the skeleton has become an invaluable diagnostic application in orthopedics, arthritis and infectious lesions. SPECT imaging of the brain produces functional tomographic images that rival other techniques used to detect a variety of brain diseases. These and other SPECT procedures are daily being applied clinically throughout the United States.

The evidence that exists at the present time demonstrates that the addition of SPECT to standard nuclear medicine examinations increases the efficacy of nuclear medicine examinations and is to be encouraged. The American Medical Association's CPT committee has acknowledged this fact by the addition of SPECT codes to CPT-4.

It is the ACNP/SNM opinion that SPECT is a natural extension of standard nuclear medicine imaging and its enhanced diagnostic accuracy should be reimbursed at appropriate levels to compensate for the additional activities required to perform and interpret this more complex, but cost-effective, examination. ■