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The Lion and the Lamb

While most people make their resolutions for the new year in December, it is also appropriate to reflect and plan at the time when nature is preparing for another cycle of renewal. Now is the time to decide whether to attend the Annual Meeting, take refresher courses, learn about another round of new procedures, or to continue doing it the same way we did last year. Given the multiple demands on our time, our decisions should be predicated, in part, on how much things have changed. Would we be likely to learn something new if we took the time to go?

Last year in St. Louis, a general evaluation survey of those in attendance reported that >90% of respondents learned things at the meeting that were important to their practices. Even an area as staid as thyroid imaging for the detection of metastases is evolving, as evidenced by the recent reports on the combined use of thyroglobulin assays, thallium, and ¹³¹I imaging to detect lesions. The recent approval of radiopharmaceuticals for brain imaging, myocardial perfusion imaging, and indium chloride to label antibodies suggests that new procedures are on the horizon. To employ these agents effectively, we need to see examples, discuss cases, and talk to colleagues.

There is a sense of excitement in the air as nuclear medicine continues to grow. There are now over 3,700 physicians certified by the ABNM as specialists (an increase of 6.5% in the past two years). Our field has attracted the attention of the investment community as many biotechnology companies seek to develop radiopharmaceuticals for the detection and treatment of tumors, blood clots, atherosclerosis, and infection. A wide selection of new equipment is available for inspection as imaging devices continue to evolve from general-purpose to specialty machines. In addition to the standard rotating/scanning large field gamma cameras, instruments optimized for whole-body imaging or multi-detector high resolution single-photon tomography are now available. PET advocates continue to sing their siren song of improved resolution, metabolic imaging, and exciting revelations about in vivo pathophysiology. While PET is not yet approved by the federal government for routine reimbursement, there is a growing realization that PET can provide critical data for clinical care.

Is this the right time for investment in PET?

Implementing PET in a clinical environment today brings the buyer between Scylla and Charybdis (the famous rock and hard place)—it is an expensive technology, requiring a staff of skilled personnel, without a clinical means of support. For those interested in buying PET in anticipation of approval for reimbursement, *caveat emptor*.

At the very least it would be worthwhile to plan a trip to Washington in June. There is certainly more than enough to learn. And by that point in the year, there will be only six more months left on last year's resolutions.

Ah Spring. . .

H. William Strauss
Editor, *The Journal of Nuclear Medicine*