COMMENTARY

LINES FROM THE PRESIDENT
THE FUTURE OF NUCLEAR MEDICINE: SNM'S ROLE

NUCLEAR MEDICINE'S CLINICAL ACTIVities have continued to show steady growth over the past few years. In 1990, over 10 million nuclear medicine imaging procedures were performed in the United States. Thallium-201 (^{201}Tl) myocardial perfusion studies showed the largest growth, from 700,000 in 1988 to 1 million in 1989 to about 1.3 million in 1990. The total number of ^{201}Tl studies and technetium-99m (^{99m}Tc) myocardial exams with coronary vasodilator agent or exercise tests is predicted to rise to as high as 1.5 million to 2.0 million in 1991.

Naomi P. Alazraki, MD

New Studies

Nuclear medicine is developing a new class of clinical studies — prognostic and outcome studies. These will be particularly important in helping shape the future of nuclear medicine because they will provide data that can serve as a basis for including nuclear imaging procedures in the practice parameters for various patient complaints or diseases. Recent Food and Drug Administration (FDA) approvals of radiopharmaceuticals for cardiac and brain studies are leading to new diagnostic information, for example, quantitative myocardial wall thickening, quantitative pharmacologic-challenge brain perfusion studies, ictal epilepsy studies, etc.

SNM Dementia Consensus Panel

President Bush, in July 1989, signed House Resolution 174 into law, declaring the 1990s "the decade of the brain." As we witness the "graying of society," dementia becomes a concern of even greater proportions than ever imagined. At the recent SNM Mid-Winter Meeting, the Brain Imaging Council convened a "Consensus Panel" to formulate a position on positron emission tomography's (PET) and single-photon emission computed tomography's (SPECT) effectiveness in dementia, based on published data. This document may serve as the basis for a practice policy standard for PET and SPECT imaging in dementia. Undoubtedly, SPECT and PET brain imaging will grow as medicine focuses on the brain.

Although there are no FDA-approved biologic imaging products, there are five companies with products under evaluation. When these are approved, nuclear medicine will have another group of diagnostic agents that can also play a role as monitors of response to therapy for a variety of disease states, ranging from tumors to transplant rejection. And, yet another class of radionuclides, for therapy of metastases to bone — which includes strontium-89, rhenium-186, rhenium-188, and samarium-153 — is being evaluated by the FDA. These radionuclides provide a palliative therapeutic alternative to narcotic pain drugs for suffering patients. Patients who respond well to these bone-seeking therapy nuclides have a vastly improved quality of life during their last weeks than they could have had under narcotic analgesic regimens.

Recruitment

Critical to the future growth of nuclear medicine is success in recruitment efforts to attract physician, scientist, and technologist talent into the field. All branches of The Society of Nuclear Medicine (SNM) have rallied to impact recruitment with informative and attractive videos — the Technologist Section developed a video for technologists, and the Education and Training Committee developed a video for referring physicians and medical students — with brochures developed by the Academic Council for medical students, and with many chapter programs. To make nuclear medicine more accessible to medical students, the Academic Council has also explored participation of nuclear medicine in the national resident matching plan for admission to training programs. In addition, nuclear medicine's physician certifying organization, the American Board of Nuclear Medicine, is modifying its examination qualifications to streamline pathways for training.

Monitoring Regulatory Agencies

Congress and the regulatory agencies also profoundly affect the development of nuclear medicine. To advance the interests of patient care and progress in nuclear medicine as

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NBTF

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ments to the DOE that while the demand for radionuclides has steadily increased in the U.S., the number of domestic producers has decreased and dependency upon foreign isotope manufacturers has risen correspondingly.

According to the SNM and the ACNP, there are, at present, only two high-energy, high-flux accelerators producing radioisotopes for clinical and research use in the U.S. — the BLIP facility and the Isotope Production Facility, Los Alamos Mesa Physics Facility, Los Alamos, New Mexico. However, both these DOE-funded facilities were designed for physics experiments and do not place maximum priority on medical radioisotope production. "This results in unpredictable and sporadic availability of radioisotopes," wrote SNM and ACNP. Moreover, these two facilities are nearing the end of their radionuclide production operations, leaving no high-energy, high-flux accelerator available to produce a sufficient amount of the radionuclides applied to nuclear medicine research and practice. Concludes Dr. Holmes, "Despite the problems confronting the construction of the NBTF site, I think the DOE is convinced that the U.S. must regain its prominence as a major player in the field of radioisotope production."

Palash R. Ghosh

Lines from the President

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a clinical and investigative medical specialty, the Society must maintain a vital program of government affairs initiatives. Nuclear medicine, the most heavily regulated branch of medicine, even has some agencies vying for jurisdiction over the specialty. The Society must be alert to Nuclear Regulatory Commission (NRC), FDA, Environmental Protection Agency, and Department of Transportation activities that may regulate the specialty and must react appropriately to keep a reasonable balance between regulation and the freedom to practice medicine and pharmacy and carry out research.

SNM Organization

It is important that the SNM is set up in such a way as to maximize the growth of the field. The Society is a complex organization. It is structured awkwardly, with many branches: the Technologist Section; the Education and Research Foundation; the 16 chapters; and the 8 councils, all of which have their own bylaws, incomes, and budgets, and which function fairly autonomously. There is also the Washington office, which is jointly funded and run by the SNM and the American College of Nuclear Physicians (ACNP).

As the SNM Business Advisors Committee continues its work of evaluating plans for possible SNM relocation, I plan to organize a new assessment of the Society's structure, function, and missions. The various branches need to be orchestrated so that they work together more effectively, with minimum duplications. The work of the Society can then profoundly influence the course of nuclear medicine's future.

Having just returned from three days in Washington — two days at a meeting of the NRC's Advisory Committee on the Medical Uses of Isotopes (ACMUI) [see p. 21N] and one at a Health Care Financing Administration (HCFA) meeting on ICD-9-CM codes — I have begun to think again about the advisability of relocating the SNM national office to the Washington area.

During the past six months, since I became SNM President, I have made about five trips to Washington for a variety of meetings, all of which were considered to be important. In addition, the Chairman and Vice-Chairwoman of the Government Relations Committee, the Chairwoman of the Relative Value Scale Task Force, and other committee chairs have collectively made about eight trips to Washington for meetings. I have also traveled to New York three times to meet with the SNM executive director, the SNM staff, SNM Public Relations Committee members, the Society's public relations firm, the SNM Finance Committee Chairman, and the SNM President-elect. It is my feeling that the President should make more frequent visits to the office to keep in closer touch with how the office is running, assess morale, and review Society business. If the SNM office were in Washington, it would be much easier for the President and other officers to be in touch with and to attend to government affairs in Washington. Prior to becoming President, I would not have favored relocation to Washington. Now, I think it would be in the Society's best interests.

All things considered, the future of nuclear medicine continues to look promising. The question is not — is there a future for nuclear medicine? The question is — who will practice it? Recruitment, research, training, certification, quality patient care, and respected, active professional society representation for nuclear medicine will be key factors that will contribute to the evolving answer to that question.

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