

COMMENTARY

LINES FROM THE PRESIDENT: TO THE POST-ANATOMIC IMAGING ERA

IN THIS, MY FIRST COLUMN FOR *THE JOURNAL of Nuclear Medicine*, I would like to thank you for the honor of being elected president of our society. You have



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my sincere commitment that I will do everything in my power to represent your interests regarding the educational, scientific, and clinical missions of this organization. And what a distinguished and accomplished medical specialty this is! When I joined The Society of Nuclear Medicine (SNM) less than 20 years ago, many of us were practicing in laboratories that were squeezed into converted hospital corridors, closets, and in space under stairwells. To many

referring physicians at that time we were still somewhat of a medical curiosity.

In a relatively brief time, ours has become a mature, uniquely physiologic imaging specialty in this, the post-anatomic imaging era. Nuclear medicine techniques already have the ability to describe functional physiology, not otherwise definable. The horizon for positron emission tomography (PET) is unlimited as is its role in the development of new pharmaceuticals. The clinical applicability of single-photon emission computed tomography (SPECT) is beginning to be realized. The complementary modalities of PET and SPECT are already viewed with such interest and envy that our colleagues in other specialties would like to seize control of them for themselves. What greater compliment could be paid to our specialty?

The marriage of molecular biology and nuclear medicine has brought forth labeled monoclonal antibodies, whose application in both diagnosis and cancer therapy holds the promise of reduced patient morbidity and mortality.

When I was president-elect of SNM, I had discussions with many of you regarding the present and future of the society. Based upon these discussions, I feel that the following are the goals on which you want me to focus in the coming year.

First and foremost, we will maintain the primary educational and scientific mission of this organization. Our commitment to *The Journal of Nuclear Medicine* and associated scientific publications is steadfast. We likewise remain committed to the continued growth of the annual scientific meeting,

which has enjoyed over 7000 registrants in each of the last two years. The *Journal* and the SNM Annual Meeting represent the epitome of our educational missions. My personal commitment to our educational goals stems from my good fortune in having been exposed to two superb teachers: Henry N. Wagner, Jr., MD and N. David Charkes, MD. In addition to serving as role models for academic nuclear physicians, both stressed, by example, the importance of contributing to both the *Journal* and our annual scientific meeting.

Secondly, we must heighten an awareness of our specialty to physicians-in-training to attract the next generation of nuclear medicine residents and fellows. Our society must look at methods for introducing nuclear medicine techniques into the undergraduate medical curriculum, for it is there that career decisions are often made. In our own medical school, we have collaborated with the basic science curricula in anatomy and physiology in an effort to enhance the student's understanding of the clinical relevance of what was being taught.

Third, we must commit ourselves fully to the clinical applicability of SPECT, PET, and new radiopharmaceuticals. We are the specialists who are most knowledgeable in these areas—if we don't advocate for their appropriate use, then no one else will. We must make ourselves available to consult with and advise those entrusted with regulatory responsibility so that our patients may benefit from these modalities with optimal reduction of risk to all. This latter effort is most appropriately vested in the conjoint SNM-ACNP office in Washington, D.C. A similar process is already underway in the Society's New York office with regard to the issues of practice policy and quality standards.

Fourth, we will represent the interests of the society within the SNM-ACNP office with regard to the resource-based relative value scale (RBRVS). At the time of this writing, no medical specialty appears to be satisfied with the present formulation. It is my belief that we as a specialty must unite in speaking for the nuclear medicine community. We must also unite with other specialties to protect the economic base of our discipline so that present and future patients may benefit from our fund of knowledge and technology.

Lastly, we will begin a strategic planning process this year for our society to determine in which direction we hope to advance in the next five years. The strategic business planning process is itself an educational exercise in which leadership

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Update

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and SNM—returns with recommendations on the policy next year. Legislation introduced by Rep. George Miller (D-California) and Sen. George Mitchell (D-Maine) opposes the BRC policy, but as a result of the consensus-building initiative, Rep. Miller delayed hearings on his bill until this month.



Environmental Protection Agency

■ Resource Conservation Recovery Act

Congress is considering the reauthorization of the Resource Conservation Recovery Act (RCRA). If accepted, RCRA would duplicate NRC authority over radioactive waste. The measure would apply also to transportation of radioactive waste and limit on-site storage to no more than 90 days.

■ Clean Water Act

Lawmakers are exploring the reauthorization of the Clean Water Act. When the act was revamped in 1987, Congress proposed stricter regulations for the release of medical isotopes into waterways. The proposed language was dropped from the final bill in 1987, but has the potential of resurfacing during this consideration.

■ White House Involvement

In the debate on the Clean Air Act, the Committee on Interagency Radiation Research and Policy Coordination (CIRRPC) supported the ACNP and

SNM claim that regulation by both the NRC and the EPA was unnecessary. CIRRPC has agreed to continue to monitor dual regulation issues, including the EPA data collection process during the stay on NESHAPS for medical licensees. The Competitive Counsel, a presidential panel that evaluates federal regulation, will be approached for assistance as well.

■ NESHAPS

EPA suspended in April its national emission standards for airborne radionuclides until November 15, 1992 (see *Newsline*, June 1991, p. 29N). The agency has already deemed that nuclear power reactors operate at an acceptable safety level under existing regulations. Medical licensees hope for a similar ruling, but lack the thorough-going data kept by the power reactors. EPA plans to survey medical licensees by mail to determine if they operate within a margin of safety acceptable to the agency. The agency expects to have survey letters sent to 350 material licensees by this month.



Low-Level Radioactive Waste Lawsuits

■ New York

The state of New York has appealed a court decision to dismiss the state's challenge of the constitutionality of the Low-Level Radioactive Waste Policy Amendments Act (LLRWPA). New York opposed the provision that requires states to accept title and possession of

privately-generated waste—or pay damages to the generators—if the state has not established a suitable dump by 1996. The SNM and ACNP have supported the Federal Government in this case by signing a friend-of-the-court brief.

■ Michigan

The Midwest Interstate Low-Level Radioactive Waste Commission, a seven-state compact, ousted the state of Michigan in July. The decision follows four years of legal wrangling since the commission picked Michigan as the home for a low-level waste dump for the compact states. While Michigan authorities regroup to comply with LLRWPA, the state's private generators are suing to get access to dumps in the three sited states—South Carolina, Nevada, and Washington—that refused to accept any more waste from Michigan in November 1990.



Veteran's Administration

■ Special Pay

In April, the President signed into law special pay rate legislation aimed at filling posts for medical specialists at VA hospitals. The law should allow VA medical directors to boost salaries and provide retention pay and special pay for "scarce" specialists. The law limits special pay to \$40,000 for a total salary of no more than \$134,000 for 1991.

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Commentary

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and interested membership-at-large share with one another their views of the future to determine the best course for the society to take. The process is a lengthy one and will not be concluded during my term. We anticipate that the outgrowth of the process will strengthen SNM immeasurably and position it well for the future.

Before I close, I would like to thank you once again for your confidence in me as we enter this effort together. I welcome any comments and feedback that you would be kind enough to give me. This is an exciting time for our profession, our specialty, and thanks to you, an exciting time for me.

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