News Briefs

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TECHNOLOGIST SECTION ELECTION RESULTS

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AMA Questions NRC Radiation Protection Rules

The American Medical Association adopted a resolution in June calling for the Nuclear Regulatory Commission to reconsider the revised radiation protection requirements for nuclear medicine that were announced in May 1991.

The resolution says, in part, that the AMA "believes that recently revised regulation 10 CFR 20.1301 will have an adverse impact on availability and cost of treatment of thyroid disease, which will outweigh the advantages of reduced radiation exposure to the public." The AMA action is in response to two proposed resolutions brought by the American College of Nuclear Medicine.

The NRC's revised *Standards for Protection Against Radiation* would, among other things, reduce the annual exposure limit to members of the public from 5 mSv to 1 mSv. The Society of Nuclear Medicine, the American College of Nuclear Physicians, and the American College of Nuclear Medicine have officially asked the NRC to leave the limit at 5 mSv.

The AMA resolution urges the NRC to meet with representatives of ACNM, SNM, and ACNP to further evaluate the potential impact of the revised Part 20 regulations, especially how they may hamper the therapeutic use of radionuclides on an outpatient basis in the treatment of cancer.

The NRC had originally scheduled the revised radiation protection standards to take effect on January 1, 1993, but the agency, running behind on its development of regulatory guides, recently extended the final implementation date to January 1, 1994.

The AMA resolution does not specifically answer questions raised by the petition filed by the ACNM, which asks the NRC to do away with the rule that says a licensee cannot release any patient from confinement until the activity in the patient is less than 30 mCi (see *Newsline*, July 1992, page 13N). Instead of a specific recommendation, the AMA resolution urges the NRC to "exempt medical therapeutic use of radiopharmaceuticals from existing relevant regulations under conditions that will safeguard the health of the public." ■

Radiopharmaceutical Chemist Winner of 1992 Tetalman Memorial Award

Mark A. Green, PhD received the 12th Annual Tetalman Memorial Award at the Annual Meeting of The Society of Nuclear Medicine in June. The SNM Education and Research Foundation awards the Tetalman prize each year to an investigator younger than 36 who is judged "most promising" in nuclear medicine.

Dr. Green, an associate professor of medicinal chemistry at Purdue University, in West Lafayette, Indiana, was recognized for his work in the design and development of radiopharmaceuticals labeled with metal radionuclides for positron emission tomography. His work with copper radiopharmaceuticals has generated world-wide interest in the possible application of copper-62 PTSM as a generator-produced blood flow tracer, according to Michael J. Welch, PhD, director of the division of radiation sciences at the Mallinckrodt Institute of Radiology at Washington University in St. Louis, Missouri. Dr. Green launched his career in nuclear medicine in 1982 working as a post-doctoral fellow for three years with Dr. Welch.

Dr. Green and his collaborators have paved the way for ongoing clinical investigations of ^{62}Cu-PTSM as a multi-

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organ blood perfusion tracer for PET. Dr. Green himself became the first human subject studied with ^{62}Cu-PTSM.

His group has also made important contributions in the development of gallium radiopharmaceutical chemistry. Dr. Green recently submitted a U.S. patent application covering a new class of gallium-68 complexes that hold promise for PET imaging of the heart.

An SNM member since 1983, Dr. Green was elected to the board of directors for SNM's Radiopharmaceutical Science Council last year. In 1986, the National Institutes of Health granted Dr. Green a five-year Research Career Development Award.

Dr. Green says he expects to continue research to develop metal radiopharmaceuticals for the study of physiological and biochemical processes. He emphasizes the need for generator-based PET radiopharmaceuticals to make clinical PET imaging more accessible.

The Tetalman Memorial Award commemorates Marc Tetalman, MD, a nuclear medicine physician who was killed in 1979 during a robbery while attending the SNM Annual Meeting. ■

First Pediatric Nuclear Medicine Symposium

Over 240 people from at least 19 countries attended the first European Symposium on Pediatric Nuclear Medicine, March 20–21, 1992 in Barcelona, Spain. The program, sponsored by the Pediatric task force of the European Association of Nuclear Medicine, included 15 guest lecturers, 42 refereed papers, and 46 posters. A symposium featuring an invited speaker preceded each scientific session during the two-day meeting.

According to guest lecturer David L. Gilday, MD, four main issues of debate emerged during the conference: the investigation of vesicoureteric reflux, the adequecy of MIBG studies of neuroblastoma, the uses of brain perfusion SPECT in infants and children, and the evaluation of hip disease. Dr. Gilday is head of the division of nuclear medicine at the Hospital for Sick Children and professor of radiology at the University of Toronto, Ontario, Canada.

In discussions on vesicouretic reflux, advocates of direct radionuclide cystogram evaluation debated those who favored indirect radionuclide cystograms, which don't require catheterization and may be more "physiological"—although some physicians questioned the extent to which a catheter filling the bladder alters the development of reflux, reports Dr. Gilday.

Proponents of direct radionuclide cystograms emphasized the method's greater senstivity (the indirect radionuclide cystogram has approximately 85% of the detection rate of the direct method) and its ability to detect reflux on filling, which neither the indirect radionuclide cystogram nor the voiding cystourethrogram can detect. There was a consensus that both nuclear scans were superior to radiographic methods.

The chief debate about neuroblastoma was whether iodine-131 MIGB studies alone are satisfactory for the evaluation of stage IV disease. The symposium participants recommended that both bone scanning and ^{131}I MIBG scintigraphy should be performed in stage IV neuroblastoma. "We concluded that there had been enough cases where MIBG alone would not not only have missed bony lesions, but also whether disease was present at all," says Dr. Gilday.

The interest in brain perfusion SPECT in pediatrics stemmed from its potential to diagnose disease in the maturing brain during the first year of life. "Our main problem in pediatric disease is that there is no simple quantification method of determining the amount of brain perfusion agent in the brain," says Dr. Gilday. "We feel that in the evaluation of the effect of entities such as febrile seizures, partial complex seizures, and developmental disorders that such a test would be of great value."

Discussions of hip bone evaluation involved two areas of disease: septic arthritis and Legg-Calvé-Perthes disease. Conferees ruled out the use of bone scanning in the evaluation of septic arthritis of the hip, and agreed that if septic arthritis is suspected, then the patient should have a needle aspiration to test for the presence of septic fluid.

In contrast, the consensus opinion was that the bone scan is useful in determining the presence of Legg-Calvé-Perthes disease prior to radiological changes and also in determining the end point of the disease, that is, when orthopedic care could cease.

The Medicine Society of Catalan hosted the pediatric conference and its EANM organizers are seeking sponsors to enable the meeting to become at least a semi-annual event. ■

SNM/ACNP Join Industry Suit Demanding Licensing Decision on California Rad Waste Site

The Society of Nuclear Medicine, the American College of Nuclear Physicians, and a radioactive waste-handling company have filed joint lawsuits against the State of California in an attempt to unclog the licensing application process for a low-level radioactive waste repository proposed for the state's Ward Valley. US Ecology, the company selected by the state to build and operate the waste site has sought approval for the project since September 1989. The plaintiffs filed papers with the California Supreme Court on July 21, 1992.

The suits claim that decisions by California's Health and Welfare Agency and Department of Health Services to hold additional pre-licensing hearings on the project were illegally coerced by the California State Senate Rules Committee. The California Supreme Court has referred the case to an appellate court where at press time it awaited a hearing.

"The lawsuits seek to prevent the illegally coerced hearings and asks the

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court to direct DHS to issue an immediate licensing decision based on the comprehensive administrative record that has been compiled on the Ward Valley site," according to Robert Carretta, MD, a nuclear physician at Roseville Community Hospital in California and spokesman for SNM and ACNP on the Ward Valley issue.

Nuclear industry and biomedical groups have joined in opposition to California's decision to hold adjudicatory hearings. The California Radioactive Materials Management Forum, an industry group representing producers of radioactive waste, and the National Association of Cancer Patients plan to file separate lawsuits against the state. The State of Arizona and the San Diego Biomedical Industry Council filed briefs urging a speedy answer to the licensing decision. Arizona is a member with California, North Dakota, and South Dakota of the Southwestern Compact for which California agreed to provide disposal capacity for low-level radioactive waste over the next 30 years.

Like all other states, California is required by law to establish disposal capacity for low-level radioactive waste by January 1, 1993. After this date, the nation's only existing disposal sites in Nevada, South Carolina, and Washington can legally refuse low-level radioactive waste from out-of-state. Already it is apparent that no new waste sites will be ready by the 1993 deadline. Hospitals, biomedical researchers, and other producers of low-level waste are bracing for extremely limited capacity and exorbitant fees for getting rid of radioactive waste.

Efforts in California to establish a waste repository were among those nearest to completion, although the process is now stalled by political opposition. In December 1991, California's Department of Health Services informed US Ecology that sufficient information had been received to reach a licensing decision on the facility proposed for Ward Valley. But the following April, California's Health and Welfare Agency agreed to hold adjudicatory hearings before issuing a license for the facility.

The lawsuits allege that the California Senate Rules Committee pressured Health and Welfare Secretary Russell Gould to agree to adjudicatory hearings by holding up his confirmation and that of Health Services Director Dr. Molly J. Coye. Mr. Gould and Dr. Coye are named as defendants in the lawsuits.

US Ecology, SNM, and ACNP maintain that adjudicatory hearings are unnecessary and will benefit only the antinuclear activists who they say want to halt the development of the Ward Valley site. "The scientific issues have all been addressed in the license application and there has been more than ample time for public hearings," says Dr. Carretta.

The Sacramento Bee reported in June that project opponents planning to participate in the adjudicatory hearing process would be financed by a $300,000 appropriation in the state's budget. Political commentator Dan Walters wrote that the allotment of taxpayer dollars was "slipped into the state's budget" by Senate President Pro Temp David Roberti, chairman of the Rules committee, and Senator Herschel Rosenthal.

If the court decides to direct the state to issue a prompt licensing decision, two bills pending in the California legislature could render a judicial ruling moot. One bill would transfer authority over radioactive waste facilities from the Department of Health Services to the State Environmental Protection Agency, which Dr. Carretta says would set back the efforts of the Southwest Compact by at least eight years. The other legislation would make adjudicatory hearings a stipulation for licensing the site. ■

President

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tee in the spring for the formulation of our budget.

As an organization we have four fundamental objectives: education, research, the advancement of clinical practice, and socio-economic affairs. We do, and have to my recollection, always done an excellent job in our educational and research activities, exemplified by our annual meeting and *The Journal of Nuclear Medicine* and *Journal of Nuclear Medicine Technology.* With the formation of the Office of Health Care Policy within the Society and the capable, productive staff in the Joint Government Relations Office in Washington, DC, we have maintained a presence and held our own in the regulatory, legislative, and socio-economic areas. However, the challenges continue to increase and additional efforts must be expended if we are to maintain the integrity of the specialty. We are the largest organization representing the clinical specialty of nuclear medicine in the world and with that comes the responsibility to sustain our field. With the continued cooperation and support of the ACNP, I am optimistic that we will continue to prevail.

These are exciting times in the field of nuclear medicine and especially in The Society of Nuclear Medicine. I thank you for your confidence in allowing me to serve as President.

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