

mittee deliberations in November, it prepared strategies to recommend to the BOT in Seattle.

Objectively assessing the value of nuclear medicine is essential to keep the field viable in the current climate of reform and stiff competition among medical fields. SNM has contracted to do a resource-based relative value scale (RBRVS) study with Harvard University School of Public Health to find a valid and scientific estimation of the value nuclear medicine work. In a memo of October 7, Kenneth A. McKusick, MD, who will serve as technical advisor on the study, addressed the importance of "the need for this to be an impartial academic study if it is going to be deemed valid by the RUC, PPRC, or HCFA"—which will then determine the rates of nuclear medicine procedures for Medicare reimbursements. The BOT will hear a progress report on the study to assess how well the project is fulfilling the goals of the SNM Strategic Plan.

With eight other groups, SNM has cofounded Organizations United for Responsible LLRW Solutions, a public relations campaign on the importance of low-level nuclear waste (LLRW) disposal. After hearing a status report on the efforts of the coalition to date, the BOT will discuss the best strategies to further the coalition's goals.

The BOT will also deliberate on the progress of another joint effort—with ACNP, ICP, and the SPECT project—the proposed Joint Oversight Committee on Tomographic Imaging; the appointment of Howard J. Dworkin, MD, as the four-year SNM appointment to the JRC-NMT; the status of the Nuclear Medicine Residency Review Committee; increasing the use of computers and computer-based exhibits for SNM's scientific displays; a nuclear medicine task force for the U.S. Department of Energy; SNM's membership in the American Chemical Society; and SNM's endorsement of the candidacy of Terence Beven, MD, to the AMA Council on Scientific Affairs. ■

Bone Therapy, Computers at Mid-Winter Science Meeting

Two scientific symposia at SNM's midwinter meeting in Seattle will tackle subjects which, though covered before at scientific meetings, will now receive a new approach. The Radiopharmaceutical and Therapy Councils and the SNM Pacific Northwest Chapter are sponsoring "Radionuclide Therapy of Painful Bone Metastases: Current Status and Future Prospects," on February 7. Suresh C. Srivastava, PhD, president of the Radiopharmaceutical council, said that one service this symposia will provide will be to present material that has been available at East Coast meetings. But he also sees the Seattle symposium as addressing entirely new issues.

"Most symposia in the past [on this topic] have been clinical" in orientation, he said. "But there are some important scientific questions to answer." For instance, how can the radionuclide agents for painful bone metastases be improved? where should the research into these agents go from here? Dr. Srivastava noted that this is an opportune time to evaluate the status of such agents, because just last June, the FDA approved strontium-90, and three more are being developed now—two are in phase III trials, and an NDA for the other will go to the FDA in January. He estimates that 300-400 patients with bone metastases—mostly breast and prostate patients under sedation for months—have been treated successfully with radionuclides. "The question is the quality of life. This treatment will reduce the costs of patient care to society and improve the patient's life," he said.

He noted that some of the unusual topics for symposia will be covered in the first and third sessions. The first session will have discussions of mechanisms and basic science, such as "In vivo Mechanisms in the Palliation of Bone Pain in Cancer Patients," by Alexander J.B. McEwan, MB. There will also be talks on the chemistry, production, and mechanisms of three radiopharmaceuticals used in treating bone pain: rhenium-186-etidronate, samarium-153-EDTMP, and tin-117-DTPA. Dr. Srivastava pointed out other new symposia subjects in the third section—technical considerations like a talk on "Dose Escalation Experience" by Stanley J. Goldsmith, MD, and on "Radionuclide Therapy and the RTOG" by Naomi Alazraki, MD.

The Computer and Instrumentation Council is sponsoring a symposium on "Dedicated Instruments and Computer Processing Techniques for Cardiac Brain Imaging," February 7-8. I. George Zubal, PhD, program chairman and the council's secretary/treasurer said that, with this symposium, "We want to de-isolate the councils—to get to know one another well." Since computers are central to all imaging applications, he hopes that the symposium will provide a chance for members of the various councils, especially Brain Imaging and Cardiovascular, to mingle and more fully "understand what instrumentation is about." He added, "The organization [of the symposium] is novel. Councils and chapters used to have their own meetings" of this sort. "But the idea of reaching across borders is an important step to cross boundaries between disciplines—which is not done often enough—and have PhD's talking with MD's about computers and clinical applications."

Dr. Zubal said the symposium would also offer the chance to bring attendees up to date on new instrumentation and software. "Over the last couple of months, several instrument designs have had incremental improvements," he said. There will be discussions of new cameras, gantries, and collimation geometries, and of methods for turning light signals into coherent interpretable data. There will be talks on "Artificial Neural Network Interpretation of Nuclear Stress Cardiac Images" and on "A Co-registration Method for Three-Dimensional Functional Brain Images." With 23 presentations in all, Dr. Zubal hopes that besides the educational objectives, this will provide "a forum for discussions. The central idea is to mingle computers and their applications in the clinic."