depends on going into the manufacturer's application programs. In other cases, one needs programs that read floppy disc or tape output from proprietary computers. Occasionally, one can find a manufacturer that is willing to modify its application program, but too often at the next software release, the modification no longer works.

To partially remedy this situation, a department purchasing a new acquisition computer should insist not only that the application programs be suitably modified, but that all new software releases must maintain those modifcations. Second, regions of the source code dealing with the database and header information should be made available to the purchaser; or, alternatively, one should obtain a guarantee that timely, designed software changes will be made before and after equipment purchase. Third, the purchaser should retain the right to install networking software and hardware without voiding service contracts.

Conclusion

From our seven years' experience with a completely filmless, all-digital imaging department, we have gained insights that should be useful to others contemplating an all-digital radiology department. Our nuclear medicine PACS system provides network transfer of studies from our seven-image acquisition computers to three multiple-study display 1024 x 1280 pixel workstations. The workstations have windows into our HIS, RIS, and reporting system, allowing each workstation to be a single terminal workstation for all radiologist functions. Network modems permit remote access to the 28GB database. Issues of backup, conference presentation, networking, PACS advantages, and salient principles may help guide the development of PACS by others.

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News Briefs

Decreasing the NRC Fee Burden

The struggle with onerous NRC fees recently found hope on two fronts. Although the agency is charged by law to recover all of its expenses from its users and licensees, sometimes the distribution of fees seems to fall on certain parts of this population to the point of harm.

First, this Spring, efforts to overturn a heavy fee from nonprofit educational institutions succeeded. In early 1993, upon an order by the U.S. Court of Appeals of D.C., the NRC had deleted a provision that exempted nonprofit educational institutions from annual fees (see *Newsline*, October 1993, p. 30N). Striking the exemption would have meant an extra $62,100 annually for 38 research reactors at 33 universities, many of which are strapped for funds. Closing reactors could have affected nuclear medicine research and training. After the NRC published the new fee schedules, several potentially affected institutions filed a petition protesting such a pending loss to the public good. After a few months' consideration of this petition and comments on the proposed fee, the NRC reinstated the exemption.

Also, late this Spring, the U.S. Senate and House addressed the problem of NRC's user fees, which directly affect nuclear medicine by creating a large expense for the agency's medical licensees. Since 1990, as the NRC budget has increased and the agency passed costs on to licensees, these fees have increased over 1,400 percent, adding burden to practitioners and patients. The nuclear medicine lobby brought the problem to Congress' attention this year, and both chambers in turn addressed it in their reports to the commission. The Senate report notes that "This escalation of fees has caused 2,700 licensees (including 500 medical licensees) to drop their licenses since 1991, directly affecting the health and well-being of those dependent on the medical services," and recommended that, to reduce costs, the NRC should turn over much of the regulation of materials licensees to the States.

"The accepted fact in Washington is that the best way to get an agency's attention is to have the committees that appropriate the money give them direction," said J. Michael Hall, director of legislative affairs, Joint Government Relations Office. If so, the commission has received the message from its highest authority that steep fees only hurt nuclear medicine and national health. ■

Nuclear Medicine World Congress Gears Up

The Sixth Congress of the World Federation of Nuclear Medicine and Biology, to be held in the Sydney Convention and Exhibition Center in Sydney, Australia, October 23-28, has received a tremendous response in its call for abstracts. Over 1,100 abstracts were submitted, 372 were selected for oral presentation in 64 sessions, and 590 will be displayed as posters. There will be 15 "State of the Art" review sessions, each with three speakers of international renown covering the status of major nuclear medicine topics; more controversial topics will be covered in the Symposia series. There have been 95 entries for the Iio Award, out of which five finalists will be narrowed to the single awardee, who will be introduced at the Closing Ceremony by SNM Past President Henry N. Wagner, Jr., MD. SNM President James J. Conway, MD, will conduct the "International Pediatric Challenge." Parties interested in attending the Congress should contact the Sixth World Congress of Nuclear Medicine and Biol-

ogy, GPO Box 2609, Sydney, NSW, Australia (612) 241-1478; FAX (612) 251-3552. ■

Dr. Ross Receives French Foundation Award

On April 24, 1994, Joseph F. Ross, MD, professor of medicine emeritus at UCLA and president, American Board of Nuclear Medicine, was awarded the Dorothy Kirsten French Memorial Award, for Outstanding Achievement in the Field of Medicine. The French Foundation for Alzheimer's Research was founded ten years ago, honoring Dorothy French's husband, Dr. John Douglas French, who co-founded UCLA's Brain Research Institute. Although Dr. Ross said he has not done Alzheimer's Research, "I've supported that research, and I've supported the Foundation, and I've advised Dorothy" on running the Foundation. Dorothy French was also his patient for several years as he treated her for polycythemia rubravera.

Dr. Ross did his undergraduate work at Stanford University, then took his MD from Harvard Medical School. He did his residency in pathology at Mallory Institute at Boston City Hospital, and internship in Harvard service at the same hospital. It was in Rochester, NY, "working in pathology with Dr. Whipple, where I learned about radioactive materials," Dr. Ross said, and he used radioactive iron to research on dog blood, then applied the work to humans. During the Second World War, he developed a method of preserving red blood cells so that blood transfusion shipments could be readily shipped to soldiers around the world. President Harry S. Truman recognized Dr. Ross's achievement for the war effort in a Presidential Certificate of Merit.

Besides co-founding the American Board of Nuclear Medicine, Dr. Ross also co-founded and served as president of the American Society of Hematology and the Southern California Society of Nuclear Medicine. ■

FDA Approves FDG for PET

In a move that clears the way for Medicare reimbursement for PET imaging, the Food and Drug Administration (FDA) on August 17 announced its approval of the use of fluorodeoxyglucose (FDG), a common PET radiotracer. Concerning such lack of FDA approval, "informally, this is what has held up Medicare approval of FDG," said J. Michael McGehee, executive director of the Institute for Clinical PET. Now that the FDA says FDG is safe and effective, "this is the removal of a major roadblock to Medicare approval."

A glucose molecule labeled with radioactive ^{18}F fluoride ion, FDG provides a method for evaluating cellular metabolism and is an important tool for assessing malignancy, size, and metastasis for brain, breast, lung, and other tumors. It is also significant in distinguishing Alzheimer's disease from other dementias, diagnosing coronary artery disease, and pinpointing the location of epilepsy in the brain. Most insurance covers use of FDG PET, but the Health Care Financing Administration (HCFA), which administers Medicare, has refused to cover FDG without FDA approval.

"Now Medicare will be evaluating and making decisions based on the Office of Health Technology Assessment's" evaluation of the drug, Mr. McGehee said. "We're working with HCFA on their coverage decision." ■