

^{201}Tl and dobutamine echocardiography, for determining myocardial viability. The first researcher, Thomas Chen, MD, senior cardiology fellow, Division of Cardiology, Department of Medicine, St. Luke's/Roosevelt Hospital Center (New York, NY), will apply his \$25,000 award to a large follow-up study of patients with ischemic and non-ischemic cardiomyopathy and evaluated with SPECT myocardial perfusion scintigraphy. The second awardee, Habib Dakik, MD, fellow in the Division of Cardiology, Baylor College of Medicine (Houston, TX), will apply his funds to ^{201}Tl , $^{99\text{m}}\text{Tc}$ sestamibi, and dobutamine echocardiography studies in 35 patients.

Du Pont Merck Pharmaceutical Co. sponsors the two grants "to provide funds, resources, for young [investigators] interested in pursuing cardiovascular nuclear medicine, depending on the project," said Naomi Alazraki, MD, chair of the SNM subcommittee that chose the awards. 1994 marks the second year the grants have been given.

Dr. Chen aims to assess how well $^{99\text{m}}\text{Tc}$ sestamibi SPECT can predict outcome in patients who have poor resting left ventricular function. He sets three research goals: to identify myocardial perfusion SPECT scintigraphic factors that differentiate patients with ischemic versus non-ischemic cardiomyopathy; in a large-spectrum population of patients with ischemic and non-ischemic cardiomyopathy, to assess how well $^{99\text{m}}\text{Tc}$ sestamibi myocardial perfusion SPECT adds incremental prognostic information to clinical data; and to evaluate prognostic information from the assessment of left ventricular contractile function by gated $^{99\text{m}}\text{Tc}$ sestamibi myocardial perfusion imaging. According to Dr. Chen, "Our study should provide a definitive analysis of the prognostic efficacy of stress myocardial perfusion SPECT in patients with poor LV function, by assessing its incremental prognostic information relative to that provided by the already available clinical information."

Using surgical-pathological methods, Dr. Dakik

will evaluate how well three different diagnostic modalities determine myocardial viability. Because impaired left ventricular function is not necessarily irreversible, distinguishing nonviable tissue from viable in noncontracting or hypocontractile myocardial zones is a significant challenge for diagnostic medicine. Thus, Dr. Dakik's goals for his study are to characterize the pathological findings in myocardial segments that rest-redistribution ^{201}Tl or rest-gated $^{99\text{m}}\text{Tc}$ sestamibi SPECT or low-dose dobutamine echocardiography predict to be viable or non-viable; and to compare the sensitivity and specificity of these three modalities in predicting reversibility of myocardial dysfunction after revascularization surgery. According to Dr. Dakik, "This will be the first study to directly compare the efficacy of these techniques... in which myocardial viability will be defined in terms of the histologic features as well as the ability to regain contractile function after coronary revascularization."

Mallinckrodt Winner To Quantitate ^{11}C Thymidine PET Imaging of Tumor DNA Synthesis

Research done under the 1994 SNM Mallinckrodt Fellowship may help answer the general question, "How well is a particular therapy containing a tumor?" Though some imaging techniques can give some anatomical evidence and other useful clinical results, it would be even more useful to tell right away—before the months before an anatomic change occurs—if cell proliferation is being stymied. David A. Mankoff, MD, PhD, resident in the Division of Nuclear Medicine, University of Washington School of Medicine (Seattle, WA), has already begun investigating the potential of ^{11}C thymidine PET imaging for identifying early responses to therapy. Now with the \$30,000 grant funded by Mallinckrodt Medical, Inc., Dr. Mankoff will validate his model for ^{11}C thymidine imaging, apply the model to patient images, and simplify the model for easier clinical use. ■

COMMENTARY

GOVERNMENT RELATIONS UPDATE

REGULATORY ACTIVITIES

NRC Training and Experience Criteria. On December 23, 1993, ACNP and SNM mailed a letter to NRC suggesting that the current training requirements for the therapy uses of unsealed sources (particularly ^{89}Sr) were not sufficient to guar-

antee the safety of patients and the public. The letter pointed out that NRC's board certification requirements were more stringent than the current 80-hour requirement also used by NRC. The letter also expressed concern that mistakes will occur as a result of NRC licensing poorly qualified physicians.