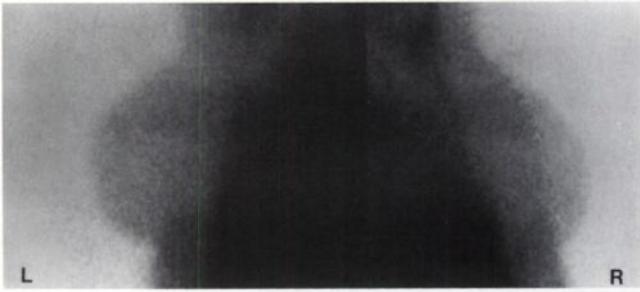


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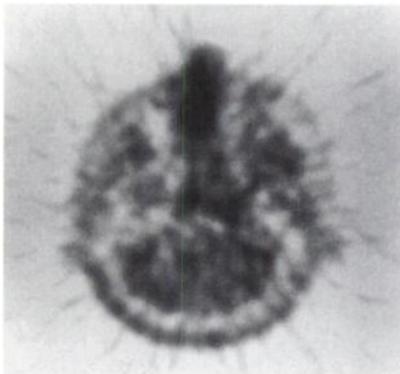


Normal prone scintimammogram obtained 15 min postinjection of 25 mCi ^{99m}Tc -sestamibi. See pages 1758–1765.

For the second time this year, an entire issue of *The Journal of Nuclear Medicine* is devoted to original articles pertaining to nuclear oncology. That this is possible testifies to the clinical and basic investigations in this area occurring in nuclear medicine facilities throughout the world. Happily, it has not yet become necessary to use the term oncologic nuclear medicine.

Nuclear oncology is the application of nuclear medicine to oncologic problems for:

- Initial diagnosis (or, at least, identification of a tumor).
- Identification of the extent of disease.
- Localization of the primary site when a patient presents with metastases.
- Characterizing the tumor as an aid in selecting therapy.
- Evaluating therapeutic effects.
- Differentiating between post-therapeutic effects and recurrence.
- Identification of nononcologic complications in patients with known tumors.
- Monitoring patients for potential recurrence of malignant disease.
- Using radionuclides as internally administered radiotherapeutic agents.



Primary melanoma of the nasal cavity is clearly visualized by PET and [^{11}C]methionine. See pages 1806–1809.

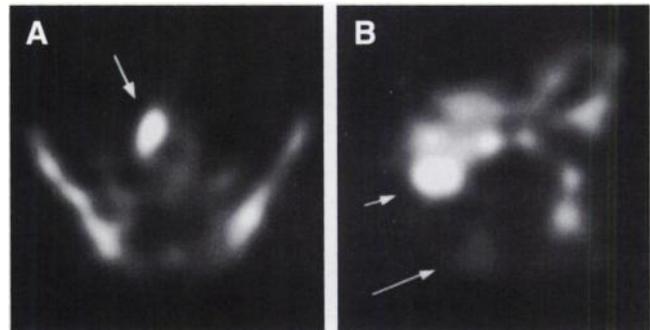


Prone lateral views of the breast demonstrate a focal area of intensely increased ^{99m}Tc -sestamibi uptake in the lower segment of the right breast that corresponds to a clinical palpable mass in this area. See pages 1784–1789.

This special issue reports advances in planar and tomographic single-photon imaging, including the rapidly evolving area of peptide receptor scintigraphy, improved application of lymphoscintigraphy and further developments in sestamibi tumor and monoclonal antibody imaging. Several studies of PET imaging with ^{18}F FDG or ^{11}C -methionine and a ^{64}Cu -labeled monoclonal antibody are reported. Certain articles should further the scientific foundation of radionuclide therapy. These applications of nuclear medicine science, technology and clinical skills represent both a challenge and opportunity to the nuclear medical community.

The Journal is pleased to be a part of this effort. Specific issues like “Nuclear Oncology” draw attention to the growth in this area and make it convenient and timely for readers to take a quantum step forward to understand the progress in this topic.

Stanley J. Goldsmith, MD
Editor-in-Chief, *The Journal of Nuclear Medicine*



Transaxial PET images of the pelvis (A) and at the level of the diaphragm (B), obtained after injection of ^{64}Cu -MAb 1A3 (5 mg, 10 mCi) in a man with primary carcinoma in the sigmoid colon (arrow in panel A) and metastases in the lung (long arrow in panel B) and liver (short arrow in panel B). See pages 1818–1824.