GOVERNMENT RELATIONS OFFICE MOVES TO RESTON

The Society of Nuclear Medicine's (SNM) and the American College of Nuclear Physicians' (ACNP) Government Relations Office is under new management and has relocated from Washington, DC to Reston, VA. At the June SNM Annual Meeting, leadership from both the Society and College agreed that it would be more beneficial and cost-effective if the office was in direct contact with Society leadership and staff in the Reston office.

Marc Associates, the lobbying firm hired this past spring, has been replaced by a new staff headed temporarily by Robert E. Henkin, MD; a full-time director will be hired within the next few months. David Nichols, who formerly worked for the Government Relations Office before Marc Associates was hired, is the new associate director, and Heather McGavin is the new associate coordinator. The new office has decided to use an integrated approach to address nuclear medicine issues. The aim is to influence both congressional leaders and high-level officials at the Nuclear Regulatory Commission (NRC) and the Food and Drug Administration (FDA). "Our main focus is to lobby Congress on the regulatory burdens created by the NRC and the FDA," Nichols said.

Although the Government Relations Office has gone through several changes over the past few months, the strategic goals and agenda items have not been altered, according to Henkin. The following issues remain top priorities:

• **Breaking Free from the Nuclear Regulatory Commission**
When former Nuclear Regulatory Commission (NRC) chairman Ivan Selin, PhD, stepped down, he advocated ending the NRC's medical use program. The office is trying to keep new Chairman Shirley Jackson, PhD, on that same path. SNM president Peter Kirchner, MD, and ACNP president Robert Carretta, MD, met with Jackson on August 14, 1995. She said she is holding off on making any decisions on the medical use program until the National Academy of Sciences publishes their review of the NRC's program in December. Kirchner and Carretta emphasized that both nuclear medicine organizations want to give input on the rewrite of Part 35 of the Code of Federal Regulations, which concerns the regulation of nuclear medicine. The overall assessment is that NRC staff will not want to loosen the regulations and may even wish to add some more items, Henkin said.

• **Warding Off Regulation of PET Drugs**
Trying to head off the FDA's plans to regulate PET radiopharmaceuticals, the Society together with the ACNP, the American Society for Nuclear Cardiology, the Institute for Clinical PET and the American College of Radiology submitted a petition to the Dockets Management Branch of the FDA urging the agency to consider an approach that would assure the availability of safe and effective radiopharmaceuticals for PET. The Government Relations Office is currently working with the House Appropriations Committee staff on their review of the effectiveness of PET. The Society's PET Radiopharmaceutical Task Force met recently and reaffirmed SNM's previously expressed opinion that the new drug approval (NDA) regulatory process, developed for commercial drugs produced in large quantities, was inappropriate for the ultra-short half-life of radiopharmaceuticals used in PET imaging. Implementation of the NDA regulatory process would impose severe economic burdens on the providers of PET.

PEDIATRIC NUCLEAR MEDICINE MEETING: THE LATEST ADVANCES

The European Association of Nuclear Medicine's Pediatric Task Group sponsored its second worldwide meeting focusing on the recent advances in pediatric nuclear medicine. The meeting was held this past March in Barcelona, Spain and was well attended by 243 physicians, pediatricians and technologists from the United States, South Africa and Australia, as well as various countries in Europe. The main areas of research presented at the meeting were nephro-urology, oncology and neurology with a total of 35 oral presentations and 20 posters.

In neurology, the majority of brain SPECT presentations focused on seizure disorders. Some interesting findings related to SPECT brain images in children with specific language disorders and, in most cases, temporal hypoperfusion was found. Still unexplained, however, were the additional lesions that some researchers detected in the frontal cortex. In exploring the causes of autism, one interesting study, in which scientists performed SPECT brain scans on autistic children using ^{133}Xe, revealed a significant decrease in regional cerebral blood flow in the left hemisphere, independent of left/right handedness, sex and age.

In nephro-urology, a comparison of SPECT and planar DMSA studies in normal children suggest that SPECT may overdiagnose renal parenchyma abnormalities due to the heterogeneous and variable configuration of the kidney's cortical structures. The researchers recommended exercising caution when evaluating children with suspected renovascular hypertension. In other research, a multicenter study outlined normal values for MAG3 clearance in various pediatric age groups.

Besides covering the latest medical research, the meeting addressed clinical matters in terms of how to define the role of nuclear medicine in the diagnostic and therapeutic management of pediatric patients. One noteworthy presentation titled, "Questions That a Pediatric Oncologist Would Like Us to Answer" was given by J. Treuner, MD, head of pediatric oncology-hematology at the Children's Hospital in Stuttgart, Germany. He emphasized that prognostic indices have become increasingly important in the evaluation of certain cancers, particularly neuroblastomas. Nuclear medicine, he said, can provide oncologists with information on prognosis through various parameters, including ploidy, N-myc amplification, MIBG uptake and the assessment of somatostatin receptors through the use of octreoscan.

For additional information on this meeting, contact Isabel Roca, MD, at 34-3-4183400 or fax her at 34-3-4280176.

—Reported by A. Bischof Delaloye, MD, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland

INDUSTRY AWARD WINNERS

The two recipients of the DuPont Pharma/SNM Fellowship and the SNM/Medi-Physics Research Grant have three things in common: They are both from foreign countries, they both came to the U.S. to marry their fiancées and they both decided to stay in this county to study nuclear medicine in the areas of research and therapeutic applications.

William H. Devlin, MD

This year's winner of the Dupont Pharma/SNM Fellowship is William H. Devlin, MD, a lecturer in internal medicine in the division of cardiology at the University of Michigan and VA Medical Centers in Ann Arbor, MI. Born and raised in Newfoundland, Canada, Devlin received his undergraduate degree at Memorial University in Newfoundland and moved to the United States in 1988. The $30,000 grant provided by DuPont Pharma is for research in cardiovascular medicine and will enable Devlin to evaluate the effectiveness of balloon angioplasty in individual patients. "Within six months of the balloon angioplasty, 30%-50% of people have their symptoms come back. We want to eliminate that number," Devlin said.

In the study, within the past 2 months, patients who have undergone angioplasty have been injected with ^{111}In-labeled autologous human plasma low-density lipoprotein (^{111}In-LDL) and will then undergo scans to visualize the extent of LDL accumulation in their coronary arteries. The main question Devlin wants his pilot study to answer is: Can the scans predict which patients will have completely blocked arteries six months after angioplasty? Currently, there are no noninvasive clinical methods for predicting which coronary artheromata are likely to become restenotic following percutaneous transluminal coronary angioplasty, directional coronary atherectomy or intracoronary shunt placement.

The pilot study began shortly after the Society's Annual Meeting in June. To date, there are three men, aged 50 to 60, participating in the study who had angioplasty on their left arteries. Each patient had symptomatic chest pain as well as abnormal thallium scans and stress tests.

Ben Adarwa Dwamena, MD

This year's SNM/Medi-Physics Research Grant for Therapeutic Nuclear Medicine was awarded to Ben Adarwa Dwamena, MD, chief nuclear medicine fellow at the University of Michigan in Ann Arbor, MI. In Africa, surgery with its low success rate, is frequently the only option available to brain cancer patients, according to Dwamena. What's more, patients with brain cancer often have inoperable tumors and radiation treatments may not work to shrink the masses. "Nuclear medicine holds the promise of monoclonal antibodies, which may turn out to be more effective than traditional therapies," Dwamena said.

Originally from Ghana, West Africa, Dwamena has been in the United States for four years and completed his training in internal medicine. He hopes to develop a monoclonal antibody-based treatment for brain tumors with the $30,000 grant awarded to him at the SNM Annual Meeting this past June for his pilot study. As the recipient of this research grant, Dwamena will use several transferrin receptor antibodies to see if they can successfully combat malignant gliomas.

Dwamena and his research supervisor, Richard L. Wahl, MD, professor of internal medicine and radiology, and director of general nuclear imaging at the University of Michigan, will perform a pilot study on mice who were given transplants of human glioma tumor cells. They plan to inject monoclonal antibodies labeled with either ^{131}I or ^{90}Y. The aim of the in vitro study is to carefully assess the cellular response of the tumors to the antibodies. If a strong response is seen, the next step would be to conduct an experiment to see if the antibodies could actually shrink the tumors.

SNM CHAPTER PRESIDENTS AIR THEIR CONCERNS

The presidents of the 16 regional chapters of the Society of Nuclear Medicine (SNM) met at the Annual Meeting in June to discuss how their particular chapter is handling SNM issues such as health care reform, membership decline and professional liability. Chapter representatives were asked to discuss topics such as the integration of chapter bylaws into the new SNM bylaws, liability insurance coverage and chapter investment strategies.

Two issues that concern Pacific Northwest Chapter President Jerry Glowniak, MD, are the difficulty that nuclear medicine residents have in finding positions at hospitals and the shortage of nuclear medicine technologist jobs in the Pacific Northwest area, particularly in Portland, OR. For instance, at the Veterans Administration (VA) hospital where he works, only one of six technologist trainees in last year's graduating class has been able to find employment. As a result, the technologist training program has been suspended for at least 1 year. At the VA Hospital in Portland, the nuclear medicine department has been being integrated with radiology, a trend that is occurring at other VA hospitals nationwide. This has resulted, Glowniak said, in a reduction in nuclear physicians who are not radiologists. What's more, nuclear medicine procedures are being replaced increasingly by other diagnostic tests.

One solution to the job shortages and downsizing at hospitals—that all the chapter presidents agreed upon—is to get nuclear medicine procedures included in the critical pathways now being developed by various hospitals throughout the country. These pathways define which departments in the hospital should handle patients with certain medical conditions such as cancer or chest pain. Glowniak suggested nuclear physicians become more active in their institutions to give input during the development of the critical pathways. "We need to show how nuclear medicine procedures are cost-effective to the hospital. Thus, it's vital for nuclear medicine to be represented at a local level rather than just at the national level."

– Compiled by Stacey Silver