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# The Need to Improve Continuing Medical Education

There is a crisis in continuing medical education (CME) as it relates to nuclear medicine. Many nuclear medicine referrals are generated by radiology departments and a considerable amount of nuclear medicine is practiced by radiologists with various levels of expertise in nuclear medicine. For nuclear medicine to remain strong both in and out of academia, it is crucial to make sure that radiologists are receiving appropriate and accurate information on the usefulness of nuclear medicine in solving particular diagnostic problems.

There is a serious breakdown in communication at the CME level, which may be the only opportunity to educate radiologists (particularly those with a limited interest) on new developments in nuclear medicine that may be helpful to them. Because I practice both specialties, I divide my CME between radiology and nuclear medicine oriented meetings. Recently I have found diagnostic radiology CME to be quite distressing.

This summer I attended a general radiology update with speakers from universities with reputations for excellence in both nuclear medicine and diagnostic radiology. The meeting had no nuclear medicine physicians lecturing, which is a common occurrence. The chairman of radiology (a neuroradiologist) at one institution gave a thorough lecture on imaging the pituitary but failed to mention octreotide scanning, let alone comment on where it may or may not be useful in assessing pituitary tumors. Another speaker ( chairman, GU radiologist) discussed the work-up of adrenal and neroendocrine tumors. He made a few derogatory remarks about MIBG and failed to mention octreotide scanning for neuroendocrine tumors, including MEN syndromes, while advocating total-body CT and MR.

The speakers on breast imaging had no knowledge of sestamibi or thallium breast imaging, and the speaker on chest radiology barely mentioned nuclear medicine at all, saying that it was beyond the scope of the discussion on staging lung cancers. The musculoskeletal expert did discuss bone scans in a rather derogatory fashion, while comparing MRI with some rather mediocre planar images. No mention was made of SPECT nor was WBC scanning mentioned in his disussion of infection imaging.

I have recently returned from another radiology update sponsored by a different university, also highly respected in academic circles. A discussion on the work-up of restaging colorectal carcinoma was exclusively on MRI, CT and transrectal ultrasound. The presenter did show a PET image, commenting that this was not routinely available, but failed to even mention the word OncoScint™, let alone put it in the context of the work-up of recurrent disease. An earlier talk on pancreatic neuroendocrine tumors and their imaging work-up made no mention of Octreotide.

This situation is disastrous for the nuclear medicine community. Like it or not, diagnostic radiology is the 800-lb gorilla in diagnostic imaging and should be a major source of nuclear medicine referrals. The impact of this is far reaching. Problems include colleagues who come across diagnostic dilemmas without a feel for when nuclear medicine may be of value and therefore do not even have the first clue as to whether a nuclear medicine exam is indicated if they are not exposed to the appropriate information. One also encounters the skepticism that if the procedure is so useful how could an internationally renowned subspecialist radiologist fail to mention it in his lecture. These problems are also finding their way into the radiology literature through flawed research

As imaging becomes more complex and costly, I am having increasing difficulty determining the best imaging approach for my patients. Nuclear medicine meetings have been only slightly better at addressing these issues, although some recently offered meetings are giving me hope. Unfortunately it is unlikely that general and other subspecialty radiologists will attend unless they already have a strong interest in nuclear medicine.

The only solution I can offer is to ask academic nuclear medicine physicians to take an active role in radiology CME and in educating their colleagues. Nuclear medicine has a lot to offer, and we cannot afford to let this continue.

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## SNM Technologist Section 1996 Election

**NOMINEES:**

**PRESIDENT-ELECT**
Denise Merlino
Kathy Thomas

**SECRETARY/HISTORIAN**
Nanci Burchell
Kristen Waterstram-Rich

**TREASURER**
Donna Brinlee
John Kohler

**DELEGATE** *(Two will be chosen)*
Carol Bonanno
Art Hall
Fran Neagley
Cardiff "Mickey" Williams

**FINANCE COMMITTEE**
Chris Carlson
Janet Champagne

**NOMINATING COMMITTEE**
*(Four will be chosen)*
Lori Lee Collins
Lenna Deletis
Nik Iwaniw
Nancy Price
Carole South-Winter
Randy Wilder

**MEMBERSHIP COMMITTEE**
Kathleen Jones
Carolyn Sizemore