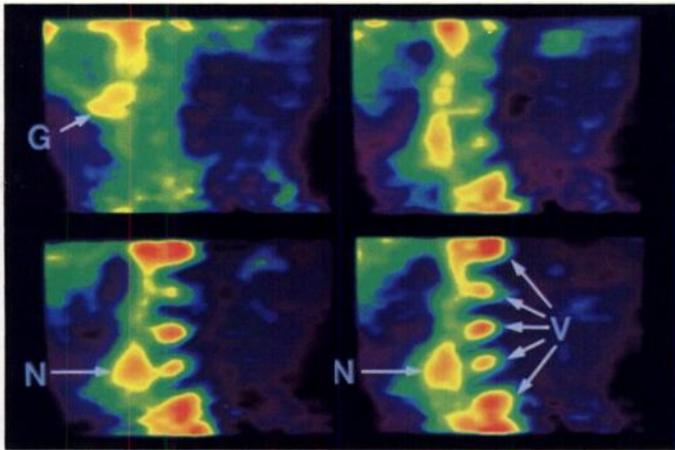


Nuclear Oncology 1996: New Horizons for Nuclear Medicine

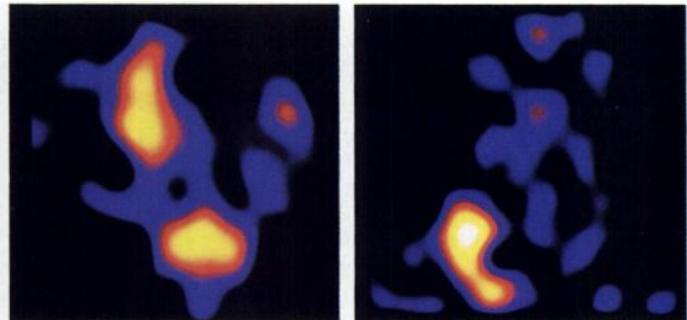


Reoriented PET images of a metastatic lymph node in the midjugulum of a patient with a T2N1 carcinoma of the oral cavity. See pages 867-871.

The principal mandate of *JNM* is to provide a forum for the timely reporting of original manuscripts in the field of nuclear medicine in the various forms it has taken over the past 37 years. When there are many manuscripts dealing with a specific area of interest, it becomes feasible to cluster these articles into a theme issue devoted entirely or primarily to this area.

In this issue, we have clustered manuscripts dealing with nuclear medicine techniques in oncology. This clearly benefits those specifically interested in this area. It also provides an opportunity to demonstrate to our clinical colleagues in oncology that nuclear medicine is alive and well and relevant to the diagnosis, management, therapy and evaluation of therapeutic responses in patients with oncologic disorders. It also demonstrates that there is a science behind these applications, that progress does not come easy and that good results are not obtained simply by buying a tracer and injecting it into someone with a disease. In this era of cost-containment, how is medicine overall, not just nuclear medicine, going to progress, to improve the care we give to patients without continuing to assess the results of what we do, and then try to do better?

What do so-called "special issues" offer the nuclear specialist



High-resolution antigranulocyte SPECT images show homogeneously increased tracer uptake in the corpus of the right mandibular bone. See pages 969-970.

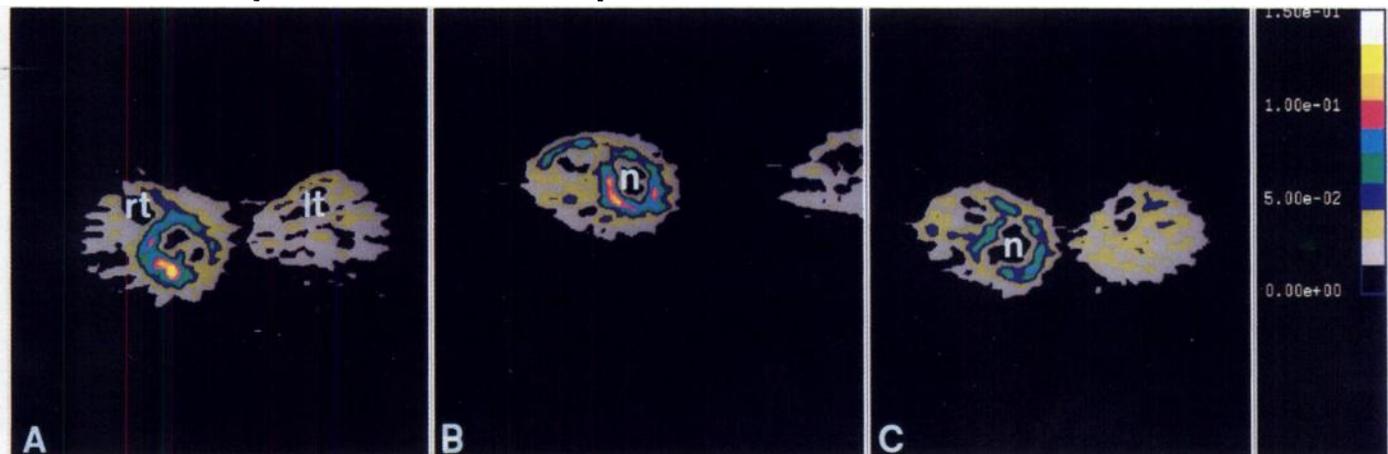
interested in a different clinical application? I believe that it offers an opportunity to refresh ones thinking, a brief intellectual sabbatical to see what someone else in an entirely different area (if, indeed, it really is so different) is doing. After all, ^{99m}Tc -MIBI and ^{201}Tl were introduced as myocardial perfusion imaging agents. They account for five of the original reports of human studies in this issue. There are four human studies and one laboratory study on somatostatin-receptor imaging tracers. Somatostatin is a neuropeptide, initially identified as a hypothalamic secretion.

The remainder of this issue reports remarkable diversity of advances within nuclear oncology. In addition to the above applications, there are reports on PET tracers, FDG and tyrosine, monoclonal antibodies as imaging and therapeutic agents, the evolving area of lymphoscintigraphy, that old stand-by bone scintigraphy and the improved use of ^{90}Y microspheres as a radiotherapeutic agent. There is a novel case report involving the use of the new myocardial tracer, ^{123}I -BMIPP, a labeled fatty acid to visualize liposarcomas.

Who among our readership will find something of value in these reports for cardiovascular nuclear medicine studies or other non-oncology applications of nuclear medicine? Who from one of these areas will provide an insight from their domain to report in some future nuclear oncology issue?

Stanley J. Goldsmith, MD

Editor-in-Chief, *The Journal of Nuclear Medicine*



Transversal image of a malignant fibrous histiocytoma of the lower leg. See pages 954-960.