

last year and results from several clinical trials have been reported.

- There is a recent trend towards incorporating attenuation, scatter compensation and resolution recovery into SPECT reconstruction algorithms.
- A new automated quantitative gated SPECT software, QGS from Cedars-Sinai, is now available from several vendors.
- Linking nuclear medicine computer systems is an important issue, and Dicom 3.0 may offer some solutions. Most nuclear medicine workstations currently have some limited Dicom 3.0 capabilities.

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Commentary

Proposed NEMA Standards for Residents in Nuclear Medicine

The Nuclear Education in Medicine Association (NEMA) requires postgraduate trainees to fulfill the following requirements prior to completion of residency training:

1. Must pass "Acceptance Testing" to enter the program: inspection, filtering and backprojection of his/her profiles.
2. Requires 486 or faster mental processor in brain, with 64 GigaBytes of RAM, to accommodate all the data installed over 4 yr (expandable to 5 yr).
3. Must possess a semipermeable blood-brain barrier, to allow diffusion of all aspects of nuclear medicine administered, which will be traced using compartmental analysis.
4. Be able to absorb information, with a fast component whose half-life is measured in milliseconds, without significant attenuation.
5. Have a deadtime of neurons as short as possible, and all functional components that are nonparalyzable.
6. Have visual perception sufficient to see the patient through the scan, and read the requisitions with a modulation transfer function of 1.
7. Must possess strong vestibular apparatus with a perfect COR, to maintain balance while rotating between departments and using different protocols.
8. Be able to return quickly to the department after Interhospital Rounds, with minimal time of flight.
9. Must possess an energy level of at least 1.022 Mev.
10. Should have high emission rate of information at examinations, with significant proportion being coherent interactions, and with minimal crosstalk.
11. Should be adequately shielded to keep demands as low as reasonably achievable and complaints below the minimal detectable level.
12. Have the ability to suppress annihilation reaction when overburdened. With apologies to the other NEMA and to nuclear medicine physicists!

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