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Lines From the President

Whether these are the best of times or the worst of times does not matter because these are the times of our lives. . . (with apologies to Charles Dickens)

The day started well. A colorful, serene sunrise lit the crisp winter desert air as the Society of Nuclear Medicine's (SNM's) House of Delegates entered the meeting hall at SNM's Mid-Winter Meeting in Las Vegas, NV, on February 1, 1998. A full agenda awaited them.* Included on the docket were the following key items:

- The strategic plan governing SNM's future.
- An update from Nuclear Regulatory Commission (NRC) representative Cathy Haney on the rewrite of the portion of the *Code of Federal Regulations* governing control of the medical uses of byproduct material.
- Definition of the level of physician supervision required to perform nuclear medicine procedures.
- A report from the publications committee regarding its recommendation of a new editor for *The Journal of Nuclear Medicine*.
- An update on the SNM executive director search.
- Consideration of a proposal to enhance communication and collaboration between nuclear medicine organizations.

NRC Update

Following the establishment of a quorum and a moment of silence to honor recently departed SNM members, the delegates turned their attention to an informative presentation by Cathy Haney on the current status of the NRC's rewrite of Title 10 of Part 35 of the *Code of Federal Regulations*, which deals with the medical use of byproduct material.

Haney spoke against the backdrop of the NRC's complex role, which has been debated for almost 50 years. Most of us agree that the agency's central mandate is clear: The NRC is required to regulate the handling of all byproduct material (particularly where large quantities are used, such as power plants and weapons manufacture). But the picture is complicated by the multiple groups, in addition to the NRC, who regulate the medical uses of radioisotopes: the Joint Commission on the Accreditation of Healthcare Organizations, state licensing authorities, hospital credentialing and privileging bodies, the Environmental Protection Agency and the Occupational Safety and Health Administration. Since these other groups already cover the medical aspects of radionuclide use, the role of the NRC should be to deal with safety and not medical practice. And concerns with safety inevitably involve parallel concerns with level of training.

How much training is necessary to ensure the safe handling of

radionuclides? Some in nuclear medicine want to remain behind the regulatory skirts of a federal agency, allowing only those with at least 1200 hours of training and experience in the safe handling of radionuclides to gain a license to obtain byproduct material. Since clinical competency has been delegated to agencies such as hospital credentialing committees and specialty boards, 1200 hours of training seems excessive. With a course of training that requires less than 1200 hours, most physicians have the necessary intelligence and knowledge to deal with wipe tests, calibrating survey meters, containing spills and ensuring that the correct dose is administered to the correct patient.

Haney's presentation lasted 45 minutes. Afterward, 15 minutes were set aside for comments from the delegates, but the time went by rapidly as concerned members of the House spoke out, each of whom saw additional problems with the rewrite. Each speaker stressed to Haney the additional burdens the proposed rules could produce. During this brief comment period, delegates addressed key issues such as the possible requirement of pregnancy tests for all women of childbearing potential, elimination of the radiation safety committee, reduction in the training and experience required for a license to handle byproduct material to 120 hours and the potential requirement for increased recordkeeping. At the conclusion of this portion of the meeting, the House authorized the formation of a task force to develop a coherent SNM position on the rewrite.

Physician Supervision Guidelines

Next on the agenda was a document developed in response to Health Care Financing Administration (HCFA) definitions of the level of physician involvement required for procedure reimbursement. It described optimal physician supervision for radionuclide studies and defined three levels of physician supervision: *general*, wherein the physician does not have to be in the immediate area during the procedure; *direct*, wherein the physician is in the building where the procedure is being performed; and *personal*, wherein the physician is in the room when the procedure is performed. Yet there is a fundamental difference between radionuclide imaging and most other aspects of medicine in that only a qualified physician can order the radiopharmaceutical. The responsible licenseholder (or his or her designee) must as a result see the patient or interact with the requesting physician to determine that a radionuclide procedure is likely to provide information that will affect the patient's care. Once that determination is made, some procedures, such as a blood volume, can be carried out by a qualified technologist and do not require immediate physician supervision. An imaging study, such as a bone scan performed for surveillance of possible metastases, may also fall into a similar category during the acquisition of data.

Nevertheless, at the conclusion of imaging the data should be reviewed to determine that adequate information is available to render a report. In the course of administering radionuclide therapy, the physician must be in the room with the patient. The House of Delegates voted to adopt the SNM Physician Super-

* The agenda reflected a mixture of U.S.-related items and those of general interest to the entire international membership. Even though a good deal of the debate at this meeting centered around issues pertaining to U.S. members, many similar topics are of concern to members in other countries.

vision Guidelines, a document developed by a task force I appointed last fall. (For the full text of the Guidelines and a related story, see April's *Newsline*, pages 26N and 28N.)

New Journal of Nuclear Medicine Editor

R. Edward Coleman, MD, chair of the SNM publications committee, presented the third item on the agenda. Coleman reported on the process used by the committee in the nomination of a new editor for *The Journal of Nuclear Medicine*. Following a 4-month-long call for candidates within the pages of the journal and through SNM committees and councils, the committee received a number of carefully prepared applications drawn up according to a format set by the committee. Each candidate described his or her vision for the journal. Five superbly qualified finalists were extensively interviewed by the committee. After considerable deliberation, the committee nominated Martin P. Sandler, MD, as the editor-designate of *The Journal of Nuclear Medicine*. The House approved the committee's recommendation by acclamation.

Executive Director Search Update and Nuclear Medicine Integration

In a similar agenda item, the SNM executive director search committee noted that interviews are under way and several potential candidates have been identified. Meanwhile, SNM is functioning very well with its interim management structure under the leadership of Virginia Pappas, CAE.

A final item dealt with the proposed integration of the multiple groups representing nuclear medicine into a single organization. Time, however, was running out, and this important question was tabled for further deliberation at the June meeting in Toronto, Ontario, Canada.

Additional Comments

Turning from the House of Delegates meeting, a few final remarks.

As you may have already learned, B. Leonard Holman, MD, past president of SNM (1987–1988), died on February 1 (see page 18N). I know that his passing has been a personal loss as well as a loss for our profession as a whole. But Leonard has left us a fine legacy in his remarkable vision and through the insights we may gain from his research. Although he was best known for his monumental work on brain imaging, he also made many contributions to cardiovascular imaging, radiopharmaceutical development and resident education. While Leonard's publications stand as a monument to his life, it is his easygoing style and wise counsel that will be most sorely missed. Our field is richer for his participation as it is diminished by his loss.

Finally, some of you may have noticed my "Please Vote!" announcement that appeared in last month's *Newsline*. If you didn't, let me remind you that by the time you read this our annual election will be taking place. Some of you will have voted, others will have not. On average, only 18% of the electorate express their views by voting in our elections.

Elections are not the time to be a shrinking violet. Nuclear medicine is a vibrant field, with new radiopharmaceuticals enhancing our clinical value and innovative instrumentation improving the quality of our images. These attributes are recognized by residents and fellows, who are applying for available training positions. To make SNM responsive to your needs, you must cast your ballot each year.

More importantly, I strongly encourage you to become active in your chapter and to apply for positions on committees of the national organization. We want to hear you. We want to help you. Vote!

I look forward to seeing all of you in Toronto. Thirty-three hours of continuing education and dozens of scientific sessions are planned to enrich your knowledge of nuclear medicine. Come to review what you are doing well and to learn what new things you should consider incorporating in your practice.

Education and Research Foundation

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support technologist training. The award (\$1000 grant) is named for the late Paul Cole, former SNM Technologist Section president, who actively promoted nuclear medicine technology student scholarship. It is based on financial need and academic merit.

- The Technologist Award is a \$1000 annual award that recognizes excellence in research activities by nuclear medicine technologists and highlights the important role technologists have in nuclear medicine research.
- The Alavi-Mandell Prize was created in 1986 from donations from former ERF president Abass Alavi, MD, professor of radiology, neurology and psychiatry at the University of Pennsylvania School of Medicine, Philadelphia, PA, who provided a \$15,000 grant in memory of his father, an ardent lover of learning who wanted to be a physician, and from Gerald Mandell, MD, DuPont Institute, Wilmington, DE, who, inspired by Alavi's action, donated \$10,000 in memory of his own

father. The funds were combined to provide six or seven annual prizes of \$200 each to nuclear physician residents and fellows who have published, as first authors, outstanding original articles in *The Journal of Nuclear Medicine*.

Future Focus

The ERF certainly is looking to the future as it actively promotes the educational and research opportunities available in nuclear medicine through its range of projects. "Raising additional monies to support more educational activities is but one of the goals for the coming year," said ERF president-elect Conrad E. Nagle, MD, chief of nuclear medicine, William Beaumont Hospital, Troy, MI. "Dr. Dworkin has implemented educational efforts that I plan to continue, and I also want to see if the Foundation can coordinate, with or without funding, multi-center trials with the Council of Clinical Trials."

—Eleanore Tapscot