

# Government Officials Urge Nuclear Physicians to be More Active in Political Process

**N**uclear medicine stands poised to become a leading specialty in the area of cancer diagnostics and therapeutics, but this dream will become a reality only if nuclear physicians can more effectively communicate advances in their field to government officials, members of Congress, and the outside world in general. This was the recurring theme sounded by U.S. congresspeople, Department of Energy (DOE) officials and nuclear medicine leaders alike at a four-day conference titled "Accomplishments with Medical Isotopes: Advanced Health Care for the 21st Century." The conference was held March 10-13 in Washington, D.C., and was sponsored by the Society of Nuclear Medicine (SNM), the DOE and the Nuclear Energy Institute.

Gathering together renowned nuclear medicine researchers with industry leaders and policy-makers, the conference reverberated with optimism and excitement about the future of medical isotopes. The good mood was especially heightened by the announcement, made two days before the conference, that the Department of Health and Human Services (HHS) had decided to expand the approval for PET procedures to include lymphomas, colorectal cancers and melanomas. (See "CHCPP News" on page 23N.) The enthusiasm, however was tinged with warnings by DOE officials and leading researchers about the difficulty in maintaining supplies of research isotopes for experimental techniques or therapies that could become the standard of care within the next few years.

"The goal of the conference was to show the beneficial uses of medical isotopes and to show what the government is doing in terms of policies," said David Nichols, former director of the American College of Nuclear Physicians (ACNP)/SNM Government Relations Office. "We were attempting to build a bridge between the nuclear physicians and the policy-makers to get the physicians to understand how funding gets allocated and to get the policy-makers to understand how their policies are applied on a day-to-day basis." About 175 nuclear physicians, industry leaders, researchers and patient advocates attended the conference to hear presentations on policy and promising research. For the most

part, the presentations focused on current issues with a look ahead toward the future.

## What is Nuclear Medicine?

Policy-makers and nuclear physicians alike stressed the fact that nuclear medicine is still a largely unknown specialty to many politicians and the public at large. "There's still a lot of confusion and problems in communicating what we're all about," said James Fletcher, MD, president of the SNM. Many of the speakers expressed the view that if nuclear physicians can get the word out to the public about how vital nuclear medicine is for the diagnosis and treatment of cancer, then Congress could respond to the public's demands for more coverage for PET and other nuclear medicine procedures and more funding for research.

Representative Richard "Doc" Hastings (R-WA) said that a huge public outcry over the planned closing of the Fast Flux Test Facility (FFTF) in Richland convinced the then Energy Secretary Hazel O'Leary to keep the reactor on idle standby. "We initially got a two-week delay which has stretched into three years because of political pressure," said Hastings. "Now we are continuing that pressure in an effort to get the reactor re-started." Hastings emphasized that the same efforts could encourage Congress to provide more funding for the DOE's isotope production branch and for the building or maintenance of accelerators and reactors to produce isotopes needed by the medical community. "Congress won't sustain funding for a program unless there is pressure from constituents for it. We need more demand for funding from grassroots organizations to make Congress aware of how medical isotopes benefit patients."

As the keynote speaker, Senator John Breaux (D-LA) discussed the problem he faces as a politician without medical expertise who needs to make medical decisions concerning legislation that forces managed care companies to cover certain procedures. "I had two physicians in my office and listened to one tell me how important it is to cover barium enemas for colon cancer screening and another telling me that colonoscopies were the best tool for screening. Yet I'm not qual-

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ified to determine which is the better test," Breaux said. In terms of nuclear medicine, this same decision-making process could come into play if Congress were deliberating between, say, the use of PET versus MRI to evaluate a suspicion of brain tumor recurrence. As chairman of a committee to overhaul Medicare, Breaux said he wanted to establish a way for an independent group of medical experts to evaluate current medical procedures and make a recommendation to Congress on what should be covered.

Breaux also cited the problem of intra-agency turf battles over funding and regulatory power. With regard to nuclear medicine, for instance, both HCFA and the Food and Drug Administration (FDA) played a role in hindering the acceptance of PET scans into clinical practice, with the FDA refusing to grant approval to PET radiopharmaceuticals and HCFA refusing to provide coverage for procedures that used tracers not approved by the FDA. (Since most managed care and insurance companies follow HCFA's coverage guidelines, most private companies also denied coverage for PET.) It wasn't until Congress passed the FDA Reform Bill in 1997, forcing the FDA to provide a means for approving PET radiopharmaceuticals, that HCFA finally relented to provide Medicare coverage for PET for certain indications.

In his speech, Breaux proposed introducing a bill that would force government agencies to cooperate with each other in an effort to prevent bureaucrats from shuffling the problem off to someone in a different agency. It would also encourage cooperation between the National Institutes of Health (NIH) and the DOE, so that they could share funding for projects that involved using research isotopes in a medical setting. "I would like to see nuclear medicine handled in a cooperative fashion with the various government agencies agreeing on the same regulatory framework," he said. For the time being, Breaux urged nuclear physicians to discuss their issues directly with government workers who write the rules in the various agencies. "It's really important for you in the private sector to sit down with those in the public sector to see what can be done about regulations within a particular agency. If a government worker is reluctant to sit down with you, we can have an open public hearing in Congress to question that person directly."

#### Issues Facing the DOE

Owen Lowe, associate director for the Office of Isotope Programs at the DOE, outlined the current role of the DOE in the production of radioiso-

topes and the future outlook of the department's various programs. The DOE has completed its plans to convert the Annual Core Research Reactor (ACRR) at Sandia National Laboratory in New Mexico to produce  $^{99}\text{Mo}$ , the parent isotope of  $^{99\text{m}}\text{Tc}$ . The reactor and the hot cell facility should be capable of producing  $^{99}\text{Mo}$  by the year 2000. "We are looking forward to multiple uses for this reactor, such as for the production of additional isotopes such as  $^{125}\text{I}$ ," said Lowe. Although the DOE has funding to convert the reactor, Lowe said that no money is available for the actual production of  $^{99}\text{Mo}$ . "If moly is to be produced, it will be produced with private sector money," said Lowe. "Your challenge is to take the physical plant that we provide and have faith to invest in the operation and production of this isotope."

In terms of producing radioisotopes for research, Lowe highlighted the capabilities of the isotope production facilities at Los Alamos, Brookhaven and Oak Ridge National Laboratories. The linear accelerator at Los Alamos is currently producing  $^{66}\text{Cu}$  and other isotopes for medical research, but the facility is only available 16 weeks a year on dates determined by administrators at Los Alamos. "The isotope production station at the end of the accelerator will no longer be available for our use after 1999," said Lowe. "We are planning to build a new isotope facility to be completed in 2001 to be located at the accelerator and positioned closer to the source. This facility will be available to produce medical isotopes 40 weeks out of the year, which is an improvement from our current situation."

At Brookhaven, a policy change is enabling researchers access to the beam accelerator at a weekly cost, rather than a monthly cost. The Brookhaven Linac Isotope Producer (BLIP) reactor remains on standby due to environmental problems, "but we're optimistic that the reactor will eventually come back online," said Lowe. The Calutrons at Oak Ridge also remain in cold standby due to a lack of industry interest in purchasing stable isotopes from the DOE's inventory there. "They said they were happy with their sources provided by Russia and elsewhere," said Lowe. (In later presentations, industry leaders responded by saying that the DOE's prices were much higher than the prices offered by other countries.)

The DOE is continuing to push forward efforts toward privatization. "It is the DOE's intention to remove itself from the market and place isotope production in private hands," said Lowe. He cited two past examples of success: the privatization of

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## DOE Conference (Continued from page 15N)

the Idaho hot cells and the management transfer of  $^{90}\text{Sr}$  production at Pacific Northwest Lab to NEM, a private corporation in Boston. Lowe emphasized that the DOE would not allow the research community to suffer as a result of privatization. "Before we transfer a facility, we reserve production time that is made available to the research community," he said.

Looking into the future, the DOE has outlined a plan called the Advanced Nuclear Medicine Initiative that will continue to provide research isotopes at below-market cost, will provide more training, scholarships, internships and grants to nuclear medicine fellows and will support alpha particle research, a promising area of cancer therapy. Lowe, however, was cautiously optimistic about the DOE's ability to achieve its long-term goals. "I don't want to leave the impression that we have nearly the adequate funding we need to do all of this," he stressed. "If this promising area of medicine is to succeed, we need more funding, which means more taxpayer money. Our commercial products can contribute to the cost of running our facilities, but they can't be expected to generate a profit that can be used to fund new initiatives."

### What the Individual Physician Can Do

As government officials sounded the

recurring theme that nuclear physicians need to communicate more effectively with legislators in their own states and in Congress, the question became, How can I actually do this? Giving a bit of historical perspective, Henry Wagner, Jr., MD, professor of radiation health sciences at The Johns Hopkins University School of Public Health, recalled the political savvy of Paul Aebersold, PhD, who set up civilian distribution of isotopes in the 1950s. "He used to mail letters to Washington, D.C., then go to Washington himself to make sure the letters were received and that the appropriate responses were drafted to approve what he had asked for," Wagner said.

Aebersold's efforts, of course, are far beyond the realm of even the most politically active nuclear physicians. In his discussion on the importance of grassroots activism, Nichols outlined some realistic ways that the typical nuclear physician can make a difference. "I want to turn all of you into activists to make you feel comfortable going into your representative's office to discuss pressing nuclear medicine issues," Nichols said. First of all, he said, members of Congress are more accessible than most people think. "They are very receptive to visits from their constituents," Nichols said. "If you're in Washington, D.C., stop in for a few minutes. You'll probably meet with a staff person who is more than willing to sit down with you for a few minutes." He recommended discussing real-

life examples of patients who were helped with a new or experimental radionuclide. Another option is for nuclear physicians to visit the district office near their homes.

Unfortunately, one visit is often not enough. "There is a huge staff turnover in Congress, so someone whom you met with three years ago may not be around anymore," Nichols said. "Chances are the new staff person is unfamiliar with nuclear medicine." He recommended getting in touch in person or by phone with the congressional office every three to six months to remind them about your issues. "The best time to contact them is at the beginning of each session, which changes in January." Physicians can even be politically active without ever picking up the phone or leaving their homes. The SNM website ([www.snm.org](http://www.snm.org)) contains important letters sent by the SNM to members of Congress and other government officials. "You can download these letters, duplicate them and send them out," said Nichols. The more letters politicians receive, the more likely they will be to respond to the issues. "We're not going to get our issues addressed if nuclear physicians rely only on their national organizations to get things done," Nichols said. "If the individual nuclear physician does not reach out to Congress, our national organizations will have a much more difficult time delivering our message."

—Deborah Kotz



### In Memoriam Glenn T. Seaborg, PhD, 1912-1999

Glenn T. Seaborg, PhD, Nobel Prize-winning discoverer of ten elements in the periodic table, died February 25 at his home near his office at Lawrence Berkeley National Laboratory. He was 86.

One of nuclear science's pioneers, Seaborg contributed enormously to the field. A graduate of UCLA, from which he received his A.B. in chemistry in 1934, he pursued graduate studies in nuclear science at UC Berkeley, where he received his doctorate in 1937. He joined the faculty at Berkeley in 1939, serving in various capacities including the university chancellorship.

In 1951, Seaborg and his long-time colleague, Edwin McMillan, were awarded the Nobel Prize for their discoveries in the chemistry of transuranium elements. At 39, Seaborg was one of the youngest Nobel Prize winners. He was named as chair of the Atomic Energy Commission in 1961 by President John F. Kennedy, a 10-year appointment encompassing the terms of three U.S. Presidents. During his rich and lengthy career, Seaborg wrote many books and more than 500 scientific articles and was the recipient of 50 honorary doctoral degrees.

The president and leadership of SNM honor the passing of this towering scientific figure.