

# From the SNM President and President-Elect

**A**ttending the annual meeting of the Society of Nuclear Medicine (SNM) in St. Louis was an exciting way for us to enter office and begin our leadership roles in the Society. The meeting was a great success on all levels (attendance, high-quality continuing medical education offerings, scientific programs, and commercial exhibits). The excitement generated by the growth of PET has triggered a revitalization of nuclear medicine that will help to sustain a bright future.

At the meeting, we personally met with many members and with the broader nuclear medicine community to learn how the Society can better serve them. A common message heard was that the Society must move quickly to accomplish change in many areas. The following actions were taken at the meeting:

1. To better serve the growing number of international members, the Society has appointed Ken Maynard (SNM; Reston, VA) to a new position responsible for handling overseas and international relations.
2. SNM officers met to discuss how best to increase the representation and participation of technologists in the Society.
3. The Commission on Chapters voted to standardize and better formalize a charter relationship between the SNM and its regional chapters.
4. The House of Delegates voted to accept a report from the Task Force on Councils that begins to reevaluate how councils function within the Society.
5. The Board of Directors voted to create a new task force to make recommendations on ways to secure and encourage future physicians to train in and enter the specialty of nuclear medicine. As part of this initiative, the Government Affairs Committee will be taking action to promote congressional legislation for an exemption to permit funding of nuclear medicine residents beyond the current PGY 5 level.
6. The House of Delegates voted to establish guidelines so that the SNM can move

forward to work with its industrial partners, especially on new educational initiatives.

As we begin our year as president and president-elect of the Society, we would like to share with you some general comments on our vision of nuclear medicine's future—a vision that will direct many of the decisions we will make over the next 2 years.

We believe that our discipline's science and technology are so powerful that nuclear medicine will continue to play a vital role in patient care and biomedical research for many years to come. Nuclear medicine has always been—and will always be—about functional and molecular imaging. If nuclear medicine can achieve its full potential 10 years from now, this will represent only the culmination of a trend that has been years in the making. In the past, radiotracers were designed to target a specific organ. We were interested primarily in organ imaging. Today and into the future, radiotracers are and will be designed to image and quantify specific physiologic and biochemical processes. These processes can be general, such as organ blood flow, or highly specific, such as binding to a certain receptor subtype. With the ability to detect nonstructural changes as the earliest effects of disease and especially with the recognition of the importance of the genotype-phenotype relationship in health and disease, nuclear medicine has the potential to take on an ever-increasing role in the delivery of health care and in basic biomedical research.

In the short term, procedures that measure more general functions, such as gated blood-pool imaging, myocardial perfusion scintigraphy, and bone scanning, will continue to dominate. In the medium term, molecular imaging, exemplified by FDG PET, will grow to represent a significant percentage of all procedures. Over the long term, it is likely that the more general functional measurements will be taken over by other noninvasive imaging modalities. It will be much harder—if possible at all—for these modalities to quantitatively image more specific

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processes, and nuclear medicine will continue to excel in procedures that measure highly specific biochemical and molecular processes. Thus, our primary procedures will shift over time along a continuum from function to substrate metabolism to recognition-site activity.

For nuclear medicine to survive and thrive, a number of things must occur. More clinically useful radiotracers must be designed, approved, and introduced into practice. The new procedures represented by these tracers must be adequately reimbursed. Appropriate utilization will depend on an active, large-scale outreach program to the general medical community and the public to ensure that they fully appreciate and demand the benefits of nuclear medicine.

Nuclear medicine procedures can be used for diagnosis, prognosis, and treatment planning and monitoring. Diagnostic procedures in general represent only about 5% of total health care expenditures. Because more cost is associated with treatment, increased—not decreased—use of appropriate nuclear medicine procedures and other imaging modalities can save money and produce better patient outcomes.

Therapeutic nuclear medicine has the potential to emerge as an important component of our work. Historians in the SNM remind us that many of the first nuclear medicine procedures were therapeutic. The appeal of directly contributing to patient care is obvious. For therapeutic procedures to regain a place of prominence, we

must be adequately supported and reimbursed for such procedures, and therapeutic radiopharmaceuticals must be developed that follow the same paradigm cited previously for diagnostic radiotracers, with an ever-increasing movement toward highly specific targeting.

On a local level, each of us must demonstrate the efficacy and cost effectiveness of nuclear medicine to referring physicians, regulatory and reimbursement officials, hospital and public health administrators, and patients. We must work to ensure that the regulatory environment allows us to do our jobs and that reimbursement provides appropriate compensation. We must foster research and facilitate the translation of that research into routine clinical practice.

We hope to work with you in accomplishing these goals. To this end, all the major nuclear medicine-related organizations and our industrial supporters must work together. Ten years from now, nuclear medicine will be a vibrant scientific and clinical discipline...if we make it happen!

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