Royal Becomes Director of ABNM

On July 1, Henry Royal, MD, became the third executive director of the American Board of Nuclear Medicine (ABNM). He assumed the office after completion of his term as president of the SNM. The members of ABNM are pleased that he has rejoined the board and look forward to many years of guidance and assistance in board activities. He brings a strong scientific, clinical, academic, and administrative background to the job.

Henry Royal, MD

Royal is a currently a professor of radiology at Washington University School of Medicine (St. Louis, MO), where he is also associate director of nuclear medicine at the Mallinckrodt Institute of Radiology. He did his internal medicine training at Brown University (Providence, RI) and his nuclear medicine training at Harvard University (Boston, MA). He was a member of the ABNM from 1993 to 1999. He is currently an investigator for the Prospective Investigation of Pulmonary Embolism Diagnosis II study. In addition to ventilation/perfusion imaging, his interests include medical decision making and radiation effects. He has been listed in *Best Doctors in America* since the first edition in 1992.

He was the co-team leader of the health effects section of the International Atomic Energy Agency's International Chernobyl Project and a member of the Presidential Advisory Committee on Human Radiation Experiments. He has been a member of several National Academy of Sciences committees, including the Committee on Assessment of Center for Disease Control Radiation Studies, the Committee on Guidelines for Thyroid Cancer Screening After Exposure to Radioactive Iodine Fallout, and the Committee on Public Health Implications of Exposure to ^{131}I from Nevada Atomic Bomb Tests.

He is currently a member of the board of directors of the National Council on Radiation Protection and Measurements (NCRP) and the chair of the NCRP Scientific Committee on Radiation Effects on the Thyroid. In addition, he is the scientific chair of the Veterans' Advisory Committee on Environmental Hazards and a member of the U.S. delegation to the United Nations Scientific Committee on the Effects of Atomic Radiation.

Michael M. Graham, MD, PhD
Chair, ABNM

in large patient samples may provide a way of identifying successful explicit diagnostic strategies for clinical image analysis."

Psychiatry Research

Value of Remnant Ablation for Well-Differentiated Thyroid Cancer

Sawka et al. from McMaster University (Hamilton, Ontario) reported in the August issue of the *Journal of Clinical Endocrinology and Metabolism* (2004;89:3668–3676) on a review of the literature to determine whether radioactive iodine remnant ablation decreases the risk of thyroid cancer-related death or recurrence after bilateral thyroidectomy for papillary or follicular thyroid cancer. The authors reviewed 1,543 English references, including a number of large cohort studies and reported the results of a multivariate analysis of pooled results. They concluded that "radioactive iodine ablation may be beneficial in decreasing recurrence of well-differentiated thyroid cancer; however, results are inconsistent among centers for some outcomes, and the incremental benefit of remnant ablation in low-risk patients treated with bilateral thyroidectomy and thyroid hormone suppressive therapy is unclear."

Journal of Clinical Endocrinology and Metabolism

Thyroid Blockade During Radiation Emergencies

In the June issue of the *Journal of Radiation Research (Tokyo)* (2004; 45:201–204), Takamura et al. from the Nagasaki University Graduate School of Biomedical Sciences (Japan) reported on 1 of a number of studies to evaluate iodine prophylaxis in the event of a public radiation emergency in an iodine-rich area such as Japan. They investigated the effect of stable iodine on thyroid gland blockade in patients with hyperthyroidism to make a preliminary evaluation of the appropriate dose of iodine prophylaxis in a hypothetical situation in which radioiodine is released to the environment. The study included 8 patients who received 50- or 100-mg doses of potassium iodide (38 and 76 mg of iodide, respectively). These doses suppressed thyroid uptake of ^{123}I for 24 h by 73.3% and 79.5%, respectively. No side effects were observed. The authors concluded that the study demonstrated that "a single oral administration of 38 mg of iodide produces a thyroid-blocking effect equivalent to that of 76 mg of iodide, suggesting that a reevaluation of the stable iodine dosage during radiation emergencies in iodine-rich areas such as Japan is warranted."

Journal of Radiation Research (Tokyo)