

SNM Leadership Update

Last year the SNM established a new type of organizational component, the center of excellence, to provide leadership in a specific area of practice that is of interest to many of our members. Centers of excellence focus on providing education for their members and on dealing with the practical aspects of a technology, such as procedure guidelines and government relations. Centers can also be a way to consolidate and centralize the resources needed to serve a specific type of practice.

The PET Center of Excellence (COE), the first such center to be established, is nearing the end of its first year. In this Leadership Update, I will inform the members of the Society about what we have accomplished so far and discuss our plans for the future.

The PET COE is education driven. Its goal is to meet the educational needs of the nuclear medicine and radiology specialists who are now engaging in PET and PET/CT. During our first year, the focus has been on expanding the PET Learning Center. The PET Learning Center, established in 2002 and now incorporated into the PET COE, has been providing programs for both physicians and technologists, and, this year, in addition to the weekend seminars in basic PET, we are adding 1-day seminars focusing on neurology, cardiology, radiopharmaceuticals, and physics and radiation safety. There is a tremendous need for radiologists who are expanding into PET/CT to become trained in PET and nuclear medicine techniques and for PET operators to obtain cross training in CT and cross-sectional anatomy. We will be addressing those needs in future PET Learning Center offerings.

We are going to be interfacing extensively with other groups within the Society. We'll be tapping the councils for their scientific expertise to help us with training in the PET Learning Center and to address issues of common interest. For example, we are working with the Government Relations Committee and the Brain Imaging Coun-

cil to encourage the Centers for Medicare & Medicaid Services to approve the reimbursement of PET for the diagnosis of Alzheimer's disease. Lack of reimbursement is denying thousands of Americans access to the best, most accurate method of diagnosing early Alzheimer's and therefore the opportunity to initiate a drug regimen that may slow disease progression.

We are also working closely with industry and the Radiopharmaceutical Council in our government relations efforts. We are lobbying for support of clinical trials of additional PET imaging agents to supplement FDG. Throughout this process we will need to have a pool of experts from this group available to advise the FDA and other regulatory agencies on how best to meet the needs of the community.

The PET COE has been extremely successful in attracting participation, with more than 1,400 members. Those members have recently received the first issue of our newsletter, edited by Dave Lilien, MD; Paul Christian, CNMT; and Gabriel Soudry, MD. We are fortunate to have an enthusiastic, visionary, and hard-working Board of Directors involved in the considerable effort of starting up such an enterprise. Serving with me on the board are: Alan Maurer, MD, Vice-Chair; Paul Shreve, MD, Secretary/Treasurer; Paul Christian, CNMT, BS; Michael Gelfand, MD; Paul Hanson, CNMT; Homer Macapinlac, MD; Henry Royal, MD; Heinrich Schelbert, MD, PhD; Jeffrey Siegel, PhD; Annick Van Den Abbeele, MD; Henry Yeung, MD; Robert Bridwell, MD; David Eve, CNMT; and Susan Wallace, PhD.



Peter Conti, MD, PhD
SNM Vice President-Elect
Chair, PET COE

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New Clinical Trials Program

The SNM has signed a memorandum of agreement with the Nuclear Medicine Industry Association–North America (NMIA-NA) to establish a Nuclear Medicine Clinical Trials Cooperative Group (NMCTCG) to foster cooperative clinical trials of importance to the field of nuclear medicine. The NMCTCG will develop a program to increase the participation of nuclear medicine practitioners in clinical trials by reviewing their proposals with a goal of improving, when necessary, the design and statistical power of the proposed study. Funding from the NMIA-NA will be provided as the program is implemented over the next year.

The SNM's role will be to develop the project's standard operating procedures, to recruit institutions that are committed to participation, to circulate requests for proposals among participating institutions, and to encourage the development of multicenter grant applications to both federal and private funding agencies.

The SNM would like to thank the members of NMIA for their participation in this important program: AEA Technology QSA Inc.; Bracco Diagnostics, Inc.; Bristol-Myers Squibb Medical Imaging; Capintec, Inc.; Draximage, Inc.; Fujisawa Healthcare, Inc.; GE Healthcare; MDS Nordion; Philips Medical Systems; Siemens Medical Solutions USA, Inc.; Tyco Healthcare/Mallinckrodt, Inc.; and UNM Limited.

IN MEMORIAM

Steven M. Pinsky, MD 1941–2004

Steven M. Pinsky, MD, a nuclear medicine physician who had served as president of the medical staff at Michael Reese Hospital and Medical Center and as former head of radiology at Michael Reese, the University of Illinois Medical Center, and the University of Illinois at Chicago (UIC), died on April 1, in his Highland Park, IL, home.

Pinsky was born in 1941 in Milwaukee, WI, where his father was a practicing dentist and professor of dentistry. After attending the University of Wisconsin, Pinsky graduated from Loyola University's Stritch School of Medicine. He served as chief resident in diagnostic radiology at the University of Chicago Hospitals. During military service in the early 1970s, he was stationed at Walter Reed Army Medical Center in Washington, DC.

He moved back to Chicago, where he became chief of nuclear medicine at Michael Reese and professor of radiology at the University of Chicago. In 1987, he was appointed chair of radiology at Michael Reese, where he was elected president of the medical staff in 1988. In 1989, he became

chair of the radiology department at the UIC College of Medicine and chief of radiology at the University of Illinois Medical Center.

Pinsky served as president of the Central Chapter of the SNM and president of the Illinois Radiological Society and was a fellow of both the American College of Nuclear Physicians and the American College of Radiology. In 1999, the Chicago Radiological Society awarded Pinsky its gold medal. He retired from practice in 2000.

He was devoted to education in both radiology and nuclear medicine. He also was generous with his time and funds, donating a room at Michael Reese, a conference room at the University of Chicago Hospitals, and a children's library at the Jewish Community Center in Northbrook.

Funeral services were held in Northfield, IL, on April 5. In addition to his wife, Sue, Pinsky is survived by 2 children and 4 grandchildren.



Steven M. Pinsky, MD

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The PET COE is breaking ground, but it will not be unique. We envision other centers coming on board. For example, there is tremendous interest among our members in molecular imaging, so perhaps a molecular imaging cen-

ter of excellence will be next. With our core of physicians and scientists experienced in molecular imaging, the Society is perfectly positioned to take a world leadership role in this rapidly growing new research and diagnostic specialty.

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triphosphate (ATP) ^{201}Tl SPECT within 1 month of beginning dialysis. The end-point was a cardiac event or follow-up at 1 year after imaging. Twenty-four patients were found to have myocardial perfusion defects at imaging. During the ensuing year, 15 of these patients experienced nonfatal cardiac events and underwent revas-

cularization and 2 died of cardiac causes. The remaining 25 patients had normal perfusion images. At 1 year, 34% of patients with perfusion defects were cardiac event free, a percentage that rose to 96% among patients with no perfusion defects. The authors concluded that "normal myocardial perfusion imaging by stress

^{201}Tl SPECT using high-dose ATP performed within 1 month after the beginning of hemodialysis treatment is a powerful predictor of cardiac event-free survival in patients with ESRD."

*Nephrology, Dialysis,
Transplantation*