

# Session 4: Strategies for Getting the Word Out

The challenges in advocating for molecular imaging today are numerous and daunting. Health care spending is under siege, and imaging has been targeted as a place to cut costs. At the same time, the approval process for new imaging and therapeutic agents has never been more stringent, and recent developments in “black label” designation for contrast agents have brought unwanted attention to the field. Moreover, flat funding for the National Institutes of Health (NIH) budget has strained our ability as a community to generate support for research and development on new concepts.

Not all is grim, however. As the presenters and participants in this session made clear, this is a time of extraordinary possibility and opportunity for letting patients, their families, referring physicians, regulators, and others know about the promise of molecular imaging across the spectrum of diagnosis and therapy. The varied viewpoints that came together in this session provided new insights into specific strategies that SNM and the larger community may choose to pursue in the near future.

We already have clear successes in outreach to which we can point. Many in SNM and elsewhere continue to deserve credit for successful efforts to persuade Congress to restore Department of Energy funding for nuclear medicine research in fiscal year (FY) 2008. The funds are in President Bush’s budget for FY 2009, but not at the level we originally convinced Congress to support. More work lies ahead to ensure that this money is truly restored. We can take some comfort in the fact that the NIH budget is at least flat rather than having to absorb direct cuts as we move from 2008 into 2009. We continue to work hard to make sure that our views are adequately represented at the Centers for Medicare and Medicaid Services (CMS). The Deficit Reduction Act cut imaging reimbursements across the board, so that we are among many imaging groups trying to be heard. In fact, an important area of current outreach is in making the effort to work with these other groups to generate a consistent and powerful message.

Representatives from the molecular imaging community met with the U.S. Food and Drug Administration (FDA) administrator and staff several months ago to discuss issues of importance to us. These included our concern that, after the departure of George Mills, MD, MBA, no one familiar with imaging was left in the division that oversees the regulation of radiopharmaceuticals. As a result of these discussions, SNM posted a notice on its Web site, qualified nuclear medicine individuals responded, and the FDA is

likely to hire candidates we identified to advise on imaging issues. A second concern was our request that the FDA consider restoring the Medical Imaging Drugs Advisory Committee. The response here was less encouraging, with the FDA indicating that an across-the-board review of all FDA committees is underway and that this request will be addressed in the future.

## Session Participants

Specificity was clearly a theme in this session, as in others at the summit. Much of the focus at previous meetings has been on identifying *what* we need to do to move forward. It is important now to focus on *how* these tasks will be done and *who* will step forward to do them. Although our participants came from different perspectives, each addressed specific ways in which the molecular imaging community can work as a unified front and collaboratively with other groups to communicate the benefits of our field. Building on lunchtime discussions on lymphoma, several speakers focused on this topic as an example of an area in which molecular imaging and therapy have received substantial media and advocacy attention.

Markus Lusser, vice president of Worldwide Sales and Marketing, Siemens Medical Solutions USA, Inc. (Hoffman Estates, IL), reported on the global megatrends that will drive the need for molecular imaging in the future and described the results of a survey indicating just how much the public still has to learn about the benefits of PET and PET/CT.

Jennifer Mills, LMSW, MPH, National Director of Patient Programs for the Lymphoma Research Foundation (LRF; New York, NY), shared some of the successful methods the LRF has used to deliver targeted information to patients and family members. She suggested specific strategies that SNM might take in making both basic and sophisticated scientific information available to a range of interested individuals.

Michael Schick is a senior vice president at Porter Novelli (Washington, DC), a public relations firm that is already taking SNM’s molecular imaging message to a broader audience. He provided insight on ways in which members of the molecular imaging community can serve as emissaries, with a special focus on leveraging the power of Internet communication and blogs.

We were also fortunate to have with us several other participants who addressed the group and/or participated in the lively discussion session that followed. Jonathan Alter, a senior correspondent at *Newsweek* (New York, NY), expanded on his insightful luncheon keynote address by asking key questions about why 2 clearly effective lymphoma treatment

resources (Bexxar and Zevalin) are not more widely utilized. He suggested that the reluctance of oncologists to refer patients for radioimmunotherapy (RIT) stems from more than reimbursement concerns. These physicians may be concerned about effectively losing their patient base to the care of other physicians. Alter said: "In human terms, you have to find a way to reassure oncologists who are not certified to administer these therapeutics that you are not going to take away their patients and that these patients can live longer if you work together as a team."

Scott Gottlieb, MD, a resident fellow at the American Enterprise Institute (Washington, DC), drew on his experience as an FDA deputy commissioner and as a senior advisor to the administrator of CMS to discuss effective approaches to these agencies. He presented a vivid contrast between routine administrative and regulatory processes at the FDA and CMS. FDA staff, he noted, are guided by clearly defined processes, are rigorous in their scientific analyses, and usually do not respond well to efforts to lobby directly on behalf of specific diagnostic or therapeutic agents. He characterized CMS as lacking clear procedures and often lacking well-documented or codified scientific rationales for important decisions. He noted that for the molecular imaging community, these aspects of CMS operations have "good news" and "bad news" aspects. Although CMS may be unpredictable and often presents difficulties to moving forward, opportunities are presented by the "cultural precedent for intrusions into decision making." In other words, lobbying in the right way—through provider groups and their patients, for example—can sometimes have the desired effect on CMS decision making.

We were also joined for the discussion period of this session by Robert Waters, JD, a partner in the firm of Drinker, Biddle, and Reath (Washington, DC) and a nationally recognized expert in telehealth legal and regulatory issues. Also with us for the discussion was Hugh Cannon, director of Health Policy and Regulatory Affairs for SNM (Reston, VA).

### Recommendations

In the discussion period, session participants identified a specific goal, recommended ways to define target audiences and diseases, and provided a series of next steps and action items that can deliver tangible results in a relatively short period of time.

- (1) Our **goal** was to develop recommendations to be implemented now that will provide visible results.
- (2) **Target audiences** identified were patient advocacy groups, consumers, policy makers (CMS, Congressional committees, and perhaps action within the 2008 political campaigns), referring physicians, and the media. A final target audience that we may sometimes overlook in these efforts is other nuclear medicine professionals. We should make special efforts at SNM chapter meetings to educate nuclear medicine physicians and technologists about molecular imaging and our efforts to advance its applications.

- (3) It is important to begin with **target disease audiences** to whom we can provide compelling data on molecular imaging benefits. It was recommended that SNM partner with patient advocacy groups to develop material for patients in 3 identified diseases: lymphoma, breast cancer, and lung cancer (leveraging the forthcoming American College of Radiology Imaging Network data). This material can be placed on the SNM Web site with reciprocal links to each patient advocacy group. A deliverable target for this recommendation was June 2008.
- (4) We recommended the development of a **toolkit for member advocates**. Such a toolkit, created by SNM and distributed to members, could contain prepared speeches (with a consistent message), PowerPoint presentations (a much-needed replacement for the 35-mm slides that once were used in our successful Professional Outreach Program), and links and references to sites where more information is available. Such a toolkit would be useful in influencing local government, local media, and referring physicians. We also recommended that this outreach extend to general practitioners and family physicians, who may not be a source of referrals but are a primary source of information for many patients.
- (5) We identified a strategy for **targeting key decision makers in Congress**. Our experts advised us that we do not need to convert all the members of the House and Senate to our viewpoint. Instead, we need to target the message at a few critical people (3–5 members) on each key committee, including the Senate Appropriations and Finance Committees and the House Ways & Means and Energy & Commerce Committees. Although this process may take time, the dialog should begin as soon as possible.
- (6) Several **additional action recommendations** were made, including:
  - Chapters should invite referring physicians to their meetings. If we begin this soon, we can assess in a year's time to see if this is having an effect.
  - The SNM should screen the top 5 cancer centers to identify champions of PET and RIT among other medical disciplines, with a special focus on radiation oncologists and medical oncologists. These individuals could be persuaded to act as advocates for the molecular imaging message. The effort should also be made to connect these champions with appropriate patient advocacy groups.
  - SNM members should be given specific tools that can be used to encourage local media to influence members of Congress.

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