Bringing Educators and Researchers Together for a Rich Learning Experience

Each year we find that the SNM Mid-Winter Educational Symposium grows in scope, influence, and attendance. This year's meeting in Clearwater, FL, was no different.

Once again, the educational symposium was held in conjunction with the annual meeting of the American College of Nuclear Physicians (ACNP) and the American College of Nuclear Medicine. This year, we were also joined by the American Society for Radiation Oncology. Forging strong relationships and exchanging knowledge with other societies has become an important part of SNM's mission of advancing molecular imaging and therapy.

At this year's meeting, attendance increased, with close to 350 participants compared to a record attendance of 271 last year. We had 24 companies and 26 booths in the smaller-than-usual exhibit space, and participants were able to meet face-to-face with many of our industry partners to view and discuss the latest technological developments.

We were honored once again to have Peter Herscovitch, MD, from the National Institutes of Health in Bethesda, MD, as the associate chair of the symposium and, as such, responsible for the education program, as well as Frederic H. Fahey, DSc, from Children's Hospital in Boston, MA, as scientific program chair.

Molecular imaging is becoming an indispensable part of medical practice today, and the symposium focused on providing SNM members a wide variety of topics that address their educational needs and promote an exchange of scientific ideas. Program topics ranged from cardiovascular molecular imaging to pediatric dosimetry to nuclear oncology. Sessions were designed to examine the increasingly important role of radiopharmaceuticals in targeting therapy by delivering the right treatment to the individual at the right time, to describe the ways in which cardiovascular molecular imaging procedures are being used to detect and treat heart disease, to evaluate the current state of the art in imaging approaches using nuclear medicine technology, and to investigate the ways in which molecular imaging tools are used to effectively pinpoint the precise location of disease and thereby individualize patient care.

A CT Case Review Workshop—a collaborative effort of ACNP and SNM that was especially successful at last year's meeting—was back by popular demand and focused this time on CT chest cases. Designed in keeping with SNM's initiative to set minimum standards for the credentialing in nuclear medicine of those interpreting PET, PET or SPECT with CT, and cardiovascular CT images, the all-day course provided several dozen cases for review under the supervision of a radiologist. Afterward, attendees received documentation for CT credentialing purposes.

Virginia Pappas, CAE

Additional presentations addressed radiation therapy and its current status and future prospects, nuclear cardiology in the age of multimodality imaging, a gastrointestinal update, and the latest techniques in cancer therapy. The Technologist Section's topics included discussions on the future of molecular imaging and nuclear medicine's contribution to patient care. These sessions amounted to a total of 31.25 continuing education credits.

The symposium was capped off by a 2-d Molecular Imaging Summit sponsored by SNM's Molecular Imaging Center of Excellence (MICoE). This year, the summit was devoted to introducing the new SNM Clinical Trials Network Workshop: "Integrating Molecular Imaging Biomarkers and Clinical Trials." The program covered the requirements of participation in the Clinical Trials Network, which is designed to facilitate cost-effective drug development through integration of imaging biomarkers into Phase 1, 2, 3, and 4 therapeutics clinical trials. This included an exploration of key issues involved in participation in multicenter trials.

As workshop participants discovered, the goal of SNM's Clinical Trials Network is to bring together the pharmaceutical industry, the imaging community, biomarker manufacturers, and regulatory agencies and provide them with the processes, standards, and protocols to streamline the use of imaging in development and testing procedures for new pharmaceuticals. Participants heard how the use of imaging in clinical trials can help pharmaceutical developers determine earlier in the process whether a new product is clinically promising, thereby accelerating the development of promising drugs and eliminating those with no apparent patient benefit.

The comprehensive workshop included presentations and discussions on methods and shortcomings of current drug development practices, the potential for imaging biomarkers in multicenter clinical trials, the role of the Clinical Trials Network in drug development, and fundamentals of

(Continued on page 18N)

CMS Releases Draft Decision for Oncologic PET

On January 6, the Centers for Medicare & Medicaid Services (CMS) released a draft National Coverage Decision (NCD) for oncologic PET. The draft decision includes 2 critical elements that will shape the future landscape of PET reimbursement by Medicare. The first element is to expand coverage for the initial treatment strategy. After a careful review of the evidence provided by the Coverage with Evidence Development (CED) program, CMS will cover 1 ^{18}F-FDG PET study for patients who have solid tumors that are biopsy proven or strongly suspected, based on other diagnostic testing, when the patient's physician determines ^{18}F-FDG PET is critical to determine the location and/or extent of the tumor for specific therapeutic purposes outlined in the document.

Second, the draft decision continues to restrict coverage on the subsequent treatment strategy and proposes a new coverage framework. For tumors other than the 9 currently covered indications (breast, cervical, colorectal, esophageal, head and neck, non–small cell lung, and thyroid cancers, lymphoma, and melanoma), CMS states that the evidence is not adequate to determine that ^{18}F-FDG PET imaging improves physician decision making in the determination of subsequent antitumor treatment strategy.

CMS also proposes to transition the current coverage framework—diagnosis, staging, restaging, and monitoring—into a truncated treatment strategy framework of initial treatment and subsequent treatment. For all cancers other than the 9 currently covered, PET for subsequent treatment evaluation will require use under CED. For a full understanding of the effect of the coverage changes on oncologic uses of ^{18}F-FDG PET, review Appendix A of the draft decision at http://www1.cms.hhs.gov/mcd/viewdraftdecisionmemo.asp?from2=viewdraftdecisionmemo.asp&id=218&.

Hugh Cannon

Finally, the draft decision does not clearly state what will happen to the current program with the National Oncologic PET Registry (NOPR) after implementation of the final decision. The public comment period closed on February 5, and the implementation of the final decision will likely begin on April 5. Although it is clear that CMS is looking for more rigorous data from a future PET CED program, it is unclear whether they will establish a new NOPR-like program before the implementation date. The current contract with NOPR will effectively be canceled when the final decision goes into effect. SNM, together with other stakeholder societies, will continue to work with CMS to avoid any coverage gaps for patients seeking these critical procedures. Continue to check the SNM Web site for further details regarding the final oncologic PET NCD.

Hugh Cannon
SNM Director, Health Policy and Regulatory Affairs

(Continued from page 17N)

participation in the network. Representatives from drug trial sponsors discussed the specific needs for imaging in multicenter clinical trials.

The 2009 Mid-Winter Educational Symposium—including the SNM Clinical Trials Network Workshop—once again helped our society start the year off with great excitement, enthusiasm, and a sense of purpose. SNM members and staff now look forward to a vibrant exchange of research and knowledge at the 56th Annual Meeting in Toronto, Canada, June 13–17.

As SNM continues to expand and share knowledge, we are helping to build an innovative and vital industry. Providing educational opportunities, forging strong relationships with other societies, and creating research initiatives attest to how ably SNM is advancing molecular imaging and therapy.

Virginia Pappas, CAE
Chief Executive Officer