

New Web Site Focuses on Member Benefits

Since its launch in June 2006, SNM's molecular imaging Web site has grown into a powerful resource for molecular imaging professionals, referring physicians, patients and advocates, and the general public. Our mission has been to educate the public while serving the needs of the professional molecular imaging community.

Last July, Molecular Imaging Center of Excellence (MICoE) members voted to approve changes to the center's operating procedures, including a new mission and vision. The center's board of directors recently approved a new strategic plan, and this year, the center will begin charging dues of \$15/y. These dues will help support a number of programs, including the continued growth of valuable online resources designed specifically for our members.

I would like to invite all members to log in to their SNM account and visit www.snm.org/cmiit, a members-only microsite designed specifically for molecular imaging professionals. (CMIIT reflects the MICoE's planned name change—also approved in the July vote—to the Center for Molecular Imaging Innovation and Translation [CMIIT], which is taking effect this fall.) This site-within-a-site puts valuable member benefits within easy clicking range. Materials at www.snm.org/cmiit include selected monthly journal references; our quarterly newsletter, *MI Gateway*; PDFs of *JNM*'s Focus on Molecular Imaging; video, audio,

and PowerPoint presentations; pages designed specifically for optical, ultrasound, and MR imaging professionals; and quick links to the public MI site.

Materials targeted to referring physicians, patients, and the public are unaffected by this change. Visit www.molecularimagingcenter.org (or www.snm.org/mi) for access to our public discussion forums, patient fact sheets, the Word and Image of the Month, general information on molecular imaging, MI News, the calendar of events, our speakers bureau, and reprints of Newsline's Molecular Imaging Update. Members will need their 6-digit SNM member number to log in. Those who do not know their member numbers or passwords can click the "Forgot Password" link and immediately receive that information by e-mail. Assistance is available at 703-652-6776. We trust that the benefits in this new area will make it a strong home base for our members.



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million population (2,026 scans/million population/y) for all oncologic indications (7). These estimates were based on a model calculating the number of dedicated PET scanners required to support the demand for PET studies in lung cancer. This was then extended to all oncologic indications for PET. The number of PET scans required for lung cancer was calculated using lung cancer incidence rates and a decision tree and was estimated to be 29,886 per year in the UK, with 38,070 new cases per year, 82% of which were estimated to be NSCLC. In our analysis, the data indicate that the number of PET scans reimbursed by NHI for lung cancer in Taiwan in 2007 was approximately 20% of the estimated level required, using the UK algorithm adjusted for Taiwan's lung cancer incidence rates. Although our study does not account for PET scans not reimbursed by NHI, records in the claims database likely reflect the vast majority of all PET examinations performed for the selected oncologic indications. The seemingly low level of utilization for lung cancer may reflect differences in determinations of cost effectiveness between disparate health systems. Other important factors influencing the level of utilization may include cost control measures, such as the imposition of

global budgets before insurance coverage expansion. Although global budgets do not necessarily control the quantity of service provided, these constraints may limit the number of PET scans performed, because of the significant incremental cost of this examination. More direct means of utilization control take the form of quotas, in terms of the number of examinations allowed in a certain time frame. Preferences of patients and referring physicians may also affect utilization levels. The results of our study depend on the quality of claims datasets managed by NHRI and are limited by the accuracy and completeness of the data submitted to BNHI. Our current study does not account for the stage of cancer (as a result of of inadequate coding of the extent of cancer in the datasets used). The addition of adequately coded staging information may affect the results of our study. Because our study is based on a sample of the full claims database, there is a small chance that a repeat analysis using a different sample dataset or the full database could produce different results. Our study does not provide evidence regarding the cost effectiveness or potential benefits in improved clinical outcomes associated with adoption of this advanced medical imaging technology.

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