Sino-American Conference Date Set

The Chinese Society of Nuclear Medicine (CSNM) and SNM announced earlier this year that the First Sino-American Conference on Nuclear Medicine will be held February 24–27, 2011, in Beijing, China. Leaders from both societies will present keynote addresses. Other program offerings will include scientific papers and abstracts, case reading of images, a young professionals’ tournament, continuing medical education sessions, and prizes for young scholars.

“This conference, the first to be jointly sponsored by CSNM and SNM, offers an extraordinary opportunity for scientific and cultural exchange,” said George Segall, MD, one of the SNM leaders who worked with CSNM colleagues in planning the meeting. Segall will be a featured speaker, along with SNM immediate-past-president Michael Graham, PhD, MD, and current president Dominique Delbeke, MD, PhD.

Meeting planners would like to initiate an academic exchange as a result of the meeting. “Hopefully, there will be an opportunity for the top 2 young SNM professionals to study in China afterward and a similar opportunity for the top 2 young CSNM professionals to study in the United States,” said CSNM president Jiahe Tian, MD. Tian went on to extend an invitation for broad participation and attendance from SNM members. The conference is open to the entire nuclear medicine community. Additional information is available on the CSNM Web site at www.chinanm.org.cn. For specific details, contact Dr. Ruimin Wang, secretary of CSNM, at wrm@yeah.net.

Chinese Society of Nuclear Medicine
SNM

MOLECULAR IMAGING UPDATE

Clinical Trials Network Strives for Standardization

Two meetings geared at generating industry-wide standardization were held during the SNM 2010 Annual Meeting in June: the FDG Protocol Worldwide Summit and the Image Reconstruction Harmonization Group (IRHG) meeting.

FDG is the most commonly used radiopharmaceutical in clinical oncology PET studies and is used in numerous clinical trials. In clinical trials, it is important to conduct the studies in a standardized fashion that facilitates accurate interpretation of the study data, particularly when compared to similar trials. In an effort to create a single protocol that would be widely acceptable for virtually all oncology clinical trials incorporating FDG imaging, the SNM Clinical Trials Network (CTN) convened a meeting with 25 representatives from key groups around the world. Using the summary document developed by the Uniform Protocols for Imaging in Clinical Trials (UPICT) group, we addressed a number of key items and completed review of approximately three-quarters of the proposed topics. The discussion produced agreement on several significant points including management of diabetic patients, a minimum fasting time of 6 h and a target imaging time of 60 min (55–75 min). Once all remaining points have been discussed and agreement reached, the final protocol will be organized into a jointly authored document and submitted for publication.

The IRHG was formed in early 2010 to develop a strategy to harmonize PET image reconstructions used in clinical trials. The members—including physicists from CTN, the Quantitative Imaging Biomarkers Alliance, and the European Association of Nuclear Medicine—met with high-level physicists and engineers from each of the 3 major scanner vendors. For each PET/CT scanner model and vendor, the IRHG is providing raw scan data of the CTN oncology chest phantom and the National Electrical Manufacturers Association image quality phantom. Vendors are charged with identifying reconstruction parameters resulting in image sets that are both quantitatively and qualitatively harmonized with their own product line and also with other vendors’ systems. The resultant model will allow all vendors to provide a clinical trial special reconstruction option in addition to the standard clinical imaging reconstruction. We anticipate that the success of this group’s work should position PET imaging positively in the eyes of the U.S. Food and Drug Administration and other regulatory bodies as it pertains to multicenter trials.

—Michael Graham, PhD, MD
Peter Conti, MD, PhD
John Hoffman, MD