

Working Together to Move Ahead

Hybrid imaging and advances in molecular imaging are resulting in major changes in the specialty of nuclear medicine. Economic pressures from health care reform in the United States are accelerating the pace of change.

We have reached a crossroads and must decide in what direction to go. Radiology and nuclear medicine are separate disciplines, but advances in the field are requiring re-evaluation of this distinction. Radiologists require more training in nuclear medicine, and nuclear medicine physicians require more training in anatomic imaging. The future workforce will be dual trained and dual qualified.

How will these dual-trained individuals identify themselves? As the field of molecular imaging grows, we should not identify ourselves as physicians, technologists, scientists, physicists, pharmacists, or industrial professionals of any 1 type. We must forge a single new identity as molecular imaging professionals, and recognize that the combination is greater than the sum of the parts.

The importance of SNM and its counterpart professional societies around the world will increase. The introduction of new functional tracers, molecular imaging biomarkers, and radiotherapeutic agents, as well as the development of new equipment technologies, will require professional organizations with a focus on molecular imaging that have a breadth and depth of expertise that is not found in professional organizations that see nuclear medicine as a small part of their activities.

International membership in our society is another of our strengths. Global cooperation in education and harmonization of international standards that promote research is important for the future. SNM is supporting this research through its Clinical Trials Network, which is a global network that promotes the use of imaging biomarkers in drug development by providing education and equipment validation to ensure image quality in research.

The Journal of Nuclear Medicine (JNM) is also 1 of our strengths. Research from around the world that advances the field of nuclear medicine and molecular imag-

ing is published in *JNM*. More than 50% of published manuscripts come from abroad. As a result, *JNM* has the highest impact factor of any medical imaging journal in the world.

While we plan for the future, we will continue to do the work required today. The global shortage of molybdenum, decreasing reimbursement, and public concern for radiation exposure have resulted in a decrease in nuclear medicine procedure volume. We are poised for significant growth, but growth requires continuous effort to make sure the value of nuclear medicine and molecular imaging is recognized by patients, referring physicians, private payers, and government agencies. Evidence-based appropriateness criteria have become very important as a result of health care reform. We must demonstrate that our diagnostic tests and therapies affect medical decisions regarding patient management, improve quality of life, and improve outcomes.

The poor job market and declining reimbursement are economic challenges faced by many professionals. Overcoming these challenges is a top priority for our society. There are cynical people who think we don't care. There are skeptical people who think we don't understand. There are pessimistic people who think we can't succeed. They are wrong. We care, we understand, and we will succeed.

Next year in Miami we will meet for the 58th time in our history to learn and teach, share scientific discoveries, and recognize individual and collective achievements. When we meet again we will be able to take pride in our society knowing that the work we have done has advanced our specialty and improved health.



George Segall, MD

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