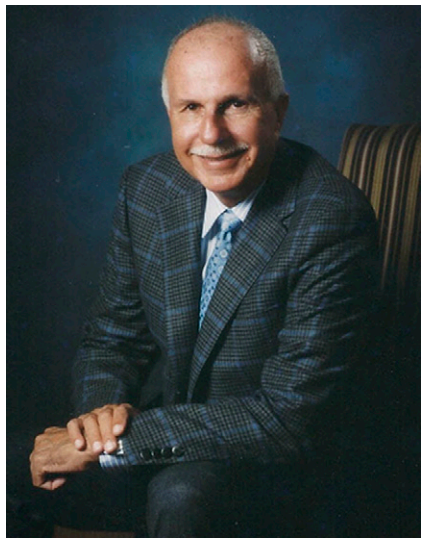
R. Edward Coleman, MD, 1943–2012



R. Edward "Ed" Coleman, MD, a pioneer in the development of PET and a visionary leader in its translation to routine clinical use, died on June 25 in Durham, NC. He was born in Otwell, IN. He received his bachelor's degree from the University of Evansville (IN) and his medical degree from Washington University (St. Louis, MO), where he also completed an internship in internal medicine. After residency at the Royal Victoria Hospital (Montreal, Canada), he returned to St. Louis in 1972 for a fellowship in nuclear medicine at the Mallinckrodt Institute of Radiology. He stayed at Mallinckrodt through 1976, first as an instructor and then as an assistant professor. While at Mallinckrodt, he collaborated with Michel Ter-Pogossian, PhD, and a team of physicians, physicists, chemists, and computer scientists in the development of PET technologies. Coleman was a full participant in the broad range of activities surrounding early PET work at Mallinckrodt, including cyclotron technologies, scanner design and testing, investigation of novel radiopharmaceuticals, and acquisition of early images in animals and humans. In 1976 he accepted a position as an assistant professor of radiology at the University of Utah Medical Center (Salt Lake City) and became an associate professor in 1978. In 1979 he became a professor of radiology and director of nuclear medicine at Duke University Medical Center (Durham, NC) and director of nuclear medicine at the Durham Veterans Affairs Medical Center. In June he completed his 33rd year at Duke, having served in multiple leadership roles, including as a vice chair in the Department of Radiology. Throughout these years, Coleman maintained a focus on PET, promoting hybrid integration with x-ray CT and advocating appropriate clinical applications for PET/CT. This effort involved a tireless collaboration with academia, industry, and government. He was instrumental in establishing the National Oncologic PET Registry that facilitated greatly expanded Medicare coverage of PET.

More than 20 years ago Coleman identified in Newsline the key challenges to be overcome before PET could become widely used (and reimbursed) in clinical imaging: (1) improved tomographic hard- and software; (2) automation of cyclotrons and reliable access to PET radiopharmaceuticals; (3) generation of clinical data validating the benefits of PET; and (4) clarification of the role of U.S. Food and Drug Administration jurisdiction over PET radiopharmaceuticals (*J Nucl Med.* 1991;32[4]:42N–52N). It is a testament to his vision, dedication, and hard work that he personally led efforts on each of these fronts. His words in 1991 remain true today: "Clinical PET is the epitome of the application of the tracer method to medical diagnosis. . . .If nuclear medicine does not demonstrate its interest in the development and application of PET, other specialties will make PET their own."

Coleman was a founder and first president of the Institute of Clinical PET and a president of the Academy of Molecular Imaging. He served as chair of the American Board of Nuclear Medicine (1992–1994) and was a fellow of both the American College of Radiology and American College of Chest Physicians. In 2007 he received SNM's Georg Charles de Hevesy Nuclear Pioneer award. His name regularly appeared on lists of best physicians in the United States, and he received an honorary doctorate from his undergraduate alma mater.

Throughout his career Coleman maintained a vigorous interest in academic work and research that encompassed an amazing breadth of topics. Examples of his diverse research contributions include pioneering studies of ^{111}In-labeled leukocytes and platelets and radioimmunotherapy of gliomas. He also contributed extensively to the literature on diagnosis of pulmonary embolism and cardiovascular nuclear medicine. His prodigious output of more than 530 peer-reviewed publications and more than 100 textbooks and book chapters is evidence not only of the broad scope of his interests but of his ability to form

lasting and productive collaborations with colleagues from across other disciplines. He was able to engage other specialists in working with his team at Duke to discover ways nuclear medicine could illuminate longstanding questions and bring novel insights to both diagnosis and therapy. Ed trained numerous physicians at Duke, many of whom are now recognized leaders in nuclear medicine and radiology. In training residents, he invariably emphasized the impact of imaging studies on patient care, and his teaching style incorporated a mixture of scientific evidence, anecdotal experience, and occasional humor. For this, he received multiple teaching awards during his tenure at Duke. He was also involved in the training of many physicists, graduate students, and postdocs and was a faculty member in the graduate medical physics program at Duke.

For those of us who had the privilege of working with him on a daily basis, Ed was a friend, a mentor, a colleague, and a leader: but most of all he was a genial spirit and an inspiration. No matter how busy things were, Ed always had time to listen. He treated everyone he knew with respect and, in turn, was highly respected by all. Ed's many interests—his athletic ability (he was a member of the University of Evansville's national championship basketball team), his ongoing passion for sports (notably Duke basketball), his devotion to his children, his zest for travel (he successfully summited Mt. Kilimanjaro with his daughter, son, and son-in-law)—all characterized his enthusiasm for action. This enthusiasm carried over to the care of his patients and in his academic pursuit to revolutionize imaging and revitalize nuclear medicine practice.

Ed is survived by his wife, Irma; 2 daughters; 1 son; 2 stepchildren; 5 grandchildren; and 5 step-grandchildren. A memorial service was held on June 28 at the Duke University Chapel. A tribute to Ed's life and career is planned for later in the year.

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served us like "Sears catalog" suppliers of everything from leaded gloves to ventilation systems to calibration phantoms. Now that we are in the Amazon/eBay era of purchasing, DOTmed.com brings a strong Web-focused approach to purchasing/selling equipment, particularly for imaging.

This largest category of suppliers is extremely difficult to characterize. The specialized subgroups within this group are varied and too numerous to list. Some companies focus on supplying tungsten alloys (TLWM from China or M&I Materials) or hand-held probes (Crystal Photonics) or phantoms (Data Spectrum and The Phantom Library) or collimators (Nuclear Fields). The list of such specialized equipment goes on and on. Given more time and space, a summary session review of these varied suppliers of accessories and technologies alone would provide a worthwhile look at the current state of nuclear medicine research and practice.

Conclusion

The SNMMI Exhibitors' Hall is an astounding microcosm of experts, engineers, logistics networks, and business entrepreneurs. It is here that the meeting attendee finds the successful ideas and instruments that are used primarily at "bedside." The fascinating and innovative new ideas presented at the "bench" in the scientific sessions have a long road to travel before they make it to the Exhibitors' Hall, where they are offered for use in hospitals and clinical centers. With more and more booths displaying instruments and services from a growing international world stage, the Exhibitors' Hall provides a one-of-a-kind current view on the state of the art in preclinical and clinical research and medical care in our field. A single snapshot helps to understand the current status of our industry and can be referenced to the history of previous developments, but it is the ongoing movie of dynamic changes in our field that is even more interesting and gives us clues about what the next year may bring.

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