

Congress Passes American Medical Isotope Production Act

The U.S. Congress in mid-December affirmed its dedication to securing a sustainable, domestic supply of ^{99}Mo by passing the American Medical Isotope Production Act (S. 99). The bill, sponsored by Senator Jeff Bingaman (D-NM), chair of the Senate Committee on Energy and Natural Resources, and Senator Lisa Murkowski (R-AK), was passed out of the Senate by unanimous consent and referred to the House Subcommittee on Energy and Environment. S. 99 was included in the Conference Agreement for the National Defense Authorization Act for fiscal year 2013. At Newsline press time, President Obama was expected to sign the final legislation. Also instrumental in moving the legislation forward in the House were Representatives Fred Upton (R-MI) and Ed Markey (D-MA).

The bill will establish a “technology neutral” program to support the production of ^{99}Mo for medical uses in the United States by nonfederal entities. It also calls for the United States to phase out the export of highly enriched uranium for medical isotope production over a period of 7 years. The bill represents the culmination of several years of effort by the nuclear medicine community and federal agencies to ensure a stable supply of radioisotopes, particularly for common procedures such as those that rely on ^{99}Mo . Although widely supported, the bill remained on the table at the end of 2011 and was reintroduced in January 2012.

“Sens. Bingaman and Murkowski have shown unwavering commitment to ensuring a stable isotope supply for the United States,” said Frederic H. Fahey, DSc, president of SNMMI. “In order for our patients to receive the best med-

ical care, it is essential that a reliable supply of ^{99}Mo be available in the United States. We greatly appreciate their efforts in seeing this bill come to fruition.”

Only 8 foreign producers are currently approved by the U.S. Food and Drug Administration to import ^{99}Mo into the United States, with no existing domestic facilities dedicated to the production of the isotope for medical uses. Aging foreign reactors regularly experience significant maintenance issues, frequently causing these reactors to go offline. In 2009 and 2010, a “perfect storm” of such disruptions results in a shortage of ^{99}Mo that led to interruptions or delays of nuclear medicine procedures for an estimated 50,000 patients each day. More recently, on November 30, 2012, the Nuclear Research and Consultancy Group announced that it had postponed the restart of its High Flux Reactor (HFR) (Petten, The Netherlands) after discovery of multiple tritium leaks during a routine maintenance inspection. The reactor had been offline since November 11.

“The United States could soon face a crisis in nuclear medicine,” commented Markey after passage of the bill. “The availability of millions of critical procedures performed in this country each year is regularly at risk. These provisions will ensure that Americans will continue to have access to these vital medical procedures by establishing a robust domestic production of ^{99}Mo for medical uses, while also closing an important nonproliferation loophole to restrict the export of highly enriched uranium.”

SNMMI

ACGME Approves Requirement Changes in Nuclear Radiology

In fall 2012 the Accreditation Council for Graduate Medical Education posted approved changes to its Graduate Medical Education Program Requirements for the primary specialty of diagnostic radiology and the diagnostic radiology subspecialty fellowship in nuclear radiology. The posted changes detailed a single addition to requirements for diagnostic radiology residency and more comprehensive changes to the 12-month nuclear radiology fellowship.

For diagnostic residents, a requirement for participation with preceptors in at least 3 therapies involving oral

administration of ^{131}I in quantities >33 mCi was added to the previous requirement for 3 ^{131}I therapies.

Changes in the nuclear radiology fellowship in diagnostic radiology programs were more sweeping. The new program requirements are quite similar to the Nuclear Medicine Residency Program Requirements. The changes, originally posted in January 2012, had been opposed by the Nuclear Medicine Residency Review Committee, SNMMI, and American Board of Nuclear Medicine.

The changes will go into effect on July 1, 2013.