

## The Therapy Center of Excellence

Hossein Jadvar, MD, PhD, MPH, MBA, SNMMI President

As 2016 gets underway, I am delighted to report that the Therapy Center of Excellence (CoE) is now a reality. The leadership team is in place, with Suresh Srivastava, PhD, serving as president. The center currently has 237 members, many of whom were previously members of the Nuclear Oncology Council, which was dissolved and folded into the Therapy CoE.

The Therapy CoE is part of the implementation of SNMMI's strategic plan, which identifies the advancement of targeted radionuclide therapy (TRT) as one of its key goals. Dedicated to all aspects of the development and utilization of TRT as an alternative or addition to other treatments, the center:

- Provides a forum for members with similar interests in the field;
- Serves as a resource, providing TRT expertise and data;
- Fosters TRT research and education (including training elements in therapy and clinical trial design and help with relevant guidelines and appropriate use criteria development); and
- Collaborates with other professionals and organizations.

Many issues need focused attention, including the paucity of availability of targeted radioisotopes for research and clinical use. In addition, guidelines are needed for integrating TRT into existing standards of care. Hand-in-hand with this is the importance of better understanding TRT side effects/toxicity compared with conventional therapies. Also, patient-reported outcomes must be considered when assessing quality-of-life benefits with TRT.

As with all new therapies, Centers for Medicare & Medicaid Services reimbursement is a concern. The Therapy CoE will collect data to support the efficacy of specific TRTs, making the case for funding.

While the center is still in the project planning stage, over the next 3 years I would like to see it focus on advocacy, education, and outreach.

To accomplish its goals, it is important for the center to partner with SNMMI's Clinical Trials Network, PET Center of Excellence, and Evidence and Quality Committee, as well as other organizations and government agencies.

The center leadership is reaching out to such organizations as the American Association of Physicists in Medicine, American Society for Therapeutic Radiology and Oncology, American Society of Clinical Oncology, and World Association of Radiopharmaceutical and Molecular Therapy. The leadership also looks forward to collaborating with government agencies, including the National Cancer Institute, U.S. Food and Drug Administration, and U.S. Department of Energy.

The Therapy CoE will sponsor a categorical session at the 2016 SNMMI Annual Meeting in San Diego, CA, so please plan to attend if you will be at the meeting. In the meantime, I hope you will consider becoming a member of the Therapy CoE (dues are only \$15)—adding your expertise and ideas as the center works to advance the use of approved agents, assist in the development of emerging agents, and advocate for regulatory approval and reimbursement of new agents.



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## FROM THE LITERATURE

*Each month the editor of Newsline selects articles on diagnostic, therapeutic, research, and practice issues from a range of international publications. Most selections come from outside the standard canon of nuclear medicine and radiology journals. These briefs are offered as a monthly window on the broad arena of medical and scientific endeavor in which nuclear medicine now plays an essential role. The lines between diagnosis and therapy are sometimes*

*blurred, as radiolabels are increasingly used as adjuncts to therapy and/or as active agents in therapeutic regimens, and these shifting lines are reflected in the briefs presented here. We have also added a small section on noteworthy reviews of the literature.*

### **PET and PET/CT in Residual/Recurrent HNSCC**

In an article e-published on December 29 in *Otolaryngology-Head*

*and Neck Surgery*, Cheung et al. from the University of Sydney (Australia) reported on a systematic review and metaanalysis designed to assess the accuracy of PET and PET/CT in identifying residual and/or recurrent local and regional disease and distant metastases in patients with head and neck squamous cell carcinoma (HNSCC) after radiation therapy with or without chemotherapy. The authors identified 27 reports that met study criteria. The pooled