

The National Oncologic PET Registry (NOPR): A Monumental Effort by a Few Leaders

Johannes Czernin

David Geffen School of Medicine at UCLA, Los Angeles, California

This current volume of *The Journal of Nuclear Medicine* (*JNM*) features 2 manuscripts by the National Oncologic PET Registry (NOPR) team that may represent the final chapter of their monumental work (1,2). Previous efforts by the group led by the late Ed Coleman, Barry Siegel, Bruce Hillner, and Anthony Shields resulted in near-universal coverage of ¹⁸F-FDG PET imaging in oncology (3–5). NOPR also demonstrated that coverage with evidence development in collaboration with the Centers for Medicare & Medicaid Services (CMS) not only was feasible but also provided highly relevant information for beneficiaries and health-care providers. Rodney Hicks provides an invited perspective on the 2 current manuscripts.

My brief commentary is in fact a thank-you note. Thank you to our late friend Ed Coleman, a true pioneer of PET imaging; to the tireless Barry Siegel, who always believed that this can be done, who spent months and years negotiating with CMS, and who kept expanding NOPR, as shown in the current volume of *JNM*; to Anthony Shields, whose insights into oncology were necessary to ask the right questions; and to Bruce Hillner, whose analytical mind was instrumental for developing the right study endpoints and coming up with comprehensive irrefutable answers. In fact, the NOPR design serves as a model for many ongoing “impact on management studies” in prostate cancer (6).

A thank you also to the Academy of Molecular Imaging (now World Molecular Imaging Society), whose leadership creatively convinced industry to fund this effort. And finally, a thank you to the team that now provided evidence for the value of NaF PET imaging for evaluating bone metastatic disease.

This group of leaders accomplished something that only few believed to be possible. They provided the evidence for the indisputable value of ¹⁸F-FDG and ¹⁸F-NaF imaging in oncology.

We will need leaders such as this to move our field forward. Theranostic approaches targeting the somatostatin receptors (SSRs) and the prostate-specific membrane antigen (PSMA) await Food and Drug Administration approval and CMS reimbursement. We are now challenged to generate data of equally high quality for both diagnostics and therapeutics. That this can be done has been demonstrated so impressively by a few great leaders.



Johannes Czernin

REFERENCES

- Hillner BE, Hanna L, Makineni R, et al. Intended versus inferred treatment after ¹⁸F-fluoride PET performed for evaluation of osseous metastatic disease in the National Oncologic PET Registry. *J Nucl Med*. 2018;59:421–426.
- Gareen IF, Hillner BE, Hanna H, et al. Hospice Admission and Survival After ¹⁸F-Fluoride PET Performed for Evaluation of Osseous Metastatic Disease in the National Oncologic PET Registry. *J Nucl Med*. 2018;59:427–433.
- Hillner BE, Siegel BA, Liu D, et al. Impact of positron emission tomography/computed tomography and positron emission tomography (PET) alone on expected management of patients with cancer: initial results from the National Oncologic PET Registry. *J Clin Oncol*. 2008;26:2155–2161.
- Hillner BE, Siegel BA, Shields AF, et al. Relationship between cancer type and impact of PET and PET/CT on intended management: findings of the National Oncologic PET Registry. *J Nucl Med*. 2008;49:1928–1935.
- Hillner BE, Siegel BA, Shields AF, et al. The impact of positron emission tomography (PET) on expected management during cancer treatment: findings of the National Oncologic PET Registry. *Cancer*. 2009;115:410–418.
- Calais J, Fendler WP, Eiber M, et al. Impact of ⁶⁸Ga-PSMA-11 PET/CT on the management of prostate cancer patients with biochemical recurrence. *J Nucl Med*. 2018;59:434–441.