

Overview of the Martinique Meetings: What Has Been Established and Where Are We Going?

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One important example of increasing dialogue and collaboration between SNMMI and other professional societies over the past several years is the quadrilateral consensus conference held in Martinique in January 2018 and again in March 2019. The history of the rationale and development of this conference was outlined in Newsline in 2017 (*J Nucl Med.* 2017;58[10]:19N–20N). Briefly, the American Thyroid Association (ATA) developed their most recent practice guidelines for differentiated thyroid cancer in 2015. These were published in *Thyroid* on January 1, 2016. The nuclear medicine community was not in uniform agreement with these guidelines. Several preliminary meetings were held to determine whether a conjoint conference might be useful. The resulting conference of the ATA, SNMMI, European Association of Nuclear Medicine, and the European Thyroid Association was then held in Martinique in January 2018.

The prime objectives of this meeting were to establish a collegial and collaborative dialogue among the 4 societies and discuss some of the controversies surrounding the 2015 ATA guidelines. The first objective was met by laying a foundation to expand this dialogue and collaboration and to expand and formalize a process to focus on controversies, education, research, appropriate use, and development of white papers. From the beginning, the group made clear that it does not intend to develop guidelines but to provide information that will support creation of guidelines. Other objectives included discussing group perspectives and consensus on indications for ^{131}I adjuvant treatment, determining optimal prescribed activity for ^{131}I adjuvant treatment, and defining classifications of iodine-refractory disease. The first meeting was highly successful, particularly in achieving the first objective. One of the major outcomes of the first meeting was agreement that identified knowledge gaps are not grounds for dispute; instead, they are starting points for collaboration and joint research activities for determining best approaches for optimal patient care. Advancing our understanding of optimal thyroid cancer management requires a commitment by clinicians, researchers, patients, and organizations to engage in proactive, purposeful, and inclusive interdisciplinary cooperation. Another achievement was proposal of standardized definitions for the broad term “ ^{131}I therapy,” including its 3 main goals: (1) remnant ablation = use of ^{131}I for destruction of residual, presumably normal or benign, thyroid tissue after thyroidectomy to facilitate initial staging and follow-up studies; (2) adjuvant treatment = treatment with ^{131}I of suspected but unidentified remaining subclinical thyroid cancer to decrease the risk of recurrence and prolong survival fol-

lowing primary surgical treatment; and (3) treatment of known disease = treatment of known persistent or recurrent malignant disease, including distant metastases, with ^{131}I to improve survival. The first meeting was valuable and productive, and a second meeting was planned.

A white paper was developed from the outcomes of the first meeting and was recently published in the April issue of *Thyroid* (2019;29:461–470). Titled “Controversies, Consensus and Collaboration in the Use of I-131 Therapy in Differentiated Thyroid Cancer: A Joint Statement of the American Thyroid Association, the European Association of Nuclear Medicine, the Society of Nuclear Medicine and Molecular Imaging, and the European Thyroid Association,” the white paper establishes the principles for intersociety collaboration on thyroid cancer, now known as the “Martinique Principles.” These are:

1. Advancing our understanding of optimal thyroid cancer management requires a commitment by clinicians, researchers, patients, and organizations to engage in proactive, purposeful, and inclusive interdisciplinary cooperation.
2. The goal of ^{131}I therapy should be characterized as remnant ablation, adjuvant treatment, or treatment of known disease using standardized definitions.
3. Assessment of postoperative disease status is required to optimize proper patient selection for ^{131}I therapy (remnant ablation, adjuvant treatment, or treatment of known disease).
4. Postoperative disease status evaluations should be standardized and integrated into routine clinical care.
5. Optimal patient selection for ^{131}I adjuvant treatment requires consideration and evaluation of multiple factors beyond postoperative disease status and risk stratification.
6. The optimal administered activity for adjuvant treatment cannot be definitively determined from the published literature. Until definitive data are available, selection of the administered activity for adjuvant treatment should be based on multidisciplinary management recommendations.
7. Characteristics used to classify patients as ^{131}I refractory should be used to risk stratify patients with regard to the likelihood that a tumor will respond to ^{131}I therapy and not necessarily as definitive criteria to mandate whether or not ^{131}I therapy should be recommended.
8. ^{131}I refractory criteria will continue to evolve as: (a) additional studies address important limitations and technical issues confounding the current literature; (b) techniques

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innovation into tomorrow's patient care. During the deployment of the Value Initiative, I was able to meet with strong industrial leaders who are genuinely interested in helping patients who suffer from cancer, neurological disorders, cardiac diseases, and many other conditions where nuclear medicine can be valuable.

As I conclude my presidency, I continue to ask questions: How can we encourage our members and stakeholders to promote the value of our field? What steps should we take to achieve appropriate reimbursement for our high-value care? How can we promote continuing innovation? How can we help secure and enhance the future of the nuclear medicine workforce and promote diversity and inclusion? The ever-changing health care landscape guides us as we develop strategies to meet these challenges. Ultimately, our goal is to increase the impact on patient care and research of our core value and expertise: nuclear medicine and molecular imaging.

Our next steps will become SNMMI's Value Initiative 2.0. In the coming year we will continue to work with all stakeholders to not only demonstrate the value of our field to others but also help bring value to the everyday practice of nuclear medicine and molecular imaging.

As part of Value Initiative 2.0 we will continue to adjust our organization to the changing health care environment. This includes seeking legislative changes for equitable reimbursement and addressing and analyzing complex and dated non-coverage policies. We will also support strong research for our future, continuing to advocate the importance of investment in research and development, exploring

new agents for diagnosis and therapy, and funding new research awards and grants for our members. We will enhance lifelong learning opportunities in nuclear medicine and molecular imaging for undergraduates and professionals as we continue our outreach to students and residents, create new education and training in theranostics, and provide educational offerings of the highest quality for all levels at the Annual Meeting. We have many more things to accomplish.

We hope to engage as many SNMMI members as possible in Value Initiative 2.0 through the work of various committees, working groups, and SNMMI chapters. And by streamlining the organizational structure of SNMMI, we will make our society more nimble and efficient.

In my mind, challenges are opportunities. By identifying these opportunities and developing strategies to meet them, we are taking a proactive role in advancing the field of nuclear medicine and molecular imaging. It is such an exciting time for our field, and by joining together we can make sure that the future is bright.

I would like to thank all hardworking volunteers, SNMMI staff, and partners for supporting our society, our field, and our future. I feel so lucky and honored to work with so many of you who share a common sense of missions and goals. Thank you so much.

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for radioiodine imaging are optimized and standardized; and (c) redifferentiation therapies enhance the effectiveness of ^{131}I therapy.

- Major gaps in knowledge and evidence regarding optimal use of ^{131}I therapy should be addressed with properly designed prospective studies.

The second Martinique meeting was held in March 2019. A mission statement was developed, indicating that the inter-societal working group will provide a forum to discuss differences in an open, honest, data-driven, and respectful manner. Such discussion should focus on areas of agreement and on disagreements that may result in meaningful differences in clinical management. The group will propose potential solutions and strategies to address those differences. The general aims of these meetings are to: continue collegiality, serve as a "think tank" to identify unmet questions and needs, provide a framework of terminology and a reference for practice guidelines, and provide a forum to discuss areas of agreement and disagreement. Proposed areas of discussion include: lack of data on early postoperative risk stratification, criteria

for success of therapy, pros and cons for dosimetry-guided ^{131}I treatment, enumeration of practice differences among centers regarding postoperative risk stratification, development of a survey instrument for determining patient needs, development of a clinical trial on the benefit of postoperative evaluation with diagnostic radioiodine SPECT/CT imaging and dosimetry-guided ^{131}I treatment in metastasized radioiodine-avid differentiated thyroid cancer, and identification of clinical trials to address unresolved issues at the core of current controversies in the management of thyroid cancer. These issues are reflected in Principles 8 and 9.

Preliminary proposed topics for the 2020 meeting include: further diagnostic assessment after thyroidectomy before deciding on whether to pursue ^{131}I therapy, criteria for success of ^{131}I therapy, and use of diagnostic scans after thyroidectomy in evaluation of differentiated thyroid cancer. These conferences represent a valuable and highly successful effort for SNMMI, particularly useful for nuclear medicine practitioners. We believe that this collaborative and forward-looking initiative should be continued and supported.