SNMMI Leadership Update: A Year of Progress Amid a Pandemic

Alan B. Packard, PhD, SNMMI President

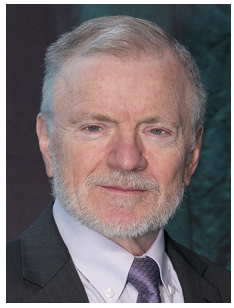
Despite the unprecedented challenges of the past year, SNMMI has successfully continued its mission to improve human health by advancing nuclear medicine, molecular imaging, and radionuclide therapy. SNMMI members and staff showed remarkable commitment to achieving the goals of the Society and accomplished a great deal despite the many challenges they faced and continue to face, effecting positive change for our field.

One of the first steps that SNMMI took to address the impact of the pandemic on nuclear medicine and molecular imaging was to convene a COVID-19 Task Force in the spring of 2020. The activities of the task force include issuing multiple statements regarding ventilation/perfusion lung studies and partnering with the Physics, Instrumentation, and Data Sciences Council to develop workstation guidelines for nuclear medicine physicians who are working from home. In addition, sessions related to COVID-19 were presented at SNMMI's Annual and Mid-Winter Meetings, and a number of COVID-19-related articles were published in both *The Journal of Nuclear Medicine* (*JNM*) and the *Journal of Nuclear Medicine Technology*.

Perhaps the biggest challenge was transitioning the SNMMI Annual Meeting from an in-person to a virtual event within only a couple of months. The virtual Annual Meeting was offered free to all members and was an enormous success, with 9,000 registrants, many more attendees than usual. This increased attendance was due partly to the virtual participation of many people who usually are not able to travel to the meeting. Meeting attendees participated in live continuing education and plenary sessions and visited virtual poster and exhibit halls as well as several virtual networking events.

The same model was utilized for the 2021 SNMMI Mid-Winter Meeting, which saw a 48% increase in registration from 2020, with 800 participants. The meeting offered live and on-demand education sessions, had high involvement from exhibitors and sponsors, and surpassed all of SNMMI's financial goals.

Several new SNMMI initiatives were launched over the past year to address challenges presented by COVID-19 and advance the field of nuclear medicine and molecular imaging. To address the absence of in-person meetings, the Radiochemistry Task Force established a forum where individuals interested in radiopharmaceutical sciences can meet virtually and discuss topics of mutual interest. These "Drink and Think" sessions focused on a variety of topics, including the impact of COVID-19 on radiopharmaceutical research and practical issues related to implementation of USP <825>. Several more sessions are planned. A Diversity, Equity, and Inclusion Task Force was created to enact change in the field. The task force's activities included launching a new series of virtual "Inclusive Gatherings" to bring together underrepresented minority members and individuals who support a commitment to diversity, creating an SNMMI statement on Diversity, Equity, and Inclusion that was adopted by the SNMMI Board of Directors, and organizing sessions at the Mid-Winter Meeting and upcoming Annual Meeting.



Alan B. Packard, PhD

As part of SNMMI's Radiopharmaceutical Therapy Strategic Initiative, the Society launched several new programs and partnerships. A Therapy Task Force was created, as were task forces focusing on education and training, dosimetry, coding and reimbursement, and artificial intelligence. Information about the Society's activities in this area can be accessed through the new therapy-focused web portal, "SNMMI Radiopharmaceutical Therapy Central." In addition, a therapeutics conference is being planned for November 2021, and a new Radiopharmaceutical Therapy Registry is being created.

SNMMI received a 3-year, $750,000 grant from the U.S. Department of Energy (DoE) to provide capacity building for nuclear medicine and molecular imaging institutions in least-developed countries in sub-Saharan Africa. The SNMMI DoE Grant Task Force will focus its initial efforts in Ghana and has begun working with Korle Bu Teaching Hospital to provide education and technical assistance.

On the advocacy front, in December the Society was successful in getting the Centers for Medicare and Medicaid Services (CMS) to remove the national noncoverage decision for infection/inflammation imaging. In 2021, SNMMI will continue to work with CMS to further expand nononcologic PET coverage. SNMMI, along with its coalition partners, continues in its efforts to ensure adequate reimbursement for high-value radiopharmaceuticals. The coalition introduced a bill for separate payment of high-value radiopharmaceuticals (HR 3772) with broad bipartisan support in the last congress and is planning to introduce similar legislation to the new congress.

(*Continued on page 22N*)

^{18}F-FDG PET National Coverage Determination for Infection/Inflammation Retired

On January 1, 2021, the Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) for noncoverage of ^{18}F-FDG PET for infection and inflammation was retired. The removal of this NCD, in effect since 2008, opens a path to reimbursement through coverage determinations made at the discretion of local Medicare Administrative Contractors (MACs). In the absence of a MAC Local Coverage Determination, NCD, or CMS Manual Instruction, "reasonable and necessary guidelines" apply.

Section 1862(a)(1)(A) of the Social Security Act directs that: "No payment may be made under Part A or Part B for any expenses incurred for items or services not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member." Each MAC will determine if an item or service is "reasonable and necessary" under §1862(a)(1)(A) of the act, if the service is: "Safe and effective; not experimental or investigational; and appropriate, including the duration and frequency in terms of whether the service or item is: Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the beneficiary's condition or to improve the function of a malformed body member; furnished in a setting appropriate to the beneficiary's medical needs and condition; ordered and furnished by qualified personnel; and one that meets, but does not exceed, the beneficiary's medical need."

For any service reported to Medicare, it is expected that medical documentation can clearly demonstrate that the service meets each of these criteria. Documentation must be maintained in the patient's medical record and be available to the contractor upon request.

On March 11, SNMMI reported that leadership and staff had met with Palmetto GBA (Columbia, SC), WPS Government Health Administrators (WPS GHA; Madison, WI), and CGS Administrators (Nashville, TN) and had communicated with Novitas Solutions (Mechanicsburg, PA) and Noridian Healthcare Solutions (Fargo, ND). At that time, no MACs were in the process of developing a Local Coverage Determination, although CGS expressed an interest. SNMMI will keep working with all the MACs as well as its own members on claims processing issues.

Although all MACs are required to process claims according to reasonable and necessary guidelines in the absence of a Local Coverage Determination, WPS GBA reported that they are not looking to develop a Local Coverage Determination at this time; instead, they prefer to monitor claims, because the volume is expected to be low. They assured SNMMI representatives that there should be no reimbursement issues with ^{18}F-FDG PET for inflammation and infection.

SNMMI, the American Society of Nuclear Cardiology, the American College of Nuclear Medicine, and the American College of Radiology will continue meeting with local MACs to provide education and information about the new policy and ensure coverage at the local level. SNMMI will soon approve appropriate use criteria for use of PET for infection and inflammation. In addition, a new workgroup has been formed to create appropriate use criteria for use of PET to diagnose fever of unknown origin.

For more information, contact hpra@snmmi.org.

SNMMI

IAEA Webinar Series for Women in Nuclear Science

On February 24, the International Atomic Energy Agency (IAEA) launched a series of webinars intended to increase female representation in nuclear sciences and associated applications. The first webinar, with more than 300 participants, encouraged careers in accelerator science and technology. "The low representation of women working with particle accelerators weakens diversity and competitiveness in our field," said Aliz Simon, PhD, Accelerator Specialist at IAEA and a speaker at the event. "More outreach and additional efforts are needed to inspire young women to engage in nuclear physics and to support, inform, and empower them throughout their careers."

Speakers emphasized the technical, scientific, and societal benefits of working with accelerator technology. "Working with accelerators means you get to operate insanely powerful machines that are beautiful pieces of engineering, but you also get to work on inspirational projects with people who are passionate about what they do," said Ceri Brenner, PhD, Leader of the Centre for Accelerator Science at the Australian Nuclear Science and Technology Organisation.

The international nature of the work was also emphasized, with multiple career opportunities in government, academic, and industry settings around the world. "Accelerator science has by default an international character," said Melissa Denecke, PhD, Director of the IAEA Division of Physical and Chemical Sciences. "It is a fantastic place for women in science to gather momentum and drive the progress on gender equality."

The webinar on careers in accelerator science is available at: https://www.youtube.com/watch?v=NcJcPGuubFg. The next webinar in the series will highlight careers for women in fusion, followed by events on radiopharmaceuticals, radiation technologies, isotope hydrology, nuclear data, research reactors, and nuclear instrumentation. More information is available at www.iaea.org.

International Atomic Energy Agency

Increased Imaging Resources Could Save Lives

In an article published online on March 3 ahead of print in *Lancet Oncology*, the journal's Commission on Medical Imaging and Nuclear Medicine detailed the results of a report issued during the European Congress of Radiology, reviewing data collected from 211 countries, territories, and principalities on availability and gaps in imaging resources. Substantial shortages in equipment and workforce were identified, especially in low- and middle-income countries. The *Lancet Oncology* Commission on Medical Imaging and Nuclear Medicine was established with International Atomic Energy Agency support in 2018. "The aim was to provide data and guidance to catalyze sustainable improvement of medical imaging and nuclear medicine services for cancer management, particularly in low- and middle-income countries," said co-lead author Hedvig Hricak, MD, PhD, from Memorial Sloan Kettering Cancer Center (New York, NY).

Microsimulation models of 11 cancers showed that greater availability of imaging would avert 3.2% (2.46 million) of all deaths caused by these cancers between 2020 and 2030, saving 54.92 million life-years worldwide. A more comprehensive and integrated scale-up of imaging, treatment, and care quality would avert 12.5% (9.5 million) of all cancer deaths caused by the modeled cancers, saving 232.30 million life-years. Cost estimates put the scale-up of imaging at US$6.84 billion for the 10-y time frame but projected a yield in lifetime productivity gains of $1.23 trillion worldwide, a net return of $179.19 per $1 invested. Similarly, the combined scale-up of imaging, treatment, and quality of care was projected to provide a net benefit of $2.66 trillion and a net return of $12.43 per $1 invested. In what the report called a conservative approach to estimates of human capital, the scale-up of imaging alone would provide a net benefit of $209.46 billion and net return of $31.61 per $1 invested and the comprehensive scale-up would provide a net benefit of $340.42 billion and return per dollar invested of $2.46.

Although the report showed significant disparities in access to imaging technology and skilled workforces, these potential benefits held true across geographic regions. The commission proposed several actions and investments to enhance access to imaging equipment, workforce capacity, digital technology, radiopharmaceuticals, and research and training programs in low- and middle-income countries "to produce massive health and economic benefits and reduce the burden of cancer globally."

Lancet Oncology

NIH Advances Public/Private Partnership in Alzheimer Disease

The National Institutes of Health (NIH) announced on March 2 the launch of the next version of the Accelerating Medicines Partnership (AMP) Alzheimer disease (AD) program (AMP AD 2.0) to expand its open-science, big-data approach to identifying biologic targets for therapeutic interventions. AMP AD 2.0 is supporting new technologies, including cutting-edge, single-cell profiling and computational modeling, to enable a precision medicine approach to therapy development. Managed through the Foundation for the NIH (FNIH), AMP AD 2.0 brings together NIH, industry, nonprofit, and other organizations with a shared goal of using open-science practices to accelerate discovery of new drug targets, biomarkers, and disease subtypes.

"Unraveling the complex biological mechanisms that cause AD is critical for therapeutic development," said NIH Director Francis S. Collins, MD, PhD. "AMP AD 2.0 aims to add greater precision to the molecular maps developed in the first iteration of this program. This will identify biological targets and biomarkers to inform new therapeutic interventions for specific disease subtypes."

Because the prevalence of AD is greater among Black and Latino Americans than among white Americans, AMP AD 2.0 will expand the molecular characterization of AD in brain, blood, and spinal fluid samples collected in these diverse populations. These datasets will allow research teams to refine characterization of new targets, discover new fluid biomarkers, define disease subtypes, and increase understanding of causative factors and steps in disease progression. The knowledge gained will inform the development of therapies that can be tailored to different stages of the disease and diverse disease risk profiles.

"AMP AD has helped transform the way we learn about the disease process and identify new targets for treatment," said Richard J. Hodes, MD, director of the National Institute on Aging (NIA). "By expanding the molecular characterization of AD to be more inclusive of diverse populations and by renewing the commitment to open-science practices for sharing data, methods, and results, we will enable researchers across the globe to better understand the complex nature of the disease and take a precision medicine approach to the development of effective treatments."

During the first AMP AD program, research teams generated high-quality data from human biologic samples and animal and cell-based models and discovered more than 500 unique candidate targets through computational methods. These novel data resources were made available through a centralized data infrastructure and data-sharing platform, the AD Knowledge Portal (https://adknowledgeportal.synapse.org/), and the portal-linked, open-source platform Agora (https://agora.ampadportal.org/genes). The wide availability of these data has led to new insights into the role of the genome, proteome, metabolome, and microbiome in AD processes. To date, more than 3,000 researchers representing academic, biotechnology, and pharmaceutical industry sectors have used these data resources for research on AD and related dementias. NIA will lead research efforts and contribute an estimated total of $61.4 million over 5 years, pending availability of funds. This includes funding for a data coordinating center at Sage Bionetworks (Seattle, WA) and 6 multi-institutional, cross-disciplinary academic research

teams. Private contributions from industry will total more than $13.45 million.

"This partnership offers real hope to the tens of millions of people affected by Alzheimer's disease," said Maria C. Freire, PhD, president and executive director of the FNIH. "Collaboration through the first round of AMP AD has already enabled breakthrough advances in researchers' understanding of how AD progresses, uncovering numerous potential targets for drug therapy in a field where treatment options are severely limited."

National Institute on Aging

SNMMI and Coalition Partners Address Nuclear Medicine Access

SNMMI, along with the Medical Imaging & Technology Alliance (MITA) and the Council on Radionuclides and Radiopharmaceuticals, Inc. (CORAR), hosted on March 3 a virtual briefing with physicians, patients, and industry representatives on the need to improve patient access to innovative nuclear diagnostics and the growing role of PET, SPECT, and nuclear medicine in detecting prostate cancer, Parkinson and Alzheimer diseases, and other life-threatening conditions. Attended by a broad coalition of patient and provider stakeholders, the briefing included presentations from SNMMI member Thomas Hope, MD, Director of Molecular Therapy in the Department of Radiology and Biomedical Imaging at the University of California, San Francisco, and Joel Nowak, MA, MSW, cofounder and CEO of Cancer ABCs and a cancer advocate and patient.

"At a time when millions of Americans have delayed or avoided regular screening care amid the COVID-19 public health emergency, allowing access to advanced diagnostic imaging procedures that can better detect deadly diseases earlier—when they are most treatable—is essential," said Michael J. Guastella, MS, MBA, Executive Director of CORAR, who delivered the briefing's opening remarks. "Unfortunately, due to arcane Medicare reimbursement policies, patients and their doctors are unable to fully leverage the benefits of these innovative diagnostic imaging tools. This ongoing problem undermines public health and incentivizes the use of less effective screening modalities."

Dr. Hope provided an overview of the latest advances in PET imaging in identifying prostate cancer. Mr. Nowak discussed his personal experience battling metastatic prostate cancer and the central role of diagnostic radiopharmaceuticals in supporting recovery. Ann Marie Dawidczyk, Vice President of Patient Access at Blue Earth Diagnostics and chair of the MITA Coverage, Coding, and Payment Committee, discussed Medicare's current reimbursement policy and suggested ways to advocate for a solution, including supporting legislation to provide access to innovative radiopharmaceutical diagnostics. "Despite having demonstrated health benefits for Medicare beneficiaries, outdated Centers for Medicare and Medicaid Services payment methodologies create significant, often insurmountable access barriers to a newer, more precise generation of PET and SPECT diagnostic imaging modalities," she said. "To provide patient access, improve treatment outcomes, and incentivize the research and development of future diagnostic breakthroughs, these structural reimbursement barriers must be addressed. Therefore, we urge all attendees to join us in supporting the proposed Facilitating Innovative Nuclear Diagnostics (FIND) Act of 2021, which, if passed, would update Medicare reimbursement policy to grant greater access to innovative diagnostic radiopharmaceuticals for patients." More information on the FIND Act is available at http://s3.amazonaws.com/rdcms-snmmi/files/production/public/SNMMI_FIND_ONEPAGER_3-3-21.pdf.

SNMMI

Genetic Study on Lewy Body Dementia, Alzheimer Disease, and Parkinson Disease

Chia, from the National Institute on Aging (NIA), and a team of National Institutes of Health (NIH) researchers and international collaborators reported in the March issue of *Nature Genetics* (2021;53[3]:294–303) on the results of a study identifying 5 genes that may play a critical role in determining whether an individual will develop Lewy body dementia. These results supported not only the disease's ties to Parkinson disease (PD) but suggested that individuals with Lewy body dementia may share similar genetic profiles with those who have Alzheimer disease (AD).

"Lewy body dementia is a devastating brain disorder for which we have no effective treatments. Patients often appear to suffer the worst of both AD and PD. Our results support the idea that this may be because Lewy body dementia is caused by a spectrum of problems that can be seen in both disorders," said Sonja Scholz, MD, PhD, investigator at the NIH National Institute of Neurological Disorders and Stroke and the senior author of the study, in an NIH press release. "We hope that these results will act as a blueprint for understanding the disease and developing new treatments." The study was led by Scholz's team and researchers in the lab of Bryan J. Traynor, MD, PhD, senior investigator at NIA. "Compared to other neurodegenerative disorders, very little is known about the genetic forces behind Lewy body dementia," said Traynor. "To get a better understanding we wanted to study the genetic architecture of Lewy body dementia."

The researchers compared the chromosomal DNA sequences of 2,981 Lewy body dementia patients with those of 4,931 healthy, age-matched controls. Samples were collected from participants of European ancestry at 44 sites: 17 in Europe and 27 across North America. The DNA sequencing was led by Clifton Dalgard, PhD, and researchers at the American Genome Center, a series of state-of-the-art laboratories located at the Uniformed Services University of the Health Sciences (Bethesda, MD) and supported by the Henry M. Jackson Foundation for the Advancement of Military Medicine.

The sequences of 5 genes from Lewy body dementia patients were identified as different from those of the

controls: SNCA, APOE, GBA, BIN1, and TMEM175. Differences in the same 5 genes were documented when comparing DNA sequences from 970 additional Lewy body dementia patients and those from a new set of 8,928 controls. Additional analyses suggested that changes in the activity of these genes may lead to dementia and that the GBA gene may have a particularly strong influence on this process. This gene encodes instructions for β-glucosylceramidase, a protein that helps cellular breakdown of sugary fats. The researchers found that both common and rare variants in the GBA gene are tied to Lewy body dementia.

To examine apparent links between Lewy body dementia and other neurodegenerative diseases, the researchers further analyzed data from previous studies on AD and PD. "Although AD and PD are molecularly and clinically very different disorders, our results support the idea that the problems that cause those diseases may also happen in Lewy body dementia," said Scholz. "The challenge we face in treating these patients is determining which specific problems are causing the dementia. We hope studies like this one will help doctors find precise treatments for each patient's condition."

The team has published the genome sequence data from the study on the database of Genotypes and Phenotypes (https://www.ncbi.nlm.nih.gov/gap/), a National Library of Medicine website that researchers can freely search for new insights into the causes of Lewy body dementia and other disorders.

National Institutes of Health
Nature Genetics

Repurposing Drugs in Alzheimer Disease with Artificial Intelligence

In an article published on February 15 ahead of print in *Nature Communications*, Rodriguez et al. from Harvard Medical School and Massachusetts General Hospital (both in Boston, MA) presented a machine-learning framework to quantify potential relationships between types of pathology associated with Alzheimer disease (AD) stage (early, mid, or late, as defined by Braak staging) and molecular mechanisms that can be characterized by a list of gene names. Called Drug Repurposing in AD (DRIAD), the framework is offered as an alternative to the current proliferation of clinical trials of novel AD-targeted therapeutics and the very low yield in terms of promising candidates. The project applies artificial intelligence tools with the aim of identifying U.S. Food and Drug Administration (FDA)–approved agents for other indications that might have beneficial effects if developed for AD. The authors make a distinction between current efforts to repurpose existing drugs for new indications and using repurposing to test a therapeutic concept that can then be advanced (with additional testing and/or alterations) to become a New Molecular Entity as defined by the FDA. This study of DRIAD's utility identified associations of gene perturbations in AD brain regions by a subset of 80 FDA-approved and clinically tested drugs and investigational compounds (mainly kinase inhibitors), with a resulting ranked list of possible repurposing candidates. The authors concluded that the DRIAD method "can be used to nominate drugs that, after additional validation and identification of relevant pharmacodynamic biomarker(s), could be readily evaluated in a clinical trial."

Nature Communications

New Los Alamos Generator for α-Emitters

In a press release issued on March 10, the U.S. Department of Energy (DOE) Los Alamos National Laboratory (NM) highlighted its new system for producing α-emitting medical radioisotopes. "The new system is based on a $^{230}U/^{226}Th$ pairing, where the ^{226}Th is supplied in a form suitable for medical applications," said Michael Fassbender, PhD, the lead researcher at Los Alamos. "The ^{226}Th emits multiple α particles as it decays, delivering a powerful blow to diseased cells. This is similar to ^{225}Ac, another promising α therapy isotope. The DOE Isotope Program is committed to making multiple options, or a variety of radioisotopes, available to accelerate the development of therapeutics that could be used to treat different cancers."

Through a chemical process, the new Los Alamos generator allows repeated separation of ^{226}Th from ^{230}U. The generator will be available to researchers through the National Isotope Development Center, providing a consistent supply of ^{226}Th for use in investigating the next steps in creating new radiopharmaceuticals. (For additional information on the generator, see Mastren et al. A reverse $^{230}U/^{226}Th$ radionuclide generator for targeted alpha therapy applications. *Nucl Med Biol.* 2020;69:90–91; and Friend et al. Production of ^{230}Pa by proton irradiation of ^{232}Th at the LANL isotope production facility: Precursor of ^{230}U for targeted alpha therapy. *Appl Radiat Isot*. 2020;156:108973.

Los Alamos National Laboratory

In Memoriam: Dan G. Pavel, MD

Dan G. Pavel, MD, a pioneer in nuclear medicine, passed away on February 20. He is remembered by friends and colleagues as a warm and generous man who guided many to be better physicians and scientists. He was always focused on the task at hand, with little patience for small talk. His style might seem somewhat abrasive at first, but behind that was a genuinely caring person of great integrity.

Originally from Bucharest, Romania, Dr. Pavel completed his residency in nuclear medicine at Northwestern University (Evanston, IL) in 1974. He immediately joined the faculty at the University of Illinois Medical Center (Chicago). In 1977 he was promoted to Director of Nuclear Medicine and in 1982 became a professor of radiology/nuclear medicine. He remained in the department until 2005, when he retired

from academia. He continued in private practice as director of Pathfinder Brain SPECT Imaging (Deerfield, IL) until his death.

Dr. Pavel developed a strong interest in image processing algorithms and display techniques. He insisted on rigorous quality control and reproducibility; in particular, he promoted the use of color in report displays and created an intuitive color palette allowing semiquantitative readings. Open to new ideas, he pioneered the use of factor analysis to discover patterns in dynamic studies, both in renal studies and planar-gated ventriculography. He became one of the top specialists in the latter technique.

In the late 1990s, he became more involved with brain SPECT, working to establish rigorous criteria for the diagnosis of various pathologies, as well as developing better techniques for image processing and display of SPECT brain scans. His goal was to make these scans understandale by general practitioners and patients alike. He was a founding member of the International Society of Applied Neuroimaging (ISAN) and worked to improve the utility and appreciation of SPECT neuroimaging.

In addition to ISAN, Dr. Pavel was an active member of SNMMI. He served on the Instrumentation Council from 1980 to 1982, the Brain Imaging Outreach Working Group from 2016 to 2017, and as a reviewer throughout the 1980s and 1990s. His contributions to the scientific community include more than 100 research articles in multiple languages, 4 book chapters, more than 90 presentations, and more than 100 invited lectures.

We lost a friend and mentor, but his contributions to nuclear medicine will live on.

Theodore A. Henderson, MD, PhD
Simon DeBruin, MSEE
Philippe Briandet, PhD

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JNM had a banner year; it was ranked third highest among all medical imaging journals for impact factor and highest among all nuclear medicine journals. *JNM* celebrated its 60th anniversary in 2020, commemorating the occasion with a special supplement highlighting 6 decades of leadership in the field. The journal also launched a new website, as well as Facebook and Twitter sites.

Looking to the future, a vision document, titled "Mars-Shot for Molecular Imaging and Molecular Targeted Radiopharmaceutical Therapy," was published in *JNM* in January 2021. The document was a culmination of input from all the SNMMI councils and centers on the possibilities for the future of nuclear medicine, molecular imaging, and radiopharmaceutical therapy.

Finally, even in the face of the COVID-19 pandemic, SNMMI finances are in excellent shape, and the Value Initiative continues to be successful thanks to the ongoing support of our many industry partners. SNMMI's relationships with other nuclear medicine societies and peer organizations are also strong, as the Society continues to engage with them virtually to maintain these crucial connections.

SNMMI's members and staff have proven that we can do great things even in the face of a pandemic, and they will continue to do great things in the coming year. I encourage you to join us in these efforts and for the SNMMI Virtual Annual Meeting, June 11–15, 2021, to learn about the latest advances in the field of nuclear medicine and molecular imaging.