TECHNOLOGIST NEWS

■ Road Show Ready to Hit the Road

Attendees at the Mid-Winter Meeting in San Diego had the opportunity to see the Health Care Reform Committee's *Road Show* presentation package. This package is the result of months of work to produce a presentation to educate nuclear medicine technologists about the changing health care marketplace and prepare them to survive in it. As Terri Boyce, Chair of the Health Care Reform Task Force, stresses, "Free market trends in health care are changing how technologists practice. Competition is now based on cost-effectiveness, as well as quality."

Road Show presentation packages will be distributed to the chapters in a grassroots effort to disseminate current information about the health care profession to practicing technologists throughout the country. Three key people, the chapter president, the National Council delegate and the public awareness liaison, in each technologist section chapter will learn the material and give presentations to their chapters. The *Road Show* is primarily geared for presentation at the local level, such as chapter, section and hospital meetings. The Health Care Reform Committee has set aside funding for up to a $200 reimbursement per preapproved event to help chapters offset their travel costs. Efforts are currently underway to obtain VOICE approval for *Road Show* attendees to receive continuing education credits.

The *Road Show* package is a wealth of information neatly consolidated into a handy three-ring binder. The core sections are the slide program, the results of the January 1995 multiskilling survey, a directory of referral marketing materials, and position papers from the Technologist Section and the SNM. Other materials include a summary of the special National Council meetings, PEW reports, the Bureau of Health Professions National Allied Health Commission initiatives, and selected white papers from the March 1994 workshop, "The Role of Allied Health in the Delivery of Primary Care," in Philadelphia.

The slide program is composed of approximately forty core slides, plus about twenty optional slides. Each slide has accompanying text to help the presenter explain the content. Technologists are taught what they can do to help themselves and nuclear medicine survive the rapidly changing socioeconomic climate. Important objectives of the presentation are promoting the awareness of nuclear medicine as a cost-effective procedure and showing technologists how they can convey this information to referring physicians. Boyce emphasizes that "technologists are encouraged to become involved in reporting outcomes data to support the cost-effectiveness of nuclear medicine."

Also included in the package is a summary of the May 1994 National Council survey which acted as a catalyst for the *Road Show* project. Boyce says the survey was important in demonstrating that "there was a consensus that change was occurring in the nuclear medicine field and that technologists were very interested in what was happening." The results of the survey were presented by the delegates at the National Council meeting in June 1994. "The delegates were well-prepared and came together at a time of need, giving momentum to the SNM-TS strategic planning process," says Boyce. The *Road Show* was then conceived as a forum for technologists to share their concerns and ideas.

The National Council survey showed that technologists in each chapter had experienced staff reductions through a variety of mechanisms, such as layoffs, attrition and downsizing. Other organizational changes that were implemented or under consideration were combining job duties and using multiskilled personnel. Nuclear medicine technologists increasingly had been asked to perform more non-nuclear medicine tasks, such as phlebotomy, use of other imaging modalities, and nursing and administrative functions. Many hospitals had responded to health care reform changes with closings, buyouts, mergers, loss or consolidation of services, budget cuts and other restructuring.

There is considerable interest in the *Road Show* and Boyce says she has already received chapter requests for the presentation before the package has even been completed. The survey conveyed a clear message from the membership that they expected the SNM to act as a disseminator of information and a protector of the technologists' interests. The Health Care Reform Committee has done its homework and will soon put the *Road Show* on the road in an effort to help nuclear medicine technologists build a stronger future for nuclear medicine.

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■ News Briefs

Mallinckrodt Medical Files Two NDAs

Two new radiopharmaceuticals are currently under review by the U.S. Food and Drug Administration (FDA). Mallinckrodt Medical, Inc., a St. Louis-based subsidiary of Mallinckrodt Group, Inc., announced September 1994 that it filed two new drug applications (NDAs) for rhenium-186 etidronate and TechneScan Q12™.

Rhenium-186 etidronate is planned for use in patients with cancer that has spread to the bone. This new radiopharmaceutical may allow patients to experience less pain and enjoy improved quality of life over standard radiation treatment. TechneScan Q12 is a technetium-99m agent used in myocardial perfusion imaging. This new drug may allow physicians to diagnose potentially life-threatening heart conditions more rapidly than currently used agents, resulting in more effective treatment.

Rhenium-186 etidronate may offer an alternative pain treatment for patients with breast and prostate cancers. These cancers often spread to the skeleton and cause severe, debilitating pain.

Mallinckrodt reports that in clinical studies, up to 70% of patients that had painful metastases, who re-

ceived single or multiple intravenous injections of rhenium-186 etidronate, experienced partial or complete relief of pain. Patients experienced no significant side effects and minimal transient bone marrow toxicity. In two double-blind studies, significantly more patients who received rhenium-186 etidronate benefited from treatment compared to patients who received placebos. The median onset of pain relief was one to two weeks following injection and the median duration of overall pain relief was four to five weeks.

In clinical studies, TechneScan Q12 demonstrated rapid hepatobiliary clearance which produced faster imaging times in patients. Previous agents clear more slowly from the liver, causing intense hepatic uptake that interferes with the clinical imaging of the cardiac apex. TechneScan Q12 allowed effective myocardial imaging as soon as 15 minutes after injection. The drug also showed no clinically significant adverse reactions.

Compared with other agents, TechneScan Q12 yields superior myocardial images as a result of the higher gamma energy of technetium-99m. Mallinckrodt also reports that in clinical studies TechneScan Q12 was retained in the myocardium for long periods of time, prolonging the availability of clear images and reducing the amount of myocardial washout.

NRC Changes Regulations for Medical Uses of Nuclear Material

The Nuclear Regulatory Commission (NRC) recently changed some of its regulations for the medical use of nuclear material. These changes came in response to a petition filed in 1989 by the Society of Nuclear Medicine and the American College of Nuclear Physicians (ACNP). This petition for rulemaking asked the NRC to fully recognize the role of licensed nuclear pharmacists and physicians, thereby allowing greater flexibility for the practice of nuclear pharmacy in NRC-regulated states. The NRC revisions include most of the changes asked for by the SNM and ACNP.

The NRC radiopharmacy rule includes the following four revisions, which became effective on January 1, 1995:

1. NRC regulations now include the concept of an "authorized nuclear pharmacist." Pharmacists who meet specified requirements for training and experience will be authorized to prepare radioactive drugs from scratch. Before this ruling, pharmacists were restricted to preparing radioactive drugs using only kits and generators.
2. NRC licensees are allowed to use radioactive materials in research on humans, provided the licensee obtains the informed consent and approval of the research project by an institutional review board. Previously, NRC licensees were required to obtain special permission to use radioactive materials in research involving human beings. The revision allows such research to be done on a more routine basis.
3. Radiolabeled biologics, such as antibodies affixed with radioactive material, may now be used to clinically detect and treat tumors. In the past, NRC regulations allowed physicians to use radiolabeled biologics for research only by special permission from the NRC.
4. The NRC interim rule, published on August 23, 1990, was made permanent. This rule provides flexibility in allowing physicians more discretion in using radioactive drugs. The rule deletes the previous requirement that physicians follow both Food and Drug Administration-approved package insert instructions, regarding indications and method of administration of radioactive drugs to treat patients, as well as the manufacturer's instructions for preparing the radiopharmaceuticals from kits and generators. The changes also include miscellaneous revisions to clarify, update and simplify the current regulations.

The NRC believes these changes will not result in any significant increase in radiation exposure to the public or to the environment beyond the levels currently resulting from medical uses of nuclear material.