

You Need to Be an Advocate for Our Profession

Now possibly more than ever, you need to be an advocate for our profession. We must emphasize to referring physicians the value of nuclear medicine and molecular imaging. Why is this important now? For those of us in North America, it has been my observation that in the past 5–10 years our industry has been affected by 3 or 4 major issues that have led to a decline in studies by referring physicians. This is not universally the case, as in some facilities referring physicians have continued to order nuclear medicine procedures. However, I have seen and heard of a distinct trend across the United States of declining patient studies in our profession. What are the 3 or 4 events that have precipitated this observation?

- First: As early as 2005 we went through a series of disruptions to the supply of our $^{99}\text{Mo}/^{99\text{m}}\text{Tc}$ generators, because a sterility issue affected both manufacturers, one after the other, and lingered for some time. Thankfully, radiopharmaceutical companies did a great job at minimizing the effect on our modality, but it did begin a series of issues for our profession.
- Second and third: Almost at the same time that the United States was being affected by an economic downturn (2008–2009), the Chalk River Canadian reactor was shut down for 15 months, causing a worldwide shortage of ^{99}Mo for our generators. This was a double whammy to our field here in the United States as everyone (hospitals included) went into safe mode with the economic downturn. Many facilities stopped hiring and delayed buying new equipment (some are just now starting to reverse this trend). The shortage of ^{99}Mo had a domino effect that led to procedure rationing or abandonment, which was at the absolute worst time possible as referring physicians switched to other imaging modalities for information. Many, I am afraid, never came back after this point. They considered, possibly, that nuclear medicine was unreliable if we did not have radioisotopes to do studies.
- Fourth: A final possible effect has been concerns about the radiation dose to the general public from medical procedures—concerns that may have been raised by NCRP Report 160 (as described in the continuing education article on this topic in the December 2013 issue). These concerns have probably led to a decrease in ordered scans.

There are many ways to advocate for our profession, but perhaps the most important is to emphasize to your referring physician the importance of nuclear medicine and molecular imaging as the imaging modality of choice for certain unique indications. Our strong suit has been and always will be physiologic imaging. We need to promote this strength to our

hospital and clinic physicians and to physician assistants. One excellent free resource can be found on the SNMMI website (<http://www.snmmi.org/HealthcareProvider.aspx>). There, you will find ample information to help you advocate to your referring physicians the value of our modality. I believe that we all have an obligation to our field to host an in-service program or regularly provide this kind of information to encourage more procedures. I also feel that our procedures are better and more appropriate for patients than other available modalities as long as the information we provide has a net benefit that is greater than the risk a procedure may have, as should always be the case for risk versus benefit in ordering medical procedures. I am optimistic going forward that the tide will turn in our favor and that overall we are in a much better position now than we were 10 years ago. One reason is that we now actually have a decent infrastructure of medical cyclotrons across the United States that can produce positron emitters. This is a great backup in case ^{99}Mo supplies continue to become an issue in the future.

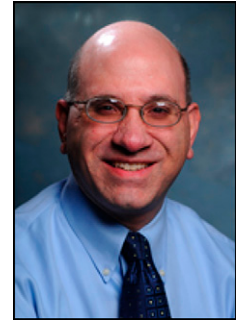
“An idea is like a play. It needs a good producer and a good promoter even if it is a masterpiece. Otherwise the play may never open; or it may open but, for a lack of an audience, close after a week. Similarly, an idea will not move from the fringes to the mainstream simply because it is good; it must be skillfully marketed before it will actually shift people's perceptions and behavior.”

—David Bornstein

In this issue of *JNMT*, we again have two continuing education offerings. One is on a new SNMMI and EANM practice guideline for tele-nuclear medicine, and the other is an article on patient preparation suggestions for ^{18}F -FDG PET and PET/CT imaging. There are two perspectives on PET/MR, a number of imaging articles and teaching case studies, a practice management article on possible reduction of dose in using ^{18}F -FDG, and a radionuclide therapy article concerning ^{177}Lu -EDTMP.

For our Facebook discussion this quarter, I would like your opinion on advocating for our field and whether you agree or disagree with my observation of a diminished use of nuclear medicine procedures in facilities across the United States. Go to www.snm.org/facebook to add your comments.

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