

## Perceptions That Should Matter

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As I reflect on the successful 63rd annual meeting of SNMMI that took place on June 11–16 in San Diego, California, I cannot help but focus on several important endeavors that have been themes for the leadership of the Society. These include the “quality matters” initiative promoted by April Mann (2014–2015 president of SNMMI-TS), the SNMMI membership growth initiative promoted by Aaron Scott (2015–2016 president of SNMMI-TS), and the advocacy initiative constantly promoted but also being highlighted by Sara G. Johnson (2016–2017 president of SNMMI-TS). The following perceptions on why these three areas should matter to the nuclear medicine profession are my personal takes on these topics. In truth, everything should matter.

Quality should matter to all of us in the nuclear medicine profession. If we do not perform quality work for our patients, then the results will be affected in a negative way. Making sure that cameras and other nuclear medicine equipment are in good working condition (passing quality control tests each day) helps ensure that we produce scans of good technical quality. However, this is only one aspect of quality—an aspect that includes quality patient care while the patient is in our department and quality communication among all health-care professionals. There are also other aspects of quality, including knowing how to use radioactive materials in a safe manner and being a patient advocate. A breakdown in any aspect of quality could lead to imaging studies and results that are less than optimal for our patients. We should always strive to provide quality in every aspect of our profession.

As previously mentioned in other editorials, I truly believe that—for a number of different reasons—membership in SNMMI is important. From any perspective, it matters that you belong to our professional society. Hopefully, as an individual, you can realize that belonging to SNMMI allows the Society to be a bigger force in speaking on your behalf when you cannot speak or when your single voice, speaking alone, would be ignored. To me, this on its own is reason enough to belong to SNMMI. But there are many other excellent reasons to be a member. One area, which I have mentioned before, is the automatic credit transfer service for VOICE (Verification of Involvement in Continuing Education)-approved continuing education activities. This service provides credit reporting for all interested SNMMI-TS members by sending their VOICE credit data directly to the American Registry of Radiologic Technologists (ARRT) and the Nuclear Medicine Technology

Certification Board (NMTCB). This process ensures that credits are reported to these certification agencies on time and accurately. If they audit you for proof of continuing education credits, your information will have been automatically shared with them and you do not have to do anything. This member benefit saves you a lot of time, because they would ask you to provide proof of continuing education activity by submitting copies of each certificate or other verification information. Rounding up this paperwork when needed could be very difficult and time-consuming, as you may find that it is lost or has otherwise been misplaced. You can even upload other activities into the system so it can be a repository of all activities in one place. The best way to access this feature is by going to the membership page of the SNMMI website (<http://www.snmmt.org/Membership/>), clicking on “Benefits,” and then accessing “ARRT Credit Sharing” or “NMTCB Credit Sharing” under “Manage Your VOICE Credit.” Then, after you have completed a VOICE-approved activity, go online and fill out the survey about the event.

Of course, there are other benefits to membership, such as discounts, privileges, and advocacy. As I have mentioned in past editorials, advocacy matters. It matters that our professional society, SNMMI, is advocating on our behalf to help ensure that our profession is represented accurately and in the best interest of nuclear medicine and molecular imaging. Perhaps this has never been more important than now, when seemingly ever-changing and ever-expanding regulations are affecting our field. It is extremely important that our professional society take the lead on advocacy so that our profession as a whole has a say in helping to shape these regulations. It is also important to monitor and respond to proposed new regulations to help protect our profession. SNMMI has done this on our behalf and will continue to do so. This is a tremendously important reason to be a member and, through your membership dues, to help in providing the resources SNMMI needs to continue advocating for us and our profession as a whole.

I always get excited about each annual meeting of the SNMMI and would hope that everyone finds something to



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carry away from each meeting every year. Here are the locations and dates of the next five annual meetings:

- 64th annual meeting: Denver, Colorado, June 10–14, 2017
- 65th annual meeting: Philadelphia, Pennsylvania, June 23–27, 2018
- 66th annual meeting: Anaheim, California, June 22–26, 2019
- 67th annual meeting: Austin, Texas, June 13–17, 2020
- 68th annual meeting: Washington, DC, June 12–16, 2021

“When you wake up every day, you have two choices. You can either be positive or negative; an optimist or a pessimist. I choose to be an optimist. It’s all a matter of perspective.”

—Harvey Mackay

In this edition of *JNMT*, we have one original continuing education article, entitled, “The Clinical Dilemma of Incidental Findings on the Low-Resolution CT Images from SPECT/CT MPI Studies,” by Joanne Coward, Julie Nightingale, and Peter Hogg. In addition, we have a continuing education article reprinted from the August 2010 edition of *JNM* entitled, “A Bridge *Not* Too Far: Linking Disciplines Through Molecular Imaging Probes,” by John F. Valliant. This article, although a reprint, has new continuing education questions associated with it and is being allowed as a new continuing education activity for credit. Also, although it does refer to some events happening in 2010 (specifically, the radioisotope shortage) and describes current and future directions in molecular probes, it is interesting to see where we actually are 5 to 6 years later on this topic. Perhaps things have not changed so very drastically in the years since it was written.

Additionally, with the slated closing of the Chalk River reactor in 2018, we may again be facing radioisotope shortages going forward. I felt that this continuing education article was appropriate as a reprint and that the bulk of the challenges presented about probes are still pertinent to our field. I hope you do as well.

In the imaging category, there are three articles—on grouping of metastatic thyroid carcinoma by molecular imaging features to allow for individualized treatment; on in vitro PET imaging of a miniature ventricular assist device; and, in an interesting investigation, on whether there is a causal relationship between an anecdotally observed increase in gastric activity on myocardial perfusion imaging and the scent of hamburgers being cooked in a nearby room during the uptake phase. Since we had only these three imaging articles, we increased the number of teaching case studies in this edition of *JNMT* from five to eight. These cover a wide range of topics: incidental detection of thyroid carcinoma, an ectopic parathyroid adenoma, hypergastrinemia due to neuroendocrine tumor, intrathoracic bleeding detected on  $^{99m}\text{Tc}$ -RBC imaging, a pulmonary inflammatory pseudotumor, evaluation of lupus myocarditis, a case of disseminated coccidioidomycosis, and an unusual cause of a ring artifact on the transaxial images of a CT scan. There is also a review by Ellie Mantel of a book entitled, “MIRD Monograph: Radiobiology and Dosimetry for Radiopharmaceutical Therapy with Alpha Particle Emitters.”

For our *JNMT* discussion on the SNMMI Facebook page this quarter, I thought I would return to our situational judgment format. Please go to [www.snmmi.org/facebook](http://www.snmmi.org/facebook) and tell us what you would do if a geriatric patient came in from a nursing home to have a bone scan, and after assessing her physical condition you believed she was being abused.