Letter from the President
Hossein Jadvar, MD, PhD, MPH, MBA, FACNM

This is my first president’s letter for the Scanner. I was a member of both ACNP and ACNM for many years and served on their respective boards of directors before the two organizations officially merged in 2009. I have continued my membership and service with the new organization since then and was privileged to be elected as president for the 2013 - 2014 term.

The mission of ACNM is “to foster the highest standards in nuclear medicine consultation and service to referring physicians, hospitals, and the public, advance the science of nuclear medicine through study, education, and improvement of the socioeconomic aspects of the practice of nuclear medicine and thereby to improve nuclear medicine consultation and service and to promote the continuing competence and socioeconomic awareness of practitioners of nuclear medicine through a program of continuing professional development emphasizing high standards of nuclear medicine practice.” The mission statement touches on 2 major fundamental issues: socioeconomic awareness and continuing professional development. These are the pillars of our college that should guide our journey.

The ACNM footprint is slowly growing, with many important developments over the past few years. We have a highly regarded journal, Clinical Nuclear Medicine (with an impact factor of 3.674, ranking 16th of 116 in medical imaging), which is considered by our members to be a major tangible benefit. Every month, the journal publishes peer-reviewed scholarly research and review articles that satisfy our mis-

NMRO Update
Erica J. Cohen, DO, MPH—NMRO President

The NMRO Board had a very productive (and fun!) week in New Orleans at the ACNM Annual Meeting, uniting with ACNM and Young Professionals Committee (YPC) leadership and members of the Sino-American Conference. The abstract selection committee chose wonderful papers to receive best essay awards, travel grants, and the grand prize of a resident exchange program with China. The NMRO is very fortunate to have such a high abstract acceptance/award ratio at the ACNM Annual Meeting, and this is something we hope to advertise much more in the future for our members.

I am excited to report that our quarterly newsletter, The Scintillator, now has international reach. We have been contacted by residents and physicians from across the globe giving praise for our online publication!

We also had more than 40 physicians participate in our third Virtual Journal Club entitled “Recent Topics in Treating Thyroid Cancer” which was presented by Mickaila Johnston, MD, DMO, and Tracy Brown, MD, PhD. If you missed it, the recording is available at http://www.acnmonline.org/index.cfm?PageID=11923.

We are now focusing our attention on preparations for the SNMMI Annual Meeting. The topic for this year’s NMRO Annual Networking Luncheon will be government relations and politics. This is part of a new NMRO initiative to strengthen nuclear medicine at the national level. We are also partnering with the YPC in designing questions for the Annual Knowledge Bowl. Please encourage your residents to attend this meeting and network with our organization—especially your new incoming residents!

Membership in the NMRO is FREE! Please refer them to www.acnmonline.org; click the “Residents” tab to find our membership application. We look forward to seeing everyone in Vancouver!
sion of continuing professional development as well as an article on socio-economic issues that has been superbly provided by Dr. Jay Harolds. Other major unique contributions of ACNM to the field of nuclear medicine have been in recognition of key players in the field through the fellowship and lifetime achievement awards. The Nuclear Medicine Resident Organization has done a tremendous job providing nuclear medicine residents an avenue for voicing their concerns and also serving as a fertile ground for developing the leaders of our future. As you know, ACNM has also supported our specialty by representing nuclear medicine issues with several important organizations such as the American Medical Association and the Accreditation Council for Graduate Medical Education. Our annual meeting, which is jointly held with the SNMMI Mid-Winter meeting, has also been a clear success.

Despite these strides, our college faces important challenges in regard to our financial status. We are currently “under water,” with expenses higher than the revenues generated. The recent member survey (the results of which I reported in the first 2012 issue of the Scanner) was very helpful in assisting the board with planning the goals and objectives of the college for the future. We simply need to decrease costs and increase revenue in the short term to remain viable. To this end, after the board of directors meeting in New Orleans, I formed 2 task forces: one on management and one on membership. I would like to offer my sincere thanks to Dr. Munir Ghesani for leading the management task force and Dr. Simin Dadparvar for leading the membership task force. Dr. Ghesani was involved with our current management contract with SNMMI, which will expire on November 30, 2013. The current management fee of $65,000 annually is our greatest expense. We need to explore how we can decrease this management cost, and to that end Dr. Ghesani and his task force members are searching for other potential managers and negotiating with SNMMI. On the revenue side, Dr. Dadparvar and her colleagues are looking into ways that we can increase membership by crystalizing to potential members many of the unique benefits that the college has to offer, as I enumerated earlier in this letter. We plan to finalize the decision-making process on these 2 important tasks at the planned board of directors meeting in Vancouver during the SNMMI Annual Meeting in June 2013. Once we stabilize our financial situation, we can fully and creatively concentrate on providing additional value to our members and to the field at large.

Finally, I would like to thank Dr. Warren Janowitz for his service to and leadership of the college for many years. I am honored to be a member of ACNM and pledge my utmost attention to the challenges ahead. I want to thank all of the current members for their loyalty. Please spread the word and let your colleagues know how ACNM can enhance their professional lives and the field of nuclear medicine. We should all be proud of our college. I certainly am.

The Importance of ACNM Membership

ACNM is not just an organization; it is a group of physicians and scientists who are passionate about nuclear medicine.

Being a member of ACNM allows nuclear medicine to have another seat at many tables: representation at the American Medical Association, the Relative Value Scale Update Committee, another voice on Capitol Hill, and the list goes on. As you have probably gathered by reading our newsletters this year, ACNM is in need of more members to help achieve the goals of the college. As Dr. Jadvar mentioned in his President’s Letter, the mission of ACNM is an important and multifaceted one. The mission also benefits us as nuclear medicine professionals.

If you haven’t seen the goals of the college, you probably should:

- Encourage the highest quality in Nuclear Medicine service and consultation to patients and referring physicians.
- Promote the continuing competency of Nuclear Medicine practitioners.
- Maintain a forum where industry and Nuclear Medicine professionals interact to enhance the utilization and advancement of Nuclear Medicine.
- Inform the public, professionals, and government about the value of Nuclear Medicine.
- Communicate with other professional societies for the purpose of advancing the field of Nuclear Medicine.
- Advocate fair reimbursement and a favorable economic environment for the practice of Nuclear Medicine.

If you would like to learn more about the college, please visit www.acnmonline.org and click on “About ACNM” in the yellow banner.

There is no question that exciting times are ahead for the field of nuclear medicine, for which we will need as many seats and voices as we can to best represent our patients and our specialty. If you would like to get behind this mission and our goals, visit the membership page of our website and join right now.
Welcome to the 2013 ACNM Fellows

Andrei Iagaru – Dr. Iagaru is currently an assistant professor of radiology at Stanford University Medical Center in Stanford, CA. He is a board-certified nuclear medicine physician who actively promotes nuclear medicine at an international level. Andrei serves as on the editorial board and as a reviewer of many scientific nuclear medicine, molecular imaging, and radiology journals. He recently served as co-chair of the 2nd Sino-American Conference. He is also co-chair of the SNMMI Outreach Committee and a past intern of the Correlative Imaging Council. Dr. Iagaru has won many ACNM abstract awards and authored numerous publications. He has served as a member of the ACNM since 2010.

Ronald Rosenberg – Dr. Rosenberg is currently the director of nuclear medicine at Hartford Hospital and Jefferson Radiology, PC., in Hartford, CT. He is board certified in internal medicine and nuclear medicine as well as the American Board of Internal Medicine subspecialty of endocrinology and metabolism. Dr. Rosenberg has helped advance the science of nuclear medicine through the publication of more than 80 papers and abstracts over the years and has participated in various activities through the New England Chapter of SNMMI, including serving as president from 1996 to 1998. As a mentor to many new professionals, Dr. Rosenberg’s passion for nuclear medicine is contagious. He has served as a member of ACNM since 2006.

The Significance and Value of ACNM Fellowship

Bennett S. Greenspan, MD, FACNM, FACR

Fellowship status in ACNM is awarded for recognition of significant and sustained service to the college and to the nuclear medicine community. This can be for extraordinary and sustained service to ACNM or extraordinary and sustained contributions to the field of nuclear medicine. As stated in the ACNM bylaws, “Fellows shall be those persons who have shown evidence to their peers superior competence, integrity and maturity in the application of their nuclear medicine knowledge and skill and who have been elected to this honor by the board of directors.” Generally, only 3 or 4 members achieve fellowship status each year. It is a prestigious award and an honor given for effort and accomplishment, not just for years of membership.

Many fellows become leaders in the college, including president and members of the board of directors. Many fellows also become leaders elsewhere in the nuclear medicine community, including in SNMMI, and many have served as president of their respective chapters.

However, with this honor comes obligation. Fellows are expected to continue as active members of the college. They are expected to uphold the values of the college and the nuclear medicine community as a whole. These values include (1) fostering the highest standards of consultation and service to referring physicians, hospitals, and the public; (2) advancement of the science of nuclear medicine through study and education; and (3) advancement of socioeconomic aspects of nuclear medicine practice. I believe these values also include integrity and compassion.

The status of fellowship is of significant value to the college. This is considered one of the most valuable benefits that the college provides, in addition to the annual meeting and the journal (Clinical Nuclear Medicine). This recognition of individual accomplishment is commonly an incentive to contribute more to the college. Most of the fellows continue as members of the college, and many attend the annual meeting. Many of the fellows also contribute as members of committees or task forces. Much of the leadership of the college is made up of people who have been elected as fellows. These are valuable contributions of effort and expertise to the college.

I believe that the fellowship also provides value to the entire nuclear medicine community in the recognition of members of the community of accomplishment and expertise. This recognition is also an incentive to provide leadership and to contribute further to the field and to ACNM.
The ACNM has recognized an outstanding individual, Gholam Berenji, MD, with the ACNM Mentor of the Year Award. Dr. Berenji has been involved in many performance improvement projects and highly emphasizes the importance of research. Dr. Berenji’s dedication to ACNM and the nuclear medicine residency program at the VA Greater Los Angeles Healthcare System makes him the perfect recipient of the Mentor of the Year Award for 2013.

RE: Nomination letter for Dr. Gholam R. Berenji for the ACNM 2013 Mentor-of-the-year Award

Dear Review Panel Members,

I am very pleased to write a letter of nomination for Dr. Gholam R. Berenji, who is the program director of nuclear medicine residency program at the VA Greater Los Angeles Healthcare System. Dr. Berenji has demonstrated extraordinary commitment and effectiveness as a mentor, with persistent effort to provide mentoring of residents during his career as a program director. As a fresh graduate from this program, I benefited tremendously from Dr. Berenji’s mentoring, which made me write the nomination letter consecutively since last year.

Nuclear medicine has faced unprecedented challenges recently. However, I, as well as many other residents in the program received constant support from Dr. Berenji by his extraordinary effort helping the trainees to develop profound knowledge and competency in clinical practice, research, and education. Dr. Berenji has developed a distinctive training environment at Greater Los Angeles VA, which places special emphasis on trainings that aim to enhance residents’ career opportunities in academic as well as clinical nuclear medicine. Specifically, he has mentored and inspired his residents to participate in clinical research, to write scientific papers and grants, and to present research findings at scientific conferences. Benefited from his excellent mentoring and support, his residents have won multiple awards from ACNM and RSNA every year, and published several papers in peer-reviewed journals during the past few years. Since last year when I recommended him for the 2012 Mentor-of-the-year award, Dr. Berenji has continuously demonstrated superior mentoring to the residents. They have won two more ACNM best assay awards, a RSNA research resident/fellow grant, and a Roentgen resident research award in 2012. These awards were received by different residents. The achievement of his residents has far exceeded their predecessors, and has made me nominate him again for the ACNM mentor of the year.

Dr. Berenji has also excelled as a teacher. We received exceptional clinical training that he offered to us. His lectures are always clear presentations of state-of-the-art material, whether it is the presentation of his most recent research advances, or a summary of interesting cases for clinical training. He also offered his residents the opportunity to give lectures to UCLA medical students, mentored his residents in how to become a good teacher, and guided them toward intellectual and professional independence.

The most notable aspect of Dr. Berenji’s mentoring is how he helps his residents to build their career in nuclear medicine. Dr. Berenji is always willing to share his experience and knowledge to find career-related information and exposure to various professional resources, opportunities, and networks. He has provided both emotional and moral support and encouragement through career-related counseling and coaching. In these tough times, Dr. Berenji has even spent extra time creating job opportunities for his residents.

For example, he has tried to create a VA-sponsored fellowship program for his residents to increase their career opportunities. With his constant mentoring and support, I successfully landed a job as an attending physician to continue practicing nuclear medicine and performing research.

It is with great pleasure that I enthusiastically offer my highest recommendation to Dr. Berenji again for the ACNM Mentor-of-the-year award. The award would be of a great honor for this outstanding teacher. I am certain that he will continue to be a distinguished and exceptional mentor, scientist, and physician and will continue to promote the excellence of nuclear medicine training for the Greater Los Angeles VA in particular and ACNM society in general.

Sincerely,

Yuxin Li, MD, PhD
Department of Nuclear Medicine
VA Greater Los Angeles Healthcare System

2013 ACNM Mentor of the Year

Tell Us What You Think

As part of the “new and improved” ACNM, we would like to make this newsletter a useful resource and hope to keep you abreast of the news that matters to you. This includes information such as upcoming events and items available for public comment that could affect the future of our specialty.

We welcome ideas for topics you would like to see in the newsletter. Likewise, if you have any clinical questions you would like us to forward to an expert or letters to the editor of the ACNM Scanner newsletter, please send us your inquiries. Additionally, if you are a member and have an exciting accomplishment to highlight or share with the rest of the nuclear medicine community, please send us your announcement.

Please send your inquiries or announcements to Erin Grady, MD, the ACNM Scanner newsletter editor, at egrady@christiana-care.org. We will do our best to be a valuable resource for you.
2013 ACNM President’s Award

The 2013 ACNM President’s Award was presented to Bennett Greenspan, MD, FACNM, FCR, by ACNM President Warren J. Newitz, MD, JD, FCRM. This award is given to an individual who has not only served the organization but who has been a true asset to the president.

Dr. Greenspan received his medical degree from the University of Illinois in Chicago and completed a residency in diagnostic radiology at the West Los Angeles VA Medical Center and a residency in nuclear medicine at the Sepulveda VA Medical Center, both affiliates of UCLA. He also received his master’s degree in medical physics at UCLA. Dr. Greenspan is certified in diagnostic radiology and nuclear radiology by the American Board of Radiology and in nuclear medicine by the American Board of Nuclear Medicine. He is a fellow of the American College of Radiology and ACNM.

Dr. Greenspan joined ACNP in 2001 and immediately became involved in the Board of Regents and committees. He worked his way through the leadership of ACNP and eventually served as president in 2005. He has also served as president of the Missouri Valley Chapter of SNMMI, the Missouri Radiological Society, and the SNMMI Academic Council and was president of the American Board of Science in Nuclear Medicine in 2011.

As a member of the ACNM Board of Directors, Dr. Greenspan represented ACNM at the Accreditation Council for Graduate Medical Education Committee on Requirements this past fall and serves as the ACNM representative to the Academy of Radiology Research. His devotion and continued service to ACNM have been remarkable. His work in the field of nuclear medicine is extraordinary and his passion for ACNM undying.

Government Relations Update Corner

ECMS Posts the Final Decision Memo of the PET National Coverage Analyses Reconsideration

On March 7, 2013, the Centers for Medicare & Medicaid Services (CMS) posted a final decision memo for positron emission tomography (PET). This reconsideration followed the Medical Imaging Technology Alliance’s (MITA) letter to CMS that requested the reconsideration of Section 220.6 of the Medicare National Coverage Determinations Manual, which addresses coverage limitations for PET scans. MITA had asked CMS to remove the current non-coverage language as it pertains to new PET radiopharmaceuticals that receive approval from the Food and Drug Administration (FDA).

Following the release of the final decision memo, CMS will allow local coverage options for oncologic indications of FDA-approved PET tracers after September 1, 2013. Note that this is limited to oncologic PET imaging and does not encompass all areas. If you come across difficulty in getting patients what they need when they need it, please let us know at hpra@snmmi.org.

NRC Guidance Released for Ra-223 dichloride

On January 10, 2013, the Nuclear Regulatory Commission (NRC) released a guidance document on licensure classification for Ra-223 dichloride.

“...Based on available information, NRC staff agreed with the ACMUI recommendation and determined that licensing under 10 CFR Part 35, Subpart E is appropriate because the medical use of $^{223}$RaCl$_2$ is similar to other commonly used beta and photon-emitting therapeutic radiopharmaceuticals. The staff has also determined that under current regulations, physicians who are approved for the use of any beta emitter or any photon-emitting radionuclide with a photon energy less than 150 keV under 10 CFR 35.390, ‘Training for Use of Unsealed Byproduct Material for which a Written Directive is Required,’ or 10 CFR 35.396, ‘Training for the Parenteral Administration of Unsealed Byproduct Material Requiring a Written Directive,’ can be authorized for the medical use of $^{223}$RaCl$_2$.

If NRC becomes aware of future developments related to the production, distribution, or medical use of $^{223}$RaCl$_2$ that may negatively impact radiation safety, NRC staff will consider revisiting this licensing decision for any additional actions.”

We greatly appreciate this decision and look forward to use of this exciting therapeutic radiopharmaceutical to help patients with castrate-resistant prostate cancer as U.S. investigations move forward.

Medical Isotope Availability

The Mo-99 supply from Covidien may have less of an impact as previously anticipated. In a letter dated March 8, 2013, Covidien indicated that the majority of standing orders would be met for a 2-week period in April (April 14 - 27) but there would be no extra generators available. We appreciate their extensive efforts and additional costs to secure enough Mo-99 to help us with our patients.

Capitol Hill Day!

For those of you who have already planned to attend Capitol Hill Day, good job! For those of you who didn’t, consider doing this next year. This year’s Capitol Hill Day will be held on April 29, 2013, at the Hyatt Regency Capitol Hill (400 New Jersey Avenue NW, Washington, DC 20001; Tel: 202-737-1234). The program will begin at 3:00 pm on April 28, 2013, with an orientation discussing key issues relevant to the practice of nuclear medicine. We will have a full report for you in the next issue.
If you use Facebook and want more educational resources, discussion boards, useful links, and want to stay connected within our professional community, then search “American College of Nuclear Medicine” OR “Nuclear Medicine Resident Organization.”

- Facebook | American College of Nuclear Medicine OR Nuclear Medicine Resident Organization

Welcoming the New ACNM Intern: Anthony Fotenos, MD PhD

We are pleased to have Dr. Fotenos join the ACNM family as our intern for the next two years. He is currently a nuclear medicine resident physician at John Hopkins. He has completed three years of a radiology residency. His research interests include: anatomic and functional imaging of the aging and Alzheimer brain and most recently measuring the quality of diagnostic imaging outcomes in practice. With these research interests have come a number of publications and awards.

In the past he has also served as resident representative in the Maryland State Chapter of the ACR and at the ACR Annual Meeting and Chapter Leadership Conference (AMCLC) in 2012; imaging informatics fellowship training at Johns Hopkins and the University of Maryland; and a PhD from Washington University based on anatomical and functional imaging of the aging and Alzheimer brain.

We look forward to his enthusiasm in the coming years to help us elevate Nuclear Medicine.

Calendar of Events

CAR 76th Annual Scientific Meeting
Montreal, Canada
April 25 - 28, 2013

Capital Hill Day
Washington, DC
April 29, 2013

Tumor Imaging in Cancer Drug Development
Boston, MA
April 30 - May 2, 2013

35th Annual Recent Advances in Clinical Nuclear Cardiology and Cardiac CT: State-of-the-Art Updates
May 2 - 4, 2013

Clinical Nuclear Medicine/PET
Boston, MA
May 7 - 10, 2013
AMA: 30.5

6th Molecular Imaging in Drug Discovery and Development Conference
Boston, MA
May 8 - 10, 2013

20th International Symposium on Radiopharmaceutical Sciences (ISRS2013)
Seogwipo, Republic of Korea
May 12 - 17, 2013

Understanding GMP Expectations for PET Drug Production
Los Angeles, CA
May 20 - 22, 2013

Radiation Safety Officer Training for Laboratory Professionals
Boston, MA
June 3 - 7, 2013

SNMMI 2013 Annual Meeting
Vancouver, BC, Canada
June 8 - 12, 2013

Radiometals 2013
Santa Rosa, CA
June 13 - 16, 2013
Introduction to Nuclear Medicine Guidelines

Herbert A. Klein, MD, PhD

For the next 4 issues, we are pleased to have a series by Herbert A. Klein, MD, PhD, from the Division of Nuclear Medicine, Department of Radiology, University of Pittsburgh School of Medicine in Pittsburgh, PA, on guidelines in nuclear medicine. In this issue, he discusses guidelines in a general sense.

Guidelines for the performance of nuclear medicine procedures can be of great help to professionals in the field. Those published by SNMMI are generally authored by nuclear medicine experts who have consulted as many as 100 or more references. Non–nuclear medicine experts may be included. They have spared us much work reviewing the literature and have supplied prototypes for procedure manuals for individual departments when amplified with site-specific details. Multiple guidelines dated from 1999 to 2012 appear on the SNMMI website (1), and SNMMI strives to review and update them within a 5-year time frame. They are also published in journals and in 3-ring binder format (2). The “SNM/EANM Guideline for Guideline Development 6.0” (3) (itself a new update) states, “These guidelines...are not inflexible rules or requirements of practice...Thus, there is no implication that an approach differing from the guidelines...is below the standard of care.” In protocols used at the author’s institution, there are indeed some deviations based on the knowledge of our professional staff. However, there should be good reasons for exceptions.

The SNMMI website also includes guidelines originating from the European Association of Nuclear Medicine (EANM) that have been endorsed by SNMMI, as well as guidelines that have been adopted by SNMMI in collaboration with the American College of Radiology and/or the Society for Pediatric Radiology. Additional nuclear medicine guidelines may be found on the American College of Radiology website (4) and in journals. There is a long-term goal to have guidelines that are revised and endorsed by multiple organizations (3).

Practice (or management) guidelines encompass many areas of medicine, such as heart failure and cancer. According to the Institute of Medicine (5), “Practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.” Their recommendations should be based on evidence from a rigorous systematic review and synthesis of the published medical literature. As applied to nuclear medicine, there is an emphasis on effective diagnosis and minimization of radiation exposures and resources expended. There may also be different guidelines for the same condition. For example, there are guidelines for thyroid cancer from the National Comprehensive Cancer Network (6), American Thyroid Association (7), and SNMMI (8) (also new).

Issues reviewed by Wolf et al. (9) are summarized in the following text. There may be disagreement when multiple organizations produce clinical practice guidelines on the same topic, and by selectively choosing guidelines, insurers may justify the refusal of payment for services that are not indicated as "standard" in any guideline or in the guideline they choose.

Of great concern is the use of guidelines to determine the legal standard of care for malpractice suits, although this is strongly discouraged by the medical community. Suppose a hepatobiliary scan with gallbladder ejection fraction were performed using a technique different from the current recommendation and an abnormal result led to cholecystectomy with an adverse outcome. Could the deviation from the guideline be a basis for legal liability? This issue is addressed by SNMMI and EANM (3) as follows: “SNM and EANM caution against the use of these guidelines in litigation in which the clinical decisions of a practitioner are called into question.”

Conflicts of interest and biases may occur if authors have undisclosed financial ties to companies that manufacture drugs recommended in the guidelines. Cosgrove et al. (10) reported that “Ninety percent of the authors of 3 major [clinical practice guidelines] in psychiatry had financial ties to companies that manufacture drugs which were explicitly or implicitly identified in the guidelines as recommended therapies for the respective mental illnesses.” The New York Times has expanded media attention to this issue (11). If an article in this series were to point out the advantages of carbon nanoparticles for ventilation imaging (which it will), and the author were being paid by the company that supplies it (which is not the case), would you not suspect bias? The Institute of Medicine (12) and the Council of Medical Specialty Societies (13) have each developed principles for avoiding conflict of interest, which, in turn, have informed the policy that has been approved by the SNMMI Board of Directors (14).

Key points in that policy are as follows. Direct company support of guidelines or their updates will not be permitted. Panel members must disclose relevant relationships. A majority of panel members (including the chair or at least one chair if there are co-chairs) must be free of conflicts of interest relevant to the subject matter of the guidelines. Experts participating in peer review of guideline recommendations must not be employed by or engaged to represent a company with a potential conflict of interest. Guideline development panel members or staff must not discuss the development with company employees or representatives, nor may unpublished data from companies be accepted, nor may companies review guidelines in draft form. (A company is defined as "a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions").

In the past, the term “practice guideline” may have carried the implication of a more rigorous treatment appropriate to therapeutic management as distinct from a “procedure guideline,” but currently the terms are used somewhat interchangeably. Because of this issue, the American College of Radiology, having previously referred to “practice standards,” now terms these “practice guidelines” and “technical standards” (4). These concerns are applicable to nuclear medicine and other practice guidelines.

Subsequent articles will review, with comments, three recent examples of nuclear medicine guidelines published between 2009 and the present (lung scintigraphy, adult solid meal gastric emptying, and gallbladder ejection fraction), reflecting changes in procedures and in the manner of

(Continued on page 8. See Nuclear Medicine.)
(Nuclear Medicine. Continued from page 7.)

test interpretation and exemplifying the process of maintaining the state of the art.

References: