When the last Value Initiative Newsletter was published, the Society of Nuclear Medicine and Molecular Imaging was preparing for our 2023 Annual Meeting in Chicago. I was happy to see so many familiar faces there to celebrate a year’s tremendous progress in the field of nuclear medicine. The Value Initiative Alliance Board met to hear updates from the domain chairs in R&D, Quality of Practice, Outreach, Advocacy, and Workforce Pipeline & Lifelong Education.

These strategic priorities, laid out over six years ago, have guided the focus on the Value Initiative for the further development of nuclear medicine. At the Annual Meeting, we had a focused discussion of workforce pipeline based on national data. We also had a chance to welcome several of our colleagues to their first Annual Meeting as the new domain vice-chairs.

In the domain of Quality of Practice, we welcomed vice-chair Phillip Koo, MD, from Banner MD Anderson Cancer Center and heard from Heather Jacene, MD, from the Dana Farber Cancer Institute. Quality of Practice was created to expand integration of best practices in all aspects of nuclear medicine to optimize patient care and access. At the Annual Meeting, Dr. Jacene spoke about programs including:

- SNMMI’s new radiopharmaceutical training programs.
- The designation of radiopharmaceutical therapy centers of excellence.
- An accreditation program in radiopharmaceutical therapy, created in collaboration with IAC (Intersocietal Accreditation Commission).

In the domain of Research and Discovery, we welcomed vice-chair Suzanne Lapi, PhD, from the University of Alabama at Birmingham and heard from John Sunderland, PhD, from the University of Iowa. Research and Discovery was created to accelerate discovery, research, and translation in nuclear medicine and molecular imaging through funding, education, and support for professionals. Dr. Sunderland updated attendees on:

- Collaborations with the Lobular Breast Cancer Alliance and Stand Up To Cancer which resulted in a $100,000 Invasive Lobular Carcinoma Imaging Research Grant to Marina Sharifi, MD, PhD, from the University of Wisconsin, Madison.
- The Mars Shot Fund Awards, totaling $3 million, were given to researchers.
Message from the VI. Continued from page 1.

- The launch of a dosimetry curriculum and certificate for medical physicists and nuclear medicine doctors, and nuclear medicine technologists.
- Artificial Intelligence and Radiopharmaceutical Dosimetry Task Forces.

In the domain of Workforce Pipeline and Lifelong Education, we welcomed vice-chair David Brandon, MD, from Emory University and heard from Christopher J. Palestro, MD, from the Zucker School of Medicine. The Workforce Pipeline and Lifelong Education domain was created to sustain and grow a diverse and qualified workforce prepared for current and future diagnostic and therapeutic nuclear medicine needs to provide equitable care. Dr. Palestro updated attendees on:
- An in-progress comprehensive Nuclear Medicine Workforce Study.
- The “Jobs of Tomorrow” docuseries, which will introduce the profession to a massive new audience through television and on-demand platform distribution.
- The success of SNMMI’s career spotlight videos.
- The latest class of the SNMMI-TS Leadership Academy.

In the domain of Advocacy, we welcomed vice-chair Erin Grady, MD, from Stanford University and heard from Cathy Cutler, PhD, from Brookhaven National Laboratory. Advocacy was created to engage stakeholders to develop, promote, implement, and sustain policies to ensure equitable patient access to nuclear medicine procedures. Dr. Cutler briefed attendees on:
- SNMMI’s work for the reimbursement of nuclear medicine procedures.
- SNMMI’s Hill Day attendance.
- Updates on the FIND Act

In the domain of Outreach, we welcomed vice-chair Gary Ulaner, MD, PhD from the Hoag Family Cancer Institute of Irvine and heard from Guiseppe Esposito, MD from Georgetown University Hospital. Outreach was created to ensure that patients and the medical community recognize the value of nuclear medicine, molecular imaging, and radiopharmaceutical therapy. Dr. Esposito updated attendees on:
- Outreach to Breast Cancer patient organizations.
- Medical society presentations and roadshows.
- A comprehensive overview of Nuclear Medicine in the news over the past year.

Several Mars Shot Fund events took place over the Annual Meeting including the Mars Shot Donor Reception and the Mars Shot Board of Directors Meeting. If you are interested in donating to the Mars Shot Fund for Nuclear Medicine please visit www.snmmi.org/MarsShotFund and/or contact sjenkins@snmmi.org for assistance. Your support will be invaluable in advancing the field of nuclear medicine and its impact on healthcare.

Lastly, on a personal note, I’m excited to let readers know that Umar Mahmood, MD, PhD, chief of Nuclear Medicine and Molecular Imaging at Massachusetts General Hospital and professor of radiology at Harvard Medical School in Boston, Massachusetts, has been awarded the first annual SNMMI Minoshima-Pappas Transformational Leadership Award for his significant contributions to nuclear medicine and molecular imaging. The Minoshima-Pappas Transformational Leadership Award recognizes individuals who have made a significant impact in nuclear medicine and molecular imaging through innovative and successful implementation of transformative ideas.

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CMS Proposes to Remove Medicare Restrictions on Amyloid PET Scans for Alzheimer’s

On July 17, the Centers for Medicare & Medicaid Services (CMS) issued a proposed decision memo outlining its intent to remove the national coverage determination (NCD), ending coverage with evidence development (CED) for positron emission tomography (PET) beta amyloid imaging and permitting Medicare coverage determinations for PET beta amyloid imaging to be made by the Medicare Administrative Contractors (MACs).

SNMMI Value Initiative member Eli Lilly and Company, a leader in Alzheimer’s diagnostics and therapeutics who just released new data on its Alzheimer’s asset donanemab, signaled CMS’s announcements as a positive development, saying, “We are encouraged by the Centers for Medicare & Medicaid Services’ (CMS) proposal to provide coverage for beta amyloid PET scans.”

The company noted the need for better access to amyloid PET scans as part of broader efforts to advance care in Alzheimer’s. “The clinical value of beta amyloid PET has been demonstrated extensively and consistently over the past decade, and we are pleased to see CMS’s recognition of this in its proposal. Appropriate access to diagnostics is critical to advancing patient care in Alzheimer’s Disease, and we look forward to further engaging the agency on this important step forward,” they said.
At the 2023 American Society of Clinical Oncologists (ASCO) Annual Meeting, GE HealthCare presented a poster sharing the results of primary research that demonstrates the potential improvement in the diagnostic accuracy in detecting the estrogen receptor (ER) status in US patients with metastatic breast cancer (mBC) and recurrent breast cancer (rBC) using 16a-18F-fluoro-17b-fluorooestradiol, marketed in the US as Cerianna™ (fluoroestradiol F18) injection, with PET/CT.

ER status helps classify BC for the most appropriate treatment pathway. Biopsy (Bx) and immunohistochemistry (IHC) are the standard of care; however, their accuracy may be challenged for several reasons including difficult to access lesions, ER discordance within and across lesions, temporal heterogeneity, and when a Bx fails to obtain representative tissue, among others.

An Excel based decision model calculated the impact on the diagnostic accuracy in ER+/HER2-mBC and rBC patients in the US over a five-year period by introducing 18F-FES PET/CT in 3 clinical scenarios: (i) for mBC patients when Bx failed or was inconclusive, (ii) for mBC patients when Bx was not possible, or (iii) for all rBC patients.

Results indicate that adding 18F-FES PET/CT may lead to an increase in the initiation of appropriate endocrine- and chemotherapies, as defined by clinical practice guidelines, as well as a decrease in the number of re-biopsies performed (except when Bx was not possible).

### Methods

- An Excel based decision model (Figure 1) was developed to estimate the change in diagnostic accuracy among ER+/HER2- US mBC and rBC patients over a five-year period as a result of introducing 18F-FES PET/CT.
- The model was developed using the sensitivity and specificity of 18F-FES PET/CT and IHC, published in the meta-analysis as the primary measure of diagnostic accuracy of each method.
- The model evaluated the addition of 18F-FES PET/CT to Bx/IHC to determine the ER status in three subpopulations: (i) mBC patients when Bx failed or was inconclusive, (ii) mBC patients when Bx was not possible, or (iii) all rBC patients.
- The diagnostic accuracy in scenario A (Bx/IHC only) and scenario B (18F-FES PET/CT + Bx/IHC) was compared (Table 1).

### Results

- The addition of 18F-FES PET/CT may increase the diagnostic accuracy of ER+ detection in BC populations because it yields a higher frequency of true positives (TP) and true negatives (TN).
- Adding 18F-FES PET/CT (scenario B) led to an increase in the initiation of appropriate endocrine- and chemotherapies, as defined by clinical practice guidelines as well as a reduction in re-biopsies performed (Table 2).
- The largest increase in the diagnostic accuracy of ER status using 18F-FES PET/CT was seen among patients without Bx.
- Introducing 18F-FES PET/CT decreases the number of re-biopsies performed except when Bx was not possible (i) (Figure 3).

### Conclusion

Based on a health economic model adding 18F-FES PET/CT to biopsy/IHC is expected to improve the diagnostic accuracy of patients’ ER status resulting in:

- An increase in the likelihood of initiating appropriate endocrine- and chemotherapeutic interventions (according to the clinical practice guidelines),
- A reduction in futile treatments, endocrine- and chemotherapy-related complications (for improved biopsies failed to obtain representative tissue, among others).
- A decrease in the number of re-biopsies performed in mBC and rBC patients.

### Discussion

Utilizing 18F-FES PET/CT to determine the ER status in mBC and rBC patients can be a valuable supplement to standard diagnostic methods such as biopsy/IHC.

The advantages of 18F-FES PET/CT are particularly evident when a tumor sample cannot be obtained (i) or the risk of a biopsy-related complication is high (ii) or there are 5- lesions.

### References


It has been said that there is a “tsunami” coming in radiopharmaceutical therapeutics and associated diagnostics. At last count more than fifty companies are actively working on new theragnostic radiopharmaceuticals, with over half of these companies formed within the past few years. However, realizing the potential of this field depends on an entire ecosystem of companies, each playing a role to ensure new innovations make their way to patients with high quality and reliability. Evergreen Theragnostics, founded in 2019, is one company enabling this revolution in the field through three distinct approaches.

First, the Evergreen team recognized the need for a high-quality Contract Development and Manufacturing Organization (CDMO) to enable innovative drug companies to reliably deliver their products through clinical development and into commercialization. Evergreen opened a state-of-the-art facility in New Jersey, close to major transportation hubs and drawing from a rich culture of pharmaceutical innovation in the area. The facility is built to 21 CFR 211 GMP standards and Evergreen manages the supply chain from global isotope procurement to nationwide (and sometimes global) hospital delivery on a just-in-time basis. We support an outstanding group of clients developing important innovative drug candidates. We are pleased to play our role in helping those products rapidly progress through clinical development.

Second, Evergreen sees an opportunity to bring additional supply options to the market for products that have existing clinical data but have supply or distribution challenges. Because radiopharmaceutical products are made for individual patients, production challenges immediately create interruptions to patient care. Gallium-68 DOTATOC is an SSTR imaging agent for localization and staging of neuroendocrine tumors which has been widely used in Europe for more than a decade. It is FDA approved in the US through the University of Iowa, but not broadly available. Evergreen has developed OCTEVY™, an SSTR imaging cold kit that, if FDA approved, can be distributed nationwide via a broad network of radiopharmacy partners supported by a dedicated customer care and reimbursement support team. Evergreen is evaluating a number of other products that are clinically proven, but at risk for supply challenges due to single source production.

Finally, the team at Evergreen recognized that the industry needs more diversity in terms of clinical drug candidates. The company’s third business unit, Evergreen Discovery, was launched in late 2022 to bring new drugs from the research lab to the clinic. “Our goal is to develop radiotherapeutic drugs for never-seen-before targets, finding treatment options where there are currently none” says Dr. Thomas Reiner, Chief Scientific Officer. The Discovery team is made up of scientists with extensive experience in oncology drug development. To support their efforts, a state-of-the-art R&D lab opened in August 2023 near Princeton, NJ.

For more information on Evergreen Theragnostics please contact James Cook at James.Cook@evergreentgn.com.
Efficient Quantification of Total Tumor Volume as Predictor of Therapy Outcome in PSMA. An Example of PSMA-Targeted Alpha Therapy in mCRPC Patients

BY DR. MARKUS DIEMLING – GLOBAL PRODUCT MANAGEMENT, HERMES MEDICAL SOLUTIONS

The Nuclear Medicine team at Ludwig-Maximilian University in Munich (LMUM) used 18F-PSMA-1007 PET to monitor treatment response to 225Ac-PSMA-I&T and the HERMIA Molecular Imaging software from Hermes Medical Solutions for automatic delineation of tumor volume to assess the TTV. PSMA-based alpha therapy using 225Ac-PSMA-I&T provides treatment for metastatic castration-resistant prostate cancer (mCRPC), even after the failure of 177Lu-PSMA radioligand therapy (RLT). In clinical routine, TTV on PSMA PET impacts therapy outcomes and plays an increasing role in mCRPC patients. Hence, LMUM study1 aimed to assess TTV and its changes during 225Ac-PSMA-I&T RLT.

Below you can read a summary of the study and associated results. PD Dr. Harun Ilhan, a contributor to the research from the LMU Munich, gave a very appreciated presentation2 at the World Theranostics Congress in Wiesbaden, Germany in 2022. He presented on the value of PET imaging and tumor volume as additional imaging biomarker on mCRPC patients undergoing PSMA. He showed how he is now able to calculate TTV in clinical routine thanks to the single click segmentation and lesion tracking tools from the Hermia software suite. The recording of his presentation is accessible here.

Methods

MCRPC patients undergoing RLT with 225Ac-PSMA-I&T with available 18F-PSMA-1007 PET/CT prior to therapy initiation were included. TTV was assessed in all patients using established cut-off values. Image derived, clinical and biochemistry parameters (PSA, LDH, AP, pain score) were analyzed prior to and after two cycles of 225Ac-PSMA. Changes in TTV and further parameters were directly compared and then correlated with established response criteria, such as RECIST 1.1 or mPERCIST.

Results

13 mCRPC patients were included. The median overall survival (OS) was 10 months. Prior to 225Ac-PSMA RLT, there was no significant correlation between TTV with other clinical parameters (p > 0.05 each). Between short-term survivors (STS, <10 months OS) and long-term survivors (LTS, ≥10 months OS), TTV and PSA were comparable (p = 0.592 & p = 0.286, respectively), whereas AP was significantly lower in the LTS (p = 0.029). A total of 7/13 patients completed two cycles and underwent a follow-up 18F-PSMA-1007 PET/CT. Among these patients, there was a significant decrease in TTV (median 835 vs. 201 mL, p = 0.028) and PSA (median 687 ng/dL vs. 178 ng/dL, p = 0.018) after two cycles of 225Ac-PSMA RLT. Here, percentage changes of TTV after two cycles showed no direct correlation to all other clinical parameters (p > 0.05 each). In two patients, new PET-avid

Continued on page 6. See Efficient Quantification.
The field of nuclear medicine has come a long way since its inception in the early 20th century. Over the past decade, it has seen remarkable progress, owing to advancements in radiochemistry, physics, and technology, as well as the power of collaboration among researchers, clinicians, and industry partners.

The SNMMI Value Initiative Industry Alliance (SNMMI VIIA), of which ITM proudly serves as a Leadership Circle Member, has been instrumental in fostering cooperation among key players. This forum has facilitated innovative research in nuclear medicine imaging and radiopharmaceutical therapy, underscoring the crucial role this discipline plays in patient care.

A noteworthy outcome of these collaborative efforts is the rise of theranostics, a groundbreaking approach that utilizes radiopharmaceuticals to diagnose and treat patients. This approach has gained significant traction in routine clinical management, leading to markedly longer progression-free survival for patients.

Groundbreaking advances in theranostics have been particularly evident in the diagnosis and treatment of Neuroendocrine tumors (NETS) and prostate cancer, where Gallium-68 and Lutetium-177 radioisotopes have proven instrumental. Encouragingly, the significant increase in clinical trials investigating novel targets and radiopharmaceuticals suggests an expansion of indications as well as the move of targeted radiopharmaceutical therapy earlier in the disease phase.

At ITM, we are inspired by the growing success of theranostics and recognize the vital role industry plays in its widespread adoption for patient management. We are committed to developing, producing, and globally supplying targeted diagnostic and therapeutic radiopharmaceuticals and radioisotopes for cancer treatment. An example of this commitment is our recent expansions of production facilities near Munich, which has significantly increased our potential to meet the rapidly growing demand for medical radioisotopes.

Moreover, ITM is actively developing a proprietary portfolio and expanding its Precision Oncology Pipeline, focusing on targeted treatments for various cancers, including neuroendocrine tumors, glioblastoma, prostate cancer, ovarian cancer, NSCL adenocarcinoma, osteosarcoma, and bone metastases.

Our ultimate objective, in partnership with scientific, medical, and industrial collaborators, is to elevate treatment outcomes and improve the quality of life for patients, ushering in a new era of personalized care.

The SNMMI VIIA’s leadership in fostering innovations like these is driving the advancement of targeted radiopharmaceutical medicine. ITM is thrilled to be part of this transformation and envisions an exciting future for the industry, characterized by even more precise personalized care for patients through a collaborative approach.

REFERENCES
2. www.ncbi.nlm.nih.gov/pmc/articles/PMC6910619

Efficient Quantification. Continued from page 5.

lesions were detected on 18F-PSMA-1007 PET/CT. However, TTV and PSA were decreasing or stable.

Conclusion
The authors conclude from the study that "PET-derived assessment of TTV is an easily applicable imaging biomarker independent of other established parameters prior to 225Ac-PSMA RLT in this preliminary follow-up data. Even after the failure of 177Lu-PSMA, patients with extensive TTV seem to profit from RLT. All but one patient who was eligible for 2 cycles of 225Ac-PSMA-RLT demonstrated drastic TTV decreases without direct correlation to other biomarkers, such as serum PSA changes. Changes in TTV might hence improve the response assessment compared to standard classifiers by reflecting the current tumor load independent of the occurrence of new lesions."

REFERENCES
2. Presentation from PD Dr. Harun Ilhan at the World Theranostics Congress in 2022 at www.youtube.com/watch?v=6P0SwzLjYt
I must have been 13 or 14 years old. I was at summer camp in Minnetonka, Minnesota. Armed with a compass, peanut butter and jelly sandwich and a thermos of water, we had to make our way back to the campsite on our own. We had been told about this day and had been preparing all summer. I remember the first hour wandering along the dirt trail toward camp. Thinking this was easy until I had unintentionally walked right back to where I had started.

Our counsellor, Cindy, told us, remember you are never lost, just sometimes not on the right path. She taught us to look for the signs. You will find them. I remained calm, followed the creek and arrived at the campsite with 50 mosquito bites, proud of my accomplishment.

A lot of what I learned that day connects to what I do as a board member. I help guide organizations toward their goals. Sometimes the path changes and we need to find a new strategy, other times we follow the signs that indicate this is the way forward. By working together, we can avoid sticky situations, and keep on going.

When I get asked to be on a board, I ask myself three questions:

1. What can I give? How can I bring value? Having spent my career in healthcare, I tend to join boards where there is a product or service with a patient impact.

2. What is the company culture like? Being on a board is a team sport. The best way to find out about culture is to go out for lunch during the interview process. My mother always taught me how someone treats servers tells a lot about them. I look out for this to see signs of kindness, compassion, and respect. These are the qualities needed to be on a board and work well together.

3. Can I learn and do they listen? There are sometimes tough times and it is important to be able to challenge with respect and have honest open conversations. I am a lifelong learner, so I not only want to contribute, I want to discover more. Listening is the key to change and growth, essential in the boardroom and everywhere else.

Telix Pharmaceuticals and ERF, Education and Research Foundation for Nuclear Medicine and Molecular Imaging are two of my SNMMI affiliated boards. I am also on the boards of Castle Biosciences and Langham Logistics. Serving on boards, speaking, and advising are what keep me fulfilled and busy since retiring as president from Cardinal Health, Nuclear and Precision Health Solutions.

I remember that evening at camp when we had all made it back. The night sky filled with stars, we sat around a campfire toasting marshmallows sharing our stories of how we had found the right path and of all the big dreams of what was yet to come.

This is the feeling of what it should be like sitting in a boardroom, sharing, learning, dreaming – with or without the marshmallows.

Continued on page 8. See Technologist Section.
The Food & Drug Administration (FDA) has approved RUBY Rubidium Elution System™ and RUBY-FILL® (Rubidium Rb82 generator) in mobile settings, expanding access to providers and patients.

RUBY-FILL is used for cardiac PET imaging under rest or pharmacologic stress conditions to evaluate regional myocardial perfusion in patients with suspected or existing coronary artery disease.

Since the FDA approval of RUBY-FILL in 2016, Jubilant Radiopharma has partnered with health care providers across the U.S. to establish and grow cardiac PET programs. Typically, cardiac PET is performed in larger hospitals, outpatient programs and physician offices whose patient volumes can support a full-time cardiac PET program. This new mobile solution will enable the use of cardiac PET in smaller community hospitals, in rural settings, and in areas where a full time cardiac PET program may not be warranted.

Jubilant Radiopharma is committed to offering this imaging modality in smaller settings, thereby increasing patient access to the benefits of cardiac PET imaging.

RUBY Mobile Solutions™ allows you, our customer, the ability to:

- Start a cardiac PET program on a part-time basis
- Experience first-hand the value that RUBY-FILL® (Rubidium Rb82 Generator) and the RUBY Rubidium Elution System™ can bring to your practice
- Determine how cardiac PET with RUBY-FILL will fit into a broader program for your patients in the future


Another first-ever was the SNMMI-TS student leadership academy. This was a program several years in the making and was a remarkable opportunity for NMT students to cultivate their leadership, teamwork, and communication skills. As a new program in 2023, channeled off the professional Technologist Section Leadership Academy, the student academy drew more than 70 interested college students who engaged and learned skills that will help them as they embark on their career in nuclear medicine, provide them life-long contacts in the field and maybe even launch them into being formal leaders in our field for years to come. Feedback on this program was overwhelmingly positive and we are confident that this program will inspire future leaders in the field. Look for more of such programs in the future.

Not to be forgotten, we also had a productive Clinical Education (CE) session dedicated to the NMT workforce. During this session at the meeting, we had four formal presentations on the NMT workforce and capped it off with a lively panel discussion with experts in the field. This session was designed to educate, and idea share on the current workforce pipeline and how we as an international community can combat staffing shortages. It was a well-attended session by professionals and those in the industry, and clearly showed that there are many dedicated to improving the equality and quantity of NMTs entering the field.

The SNMMI-TS is committed to grow the NMT workforce pipeline in 2023 and beyond, as we will see similar programs and many new initiatives to prepare our field for the demand that ensues us. We are thrilled to witness what the future holds for nuclear medicine, molecular imaging and theranostics, and the commitment to inspire more students and professionals to join us on this exhilarating journey!
Advancements in Alzheimer’s Diagnosis & Treatment

BY CATHERINE ESTRAMPES – PRESIDENT & CEO, U.S. AND CANADA, GE HEALTHCARE

Losing a loved one is always a difficult experience, but for friends and families of those living with Alzheimer’s the loss is particularly prolonged and difficult.

Five years ago, my mother passed away after a 10-year battle with Alzheimer’s disease. When she was diagnosed in 2008, there were no definitive diagnosis tools available to her. All too quickly, we went through the stages of the disease: memory loss, fear and hallucinations, loss of speech, nightmares, and a physical deterioration that eventually saw her bedbound and unable to swallow food and liquids. Sadly, this heartbreaking experience of watching someone I love slowly deteriorate mentally and physically is one I share with tens of millions of people around the world.

Today, dementia affects 55 million people globally, and more than seven million Americans live with Alzheimer’s, the seventh-leading cause of death in the country. Unfortunately, there is no cure and patients have had limited treatment options. However, recent advancements in therapeutics are raising the hopes of millions of Alzheimer’s patients and their families.

The Food and Drug Administration (FDA) has approved a new Alzheimer’s therapy. This drug targets and reduces amyloid plaque in the brain—one of the telltale signs of the disease. A new treatment option for those with Alzheimer’s is certainly news worth celebrating. It’s the moment we’ve all been waiting for. But access to this treatment could be severely limited if patients lack access to the proper diagnostic tools.

Confirming a diagnosis of Alzheimer’s, the most common form of dementia, while the patient is still alive is now possible thanks to advanced imaging that helps doctors confirm the presence of amyloid plaque. Since new Alzheimer’s therapies specifically target these amyloid plaques, it is imperative for patients that their doctors are making treatment decisions with the best possible images of amyloid in the brain.

That is why diagnostic amyloid positron emission tomography (PET) scans are so crucial. For many years, these kinds of PET scans have been the gold standard to view amyloid plaque in the brain, helping doctors to more accurately confirm or rule out an Alzheimer’s diagnosis.

The innovations taking place in diagnostic imaging and treatment for Alzheimer’s are groundbreaking—especially since amyloid PET scans can indicate an Alzheimer’s diagnosis early in a patient’s disease progression.

Alzheimer’s took my mother from me. For as long as the disease allowed it, she remained a mother, showing courage and resiliency and often begging me not to worry. But the reality is, seeing her so frightened as she deteriorated was a very traumatic journey.

I do not wish that experience on anyone, but it has driven my purpose at work where I am fully dedicated to serving healthcare providers and improving patient outcomes. These diagnostic tools and new treatment options could be a game changer for millions of Alzheimer’s patients and their families.

REFERENCE

Geoff Towle recently joined Novartis as Vice President and Portfolio General Manager, with accountability for the company’s radioligand therapy (RLT) business in the United States. Novartis’ RLT portfolio includes approved products for prostate and neuroendocrine tumors, diagnostics, and an expansive pipeline of new radioligand therapies to potentially treat a broad range of cancers. Prior to Novartis, Geoff was responsible for the entire portfolio of solid tumor and hematologic products at Astellas and helping to build the company’s leadership in the treatment of cancer. Geoff previously held roles at AbbVie and Solucient (subsequently part of IBM). He earned an MBA degree from the University of Michigan and a Bachelor’s degree from Bryant University.

Catherine Estrampes is the President & CEO of GE Healthcare for the U.S. and Canada

I am excited to join the SNMMI Value Initiative Industry Alliance and the prospect of collaborating to help shape the future of nuclear medicine and molecular imaging. Novartis shares SNMMI’s vision of being a recognized leader in this space and ensuring that nuclear medicine and molecular imaging become an integral part of the standard of care for patient diagnosis, treatment, and therapy.

Geoff Towle – Vice President and Portfolio General Manager, Radioligand Therapy (RLT)
“The discipline is getting stronger than ever; the future is exceptionally bright” said outgoing SNMMI President Munir Ghesani MD, FACNM, FACR, at the opening plenary session of SNMMI’s 2023 Annual Meeting, June 24-27 in Chicago. Throughout the Annual Meeting, a prevailing theme resonated: nuclear medicine is experiencing a renaissance. Cutting-edge diagnostic and therapeutic tools are transforming patient care and catalyzing a surge in attention to nuclear medicine.

However, as the frontiers of medical technology expand, it is crucial not to overlook an equally essential aspect of patient care: education. Scientific advancements can quickly outstrip public knowledge about innovative new procedures like targeted radiotherapies, leading to confusion and misconceptions about nuclear medicine.

Patient education is an essential part of any patient’s healthcare journey. “An educated patient will be better able to advocate for their own healthcare,” said Linda Budzinski, SNMMI’s Director of Outreach and staff liaison to the SNMMI Patient Advocacy Advisory Board (PAAB), which organized the day-long Patient Education Day at the Annual Meeting to give patients and caregivers a unique opportunity to learn about the role of nuclear medicine in diagnosing and treating disease.

The opening session of Patient Education Day included speakers John Sunderland, PhD, and Thor Halfdanarson, MD, providing overviews of nuclear medicine and clinical trials. Both Drs. Sunderland and Halfdanarson dedicated significant portions of their talks to dispelling common misconceptions about the field. Dr. Sunderland, acknowledging that “we are dealing with radiation, and there are potential [patient] questions and concerns there,” explained the radiation dose of various procedures through the lens of the amount of radiation that people are exposed to in their daily lives.

Dr. Halfdanarson’s presentation on the importance of clinical trials dispelled the common myth that signing up for a clinical trial will always involve a group being given a placebo, explaining that, while placebo trials are sometimes used, many trials will compare a new treatment to a standard treatment.

While the talks were attended by a significant number of patients in-person, the live-stream versions, posted on YouTube, have reached more than 2,000 people. In particular, the afternoon breakout session on Prostate Cancer this year garnered increased attention among patients, reflecting rising interest among patient groups due to the recent approval of Lutetium 177 therapy.

Beyond Patient Education Day, SNMMI works year-round to provide patients with information and resources about nuclear medicine by working together with its PAAB and other patient organizations to reach as many people as possible.

Patient education also has been recognized as an area of importance by industry partners. In the Annual Meeting’s Exhibit Hall, representatives for Novartis Medical Information displayed a mixed-reality headset, which, among other capabilities, allows physicians and patients to view and interact with treatment models together. A representative for the product said that one goal of the headset is “to have patients experience their therapy better - how the therapy works - what a PET scan looks like. To reduce anxiety, to increase acceptance of therapy.”

By nurturing a well-informed and empowered patient community, nuclear medicine can embrace its transformative potential fully and ensure brighter, healthier tomorrows for all.
Value Initiative Board

THE SNMMI VALUE INITIATIVE BOARD IS MADE UP OF SNMMI LEADERSHIP, ALONG WITH CHAIRS FOR EACH OF THE VALUE INITIATIVE DOMAINS. EACH DOMAIN CHAIR IS APPOINTED FOR A TERM OF THREE YEARS.

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