Radium–223 Dichloride Therapy

By Bryan Kerr, CNMT, PET, NCT, R.T.(N)(CT)(ARRT)

In early May, radium-223 dichloride (Xofigo), manufactured by Bayer Healthcare, was approved by the U.S. Food and Drug Administration (FDA) for the treatment of patients with castration resistant prostate cancer (CRPC), coupled with symptomatic bone metastases and no known visceral metastases. Radium-223 dichloride is the very first alpha particle-emitting therapeutic agent approved by the FDA.

Injectable forms of radiation have been used to treat patients with bone metastases for over 50 years. Two of these, strontium-89 and samarium-153 lexidronam, have been FDA approved for use in CRPC patients with bone metastases. These beta particle-emitting radiopharmaceuticals can help relieve pain but neither prolongs survival. The alpha particles of the radium-223 travel a shorter distance in tissue than its beta particle counterparts. Alpha particles travel approximately 40-100 µm in tissue, while beta particles travel 50-5000 µm. This results in reduced exposure to the surrounding tissue, minimizing ill effects from the therapy. Only those cells in very close proximity to the metastatic lesions are irradiated.

Radium-223 dichloride has a physical half-life of 11.4 days, with 95.3 percent of its energy being emitted as alpha particles, another 3.6 percent emitted as beta particles, and 1.1 percent emitted as gamma rays. The dichloride mimics calcium and forms complexes with the bone mineral hydroxyapatite at areas of increased bone turnover, such as bone metastasis. Bone is the most common site in the body to be affected by metastatic cancer and bone metastases are particularly prevalent in patients with prostate cancer. Approximately 90 percent of patients with metastatic prostate cancer show evidence of bone metastases.

During clinical trials, patients who underwent radium-223 dichloride therapy, had a 14.9 month overall survival rate compared to the 11.3 month rate of those who underwent placebo.

Radium-223 dichloride is administered once every four weeks for a total of six treatments. Since this a therapeutic procedure, consent and written directive must be signed prior to administration. Before the first treatment, patients must meet the following hematologic requirements: absolute neutrophil count (ANC) should be greater than or equal to 1.5 x 10(9)/L; platelet count should be greater than or equal to 100 x 10(9)/L; and hemoglobin should be greater than or equal to 10 g/dL. Prior to subsequent treatments, patients meet

Message from the President

By Scott Holbrook, BS, CNMT, FSNMIMI-TS

I believe these are times of consequence for our field, and as the newly-elected president of the Society of Nuclear Medicine and Molecular Imaging Technologist Section (SNMMI-TS), I am committed to creating a healthy professional environment for our members. Our organization represents a multidisciplinary membership of over 19,000 that collectively faces great challenges and opportunities. It would be misleading to assume that the quality of our modality alone is sufficient to ensure the success of the field. We must vigorously show the benefits of nuclear medicine, targeted radionuclide therapy, and molecular imaging through emphasizing comparative effectiveness. Essentially, does our field provide the best answer or treatment for a given patient when all factors including cost, safety, and availability are taken into account? These pillars of quality, safety, efficiency, and cost-effectiveness will serve as tenets for a new SNMMI and SNMMI-TS strategic plan that was approved at the Annual Meeting in June. If our field fails in any of these regards, the technologies that we are passionate about will fail to reach patients, and we will collectively fail as a profession to reach our potential.

The SNMMI-TS recognizes the unique strengths of nuclear medicine, targeted radionuclide therapy, and molecular imaging, and will do everything possible to ensure patients receive the benefits of these technologies. Our organization will work diligently to promote a positive environment for nuclear medicine technolo-
SNMMI-TS Election Results: Welcome New Leaders
By Ann Marie Alessi, BS, CNMT, R.T.(N)(ARRT)

The hardest task the immediate past president has to do is to chair the Nominating Committee and fill a slate of candidates for the Technologist Section and National Council of Representatives (NCOR) ballots. I was very fortunate this year to have many outstanding, well-qualified leaders step forward as candidates for these positions. As a side note, many of the candidates were graduates of our Leadership Academy.

Voting closed on May 13, 2013, and we received a disappointing 571 returned votes out of the 9,180 ballots distributed to members. This yielded a return rate of only 6.22 percent. The race was close for all positions.

It is my pleasure to announce the results from the national election of officers for the SNMMI-TS:

**President-Elect:**
April Mann, BA, CNMT, R.T.(N)(ARRT), SNMMI-TS

**Secretary:** Anthony W. Knight, MBA, CNMT, R.T.(N)(ARRT), NCT, SNMMI-TS

**Finance Committee:** James T. Timpe, MS, CRA, R.T.(N)(MR)(ARRT)

**Delegates-at-Large:** Bryan R. Kerr, CNMT, PET, NCT, R.T.(N)(CT)(ARRT)
Crystal Botkin, MPH, CNMT, PET

**Manager Specialty Area Representative:**
Laura A. Wall, MBA, CNMT, NCT, R.T.(N) (ARRT)

**Industry Specialty Area Representative:**
Joyce K. Zimmerman, MBA, CNMT

**Members-at-Large:**
Michael Allen Kroege, MIS, NMAA, PET, NCT
Jessica Williams, CNMT, R.T.(N)(ARRT)

**Director-at-Large:**
Anthony J. Sicignano, BS, CNMT, R.T.(N)(ARRT)

**Nominating Committee Members:**
Charlie Flores, CNMT, MBA
Julie Lentz-Koehn, CNMT
Maria L. Mackin, BS, MS, CNMT, R.T.(N)(ARRT)
Ann M. Voslar, CNMT

Continuing in their leadership roles, D. Scott Holbrook, BS, CNMT, FSNMMI-TS, will serve as 2013-2014 SNMMI-TS president and immediate past-president, Brenda King, CNMT, FSNMMI-TS, will chair the 2013-2014 SNMMI-TS Nominating Committee. Leo A. Nalivaika, MBA, CNMT, R.T.(N)(ARRT), FSNMMI-TS who was elected speaker-elect by the NCOR at the Mid-Winter Meeting in New Orleans, LA; will now assume the position of speaker.

The following individuals were elected by the SNMMI-TS NCOR and were announced at the recent Annual Meeting in Vancouver, British Columbia:

**Manager Specialty Area Representative:**
Laura A. Wall, MBA, CNMT, NCT, R.T.(N) (ARRT)

**Industry Specialty Area Representative:**
Joyce K. Zimmerman, MBA, CNMT

**Members-at-Large:**
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Crystal Botkin, MPH, CNMT, PET

With growing interest in “theranostics”—companion diagnostics—and the ever-increasing presence of multimodality technologies, it has been a challenge to meet the educational and training needs of the current and future membership. This challenge will not only persist, but will increase in the future as our membership pioneers new technologies to benefit patient populations. Our organization must find a way to assist with expanding curricula for educational programs, as well as establish post-graduate educational opportunities for practicing professionals.

Advances in technology make nuclear medicine and molecular imaging important not only in the detection of disease, but also in defining appropriate treatments. By considering all areas of potential growth, we will ensure that our membership is successful in leading the field of nuclear medicine and molecular imaging. SNMMI-TS is poised to have a very productive year, and I look forward to working with our members to meet our organizational goals.
Radium-223 dichloride is an exciting new therapy that offers an increased survival time of CRPC patients. Full prescribing information is found at: http://xofigo-us.com


SNMMI 2013 Annual Meeting Report

By David J. Perry, CNMT, PET, FSNMMI-TS

This year marked the 60th Annual Meeting of the SNMMI and was kicked off with a grand celebration on Saturday, June 8, in beautiful Vancouver, British Columbia, Canada. Of course, that was the date of the “official” opening of the meeting. SNMMI-TS governance meetings started a few days earlier with technologist committee meetings and the National Council of Representatives (NCOR) meeting on Thursday, June 6.

The NCOR meeting was opened at 8:00 am by Michael A. Kroeger, MIS, NMAA, PET, NCT, NCOR Speaker. Once the housekeeping business was completed, the group heard reports from the chapters and the specialty area representatives. Naturally, the job market, multi-modality training and licensure were very common topics. Among the items discussed at the NCOR meeting was the approval and roll-out of the new SNMMI-TS strategic plan. SNMMI-TS’s primary goals during the next five years include outreach, quality, value and safety, professional development, higher education, and advocacy. You’ll read much more about the new strategic plan in the coming months.

Also unveiled at the NCOR meeting was the theme of this year’s conference: “PET/MR: The Future…Delivered.” This week was the birth of Nuclear Medicine and Molecular Imaging Week. This year, Nuclear Medicine and Molecular Imaging Week will take place October 6-12, 2013, and “Molecular Imaging: The Future…Delivered” will be the theme. Look for more information, promotional materials and a “Nuclear Medicine and Molecular Imaging Week Toolkit” to be available on the SNMMI website soon.

Once the governance meetings concluded, it was time for the Annual Meeting itself to begin. More than 5,700 attendees from all over the world flocked to Vancouver this year. PET/CT was a primary topic of discussion at both physician/scientist-oriented talks, as well as several technologist presentations, not to mention that the words “PET/CT” could be seen all over the poster hall. As an aside, the SNMMI-TS also recently published a PET/CT Consensus Paper, which appears in the June 2013 issue of the Journal of Nuclear Medicine Technology.

In addition to a very informative conference, Vancouver offered breathtaking scenery and excellent choices for world-class food, sightseeing and other outdoor activities. All in all, it was a very good week.
One of the continuing developments in nuclear medicine is the use of I-123 metaiodobenzylguanidine (I-123 MIBG) imaging in nuclear cardiology for cardiac sympathetic imaging. There are several ways the imaging can be used, with one of the most popular being risk stratification and prognosis in congestive heart failure (CHF) patients. A second major use is to help evaluate the inducibility of ventricular tachyarrhythmias during electrophysiology (EP) testing. Some of the other ways it can be used is in the detection of transient ischemia, evaluation of an area at risk in the subacute phase of acute cardiac syndrome (ACS), and as a predictor of sudden cardiac death.

The protocol uses 3-10 mCi I-123 MIBG (Kasama, 2008) with planar and SPECT imaging 15-30 minutes post injection and again at 3-4 hours for delayed imaging. The anterior planar view is used to determine the heart-to-mediastinum ratio (HMR) and the washout rate (WO). The SPECT data is assessed using the 17 segment model set forth by the American Heart Association to determine regional innervations and perfusion evaluation (Kasama, 2008). Since MIBG is an analog of norepinephrine, it is useful in detecting abnormalities in the myocardial adrenergic nervous system, thus making it useful in evaluating patients with CHF (Kasama, 2008). Studies have found that the delayed or "late HMR" values and the WO rate provide vital information in tracking medicinal therapies.

When treating CHF, physicians can use several different medications with the goal being to increase the left ventricular ejection fraction (LVEF) and/or norepinephrine uptake. The link is that patients with decreased MIBG uptake or increased WO rate have a poor prognosis with regards to CHF treatment (Carrio, 2010). ACE inhibitors are known to increase norepinephrine uptake. Beta-blockers are used to increase LVEF. Aldosterone treatment increases late HMR and LVEF while decreasing the WO rate. These are all positive results in the treatment of CHF.

The late HMR is the most powerful predictor of cardiac mortality in CHF patients, with a high ratio being desired (Carrio, 2010). But both the early and late HMR ratios are higher in the non-cardiac death group patients in clinical studies. Another strong predictor is the WO rate. By looking at the change in WO between serial I-123 MIBG studies, it has been determined that the change in the WO is significantly lower in the non-cardiac death groups. This suggests that serial imaging might be more valuable than a singular imaging study when evaluating for cardiac mortality (Kasama, 2008).

Another exciting use for MIBG imaging is during EP testing. The focus on this particular area of study is by analyzing the SPECT imaging data. A strong correlation has been found between the extent of denervated myocardium and the inducibility of ventricular tachyarrhythmias (Carrio, 2010). The belief is that the MIBG imaging will help better distinguish between patients who are at a high risk versus low risk for fatal arrhythmias. This will hopefully provide more information for the physician, as well as the patient who is being considered for device therapy.

The use of I-123 MIBG in Europe and Asia is not new and now the U.S. Food and Drug Administration has approved the cardiology indication of AdreView™ Iobenguane I-123 Injection in the United States. The cardiology indication is for the scintigraphic assessment of sympathetic innervation of the myocardium by measurement of the heart to mediastinum (H/M) ratio of radioactivity uptake in patients with New York Heart Association (NYHA) class II or class III heart failure and left ventricular ejection fraction (LVEF) ≤35%. Among these patients, AdreView may be used to help identify patients with lower one and two year mortality risks, as indicated by an H/M ratio ≥1.6. AdreView utility has not been established for selecting a therapeutic intervention or for monitoring the response to therapy, or to use the H/M ratio to identify a patient with a high risk for death (AdreView prescribing information March 2013).

Many investigators and studies have provided very valuable information to support the use of I-123 MIBG imaging, and the future looks bright for its use in clinical cardiology.

References
Adre View™ perscribing information, GE healthcare, 2013.

I-123 MIBG Imaging

By Dori Browning, CNMT, NCT

The Nuclear Medicine Technology Certification Board (NMTCB) is seeking applicants to serve on the board of directors. This is an excellent opportunity to become involved in one of the more challenging and important areas of your profession—establishing standards of professional competency. The four-year term for the newly-elected director begins on January 1, 2014.

Applications are available at http://www.nmtcb.org/resources/directorApp.php. Completed applications received by August 15, 2013, will be reviewed at the fall NMTCB Board meeting. Please direct any questions to David Perry, CNMT, PET, NMTCB executive director, at (404) 315-1739 or at board@nmtcb.org.

NMTCB Call for Directors
I hope that many of you attended the SNMMI Annual Meeting in Vancouver, British Columbia, Canada. It was a spectacular meeting in a spectacular setting! There were abundant opportunities to attend excellent presentations and poster sessions. There truly was something for everyone—from innovative research to good old fashion “bread and butter” nuclear medicine continuing education (CE) sessions.

While attempting to contrive pearls of wisdom to impart in this article, I started thinking of the meaning of the phrase “continuing education.” When I looked up the definition of continuing education it went something like this: “Formal educational programs designed to promote knowledge, skills, and professional attitudes.” Sometimes we get so wrapped up in counting credits that we forget the real intent of the phrase. We should think of CE as an opportunity to increase and maintain our knowledge of nuclear medicine and molecular imaging—not just a way to make sure we have enough credits to maintain our certifications. There were times when I looked around the meetings I noticed more than a few individuals playing games or texting on their phones or iPads. So what exactly did that technologist get out of that presentation? Three VOICE credits and a high score on “Angry Birds”? We need to remember the last two words of the definition of continuing education—“professional attitudes.” My 4th grade teacher, Sister Michael Fidelis, was a big fan of the phrase “nothing in, nothing out.” In today’s job market every technologist needs to take advantage of every opportunity to increase their knowledge of the molecular imaging field and, therefore, increase their marketability.

It is not too late! If you weren’t able to attend the Annual Meeting, you can still “attend” many of the sessions online on the SNMMI website. In addition, the SNMMI-TS Continuing Education Committee is consistently working on ways to develop exciting and innovative CE programs and guide books in order to meet our responsibilities to you.

If you prefer “live” continuing education programs, check out your chapter’s website to see what is on the horizon. Also, make sure to take advantage of the SNMMI-TS Roadshows that are scheduled in your chapter. The programs for these road shows are taken directly from the SNMMI Annual Meeting with the original presenters. By attending, you are getting nationally recognized speakers and CE opportunities at a fraction of the cost of the Annual Meeting.

It has been my distinct honor to serve as the chair for the SNMMI-TS Continuing Education Committee this past year. There isn’t a more dedicated group of individuals out there working for the good of the membership. I thank them for all of their dedication and hard work. I am proud to turn the committee over to the capable hands of Liz Hackett, R.T.(N)(CT)(ARRT), PET, FSNMMI-TS.

SNMMI Launches Online Dose Optimization Resource

The Society of Nuclear Medicine and Molecular Imaging (SNMMI) has launched a new online resource for imaging professionals, referring physicians and the public on dose optimization for nuclear medicine and molecular imaging procedures. The information, available at www.snmmi.org/dose, is designed to help ensure patients receive the smallest possible amount of radiopharmaceutical that will provide the appropriate diagnostic information.

“Advancing a better understanding of radiation dose and risk and promoting dose optimization in nuclear medicine and molecular imaging is a top priority for SNMMI,” said Frederic H. Fahey, DSc, SNMMI 2012-2013 president. “The online resource is a key component of our dose optimization initiative, as it compiles important information in an organized fashion in one central location.”

The online resource includes SNMMI journal articles, abstracts, educational offerings, news articles, presentations and links to useful websites, as well as other materials. The resource has been promoted to SNMMI members through various communication channels, promoted through social media and shared with referring physician and patient groups.

In June 2012, SNMMI kicked off the dose optimization initiative by issuing a position statement that radiation dose for all nuclear medicine and molecular imaging procedures should be optimized by ensuring that the patient receives the minimum radiation dose necessary to provide useful diagnostic information. The position statement recognizes that the use of low levels of radiation in nuclear medicine procedures carries some possible risk. However, if an appropriate procedure—one that can provide the physician with clinical information essential to the patient’s treatment—is not performed when necessary due to fear of radiation, it can be detrimental to the patient.

Dose optimization has become a part of SNMMI’s communications, outreach, advocacy and education efforts. This integrated approach helps to provide information and guidance on dose optimization to imaging professionals, referring physicians, policymakers and the public. In addition to these activities, SNMMI continues to actively participate in the Image Gently and Image Wisely campaigns.

“It is our firm belief that the ‘right test with the right dose should be given to the right patient at the right time,’” noted Fahey. “We hope that this online resource will provide professionals with tools they can use to implement this into clinical practice and educate the public about optimal dosing for nuclear medicine and molecular imaging procedures.”
FOCUS ON THE FELLOW:

Nancy M. Swanston, CNMT, PET, R.T.(N)(ARRT), FSNMMI-TS

Nancy M. Swanston, CNMT, PET, R.T.(N)(ARRT), FSNMMI-TS, works at The University of Texas MD Anderson Cancer Center in Houston, Texas, and has been with the center for more than 14 years. She now serves as the administrative director of diagnostic imaging. She enjoys spending time in the clinic operation with her colleagues, patients, and their family and friends. Her focus at the Institution includes clinical nuclear medicine, CT, MRI and PET imaging. She enjoys all of the various aspects of diagnostic imaging because of the diversity and there is always something new and challenging to learn.

Nancy is passionate about clinically-driven science, patient care and promoting her team. She views the clinical operation much like any service industry, believing that the goal is to serve with excellence. Growing up, Nancy learned valuable lessons about delivering customer service, interacting with diverse populations, multi-tasking and managing change in the restaurant and bar industry. In college, she worked as a bartender in popular Texas hot spots to help pay for school and some other niceties in life. She also worked in the county library system—which was an entirely different opportunity, but helped her refine skills to research and delve into new subject matters. These two very different environments were pivotal in her growth as a person and became quite instrumental to her future.

Prior to working at the national level of the Society of Nuclear Medicine and Molecular Imaging (SNMMI), Nancy served in various roles at the local and regional level. One of her favorite aspects of nuclear medicine is education. She started lecturing in Houston and surrounding areas. She then became quite active with the Southwest Chapter of the SNMMI (SWCSNM). She served on several committees including Nominating Committee and Finance Committee. She eventually was elected president of the chapter. In her time working on continuing education she has served as program chair for various professional societies such as SWCSNM, SNMMI and the Academy of Molecular Imaging. One of her early investments in SNMMI was being an inaugural member of the PET Learning Center speaker's bureau. She has fond memories of traveling across the country with her fellow lecturers educating technologists about the modality. She has had a variety of roles at the national level such as National Council representative, secretary of the PET Center of Excellence, committee/task force chair, etc. She has continued to be involved in promoting the field by working on scientific papers and posters as the vice chair for abstracts, and has served in this role for SNMMI-TS for the last several years. Another one of her current projects is to complete the second edition of the PET Study Guide with long time friend and colleague, Paul Christian, BS, CNMT, PET, FSNMMI-TS. Nancy continues to lecture locally, regionally and nationwide. She has spent countless hours working on continuing education. She feels the most rewarding aspect of working in this arena is spreading information and meeting all the wonderful people that devote their time and energy to diagnostic imaging. She has met some amazing individuals in the field.

Nancy lives in Bellaire, Texas, just outside the Texas Medical Center with her husband, daughter and son. When she is away from the center she enjoys time with her family and friends. She adores traveling, cooking, baking, exercising and hanging out by the pool. Going to a new restaurant is always a highlight—whether at home or away—as she considers herself a “foodie.” Nancy is always trying to concoct something yummy. Her go-to specialties extend across the spectrum and include short ribs, apple slaw, cupcakes, cannoli and margaritas. She also spends a significant amount of time with the Girl Scouts, as she leads a 4th grade troop of Junior Girl Scouts. In addition, her children are very active in sports, so many nights and weekends are divided up between baseball, softball and soccer.

On a recent trip to the island of Maui, one of her favorite destinations, she got to enjoy some of the activities she loves she like kayaking and stand up paddling (SUPING). She was able to paddle within a couple feet of sea turtles and North Pacific Humpback whales. It was definitely a highlight in her travel portfolio. On her bucket list is to travel to the islands in the South Pacific like Tahiti, Bora Bora and Moorea. Listing goals and dreams in all aspects of life keeps her grounded even during the most hectic of times. For Nancy, creating balance is key.

THANK YOU!

The SNMMI-TS expresses its gratitude to Kathy Thomas, CNMT, PET, FSNMMI-TS, for her leadership as Uptake Editorial Board chair for the past three years and for her contributions as an editorial board member for more than a decade. Thank you for your hard work and your dedication to the SNMMI-TS!
Advocacy and snails: They both move slowly but over time, can conquer many obstacles in their way. This past year, advocacy has overcome many regulatory challenges for nuclear medicine and molecular imaging. These small successes have put us in a better position to practice our profession. I am proud of the Advocacy Committee’s work this year and am glad to able to share the year’s highlights.

We are one step closer to a domestic supply of Mo-99. Although there are many more hurdles to cross before we no longer have to worry about foreign reactors going off-line or volcanoes erupting, we are much closer to having our own domestic supply with the passing of the American Medical Isotope Act as part of the National Defense Authorization Act.

In February, the Centers for Medicare and Medicaid Services issued a proposed rule that recommended elimination of the word “direct” from the supervision requirement in § 482.53(b)(1). There were no negative responses during the comment period. The SNMMI-TS has every reason to believe that when the final rule is published, this one little word that has limited some nuclear medicine professionals. Thank you to Michele Panichi-Egberts, CNMT, FSNMMI-TS, and all 50 TAG members for all of your hard work and success this year.

Scope of Practice (SOP) issues, specifically injecting adjunctive medication, preparation of radiopharmaceuticals, and operating medication, preparation of radiopharmaceuticals, and operating currently exists. It is also the recommendation of the task force that a set number of credits in nuclear medicine/PET and MR imaging be mandated by the certifying organizations recognized by SNMMI-TS and SMRT, for individuals utilizing this hybrid PET/MR technology. The task force believes that these recommendations regarding specific regulations pertaining to certification and educational requirements for technologists will better prepare technologists for the future.

“PET/MR is quickly moving into the diagnostic arena, and technologists are faced with several questions,” said David Gilmore, MS, CNMT, NCT, R.T.(R)(N), FSNMMI-TS, one of the paper’s authors and co-chair of the SNMMI-TS/SMRT Task Force. “What knowledge must technologists have to perform these scans? How will they be certified? How will this impact state licensure? The aim of this paper was to develop consensus and offer guidance so that the two technologist specialties can work to provide the best patient care possible.”

In terms of educational programs, entry-level curricula are filled to capacity for both specialties. As such, the groups recommend that additional education needed to perform PET/MR scans be in the form of an advanced-level pathway, such as through a master’s program. In addition, the task force recommended that as PET/MR continues to evolve and new applications are discovered, a new specialty certification examination should be explored to demonstrate competency in this new and complex hybrid imaging system.

SNMMI-TS and SMRT believe that PET/MR technologists must be licensed in states in which nuclear medicine or MR licensure

SNMMI-TS and SMRT Publish PET/MR Imaging Consensus Paper

As hybrid imaging enters a new era with combined positron emission tomography and magnetic resonance (PET/MR) imaging, challenges have emerged for technologists within these disciplines. To address these issues, the Society of Nuclear Medicine and Molecular Imaging Technologist Section (SNMMI-TS) and the Section for Magnetic Resonance Technologists (SMRT) formed a task force and developed a consensus paper with recommendations for regulations pertaining to education, certification and staffing requirements for technologists to better prepare for the future.

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Finally, the consensus paper addressed staffing challenges. SMRT endorses the American College of Radiology guidance document that states at least two MR technologists or at least one MR imaging technologist and designated MR personnel (someone who is at least MR safety-trained) should be present during a scan. The task force believes that a hybrid approach is acceptable during the transition period of training and certifying PET/MR technologists; one in which a certified PET technologist and a certified MR technologist are present, as long as both have training in radiation safety and MR imaging safety. The ultimate goal for the future of the field, the task force states, is a PET/MR imaging technologist trained to be fully functional in both modalities.

“SMRT and SNMMI-TS have taken the first steps in identifying the key points and collaboration needed to successfully transition to a new breed of PET/MR technologists,” said SMRT External Relations Liaison, Cindy R. Comeau, BS, CNMT, R.T.(N)(MR), FFSMRT and co-chair of the SNMMI-TS/SMRT Task Force. “We look forward to continuing our collaboration with the SNMMI-TS, and with other stakeholders, to pave the way for technologists to perform hybrid imaging with PET/MR.”

To view the consensus paper, visit tech.snmjournals.org/content/41/2/
PET/CT scanners, are the primary concerns of our members. The SOP Task Force developed a specific PET SOP that was approved in January and has updated the nuclear medicine SOP to include the practice guidelines. The nuclear medicine SOP was approved during the Annual Meeting and will be published. Both of these documents are located on the SNMMI website under the Technologist Section. A clearly stated SOP is the first step in working through the myriad of issues our members have in their particular states and at their places of employment regarding nuclear medicine technology practice erosion. This SOP will need to be a living document that is updated on a regular basis.

This SOP Task Force also developed FAQs that address the many questions that were received by the TAGs. Please go to www.snmmi.org, click on Government Relations, then State TAG Team, and then FAQs. Thank you Kathy Hunt, MS, CNMT, FSNMMI-TS, and SOP members for your many meetings that accomplished so much.

The Conference of Radiation Control Program Directors (CRCPD) is the professional organization that provides support to each state’s radiation control officers. Like all professional organizations, it provides guidance to its members regarding best practices. A key CRCPD document describes what a state model bill should look like to regulate radiation use in each state. Part Z of this document recommends the qualifications and education of those that use radiation. Through years of relentless outreach and education to the CRCPD, Cindi Luckett-Gilbert, MHA, CNMT, PET, FSNMMI-TS, convinced the Part Z committee that nuclear medicine technologists, by virtue of their training, are capable and competent to perform diagnostic CT scans if they possess CT certification. This is a huge win for our profession and is a document that TAGs have available in their advocacy tool kit.

During our breakout sessions at the SNMMI Mid-Winter Meeting, the Advocacy Committee heard you loud and clear that easier access and improved communication tools are needed on the SNMMI-TS website. Jessica Williams, CNMT, R.T.(N)(ARRT), and her Website Task Force have done a yeoman’s job working with the SNMMI IT staff to assure that accurate, easily accessible practice management and advocacy tools will be available on our new redesigned SNMMI website. Stay tuned for more information.

I would like to thank Brenda King, CNMT, FSNMMI-TS, who appointed me Advocacy Committee chair, and Scott Holbrook, BS, CNMT, FSNMMI-TS, for having the confidence in me as I have been reappointed to lead next year’s Advocacy Committee as the 2013-2014 chair. I look forward to another challenging and successful year.