## **EDITORIAL**

## **EANM 2011—Welcome to Birmingham!**

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On behalf of the European Association of Nuclear Medicine, I am very honoured and pleased to welcome you to Birmingham for the 24th Annual EANM Congress, 2011. Following the successful Vienna 2010 congress, this is the second time that I have had the privilege of organising the scientific programme for the annual congress. The Scientific Committee and the British Society of Nuclear Medicine have assisted greatly in this task, and I believe that together we have devised a programme that will be attractive for both physicians and scientists.

In organising this congress in Birmingham, our principal scientific focus has been on the organisation, in conjunction with other European medical societies, of numerous joint meetings and interdisciplinary symposia. Particularly the development and application of hybrid imaging has led to the recognition that nuclear medicine should, indeed must, be a cooperative enterprise rather than pursued in isolation. It is not going too far to suggest that it has become our duty to ensure that this goal is achieved. It is naturally self-evident that within our community, with our nuclear medicine methods and findings, we must strive to maintain a high scientific level. Nevertheless, the decisive factor in the future of our specialty will be the clinical marketing of nuclear medicine—the ability to establish, adequately and above all with sufficient self-confidence, the importance of nuclear medicine in the minds of our clinical partners, referring physicians and sister disciplines. This represents one of the immediate and medium-term challenges for nuclear medicine that needs to be addressed in order to ensure that our specialty receives efficient, timely and

advantageous representation on, for example, oncological tumour boards and neurology and cardiology grand rounds.

An important first step in this direction is to develop a suitably fair partnership with the radiologists in order to improve and/or further refine and consolidate the PET/CT results achieved to date. In addition, however, the application of PET-MRI in particular may be expected to require still deeper cooperation in the future, given that *joint* design and implementation of MRI and PET protocols as well as procedures is a prerequisite for optimal utilisation of the technique and maximisation of patient benefit. In addition, extensive cooperation with the oncologists will be necessary, especially in the new field of *theranostics*, in order to achieve the earliest possible wider use of nuclear medicine diagnosis and therapy in tumour patients.

Some Statistics on the Birmingham Meeting

The present status and future prospects of Nuclear Medicine will be discussed in four plenaries (including the Marie Curie and Highlights Lecture), seven symposia, six joint symposia with related societies and associations (ESTRO, EAU, ESR, SNM, EORTC, ETA) and 13 Continuing Medical Education sessions.

Moreover, various daily sessions successfully launched at last year's Congress, namely the *EANM Breakfast Session* sponsored by the industry (starting at 7:00 a.m.), *The Expert's View Session* (Pitfalls, Artefacts & Physiology—Interactive, starting at 8:00 a.m.) and the *Young EANM Daily Forum* (starting at 1:00 p.m.) have again been organised.

Overall a total of 1,667 abstracts were submitted, of which 1,475 were finally accepted, representing a rejection rate of about 11.5%. During the meeting, 532 oral presentations and 968 posters will be presented in 13 featured sessions, 51 parallel sessions and 15 technologist sessions.

On behalf of the EANM Executive Committee, the Local Organising and Scientific Committee and the EANM "Head-quarters" in Vienna, it is my pleasure to welcome you to the Congress and to wish you all a pleasant stay in Birmingham.

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