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EDITORIAL

UEMS/EBNM endeavour – celebrations keep going!

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The European Association of Nuclear Medicine web site states under "History" that "The EANM was founded on September 6, 1985 in London as the result of a merger between the Society of Nuclear Medicine Europe and the European Nuclear Medicine Society". It was the last day of the 1985 European Nuclear Medicine Congress held in London [1]. I was one of the many lucky ones to see that happen. After completing nuclear medicine specialization training in Portugal (1984), I was in London (at the Institute of Nuclear Medicine, Middlesex Hospital and Medical School) finishing a course of studies to be awarded the MSc degree [2] in nuclear medicine and preparing to enter a PhD course of studies at the Faculty of Medical Sciences, UCL, University of London [3].

In Milan 2012 the nuclear medicine community was happily celebrating the "silver jubilee" of the EANM. All those interested in the use of radiopharmaceuticals for diagnosis, therapy and research joined in Milan to wish a happy future for nuclear medicine. The UEMS Section and the European Board of Nuclear Medicine (UEMS/EBNM) were present to demonstrate its importance in the practice of clinical nuclear medicine. Several events took place and the results were highly successful.

Next year it is 25 years since nuclear medicine was recognized as a medical specialty in Europe (1988). Formal recognition as a separate medical specialty within the UEMS was achieved in 1989. We have, therefore, two years to celebrate the 25th Anniversary ("silver jubilee") of the recognition of nuclear medicine as a mono-specialty in Europe and UEMS. But celebrations will continue into 2015, since it was in 1990 that the Section of Nuclear Medicine was created in the UEMS. The present outlook is therefore one of recurrent festivities. Outcome measures need to be implemented in order to assess performance, efficacy and determine the benefits for the specialty arising from our work. These have to focus around our main objectives:

1. Study, promotion and harmonization of the highest level of training of nuclear medicine specialists regarding their practice and health care within the European Union.
2. Study, promotion and implementation of improved relationships with other specialty organizations and scientific societies within Europe.
3. Promotion and implementation of good relations and combined activities with other intercontinental nuclear medicine organizations, such as those of North America, South America, Asia, Africa and Australia.
4. Study and promotion of free movement of specialists within the European Union.
5. Defence of the professional interests of European nuclear medicine specialists.

The President is to promote and pursue the objectives and resolutions of the Board made during the Delegates Assembly, preside over the meetings of the Executive Committee, the Delegates Assembly and help with the running of all other committees, in addition to representing (or delegating a representative) the UEMS/EBNM in all relations with third parties.

Events in Milan 2012

The UEMS/EBNM Executive Committee members together with those of all the other permanent committees were very active seeking to achieve the objectives defined for the 4-year mandate until 2015. In summary, we decided to commit ourselves (a) to improving relations with other organizations

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including other specialties, scientific societies, boards of nuclear medicine in other continents, and the International Atomic Energy Agency (IAEA), towards harmonization of practices, (b) to increase the number of attendees for the FEBNM examination, (c) to implement the UEMS regulations on CME and CPD via the EACCME (European Accreditation Committee on Continuing Medical Education), (d) to spread knowledge regarding the need for UEMS/EBNM accreditation of departments, (e) to increase awareness about the obligatory exercise of clinical audit, and (f) to continuously update the syllabus to comply with the Charter for Specialist Training in Nuclear Medicine.

The meeting of the UEMS/EBNM Executive Committee and Permanent Committee Chairs was also attended by Professor Kirk Frey, President of the American Board of Nuclear Medicine (ABNM) as an observer, giving a strong sign of bilateral collaboration for the future. The ABNM was formally incorporated on 28 July 1971 (http://www.abnm.org/). In 1985, with the support of the original sponsors, ABNM became a Primary Certifying Board. It was established to set educational standards and to evaluate the competence of physicians in nuclear medicine. The objectives are very similar to the ones set out for the UEMS/EBNM making exchange of ideas and practices towards harmonization a common goal.

The Executive Committee decided to have the new web site for the UEMS/EBNM ready by the end of 2012 and open to everybody from January 2013. In the Delegates Assembly of the UEMS/EBNM the statutes were revised with two important issues left for discussion and further decision during next year's assembly in Lyon. The Fellowship Committee excelled this year by awarding Fellow diplomas to 17 new Fellows. In a meeting between UEMS/EBNM and ARCCNM (Asian Regional Cooperative Council for Nuclear Medicine; http://www.arccnm.org/) bilateral collaboration was initiated with the main objective of helping with examinations and extension to curriculum/syllabus recommendations, as well as accreditation, clinical audit and CME/CPD.

On Sunday the Accreditation Committee of Nuclear Medicine Departments succeeded in attracting a good number of attendees at its session Clinical Audit in Europe with members presenting their own country's experience. The IAEA also participated with the QUANUM project demonstrating ongoing profitable collaboration with UEMS/EBNM. The cooperation between these two organizations was also manifested in the meeting held on Tuesday with representatives of the ALSBIMN that opened new avenues for implementation of clinical audit and accreditation of nuclear medicine departments in South America with the help of the UEMS/EBNM, in particular its dedicated Accreditation Committee.

Also well appreciated was the interest of the EANM Technologist Committee on the issues related to Good Clinical Practice during their CTE 6 on that subject. One of the presenters dedicated a large part of his presentation to discussion of all the variables interfering with accreditation of nuclear medicine departments by the UEMS/EBNM. This emphasizes the participation of all professionals in the auditing activities of departments to make sure that patient management is properly addressed and encompasses the entire organizational tree.

Paving our road to the future

Scientific and clinical journals have recently been showing the advantages of radiopharmaceuticals and their diagnostic and therapeutic capabilities for the improvement of patient management. The characteristic functional specificity of radiopharmaceutical imaging helps differential diagnosis and confirmation "in vivo" of specific metabolic abnormalities that affect therapeutic decision-making. On 17 October 1998 *The Lancet* published a case report "Crisis after angiography" [4] revealing the benefits of MRI in depicting a 5-cm mass in the right adrenal gland. To my surprise and for 2 months there was no reply to this case report stating the importance of the specific radiopharmaceutical in confirming the diagnosis of phaeochromocytoma. Finally, on 12 December 1998, a letter to the editor in the same journal [5] stated "Although structural imaging by radiography, computed tomography, or magnetic resonance imaging (MRI) is highly sensitive to localise unilateral and bilateral adrenal masses amenable to surgery, in cases of extra-adrenal lesions sensitivity drops to 64 % with computed tomography scan and to about 88 % with MRI … scintigraphy with iodine-131-labelled or iodine-123-labelled meta-iodobenzylguanidine (MIBG) has an important role in the diagnosis because of its chemical specificity for localizing the abnormal adrenergic tissue …. In Shapiro and colleagues' study of 400 patients with suspected phaeochromocytoma, the sensitivity of MIBG scintigraphy was 78 % in sporadic, 91 % in malignant, and 94 % in familial phaeochromocytoma, with an overall sensitivity of 87 %. Specificity in all categories and overall was 100 %" (Shapiro et al. [6]). Despite some disparate practices the importance of radiopharmaceutical imaging has again been clearly demonstrated in Volume 380 of *The Lancet* [7] in a patient with an enlarged left adrenal gland with two distinct tumours (lower smaller than the upper) on CT. Combined functional and metabolic imaging with [6β-^{131}I]iodomethyl-19 nor-cholesterol (NP-59) scintigraphy and ^{123}I-metaiodobenzylguanidine (MIBG) revealed the tumours to be, respectively, a lower adrenocortical tumour and an upper phaeochromocytoma.

This is an excellent demonstration of the abilities of nuclear medicine in clinical practice and its full potential. Many other examples could be described. It is important for all of us to show what we are doing to disseminate knowledge on the advantages of the use of radiopharmaceuticals.

You are aware that the EJNMMI (official organ of the EANM) has an editorial slot for UEMS/EBNM. As President of the UEMS/EBNM I am in charge of this slot. I would like you to contribute to the dissemination of awareness of our specialty amongst all our colleagues. I would like you to contribute for the EJNMMI with a description of nuclear medicine training and practice in your country. No images will be accepted. Please be as concise as possible, but include the following items:

Title - Nuclear Medicine training and practice in … (write the name of your country)
Author(s) - names and affiliations

A) Historical notes – please include year when nuclear medicine specialty started as a recognized medical mono-specialty; mission if available; number of nuclear medicine specialists – if there are some specialists with multiple specialties please mention and state how many, and if the number of such specialists has been increasing or decreasing.
B) Organizational workforce – please include reference to the number of departments of nuclear medicine; the number of departments of nuclear medicine with recognized training capabilities; the number of public departments of nuclear medicine; the number of private departments of nuclear medicine; say something about nuclear medicine specialists practice – do they work in public and private departments, or is there a clear distinction with no overlap between public and private practice?
C) Training resources and organization – please mention the number of years of specialty training after the end of the medical degree; refer also to how many trainees per year there are training at the moment; how many new specialists were awarded their accreditation in 2010/2011/2012; mention your country's own syllabus in nuclear medicine – is it independent or combined with other specialties? tell us if your syllabus is related and similar to the one endorsed by the UEMS, as published in the EJNMMI [8] (Eur J Nucl Med Mol Imaging (2012) 39:739–743; pdf copy enclosed for your reference); please mention something about the specialist accreditation awarding body/Board of Nuclear Medicine (?); award of nuclear medicine specialty degree/certificate/diploma – government, medical college, scientific society, etc.; how is the final assessment (examination) performed and what are the contents (written, oral, practical activities, multiple choice questionnaire, or mixed and how).
D) Continuing education and professional development – tell us if there are any organized CME/CPD activities in your country; please tell us if your country recognizes CME/CPD attended abroad; if relevant describe how clinical audit is organized in your country (according to the "EU Council Directive 97/43 EURATOM" of 30 June 1997, clinical audit is mandatory; in 2009 the Directorate General for Energy and Transport published the "European Commission Guidelines on Clinical Audit for Medical Radiological Practices (Diagnostic Radiology, Nuclear Medicine and Radiotherapy" – it would be useful to know if your country is implementing the recommendations or how it is working towards this objective).
E) International recognition – tell us if there are any nuclear medicine specialists who attended the Fellowship examination of the UEMS/EBNM and therefore became FEBNM, and if yes how many; please try to describe how the FEBNM is seen in your country, and in particular let us know if colleagues are prepared to accept the Fellowship examination of the UEMS/EBNM (written and oral) as part of the end-of-training examination. This would give your trainees the opportunity to become Fellows of EBNM after passing the end-of-training examination in your country (as long as they also pass the written and oral Fellowship exam of the UEMS/EBNM) – would this be considered an added value?

   And use this space to mention (and give their names) distinguished nuclear medicine specialists who have contributed to the progress of the specialty, mainly via international positions in organizations, such as EANM, UEMS/EBNM, or others …
F) Final comments – please use this space to describe what you would like to see us doing at the UEMS/EBNM for the benefit of the nuclear medicine specialty in addition to what we have been doing. Please give some hint as to how you see the future of the nuclear medicine specialty, in particular concerning issues related to the status of independent mono-specialty and to the ongoing increase in "multimodality imaging" via "hybrid equipment".

References - please add any references you consider of significant value, but keep the list short, not more than ten.

Please follow the "Instructions for authors" in the EJNMMI, and do not forget to include below the title your name(s) and affiliation(s). The sooner I receive your contribution the quicker I will be able to include it in one of the

next issues of the EJNMMI during 2013 and beyond. If possible more than one country per issue may be included.

This publication project has been agreed with Professor Ignasi Carrió, Editor-in-Chief of the EJNMMI via email.

Conflicts of interest None.

References

1. European Nuclear Medicine Congress. 3–6 September 1985, London. Abstracts. Eur J Nucl Med. 1985;11:A1–A50.
2. Costa DC. Radionuclide ventriculography – a study of reproducibility. MSc project no. 16611. University of London, 1985.
3. Costa DC. A study of the first $^{99}Tc^{m}$-labelled radiopharmaceutical for the investigation of cerebral blood flow in man. PhD thesis. University of London, 1989.
4. Brueckel J, Boehm BO. Crisis after angiography. Lancet. 1998;352 (9136):1278. doi:10.1016/S0140-6736(98)05186-1.
5. Costa DC, Bomanji JB. Crisis after angiography: time for MIBG. Lancet. 1998;352(9144):1940. doi:10.1016/S0140-6736(05)60442-4.
6. Shapiro B, Copp JE, Sisson JC, Eyre PL, Wallis J, Beierwaltes WH. Iodine-131 metaiodobenzylguanidine for the location of suspected phaeochromocytoma: experience in 400 cases. J Nucl Med. 1985;26:576–85.
7. Ghander C, Tenenbaum F, Tissier F, Silvera S, Lalej D, Dousset B, et al. When adrenal Cushing's and phaeochromocytoma meet. Lancet. 2012;380(9854):1683. doi:10.1016/S0140-6736(12)60438-3.
8. Prigent A, Huic D, Costa DC. Syllabus for Postgraduate Specialization in Nuclear Medicine–2011/2012 Update: nuclear medicine training in the European Union. Eur J Nucl Med Mol Imaging. 2012;39:739–43. doi:10.1007/s00259-012-2076-1.