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EDITORIAL

Guidelines for the use of ^{18}F-FDG in infection and inflammation: a new step in cooperation between the EANM and SNMMI

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The publication of the joint SNMMI/EANM guideline for use of ^{18}F-FDG in infection and inflammation [1] represents a new era for the development of guidelines in the nuclear medicine community.

There has been a desire for many years that guidelines for the use of radionuclides in imaging should be globally embraced. However, whilst there has been much said, these guidelines produced by the Inflammation/Infection Committee of the European Association of Nuclear Medicine (EANM) are the first to also be adopted by the Society of Nuclear Medicine and Molecular Imaging (SNNMI), and then published in the *Journal of Nuclear Medicine*. There may be more than one reason why these guidelines are the first.

First may be the fact that the use of PET in infection and inflammation is a relatively new field, so there has been little chance for divergence in practice between North America and Europe. A second important factor may be that nuclear medicine communities feel pressure from other imaging modalities. Therefore there is a common desire in both Europe and North America to promote new areas for the clinical application of ^{18}F-FDG which can expand the use of nuclear medicine techniques. One such area which is ripe for promotion is the use of ^{18}F-FDG in imaging infection and inflammation.

The road to these guidelines has been laid down by many researchers in Europe, North America and across the globe [2–8]. The role of ^{18}F-FDG in this medical field is to some degree still controversial and it was not too long ago that the EJNNMI published a two-part debate concerning the role of ^{18}F-FDG in imaging infection [9, 10]. The joint conclusion of these articles was that more data were required from a wider group of patients. Now 10 years later there is an increasing literature on the role of ^{18}F-FDG in imaging infection and inflammation, and members of the committee (as well as others) use this technique both in research and clinical practice. Part of the production of these guidelines was based on a systemic review of the literature carried out in the centre of one of the authors which provided a good scientific base on which the recommendations could be based. Then the guidelines were produced and refined—a process that itself took the best part of a year. They were then submitted for comments from the member states of the EANM—a process run by the President-Elect of the EANM (Arturo Chiti) who at that time was the committee and task group coordinator. A final "European" document was produced and this was sent to the Guidelines Committee of the SNMMI for agreement. Our expectations were surpassed when these guidelines were not only adopted by the SNMMI but also published, with some alterations, in the JNM as the formally adopted joint EANMM/SNMMI guidelines.

Although the use of ^{18}F-FDG in infection is not yet fully reimbursed in many countries, the fact that the two leading nuclear medicine communities have agreed on a common approach to indications, imaging techniques and reporting have strengthened the hand of those who negotiate with insurers for payment.

As guideline authors we encourage all our readers to review these joint guidelines and to implement them within their practice. A revised version will certainly be needed with time. Although there has been cross-fertilization of expertise in guidelines for many years at a personal level with many Europeans being asked to contribute as individuals to the process of developing SNM guidelines [11], these guidelines represent a significant new step into deeper cooperation within the nuclear medicine community which we will all benefit from.

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