

# A Name Change for the Society: Perspectives

**F**rom the editor: Over the past several months SNM has been considering a name change to accurately reflect the society and the future direction of the field. Although the SNM has been and continues to be a nuclear medicine society, the society has also more formally embraced the role that molecular imaging and therapies play in the specialty, in journals, education, and more. As such, the name of the “Society of Nuclear Medicine and Molecular Imaging” has been suggested as a new name for the organization.

At the request of the SNM board of directors, a Name Change Task Force was convened earlier this year to research the possibility of changing the name of the society. The task force discussed the impact a name change would have on the SNM membership, in particular the importance of embracing the fundamental nature of the field while looking to the future. After deliberating several options, the task force ultimately decided that the “Society of Nuclear Medicine and Molecular Imaging” was the best choice to present to the membership. The name change recommendation was officially presented to the SNM board of directors in April. In May, SNM began the process of soliciting feedback from members about the name change. Since that time several Newsline articles have addressed the name change, which will be put to a House of Delegates vote at the 2012 Mid-Winter Meeting and, if it passes, to a subsequent membership vote at the 2012 Annual Meeting. To further explore the membership’s feelings on the name change, this issue of Newsline includes 4 point/counterpoint perspectives.

## Patient and Referring Physician Education Should Be the Society’s Goal, Not a Name Change

What is the real goal of changing the society’s name to the “Society of Nuclear Medicine and Molecular Imaging”? Our business goal is education; the business challenge is the word “nuclear”. Does the name change achieve our business goal? The name change does not; only direct education can. Educating the general public should be foremost in our planning, ahead of a name change that serves little or no real definable purpose and may cause more confusion. As written, the name change positions molecular imaging as equal to nuclear medicine. Molecular imaging is not nuclear medicine; nor is it a discipline separate but parallel to nuclear medicine, as the proposed name would suggest. Nuclear molecular imaging has been a part of nuclear medicine from the beginning. Retaining the present name is not a matter of ignoring those molecular imaging techniques using other imaging modalities but a matter of focus. Multimodality imaging is important, but the focus should be on nuclear molecular imaging as the cornerstone to clinical impact. The present name serves that purpose and retains therapy as a goal, which is another unique aspect of nuclear medicine.

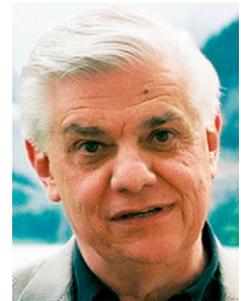
Several members quoted Shakespeare: “What’s in a name? That which we call a rose by any other name would smell as sweet.” That is true, but another name change so soon after the recent name change—to “SNM; Advancing molecular imaging and therapy”—would have a major impact on our business goals and patient education. Have we adequately explained the first name change and what it means to physicians and patients—not just to our membership and not just to physicians in other specialties but to the general public who have access to increased information in all aspects of medicine?

Several well-established societies focus on all aspects of molecular imaging. Many societies have had “molecular imaging” in their names for many years. Changing the name to include molecular imaging would constitute a weak and late addition to that list. Some academic societies specialize in other imaging modalities, such as fluorescence and MR. Why dilute our core value?

Over the last 5 y, the society has supported initiatives in molecular imaging, the SNM Clinical Trials Network, and comparative effectiveness research. Each new initiative cannot be incorporated into a name change, and new initiatives can move the society away from the uniqueness of nuclear imaging and nuclear therapy. Furthermore, have we communicated these additional goals effectively to patients?

To go a step further, the discussion of uniqueness suggests abandoning the use of the 3-letter abbreviation to identify our organization and returning to the original name: the Society of Nuclear Medicine. It is not as if the challenges of ensuring adequate isotope supply, obtaining approval of nuclear diagnostic and therapeutic radiopharmaceuticals, getting adequate reimbursement for radiopharmaceuticals, and continuing to educate the public about nuclear medicine, its benefits, and its potential have been solved. With some of the current SPECT and PET probes in development, we are leading the revolution in personalized medicine by using imaging agents that give us information about the function of the body, not just a map of its components.

Unless we can reach physicians in other specialties and patients directly with this information, the impact will be



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lost. We need to agree on the priorities for each of these endeavors and then develop a definition and scope of work based on nuclear medicine applications, followed by a digital educational program to disseminate this information. Digital outlets are perhaps the most cost-effective use of time and money to reach both physicians and patients, because increasingly that is where both physicians and patients are

turning for research (think WebMD). This would put the society in direct contact with physicians in other specialties and patients investigating nuclear medicine approaches and allow the society to reach its true goals.

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## A Name Change? Yes, But It's Only a Next Step

*Change is the law of life. And those who look only to the past or the present are certain to miss the future.*

—John F. Kennedy

Although the fundamentals of nuclear medicine and the radiotracer principle have not changed, I am daily amazed at how much my nuclear medicine practice has changed. With PET/CT and SPECT/CT, the time I spend reading CT now clearly exceeds time spent reviewing the correlative nuclear medicine images. This is a major change in nuclear medicine. In the future, who knows whether it will be optical or other hybrid imaging that also will become part of our daily work?

The question of a name change for the Society of Nuclear Medicine has been present since I was president of the society. In a commentary in the September 2001 Newsline section of *The Journal of Nuclear Medicine*, I wrote:

The use of the terms molecular imaging (MI) and molecular medicine have become ubiquitous within the medical community. Some academic departments of nuclear medicine have already changed their names to include molecular in the title... All of us involved in nuclear medicine know that for years we have been involved in the use of radiotracers to study molecular and cell biology as applied to imaging and therapy. . . It is increasingly important that the Society of Nuclear Medicine reach out to those who currently use, and to those who in the future will use, radiotracers to work in the evolving field of molecular medicine. The Society should continue to be recognized as a place to look to for education, training, and advancement in the use of nuclear medicine as it applies to molecular medicine. Recognizing that both of these branches of medicine share in common the potential for advances in molecular imaging and therapy, it is proposed that the Society of Nuclear Medicine change its name to the Society of Nuclear and Molecular Medicine.

At that time no name change took place, and sentiment favored adding the tag line “Advancing Molecular Imaging and Therapy.” Some ask: why worry about something as trivial as a name change? They would argue that a new name does not change who we are. We should all remember, however, how nuclear MR imaging became MR imaging. Other providers in medicine were happy to see nuclear disappear from the name. Because of the growing appeal of the use of “molecular” throughout medicine, several organizations have already incorporated MI or molecular medicine in their names. We also see on Web sites and in advertising that several industry leaders have replaced nuclear medicine with

MI. PET is now commonly separated from nuclear medicine, the field from which it took birth. We should not continue to allow PET, SPECT, or any nuclear/MI modality to be disassociated from nuclear medicine.

However, simply making a name change will not make us a leader in molecular imaging. Actions speak louder than words. The renewed interest in a name change is a natural progression following the accomplishments already achieved by the SNM since 2001. These include:

- Raising \$5 million to promote MI through the Bench-to-Bedside campaign (2006);
- Forming an MI Center of Excellence (now the Center for MI Innovation and Translation), with an educational task force that has developed a curriculum to train future physicians in MI;
- Incorporating educational tracks in MI into our Mid-Winter and Annual Meetings;
- Creating new membership categories to welcome and involve those with interest in MI who are currently outside the SNM; and
- Offering more than \$459,000 in awards in partnership with the Education and Research Foundation for SNM for research in MI.

Nuclear medicine practice now includes routine use of radiolabeled peptides, antibodies, cellular elements, and metabolic and receptor-based agents that comprise a large part of current MI. We recognize that that there is a growing, larger world of MI that will encompass other technologies. We need to continue to be a part of the MI movement and still be mindful not to give up our roots.

Previously I suggested that the name Society of Nuclear-Molecular Medicine (SNMM) would better reflect our roots yet would also encompass the new terminology. The current leadership has proposed the name “Society of Nuclear Medicine and Molecular Imaging” (SNMI). This name is more forward-thinking, but at the same time it presents a significant challenge. We are already the preeminent society of nuclear medicine. The goal is to become a broader-based society that



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welcomes professional interaction and collegial research with those using both nuclear and nonnuclear molecular methods. It is one thing to change a name, but it is a more significant challenge to actually succeed in becoming the Society of Nuclear Medicine and Molecular Imaging. Name change is

only a needed first step. Ultimately the future will depend on whether we can meet this challenge.

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## Time for a Change?

The question before us today is whether or not to change the name of the society from “SNM,” with the tagline “Advancing Molecular Imaging and Therapy,” to the “Society of Nuclear Medicine and Molecular Imaging.” This article will review some of the reasons that the name change may not be in the best interest of the society at this time.

Let us reflect for a moment on our current name as well as the one proposed. Our tagline indicates that one of the society’s main purposes is to advance molecular imaging and therapy. This is not only a tagline but also one of SNM’s visions. The field of nuclear medicine is constantly evolving. It has always had molecular imaging as its core and has been receptive to the incorporation of other modalities. As nuclear medicine progresses into the future, it becomes more and more evident that advancements in molecular imaging—using both simple and complex molecules, ranging from sugar analogs to polypeptides to antibodies—have enabled diagnostic and therapeutic procedures that were unavailable a decade ago.

If we focus for a moment on radionuclide therapy, we will conclude that although the percentage of all nuclear medicine procedures considered to be therapeutic may be relatively small, the impact on patients’ health and longevity is significant. In fact, all types of therapies are becoming more and more personalized in our health care system today. The number of therapies performed in nuclear medicine has increased and is no longer limited to  $^{131}\text{I}$ -sodium iodide therapies for hyperthyroidism, hot nodules, and thyroid cancer. We also have drugs like  $^{153}\text{Sm}$ ,  $^{89}\text{Sr}$  for bone metastasis palliation,  $^{131}\text{I}$ -Bexxar and  $^{90}\text{Y}$ -Zevalin for treating certain forms of non-Hodgkin lymphoma,  $^{90}\text{Y}$ -labeled microspheres to treat liver metastases from colon cancer and other primaries, and other investigational therapeutic procedures. The society should consider the word “therapy” in its name to be of great importance, because it represents a very significant benefit that we can offer to our patients. We should be concerned about deleting this as one of the identifiers in our name, because it represents a significant activity of our specialty.

The dictionary definition of “nuclear medicine” is: “a medical subspecialty encompassing both diagnostic imaging and treatment of disease; may also be referred to as molecular medicine or molecular imaging and therapeutics.” Right now our name covers all that we do, and it is well known. The 3-letter abbreviation “SNM,” along with the society’s tagline, is recognized worldwide, has instant brand name recognition, and has a memorable reputation

attached to it. These letters appear on all printed materials currently used by the society. Other acronyms that are just as well recognized are ICANL, JRCNMT, and NMTCB. There is significant value in name recognition. If we rebrand additional cost and effort will be needed to reestablish our name and reputation. There is an associated value to our name and logo termed “goodwill.” This goodwill is an intangible asset for the society that has become respected and is more than merely a logo. Professionals, including physicians, technologists, and members from industry, have helped form the international reputation that is respected across the other medical specialties and industries. Rebranding will raise questions among the specialties and industries as to the purpose and ultimate goal, especially with the conspicuous absence of “therapy” in the new name.

Some unanswered questions about the financial impact of the proposed change may remain. The technologists’ section, SNMTS, will need to review the expenses associated with a name change to determine what funds will be required to cover their portion of the costs. Some expense is always involved in changing a name, and this expense encompasses the grassroots groups that would also have to change all marketing materials along with all vendors that market their goods. The society has to show data related to the costs and benefits of our last rebranding in 2006. Did we expand the number of technologists and full members with the last rebranding? To whom are we marketing? We stay ahead by encouraging research and development, which will attract multi-imaging technologists and conceivably even some radiologists. Right now our name says it all; it clearly states what we are and what we do. There is no good reason to make a change. The current economic climate is difficult for all facets of health care, and it is not clear that it will improve significantly in the near future. Stability in the Society of Nuclear Medicine reassures the membership of who we are and what service we provide. Changing our name at this time only adds to confusion without appreciably changing our focus. Other small societies of molecular imaging exist and we want to avoid confusion with those groups.



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## Becoming What We Need To Be

“We cannot become what we need to be by remaining what we are.” This quote from *Leadership is an Art* author Max DePree captures the essence of my feeling about changing the name of the Society of Nuclear Medicine to include molecular imaging. I am very proud to be a nuclear medicine professional and I will always be a nuclear medicine technologist, but that should not limit what I can do or what I can become. Nor should the name of our organization limit its growth and potential.

Nuclear medicine has always been described as being different from other imaging modalities because of the unique ability to image function and physiology. That description is not true anymore, as nuclear medicine is not unique in that ability. Other modalities are also beginning to image physiology at a cellular and molecular level. As experts in imaging physiology, we should be embracing these alternatives to radioisotopes. Is it the medium used that is important or the ability to visualize, analyze, evaluate, and understand what is happening on a cellular level? Why must we be pigeon-holed into using just radioisotopes to identify, treat, and help manage patients at a molecular level? Our knowledge and ability is expanding. Let the name of our professional organization represent this metamorphosis.

Clearly our members who are scientists have embraced all forms of molecular imaging in their research. Most of the leading nuclear medicine researchers are now involved in preclinical trials using other forms of molecular imaging. Within the SNM, they have even created the Center for Molecular Imaging Innovation and Translation and sponsor an outstanding and well received journal (*Molecular Imaging*) to publish their important work. Many medical societies focus on clinical education and research. One of the major advantages of the Society of Nuclear Medicine is the concentration of scientists presenting preclinical and translational work. We need to clearly show that these scientists and their research belong in our organization. We have an opportunity to provide an attractive home for their revolutionary discoveries.

Five years ago, the SNM started the Bench to Bedside Molecular Imaging campaign. The campaign was successful in reaching its goal of raising \$5 million to promote molecular imaging in the organization. Most of this money was through corporate donations. Corporations understand that the future is in molecular imaging and they are encouraging the SNM and its members to be a part of that future.

Very few in industry even use the term “nuclear medicine,” and almost all industry representatives in response to the SNM name change request for feedback gave positive replies to the proposed name change. Even though industry gave the lion’s share of the money raised for the Molecular Imaging campaign, our members showed their support by contributing more than \$500,000.

I want the name changed for personal reasons, too. The molecular imaging research being performed is defining the disease processes that will lead to earlier detection and treatment. The research is also leading to a more personalized treatment of cancer, heart, and neurologic diseases. These diseases have touched us all in some way. I want to know that the organization that represents me is embracing this critical research that will certainly improve patient care and potentially extend lives.

We also must come to the realization that the use of nuclear medicine seems to be on the decline. Nuclear medicine physicians and technologists coming out of training are having a difficult time finding positions, and some experienced professionals are even being laid off. As an organization we have an obligation to do whatever we can to help our members in this difficult transition period. By more fully embracing the field of molecular imaging, more professional opportunities will surely arise. This will give our members a chance to evolve within the field.

The Society of Nuclear Medicine name has served us well over the last 60 y. I can understand the feeling of nostalgia and the feeling of loss if it ever went away. But in fact, it has already gone away. For the last 5 y, the society has officially referred to itself as the SNM. Changing the name to the Society of Nuclear Medicine and Molecular Imaging would actually be bringing nuclear medicine back into the name. This new name will not only allow us and others to remember the greatness of the past but help to propel our organization to where it needs to be in the future. As former Army Chief of Staff General Erik Shinseki said, “If you don’t like change, you are going to like irrelevance even less.”



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