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Message from the Executive Director

ACMUI Considers Changes in Training and Education for Parenteral Therapy

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As a result of “concerns of various stakeholders” the NRC Advisory Committee on the Medical Use of Isotopes (ACMUI) is considering whether the 700 hour training requirement to be an authorized user for parenteral radionuclide therapy is “placing a hardship on patient access” to alpha and beta therapeutic radiopharmaceuticals.

In the February 19, 2018 draft report of the ACMUI Subcommittee on Training and Experience ([click here to view](#)) it was noted that there were two developments since the ACMUI last considered the training issue nearly 15 years ago: 1) FDA approval on January 26, 2018 of 177Lu-dotatate for treatment of neuroendocrine tumors, and the likely “considerable demand for this agent”; 2) the “precipitous decrease in the number of first-time candidates” sitting for the ABNM certification examination.

A follow-up draft report on July 5, 2018 ([click here to view](#)) recommended reconsideration of the existing pathways to authorized user status with certain caveats, including “Greater and broader stakeholder input is needed.”

In a letter sent to the ACMUI on July 31, 2018 ([click here to view](#)), the ABNM expressed its strong belief that the current requirement for 700 hours of supervised training and experience should not be changed and that reducing the minimum requirement for 700 hours of supervised training and experience for unsealed radioisotope therapy raises concern for patient safety.

The ABNM took issue with the ACMUI concern with the number of candidates sitting for the 2016 certification examination as indicating a future shortage of authorized users. The number of initial ABNM certificates issued each year has been relatively constant from 1977 – 2015. The average number of certificates issued each year was 72 during this time (range 50 – 107). The ABNM issued 43 initial certificates in 2016, and 49 certificates in 2017. There are at least 3,591 active diplomates (not deceased or retired) at the present time.

The subcommittee draft interim report also noted a decrease in the number of ACGME accredited Nuclear Medicine training programs and residents from 57 programs with 161 residents in academic year 2007 – 2008, to 41 programs with 75 residents in 2017 – 2018.

The ABNM responded that the decrease in the number of programs and trainees is partly due to an increase in the number of Nuclear Medicine physicians who are also certified in Diagnostic Radiology by the American Board of Radiology (ABR). Certification by the ABR decreases the duration of Nuclear Medicine training required for ABNM certification from 36 months to 16 months, creating the appearance of decreasing numbers of residents, when it is the duration

of training that is decreasing. Contributing to this trend is the increasing availability of dual training pathways where residents training in Nuclear Medicine are counted as Diagnostic Radiology residents rather than Nuclear Medicine residents, due to the requirements of the ACGME and the ABR. The ABNM believes that dual training will result in better-trained physicians to meet the needs of patients in the era of molecular imaging and therapy. The ABNM sees no evidence that workforce issues have decreased patient access to care, and concern for potential future issues has not considered recent positive changes in Nuclear Medicine training.

The ABNM strongly believes that the current requirement for 700 hours of supervised training and experience should not be changed and asked the NRC to correct the errors in the number of trainees, which could reduce or end the concern about the number of authorized users available to provide these services.

The ABNM urges its diplomates to act to prevent the implementation of a change that has the potential to adversely affect patient safety, and poses an existential threat to Nuclear Medicine. The next meeting of the ACMUI will be September 20, 2018. Please send your comments to Christopher Palestro, M.D., Chair, ACMUI, care of Douglas.Bollock@nrc.gov