

# News and views

## Extraordinary European Association of Nuclear Medicine Delegates Meeting, March 20, 2005, Vienna

Of the 2920 members of the European Association of Nuclear Medicine (EANM) about 10% come from Central Europe, i.e. our readership. Therefore, although the majority of national society members stay outside EANM, they should be informed of some facts and figures about it. An occasion for such information could be this report on the Extraordinary European Association of Nuclear Medicine Delegates Meeting, which was held in Vienna on 20.03.2005. The reader should not expect too much of this report, as it will be as dry and official as the meeting.

The European Association of Nuclear Medicine (EANM) was constituted in 1985 as a result of the fusion of the Society of Nuclear Medicine and the Europe and European Nuclear Medicine Society. This was a good move, as Europe is probably too small for two such societies. By the way, this fusion was decided during a nuclear medicine congress in Budapest. Today it gathers 35 national nuclear medicine societies from Europe, as well as Turkey and Israel. A prerequisite for EANM membership for the national society is the membership of a state in a Council of Europe. In Malta there is only a nuclear medicine specialist — EANM member and no society; Estonian, Latvian, and Lithuanian SNMs, due to the low number of nuclear medicine professionals in individual states, have their own Baltic Society of Nuclear Medicine, perhaps a future member of EANM; outside EANM are the Macedonian (FYROM), Ukrainian and s.c. Hellenic (Thessalonica) Societies of Nuclear Medicine, as well as the nuclear medicine community of Bosnia & Herzegovina.

The largest national nuclear medicine societies (SNMs) participating in EANM are German and Italian: memberships of 1,500 and 1,200; with EANM members 256 and 138 — respectively. The smallest is the Luxembourg SNM with 11 members and 4 EANM members, but proud to have the most fantastic President I have ever met! The most internationalized national SNM is Greek, with 64% of members belonging to EANM.

EANM has 2920 members, 1843 from Europe, the rest from different countries of the world, mostly from the USA. This is small in comparison to the Society of Nuclear Medicine which has about 28,000 members, but reasonably large when compared with Latin American or Asian regional organisations, making it the second largest NM community in the world.

The statutory goals of the EANM are:

- to advance science and education in nuclear medicine, including radiation protection, for the benefit of public health and humanity;
- to promote and co-ordinate throughout Europe the discussion and exchange of ideas and results on problems associa-

ted with the diagnosis, treatment, research and prevention of diseases by making use of unsealed radio-active substances and the properties of stable nuclides in medicine;

- to provide a suitable medium for the dissemination and discussion of the latest results in the field of Nuclear Medicine, and related subjects;
- to convene a regular European Association of Nuclear Medicine Congress to help to meet the objectives of the EANM.

In practice, the main goal of EANM is organising the annual congresses and task group meetings. The community of radiopharmacists are very active in this field, publishing the European Journal of Nuclear Medicine and Molecular Imaging — an honest journal, although recently its Impact Factor has decreased a little.

The pleasure of being a member of EANM today costs 125 euro, 85 euro for juniors and 100 euro for technologists, the pain of this expense is eased by the delivery of the European Journal of Nuclear Medicine and decreased EANM congress fees, although once upon a time the membership waived congress fees altogether. Old times... Well — bureaucracy costs! The membership of the national society costs at present 255 euro.

EANM is currently presided over by the perfect gentleman from Barcelona, eminent nuclear cardiologist Prof. Ignasi Carrio. The follower in this post is elected some year's prior to taking office and learning how to be a President; this President-Elect is the equally perfect gentleman from Naples, also a well known nuclear cardiologist, Prof. Alberto Cuocolo. The Executive Committee consists of seven people, aside from the two gentleman mentioned above — a secretary, treasurer, task group coordinator and Presidents of the two forthcoming congresses. Additionally, the core authorities include nine task group heads, dean and vice-dean of the ESNM — European School of Nuclear Medicine. The authorities are dominated by the Germans and French, with only Prof. Szilvasi — vice-dean of ESNM, and a few people in scientific committees from Central Europe.

The Extraordinary Delegates Meeting was held in Vienna on 20<sup>th</sup> March, 2005. The Supreme Headquarters is a large office in the centre of Vienna, servicing many similar societies; clean, neat, relatively spacious and ideally insipid. The meeting gathered about 40 delegates of national societies and was probably based on the intentions of the President, Prof. Carrio, as a gesture towards national societies. If successful?

The basic subjects of the agenda were:

- the questions of membership, budget and finances — issues of the forthcoming EANM Congress in Istanbul this year;
- the results of the questionnaire on European nuclear medicine and national societies;
- national society fees;
- issues of the forthcoming EANM congresses and communication EANM — national societies.

Very interesting, isn't it? Like e.g. Polish cuisine!

Well, back to more serious matters, the news was good, bad and neutral:

- reducing national society's congress fees — hurray!
- something for juniors: an increase of didactic activities via expansion of lectures of the type: Continuing Medical Education at EANM Congresses, which is good news, as those courses were always of a high level; there will also be task group seminars, the role of which I am not sure, if the fees will be so shockingly high, as, for instance, those of PET courses;
- next, good news for juniors: the European School of Nuclear Medicine lives and will continue to be alive; great! — I was afraid that this excellent initiative would be abandoned;
- EANM Congresses — their organisation is to be totally taken over by EANM, locals may participate, but not necessarily. This is good and bad news, as on one hand sometimes local organisers can create a spectacular catastrophe, such as the computer system of the EANM 2000 Congress in Paris, but as a long-time inhabitant of a state with centralised decisions I do not like that mode of arranging things; at best this will probably mean raised congress fees (also centralised) and like SNM, EANM congresses will be planned years ahead: 2006 in Athens, 2007 in Copenhagen, 2008 in Munich, 2009 in Barcelona and 2010 in Vienna; well, Barcelona is OK, as for the rest, I know some tastier places;
- developing European Guidelines for particular nuclear medicine procedures; good news for national societies who will have something to follow;
- and besides all this, lots of good intentions: how EANM should "promote the centres of excellence", "promote nuclear medicine within related disciplines", and (my favourite good intention) for "EANM to develop decision trees in which nuclear medicine receives the place it deserves", or even better "to assist lobbying for better reimbursement"; sweet, isn't it?; I would love to write or speak on such things, but still am not intellectually able to.

On the other hand... The author of this report is a member of a subcommittee of SOCRATES/ERASMUS, called HENRE — Higher European Network for Radiographers in Europe, a body concerned with improving radiographers' training. The Vienna meeting was a mountain of solid news when compared with the HENRE meeting, where a pile of questionnaires had to be filled in, leading to wrist oedema; see report in NMRev [1]. My daily record was about 15 questionnaires. One can get grey-haired. But — a modern European bureaucracy goes that way — through the thousands of words and heaps of paper pushing the affairs important for all of us.

To finish with some personal impressions: the meeting sometimes resembled a wild-west poker game. On one side — old professionals from England, Germany, etc., very, very professional — on the other — guys from Poland, Serbia etc. — provincial newcomers, a little lost in space. And in between — somebody absolutely fantastic, a lady from Luxembourg, the president of the smallest nuclear medicine society in Europe, absolutely brilliant, very active, with fresh and inquiring questions probing the heart of the matter. Intellectually — for me at least — she saved the meeting.

More about EANM in references 2–4.

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## European School of Nuclear Medicine (ESNM) 30<sup>th</sup> seminar, May 13–15, 2005, Opatija, Croatia

This congress took place at the Convention Centre of the Grand Hotel Adriatic in Opatija. The local organizers were Prof. Damir Dodig, and Dr. Stanko Tezak from the University Hospital Rebro, Croatia. This meeting was attended by representatives from Poland, Hungary, Croatia, Czech Republic, Romania, Serbia, Slovenia, Bulgaria and Turkey.

The programme consisted of 4 lectures, which were presented by:

- M. Schwaiger — Clinical PET;
- M. Bardies — Calculation of patient dose;
- G. Paganelli — Sentinel lymph node scintigraphy;
- D. Munz — Orthopaedic NM.

Professor Schwaiger's presentation showed various examples of the use of the PET. He also showed many interesting typical and atypical clinical cases. In the next lecture by Professor Bardies, every formula was very clearly and precisely explained to the great appreciation of the audience. Professor Paganelli's presentation was the one which aroused the greatest interest. After his lecture on a new-patented technique of curing breast cancer, the audience was amazed and there was no end of discussion.

It was a shame that because of the time restrictions it was not possible to see more of this beautiful part of Croatia. Opatija is a fascinating place and the European School of Nuclear Medicine should be permanently transferred there for at least every second meeting. The charm of Opatija City, along with the impressions of the farewell meeting in the hotel dance club left some unforgettable memories.

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## György Hevesy Hungarian Society of Nuclear Medicine (MONT) — Congress of the Hungarian Society of Nuclear Medicine, May 26–28, 2005, Várgeesztes

The official name of this Congress was Hevesy György Magyar Orvostudományi Nukleáris Társaság XVI Kongresszusa, which indicates that Hungarian is not an easy language.

György Hevesy was an interesting man. One of the founders of international nuclear medicine, Noble prize winner, author of the first autoradiographies (it was a flower, actually — quite a poetic thing), radiolabelling the food on the plate in his B&B he unmasked the dishonesty of the B&B owner, who tried to serve minced meat from the remnants of previous meals. A Hungarian. With a simultaneously romantic and sober personality.

His followers are so romantic and sober, hardworking and tough that Hungarian nuclear medicine fellows. Hungarian nuclear medicine is among the best in Central Europe. Tough guys (and girls), with strong industrial and radiopharmaceutical backgrounds and excellent international contacts. *Mein Liebchen, was willst du mehr?*

This congress was held in Villapark water and bathing centre in Várgeesztes, a small place among the hills West of Budapest. The vacation centre has more than one hundred villas with several swimming pools, saunas, Jacuzzis etc. By the way, it's a nice idea to organize a scientific congress the *bathing* way, an interesting message for all the other organisers. Water cools emotions, rebirths the body and soul.

Returning to the heart of the matter, the proceedings were carried in two parallel sessions, including 4 programme lectures, 4 discussion panels, 26 oral presentations and 72 poster presentations. As well as Hungarians, the Congress was attended by Czechs, Germans, Italians, Poles and Serbians. The proceedings were printed in Hungarian in the Congress book, as well as published in English in Nuclear Medicine Review [1].

Some groups of presentations deserve to be underlined:

- PET — Hungary so far has only one PET centre, in Debrecen, the oldest in this part of Europe (the second is soon to be founded in Budapest); they publish little, but — from long experience — in a very, very interesting way; particularly interesting was the presentation on PET in autoimmune vasculitis and in vascular graft;
- oncology — lots of interesting papers on the sentinel node;
- radiosynoviorthesis — an interesting presentation on applications of holmium-166-phytate, hip joint synoviorthesis, coordinated diagnostic imaging, especially the role of ultrasound in qualification to and follow-up of the therapy;
- veterinary nuclear medicine — Hungarians have always been strong in this field; the group of L. Balogh showed several interesting studies on oncological studies in dogs using somatostatin analogues, sentinel node studies in the same model, synoviorthesis in rabbits and radioiodine treatment of thyroid cancer metastases in dogs.

A. Duatti from Rome had an interesting lecture on rhenium radiopharmacy. M. Pagani showed — in a very impressive way — what can be done with rCBF SPECT scanning raw data using a good statistical approach and good hardware.

A special tribute should be paid to Dr. Győző Jánoki, No. 1 in

Hungarian nuclear medicine and President of MONT. Doctor Jánoki is a rare blend of scientist and successful businessman, 100% perfect gentleman, friendly, jovial, lover of good food, open-hearted, good and a tough organiser. A remarkable man.

Hungarian SNM congresses are usually very well organised and usually performed in an unconventional way regarding the social side, with strong participation of internationals. This is the third MONT Congress attended by the author, after Gyula 2001 and Pecs 2003 [2], which have always been met with admiration. If one were to look for any disadvantages, perhaps there was a little too much international language and maybe too little English spoken — Hungarians prefer German. However — in Central Europe — in our subjective opinion — this is nuclear medicine community No. 1.

Congratulations, Hungary! Congratulations, Dr. Jánoki. Thank you.

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## Scientific and Educational Conference on Diagnostics and Therapy in Oncology, June 2–4, 2005, Szklarska Poręba, Poland

This meeting took place in a beautifully located hotel in a charming Polish mountain spa: Szklarska Poręba near the Czech border. It was organized for the first time by the Nuclear Medicine Department of the Military Hospital in Wrocław.

The military health care system in Poland is characterized by its large autonomy and better material situation in comparison to the general health system, the reasons for which are based on historical events. 220 participants took part in the congress. The delegates and lecturers were mostly from Poland, but three lecturers arrived from abroad: C. Decristoforo from Innsbruck and O. Kraft and E. Urbanova from the Czech Republic.

The idea to organize such a meeting was born when the NM Department of the Military Hospital in Wrocław focused its activity on radionuclide imaging in oncology. 'The preceding two meetings had a general, not specialized, character' — said Dr Andrzej Kołodziejczyk — the main organizer and head of the NM Department of the Military Hospital in Wrocław.

The conference started with a session devoted to PET techniques and the recent developments of radiopharmaceuticals in oncology.

In the second part of the day, the lecturers presented studies on lymphoscintigraphy in malignant melanoma and there was a presentation on scintimammography. A vast number of presentations consisted of lectures about somatostatin receptor scintigraphy performed with several tracers, especially with <sup>99m</sup>Tc-HYNIC-TATE, which was newly introduced to the Polish market. The last part of the session was quite diverse and concerned tumour diagnosis. Among the most impressive was a presentation of gallium studies in the diagnosis of malignant melanoma conducted on a large group of patients, performed by E. Urbanova from Hradec Kralove.

The day ended with a meeting at the great fire-place in a nice atmosphere with a lot of entertainment. The second day started with a workshop dealing with lung cancer diagnostics extended by presentations focusing on single pulmonary nodule examina-

tions performed with various radiotracers. A notable part of this day saw reports on isotopic tumour therapy.

The communications about the first implementations in Poland of monoclonal antibody, labelled with  $^{90}\text{Y}$ trium (Zevalin) presented by groups from Krakow (A. Hubalewska-Dydejczyk) and Warsaw (J. Kunikowska) were particularly interesting. The day was closed with a short session on radiation protection and Varia (with an unforgettable lecture on veterinary applications of oncological nuclear medicine presented from Gdańsk). The official part of the conference ended with a nice party with plenty of music and of course lots of dancing.

The next day, participants had the possibility to admire the beautiful Polish mountains during an excursion.

This meeting had an interdisciplinary character attracting doctors from various specialties and proved the great openness of the military health service part of Polish nuclear medicine and the vital scientific activity of nuclear medicine in oncology.

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## Higher Education Network for Radiography in Europe (HENRE) Meeting, June 17–18, 2005, Gdańsk, Poland

This meeting took place on the premises of the Medical University of Gdańsk, a port and university city on the coast of the cold Baltic Sea.

HENRE is a net of about 60 medical schools and institutions involved in the training of radiographers throughout Europe.

The meeting hosted delegates from Belgium, Finland, Greece, Holland, Ireland, Lithuania, Malta, Norway, Turkey, and the United Kingdom.

HENRE is a project co-ordinated by St Martins College, England and co-financed by the European Commission aimed at the development of pre- and postgraduate training of radiographers in Europe, refining the curricula of radiographic programmes of studies at Bachelor level, developing e-learning and Problem-Based Learning opportunities etc., etc. (see earlier papers in *NMR*. 2004 [1, 2]). The two main goals of HENRE are the development of the European dimension in radiographic education and the mapping and identification of radiography continuing professional development (CPD). These are not easy tasks. First, the ways to become a radiographer vary tremendously from country to country [3]. By the way, the situation training of diagnostic imaging of medical students is equally messy [4]. Many countries have introduced radiography training at university level with BSc or MSc programmes, many others have not.

The meeting comprised two parts: during the first day a HENRE management meeting took place, and on the second day a subgroup-2 meeting was held.

The task of subgroup 2 is the development of learning and teaching methods used in radiographic education including e-learning, active learning and Context/Problem Based Learning (C/PBL) opportunities by:

- exploring learning and teaching methods so as to develop best practices;
- developing an informative website on Active Learning and Context/Problem Based Learning (C/PBL) in radiographic education;
- exploring the extent to which e-learning opportunities are used within radiography education, including, if applicable, the use of a Virtual Learning Environment (VLE).

HENRE, despite some weaknesses, is an excellent initiative. Radiographers were able to organise a working project on their education; nuclear medicine technologists did not manage to do that. However, not everything is lost — HENRE has carried on and the nuclear medicine technologists community should join it, for its own benefit.

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## Serbian and Montenegrin Society of Nuclear Medicine Congress, August 7–10, 2005, Zlatibor

Serbians are — to large extent — highlanders, and prefer to organise their congresses in mountain resorts and spas; Sokobanja, Pirot, Vrnjačka Banja. And so it was this year. Zlatibor is a tranquil mountain resort, skiing in the winter, good hotels, nice mountain panoramas (Figure 1).

In total, 4 programme lectures were presented, 42 oral and 32 poster presentations with participation of lecturers from Bosnia, Hungary, Poland, Macedonia, Romania, Slovenia and the



Figure. 1. Mokra Gora — Szargan railway (a photo taken from the window).

United Kingdom. Not bad, good cooperation with neighbours is visible.

An interesting lecture on PET indications and "relative" contra-indications was presented by Z. Win from Hammersmith Hospital in London. A nice portion of cold water for PET over-enthusiasts. A very solid analysis of the results of 677 radionuclide synovectomies was presented by Z. Andjelković from Belgrade, started in 1982 — a long practical experience! In the radiopharmacy section there was an interesting review on perspectives of alpha-emitters: astatine-211 and bismuth-212 and 213 in therapy, as well as achievements in beta-emitters, which was presented by Kőrnyei from Budapest, as well as a presentation from the Vinca Institute in Belgrade on the perspectives of antiproton therapy. In the oncological section, an interesting series of thyroid lymphomas as a rare thyroid neoplasm was shown by colleagues from the Sremska Mitrovica Oncological Institute.

The official congress language was English, which is to be appreciated. As multi-language speakers, Serbians are one of the best in this part of Europe, which greatly facilitates participation in their Congresses.

An interesting aspect was nominating the "Milovan Antić Award" for the best paper published by Serbian authors in the previous year. The papers are lectured by the nominees, and all the congress participants vote democratically for the best. The people's voice! This year, S. Beatović from Belgrade was awarded for a paper on immunoscintigraphy in malignant melanomas.

A social program was well developed and required huge vital forces plus strong resistance to local spirits, particularly plum brandy (*sljivovica*), eau-de-vie-de-marc (*lozovaca*) and pear brandy (*viljamovka*). The hit of the congress was the half-day. The hit among the social events was an excursion with an ancient narrow-gauge railway train, Mokra Gora–Szargan. The train ascended high, high, high among incredibly beautiful mountains (see photo), one who saw a movie by Emira Kusturica "Life is a miracle" (*Život je čudo*), will know the panorama, as this movie was made utilising this railway. A memorable experience! In addition, a big plus were the Balkan folk music rhythms of *Gala dinner* with an excellent folk ensemble; if you

like Goran Bregović music, this was the right place to be. A disadvantage was the Congress Centre chef, who, if not directly related to the Borgia family, at least practiced with them. Horrible! — the above mentioned plum brandy was necessary as *digestivum*.

Serbian nuclear medicine is back on its feet, as was already visible two years ago in Vrnjačka Banja, particularly in comparison with previous congresses [1–4]. Even in the times of the former Yugoslavia they published a lot, they are quite visible on EANM congresses [5]. This community should be supported for the benefit of the European nuclear medicine community.

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## Czech Society of Nuclear Medicine XLII Days of Nuclear Medicine, September 14–16, 2005, Liberec, Czech Republic

This Congress took place in House of Culture in Liberec, a district town in Northern Bohemia, formerly famous as "Czech Manchester". It was organised by Czech SNM and the Department of Nuclear Medicine, District Hospital in Liberec with guests from Slovakia, Germany and Poland.

Proceedings were carried out in two parallel sessions: the main session and the one for technologists — in total there were 51 oral and 23 poster presentations, 16 presentations in technologists' section. Three groups of presentations are particularly worth to be mentioned: 3 sessions on PET, three on lymphoscintigraphy, and a group of radiopharmacologic papers in *Varia* session.

There are three PET installations (two other installations in progress) in Czech Republic and two other PET installations in Slovakia. Therefore a lot of interesting PET presentations has been lectured by groups from Prague, Brno and Bratislava, as well as from Bad Berka in Germany. Professor R. Baum (Bad Berka, Germany) presented a very interesting lecture on Ga-68 labelled somatostatin analogues and Lu-177 labelled DOTA-TATE. There were 2 interesting papers on non-oncologic PET applications: on FDG PET in prolonged febrile states of unknown origin presented by Jarůšková from Prague and on autoimmune vasculitis FDG-PET

scanning presented by Řehák et al. from Brno. Eight papers were presented on lymphoscintigraphy, the most interesting on SN detection in gynaecological patients, parotid glands and oropharynx carcinomas from Ostrava, Prague and Olomouc. A very interesting paper on labelling fibronectin fragments with  $^{99m}\text{Tc}$  presented P. Komárek et al. from Prague. Two excellent studies came from Zlín by Bakala and co-workers on the role of lung ventilation and perfusion scintigraphy in era of spiral CT and a large series of 186 DATSCAN studies quantified by the computer programme QUANTI SPECT, a similar study was presented also by Prašek from Brno. Radionuclide therapy section was relatively small, for us the most interesting were two papers on  $^{166}\text{holmium}$  macroaggregates in radiosynoviorthesis by Kraft and colleagues from Ostrava. Also relatively small was the cardiologic section. In this section perhaps the most impressive were the paper by Kamínek et al. from Brno on the role of quantitative MIBI SPECT and FDG-PET cardiac imaging in the monitoring of therapy by mononuclear bone marrow cell transplantation and a similar paper by Lang et al. from Prague and Olomouc.

The author has always had a very high opinion of Czech nuclear medicine and was a faithful observer, sometimes also a lecturer, at previous Czech Society Nuclear Medicine Congresses in Hradec Králové, Zlín, Srní, Pardubice and Hradec na Moravici [1–4], held (as the only one in this part of Europe!) every year. Together with Hungarian one, Czech nuclear medicine community is the strongest in this part of Europe, in basic *per capita* parameters four–eight times better than in, say, Poland [5–6]. Czech Republic is a regional power in PET: three PET scanners are located in Prague [7] and Brno, two another PET installations are in project. That's much better than in neighbouring Hungary and Poland, where there are only single PET installations. The second/third secret of Czech nuclear medicine is a strong industrial background (Lacomed Ltd.) and probably also the high ethics of labour, the highest among Slavic nations — something that Poland can dream of.

The organisation was, as usual, excellent with an excellent French song concert on an gala dinner. The authors were under an impression of a hard job of Dr. Miloš Mejstrik as the local organiser. Something surprising was little international presence, 1 presentation from Germany, 5 from Slovakia, 9 from Poland. In author's opinion the achievements of Czech nuclear medicine are very good and definitely deserve to be internationalised.

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## From an International Meeting held in Thessaloniki, Macedonia, Greece: about invited lectures, important papers, the social events of the meeting and about “nucleology”

On 4–6 November 2005, the 3<sup>rd</sup> International Meeting of Nuclear Medicine of Northern Greece was held in Thessaloniki, Macedonia, Greece. Invited lecturers presented their lectures as follows:

Dr A. Tousimis from Maryland, USA, presented the lecture of Dr D. Sullivan, Assistant Director in the National Cancer Institute, describing new treatments for carcinomas of the colon, breast, prostate and melanoma, and how nuclear medicine techniques were used to show the effectiveness of these treatments. Perhaps a practical algorithm could be formed based on these diagnostic nuclear medicine techniques to indicate objectively the efficacy of such treatments, as for the number and the size of metastases in a certain area of an organ or tissue etc.

Dr P. Kemp from Southampton, U.K., presented evidence on how we can differentiate movement disorders from Parkinson's disease by dopaminergic brain imaging. He did not believe that Lewy body disease was different from Parkinson's disease. He showed that DatSCAN was an overall cost-effective technique. When studying a new radiopharmaceutical, cost-effectiveness should also be considered, using — if possible — similar parameters in every case.

Dr C. Tzopoulos (Figure 1) from Australia presented a new technique, invented in his own laboratory. He has synthesized and



**Figure 1.** From left to right: Dr Chris Tzopoulos from Australia, Dr Tassos Tousimis from USA, Dr Ph. Grammaticos and Mr Zelelidis at the foyer of the Meeting Hall.

used  $^{99m}\text{Tc}$  Evans blue in order to better and faster identify sentinel lymph nodes. It is a pity that for about 30 years no one else thought of labelling Evans blue or another dye with  $^{99m}\text{Tc}$ .

Dr G. Chacko from Oklahoma, USA, analyzed very thoroughly the physical characteristics of the PET camera, the practical capability of a cyclotron related to this camera and the clinical applications of PET imaging in cardiovascular nuclear medicine. Dr Chacko is a real expert in both PET and cyclotrons. He described new knowledge on the pathophysiology of incomplete myocardial damage, such as "hibernating" myocardium. It was interesting to hear from him that nowadays, cardiac insufficiency is a disease found with increasing frequency in the U.S. This is the price we pay for competing with each other for social success.

Professor Bandopadhyaya from New Delhi, India, in an original paper, presented  $^{99m}\text{Tc}$ -labelled methionine, prepared for the first time in his own laboratory, and used to differentiate brain cancer recurrence from radiation necrosis. I think that this new radiopharmaceutical could also diagnose various types of brain carcinoma after further studies.

Professor A. Tousimis from Rockville, USA, described a method of imaging cancer tumours. Small nanoparticles, micrometallic or semiconductor substances bound to antibodies are attached to the cancer antigens. These "Edessa-dots" as named by Dr Tousimis, after being exposed to near infrared irradiation, emit light to identify the tumour, and if properly irradiated, they give out heat that destroys cancer cells. Although this principle has been announced before, Dr Tousimis claims to have much improved this technique, and he told us that he will soon apply to the FDA for permission to use this technique on a broader scale.

Dr J. van Isselt from Utrecht, the Netherlands, presented the main components of a formula that will enable us to decide about the best dose of  $^{131}\text{I}$  to be applied for the treatment of Graves' disease. Dr van Isselt read an important paper by Professor P. van Rijk from Amsterdam, on the intra-arterial treatment of liver cancer with holmium-166. Professor P. van Rijk was unable to attend the meeting himself due to an acute lung infection. This treatment will hopefully receive permission for broader use after 1–2 years. It is a pity that the same principal of intra-arterial injection of suitable radiopharmaceuticals to destroy cancer cells has not yet been applied in a wider range of carcinomas.

Sentinel node detection was discussed not only by Dr C. Tsopelas, as we mentioned above, but also by Dr E. Tousimis, who accurately analyzed the conditions when SN is false negative and also what the contraindications of performing SN mapping are. According to Dr E. Tousimis, candidates for sentinel lymph node biopsy are those with T1-2 tumours and with clinically non-suspicious axillary lymph nodes. Preoperative therapy, prior axillary radiation therapy, scarring, locally advanced breast cancer and inflammatory breast cancer are contraindications for applying sentinel node identification techniques. It seems that besides the sentinel node, axillary lymph nodes are a powerful prognostic indicator in patients with breast cancer, especially in cases where sentinel node is found to be false negative. I would like to suggest at this point that we might develop a subcutaneous scintimammography technique in the future with injections on the periphery of the arm, in order to visualize and identify axillary lymph nodes affected by metastases. It is very important for the patient if the surgeon is able to spare some of the axillary nodes when performing an axillary lymph node dissection.

As we know, axillary lymph nodes are located in three sites, the brachial, the central and the costal. By sparing some of these nodes, lymphoedema and large malformation of the arm may be avoided.

From the remaining papers, which were all interesting, may I describe the one which took the first prize.

Dr J. Shukla from India, in an original paper, which was part of her PhD thesis, announced that she has prepared in her laboratory a new radiopharmaceutical,  $^{188}\text{Rh}$ -tin-colloid for radiosynovectomy, which has been proven to have higher retention in the knee joint and better therapeutic results than other radiopharmaceuticals used so far. This paper was awarded first prize by the prize committee of the meeting.

Dr D. Dhawan from Chandigarh, India, has presented an original and very interesting paper showing that the administration of zinc-65 has subsided colon cancer induced by dimethylhydantoin in animals. Which foods contain zinc? Can we take zinc chloride tablets prophylactically?

The president of the organizing committee, in his welcome speech during the Opening Ceremony, presented results from his research work indicating that the lung, by creating positive and negative pressure in the thorax and the abdomen, is a major factor supporting resting procedure during sleep. This finding indicates that our heart would be unable to support blood flow without the help of the elastic force of the lungs.

The success of this international meeting may be attributed to the number of people who subscribed (about 200) and who participated in the discussions (Figure 2). Another factor that contributed to the success of this meeting was that quite a few papers, as described above, were research and original papers. The social events and the excursion to the best archaeological site in Northern Greece, namely Vergina, were well appreciated. In Vergina the royal tombs of King Philip and the nobles of Macedonia and frescos depicting Alexander the Great's expedition from Macedonia, Greece to Asia were to be found.

During the above meeting, we discussed the possibility of giving to our specialty the name of "nucleology" instead of nuclear medicine. The name "nucleology" is like the name of most medical disciplines ending with -ology, such as: pathology, endocrinology, cardiology, rheumatology, radiology etc. These names are grammatically nouns as they should be in order to describe a discipline. In the existing name "nuclear medicine" the



Figure 2. Colleagues that attended the Meeting, during a coffee break.

word "nuclear" is an adjective to the word "medicine". By using the adjective "nuclear", we minimize the importance of our discipline and finally when other disciplines use methods from our discipline, they describe themselves as nuclear cardiology, nuclear endocrinology, etc. These combined terms indicate that the disciplines of cardiology and/or endocrinology have a chapter called "nuclear". However, by using the term "nucleology", the above terms would be expressed as cardiac nucleology, endocrine nucleology etc, which would be closer to the truth.

Finally, during the above meeting, we voted on the above issue. Those in favour of "nucleology" were 72 and those favouring nuclear medicine were 49. I would like to suggest that we seriously consider the above suggestion, which by itself is simpler and gives credit to our specialty.

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