

EDITORIAL

What's up in nuclear medicine?

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Well, a lot of it. SPET/CT and indeed PET/CT have arrived, and we are witnessing the first applications. Instantaneous image fusion, accurate co-registration, and often reduced imaging times are real benefits. The world of radiotherapy planning may change forever—who knows how intensity modulated radiation therapy will change and benefit from routinely available PET/CT?

Of course all of this presents us with new opportunities, challenges and training development. But the buzz is here, and here to stay for a number of years. Oh yes, I've heard it all before, in the 70s, 80s, and 90s, that nuclear medicine is about to fall off the plane—a little like MRI pushing CT off balance—and look what has really happened...

In the meantime the reader would be well advised to not just read but to carefully consider the article written in *Scientific American* in its October 2001 issue. Simply entitled 'Magic bullets fly again', it describes the real progress achieved with labelled monoclonal antibodies now available to treat lymphoma. A large number of these have or are about to obtain FDA approval for large-scale application in a variety of cancers. Rituximab may exceed the one billion dollar market—the first such antibody to

pass this milestone.

In the meantime many of us are still busy with the sentinel lymph node approach in the management of the surgical and oncological patient. The next world conference in Yokohama will attract over 1000 attendees, all engaged in this application of the radioactive tracer. Melanoma, ca breast, head and neck, gynaecological ca, oesophageal ca, will all be subject to intense debate. And yes, nuclear medicine has raised the level of debate: on what is the standard of care in respect to axillary lymph node dissections, or extensive basin dissections when the sentinel node is clearly negative? Nuclear medicine has offered new opportunities for pathologists to focus their efforts on a few preselected nodes rather than on a large number of randomly sampled ones... And the discussion rages between H&E, IHC, PCR, and all because a tiny amount of labelled colloid allows you to take out the villain in question...

And so that I do not forget, many of us are also engaged in the study of movement disorders and making use of the new ligand for the dopamine transporter, an I-123 labelled compound recently introduced in the UK market.

Indeed the buzz is here, and here to stay...