

News and views

International Symposium in Nuclear Oncology, Porto Alegre, Brazil, January 19th–24th, 2004

In the period 19/24 January 2004 in Porto Alegre, Brazil, the International Symposium in Nuclear Oncology was held, organized by the IAEA and Association of Nuclear Medicine of Brazil. The symposium structure, selection of lecturers, thematic concept enabled an original cosmopolitan combination of experts and specialists in nuclear medicine of various ages and practical experience, who shed light on nuclear oncology from different aspects. In 16 oral and 2 poster sessions within the invited and working lectures, the participants from 57 countries presented in an interesting and educative way the most up-to-date achievements in diagnostic and therapeutic application of radionuclide in oncology. It was also a unique chance for the countries from our (Balkan) region to demonstrate its results and determine the actual nuclear-oncologic position related to other countries worldwide.

Many of the most eminent experts in nuclear medicine (M-C. Lee, A. Alavi, H.M. Abdel-Dayem, K. Britton, J. Buscombe, A. Al-Nahhas, I. Srivastava, I. Amaral, F. Corstens, S. Goldsmith) contributed to the various symposium contents and to its successful work. However, the central symposium individuals were Prof. Ajit Padhy as the official IAEA representative and the ingenious symposium creator and Dr Anselmo Osvaldo, as the symposium host on behalf of the host-country, in charge of the organizational-technical issues. Each one of them greatly contributed to their own activity domain and did their best so that the symposium could be held in a warm and friendly atmosphere.

Social life was very diverse and skillfully incorporated into the exotic environment of Brazil. The evening of national dances and tasting wine from the participating countries will be remembered also by its message that regardless of the cultural differences we belong to the same human family.

The symposium in Porto Alegre will remain a pleasant memory for all the participants. It was a good and original idea of the IAEA to try to bring different people together working on the problem common to all. "The Wonderful World of Nuclear Medicine", the term used by Prof. Padhy in his emotional Final Highlights, tried to formulate the road of its own development in the future.

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Nuclear medicine in South-Eastern Europe, Second Workshop of South-Eastern European Countries, Stubicke Toplice, March 27th, 2004

Organized by the Associations of Nuclear Medicine from Croatia and Slovenia, the Second Workshop of South-Eastern European Countries (Balkan countries would perhaps be more precise geographic determinant), was held on March 27 in Stubicke Toplice, Croatia. In addition to the former Yugoslav republics, now independent countries: Slovenia, Croatia, Bosnia and Herzegovina, Macedonia, Serbia and Montenegro, participants of the workshop were also represented by Albania (for the first time) and Romania, while Bulgaria cancelled its participation at the last moment.

The workshop had a dynamic and interactive concept which was disseminated through introductory lectures, presentations of the participating countries, round table discussions and closure comments (summary and standardization of the workshop contents). The themes of the workshop were the diagnosis and therapy of thyroid carcinoma and lung scintigraphy. The introductory lectures were given by eminent experts from the respective fields: Prof. P. Lind (Austria), Prof. W. Knapp (Germany), Dr Adil Al-Nahhas (United Kingdom) and Dr. Marika Bajc (Sweden). In addition to the official national delegates, a large number of nuclear medicine specialists, endocrinologists, physicists and radiopharmacologists also took part.

Representatives from various countries presented the present position of nuclear medicine in their respective countries, through information on the number and localization of centers, equipment, staff situation, and yearly frequency of analyses performed. The thematic part, followed by a round table discussion, aimed to standardize the general diagnostic and therapeutic guidelines for thyroid carcinoma and lung scintigraphy based on the obtained data, present situation and present achievements in those fields.

It was the general impression of all workshop participants, that this type of meeting is extremely useful since it enables participants to acquire new knowledge and exchange information with colleagues in a relatively short period of time via an intense thematic programme. As regards the professional aspects, the most useful one is perhaps making new contacts and friendships which should contribute to the development of nuclear medicine in the region.

The third, it may well be already said, traditional nuclear medicine workshop of the south-eastern European countries will be held in Opatija, 15/18 May 2005, during the V International Congress of the Croatian Association of Nuclear Medicine.

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**Seminar — Functional Radioiodotherapy,
Greifswald, Land Pomerania, Germany,
April, 21st, 2004**

Seminar on functional radioiodine therapy (RIT), organized by Prof. Gerhard Kirsch from Greifswald was the pre-congress meeting of German SNM Congress in Rostock. It was a small meeting; with mostly local participants but its contents was very interesting and worth to be discussed.

Radioiodine therapy is very well developed in Germany and the contents of the meeting were focused mostly on technical developments around the treatment of benign thyroid disorders.

Prof. Kirsch in his introduction characterized the basic concepts of planning, conducting and measurements in this treatment. M. Luhn characterized the dosimetry models of RIT, Marinelli formula, MIRD concepts. S. Ertl from Berlin discussed the role of probe vs. gammacamera measurement in thyroid uptake determination and showed his concepts of specially designed 16 cm long (!) collimator for uptake measurement. A. Zinke showed the special patient self-measured chip-card device, which patient uses during his hospitalization (in Germany patients following RIT therapy are hospitalized). Data are automatically sent to the clinic RIT data-base, very cleverly designed by G. Scheller from the same centre.

Second part of the meeting was focused on the philosophy of RIT and here was the heart of the matter. German legislation is probably one of the most complex in Europe. It assumes of patient's hospital stay of at least 5 days. Patient has a radioiodine uptake measured at least 2–3 times, at least at 6, 24, 48 hours post RI administration and careful dosimetric assessment of thyroid. Patient has thyroid scintigraphy done at least two times during his hospital stay, numerous thyroid hormones serum levels assessments, bone densitometry, photography of eyes and neck before and after RIT and what else not...

Radioiodine is administered intravenously and if dosimetric studies reveal that an absorbed dose is too low, a re-injection of radioiodine is performed to achieve an optimal absorbed dose. As told, this is performed in-patient, hospital stay lasts at least

5 day, but — with some bad luck — may last a couple of days. This costs about 2.800 euro.

Prof. Piotr Lass from Gdańsk, Poland presented a model applied in Poland. Patients are treated out-patient manner; they undergo a single RI uptake measurement before RIT, with a single 24 hours — measurement. Diagnostic tests include one scintigraphy and USG, first post-RIT hormone assay done at earliest 2–3 weeks post-therapy. Additional diagnostic tests — FNB, thyroid antibodies assay are performed optionally. The cost of RIT in Poland is between 100–200 euro, depending on the number of diagnostic tests performed.

This comparison exerted a lively dispute, on which model is better. Is Polish model under regulated, German overregulated or the truth lies somewhere in between? How much German model really serves the patient and how much it is a by-product of governmental bureaucracy? How long the health insurance will be able to pay such a costs?

This is a very important issue in the eve of entering the new members into the European Union. How much common health — incl. RIT — legislation will be necessary for the benefit of patients, how much will be the producing Brussels bureaucrats? This meeting was for me a nice occasion to over-think such issues on example of RIT.

A few words about Greifswald, a small charming city in the North-Eastern edge of Germany. Greifswald is deeply in my heart, as a long time ago I was a frequent guest there as the young doctor. Greifswald is small but important university city. Ernst-Moritz-Arndt University has been established in year 1456 by Pomeranian prince Wartislaw IXth and Greifswald Mayor Rubenow — as the first or second university at Baltic Sea. It survived successfully the World War II — a rare example in eastern part of Germany — and today is a peaceful city with crowd of students cycling everywhere and giving the city a youthful look. A very nice place for such a meeting.

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