

The New England Chapter officers are interested in your thoughts on the proposed name change made by the Society of Nuclear Medicine(SNM) to the Society of Nuclear Medicine and Molecular Imaging (SNMMI).

Please take a few minutes and complete the survey at <http://www.surveymonkey.com/s/FZRF75G> .

This information will allow our voice to be heard at the upcoming SNM Mid-winter meeting where the decision will be made. Help us to communicate how our membership feels about this important issue.

Please feel free to contact us with any questions or concerns as well.

Thank you,

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For More information please refer to the following articles:

Consideration of a Name Change for the SNM

A Name Change for the Society: Perspectives

Gathering Member Feedback on SNM Name Change

Consideration of a Name Change for the SNM

The Society of Nuclear Medicine (SNM) is completing its 5-y campaign to embrace all molecular imaging modalities while, at the same time, its 60th anniversary is rapidly approaching. As a specialty, nuclear medicine arose from the application of sophisticated technology providing a unique ability to image function and physiological processes. Nuclear medicine also provided ways to treat diseases such as thyroid disease and non-Hodgkin lymphoma by utilizing radioactive medicines that specifically targeted fundamental aspects of the organ's physiology or the pathophysiology of the disease. Over the past 5 y, we have incorporated nonnuclear molecular imaging technologies into SNM and SNM-sponsored scientific and educational programs and publications, such as *The Journal of Nuclear Medicine*, the *Journal of Nuclear Medicine Technology*, *Molecular Imaging*, and the *Molecular Imaging Gateway* newsletter. This transition was quite natural, as SNM came to realize that molecular imaging and therapy have always been integral parts of our specialty. However, the society recognized the need to expand its vision to look beyond radioactive biomarkers into optical, ultrasonic, and magnetic resonance strategies that utilize multiple modalities to answer scientific questions as well as to diagnose, treat, and monitor therapy of disease. As an organization we now stand prepared to lead the way in translating novel molecular imaging and therapeutic strategies for the new era of molecular and personalized medicine.

It is appropriate at this critical juncture to consider whether the name "Society of Nuclear Medicine" adequately describes who we are and where we are headed. It has certainly served us well over these past 60 y and has come to represent the most prestigious international organization in the field of nuclear medicine. However, as molecular imaging expands, we need to incorporate emerging imaging technologies beyond those that utilize radioactivity.

For these reasons, the SNM Board of Directors and House of Delegates, in conjunction with the Technologist Section leadership, are asking the membership to consider a new name: the "Society of Nuclear Medicine and Molecular Imaging." We recognize that renaming SNM has been considered previously, and many of us opposed a name change in the past. Although we want to keep our nuclear

medicine identity, now is the time to once again consider a name change that embraces our past, present, and future.

The name "Society of Nuclear Medicine and Molecular Imaging" retains our identity while opening our arms to new possibilities as well as to scientists, technologists, clinicians, and laboratory professionals whose primary focus is nonnuclear molecular imaging. It recognizes our growing diversity in imaging, nuclear and nonnuclear, molecular and nonmolecular. It also recognizes the therapeutic, medicinal aspects of our specialty by retaining the words "nuclear medicine." Although no name will suit all of our members, we feel that the Society of Nuclear Medicine and Molecular Imaging best represents where we come from, who we are, and where our future lies.

A name change requires that a change in our bylaws be approved by the SNM House of Delegates. However, the consideration of a name change is an endeavor that must be carefully considered by all within SNM, including the Technologist Section, chapters, councils, centers, and, most important, the membership at large. We want to apprise you of these considerations early in the process. In the months ahead, we will be soliciting opinions in a more formal manner, because we are very interested in your thoughts regarding this most important matter. Please contact leadership of the SNM Board of Directors, House of Delegates, SNMETS Executive Board, and National Council of Representatives by sending an e-mail to feedback@snm.org. We look forward to hearing from you.



Frederic H. Fahey, DSc



Kathy Hunt, MS, CNMT

*Frederic H. Fahey, DSc
SNM Vice-President-Elect*

*Kathy Hunt, MS, CNMT
SNMETS President*

A Name Change for the Society: Perspectives

From 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.

William C. Eckelman, PhD
Molecular Tracer LLC, Bethesda, MD

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.

*Alan H. Maurer, MD
Temple University School of Medicine*

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}I -sodium iodide therapies for hyperthyroidism, hot nodules, and thyroid cancer. We also have drugs like ^{153}Sm , ^{89}Sr for bone metastasis palliation, ^{131}I -Bexxar and ^{90}Y -Zevalin for treating certain forms of non-Hodgkin lymphoma, ^{90}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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Gathering Member Feedback on SNM Name Change

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 we have been and continue to be a nuclear medicine society, we have also more formally embraced the role that molecular imaging and therapies play in our specialty, in our journals, education, and more. As such, “Society of Nuclear Medicine and Molecular Imaging” has been suggested as a new name for our organization.

At the request of the SNM Board of Directors, a Name Change Task Force, for which I serve as chair, 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 our field while looking to the future. The term “nuclear medicine” describes the use of radionuclides in diagnosing and treating disease based on physiological principles, whereas the term “molecular imaging” describes the use of biomarkers in visualizing physiological principles involved in disease processes at the cellular and molecular level. Our field and professional organization have the potential to grow by embracing professionals who utilize emerging technologies based on these principles while continuing to focus on the use of radionuclides in labeling biomarkers. It was also felt that the word “medicine” was important to reflect the therapeutic aspects of our field. 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. A Newsline article by Fred Fahey, DSc, and Kathy Hunt, MS, CNMT, was published in the May issue of *The Journal of Nuclear Medicine (JNM)* providing background on the proposal and requesting member feedback. An e-mail memo that included that Newsline article was sent to the membership, and SNM also utilized its social networking sites to garner opinions on the name change. More than 325 responses were

received from members, all of which were reviewed by the Name Change Task Force. Generally speaking, almost 75% of the feedback was positive. It was clear that the majority of those who responded felt that the name change was accurate and necessary in order to continue the growth of the field and the society membership. With the overwhelming feedback that the task force has received to date, the SNM Board of Directors decided to propose to the House of Delegates that the SNM bylaws be amended so that the name change can be implemented.

However, given the importance of this action, it was agreed that it was important to include another article in Newsline to allow for additional feedback and discussion. To further explore the membership’s feelings on the name change, the December issue of *JNM* will include a point/counterpoint article in Newsline. One physician/scientist and one technologist will contribute their thoughts on the positive aspects of the name change, and another physician/scientist and another technologist will voice their opinions on why a name change may not be in the best interest of the society. We hope that by sharing these opinions we will be able to gather additional feedback that will help guide us in our decision.

Throughout this process, many individuals have asked for a breakdown of the total cost to the society to change its name. In consultation with legal counsel, several expenses have been identified and are listed in Table 1. If SNM changes its name, we will be required to file articles of amendment to our incorporation in the state of Washington where SNM is incorporated. The cost of this is \$200 plus legal fees of approximately \$300. Because SNM has an in-house designer and Internet team, no direct expenses are associated with logo design and Web page changes. Small fees, however, are associated with copyright, trademark, and purchase of the Web site domain, as well as changing templates for collateral materials (brochures, flyers, etc.). For all collateral items, such as the membership brochure, product catalog, and other



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TABLE 1
Expenses Associated with Name Change

Item	Amount
Logo (copyright, trademark, etc.)	\$500.00
Incorporation amendments and legal fees	\$500.00
Domain name for Web site (new domain name, change Google search, etc.) registration fees	\$200.00
Change business cards for all headquarters staff and leadership	\$750.00
Change name on checks	\$500.00
Change name on template for printing all journals, etc.	\$1,000.00
Change logos and name on any table covers/portable displays used at conferences	\$7,500.00
TOTAL	\$10,950.00

[Table 1]

marketing pieces, SNM will not order any additional large quantities with the current name until the final decision regarding the name change has been made. This will cause no additional unbudgeted expenses in FY2012 in relation to the name change.

Changing the name of the organization is not a process that is taken lightly; it requires a change to the bylaws. SNM has begun this process with the approval of a name change by the SNM Board of Directors. The proposal has been sent to the Bylaws Committee, and the Bylaws Committee has officially proposed the change, to the SNM membership, in the notification included in this issue of *JNM*. This is in accordance with the process outlined in the bylaws for amendments stating that members will be notified 60 d prior to the House of Delegates meeting in which the vote will take place. The next House of Delegates meeting will take place on January 28, 2012, at the SNM Mid-Winter meeting in Orlando, FL. The House of Delegates is the governing body that makes the final decision regarding any bylaws amendments. Proposed changes to the bylaws can be found below.

Subsequently, if the SNM Bylaws amendment is approved, SNM would be required to amend its articles of incorporation in order to change the society's name. SNM is incorporated in the state of Washington, which requires that an amendment to Articles of Incorporation be approved at a meet-

ing of members by receiving at least two-thirds of the votes of members present at the meeting or represented by proxy.

If the bylaws change is approved during the House of Delegates Meeting at the Mid-Winter Meeting, the SNM will utilize the SNM Business Meeting, held during the SNM Annual Meeting in Miami, FL, on June 11, 2012, as the forum in which to vote on the amendment to the articles of incorporation. The SNM national office will send the notice of the meeting to all voting members of the SNM (full, associate members, and emeritus members who were members of full or associate categories at time of emeritus status).

We continue to encourage members to share their thoughts on changing the name of SNM to the "Society of Nuclear Medicine and Molecular Imaging." If you have comments to share at any time, please e-mail us at feedback@snm.org. You may also contact your chapter, council, or center of excellence delegate to the House of Delegates to provide feedback. A full listing of the chapter, council, and center delegates can be found on the SNM Web site at: www.snm.org/namechange. We also encourage SNM members to attend the House of Delegates meeting and be a part of the discussion.

*Carolyn J. Anderson, PhD
Chair, SNM Name Change Task Force*

Notification of Proposed SNM Bylaws Change

The current version of each affected section of the Society of Nuclear Medicine (SNM) Bylaws is included below in its entirety; unaffected sections are not included. Proposed deletions are struck through. Proposed additions are underlined. Some minor housekeeping revisions to the sections, such as relettering, are also included. The SNM is proposing changes to various sections of the bylaws that will be affected by a name change of the society.

Background: Name Change

The SNM is completing its 5-y campaign to embrace all molecular imaging modalities while, at the same time, its 60th anniversary is rapidly approaching. As a specialty, nuclear medicine arose from the application of sophisticated technology providing a unique ability to image function and physiological processes. Nuclear medicine therapy provides ways to treat diseases such as thyroid disease and non-Hodgkin lymphoma by utilizing radioactive medicines that specifically target fundamental aspects of the organ's physiology or the pathophysiology of the disease. Over the past 5 y, we have incorporated nonnuclear molecular imaging technologies into SNM and SNM-sponsored scientific and educational programs and publications. This transition was quite natural, as SNM came to realize that molecular imaging has always been an integral part of our specialty.

It is appropriate at this critical juncture to consider whether the name "Society of Nuclear Medicine" adequately describes who we are and where we are headed. It has certainly served us well over these past 60 y and has come to represent the most prestigious international organization in the field of nuclear medicine. However, as molecular imaging expands, we need to incorporate emerging imaging technologies beyond those that utilize radioactivity.

In reflecting on the name of the society this spring (2011), the House of Delegates, National Council of Representatives, SNMETS Executive Board, and SNM Board of Directors agreed that it is time to review the name to determine whether or not it still fits who we are as an organization. In February 2011 a task force was formed, comprising representation from the SNM and SNMETS membership, to discuss the options regarding changing our name. The task force recommended the following name change: Society of Nuclear Medicine and Molecular Imaging (SNMI).

The proposed name “Society of Nuclear Medicine and Molecular Imaging” retains our identity while opening our arms to new possibilities as well as to scientists, technologists, clinicians, and laboratory professionals whose primary focus is non-nuclear molecular imaging. It recognizes our growing diversity in imaging, nuclear and nonnuclear, molecular and non-molecular. It also recognizes the therapeutic, medicinal aspects of our specialty by retaining the words “nuclear medicine.”

As a result, the following changes to the bylaws are recommended.

James M. Woolfenden, MD

Society of Nuclear Medicine and Molecular Imaging Bylaws

ARTICLE I NAME

The name of this organization shall be the Society of Nuclear Medicine and Molecular Imaging, a not-for-profit corporation incorporated in the state of Washington, hereinafter referred to as the Society.

ARTICLE II MISSION AND OBJECTIVES

Section 1: MISSION

The Society is a multidisciplinary professional medical organization dedicated to the advancement of excellence in the education, research, and clinical practice of nuclear medicine and molecular imaging.

Section 2: OBJECTIVES

To establish and maintain an organization of physicians, scientists, technologists, and other allied health professionals with a common interest in the scientific and clinical disciplines concerned with the diagnostic, therapeutic, and investigational use of radionuclides and other molecular imaging technologies.

To disseminate information concerning nuclear medicine and molecular imaging through meetings, publications, and other mechanisms.

To strive to better the welfare of mankind by maintaining and advancing the highest possible standards of education, research, and clinical practice of nuclear medicine and molecular imaging.

To address in a timely manner socioeconomic issues and government relations that may significantly affect the quality of education, research, and clinical practice in nuclear medicine and molecular imaging.

ARTICLE III MEMBERSHIP

Section 1: CLASSIFICATIONS

A. Full Membership

Physicians, scientists or pharmacists possessing an advanced degree who have presented credentials indicating their professional activity, either, medical, paramedical, investigational or educational in the scientific or clinical disciplines of molecular imaging or nuclear medicine, may join the Society as Full Members. This includes the diagnostic, therapeutic or investigational use of radionuclides or other molecular imaging technologies. These individuals have the right to vote and to be elected an Officer of the Society. The SNM Board of Directors by majority vote may extend Full Membership to individuals who have made exceptional contributions to molecular imaging or nuclear medicine, but who do not otherwise qualify for Full Membership.

C. Technologist Membership

Technologists who have presented credentials indicating professional activity in molecular imaging or nuclear medicine technology or other related fields may join the Society as Technologist members without the rights to vote or to be elected an Officer of the Society. This membership does include membership in the SNMTS Technologist Section with the right to vote and to be elected an Officer in the SNMTS Technologist Section.

G. Honorary Membership

Individuals who have rendered outstanding service in an area of nuclear medicine or molecular imaging may be granted Honorary Membership in the Society with all rights and privileges of membership, except the rights to vote and to be elected an Officer of the Society.

ARTICLE V ORGANIZATIONAL CATEGORIES

Section 2: CHAPTERS

B. Mission: The mission of chapters shall be to provide leadership and active participation by nuclear medicine professionals in nuclear medicine or molecular imaging technologies on the local level consistent with the goals of the Society.

Molecular Imaging Summit at SNM Mid-Winter Meeting

The SNM Center for Molecular Imaging Innovation and Translation (CMIIT) is sponsoring a 1-d Molecular Imaging Summit at the SNM Mid-Winter Meeting on Thursday, January 26, 2012, in Orlando, FL, to address the growing role of molecular imaging in dementia. Neuroimaging is poised to have a dramatic clinical impact with the advancing development of radiotracers for imaging amyloid plaques and other targets relevant to dementia. The speakers at this summit will critically assess the current state of the art in diagnostic evaluation of dementia and highlight recent key developments and controversies in the clinical translation of radiopharmaceuticals for dementia imaging. The summit, chaired by Michael Devous, MD, and myself, will continue a long-standing tradition of bringing together nuclear medicine physicians, radiologists, molecular imaging scientists, referring clinicians, and scientific experts from a range of disciplines. In addition, a speaker from the patient advocacy community will provide important and unique perspectives. Two panel discussions during the session will allow for more in-depth discussions and questions.

The following topics will be covered: key issues in the diagnosis and therapy of Alzheimer disease, overview of biomarkers in dementia including MR imaging and cere-

brospinal fluid studies, ^{18}F -FDG imaging in dementia, amyloid plaque imaging, dopamine transporter imaging in dementia, and investigational radiotracers for dementia.

In addition to the continuing education (CE) session during the day, an evening non-CE panel discussion will include representatives from companies involved in phase III clinical trials of amyloid plaque imaging agents. This evening session will provide a more informal setting for conversation among participants from industry, academia, and private practice.

We hope that members of the nuclear medicine and molecular imaging community will consider joining us for this summit addressing the exciting recent advances in the molecular imaging of dementia. See www.snm.org/mwm2012 for more information and an updated list of speakers.



**Jonathan McConathy
MD, PhD**

*Jonathan McConathy, MD, PhD
Washington University Medical Center*

Section 3: COUNCILS

- A. Description: The Society recognizes the need for sub-specialty interests/expertise within the field of nuclear medicine and molecular imaging. Councils provide the expertise, professional networking, and educational programs for nuclear medicine and molecular imaging professionals in respective areas and serve as a resource for development and implementation of Society policy.

Section 4. CENTERS

- A. Mission: Center status is reserved for nuclear medicine and molecular imaging subspecialty or sub-disciplinary areas of interest, each approved by the Board of Directors. Centers provide professional networking and educational programs for nuclear medicine and molecular imaging professionals in respective areas, while simultaneously serving as a resource for development and implementation of Society policy. Leadership of centers is composed of elected members of the center and appointed members from the Board of Directors. Centers will manage Society programs and activities related to their subspecialty or sub-disciplinary areas of interest.

Section 5. TECHNOLOGIST SECTION

- A. The Technologist Section is the organizational component of the Society specifically addressing nuclear medicine and molecular imaging technologists' issues and interests.

ARTICLE VII HOUSE OF DELEGATES

Section 2: RESPONSIBILITIES

- A. To develop and recommend to the Board of Directors, Society policies and programs regarding professional issues affecting nuclear medicine and molecular imaging.