SNMMI’s Timeless Core Ideology

Core Ideology describes an organization’s consistent identity that transcends all changes related to its relevant environment. Core ideology consists of two elements: Core Purpose — the organization’s reason for being — and Core Values — essential and enduring principles that guide the behavior of an organization.

Core Purpose (Mission Statement):
To improve human health by advancing nuclear medicine, molecular imaging, and radionuclide therapy.

Core Values:
1. Excellence in patient care
2. Ethical behavior and integrity
3. Respect for all people and ideas
4. Fostering inquiry and reflection
5. Visionary leadership
6. Excellence, professionalism, and collaboration
7. Life-long education

Vision:
SNMMI will be the leader in unifying, advancing, and optimizing nuclear medicine, molecular imaging and radionuclide therapy.

SNMMI’s Long-term Vision (10+ Years)
The vision conveys a concrete yet unrealized goal for the organization. It is a clear and compelling catalyst that serves as a focal point for effort. The vision provides direction in establishing shorter-term goals and objectives.

Vision:
SNMMI will be the leader in unifying, advancing, and optimizing nuclear medicine, molecular imaging and radionuclide therapy.
SNMMI’s Three – Five Year Goals and Objectives

Goals represent outcome-oriented statements intended to guide and measure the organization’s future success. The achievement of each goal will move the organization towards the realization of its vision. Supporting objectives further clarify direction and describe what the organization wants to have happen within individual goal areas. In other words, a descriptive statement of what constitutes success in measurable terms.

Priority Key:
(HH) = Will begin in current fiscal year
(H) = Must begin objective in next fiscal year
(M) = May begin objective, if resources permit, in next fiscal year
(L) = Begin objective in subsequent fiscal year

Goal A: Advance the development and approval of nuclear medicine and molecular imaging technologies.

Objectives:

1. (H) Create a more efficient and timely approval process for new and non-proprietary radiotracers and radiotherapeutics by the U.S. Food and Drug Administration (FDA)
   a. Optimize evidentiary requirements for the approval of new radiotracers
      i. Develop recommendations regarding risk to benefit ratio for radiotracer approval
      ii. Develop recommendations to adjust non-clinical testing requirements to reflect limited dose of diagnostic imaging drugs administered to patients
      iii. Develop guidelines mapping the process leading to approval of a new MI agent with a biochemical or imaging biomarker indication
      iv. Develop recommendations to establish definitions of ‘utility’ or ‘benefit’ for indications based on non-clinical data, including evidence from the literature, coupled with clinical data when available
      v. Review FDA regulations for accelerated approval to determine how these may be applied to imaging drugs
      vi. Develop recommendations to create a category of ‘conditional approval’ for new MI agents proven to be safe (with a sunset provision allowing for time to demonstrate efficacy)
      vii. Develop position statements/papers, talking points, press releases, disseminate to media and other relevant stakeholders
   b. Optimize evidentiary requirements for the approval of radiotherapeutics
      i. Develop guidelines mapping the process for approval of a new radiotherapeutic
      ii. Develop recommendations to establish definitions of ‘utility’ or ‘benefit’ for indications based on non-clinical data, including evidence from the literature, coupled with clinical data when available
      iii. Review FDA regulations for accelerated approval to determine how these may be applied to radiotherapeutics.
iv. Create appropriate messaging; publish pamphlets related to alpha-emitters and the distinction between
  dosimetry for diagnosis versus therapy as well as the risk-benefit differences in diagnosis versus therapy.

v. Develop position statements/papers, talking points, press releases, disseminate to media and other
  relevant stakeholders

c. Engage FDA in dialogue on SNMMI’s recommendations of possible pathways to improving the review and
  approval process

i. Provide FDA with an advance copy of the white paper to allow for inclusion of agency feedback

ii. Engage FDA Advisory Panels (MIDAC, ODAC, etc) to seek feedback and approval of recommendations

iii. Engage FDA in a discussion on allowing the immediate clinical use of PET agents once an ANDA for PET
  agents (that have been developed and previously used in the PET community) is submitted and accepted

iv. Utilize a coalition of stakeholders to engage the FDA.

v. Provide appropriate dosimetry and assist in providing clarity in IND submissions regarding dosimetry.

vi. Develop position statements/papers, talking points, press releases, disseminate to media and other
  relevant stakeholders

d. Improve clinical access and reimbursement for non-approved radiolabeled agents under development
  (traditional IND) or under an Expanded Access IND

i. Facilitate use of expanded access INDs

ii. Facilitate cost recovery for radiolabeled agents under development and expanded access INDs

iii. Work with a coalition of stakeholders to disseminate educational information to the community

iv. Work with FDA to include educational sessions at societal meetings (SNMMI Annual Meeting)

v. Work with the SNMMI Committee on Coding and Reimbursement to define the process for reimbursement

vi. Advance the efforts of the Gallium Task Force to get Gallium 68-based tracers to the bedside.

vii. Develop position statements/papers, talking points, press releases, disseminate to media and other
  relevant stakeholders

e. Advocate with the FDA and Congress with regard to FDA-related legislation

2. (H) Increase the translation of innovative new technologies and agents.

a. Educate community on guiding principles of trial design.

b. Develop market analysis (with industry partners) for molecular imaging probes to push most promising forward.

c. Determine how to expand the adoption of companion diagnostics.

d. Expand understanding of and collaboration with the optical imaging community.

e. Host Translational Molecular Imaging Symposium focusing on barriers, value proposition and key successes.
  (Develop plan of action from concepts identified during workshop.)

f. Create a comprehensive educational program dedicated to preclinical imaging.

i. Develop and implement preclinical imaging global curriculum.

ii. Host preclinical imaging workshops and online lectures/certifications.
3. (M) Increase research funding (basic and translational).
   a. Congressional advocacy (DOD, DOE, NIH-translational institute).
   b. Partner with ERF, other foundations, and industry for research grants.
   c. Develop position statements/papers, talking points, press releases, disseminate to media

4. (M) Enhance Educational resources for nuclear medicine and molecular imaging researchers.
   a. Increase support for JNM, JNMT journal.
      i. Increase size, frequency; consider division or spinoffs
      ii. Develop Supplements
      iii. Enhance attention to key articles through podcasts, press releases, social networks
   b. Topical collections of JNM, JNMT articles.
      i. Collaboration with Cambridge University Press
      ii. Pubs Committee: Develop, co-brand or resell further books on key subjects
   c. Publish introductory molecular imaging texts.
   d. Publish laboratory guidelines.
   e. Clinical Effectiveness resources (public speaking, statistics, writing grants and papers, trial design).
   f. Publish Translational Imaging Scientist Curriculum white paper.
   g. Identify opportunities to aid translation of emerging modalities.
      i. Define criteria and methods for pharm/tox evaluation of novel optical/nano-compounds
      ii. Define criteria and methods for pharm/tox evaluation of alphas.

5. (M) Improve standardization for nuclear medicine and molecular imaging research.
   a. Standardize monographs create and publish (and if monographs are eliminated for PET, work on “descriptors” in place of monographs)
      i. Print and mail with JNM
      ii. Publish Online
      iii. Disseminate widely
   b. Phantom Standardization.
   c. Clinical Trials Network.

Goal B: Facilitate and support the availability and clinical utilization of nuclear medicine and molecular imaging technologies.

Objectives:

1. (HH) Improve the integrity of the isotope supply chain and components.
   a. Advocate with NNSA, DOE, OSTP, FDA, CMS.
i. Create sustainable domestic isotope supply, with multiple suppliers for critical isotopes.
   1. Maintain leadership role with White House Work Group and High Level OECD Work Group
   2. Develop website content on radionuclide availability and shortages –
   ii. International Imports.
   iii. Improve supply chain accountability.
   1. Lead Coalition for PED Drug Approvals and serve as a clearing house for FDA inspections and compliance
   iv. American Isotope Production Act (AIPA).

b. Engage patient advocacy groups to lobby for steady supply.

c. Research funding for isotopes and components.

d. Develop position statements/papers, talking points, press releases, disseminate to media
   i. Create Isotope Report
   ii. Promote with press release and pitch to media outlets

2. (H) Demonstrate comparative effectiveness.
   a. CTN Educational Symposia on CE research and trial design.
   b. Publish CE.
   c. Encourage authors to include CE data in research/articles submitted for journals.
   d. Reinvigorate Research Committee within CTN.
   e. As information becomes available, disseminate as, outreach, podcasts, and videos.

3. (H) Ensure adequate and appropriate reimbursement for Nuclear Medicine and Molecular Imaging procedures.
   a. Advocate with CMS.
   b. Partner with patient groups to support appropriate reimbursement.
   c. Develop position statements/papers, talking points, press releases, disseminate to media.
   d. Outreach to Congress
   e. Outreach to Private Payers
      i. Identify industry partners and build toolkit for private payers

4. (M) Enhance outreach to referring physicians, patients, and patient advocacy groups.
   a. Increase understanding of the value of molecular imaging among stakeholders within the medical community.
   b. Expand outreach groups.
   c. Targeted plan for physician engagement.
   d. Attend and present at referring physicians meetings.
   e. Reach audiences as appropriate, through videos, podcasts, linking campaign, dissemination of appropriate materials
5. (L) Ensure appropriate use of Molecular Imaging technologies.
   a. Publish Appropriate Use Criteria and guidelines in partnership with other professional organization stakeholders.
   b. Educate manager, coder and scheduling manager on the protocols for requesting procedures.

6. (H) Develop education and standards for newly approved drugs, therapies and new technologies.
   a. Develop comprehensive PET/MR Strategic Plan.
      i. Develop PET/MR Credentialing Statement to set standards for individuals operating and reading PET/MR scans.
   b. Enhance the understanding of what new tracers exist and their potential clinical applications.

Goal C: Increase appropriate utilization of Radionuclide Therapy.

Objectives:

1. (HH) Advocate for regulatory approval and reimbursement of emerging agents.
      i. Identify third party payer stakeholders; build outreach messaging
      ii. Respond to private payer requests as needed
   b. Seek to understand the needs of SNMMI members regarding novel/emerging therapies to ensure patient access. Partner with patient advocacy groups.
   c. Ally with other medical specialists
   d. As approval/funding occurs, disseminate information to referring physician/patient audiences through press release, media; work with referring physician and patient groups to reach their members.
   e. Develop reporting guidelines for non-oncologic PET applications.
   f. Utilize Reporting Guidelines for Oncologic FDG PET/CT Imaging to optimize understanding of oncologic imaging reports by clinicians and maximize clinical utility of scans.

2. (H) Advance the use of approved agents.
   a. Develop radionuclide therapy education program for nuclear medicine (multi-year)
      i. Identify stakeholders such as patients, referring physician and professional organizations. Develop different tools for each group.
      ii. Reach out to international experts.
      iii. Appropriate Use Criteria and guidelines.

3. (M) Assist in the development of emerging agents.
   a. Serve as expert resource for industry.
   b. Promote funding for novel therapeutics.
Goal D: Advance and promote quality, value and safety of Molecular Imaging and Nuclear Medicine.

Objectives:

1. (H) Increase the number of nuclear medicine quality measures for reporting.
   a. Identify 2-3 quality measures to develop.
      i. Advocate on SGR replacement debate on Capitol Hill
   b. Develop the first quality measure.
   c. Develop tool kit to educate members on requirements.

2. (H) Increase the number of AUC and evidence based guidelines for molecular imaging and nuclear medicine.
   a. Identify topic areas for AUC, guidelines and CER.
   b. Develop framework for evidence based guidelines – begin process.
   c. Develop 1 AUC in the next year.

3. (H) Support comparative effectiveness research.
   a. Create award for CER.
   b. Partner with other organizations.
   c. Develop a white paper linking diagnostic tests to outcomes.
   d. Create a comprehensive plan for CER.

4. (M) Foster research on and enhance dissemination of information on dose optimization
   a. Define reference levels for the use of radiopharmaceuticals.
   b. Harmonize international pediatric dose guidelines and disseminate
   c. Develop reference levels for adult doses and disseminate.
      i. Preparing a new set of standardized dosimetry tables for adults and children using the RADAR platform and software
   d. Assist in the efforts to communicate “best practices” in dose optimization
      i. Creation of an “Adverse Reaction” tracking system
   e. Clarify role of reference levels in nuclear medicine
      i. Write position statement on reference levels
      ii. Other projects related to this goal
   f. Launch a web-based dose calculator to include recommended injected activity and effective dose
   g. Publish IAC dosing results and survey results in JNM or other medium

5. (M) Increase educational opportunities for referring physicians and imaging physicians to become trained in rating and reviewing AUC and evidence based guidelines and CER.
a. Develop educational resources/curriculum for appropriately rating and reviewing AUC.
b. Identify subject matter experts to aid in creation (members with experience – internal and external of AUC, evidence based guidelines and CER).

6. (H) Increase opportunities and understanding of the utilization of general nuclear medicine.
   a. Create messaging specific to key stakeholders (medical community, patients and referring physician, etc.) on the benefits of utilizing nuclear medicine.

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**Goal E: Support and enhance the professional workforce and environment.**

**Objectives:**

1. (H) Increase training, continuing education, and adherence to best practices in nuclear medicine, molecular imaging, emerging technologies, and radionuclide therapy.
   a. Work with radiology and cardiology communities to develop training programs.
   b. Develop education specific to: X-ray physics, CT and MRI instrumentation, x-ray/CT Radiation Safety Issues.
   c. Enhance educational programs in molecular imaging.
   d. Collect practice data and develop best practices; publish
   e. Implement state-of-the-art learning opportunities for residents and young professionals.
      i. Develop exchange or fellowship programs with international partners to expand knowledge of international based learning and training.
      ii. Create Future Leaders Academy.
2. (H) Educate others in the workplace about value of NM, MI and therapy.
   a. Collect and analyze appropriate data (utilization, cost, radiation safety, etc.) on procedures and make recommendations. - Contract with a specialized firm to undertake data analysis on claims to prepare for additional bundling of Medicare payments
      i. Write up recommendations in a white paper
      ii. Publish (submit to journals)
   b. Increase/enhance communication to the workplace (rather than workforce) on the value of what we do.
      i. Create slide presentations, videos that can be presented in hospital meetings or chapter meetings; utilize “Value of NM” video
      ii. Create presentation for use at “ground rounds.” Outreach to Congress on the value of NM, MI and therapy
3. (M) Increase interest of potential qualified individuals to pursue leadership in the SNMMI.
   a. Develop outreach programs for high schools (technologists) and medical schools (physicians).
   b. Create cooperative learning opportunities and internships with industry, academia and professional organizations.
4. (M) Develop and update professional standards.
5. (L) Educate consumers about the value of NM, MI and therapy.
   a. As suitable topics arise in the news, use as vehicle for patient-focused materials; pitch to consumer outlets
   b. Develop patient videos (PR); disseminate through outreach, social media, PR
6. Nuclear Radiology Fellowship directors will be polled to ascertain the retention rate of Nuclear Radiology fellows in the Society and what are the reasons this group chooses to retain or let lapse their SNMMI membership.