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Excellence is the Enemy of Good

The practice of nuclear medicine has continued to evolve. The advent of theranostics has enabled us to link imaging to therapy. This offers the possibility of personalized medicine. A clear example of this has been the use of somatostatin imaging and peptide radionuclide radiotherapy (PRRT). From the very early days of PRRT, imaging has demonstrated the possibility of targeted therapy.[1,2] In addition, positron emission tomography has become more widely used and essential in the management of a number of cancers such as determining if a patient with lung or esophageal cancer should have the opportunity to have curative surgery.[3,4] In many centers Fluoro-deoxy glucose (FDG) positron emission tomography (PET) combined with computed tomography (CT) has become the only method by which patients with lymphoma are imaged to predict and confirm response to treatment.[5] Gallium-68 offers the chance of a PET radiometal available from a generator that has been combined with somatostatin analogs such as octreotide/octreotate. This has resulted in an increase in sensitivity over single photon techniques.[6] At present Gallium-68 is being proposed as a PET agent, which can be used in a variety of radiopharmaceuticals and in many different clinical situations.[7] Next spring there will be a meeting in Baltimore that will be the 3rd international meeting on Gallium-68 and all readers of this journal are invited.

For those without access to PET, techniques such as sentinel node scintigraphy offer the opportunity to provide an inexpensive way to help our patients, allowing accurate staging without the morbidity of extensive surgery. The advent of single-photon emission computed tomography-CT has been quickly established as extending the role of single photon emission imaging allowing attenuation correction and good localization. In particular, it has re-invigorated the role of bone scintigraphy in benign bone disease[8] and specific infection imaging.[9] It has become essential for the correct localization of parathyroid adenomas.[10]

In the future PET/magnetic resonance is being investigated and while there is no clear "killer indication" for this expensive technique slowly a series of possible indications such as its use in prostate with radio choline and in children with FDG PET are emerging.[11]

Why the title of this editorial? One of the joys of living in a democracy is that we have regular and occasionally frequent changes of our political masters. As these masters change those who are appointed to run our hospitals often change as well. A new chief executive arrives and issues the statement "excellence is the enemy of good." I understand that what he meant was that all we should do is what is good enough, but should not try to excel and try and spend too much of the hospital's money. Strangely those of us who work in Nuclear Medicine agree, but for exactly the opposite reason. Those who read this journal and write its many contributions know that good is not good enough and our patients deserve excellence.

I am confident that as we go forward the world nuclear medicine community will truly excel in all we do and it is the aim of myself, my co-editors and our editorial board as well as contributors and authors to not just be good but be excellent.

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