

Editorial

Its goodbye from him

Time is one of the constants in our universe we are all tied to and indeed in nuclear medicine, we use time as a significant parameter of what we do. Radionuclides have a decay half-time which allows us to detect any gamma emissions. The time of decay for a radioisotope may be one of the factors that determine the radiation dose to a patient, one of the reasons that long half-life agents such as gallium-67 and thallium-201 have become less popular over time.

The use of time is essential in any physiological-based imaging, we are all used to the time activity curve of the renogram, but we also need time to allow for uptake of physiological agents and clearance of nonspecific activity for example in bone scintigraphy and of F-18 fluorodeoxyglucose in positron emission tomography (PET). Of course, we are also aware when time is short. We only have a finite time in which to inject a radiopharmaceutical to be of use. Therefore, in nuclear medicine, we become obsessed with time. In out PET-computed tomography, there are digital clocks measuring time in hours, minutes, and seconds. All are synchronized, and all are then linked to the master clock at the national physics laboratory. This is of course because much of our PET research involves precise timings, often to the second, for injection, blood samples, and imaging. This can result in us becoming a bit overzealous about time. I remember berating an internal medicine colleague who said they would be along in 10 min but took 13 min. I tried to explain how such tardiness could wipe out the results of a PET research study costing thousands of dollars. He just looked at me as though I was very weird.

The one thing we can depend on time (unless we are next to a black hole that is) is that it moves forward in a relentless, smooth, and predictable fashion. The human condition is that we are born, grow up, then get older and eventually die. It is said that we spend the first 25 years of our life wishing time ran faster than after that wishing time ran slower. I was looking at a picture taken in 1983 [Figure 1]. I am the rather gauky (yes thin!!!) looking medical student sitting next to Henry Wagner in the conference room of nuclear medicine at Johns Hopkins Hospital. It was here that I first met the magic of nuclear medicine. I could see how we could look into different physiological processes and gain an understanding of the pathophysiology of disease. Since then, time has brought us new techniques such as



Figure 1: The Editor in chief as a medical student sitting next to the great Prof. Henry Wagner in the reporting room, Nuclear Medicine, Johns Hopkins Hospital, in 1983

hybrid imaging and theranostics. There have been new radiopharmaceuticals such as In-111 pentetate, I-123 ioflupane, Ga-68 prostate-specific membrane antigen, and Ra-223. Nuclear medicine aided by the expanding role of PET, and radionuclide therapy continues to grow as a specialty worldwide and its future seems much more assured than it did in 1983.

There was a King of Denmark who was also King of England; his name in Danish was Knut and in English Canute. When he reigned 1000 years ago, he was considered the greatest king of his age. His empire took in what is now Scandinavia, the UK, Ireland, Iceland, and Northern France. His ships traveled to and traded with Arabs, the Russians, and North Americans. However, he was a wise king, and to prove his point he had his throne placed on a beach as the tide came in. His courtiers told him the sea would not dare to allow the tide to come in and wet his feet. Of course, it did and he made the point time and tide waits for no man (or woman).

So what is the point of this rambling editorial? Like Knut time has caught up with me. In the worst possible circumstances, I took over the editor in 2013 after the sudden death of Professor Ajit Padhy, the founding editor of the World Journal of Nuclear Medicine (WJNM). Ajit was a great friend to many of us and achieved so much in a life that was sadly too short. It was with a heavy heart I took on the role as editor in chief. During that time, the journal became an online journal with over 100,000 views per year. We increased from three issues a year to four issues a year. With the amazing support of the

World Association for Radionuclide Therapy (WARMTH), the journal has remained free to submit to, to view online and to have color images. This is now very rare. The publishers Medknow have worked hard to ensure the journal is published on time and in a highly professional way, this year changing the typescript so it is easier to read on line. Within a few weeks of publication, articles are on PubMed and with the free download, this means authors' work has an amazing worldwide audience. None of these achievements would have happened without the support of the publishers, my managing editor, Dr. Savvas Frangos, our regional editors, and the editorial board. The WJNM has been supported by the Presidents of WARMTH and Josh Mailman the WARMTH CEO. However, after 5 years, time has caught up with me. It is vital that a journal as important as the WJNM does not reflect the views of one person, and one of the best ways to ensure this is for there to be a change in editor in chief.

The WARMTH governing body has agreed to support the WJNM and has appointed Prof Qasir Siraj from Kuwait to be editor in chief of the WJNM from January 1, 2019. Qasir is an excellent choice and he has worked in both developing and developed countries in nuclear medicine. He has set up and run the Pakistan Journal of Nuclear Medicine, and this experience means that he will make an excellent job on the WJNM. There is still much to do, the most pressing being to


get the WJNM a citation index which is official. This will be the work for Qasir and the new team he will put in place.

With that I wish Qasir, your good selves, and the WJNM a wonderful future John Buscombe Editor in Chief, World Journal of Nuclear Medicine 2013–2018.

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