EDITORIAL

The Egyptian Society of Nuclear Medicine Moving to the Future – Yes We Can

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I am pleased and honored to write this editorial for the second edition of the Journal of the Egyptian Society of Nuclear Medicine (JESNM), which I admire very much. As I watch the growth of the Egyptian Society of Nuclear Medicine (ESNM) I decided to share in this narrative my thoughts with the editorial board, the leaders of this specialty in Egypt and all of the members. My thoughts are no more than wishes for what I hope will be the future of the Society. We cannot plan for the future without acknowledging the past and realizing the current strengths and weaknesses of the nuclear medicine discipline in Egypt. I have been part of this specialty for almost fifty years. In the late 1950s and early 1960s the use of radionuclides in medicine was just starting to spread worldwide. At this early time Egypt was one of the few countries in the world that introduced this technology in Cairo University. This was strengthened by the efforts of the Egyptian Atomic Energy Agency and later on by the Regional Center for Isotopes training for the Arab countries supported by the International Atomic Energy Agency. The natural growth of the specialty under the academic leadership from the major universities at that time in Cairo and Alexandria, followed at a later date by other universities, resulted in the establishment of academic programs that were taught under other specialties. However, within a short time it was realized that the quality of this training was not good enough to parallel the growth of the specialty and to meet the need for taking care of clinical, academic and research activities. Soon residency training programs with required Master Degrees followed by Doctorate Degrees was established at Cairo University, with other medical schools following their lead. A new generation of specialists, consultants and academic staff grew at such a pace that it met the local and regional needs in the government and private sectors in Egypt and the Middle East region. The support from different national and international agencies exposed the staff and the graduates to the developments in the industrial nations. As a result Egypt became the center for international training courses for the Middle East and African countries.

These developments in the training of the academic and clinical staff was accompanied by training programs in medical physics at the various universities and nuclear medicine technologist programs that met the market and academic needs. A special degree for bio-engineering was established shortly after in Cairo University. It has been impressive to initiate and stabilize Master and Ph.D. degrees in medical physics and bio-engineering in Egypt. As a result the team for running and maintaining the new technology was met.

Human resources increased to the level that required the establishment of the Egyptian Nuclear Medicine Society. Credit for this has to be given to Professor Abdel-Razzak

who from the start adopted the Society and watched its growth.

Without the development of these human resources the technical development and clinical service would not have been possible. Technical development needs financial support. I am watching what is happening in Egypt and comparing it with my 25 year attachment with the Turkish Nuclear Medicine Society. Government and academic institutions always have limited financial resources. There was only one person in the Turkish Society who saw the opportunity of nuclear medicine in the private sector. He had the courage to start a successful entrepreneur in the late 1980s that changed the practice of Nuclear Medicine in Turkey. The achievements of his group forced academic and health care providers to deliver the best quality of Nuclear Medicine service. Now the Turkish Society is the third largest in Europe and also the third most productive in publications and research. Turkey now has more than forty PET/CT cameras and four cyclotrons. In addition it has its own radiopharmaceutical and instrumentation industrial business that are worth hundreds of millions of dollars. It is driving Turkey toward self sufficiency and exporting to the region it's products and expertise. It also offers scholarships to the poor countries in central Asia. The technical developments in Egypt are moving in the same direction as the Turkish model yet at a slower pace due to delays in traditional delivery of new equipment and many financial difficulties. The Nuclear Medicine specialty in Egypt began steps to be regulated and stimulated and to receive the attention it deserves. It was not until the military built the new Mubarak International Medical Institute as a gift to the people of Egypt in the mid 1990s that I was called to consult on establishing an up to date nuclear medicine service. This was the chance for the first PET and cyclotron to be delivered in Egypt. The delivery was delayed for so many years that by the time it was operational the PET scanner was already out dated and there were actions taken to replace it with the new technology of PET/CT. However, it served for a certain time until the replacement came and allowed the production of F-18 FDG which resulted in the establishment of PET/CT clinical services in other hospitals in Egypt.

The government has an important role in administering and financing healthcare, yet for them there are many priorities that need support before nuclear medicine can receive the necessary funding needed to grow. In spite of that I am delighted to know that the Ministry of Health in Egypt ordered three PET/CT scanners for its hospitals and institutions in Egypt. Prior to that the Ministry planned and delivered several gamma camera systems that have served many hospitals in Egypt. This would not have happened if the Minister of Health in Egypt was not himself a Professor of Radiology and has his own entrepreneur private business in medical imaging.

The model of nuclear medicine at the Children's Hospital Cancer Center in Cairo (CHCC) is an example of what the goodwill of people can achieve. From donations as low as a few Egyptian pounds to millions of dollars from the kind hearted people of Egypt and the Middle East, the poor and the rich alike, the CHCC protected by the Ministries of Health and Social Services, is an example of a state of the art health care facility totally funded by donations and administered by trusted experts. CHCC is now the busiest pediatric cancer center in the world with affiliation with similar centers in the United States. The service provided is at the same level as the most developed centers in the world and uses the same protocols.

The private sector took CHCC as a model and moved to make PET/CT, nuclear oncology, cardiology and general diagnostic and therapeutic nuclear medicine part of their essential services.

The landscape in Egypt of Nuclear Medicine has changed at a fast pace. The ESNM now has membership larger than most of the European societies. It is the largest and is the leader in the Middle East. The quality of training of the physicians, physicists, and technologists has met the local and regional needs. The quality of research and publications are becoming referenced in the literature and recognizes the expertise in Egypt. These are achievements to be certainly proud of but it also forces us to look toward the future needs for nuclear medicine in Egypt. Planning for the future should be the subject not for upcoming editorials alone but for the discussions in closed or open meetings with the policy makers, the academicians, the industry, the health providers and the leaders of the specialty. I am glad to watch this growth and will always be happy and honored to serve. It is only with the efforts of all of us that we can grow and meet the future challenges. It is now the time for the ESNM to be recognized and consulted in all matters related to Nuclear Medicine. This is the role that the European and American Societies are trusted for. This is the biggest challenge for the ESNM. A challenge that is gained by hard work, honesty, ethics professionalism.
The Journal should reflect the policy of the Society. The Society has to face the challenges and be prepared with programs and recommendations supported by facts that are acceptable to the academic centers and health care providers. Most importantly it needs to meet the standard of care expected from our patients.

These future challenges are for all of us. Can we do it? Yes we can!