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BERKELEY: DONNER LABORATORY AND DONNER PAVILION

August 16, 1974

To: Program Advisory Committee

From: James McRae

Re: Nuclear Medicine Service at Highland Hospital and routine patient imaging at Donner Laboratory.

There has always been a significant amount of non-research imaging. When there was a steady succession of new instruments and new isotopes to be evaluated at Donner studies were frequently of a comparative nature. To further our training abilities in Nuclear Medicine it was desirable to maintain routine work. The University and the Laboratory have a contract with Highland Hospital. With one technician, limited space and instruments and the presence of doctors on an average of two 1/2 days a week, it has meant that only the simpler studies have been performed at Highland. The longer procedures, such as bone scans, and the more specialized studies, such as ^{67}Ga tumor surveys and CSF studies and liver-lung procedures have been performed at Donner Laboratory. To our advantage it has been possible to arrange for particular studies, eg. brain or liver scans, to be done at Donner Laboratory when we had a new research technique or instrument. Transport was arranged and paid for by Highland. Such a situation has not occurred recently.

The present arrangement is far from ideal. The patients who come to Donner are frequently quite sick and require the time of the patient technician and Dr. McRae. The service at Highland is also less than ideal. More and better work could be done given additional equipment and the more frequent presence of an M.D. at Highland.

Over the past 12 months, increasingly close relations have been developed with the Children's Hospital in Oakland. This has some positive features and some negative features. Two joint research projects have evolved. One is a patient study and the other an animal study: measuring the survival of human sickle cells in rats. On the other hand, a number of extremely ill children come here for diagnostic studies and are demanding of time and attention. From these studies, we gain no research return.

A significant number of patients are referred for diagnostic bone scans from the Contra Costa County Hospital in Martinez. Adrenal scans are done for a number of centers.

Clearly there would be significant financial savings if diagnostic work ceased. We currently pay for certain isotopes, transport of isotopes between Donner and Highland, maintenance on equipment and occasional additional pieces of equipment, part of the salary of Velta; we pay for the isotopes and the time of the people who study the patients sent to Donner Laboratory, including the adrenal scans which have come to have more diagnostic than research import. There would be no need to replace Gail Ige, the patient technician, for the very limited number of studies that would be done under a policy

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of doing purely research imaging at Donner Laboratory.

One of the criticisms of the Nuclear Medicine endeavor was that we have no close affiliation with a sizable clinical facility of high standards. This criticism will be more true if we sever our association with Highland and cease to do clinical work at Donner Laboratory. We have difficulty obtaining specific patients for research purposes under the present conditions. This will certainly become worse unless we develop alternate firm clinical associations. It does not seem practical for Donner (in a way which will require expenditure of laboratory money) to plan an expanded effort at Highland Hospital, or in any other nearby hospital. However, there has been informal communication with Highland Hospital. They would welcome a contract which provided them with a high standard of Nuclear Medicine service. An excellent solution to our present problem would be if M.D.'s with strong Donner affiliation were to contract the Nuclear Medicine services at Highland as a private business enterprise and give opportunity for staff M.D.'s to work in Nuclear Medicine at Highland Hospital some 10 to 25% of their time.

I think we should encourage specialists in Nuclear Medicine in the Bay Area to work at Donner Laboratory, but more important, staff M.D.'s in Nuclear Medicine must have outside hospital duties to cement their clinical ties. Under such circumstances it should be possible to limit ourselves to research procedures at Donner Laboratory; staff and associated physicians would study patients from their clinical hospitals.

Our training program in Nuclear Medicine will have to be rewritten immediately the decision is made to curtail our clinical efforts in Nuclear Medicine. This is overdue in that we have had trouble finding suitable trainees and our training program has not been a success. Courses offered through the Medical Physics department have not had the enrollment to ensure their success nor have they been encouraged or properly coordinated with the Health Sciences program. We are presently committed to one new trainee to start before the end of 1974. He will be disappointed to find very limited opportunities for clinical Nuclear Medicine within Donner Laboratory. If we do not have a continuing association with Highland Hospital it may be difficult for us to arrange adequate clinical Nuclear Medicine experience in the transition period from the old to a new working system.

In summary, I believe that if we curtail our diagnostic Nuclear Medicine, the viability of Nuclear Medicine at Donner Laboratory is doubtful. However, to continue to do clinical Nuclear Medicine would involve us in the purchase of a commercial scintillation camera and accessories and require approximately $100,000. I think that the most practical solution is to withdraw from Highland as soon as is practical, but provide definite recommendations on how their service should be organized. Hopefully, we shall find someone to contract their Nuclear Medicine. We should cease all diagnostic tests on patients other than those previously studied at Donner.

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With this reduced program, we will not need a replacement for Gail Ige. Current staff will concentrate on their research work for the next 12 to 18 months, at which time we can re-evaluate the situation, and if it seems wise, again offer diagnostic Nuclear Medicine services. It will be essential that the staff M.D.'s find clinical associations in Nuclear Medicine with East Bay hospitals and develop a paid service liaison outside Donner. This plan will not make room within the Donner structure for Velta Suna, since the number of patient studies will not justify her transfer from Highland.

Our Nuclear Medicine training program should be rewritten to provide clinical training elsewhere (eg. Children's Hospital, San Francisco with Dr. Handmaker), limited to research training,or cancelled, depending on the level of staff interest. Without much more cooperation I am not prepared to try and keep the program alive.

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