

## **Grim Picture Develops for Local Medical Imaging**

**By DEBORAH CROWE - 6/29/2009**

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A shortage of radioactive material necessary for medical imaging is giving headaches to L.A. doctors who use the scans to better diagnose ailments such as bone cancer and heart disorders.

The growing global shortage of a form of technetium, expected to worsen next month, is increasing costs and disruptions in patient care at dozens of area hospitals and outpatient diagnostic centers.

The shortage not only has affected patient care, but also expensive clinical trials that require study participants be scanned regularly to monitor an experimental drug's effectiveness.

"The entire world of nuclear medicine is disrupted terribly when you can't get technetium," said Dr. Barry Pressman, chairman of the S. Mark Taper Foundation Imaging Center at Cedars-Sinai Medical Center.

Doctors inject medical-grade technetium into a patient's body to determine whether an organ is healthy or diseased. Nuclear imaging scanners can detect bone cancer far sooner than a standard X-ray and at roughly one-quarter the price of newer technology, such as positron emission tomography, also known as PET.

The type of technetium used in nuclear medicine is processed from a form of molybdenum, which is produced at only a handful of plants around the world. One of them, at Chalk River outside of Ottawa, Canada, was shut down in May due to a leak. Chalk River and another older reactor in the Netherlands – due to go off line for maintenance itself in July – furnish two-thirds of the Western world's supply.

The University of Missouri is working on a proposal to adapt its research reactor and build a processing plant that would enable it to become the first U.S. technetium producer. But that possibility is years away.

The USC Health Sciences Campus' three hospitals now reserve technetium for only the most urgent tests, said Dr. Paul Conti, a respected nuclear medicine expert and professor at the university's Keck School of Medicine.

At Cedars-Sinai, physicians also have been instructed to be more conservative when ordering tests that require technetium, Pressman said.

"Despite that, we've been doing relatively OK at Cedars, because suppliers will supply their bigger customers first and we're one of the biggest centers in the country," he said. "Even so, we expect to suffer as this continues. And the problem is more severe at smaller practices that have less clout."

Privately owned Santa Monica Imaging & Therapy Associates at times has to turn away patients unless they are willing to pay the difference their insurance companies won't fully cover for higher-priced technetium.

But if the center's regular supplier runs out just as an out-of-town patient arrives for a long-scheduled procedure, director Dr. Michael Uszler said the center often scrambles to find an alternative source and absorbs the cost.

"It's hard to cover your overhead when you have to pay double the price to someplace else – if you can find one," said Uszler, who also directs the nuclear medicine program at St. John's Health Center.

## **Hospital Employees Contribute**

It might be a drop in the bucket of the \$181 million construction budget, but the succession of office raffles, pancake breakfasts and personal checks from more than 500 Providence Holy Cross Medical Center employees has made more than a symbolic dent in covering the cost of a new patient tower due to open in late 2010.

The four-week employee campaign, organized by the Providence Holy Cross Foundation, netted \$614,059, far exceeding the half-million dollar goal to contribute toward the construction of a facility that will add 136 patient beds and a neonatal intensive-care unit to the 254-bed Mission Hills campus.

The bulk of the money comes from the hospital's parent, Seattle-based Providence Health & Services.

Construction was halted for several months as a coalition of union and neighborhood activists sought to make the Los Angeles City Council require Providence to complete a full environmental impact report. Construction resumed earlier this month.

Chief Executive Larry Bowe, who transferred from another Providence Health & Services facility in Oregon two months ago, said he was astonished by the focus and creativity of his new colleagues.

"I think there was a lot of frustration over the delay and people poured that into making sure the campaign was successful," Bowe said.

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