SNMMI CLINICAL TRIALS NETWORK

JUNE 2026

THE CLINICAL TRIALS NETWORK NEWSLETTER

PATHWAYS

Table of Contents

CTN Staff Boosts Their Phantom Inventory

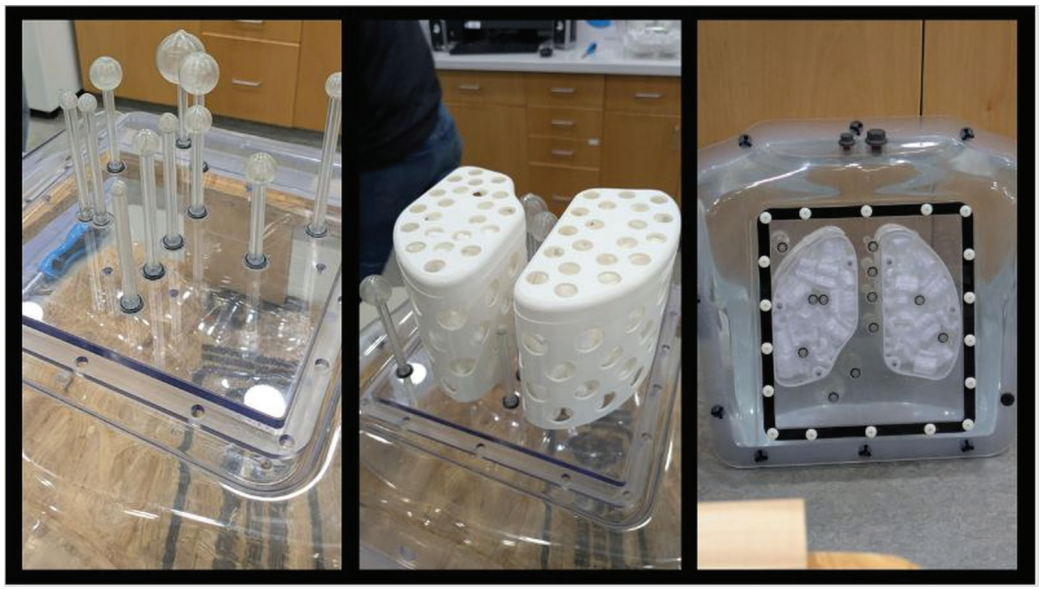


Figure 1: CTN5-PET phantom loading: spheres in, lungs added, ready for duty!

The recently updated ICH E6(R3) guideline for Good Clinical Practice (GCP) continued the policy to mandate strict data integrity and require that imaging data be accurate, complete, unbiased, traceable, and secure. Therefore, clinical trials that use imaging must continue their adherence to these standards. The combination of this continuing regulatory framework with the growing number of clinical trials using nuclear imaging is increasing the demand for services that support these standards. The Society of Nuclear Medicine and Molecular Imaging (SNMMI) Clinical Trials Network (CTN) is aware of this need and is working to meet the demand.

Through the Nuclear Medicine Clinical Trial Group (NMCTG), LLC, the SNMMI CTN provides equipment calibration and validation services for radionuclide calibrators (dose calibrators), PET/CT and SPECT/CT scanners, and well/gamma counters to clinical trial sponsors. The SNMMI CTN has designed phantoms to simulate patient images with known, traceable amounts of radioactivity and to inform quantitative

Continued on page 2. See CTN Staff Boosts Their Phantom Inventory.

From the Co-Chairs

Peter Scott, PhD, FSNMMI and Jonathan McConathy, MD, PhD, FSNMMI

Jon McConathy, MD, PhD

Peter J. H. Scott, PhD

With the 2026 SNMMI Annual Meeting fast approaching, we reflect on yet another busy year for nuclear medicine as a field, including the SNMMI and CTN! Just as we were going to press with last year's *Pathways*, the Food and Drug Administration (FDA) approved both Telix's Gozellix, a high-activity kit for ^{68}Ga-gozetotide, and Novartis' expanded labeling for Pluvicto, which made prostate cancer patients eligible for radiopharmaceutical therapy in the pre-taxane setting. Clinical successes of recently approved radiopharmaceuticals continue to drive excitement. Investment in the global theranostics market is rapidly expanding as a result, with sources estimating 24% compound annual growth rates and a market valuation approaching $12.7 B by 2029.

We continue to adapt to this growth at the CTN, working with companies, foundations, and global partners on a variety of clinical and research activities. Through the Therapy CTN, we are developing a network of sites to accelerate nuclear theranostics clinical trials and a radionuclide secondary standards approach that ensures the accuracy of radionuclide calibrators. The need for reader training for various PET agents continues to grow, and we are looking into options for expanding training offerings available throughout the year. The CTN supports clinical trials through scanner validation, trial design assistance, documentation, personnel training, and access to databases. CTN members continue to contribute to our Research Series for Technologists, with 8 papers now published in the *Journal of Nuclear Medicine Technology* and more under consideration.

The CTN has also organized meetings to help manage the unprecedented growth our field is experiencing. Last year, we organized the 2nd annual Pre-Conference Workshop on Streamlining Collaborations, bringing together experts from academia, industry, contract research organizations, and patients to address connecting sponsors and sites, operational logistics, audits, and site qualification and navigating multidisciplinary theranostic teams. The 3rd workshop is already being planned alongside the 2026 Therapeutics Conference, taking place in Bethesda this November 4–5. We are also partnering with the Therapy Center of Excellence to organize a workshop on phase 0 trials that we expect to occur in September and feature FDA participation.

CTN co-organized a continuing education session with the Radiopharmaceutical Sciences Council and Health Policy and Regulatory Affairs team at the Mid-Winter Meeting in Orlando on "The Evolving Research and Translation Landscape" and are organizing numerous sessions for the Annual Meeting, including emerging topics focused on alpha emitters and intensives on grant-writing and investigator-initiated trials (with the Academic Council). Following the MWM, we held our annual retreat, where we welcomed our two new interns, Dr. Sanchay Jain (Iowa) and Dr. Wenhui Zhou (University of Wisconsin), who are working on projects pertaining to radiopharmaceutical therapy optimization and Cerianna PET use in breast cancer, respectively.

We want to express our thanks to the SNMMI staff as well as the many CTN volunteers and committee members for their support over the last year. If you would like to get involved in the CTN, please do get in touch. In the meantime, we're California dreamin' of the AM in May where the big news will be Delphine Chen, MD, succeeding Dr. McConathy as the clinical co-chair! Everyone at the CTN thanks Dr. McConathy for his 9 years of exemplary leadership of CTN and wishes him the best.

CTN Staff Boosts Their Phantom Inventory. *Continued from page 1.*

nuclear medicine clinical trials on image quality, system resolution, sensitivity, and more. The CTN5 phantom can be configured for PET or SPECT systems.

The NMCTG is supporting a growing number of nuclear medicine clinical trials and therefore had the need to increase its CTN5 phantom inventory. Through a partnership with the University of Iowa and ProtoStudios (protostudios.uiowa.edu), 100 additional CTN5 phantoms were constructed. Months of careful design work and testing culminated in a mass assembling and testing weekend on the Cedar Rapids campus. CTN staff were hosted by John Sunderland, PhD, and Stephen Graves, PhD, and with their guidance and support, the combined team built and tested 100 phantoms. The "Phantom Palooza" was filled with music from across genres and a lot of dancing (the phantom shuffle and the water test slides were the most popular dances of the event). These phantoms were shipped to SNMMI headquarters for future clinical trial use. It was an energetic weekend that resulted in a dramatic boost in the NMCTG CTN5 phantom supply that will support the increasing demand and SNMMI's efforts for quality and accuracy of nuclear medicine clinical trials.

SPECIAL FEATURE

The Global Radiopharmaceutical Trial Finder: Streamlining Clinical Research Access

Danielle Ralic, CEO Ancora.ai and Josh Mailman, COO of WARMTH

Danielle Ralic

Josh Mailman

The radiopharmaceutical landscape is evolving at a breakneck pace. As imaging and theranostics applications expand, the sheer volume of clinical research has made it increasingly difficult for providers, researchers, and patients to keep pace. To bridge this gap, a collaborative effort has produced a high-tech solution to streamline trial discovery and enhance global collaboration.

A Collaborative Foundation

In 2024, Ancora.ai partnered with the ICPO Foundation and WARMTH to develop the Global Radiopharmaceutical Trial Finder. To ensure the trial finder met the needs of the nuclear medicine community, an international working group—comprising clinicians, radiopharmaceutical experts, and patient advocates—was established to guide the development of the trial finder's underlying artificial intelligence (AI) model and the trial finder's user interface.

The trial finder utilizes Ancora.ai's clinical research AI model to automate the identification, structuring, and enrichment of radiopharmaceutical data points within trial registries—information that is often difficult to extract through standard search engines.

Real-Time Intelligence and Advanced Filtering

Launched by the European Association of Nuclear Medicine in October 2024 and on the SNMMI website in February 2025, the Global Radiopharmaceutical Trial Finder aggregates data daily from four major trial registries: ClinicalTrials.gov, ISRCTN, SAKK, and ANZCTR.

The trial finder interface enables users to filter trials by specific parameters relevant to the field:

- Radiation Type
- Radioisotope
- Target
- Carrier
- Phase
- Sponsor
- Indication and more

For patients, a brief, intuitive questionnaire translates complex diagnosis and treatment history into a personalized list of radiopharmaceutical trial options in minutes. By automating the review of key eligibility criteria, the trial finder simplifies the path to clinical research, enabling patients and their care teams to navigate a specialized field that might otherwise feel inaccessible.

Impact by the Numbers (as of March 2026)

Since its launch, the trial finder has become a global hub for research navigation:

- Reach: 6,700+ individuals across 27 countries and 5 continents using the trial finder.
- Scope: Over 1,530 active radiopharmaceutical trials indexed.
- Patient Engagement: Of those who accessed the trial finder, 1,000 were patients seeking personalized radiopharmaceutical trial options.
- Top Trends: The top 5 most searched indications include neuroendocrine tumors, prostate, breast, kidney, and colorectal cancers. The top 5 most commonly searched radioisotopes include ^{225}Ac, ^{177}Lu, ^{212}Pb, ^{211}At, and ^{64}Cu.

Accelerating Global Research

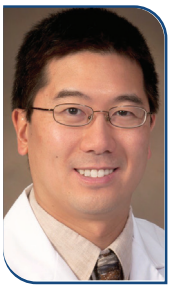
By centralizing and organizing trial data, the Global Radiopharmaceutical Trial Finder serves as a practical resource for monitoring the research landscape and identifying opportunities for international collaboration. It provides a standardized way to track emerging trends and connect clinicians with relevant studies for their patients.

The project team expresses its gratitude to the ICPO Foundation and WARMTH, who served as project funders and collaborators, as well as the scientific advisory board, including Bonnie Clarke, Dr. Cathy Cutler, Dr. Ken Herrmann, Dr. Michael Hofman, Dr. Kalevi Kairemo, Dr. Masha Maharaj, Dr. Andrew Scott, and Dr. Elcin Zan.

To access the Global Radiopharmaceutical Trial Finder, visit SNMMI Global Radiopharmaceutical Trial Finder.

Tau PET: The Next Wave of Molecular Precision in Alzheimer's Disease

Phillip H. Kuo, MD, PhD



Alzheimer's disease (AD) is characterized pathologically by the accumulation of two proteins. The first is amyloid, which can be assessed using the three Food and Drug Administration (FDA)–approved amyloid PET radiopharmaceuticals for both diagnosis and monitoring response to anti-amyloid antibody therapy. Amyloid forms plaques, which can precede symptoms by more than a decade. The second protein is tau, which forms neurofibrillary tangles that can be assessed using the tau PET tracer ^{18}F-flortaucipir (FDA-approved in 2020). The spread of tau from the mesial temporal lobe to the rest of the temporal region and then beyond to the other regions of the neocortex correlates with progression of symptoms. Therefore, tau spread tracks more closely with symptoms than amyloid and thus plays a crucial role in biological staging of AD (Fig. 1).

The revised criteria for biomarker staging of AD place the tau fluid biomarker as a core biomarker that can be used to establish the diagnosis of AD and inform clinical management. ^{18}F-flortaucipir PET is limited in accuracy to later stages of progression (beyond the mesial temporal lobe), so it is classified as a later-changing biomarker. A next-generation tau PET tracer, ^{18}F-MK-6240, can identify tau accumulation at earlier stages and thus has the potential to upgrade tau PET to a top-tier core biomarker (Fig. 2). A key advantage of tau PET over fluid biomarkers is the clinically significant spatial information on the spread of tau. The "Updated Appropriate Use Criteria for Amyloid and Tau PET" rated tau PET appropriate for multiple clinical scenarios involving mild cognitive impairment or dementia and determination of eligibility for approved amyloid-targeting therapy.

^{18}F-flortaucipir PET was utilized in TRAILBLAZER-ALZ 2, the positive phase 3 clinical trial that resulted in the FDA approval of the anti-amyloid antibody donanemab. Tau PET has played a crucial role in multiple other clinical trials, including monitoring response to therapies targeting tau. Other tau PET tracers with affinity for isoforms of tau pathology present in other neurodegenerative diseases,

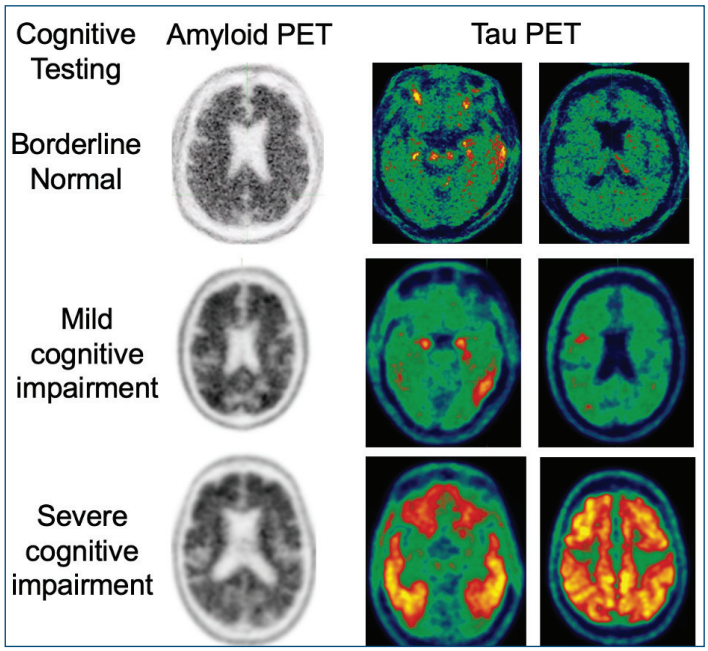


Figure 1: Amyloid and tau PET imaging from three patients with differing degrees of cognitive decline on neurologic testing: borderline normal cognitive testing in top row, mild cognitive impairment (MCI) in middle row, and severe cognitive impairment in bottom row. Left column contains transaxial slices from ^{18}F-florbetapir PET scans showing that the three patients show similarly high levels of amyloid throughout the cortex despite very different degrees of cognitive impairment. To the right of the amyloid PET images are transaxial slices from ^{18}F-flortaucipir PET scans at the level of the temporal region (center) and frontal/parietal regions (right). The borderline normal patient shows mild positivity in the left temporal lobe only. The MCI patient shows positivity in the temporal region and early positivity in the right frontal and parietal regions. The patient with severe cognitive impairment has marked uptake in the temporal, parietal, and frontal regions. In contrast to the amyloid PET imaging, the increasing uptake on the tau PET scans correlates with worsening cognitive decline. Images are from collaboration with Banner Alzheimer's Institute.

Continued on page 6. See Tau PET.

Why Secondary Standards Laboratories Matter for Traceable Activity Measurements in Nuclear Medicine

Stephen A. Graves, PhD, DABR and Carlos F. Uribe, PhD, MCCPM


Stephen A. Graves


Carlos F. Uribe

As nuclear medicine becomes increasingly quantitative, confidence in radioactivity measurements is no longer just a technical detail. It is a foundational requirement for reliable imaging, radiopharmaceutical therapy, multicenter clinical trials, and the broader goal of delivering comparable care across institutions. Yet until recently, many radiopharmaceuticals were being used without practical access to activity measurements traceable to a national metrology institute, such as the National Institute of Standards and Technology (NIST).

Recognizing this gap, several groups began working in 2022 to develop a more robust infrastructure for traceable activity measurements in nuclear medicine. With support from an SNMMI award, teams at the University of Iowa (Dr. Stephen Graves) and the University of Alabama at Birmingham (Dr. Suzanne Lapi) initiated interlaboratory comparisons using NIST-traceable high-purity germanium gamma spectrometry. These early efforts showed that absolute activity measurements could be performed with low uncertainty and strong agreement between laboratories. These early comparisons used matched samples of radionuclides such as ^{64}Cu, ^{89}Zr, ^{203}Pb, and ^{225}Ac and showed that the approach was both feasible and reproducible across sites. They also made clear that rigorous calibration procedures, standardized analysis methods, and careful uncertainty assessments are essential for success.

At the same time, practical experience with measurement services for radiopharmaceutical manufacturers and suppliers highlighted a broader concern: activity specifications for several longer-lived radionuclides were not always as accurate as needed for high-quality clinical and research applications. For a field increasingly focused on quantitative endpoints, dosimetry, and harmonized imaging, this represented a meaningful vulnerability. If the activity in the vial is wrong, everything that follows, from the radionuclide calibrator setting to scanner calibration and absorbed dose estimates, can be affected. That concern became even more urgent as evidence showed that discrepancies in calibration can be clinically consequential. An example was the discovery that both ^{90}Y microsphere products being used clinically were miscalibrated by ~20% each in opposite directions *(1,2)*.

These findings helped lay the groundwork for a larger and more organized effort. In 2023, investigators began working with the Foundation for the National Institutes of Health to develop a consortium-based project aimed at addressing several infrastructure gaps in nuclear medicine. That effort became the Precision Dosimetry Imaging Biomarker (PDIB) project, launched in April 2025. One of its core objectives is to establish a network of secondary standards laboratories capable of providing traceable activity calibration services with the speed, quality, and accessibility needed by the field. Additional project goals include harmonized quantitative SPECT/CT calibration and improved reproducibility of radiopharmaceutical therapy dosimetry across sites and operators.

The secondary standards laboratory network now includes the University of Iowa (Dr. Stephen Graves), the University of Alabama at Birmingham (Dr. Suzanne Lapi), BC Cancer (Dr. Carlos Uribe), and the Belgian Nuclear Research Center (Dr. Clarita Vargas), with engagement from NIST and the National Physical Laboratory (NPL) for guidance and reference support. Together, these sites are working to harmonize procedures and perform coordinated measurement exercises across radionuclides of growing importance in nuclear medicine, including ^{177}Lu, ^{131}I, ^{111}In, ^{212}Pb, ^{203}Pb, and ^{225}Ac. Common traceable standards, shared source geometries, and aligned standard operating procedures are helping create the basis for a distributed but consistent measurement infrastructure.

Now, nearly one year into the PDIB project, the network has already made substantial progress. Sites have performed measurements of ^{177}Lu, including a direct comparison to a primary standard at the NPL, and early results continue to build confidence in the feasibility and value of this distributed model. In parallel, activity measurement services are increasingly

Continued on page 8. See Why Secondary Standards.

WHAT'S HAPPENING

Streamlining Collaborations

In 2024 and 2025, the SNMMI Clinical Trials Network (CTN) hosted a series of workshops with the goal of reducing redundancies and delays in clinical trials. The first workshop focused on Study Start-up, and the second focused on Study Execution Logistics. Each workshop contained lectures and roundtables with pharmaceutical industry representatives, academic and community sites, regulatory bodies, and SNMMI staff. As we discussed goals and roadblocks in clinical trials, we saw that every member of the clinical trial community shares similar concerns over the time, cost, and complexity of radiopharmaceutical therapy clinical trials in the modern landscape. Our teams left Bethesda with a shared goal in mind: what could each of us do, in our unique trial spaces, to reduce the time spent on logistics and increase the amount of time spent ensuring the safety and quality treatment of patients.

In 2026, we will be hosting another Streamlining Collaborations workshop. Having spent two years identifying areas where collaboration may ease the burden, this year will be spent on executing those plans. The workshop will involve lectures, break-out sessions, and roundtable discussions to connect clinical trial professionals across the industry and encourage collaborative problem-solving.

Recordings from 2024 and 2025 are available on the SNMMI CTN website. Use the QR code below to review our conversations so far, and we look forward to seeing you in 2026!

Tau PET. Continued from page 4.

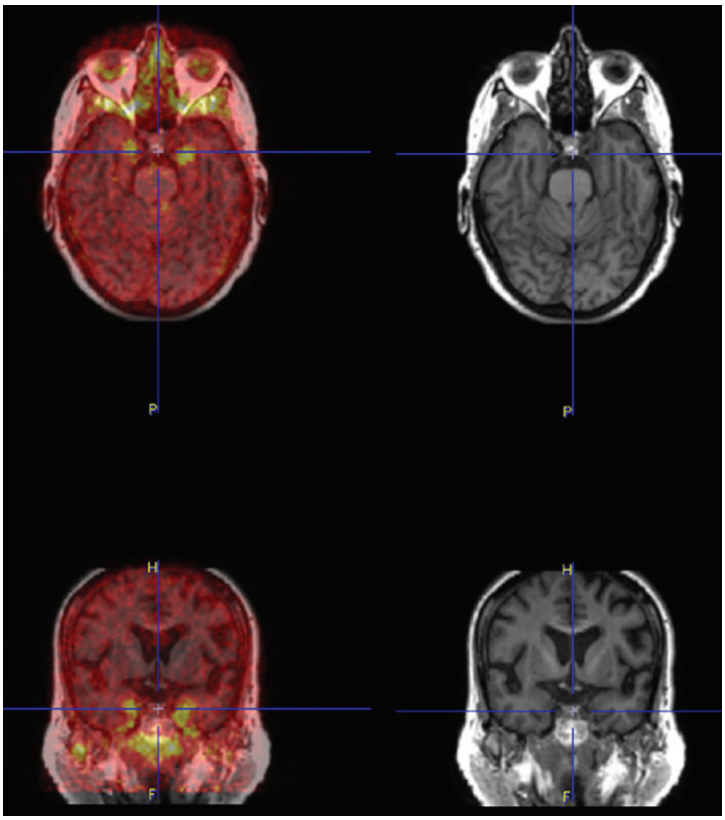


Figure 2: ^{18}F-MK-6240 PET fused with MRI in the left column and MRI in the right column demonstrate isolated accumulation of tau in the mesial temporal lobes indicative of early-stage tau accumulation (reprinted from ref. 3).

such as frontotemporal degeneration and progressive supranuclear palsy, are also under investigation.

In a way that only nuclear medicine can, advances in tau PET imaging—from ^{18}F-flortaucipir to next-generation tracers such as ^{18}F-MK-6240—are reshaping the biological staging, therapeutic monitoring, and clinical management of AD.

REFERENCES

1. Jack CR, Andrews JS, Beach TG, et al. Revised criteria for diagnosis and staging of Alzheimer's disease: Alzheimer's Association Workgroup. *Alzheimer's Dement*. 2024;20:5143–5169. https://doi.org/10.1002/alz.13859
2. TAUVID (flortaucipir F 18 injection) Prescribing Information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/212123s000lbl.pdf. Revised May 2020.
3. Seibyl JP, DuBois JM, Racine A, et al. A visual interpretation algorithm for assessing brain tauopathy with ^{18}F-MK-6240 PET. *J Nucl Med.* 2023;64:444–451. doi: 10.2967/jnumed.122.264371. Epub 2022 Sep 29. PMID: 36175137; PMCID: PMC10071795.
4. Rabinovici GD, Knopman DS, Arbizu J, et al. Updated appropriate use criteria for amyloid and tau PET: a report from the Alzheimer's Association and Society for Nuclear Medicine and Molecular Imaging workgroup. *J Nucl Med.* 2025;66(suppl 2):S5–S31. doi: 10.2967/jnumed.124.268756. PMID: 39778970; PMCID: PMC12794165.
5. Sims JR, Zimmer JA, Evans CD, et al. ; TRAILBLAZER-ALZ 2 Investigators. Donanemab in early symptomatic Alzheimer Disease: the TRAILBLAZER-ALZ 2 randomized clinical trial. *JAMA.* 2023;330:512–527. doi: 10.1001/jama.2023.13239. PMID: 37459141; PMCID: PMC10352931.

The DREAM That Works for You: A Cross-Platform Clinical Trial Matchmaking System

A Technologist's Perspective: Tina Brennan, CNMT, NMTCB(CT)

Introduction

The SNMMI Database of Radiopharmaceutical and Equipment for Advanced Molecular Imaging (DREAM) represents an important advancement in the standardization and efficiency of clinical trial feasibility within nuclear medicine. From a technologist-centered perspective, this platform functions as a centralized, continuously updated repository of site capabilities, designed to reduce administrative burden while improving the accuracy and transparency of information shared with sponsors and contract research organizations (CROs).

Reducing Administrative Burden Through Centralization

A long-standing challenge in clinical trial start-up is the reliance on lengthy feasibility questionnaires, often ranging from 4 to 16 pages, requiring repetitive documentation of equipment, protocols, regulatory approvals, and staffing. DREAM addresses this inefficiency by allowing sites to maintain a comprehensive profile that includes scanner types, hot lab equipment, radionuclide calibrator calibration dates, and scanner calibration dates for both PET and SPECT. Sites are requested to update their data annually, ensuring that information remains current without requiring repeated manual entry for each new trial.

Capturing Site Experience and Clinical Trial Expertise

Importantly, the database expands beyond infrastructure to capture site experience and expertise. Technologists can document the types of studies performed, as well as the isotopes used in prior clinical trials. This provides a more objective and data-driven representation of a site's operational history, allowing sponsors to assess whether a site has relevant experience with specific radiopharmaceuticals and imaging protocols.

Highlighting Staffing Capacity and Technologist Expertise

Another key component is the ability to document the number of technologists qualified to perform clinical trials. Staffing is a critical yet often underrepresented factor in feasibility assessments. By capturing the number of trained personnel—and their key contact information—the database provides insight into a site's operational capacity, flexibility, and ability to support concurrent or complex studies. Primary site contact information can also be added, ensuring that the proper personnel are contacted with trial questions and concerns.

A Comprehensive and Standardized Site Profile

Collectively, these elements create a comprehensive and standardized site profile that integrates infrastructure, experience, regulatory compliance, and staffing. For technologists, this reduces redundant administrative tasks and allows greater focus on imaging quality and patient care. For sponsors and CROs, it offers a reliable, comparable dataset to support informed decision-making.

Conclusion: A Bidirectional Feasibility Tool

Ultimately, the SNMMI DREAM functions as a bidirectional evaluation tool. It enables nuclear medicine sites to determine whether a clinical trial aligns with their capabilities and resources, while simultaneously allowing sponsors to identify sites that are well-suited to meet protocol requirements. This alignment has the potential to accelerate study start-up, reduce variability, and improve overall trial performance. In this way, DREAM supports a more efficient, transparent, and collaborative approach to clinical research while elevating the role of technologists in trial readiness and execution.

SNMMI Staff Perspective

Brittany Lopez, Senior Program Manager

Introduction

In the execution of a clinical trial, few decisions are as critical as site selection. The identification and safety of trial participants, the costs associated with trial execution, the timeliness of data submission, and, ultimately, the integrity of the data that demonstrate safety and efficacy all rely on the selection of clinical trial site teams. In the radiopharmaceutical therapy (RPT) space, selection is complicated by the need for specialized equipment and the expert site staff needed to operate it. Site identification and activation have been identified as significant delays in the site start-up process *(1)*. In RPT trials, activation can be slowed by the need to ensure that stringent quality control is performed on scanners, radionuclide calibrators, well counters, and even the study of

Continued on page 8. See The DREAM That Works for You

The DREAM That Works for You. Continued from page 7.

radiopharmaceutical manufacturing itself. With over 400 RPT trials currently enrolling in the United States *(2)* alone, the SNMMI Therapy Clinical Trials Network (TCTN) has identified the need for a centralized database of experienced RPT sites that are well-matched to the needs of clinical trials. DREAM has two primary goals: help clinical trial sponsors find sites and help sites store and streamline their data.

Help Us Help You: Reducing Site Burden

As in clinical trial start-up, DREAM begins with sites. Clinical trial sites of all sizes can sign up to add their site information to DREAM. Sites enter contact information, nuclear medicine and general clinical trial equipment, and RPT therapy and clinical trial experience. In addition, equipment validation information can be stored. The Nuclear Medicine Clinical Trials Group (NMCTG) recommends revalidating PET scanners, SPECT scanners, radionuclide calibrators, and well counters on an annual basis. By storing all this information in a single location, sites will be able to identify when their calibration is expiring and needs to be repeated.

Site initiation questionnaires and documentation are another common source of study start-up delays and a burden on site, CRO, and sponsor resources. DREAM was designed to store the most commonly asked questions on Site Equipment Questionnaires in nuclear medicine imaging trials. These data can be exported by the site team and provided to industry trial runners.

Connecting the Right Site with the Right Sponsor

Once these data have been compiled, the start-up process can be further streamlined by directing clinical trial sponsors to the correct sites for their needs. A filter is available on the DREAM home page. Trial sponsors can sort by trial-relevant fields such as location, equipment availability, prior clinical trial or therapy experience, and radionuclide production capabilities. The result is a list of sites that meet most every designated need of the trial, with the correct contact person for that team. The NMCTG has seen that significant trial delays can occur simply because the wrong team members are being contacted. By creating a single space for a site to designate a single contact person, clinical trial sponsors are connected directly to the person in charge of nuclear medicine at a clinical site, with the foreknowledge that the site meets the requirements of the trial.

Streamlining Data to Reduce Red Tape

The SNMMI has hosted a series of "Streamlining Collaborations" meetings over the last few years. Pharmaceutical companies, CROs, research sites, and federal government representatives all agree that the current start-up process is time-consuming and expensive. It is the hope of the TCTN that DREAM is a step toward reducing the workload for every member of the clinical trial team, streamlining study start-up, and getting trial therapies more efficiently to the patients who need them.

TCTN is currently seeking DREAM member sites who are willing to provide feedback on data entry and user experiences. If you are interested in providing feedback, you can contact ctnadmin@snmmi.org.

REFERENCES

1. Lai J, Forney L, Brinton D, Simpson KN. Drivers of start-up delays in global randomized clinical trials. *Ther Innov Regul Sci.* 2021;55:212–227.
2. Finding clinical trials made simple. Ancora.ai website. www.ancora.ai/en?partner=ancora_ai&q=null. Accessed March 20, 2026.

Why Secondary Standards. Continued from page 5.

being integrated with the broader calibration and clinical trial support activities of the SNMMI Clinical Trials Network.

The long-term significance of this effort extends well beyond any single radionuclide or project. As theranostics expands and more complex diagnostic and therapeutic agents enter clinical trials and routine care, the field will need reliable, scalable, and traceable measurement infrastructure. Secondary standards laboratories help provide that foundation. They support more consistent quantitation, more credible dosimetry, and greater confidence that data generated across sites can truly be compared. In that sense, traceability is not simply a physics issue; it is part of the infrastructure required for high-quality nuclear medicine.

In the years ahead, the importance of traceable activity measurements will only continue to grow. Expanding a practical network of secondary standards laboratories is an important step toward making quantitative accuracy more accessible, more routine, and more impactful for clinical trials, dosimetry, and patient care across nuclear medicine.

REFERENCES

1. Graves SA, Martin, M, Tiwari A, Merrick M, Sunderland J. SIR-Spheres activity measurements reveal systematic miscalibration. *J Nucl Med.* 2022;63:1131–1135.
2. Gnesin S, Mikell JK, Conti M, et al. A multicenter study on observed discrepancies between vendor-stated and PET-measured ^{90}Y activities for both glass and resin microsphere devices. *J Nucl Med.* 2023;64:825–828.