

## Letter to the Editor

# The Journal of Interventional Radiology and Nuclear Medicine - An Introduction

Zachary S Collins\*

Section Head of Interventional Radiology, University of Kansas Medical Center, Kansas City, Kansas, USA

\*Corresponding author: Zachary S Collins, Section Head of Interventional Radiology, University of Kansas Medical Center, Kansas City, Kansas, USA, Tel: +1 9135880699; E-mail: [zcollins@kumc.edu](mailto:zcollins@kumc.edu)

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As a contributing editor, we are pleased to publish the inaugural issue of the Journal of Interventional Radiology and Nuclear Medicine (JIRNM). With this brand new publication, we hope to smoothly blend these seemingly disparate practices. My background as an editor is unique and should be well employed for this publication. I have completed two radiology fellowships - one in Interventional Radiology and the other in Nuclear Medicine. My interventional radiology training was completed at Tampa General Hospital at the University of South Florida, while my nuclear medicine training was completed at Emory University in Atlanta, Georgia. I have been able to employ this training for the last eight years as a staff physician and associate professor at the University of Kansas Hospital in Kansas City, Kansas. I am currently active in both these practices from clinical and research perspectives.

There are major challenges that exist with the initiation of a new publication. There are certain obvious hurdles to overcome, such as gathering sufficient articles and readership. A journal should have high standards. Articles should not only be interesting reads, but they should also move the needle. Literary fluff is all too pervasive in modern publications and it unfortunately dilutes the brand. Our goal at JIRNM is to gather the resources necessary to publish original, thought provoking articles and cutting-edge

research in both the fields of Interventional Radiology (IR) and Nuclear Medicine (NM). We believe in a philosophy of “if you build it, they will come,” to evoke the eerie whispered hauntings of the *Field of Dreams* movie.

We have already mapped out future articles. In IR, we will focus on the practice of Interventional Oncology (IO), as IR has shifted away from being solely a vascular practice. Here at our institution, the practice of IO comprises well over 75% of my daily IR practice. There is much to discuss in terms of the advancements that have already taken place, as well as what’s to come in the next 5-10 years. In NM, we will focus on the continued shift toward molecular imaging. At our institution, we are employing more clinical trials than ever before with nuclear agents, such as Iomab-B, a radioimmunoconjugate of a murine monoclonal antibody and I-131 radioisotope for use in AML patients and many others. Additionally, Peptide Receptor Radionuclide Therapy (PRRT) is another area of new therapy for patients with metastatic Neuroendocrine Tumor (mNET) that is worthy of discussion.

We hope that you enjoy this inaugural issue of JIRNM. As a neophyte publication, please know that we are actively soliciting well-written manuscripts and for a broad readership. So, if you like what you have read, please spread the word.