

PRESENTING THE MACEDONIAN NUCLEAR MEDICINE EXPERIENCE AT THE SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING ANNUAL MEETING 2026

Dear Editor,

I was delighted to attend the SNMMI Annual Meeting 2026, held from May 30 to June 2, 2026, in Los Angeles, USA, organized by the Society of Nuclear Medicine and Molecular Imaging (SNMMI). Attracting nearly 8,000 attendees from across the globe, it is considered as one of the largest international events in the nuclear medicine field.

More than 130 continuing education and scientific sessions highlighted advances and important developments in precision nuclear medicine, such as theranostics, quantification techniques, as well as updates in radiopharmaceutical production. Further opportunities for acquiring insight and knowledge were also offered at the Annual Meeting Science Pavilion, where 1000s of posters were presented and at the exhibition hall, where 250 leading companies and organizations exhibited their work at the meeting. The meeting also received close to 1,500 abstract submissions, representing an increase compared with the previous year and the highest number of submissions since the pre-COVID-19 period (1).

In addition to learning about the latest advancements and procedures related to my field, this event was a great privilege because it allowed me to meet colleagues from different countries, exchange experiences, and learn from their perspectives.

While the meeting provided plenty in and out of the field, it was also a particular honor of mine to attend it actively. Namely, I gave an oral and a poster presentation highlighting my work: “Predicting First-line Immunochemotherapy Outcome in Diffuse Large B-Cell Lymphoma Patients Using ^{18}F -FDG PET/CT Parameters,”(2) which concludes that DLBCL is the most common type of non-Hodgkin lymphoma, while the majority of cancer patients achieve long-term remission with first-line immunochemotherapy treatment. However, a significant number of DLBCL patients relapse or progress. Identifying these patients early is critical for enabling an adequate adjusted risk response therapy and improve overall outcome. In our small study, we correlated several baseline potentially predictive quantitative measures on ^{18}F -FDG PET/CT, such as: total metabolic tumor volume or tMTV, total lesion glycolysis or TLG and maximal distance between the farthest lesions or Dmax. We correlated these parameters with each patient’s treatment response, as assessed by end-of-treatment ^{18}F -FDG PET/CT findings. The results showed that cancer patients that failed treatment from the start (with first-line immunochemotherapy) tended to have statistically higher values of tMTV, TLG and Dmax. The conclusion of our short presentation highlighted the increasing impact that these parameters have in outcome of lymphomas and that they may hold the key for better treatment outcomes.

For physicians and researchers (from smaller nuclear medicine communities, such as North Macedonia), the SNMMI Annual Meeting offers opportunities for exchange of experience and knowledge, where the shared ideas can be put into local practices. The future of nuclear medicine will rely on combining innovation, standardization and multidisciplinary collaboration with clinical medicine. The SNMMI Annual Meeting clearly showed that our field is moving in that direction.

Sincerely,

Dr. Slavko Tasevski

Nuclear Medicine physician and PhD student,

University Institute for Positron – Emission Tomography, Skopje

References:

1. Society of Nuclear Medicine and Molecular Imaging (SNMMI). SNMMI 2026 annual meeting highlights transformative advances in clinical practice and research [Internet]. Reston (VA): Society of Nuclear Medicine and Molecular Imaging; 2026 [cited 2026 Jul 17]. Available from: SNMMI 2026 Annual Meeting Highlights.
2. Tasevski S, Manevska N, Todorova - Stefanovski D et al. Predicting first-line immunochemotherapy outcome in Diffuse Large B-Cell Lymphoma patients using ^{18}F -FDG PET/CT parameters. Journal of Nuclear Medicine. 2026;67(1):261143.

GUIDELINES FOR AUTHORS

The Macedonian Journal of Anaesthesia (MJA) is a scientific journal of the Macedonian Society of Anaesthesia (MSA) and the Macedonian Society of Critical Care Medicine (MSCCM). The aim of this specialized medical journal is to accelerate and promote scientific achievements, new developments, clinical experiences, reviews, and discussions of controversial topics in anaesthesia, resuscitation, and intensive care, as well as other related medical fields.

The journal is published four times a year (April, June, October, and December), although additional supplements may be published when necessary. MJA publishes original articles in basic and applied research, review articles, case studies, therapeutic and technological innovations, discussions, critiques, surveys, impressions from scientific meetings, information on international conferences, and reviews of new books and other publications.

Manuscripts submitted for publication must not have been published previously. Manuscripts previously published only in abstract form are eligible for publication in the journal but must be accompanied by an additional letter to the Editor specifying the details of the abstract (abstract number, proceedings publication or DOI, date, and location).

Authors are responsible for adhering to ethical guidelines for medical research and for the content of their manuscripts, including all statements, opinions, analyses, and results presented.

The Editorial Board submits manuscripts for anonymous peer review by international or domestic reviewers. The Editors determine the final categorization of each manuscript. Following the review process, the manuscript, together with the reviewers' comments, is returned to the corresponding author, who is required to submit the final revised version to the Editorial Board within one week.

The Editorial Board reserves the right to determine the order of publication of manuscripts based on reviewers' recommendations and editorial priorities. The order in which manuscripts are published does not reflect their scientific value. The Editorial Board also reserves the right to make editorial changes to manuscripts to ensure compliance with the journal's publication standards.

MANUSCRIPT PREPARATION

Manuscripts must be submitted together with a cover letter signed by the corresponding author, declaring that the manuscript has not been previously published. The letter must also include a conflict-of-interest declaration and confirmation from all authors (see Annex No. 1 for an example).

The guidelines for authors follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.nlm.nih.gov).

The language and style of manuscripts should be clear, concise, and consistent with accepted linguistic conventions and anaesthesiological and medical terminology.

Manuscripts must be written in English and prepared in Microsoft Word (*.doc format), using Times New Roman, 12-point font. The left, top, and bottom margins should be set to 3 cm, and the right margin to 2.5 cm.

Line spacing should be set to double (2.0). Bold and italic formatting should not be applied throughout the entire text but should be reserved for sections requiring emphasis.

Manuscripts should not exceed 10 pages, excluding references.