

# EUROPEAN NUCLEAR MEDICINE DAY

Advocating for better patient access and care



## Event report

**The first edition of European Nuclear Medicine Day took place on September 29, 2026, at the Fondation Universitaire in Brussels.**

Jointly organised by the European Association of Nuclear Medicine (EANM), representing healthcare professionals and the academic sector, and Nuclear Medicine Europe, representing industry, the half-day event aimed to raise awareness of the value of nuclear medicine, support calls for the establishment of an official European Nuclear Medicine Day, and provide a platform for dialogue on shared challenges and opportunities facing the field. Through keynote presentations, panel discussions and interactive exchanges, the event brought together over 70 policymakers, healthcare professionals, researchers, patient representatives and industry stakeholders to strengthen collaboration and advance a common vision for the future of nuclear medicine in Europe.

The first **European Nuclear Medicine Day** was launched in 2026 as a joint initiative of the **European Association of Nuclear Medicine (EANM)** and **Nuclear Medicine Europe**, bringing together the nuclear medicine community around a shared objective: improving patient access to nuclear medicine across Europe. The event reflected a growing recognition that while innovation in nuclear medicine is advancing rapidly, access to these innovations remains highly unequal across Europe.



**Prof. Paola Erba, EANM President**, and **Mart-Jan Blauwhoff, Nuclear Medicine Europe President**, focused on what many described as the central challenge for the field. Europe performs millions of nuclear medicine procedures each year and is at the forefront of scientific innovation. However, patients continue to experience very different realities depending on where they live. Access to diagnostics, treatments and specialised care often depends not only on medical needs, but on the availability of infrastructure, workforce capacity, and supportive regulatory frameworks. Participants were invited to reflect on a simple question that formed the basis of the entire programme: if the science is ready, are healthcare systems ready to deliver it?

The discussions throughout the day were therefore framed around three interconnected conditions for access: (i) **regulation**, (ii) **supply and infrastructure**, and (iii) **workforce**. Together, they provided a roadmap for understanding what is required to translate scientific leadership into equitable patient access across Europe.

## Keynote Session: Securing an Equitable Access in Europe

The first keynote session set the tone by examining the question of access from both a policy and a patient perspective.

In a video message, **Senator Khalifé Khalifé, Member of the French Senate** and cardiologist, described therapeutic nuclear medicine as one of the most significant transformations currently taking place in healthcare. He argued that the challenge facing policymakers is no longer whether innovation will arrive, but whether healthcare systems are prepared for its consequences. Referring to ongoing discussions in France and a new law proposal on accelerating the development of therapeutic nuclear medicine in Europe, he stressed the need for long-term planning. As he reminded, access requires anticipation: facilities need to be built, professionals need to be trained, and regulatory systems need to adapt to keep pace with scientific progress. Senator Khalifé also emphasised that Europe needs to give itself the tools to continue its leadership in therapeutic nuclear medicine.

This broader policy perspective was echoed by **Tomislav Sokol, Member of the European Parliament**, who highlighted several ongoing European initiatives aimed at strengthening health innovation and competitiveness. From the Biotech Act to the revision of the Medical Device Regulation and Critical Medicines Act, these initiatives share a common objective: creating conditions that allow innovation to develop and reach patients more efficiently. The importance of making cross-border clinical research more feasible was also highlighted. MEP Sokol also mentioned the need to reduce unnecessary bottlenecks and ensure that Europe remains an attractive environment for developing innovative healthcare technologies, while maintaining its competitiveness on the global stage.



While the first interventions focused on enabling innovation, **Erik Briers, representing the patient-led organisation Europa Uomo**, shifted the discussion to what access looks like from the patient's perspective. His keynote served as a stark reminder that access requires evidence generation that goes beyond what is needed for the approval of a medicinal product. Patients need treatments that are available, affordable and integrated into functioning, high-quality care pathways. Using examples from radioligand therapy, he illustrated how reimbursement systems, referral pathways, specialised facilities, trained professionals and multidisciplinary collaboration all determine whether patients are ultimately able to receive care that improves their quality of life and outcomes. He highlighted quality of life as a central consideration for patients, including the importance of enabling patients to return home as soon as possible after therapy.

## Regulatory Roundtable: Making Innovation Reach Patients Faster

The regulatory roundtable followed the full clinical development pathway from scientific innovation to patient care and explored how Europe can establish a more coherent and predictable pathway for radiopharmaceuticals.

The session's chair, **Nuclear Medicine Europe Vice President Dr. Konrade von Bremen**, opened by explaining that radiopharmaceuticals sit at the intersection of national and EU level pharmaceutical legislation applicable to clinical development, marketing authorisation and access (including HTA), as well as radiation protection legislation, which has led to fragmentation, inefficiency and confusion. Using recent reforms in Germany to support clinical trial authorisations for studies with radiopharmaceuticals as a practical example where multistakeholder collaboration was key, the discussion explored how pharmaceutical legislation, radiation protection requirements, and HTA processes can work together more effectively while maintaining high standards of quality, safety and patient protection.



A recurring message throughout the session was that radiopharmaceuticals have unique features that need to be considered appropriately by both the pharmaceutical and radiation protection legislative frameworks. Their short half-lives, theranostic applications, decentralised production models, and reliance on dosimetry create scientific and operational realities that require a tailored approach. As **Marianne Patt (EANM/Augsburg Hospital)** noted, good regulation begins with recognising the specificities of radiopharmaceuticals. Participants broadly agreed that regulatory requirements must remain proportionate, risk-based and adapted to the characteristics of these products if innovation is to reach patients efficiently.

The discussion also highlighted that the key challenge is not the existence of multiple regulatory frameworks, but the way they interact. As **Anna Sundlöv (Swedish Medical Agency)** observed, pharmaceutical regulators, radiation protection authorities and HTA bodies were, until recently, "sitting at different tables". Since the launch of the European SAMIRA Action Plan, however, greater collaboration has emerged, with initiatives such as the now starting AURORAD Joint Action, creating new opportunities for dialogue and cooperation across disciplines.

Participants then reflected on what regulatory integration should mean in practice. The consensus was that integration is not about merging legal frameworks or lowering standards, but about improving coordination, reducing unnecessary duplication, and creating clearer pathways for developers and healthcare providers. The German Medical Research Act was highlighted as a concrete example of this approach. By integrating radiation protection assessments into the clinical trial authorisation process, while preserving the responsibilities of the respective authorities, Germany has demonstrated that a rise in efficiency can be achieved without compromising patient safety.

From a regulatory perspective, **Vanessa Fradin-Da Ros (European Medicines Agency)** emphasised that the European Medicines Agency (EMA) recognises the dual regulatory framework governing radiopharmaceuticals, their unique characteristics as well as the central role played by dosimetry in their development. She highlighted ongoing efforts to provide radiopharmaceutical-specific guidance and encouraged developers to engage with regulators early in the development process.

The debate also underscored the importance of focusing on shared objectives rather than perceived tensions between regulatory systems. Representing the pharmaceutical industry, **Sibylle Jennings (Novartis)** encouraged



participants to identify common ground between pharmaceutical legislation and radiation protection requirements, as well as explore jointly appropriate ways to comply with both. In this context, harmonisation was considered valuable only if it leads to greater clarity and consistency. Panellists cautioned against approaches that simply accumulate requirements and increase complexity without providing additional value.

The discussion concluded by looking beyond regulatory approval and considering the final objective of any innovation pathway: delivery to patients. **Anne-Leen Deleu (Institut Jules Bordet)** highlighted that market authorisation alone does not guarantee access. Radiopharmaceuticals must also navigate HTA and reimbursement processes before becoming available in routine clinical practice. The new EU HTA Regulation was recognised as an important step towards greater convergence, although participants noted that awareness of its implications remains limited across parts of the nuclear medicine community. There was broad agreement that access considerations must be integrated much earlier in the development of an innovative radiopharmaceutical. Closer alignment between regulatory and HTA requirements could help shorten the time between scientific innovation and patient benefit.

Overall, it was concluded that strengthened collaboration between all stakeholders, academia, industry regulatory authorities, radiation protection and HTA communities, as well as increased opportunities for multistakeholder discussions, is key to ensure we make the most of the upcoming opportunities to improve EU competitiveness and to ultimately ensure that innovation reaches patients more rapidly and more equitably across Europe.

## CALL TO ACTION

### 1. Ensure the Biotech Act fully reflects the specificities of radiopharmaceuticals

- The Biotech Act should recognise the unique characteristics of radiopharmaceuticals, including theranostics, decentralised production, and hybrid technologies.
- Nuclear medicine should be considered a strategic European innovation area at the intersection of biotechnology, advanced manufacturing and precision medicine.

### 2. Promote better regulatory integration across Europe

- Better align with the Clinical Trials Regulation, pharmaceutical legislation and Euratom radiation protection requirements, to reduce unnecessary duplication and enable more coherent development pathways.
- Build on initiatives such as AURORAD to promote regulatory convergence and practical cooperation across Member States, by including all stakeholders in the implementation of the project.

### 3. Deliver proportionate and science-based regulatory requirements

- The ongoing revision of EMA radiopharmaceutical guidelines should ensure predictable, proportionate, and evidence-based requirements for development, manufacturing, and clinical evaluation.
- Regulatory expectations should be tailored to the characteristics and risk profile of individual products.

### 4. Enable innovation while preserving patient access

- Clinical evidence requirements should remain proportionate and avoid creating unnecessary barriers to innovation, implementation, or patient access.
- Approaches to dosimetry and treatment individualisation should remain flexible and guided by demonstrated clinical benefit.

### 5. Align regulatory, HTA and access pathways

- Greater coordination between regulators, HTA bodies, and payers is needed to ensure that evidence generated for regulatory approval also supports timely reimbursement and equitable patient access.
- Europe should promote integrated and predictable pathways from development to clinical implementation.

## Supply & Infrastructure Roundtable: Building Europe's Nuclear Medicine Capacity

As nuclear medicine continues to expand rapidly across Europe, ensuring sufficient infrastructure and a secure supply of radioisotopes is becoming increasingly critical. The roundtable examined the vulnerabilities across the radiopharmaceutical supply chain and explored solutions to strengthen supply security, while also addressing the infrastructure investments needed to ensure that nuclear medicine departments can meet the growing patient demand.



Ensuring access to radiopharmaceuticals means not only having products available on the market, but also having the capacity to produce, deliver and administer them reliably to patients across Europe. As the number of patients eligible for nuclear medicine diagnostics and treatments continues to grow, Europe must ensure that sufficient capacity across the entire radiopharmaceutical supply chain exists. The session's chair, **Wim Oyen (EANM/Humanitas University)**, highlighted that strengthening production capacity, infrastructure and supply chain resilience will therefore be essential to meet increasing demand and ensure patient access to nuclear medicine. European initiatives such as the [European Radioisotope Valley Initiative](#), the [Critical Medicines Act](#) and the [Biotech Act](#) provide important opportunities to support investment, reduce supply-chain vulnerabilities, and strengthen Europe's medical supply chains. While important steps are already being taken at European level, more needs to be done to ensure that there are no bottlenecks in the supply chain that prevent timely and equitable patient access.

Europe faces several structural challenges in securing a reliable supply of medical isotopes. The supply chain is complex because the products decay, making timely delivery essential. As **Erich Kollegger (Belgium's Institut National des Radioéléments)** explained, differences in transport rules and authorisation requirements across countries can increase costs and cause delays. One forgotten form or a delivery issue can mean that the short half-life product does not reach the patient in time. Furthermore, many research reactors producing key isotopes are ageing, while the high cost of upgrading or replacing them means that the upkeep often depends on public support. For newer alpha-emitting isotopes, production technologies and infrastructure are still developing, making it difficult to scale up supply. Addressing these production, infrastructure and transport bottlenecks will be essential to building a reliable European supply chain capable of meeting growing demand.

The development and production of medical radioisotopes requires significant investment across the entire value chain. Raw material extraction and harvesting are highly capital-intensive activities that radiopharmaceutical production companies are unable to undertake independently. Similarly, nuclear research reactors can require investments of billions of euros and several decades to develop, while many of the existing reactors are reaching the end of their operational lifetimes. **Sébastien Linard (Telix Pharmaceuticals)** noted that, at the production level, different isotopes often require dedicated cyclotron infrastructure, requiring investments of up to €50 million. In addition, establishing production facilities that comply with both good manufacturing practice and

radiation protection requirements can require investments of approximately €25 million. These high costs and technical requirements mean that no single company can realistically finance, operate, and control the entire value chain independently. Ensuring secure and resilient supply chains therefore requires collaboration and coordination across the full ecosystem, including raw material suppliers, research institutions, producers, public authorities, and healthcare professionals.



Clinicians see both the benefits of radioligand therapy for patient, as well as the costs that come with a disruption in the supply chain. Limited access to diagnostic tools such as PET scanners can hinder the identification of patients who could benefit from nuclear medicine, highlighting the need for investment in equipment and better mapping of existing capacity. Radioligand therapy also requires specialised infrastructure, strict radioprotection measures and appropriate radioactive waste management, creating additional investment needs that could be addressed through financial support, infrastructure and reliable production. Meanwhile, limited supplies of critical radioisotopes such as Lu-177 and Ac-225 and their need for rapid, just-in-time delivery make resilient supply chains essential. **Karolien Goffin (EANM/KU Leuven)** therefore reasoned that expanding infrastructure, strengthening production capacity and improving international coordination will be key to ensuring that patients can benefit from advances in nuclear medicine as demand grows. When asked how measurements can be made more homogeneous across countries, she referred to [EANM's EARL accreditation programmes](#), which aims to make measurements comparable across nuclear medicine centres in different countries.

Following the interventions by industry and clinician representatives, institutional speakers were asked to offer their perspective on where the European Union is already taking action. **Margarida Goulart (European Commission's Joint Research Centre)** highlighted that research is essential not only to advancing the nuclear medicine field, but also to providing regulators and policymakers with the evidence needed to make informed decisions. The European Commission's Joint Research Centre (JRC) plays an important role by generating robust data, bringing stakeholders together, and supporting greater coordination and harmonisation across member states and research infrastructures. Existing and future funding instruments, including Euratom, Horizon Europe and IPCEIs, should be leveraged to support this work. Strengthening collaboration and the evidence base will be critical to informing decision-making and, ultimately, improving patient access to radioligand therapies, with the goal of giving more patients the opportunity for a better quality of life.

The European Radioisotope Valley Initiative (ERVI) represents an important step in strengthening the resilience, sustainability and competitiveness of Europe's medical radioisotope ecosystem. **Georgi Simeonov (European Commission)** explained that, building on earlier initiatives such as SAMIRA and the REPowerEU roadmap, the [European Commission's ERVI Communication](#) provides a first comprehensive EU policy framework for the sector, aiming to secure Europe's strong position in radioisotope production while reducing strategic dependencies on non-EU suppliers. This requires a coordinated approach across the entire value chain, from raw materials and production through processing and distribution to patients, particularly considering the growing demand for radiopharmaceuticals and future patient needs. When asked to give advice to member states on what they can improve at national level, he made the case for increased cooperation between national radiation protection and medical authorities, especially for new radiopharmaceuticals.

# CALL TO ACTION

## 1. Recognise medical radioisotopes as strategic assets for Europe's health security

- The implementation of the Critical Medicines Act should explicitly recognise the unique role of medical radioisotopes and radiopharmaceuticals, ensuring that supply security measures reflect their strategic importance for patient care.
- Additionally, member states should ensure that radioisotopes for medical use are fully reflected in the proposed IPCEI on Innovative Nuclear Technologies, recognising their contribution to Europe's health resilience, technological sovereignty and industrial competitiveness.

## 2. Accelerate the implementation of the European Radioisotope Valley Initiative (ERVI)

- EANM and Nuclear Medicine Europe ask the EU to rapidly translate ERVI from strategy into action by supporting investments in production capacity, processing facilities, transport networks and emerging radioisotope technologies needed to meet future demand.
- The nuclear medicine community is ready to closely work with the European Commission to ensure that the forthcoming ERVI Strategic Research Agenda addresses both current supply challenges and future capacity needs. Such exercise should be preceded by a careful mapping of current capacity. EANM and Nuclear Medicine Europe are prepared to contribute their expertise to this process.

## 3. Prioritise nuclear medicine within Europe's life sciences and biotech agenda

- As the EU develops the Biotech Act and broader Life Sciences initiatives, nuclear medicine should be recognised as a flagship European technology combining advanced manufacturing, biotechnology, precision medicine, and strategic health innovation.
- Future EU competitiveness actions and industrial policies should support the full nuclear medicine value chain, from research and isotope production to clinical implementation and patient access.

## 4. Support strategic infrastructure through targeted European funding

- EU funding instruments should support the modernisation and expansion of production facilities, radiopharmacies, imaging capacity, and theranostics infrastructure to ensure that innovation translates into timely patient access.
- The European Commission and member states should facilitate investments in strategic radioisotope production projects in line with the objectives of the Critical Medicines Act.
- Public-private partnerships should be encouraged across the value chain to strengthen Europe's production capacity, resilience and long-term preparedness.

## 5. Remove barriers to the cross-border movement of radioisotopes

- Given the time-sensitive nature of radiopharmaceuticals, the EU should work towards more efficient and coordinated transport, customs and regulatory procedures to strengthen resilience and reliability across the supply chain.

## 6. Develop a European foresight and monitoring mechanism for future capacity needs

- Building on initiatives such as DosReg, Europe should strengthen its ability to anticipate future demand for medical radioisotopes, workforce, infrastructure and manufacturing capacity, enabling proactive rather than reactive policymaking.
- The European Commission should explore options for establishing a sustainable monitoring and forecasting mechanism to support evidence-based planning and investment decisions. EANM and Nuclear Medicine Europe are prepared to support the development of such a mechanism and contribute relevant expertise and data.

### Workforce Roundtable:

## Europe's Nuclear Medicine Workforce: Crisis or Opportunity?

Europe's ability to benefit from rapid advances in nuclear medicine depends heavily on having enough trained professionals to deliver care safely and at scale. At this roundtable, experts framed this workforce shortage not just as a recruitment obstacle, but as a strategic health-system challenge preventing Europe from further growth opportunities.

The session's chair, **EANM President Prof. Paola Anna Erba**, opened by highlighting the growing patient demand, particularly for radioligand therapy (RLT) as shown in [the modeling study done by the European Commission's Joint Research Centre](#), which spotlights workforce shortages. She noted that the conversation too often focuses only on doctors, but the reality is that there is a lack of qualified physicists, radiopharmacists, chemists and technologists referencing the ideal department composition shown in [the staffing needs model](#) developed by the International Atomic Energy Agency (IAEA). Prof. Erba then alluded to EANM's activities focused on driving interest in nuclear medicine professions among the young generation ([INSPIRE by EANM](#), EANM Young Professionals Council's [Mentorship Programme](#)). Positive results from [EANM's Workforce Satisfaction Survey](#) provided further encouragement to attract more people to the field, showing not only that additional professionals are needed, but also that it is a rewarding and satisfying career.

**Désirée Deandreis (EANM/Gustave Roussy)** agreed that the shortages are already affecting the departments. As an EANM representative, she introduced the three pillars of INSPIRE by EANM: (i) engagement and outreach, (ii) career pathways, and (iii) training and education. The first aims to raise awareness of nuclear medicine among medical students and young doctors, including through initiatives such as Nuclear Medicine on Tour, Science Day, Inspiring Lecture and cooperation with medical student societies such as the European Medical Students' Association (EMSA). The second focuses on showing the [diverse career opportunities](#) within the field and the importance of mentorship in guiding young professionals. Finally, she highlighted the need not only for more people to enter nuclear medicine, but for a well-trained workforce, with initiatives such as the European School of Multimodality Imaging and Therapy ([ESMIT](#)) and the [RLT Academy](#), which support high-quality education and, ultimately, high-quality patient care.

**Gabriel Pavel (European Nuclear Education Network)** shifted the focus to the broader European nuclear education ecosystem, highlighting the findings of ENEN's latest [mobility programme](#), funded through Euratom. The programme made €2.5 million available to young professionals across Europe and ultimately supported around 1,400 participants, exceeding its initial target of 1,000. While nuclear engineering accounted for the largest share of participants at a master's level, nuclear medicine showed a particularly strong presence at PhD and young-professional level, with around 300 participants supported. Pavel noted that nuclear medicine has

increased its use of the available funding but also mentioned a broader challenge: differences in professional roles, training structures and responsibilities across European countries make it difficult to apply a harmonised approach to mobility funding. He therefore called for greater alignment across Europe to ensure that these differences do not create disparities in access to educational opportunities and career growth.

From an industry perspective, **Mario Malinconico (Comecer)** underlined the growing need for specialised expertise and closer collaboration between industry and academia. He pointed to the difficulty of finding qualified professionals, particularly radiochemists with strong GMP expertise, and stressed that education must keep pace with new isotopes and technologies. The industry has therefore expanded its collaboration with universities, supported conferences and educational activities, and invested in hands-on training, including initiatives with the IAEA. Malinconico emphasised that closer industry–academic collaboration is essential to prepare not only students, but the wider workforce for the evolving needs of nuclear medicine. Prof. Paola Anna Erba (EANM) agreed that the European syllabi and curricula are not ready.



The need to better understand and address future workforce requirements emerged as a common thread throughout the session. **Roberta Cirillo (European Commission's Joint Research Centre)**, co-author of the RLT demand study introduced earlier in the session, offered insights into the work behind the publication, which took several years and brought together data from the JRC with expertise from academia and industry. She highlighted one of the study's key messages: the growing need for professionals with competencies spanning a wide range of fields. Cirillo also presented the work of the [European Human Resources Observatory for the Nuclear Energy Sector](#) (EHRO-N), implemented by the JRC to develop methodologies and provide comparable data on the workforce across EU member states. She stressed the importance of a common terminology for skills and competencies, arguing that greater alignment would facilitate the transfer of competencies, improve mutual understanding, and ultimately strengthen the European workforce.

The discussion returned to a key question: we know what nuclear medicine can offer, but are we communicating this effectively to the next generation? Mario Malinconico gave examples of initiatives such as Career Express workshops, which bring students, academia and industry together and create a space to pose practical questions about career development. Dr. Désirée Deandreis circled back to the online career pathway showcased on the [INSPIRE by EANM website](#), and agreed on the need to facilitate collaboration between academia and industry, pointing to opportunities such as industry-supported PhD programmes and access to industrial facilities. The importance of engaging young professionals directly was also highlighted by EHRON, which has increasingly involved young representatives in its discussions on employment opportunities and career choices. Gabriel Pavel added that the concept of a career pathway is becoming increasingly relevant as younger professionals may move between roles, sectors, or countries during their careers. This, he noted, also makes mutual recognition of qualifications and professional roles across Europe increasingly important.

# CALL TO ACTION

## 1. Make workforce readiness a strategic pillar of Europe's nuclear medicine agenda

- As Europe invests in theranostics, radioligand therapy and advanced imaging, workforce planning should be recognised as a prerequisite for successful implementation. An equipped workforce should be considered alongside regulation, infrastructure, and supply security.
- As Europe reflects on the future of Europe's Beating Cancer Plan and related initiatives, workforce preparedness should be recognised as a key determinant of equitable access to advanced diagnostics and radioligand therapies.

## 2. Translate SAMIRA recommendations into concrete European action

- The evidence and recommendations generated through SAMIRA-funded projects should now be translated into concrete European and national action plans to address workforce shortages, skills gaps, and education needs across the nuclear medicine ecosystem.

## 3. Establish a European Nuclear Medicine Skills Agenda

- Building on the Union of Skills initiative, a coordinated European approach to workforce forecasting, competency mapping and long-term skills planning for nuclear medicine and theranostics should be developed.
- This should include the anticipation of future workforce needs through coordinated capacity planning. Europe should strengthen workforce forecasting and data collection to better anticipate future demand for nuclear medicine services and ensure that education, training and recruitment policies are aligned with expected growth in theranostics and precision medicine.

## 4. Invest in multidisciplinary education and lifelong learning

- Support dedicated programmes for physicians, radiopharmacists, medical physicists, technicians, nurses and other professionals involved in nuclear medicine to ensure the safe and effective deployment of emerging technologies.

## 5. Promote European mobility and mutual recognition of expertise

- Facilitate the exchange of knowledge and professionals across member states through greater alignment of competency frameworks, curricula, and training standards.



## Conclusion

The first European Nuclear Medicine Day demonstrated the growing consensus that improving patient access to nuclear medicine requires **coordinated action across policy, regulation, infrastructure and workforce development**. Throughout the discussions, participants shared a common ambition: ensuring that every eligible patient in Europe can benefit from timely access to nuclear medicine, regardless of where they live.

As a lasting outcome of the event, **EANM and Nuclear Medicine Europe called for European Nuclear Medicine Day to become an officially recognised annual awareness day**. Both organisations aspire to make it a dedicated annual moment in the European health policy calendar when policymakers, clinicians, patients, industry and regulators come together to review progress, address challenges, and advance a shared agenda for patient access.

EANM and Nuclear Medicine Europe also reaffirmed their commitment to continue working together in support of the Joint Call to Action. This includes advocating for **the recognition of nuclear medicine as a strategic component of Europe's healthcare strategy**, promoting regulatory frameworks that take into account the specificities of radiopharmaceuticals, and strengthening supply resilience and workforce readiness.



<https://nuclearmedicineday.eu>

*The European Nuclear Medicine Day is an initiative from the European Association of Nuclear Medicine (EANM), the industry association Nuclear Medicine Europe and their dedicated Communications Working Groups.*