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## Mini Review

# Quantification (FMTVDM) is Required to Correct the Fundamental Flaw of Qualitative Imaging - @

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## INTRODUCTION

McHugh, et al [1] again emphasize the problem with Qualitative imaging - the visual review of imaging by clinicians from which a rendering of disease is present or absent - flawed with errors in finding disease (sensitivity) and correctly eliminating (specificity) disease.

Nuclear imaging has seen several changes over the decades as it has been utilized in medical diagnostics - including visual interpretation and in recent years, semi-quantitative modeling [2], which is premised upon assumptions that limit the semi-quantitative outcomes, as demonstrated by the continued consideration of sensitivity and specificity statistics.

The ability to quantitatively measure the extent of metabolic and Regional Blood Flow Differences (RBFs) using nuclear imaging [3,4] makes it possible to not only accurately diagnose patients but to provide patient-specific, patient - directed and patient-oriented treatment - improving treatment outcomes while reducing time, costs and lives lost from ineffective or harmful treatments.

While qualitative and semi-quantification may be close - close only counts in horseshoes [5]. Close is not acceptable for the practice of medicine or the treatment of patients. True quantification eliminates the need for qualitative evaluation or modeling efforts to improve what is fundamentally flawed.

## ACKNOWLEDGMENT

FMTVDM issued to first author. Figures reproduced by expressed consent of first author.

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