



Scientific Journal of Women's Health & Care

Mini Review

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

Richard M. Fleming^{1*}, Matthew R. Fleming¹, Tapan K. Chaudhuri² and William C. Dooley³

¹FHHI-OmnificImaging-Camelot, Los Angeles, CA, USA

²Eastern Virginia Medical School, Norfolk, VA, USA

³Oklahoma University Health Science Center, Oklahoma City, Oklahoma

***Address for Correspondence:** Richard M. Fleming, FHHI-OmnificImaging-Camelot, Los Angeles, CA, USA,
Tel: +818-210-6930; ORCID ID: 0000-0001-9964-1518; E-mail: drrichardmfleming@gmail.com

Submitted: 07 January 2020; Approved: 05 February 2020; Published: 10 February 2020

Citation this article: Fleming RM, Fleming MR, Chaudhuri TK, Dooley WC. Quantification (FMTVDM) is Required to Correct the Fundamental Flaw of Qualitative Imaging. Sci J Womens Health Care. 2020;4(1): 005-006.

Copyright: © 2020 Fleming RM, et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

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.

REFERENCES

1. McHugh M, Brown T, Liss DT, Stephen DP, Milton G, Theresa LW. Qualitative evaluation of a cardiovascular quality improvement programme reveals sizable data inaccuracies in small primary care practices. *BMJ Open Quality*. 2019; 8. <http://bit.ly/371VhEx>
2. Sheikh A. Evolution of quantification in clinical nuclear medicine: A brief overview of salient uses and upcoming trends. *J Nucl Med Radiat Ther*. 2018; 9: 375. <http://bit.ly/396AMbh>
3. The Fleming Method for Tissue and Vascular Differentiation and Metabolism (FMTVDM) using same state single or sequential quantification comparisons. <http://bit.ly/2vSrFN4>
4. Fleming RM, Fleming MR. The importance of thinking about and quantifying disease like cancer and heart disease on a "Health-Spectrum" continuum. *J Compr Cancer Rep*. 2019; 3: 1-3.
5. Fleming RM, Fleming MR, Dooley WC, Chaudhuri TK. The importance of differentiating between qualitative, semi-quantitative and quantitative imaging - close only counts in horseshoes. *Eur J Nucl Med Mol Imaging*. 2020. <http://bit.ly/2GSYKL5>