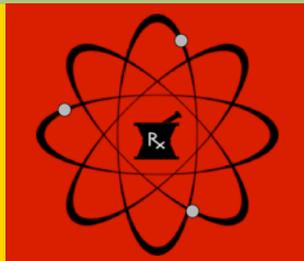


# The Nuclear Monthly Missive



Brought to you by the New Practitioners Committee

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## Fejka, Our Federal Friend

He's a retired Captain for the US Public Health Service, the senior manager of the Radioactive Drug Research Committee program, and he offers a wealth of knowledge and expertise to anyone needing advice. He's Richard Fejka, and he's our federal friend.



Richard grew up in Pittsburgh, Pennsylvania, where he was surrounded by a variety of ethnicities. Both sets of his grandparents immigrated to the United States from Eastern Europe, and both of his parents learned to speak in their parents' native tongue when growing up. Because his parents wanted to continue

this emphasis on heritage, Rich, along with his older brother and younger sister, was sent to attend weekly lessons at their local church to learn to play the musical instrument, the tamburitza, and to sing and dance in the family's native tongue. It was because of this rich-in-culture upbringing that he was able to join the traveling dance group, the [Duquesne University Tamburitians](#), awarding him a full tuition scholarship for pharmacy school. This means that when he wasn't attending classes and studying for tests, he was practicing for the next performance or traveling around the country and eastern Europe (literally) with the DU Tamburitians. During one of

### Did you know...

Did you know that the first published paper recommending the use of Tc-99m as a medical tracer was presented in 1960?

**Know your MEDICINE. Know your NUCLEAR PHARMACIST.**

the shows, Rich was spotted by a Polish pharmacy professor, who invited Rich to join the bionucleonics program that Duquesne offered. And voila, we have finally arrived at his introduction to nuclear pharmacy. . . but maybe I'm the only one who didn't exactly expect that series of events!

Captain Fejka finished pharmacy school with a certificate from the bionucleonics program and having completed a rotation at the National Institutes of Health (NIH). From there, he chose to continue his education at the University of Southern California, where he pursued a Masters of Science in Radiopharmacy under Professor Walter Wolf (yes, *the* Walter Wolf) and completed an internship at the NIH. His experience at the NIH during both pharmacy school and graduate school ultimately helped him start his career in the radiopharmacy at the NIH.

But I referred to him as "*Captain*" earlier, remember? Here's the scoop with working at the NIH. You can either choose to be a commissioned

"I like being a part of unique people, practicing in a unique area."



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Suggestions for next month's newsletter? Contact Ashley Mishoe at [AshleyMishoe@me.com](mailto:AshleyMishoe@me.com).

officer or join as part of the civil service. Rich chose commissioned officer, hence the title, Captain. As a radiopharmacist at the NIH, CAPT Fejka worked alongside physicians and researchers within the nuclear medicine department, where he was involved in overseeing the production of FDG by NIH chemists. Because this was before the NIH's cyclotron facility was built, FDG production was completed at the Naval Research Laboratory in the Washington, DC area, where they rented cyclotron time. He also prepared samples for rabbit pyrogen testing performed at the FDA's Bureau of Biologics on the NIH campus, prepared samples for other radiopharmaceutical QC tests, counseled patients in the clinic, and performed assays on tritium and C-14 compounds. After his first year here, he and the other 2 pharmacists sat for the very first round of the BCNP test. And yes, they all passed. He tells me that they wanted to show the public health service how it could benefit from specially-trained pharmacists, and that they did. When the Reagan administration started the RIF (Reduction In Force)

within the public health sector, Fejka and his colleagues maintained their positions because of their importance to the ongoing research within the NIH.

After 22 years of service with the NIH, CAPT Fejka started working with the Radioactive Drug

Research Committee (RDRC) program at the FDA, and he has continued his role as senior manager of the FDA's RDRC program for nearly 10 years. So what exactly does he *do* with the FDA? Spoiler alert: it's not auditing PET nuclear pharmacies. Instead, he and his colleagues review reports of studies

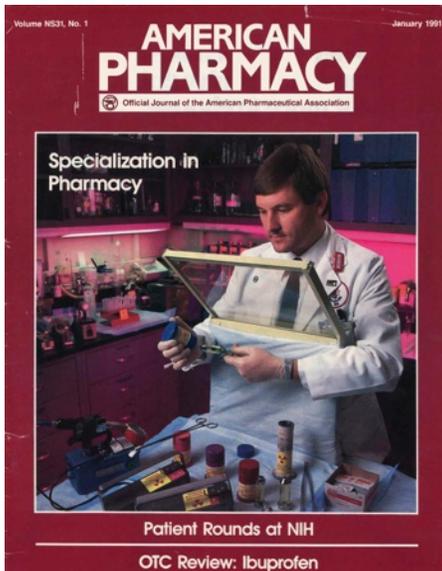
involving the use of certain radioactive drugs -- drugs that through the approval process and oversight of an FDA-approved RDRC, do not require an IND application. However, because *someday* these drugs may require an IND application, he keeps a careful watch on the yearly reports submitted to the FDA to ensure that the protocols haven't drifted into the realm where an IND is now needed. (i.e. He's kind of a big deal.) Richard informs me that there are currently 73 active RDRCs in the US which produce over 570 study reports. Wow. This means that on a day-to-day basis, he stays busy reviewing each of the submitted reports, ensuring that new studies are following regulations, and verifying that any new agents reported meet the RDRC qualifications to be considered GRASE (Generally Recognized As Safe and Effective).

“Your experiences can help the team get through difficult situations.”

Even with all the paperwork, his favorite aspect of his job as a federal nuclear pharmacist is helping explain the why and the rationale behind regulations the FDA creates. He also adds that because he still practices as a nuclear pharmacist, he offers special insight to FDA inspectors who are accustomed to inspecting traditional manufacturing facilities and who may have little experience inspecting PET nuclear facilities. Sounds like a win-win to me!

The downside, however, is that when working for the federal government, your goals and priorities are set by someone else, making it more difficult to achieve the goals that you set for yourself. Rich continues to describe the disappointment he feels when other pharmacists think of federal agents, such as himself, as “turncoats to my profession”, instead of a friend who is willing to help and who is actively fighting for nuclear pharmacy.

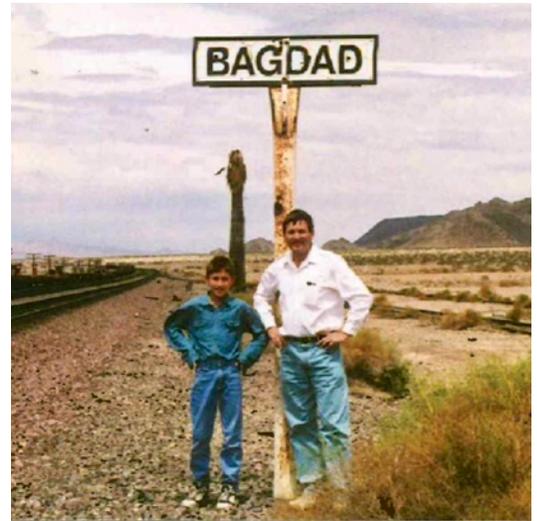
As for the future of nuclear pharmacy, CAPT Fejka



explains that PET is an important area that seems to be continuously growing, and he states that “nearly 75% of the studies which have been approved by RDRCs involve the use of PET isotopes.” He also suspects that the practice of nuclear pharmacy could expand to radiology departments, with pharmacists serving as a source of clinical patient reviews prior to contrast agents being given.

In addition to his job with the FDA and the NIH, he found time to advocate for nuclear pharmacy as a past member and Chair of the Nuclear Pharmacy Specialty Council of the BPS and as a past Chair of the APhA Nuclear Pharmacy Practice Section (SIG). He also served as past Chair of the Pharmacy Professional Advisory Committee to the Surgeon General of the US Public Health Service (PHS), where he worked to have the PHS recognize all board certified pharmacists and to have them included in special pay legislation. All of this and yet, he still has time to donate to his family, to his

church, and to his love of both model trains and real trains. Rich tells me that he loves traveling with his family, especially to areas boasting a busy railroad.



I felt compelled to inquire about what exactly he did when he arrived at said railroad stations. His response? “Reading CE from UNM.” I’m serious; that was his answer. No wonder he knows so much!

Thankfully, CAPT Fejka offered several nuggets of wisdom to new practitioners and students. He says that when first starting your career, it is important to focus on dispensing doses, and to cooperate and learn all that you can from your entire team. Rich stresses that although you may be brand new, “your experiences can help the team get through difficult situations.” He advises us to not only become involved as much as possible within the professional organizations, but also to take advantage of every opportunity given in order to someday reach that dream job.

Richard is proud that he is practicing in a unique area, with a unique group of people, and ultimately, he encourages us to reach out to him and other experienced practitioners as new regulations are released and as questions arise. After all, he is our federal friend.

Until next time,

Ashley Mishoe

### Upcoming Events:

**March 1-4, 2013**

APhA Annual Meeting & Exposition  
Los Angeles, CA

#### Friday, March 1

- Outsource Validation for Nuclear Pharmacies

#### Saturday, March 2

- Mapping the Trajectory of Dementia and Parkinson’s Disease with Imaging
- Joint NANP and APhA-APPM Nuclear Pharmacists Reception

#### Sunday, March 3

- Nuclear Pharmacists Breakfast and Business Meeting
- New Radiopharmaceuticals on the Horizon
- Radiation Exposure Issues and ALARA

#### Monday, March 4

- Molecular Imaging in Clinical Practice