He is an APhA Fellow, he is considered one of the forty Pioneers of Nuclear Pharmacy Practice, and over the last several decades, he has traveled the world ensuring our profession is both understood and appreciated on national and global levels. Allow me to tell you about Clyde Cole.

Let’s start from the beginning. During high school in East Hampton, Connecticut, Clyde served fizzy beverages at the soda fountain inside Hitchcock Pharmacy. He loved the atmosphere and the opportunity to serve the community, and he steadily worked his way up from soda boy to pharmacy technician. Not long after, Clyde found himself entering pharmacy school at Massachusetts College of Pharmacy in 1962. He was on track to move back to this small-town pharmacy, but it was the height of the Vietnam War and Uncle Sam had a different plan. And nothing says “Congratulations on Graduating!” quite like an official draft notice from the President of the United States.

“My first assignment as a Captain of the US Army was in Washington, DC at the Surgeon General’s Investigational Drug Review Board.” There, he researched antimalarials and antibiotics for the Army. To say it wasn’t his favorite job would probably be an overstatement, but luckily, a friend-of-a-friend told Clyde about a one-week nuclear pharmacy course at the National Institutes of Health taught by Bill Briner. “Have you ever heard of Bill Briner?” he asks me. “Of course!” I tell him. (Who hasn’t?) Clyde continues. This short course piqued his interest, and in a few months, he entered the Masters of Science in Nuclear Pharmacy program at USC, led by Walter Wolf.

I ask about the percentage of coursework versus research experiments in the program, to which Clyde is quick to clarify: “It was the first class, so we were the experiment.” He continues explaining how nuclear pharmacy was brand new, unpioneered territory, and how very little was known about radioactive drugs. Oh, and there were no calculators. “Have you ever seen a slide rule?” Clyde asks. (I notice that his questions are getting harder.) “Umm, I . . . think . . . so?” I hesitantly respond as I quickly Google “slide rule.” Because surely I’ve seen one before. I mean, I can’t be that young. He laughs and continues telling me about the experiment: “I am thankful to have had the opportunity to work with and learn from such dedicated people.”
his experiences in being one of the first in this program and all the knowledge they gained about the field, adding that he is “thankful to have had the opportunity to work with and learn from such dedicated people.”

After finishing at USC, he pursued a combination hospital and nuclear pharmacy residency at Letterman Army Medical Center in sunny San Francisco. In his role as a hospital resident, Clyde rounded with physicians, counseled patients, and performed medication reconciliation and other clinical pharmacist duties. Through his nuclear residency training, he not only learned to make Tc-99m-MAA kits using a mini lyophilizer, but he also developed a one-week training course for pharmacy officers wanting to learn more about nuclear pharmacy. During this one-week program, Clyde taught aspiring nuclear pharmacists the basics: radiation biology, dosimetry, handling protocols . . . and of course, how to use a slide rule!

Clyde stayed in San Francisco for five years, and while there, he worked closely with two nuclear medicine physicians at nearby facilities. Clyde eventually setup a small lab, where he compounded radiopharmaceuticals for these physicians in the wee hours of the morning, and in the afternoons, he resumed his role as a clinical pharmacist for the Army Hospital. This small lab became the start of a centralized nuclear pharmacy, RadPharm, a collaboration between Clyde and the two physicians.

RadPharm continued to grow, expanding to five nuclear pharmacies throughout California. They offered the usual Tc-99m agents, plus hand-compounded I-123 capsules, thallous chloride, and Xe-133 doses extracted from one-curie ampules, and they had even submitted their own California New Drug Application. The competition started noticing their rapid expansion, and RadPharm was eventually purchased by Mallinckrodt.

After the buy-out, Clyde remained with Mallinckrodt for several years, traveling across America to help the company open nuclear pharmacies. He enjoyed the challenges of the corporate life, but he wanted to get back to clinical nuclear pharmacy, an area where he fed off the patient interaction and where he actively worked as an integral part of the healthcare team.

Clyde found the position he was looking for at Harper Hospital in Detroit, Michigan. As a clinical nuclear pharmacist, he compounded radiopharmaceuticals, counseled patients prior to nuclear medicine procedures, and he answered clinical questions for the team. And when he wasn’t in the clinical or lab, he stayed busy teaching nuclear pharmacy seminars at the nearby pharmacy school. He tells me that he has always loved teaching, and has tried to incorporate this art with every position he has held throughout his career.

I know, I know. I told you at the beginning that he traveled the globe opening new pharmacies and educating the world about our profession, but so far, his story has only included bouncing around North America. Here we go.

In 1991, a career opportunity arose with Nycomed Amersham Imaging, one that would not only expand his knowledge base of international regulations, but also one that would add a lot more stamps to his passport. He started with the company as a pharmacy manager, focusing on developing the current business and writing new policy and procedure manuals, but in 1999 he was asked to join the Pharmacy Start Up Team for a new facility in
Tel Aviv, Israel. (Hence, the camel picture.) I’m not surprised when Clyde admits, “opening a nuclear pharmacy overseas was the most memorable part of my career.” Learning the various rules and regulations surrounding pharmacy in another country was both a unique learning opportunity and an unforgettable experience for him. Minus a few hiccups (like the one where his new “super tech” installed the molybdenum column upside down and the blue eluate turned the sulfur colloid blue after boiling it... eek!), he enjoyed working with new, energetic people, ensuring the team was well trained and that the lab was fully prepared to support the surrounding community.

Clyde recently retired from GE where he was the Director of Pharmacy Standards for the past nine years. In this position, he helped create standard operating procedures for the company’s thirty-one pharmacies, and as a HIPAA liaison and one of the GE Global Security liaisons, Clyde ensured that his pharmacy staff remained compliant with the ever-changing regulations.

But his global adventures didn’t stop with his involvement with Amersham. Have you heard of FIP? It’s the International Pharmaceutical Federation, an association that has played a major role in Clyde’s career. Clyde served as the Chair of the Nuclear Pharmacy Group (similar to the APhA-APPM Nuclear Pharmacy Practice SIG) for over six years, during which time he traveled the world promoting nuclear pharmacy. The purpose of the group was to ensure that nuclear pharmacy was visible in other countries and to educate rural areas about its important role in the healthcare field. I ask Clyde what challenges he and the other members faced when trying to advocate for our profession in third-world countries where basic necessities are often difficult. “Can you imagine that money was a problem?” he asks. Yes Clyde, yes I can. Nonetheless, he and his colleagues traveled at least twice each year ensuring that nuclear pharmacy was being promoted on a global level and assisting other countries in nuclear pharmacy education. The FIP meetings took him through Singapore, Australia, the Netherlands, and many other countries, and Clyde was often the only American traveling with the group. He continues listing the lectures and seminars he taught abroad--courses in Spain, Portugal, Brazil, Singapore--throwing in a few American cities every so often so that I’m not overly jealous.

He may have been busy abroad, but he advocated and educated on our soil as well. For the past ten years, Clyde coordinated Purdue University’s Pharmacists Authorized User, Clinical Refresher, and Pharmacy Technician Training Programs for GE. I could go on and list all of his academic appointments, his publications, presentations, and scholarly articles, but I could just as easily tell you that the list is impressive, that he is definitely Pubmedable,* and that his latest publication is a handy reference that will slide right into your lab coat pocket.

Over the years within his involvement with APhA, he chaired the Regulatory Affairs Committee and the Education Committee, moderated numerous educational sessions, presented ongoing research, and was elected as an officer within the APhA-APPM Nuclear Pharmacy Practice Section twice. He also served in the APhA-APPM House of Delegates and was the APhA Representative for the Advisory Committee on the Medical Use of Isotopes to the NRC. Clyde tells me that he is thankful for the support APhA has given the Nuclear Pharmacy SIG over the years, even though it was
often one of the smaller specialty sections within the organization.

His commitment to the profession has not gone unnoticed, and over the past twenty years, Clyde has been inducted as a Fellow of APhA, honored as one of the Pioneers of Nuclear Pharmacy Practice, and presented with the APhA-APPM William H. Briner Distinguished Achievement Award in Nuclear Pharmacy Practice. He reminisces of these three experiences, and he describes what a humbling feeling it is being deemed a “pioneer” in your own profession. And because he knew Captain Briner personally, the Briner Award is a very special honor to him.

Even with all of the changes Clyde has experienced throughout his years as a nuclear pharmacist, he insists that there is still plenty of room for growth within our profession. He foresees new imaging modalities, more research with PET isotopes, and further integration between the imaging systems we already have--like PET-CT and PET-MR. Clyde tells me how proud he is to see how far our field has come and he is confident that we will continue growing for quite some time.

Since retirement, Clyde has moved to Sheboygan, Wisconsin with his wife of almost fifty years. (Side note: he met his wife during pharmacy school, and she was actually his supervisor for a while.) When he was younger, he enjoyed kayaking, sailing, and being on the water . . . and the occasional bobsledding adventure in Norway. And he tells me that he is excited to have more time to return to these favorite pastimes. He adds that he will still remain involved, but probably more from the periphery. For now, it’s time to rest and enjoy retirement.

I ask him for advice and he firmly recommends that I (i.e., that you) “be committed to your career and take advantage of it.” By this, he means to avoid becoming that stagnant practitioner who is happy with the bare minimum. Yes, Clyde encourages involvement with the associations and societies that support our profession, but just as importantly, stay involved with education after you graduate. “And not just the required CE to keep your license,” he continues, “but the kind that opens your eyes to something new.” You don’t have to travel the world like he did (although that does seem fun!), but remain active in the field. Look for new areas of expertise, new opportunities, and be the one who ensures that our profession continues to grow throughout our generation just as it did in his.

Until next time,

Ashley Mishoe

*Pubmedable was a term coined in the February 2013 issue of The Nuclear Monthly Missive.