companies) or should actual dollar earnings be disclosed? I believe that we will inevitably need to declare actual earnings, and should do so soon, but I accept that this may be too great a demand for the profession at this point in time. Second, to whom should such details be provided? To the public via websites, such as that of Medicines Australia? For clinicians, to the relevant professional bodies? For academics, to university administrators?

While the details of such disclosure will need to be determined, it is clear that we must expeditiously formalise a relationship of integrity and transparency between the medical profession and the pharmaceutical industry. Australian universities should seriously consider developing detailed recommendations such as those of the AAMC, and other medical bodies, such as the professional colleges, need to address the proposals of the AAMC report. The credibility and destiny of medicine in this country are in our hands.

Competing interests

With permission from Oxford University Press, some of the material used in this article has been drawn from: Mitchell PB. Psychiatrists and the pharmaceutical industry: on the ethics of a complex relationship. In: Dudley M, Silove D, Gale F, editors. Mental health and human rights. Oxford: Oxford University Press, 2009. In press. In the financial year 2007–08, I was paid a total of $6500 for lecture honoraria, consultancies and advisory board membership from pharmaceutical companies (AstraZeneca, Eli Lilly and Pfizer). I also received travel support to attend an international scientific forum at which I gave an invited lecture in the main program of the meeting. I have not been a member of a pharmaceutical company advisory board since early 2008. I have never owned stocks in pharmaceutical companies, nor received retainers. I have been a site investigator for a number of industry-sponsored trials, the most recent being in 2004. I have also received remuneration from state and federal health departments for various committee memberships, including 3 years serving on the Australian Drug Evaluation Committee.

Three synchronous tumours identified by FDG-PET/CT

A 65-year-old woman underwent integrated fluorodeoxyglucose positron emission tomography and computed tomography (FDG-PET/CT [Philips GXL, Philips Medical Systems, Milpitas, Calif, USA]) to stage a newly diagnosed squamous cell carcinoma of the tongue (Figure, A). The scan revealed two additional, unexpected synchronous tumours, one in the left axilla (B) and the other in the sigmoid colon (C). The patient underwent subtotal glossectomy, after which further investigations confirmed a node-positive neuroendocrine carcinoma of the left breast and a dysplastic colonic tubulovillous adenoma. The detection of three synchronous tumours of different aetiology in the one patient on PET is rare. Previous cases of synchronous tumours detected on PET involved tumours of the head and neck, upper gastrointestinal tract and lungs, thought to be related to shared risk factors, such as smoking.1

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