

ASNC at 25

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As part of a special anniversary plenary session at the recent ASNC meeting in San Francisco, I was asked to give some recollections and perspectives about how our society formed and review some of the driving forces that help to produce such an endeavor. The significant dates and timeline for the incorporation of ASNC have been previously published¹, and it is now on this silver anniversary event that I take the opportunity to provide some personal thoughts and perspectives. The reader needs to understand that I am expressing my personal views and comments, and this is not intended to be an official ASNC document. To better understand my perspective in this article, I would refer you to two of my favorite quotations from a very solid American philosopher (Mark Twain).

I never saw an author who was aware that there is any dimensional difference between a fact and a surmise. And

A historian who would convey the truth must lie. Often he must enlarge the truth by diameters, otherwise his reader would not be able to see it.

From my perspective, nuclear cardiology has its origins in the initial publications of myocardial perfusion imaging by Zaret and Strauss et al.² and the seminal papers by Dr. K. Lance Gould and coworkers in 1978 in the *American Journal of Cardiology*^{3,4} which is the basis of the concept for imaging flow differences with the use of pharmacologic vasodilators. These two critical parts of nuclear cardiology (myocardial perfusion imaging and pharmacologic vasodilatation) are most responsible for driving the field forward and helping it attract both clinical cardiologists and basic scientists interested in the physics and instrumentation of cardiac imaging

which would ultimately become an established professional medical society.

I became involved with nuclear cardiology studies as a first-year cardiology fellow in the summer of 1976 when I started assisting our cardiology group to perform thallium stress perfusion imaging. This meant that the patients had to be rapidly transported from the exercise stress laboratory down to the basement and across the street through a tunnel system to the nuclear medicine department. This hodge-podge type of approach was typical of how things started in our field. The fact that the nuclear regulatory commission (NRC) which has control over all medical isotopes has consistently required that radio tracer administration must be by an authorized user has been a critical detail on how nuclear cardiology got started and organized so that this issue could be constructively managed for all interested nuclear cardiologists (regardless of the background training). The NRC had established fairly lengthy and detailed training requirements that included both laboratory, lectures and practical clinical experience. This was a significant limitation for any cardiologist who wanted to become more involved with this new technology and personally, I decided to extend my training to a seventh postgraduate year so I could complete training in an academic nuclear cardiology program. This addition year of training enabled me to achieve appropriate documentation to become a certified radioisotope user and also receive excellent lectures in physics, instrumentation and radiopharmacy. The access to becoming an authorized user has been clearly documented and supported by the regulatory agencies if the applicant successfully passes specialty boards in nuclear medicine or radiology. The NRC has very specific rules and guidelines as well as hours of instruction that needed to be certified as having been completed which was difficult to do at that time in the standard cardiology fellowship programs.

In the early 1980s, the potential clinical impact of stress nuclear perfusion imaging was growing and commercial interests were clearly motivated to get more

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clinical practitioners into this new field. Freestanding courses that provided attendees with certification documents to satisfy NRC regulations quickly developed, and this permitted their “graduates” to obtain authorized user status as well as become involved in mobile turn-key operations. In fact, one such commercial entity came upon the idea of starting a nuclear cardiology advisory board/council that would potentially “represent”, the new field of nuclear cardiology. These developments were disturbing to a group of physicians who were the early researchers in the field of nuclear cardiology and Dr. Elias Botvinick called such a group together during the scientific sessions of the Society of Nuclear Medicine (SNM) meeting to discuss these developments which resulted in an unanimous consensus that a more suitable alternative for a nuclear cardiology Society should be organized by the people sitting in that room. By November 1985, a cardiovascular (CV) council was formed inside the SNM and Dr. Botvinick became the first president. This council had large numbers of physicians as well as PhD scientists and even some technologists and quickly set about writing position papers and recommendations about how to train and maintain a practice in nuclear cardiology. The CV council wanted to make access to radiation safety and NRC regulations more accessible to those physicians interested in the field but time and time again the SNM leadership which appropriately managed the entire Society activities declined to promote the CV council documents. Subsequently the CV council became one of the largest council’s in the SNM and was initially interested in getting more independence from the SNM Board of Directors. It was felt that with more independence the CV council could have promoted “short tracking” for NRC regulations that were more specific to just the field of nuclear cardiology but the leaders of the SNM viewed this as a challenge to the field of general nuclear medicine if a specific area of subspecialty imaging was given such “special attention”. Traditionally, the SNM leadership was already somewhat troubled with how general radiologists were getting into nuclear medicine without similar high levels of general nuclear medicine training. Needless to say, the CV council grew larger and continued doing their homework and documentation. The controversies between the SNM Board of Directors and the goals of the CV council became more disparate and strained. Despite these differences, the SNM meeting and especially the CV council courses remained the main focus of a nascent nuclear cardiology professional organization. At one of the faculty dinners after the June 1991 CV council symposium at the national SNM meeting in Cincinnati, Ohio, the conversation among attendees at the faculty group dinner became very animated. This

may have been primed by the plans for a nuclear cardiology scientific retreat at the Wintergreen resort outside Charlottesville, Virginia, that had already been organized by Drs. Zaret and Beller.

The first Wintergreen retreat in July 1991 provided a venue for physicians and scientists to meet together (often with their families as well) and spend 3 or 4 days discussing the major academic and clinical issues in nuclear cardiology as well as work to define standards for practice and training. In addition, a smaller group of these attendees became involved with their European colleagues in the development of the international conference of nuclear cardiology (ICNC) that was organized by a commercial promoter from London, England, and was planned to occur in Cannes, France (April 1993). It is important to note that the European Society of cardiology already had a tradition of starting working groups for subspecialty areas of cardiac interest and the fifth such working group was focused on nuclear cardiology which had been established in the 1980s. In working with these European colleagues from cardiology and nuclear medicine, the American contingent were afforded the opportunity to see that an organized professional activity focused on nuclear cardiology could attract enough interest to support a freestanding academic meeting and possibly even a Society. The Wintergreen retreat provided a venue for leaders in the nuclear cardiology field to gather and plan for making a nuclear cardiology Society a reality. Behind all of the events and meetings, there was a small group who had begun meeting at the ACC heart house in Bethesda Maryland with the goal of exploring the possibility of forming an independent nuclear cardiology Society. These efforts were primarily carried forward by Drs. Brown, Iskandrian, Leppo, Verani and Wackers. At that time, Dr. Wackers was the president of the CV council, and he appropriately took the lead in communications with the SNM Board of Directors. Drs. Brown, Iskandrian and Verani started looking into how to establish Society incorporation and developed guidelines for future Society, while Dr. Leppo was busy with the organizational plans and funding for the first ICNC meeting. These 5 physicians would communicate on a regular basis with a larger group of leaders that would eventually become the founding members of ASNC in a meeting that was held during the AHA scientific sessions in New Orleans (November, 1992). The following individuals were present at the founding meeting of a new Society: Drs George Beller, Daniel Berman, Robert Bonow, Jeffrey Borer, Charles Boucher, Kenneth Brown, Manuel Cerqueira, Raymond Gibbons, Robert Hendel, Lynne Johnson, Jeffrey Leppo, Jamshid Mad-dahi, James Ritchie, Gerald Pohost, Steve Port, Heinz Schelbert, Mario Verani, Frans Wackers, and Barry

Zaret; those absent with notice were Drs Timothy Bateman, Elias Botvinick, and Ami Iskandrian. Dr. Wackers initially chaired the meeting which unanimously agreed to the formation of such a Society and that its name would be the American Society of Nuclear Cardiology. Dr. Wackers subsequently proposed a slate of officers for the first Executive Committee: Jeffrey Leppo, President; Frans Wackers, President-Elect; Ami Iskandrian, Vice President; Mario Verani, Secretary; and Ken Brown, Treasurer. There was also unanimous agreement that new Society should commence raising funds to support an office and staff personnel that would be located in the ACC heart house. This founding group also felt most comfortable with following the lead of the American Society of echocardiography and the American College of Cardiology in choosing to call this new Society the American Society of Nuclear Cardiology. Interestingly, the Society's Journal would always be referred to as the Journal of nuclear cardiology. The executive officers quickly worked on establishing a staff and office location, and when ASNC was officially incorporated on 01/29/1993, the new Society was able to immediately collect membership dues and corporate donations that enabled us to efficiently move forward.

As I look back on this very exciting time, with the realization that all of the initial founding members had a warm collegiality that is common among pioneers who are striving to create something new and special. The addition of the Wintergreen retreats which typically involved our families as well, created and even warmer and personal interaction which has been sustained over the subsequent decades. This initial group of physicians and scientists worked very hard to start ASNC, and without their mutual trust and friendship, it is unlikely we would have enjoyed so much subsequent success. The fact that these initial zealots volunteered so much of their time, and energy has been an important standard in

our Society that continues to be a driving force among its leaders and members. As long as our mission to promote, develop and train in the field of nuclear cardiology continues to be the driving force for the Society and its leadership, we will continue to help deliver the best in cardiovascular care to our patients and community. The goal to achieve and sustain the highest levels of physician credentialing and laboratory accreditation have been the pillars that have supported this Society though all of its various endeavors. Personally, I have greatly enjoyed my time in the ASNC harness pulling the nuclear cardiology wagon with a great and large group of comrades that has made the journey easier and much more fun. I very much look forward to ASNC continuing its course led by a new generation of leaders and members who are committed to staying on a course of excellence in medical practice. Congratulations to all on achieving our 25th anniversary.

Disclosure

No conflicts of interest are noted.

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