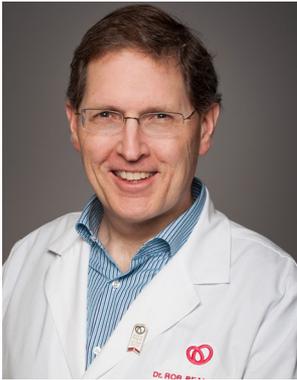




## ASNC PRESIDENT'S MESSAGE

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### IS THERE A ROLE FOR IMAGING HEART TEAMS? LOOKING FORWARD TOGETHER!



Rob S. B. Beanlands  
MD, FRCP(C), FACC,  
FASNC, FCCS.  
President of ASNC,  
2019

*“Alone we can do so little; together we can do so much.” – Helen Keller*

*“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.” – Andrew Carnegie*

On March 17, 2019, cardiovascular care changed forever when the PARTNER 3 and EVOLUT Trials were presented at the LBCT session of the 2019 ACC annual meeting. The findings will transform care for patients with aortic valve disease—a true paradigm shift is upon us. The data speaks for itself but key to the success of these trials was that they were integrated in a culture that emphasized the role of the Heart Team. This was embedded not just in the investigator teams but in the actual trial designs and as part of the care.<sup>1,2</sup> While the concept of team-based care is not new, we embark on a new era where team approaches have become an

essential tool in decisions and care for our patients, particularly those with complex and/or rare conditions.

What can imaging from these paradigm shifts and what is the role of imaging in Heart Teams? In fact, Imaging is a vital component of team-based care.<sup>3</sup> The role of echo and CT is critical to decisions for aortic valve replacement strategies. Nuclear too plays a role with ischemia and viability imaging for patients with ischemic heart disease. We know that a team-based approach with imaging, heart failure and revascularization experts, can improve outcomes.<sup>4</sup> Cardiac Amyloid Programs or Centers are another great example where imaging is clearly playing a key role.<sup>5,6</sup> Teams of specialists in hematology, cardiology and imaging enable best decisions for novel therapies of this devastating disease.

At some institutions, Heart Teams are well established, not just in structural heart disease and the traditional cardiac transplantation team, but also revascularization, critical care, women's cardiovascular health, cardio-oncology and not just for care but for education and research as well.<sup>7</sup> Imaging is integral to most of these teams and well it should be. Nuclear cardiology is vital to revascularization and heart failure decisions. Yet, it is probably true that many of our non-imaging colleagues do not fully understand the advantages and disadvantages, certainties and uncertainties of different imaging strategies for different patients (added to the growing complexity and diversity of approaches). It is a reality that for complex patients, imaging expertise is vital to add this perspective. As the team model to patient care evolves, the value of imaging, including nuclear cardiology, will become more and more evident and important.

Team-based approaches can remove barriers and unhealthy competition between individual physicians and modalities. Our patients can no longer afford to have us focus on turf battles for access or financial gain. The patients need our undivided attention for their care. To look forward, the patient's needs must be the beacon, the strength and diversity of our expertise guidance system.

Heart Teams have focused on clinical decision-making but can also enable research and innovation as well as training and education. With quality data collection, interventions may become easier to test and

implement within a collaborative team. We also need to objectively evaluate the effectiveness of Team approaches themselves. Our trainees can learn the value of Team-based approaches to complex clinical and research problems.

#### *Calls to Action:*

Patients must be at the center of care.<sup>8</sup> Think ‘patient first’ and know that we are smarter together serving complex cases (sarcoid, amyloid, complex CAD) when we work as Teams than as individuals.

If you report cardiac sarcoid imaging work with nuclear medicine colleagues to provide cardiac and whole-body imaging<sup>9</sup>—if you don’t do this, approach each other now.

If you report 99mTc-PYP imaging, work with a team to enable diagnosis and treatment decisions. If you don’t do this, approach your heart function cardiologists, hematologists and MRI imaging specialists now.

We all report perfusion imaging. Work with a complex revascularization team to optimize diagnosis and treatment decisions. The team needs to understand the value of imaging and we must understand what the patient needs to optimize care. If this is not happening, approach your interventional cardiology and surgical colleagues to start a team now. If there is a team, make sure a non-invasive perfusion imaging expert is part of it.

Ensure our young faculty train in more than one modality so they can be more objective (than those of us with one modality expertise) and know the value and limitations of each.

But more than just being part of these teams, create Imaging Heart Teams. Take advantage of our rich multidisciplinary field. Assemble Nuclear, CT, MRI, Echo specialists (from cardiology, nuclear medicine, radiology), imaging physicists, technologists, nurses, administrators, referring cardiologists, surgeons and the patients themselves. Acknowledge our limitations and know our strengths – support these by high quality data. Use objective measures and robust study design to answer key questions – such as when to use flow imaging and how to use artificial intelligence to enhance accuracy and decision-making. Work together, educate one another, define common goals and achieve these as a team with patients at the center.

And what can and should ASNC do? ASNC has enabled imaging partnerships to set the bar for quality metrics such as the use of ImageGuide Registry® with ASE. ASNC has collaborated with ACC and SNMMI for guidelines, AUC and advocacy. We must continue to expand these roles and work as teams with other Imaging societies for our common goals. ASNC is a leader in educating physicians who perform nuclear cardiology on how to perform quality imaging. The next

level is to educate those who can and should use imaging to guide decision-making (as may occur in Heart Team environments); as well as train young faculty to take the lead on many initiatives that see the value for all imaging.

If we look forward together as teams, we will see the path towards our goal clearly: “*the right test at the right time for the right patient*”.<sup>3</sup>

## Disclosures

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