

The beginnings of ASNC

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I present here three vignettes taken from my experiences in the earliest days of nuclear cardiology. I report them as I remember them, honored to have participated in the events of the time and associate with the colleagues involved, who all remain valued friends and professional associates to this day. The initial stories presented, preceded the origin of the Cardiovascular Council (CVC) of the Society of Nuclear Medicine and Molecular Imaging (SNMMI) and the American Society of Nuclear Cardiology (ASNC). These organizations were non-existent then and the stories relate strongly to the basis of their creation. These events planted the seeds leading to their establishment and lead to the strong growth of ASNC, the hub of Nuclear Cardiology practice, education, and research, now celebrating his 25th year. Another story, relating to the selection of the ASNC symbol, dates to the organization's earliest days.

I am grateful to my two friends and colleagues: to our society "historian," Dr. Jeffrey Leppo, for his research and for listening and hearing new versions of old stories from someone who witnessed and participated in them and to our Journal editor, Dr. Ami Iskandrian for permitting me to present and publish these stories here.

Before they are presented, I must share with you the features each of the first two stories have in common:

- They were each based on an idea or thought which was not deliberately planned.
- Their success was based on serendipity, chance or luck.
- Each independent idea fell on fertile soil, came to fruition and grew strong.

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- Each idea succeeded largely because it arose at the right time and place.

Since these ideas related to the founding of ASNC and the CVC of the SNMMI, they indicate that the formulation of these groups, now the basis of our specialty, largely occurred when and how they did, by chance.*

As a medical student, internal medicine intern, resident and chief medical resident at NYU Bellevue in New York City, I knew of primitive nuclear imaging. This was then used selectively to image the brain, the bone marrow, the lungs, the liver other organs and to determine parameters of red cell survival and hemolysis. It was generally not used to image or characterize parameters of the heart. With the development of modern cameras and agents to label myocardial perfusion in the early 1970s, myocardial perfusion imaging, the forerunner of the new imaging specialty of Nuclear Cardiology, was introduced.

In 1976, I was a first year Cardiology Trainee at UCSF. At the end of that academic year, the Director of our Cardiovascular Division in the Dept. of Medicine, William W. Parmley, announced his interest in a collaboration with the Section of Nuclear Medicine, in the Department of Radiology, to develop an initiative in Nuclear Cardiology. A volunteer was requested among the Cardiology Trainees to team with a Nuclear Medicine attending, David Shames. With an interest but no experience in imaging or really, in Nuclear Medicine, or even Cardiology, I volunteered. Dr. Shames would oversee the implementation and application of cardiac imaging, while I would serve as a liaison with Cardiology to teach the method and its potential clinical value, to my colleagues and enlist patients to study. Together, Dr. Shames and I had to learn to read the initial images!

* The formulation of the Cardiovascular Council (CVC) of the Society of Nuclear Imaging and Molecular Imaging (SNMMI) and the formulation of the Society of Nuclear Cardiology (ASNC).

In my second fellowship year, I spent increasing amounts of time in the Nuclear Medicine reading room, learning the full field of Nuclear Medicine, while nurturing the potential of the nascent field of Nuclear Cardiology. I had published a few articles in the field, had presented at both Cardiology and Nuclear Medicine meetings, and was soon recognized as a leader in this small but growing field. I was young to be in such a prominent role.

One morning the phone rang in Nuclear Medicine. A man named Chuck Rose was calling to speak with me. He was impressed with the growth of the imaging specialty and wanted to form a Society of Nuclear Cardiology. He wanted me to be on the Board of Directors (BOD) where I would join the top people in the field and he mentioned Dr. Barry Zaret, Dr. George Beller and about 15 others. These people were truly leaders in Cardiology and Nuclear Cardiology. Beyond this and coincidentally Dr. Zaret had been my resident when I was an internal medicine intern at Bellevue. I did not ask who Mr. Rose was, who he represented, where he was located, what he did for a living, what was his experience in the field, what was his training? I did not know of his history in the field nor his interest in the field, how he determined the needs of which he spoke or his motivation. I was simply overtaken by my ego. My pride took over! I was simply thrilled to be offered a seat on the BOD with such company. I never thought about anything else!

So, full of pride, I walked around the Section, telling, really bragging, to everyone of the new organization and my position on the BOD! I discussed this with Dorothy (Duffy) Price, our Chief Nuclear Medicine Technologist and mentor. Coincidentally, she knew Chuck Rose and asked me all the questions I did not ask Mr. Rose! I had no answers but she did. Chuck Rose, she told me, was a former GE sales representative who sought an association with a new "Society" in a specialty in which he had no experience, serving as an administrator with the likely objective of benefiting from the position of authority related to organizing and/or running the new group.

She did not like the sound of this. Meanwhile on reflection, I was a bewildered by my actions and of all those respected contacts. We all acted as a herd, without thought or insight.

With this realization and only an hour or so after receiving the initial call, I contacted Drs. Zaret, Beller and many of the others. I shared with them my impression that we have perhaps leaped before we looked! However, if we were so willing to give our support to a Society of Nuclear Cardiology organized by and for Mr. Rose, we must have seen its value. So

perhaps we should organize such a society for the altruistic reasons we believed we were supporting!

With agreement of the others, I called Mr. Rose to tell him we were withdrawing our support for this new Society and its BOD and would be in touch with him later.

In subsequent written and phone discussions, it was decided that we should all meet at the upcoming American College of Cardiology Meeting and requested that Mr. Rose attend. I recall we were all sitting around a circular table in a room arranged by the ACC at the yearly meeting, when we met Mr. Rose for the first time. Dr. Zaret did most of the talking for the group. He told Mr. Rose to remove all of our names from any association with his "Society." As leaders in the field, it was up to us and not to him, to form any such society, if it were indeed going to happen. Mr. Rose was told clearly, that if he did not do so, there would be a legal response in the form of a lawsuit. He was apparently impressed with the strength demonstrated by the group and, knowing he was in a bad position, agreed to comply. He was dismissed and left the room. He has had no subsequent contact with any of those then present or any subsequent relationship with ASNC.

Drs. Zaret and Beller then suggested to the group that perhaps the specialty had grown significantly, to the point that there was a need for a Society of Nuclear Cardiology, organized for the growth and dissemination of the field in areas of clinical application teaching and research. It was agreed at that meeting that Dr. Zaret would research and begin efforts into the formulation of such a Society, which would be accessible to all physicians regardless of specialty. Since this would likely take a considerable length of time, perhaps it would benefit the specialty to find an easier objective for achieving a similar goal at an earlier time, perhaps within the already existing Society of Nuclear Medicine. For this reason, it was decided that I would seek the formulation of a Cardiovascular Council within the SNM. I did so, and in 1993, became the first president of the new and instantly popular Cardiovascular Council of the SNM. Shortly thereafter, ASNC was formed. I and most at the ACC meeting with Mr. Rose were Founding Members, members of the BOD and Dr. Zaret was the first editor-in-chief of the new Journal of Nuclear Cardiology.**

At an early meeting of the ASNC Board of Directors, we discussed the possibility of a symbol for the fledgling organization. It was left solely to the BOD, not the general membership, to address this matter. Having an interest in the subject and a certain talent for drawing and painting, I thought about this subject and made some

** The origin of the symbol of ASNC (and alternative).

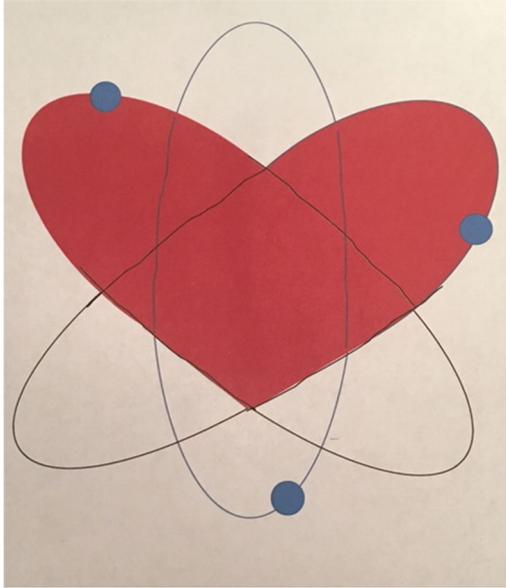


Figure 1. My initial drawing. Shown is my initial drawing of a potential simple ASNC logo with orbiting electrons and an enclosed heart!.

early sketches. I drew orbiting electrons and found that as these orbits overlapped, the shape of a heart was revealed at its center. I colored it red yielding the classic cardiac symbol at the center and intrinsically involved in a nuclear pattern (Figure 1). To me it appeared to be a perfect symbol combining the components of Nuclear Cardiology. I really did not know what to do with this idea or how to present the symbol. On a subsequent plane trip, I was perusing the United Airlines magazine and found an advertisement showing a blank circle and stating in bold print “your logo here.” It went on to offer patches imprinted with any logo of your choice. I visualized my symbol on a patch and filled out the form, mailed it and some weeks later received 100 patches so designed (Figure 2) for a total cost of \$50.

The patches were sewn on the front of the lab coats of all Nuclear Medicine technologists, ECG and stress lab technicians, nurses and physicians who worked in Nuclear Cardiology at UCSF.

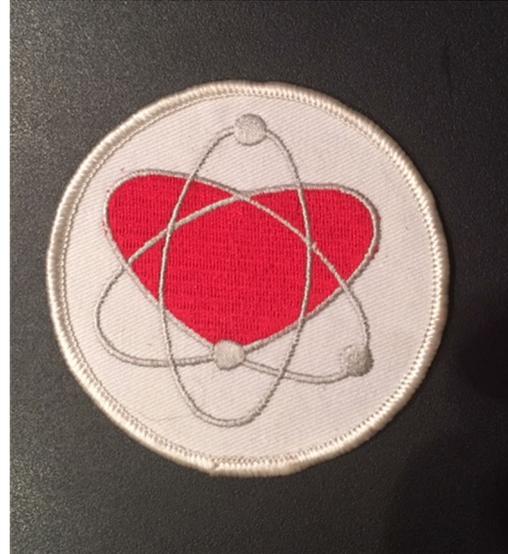


Figure 2. The patch. Shown is the patch made at a cost of \$50 per hundred, based on my drawing shown in Figure 1.

I subsequently presented the logo and the patch to the Board of Directors of ASNC as my recommended symbol for the organization. While a number of those present were interested in the idea, one among them, Dan Berman, a close friend and colleague then and now, incredibly suggested that I was doing this for profit and discounted it without consideration. Of course, there was no profit motive and I so stated this. However, my argument was lost and with it, what I considered the most straightforward and organic symbol of ASNC. Sometime later, the current logo was introduced and chosen, seemingly without objection. I had no role in this, and believe it is too cluttered with symbols. It was nonetheless selected with strong leadership interest and involvement.

Again, I am pleased to share some of these early developments with all of you.

Disclosure

The authors has no conflict of interest to declare.