

ASNC PRESIDENT'S MESSAGE

TO THE HEART OF THE MATTER; A VALENTINE'S DAY TO REMEMBER



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2019.

On February 14, representing ASNC, I headed off to the ACC Cardiovascular Summit [don't worry my wife and I celebrated Valentine's day on the following Monday]. This was a very positive and productive meeting for ASNC and for the 'House of Cardiology.'

With the help of Robert Hendel, M.D., FACC, MASNC, and Joel Sauer, M.B.A., we presented on '**Optimizing the Value of Nuclear Cardiology for Your Practice**' at the Summit. We discussed the time-tested value of Nuclear Cardiology with its wealth of data to support perfusion imaging as a gate keeper for angiography and revascularization. We also discussed that with high-quality imaging, the value of Nuclear Cardiology can be achieved whether it is academic or community/primary practice (Figure 1).¹ Likewise, the impact of Nuclear Cardiology on risk stratification in the elderly was emphasized—something that cannot be

achieved with other modalities (Figure 2).² The values of PET flow quantification for multivessel disease detection,^{3,4} and microvascular disease and its prognostic value⁴ were noted, and thus, PET now needs to be an integral part of our practice. Dr. Hendel highlighted the 'new' in the Nuclear specifically the role of amyloid imaging, MIBG, and Sarcoid inflammation imaging whereby Nuclear is providing value addition for decision making to direct effective treatments in challenging patient populations. Dr. Hendel also highlighted the issues and challenges around prior authorization and tools to help address this (www.acc.org/PARTool). Joel closed out his address with business implications and opportunities, emphasizing the rising volume of Cardiac PET studies and centers. He also noted that keys to an efficient patient-centered operation, focus on quality and efficiency: (a) the nuclear lab team operates at the top of their licensure and training; (b) accreditation ensures operational standards and quality; and (c) schedule management enables efficiency.

The session entitled '**Heart Teams and Partnering for Success**' was a unique opportunity to engage leaders from ASNC, ACC, HRS, SCAI, and ASE. This highlighted the common values we share, and addressed various points such as how to enable team-based practice and the importance of advanced practice practitioners (APPs) to achieve efficiency and clinical excellence. The importance of the quality of such data has been established with IMAGEGUIDE as well as how this will inform quality improvements to change clinical practice and improve quality of care. A powerful next step would be to integrate data between societies to further enhance excellence and improve outcomes. Collaborations, such as those we share with ASE for IMAGEGUIDE and with ACC for guidelines, AUC, and advocacy, were emphasized. While we all pride ourselves on our education programs, and are focused on young members and leadership, it was clear we all could do more in terms of advocacy, data sharing, leadership development, and social accountability. Likewise, it was recognized that our respective societies are starting to collaborate, but need to collaborate more.

Finally, a highlight of the meeting was a **Cardiovascular Societies Leadership discussion**. This meeting reemphasized that we do share common goals

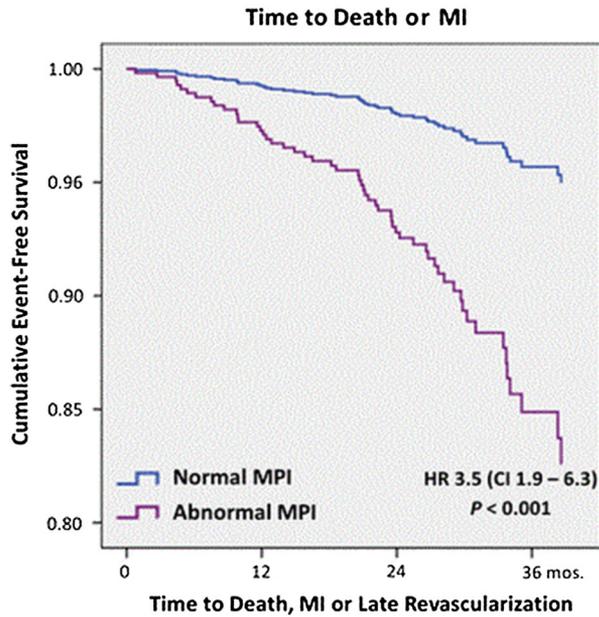


Figure 1. Prognostic Value of Cardiac SPECT performed in the Primary Care Office: “Cox proportional hazards survival curves of major study endpoints. Survival curves depict event-free survival of patients with normal vs abnormal MPI, adjusted for CAD status and 10-year Framingham CHD Risk.” Reprinted from Doukky et al.¹ with permission of the Journal of Nuclear Cardiology.

in the ‘House of Cardiology’ which can create opportunities to collaborate and that we can make each other, cardiovascular care in general, and specifically our Nuclear Cardiology field, stronger by working together. These common interests of importance to all included advocacy, education, and leadership development as well as new areas for emphasis including social accountability, physician’s wellness and diversity.

ASNC has been a strong collaborator with other societies over the years, and more recently, we have increased our ties with the ACC. We are stronger together than working apart. We need to “collaborate to compete” as a specialty. I look forward with hope, optimism and enthusiasm that new initiatives and opportunities have arisen for our societies to work together to jointly shape the future. Our specialty, and most importantly our patients with cardiovascular disease, will be the ultimate beneficiaries.

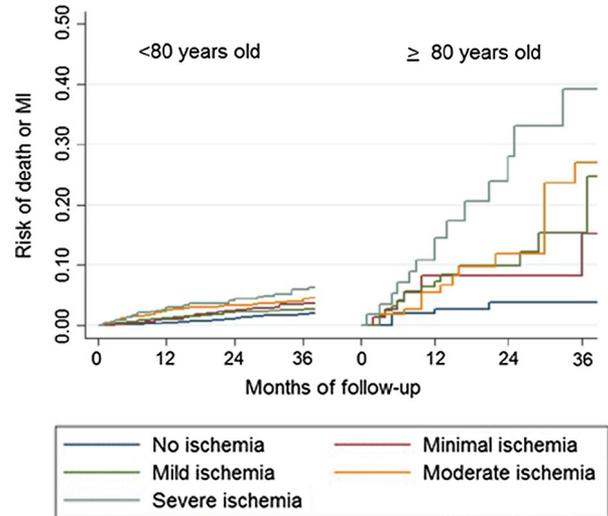


Figure 2. “Kaplan-Meier failure curves for the risk of death or myocardial infarction stratified by maximal ischemia score, in patients aged < 80 (left panel) and > 80 years (right panel). P < 0.001 in both groups.” Reprinted from Nudi et al.² with permission of the Journal of Nuclear Cardiology.

Acknowledgments

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Disclosure

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References

1. Doukky R, Frogge N, Balakrishnan G, Hayes K, Collado FM, Rangel MO, Trohman RG, Hendel RC. The prognostic value of cardiac SPECT performed at the primary care physician’s office. *J Nuc Cardiol.* 2013;20:519–28.

2. Nudi F, Biondi-Zoccai G, Schillaci O, di Belardino N, Versaci F, Nudi A, Pinto A, Neri G, Procaccini E, Frati G, Iskandrian AE. Prognostic accuracy of myocardial perfusion imaging in octogenarians. *J Nucl Cardiol.* 2018;25:1342–9.
3. Ziadi MC, Dekemp RA, Williams K, Guo A, Renaud JM, Chow BJ, Klein R, Ruddy TD, Aung M, Garrard L, Beanlands RS. Does quantification of myocardial flow reserve using rubidium-82 positron emission tomography facilitate detection of multivessel coronary artery disease? *J Nucl Cardiol.* 2012;19:670–80.
4. Murthy VL, Bateman TM, Beanlands RS, Berman DS, Borges-Neto S, Chareonthaitawee P, Cerqueira MD, deKemp RA, DePuey EG, Dilsizian V, Dorbala S, Ficaro EP, Garcia EV, Gewirtz H, Heller GV, Lewin HC, Malhotra S, Mann A, Ruddy TD, Schindler TH, Schwartz RG, Slomka PJ, Soman P, Di Carli MF, Einstein A, Russell R, Corbett JR. Clinical quantification of myocardial blood flow using PET: joint position paper of the SNMMI Cardiovascular Council and the ASNC. *J Nucl Cardiol.* 2018;25:269–97.

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