President’s Message

To my fellow members,

When I first addressed you, the Cardiovascular Council set out on a mission to take advantage of the many strengths of the SNMMI membership, while working within the organization to improve the value of our cardiac imaging procedures in clinical as well as economic terms. As of this writing, I am pleased to report progress on multiple fronts, each aligned with our three strategic objectives for this year.

With regard to Data and Education (outside of the SNMMI meetings), we are pleased to report that during this past year, the CV Council:

- Joined representatives of AHA, ACC, ASNC, SCCT, SCMR, ASE, HRS, HFSA, NIH and industry representation to organize a NIH Think Tank meeting on clinical translational issues in cardiac molecular imaging. The multidisciplinary gathering will address gaps between cardiovascular science and general practice, with a unique patient-centered approach separating vascular disease and myocardial disease. This meeting will take place in the spring of 2015, and should produce a publication in a major cardiology journal. CVC is represented by BOD members Mehran Sadeghi and Robert Gropler, and with the support of Dr. James Udelson of Tufts-NEMC.

- Achieved representation on the American College of Cardiology Imaging Council. CVC Vice-President Prem Soman has been chosen to Chair this committee for ACC. ACC recently published multi-modality Appropriate Use Criteria (see Literature); this is an excellent example of a critical success factor for our modality as we move forward in the era of healthcare reform.

In terms of Structure, the CV Council started from within, and made changes to our own organization to ensure consistency in the transition of leadership that results from relatively short elected terms in the BOD. The Board approved a resolution to better define official “mentoring” roles for the President (mentors Vice-President), Past President (mentors Vice-President Elect), and assigns the Past-Past President as the designate to the Outreach Committee, so important to our interaction with SNMMI and the outside realms of Cardiology, Oncology and Neurology. This new structure allows the 5 Executives in CVC leadership to remain involved with the operations of the Council for a longer period, and the overlapping terms will provide further consistency of the Council strategy and execution of objectives.
We also proposed structural changes to the overall SNMMI Council membership process this year via resolution. While the recommendation has not yet been adopted, it represented an opportunity to debate important issues for the CV Council within the broader organization and priorities of the House of Delegates of SNMMI.

Finally, our ability to strengthen Relationships is a key to our success and survival as a modality. We are fortunate to have a Council of dedicated professionals who understand the need for sustained Outreach. Our relationships with ASNC, ACC and AHA have been bolstered through the efforts of the members of the CVC; in addition to other important touch points inside and outside the SNMMI. Here are examples of the ongoing activities:

- The CVC has been consulted on issues of importance to the field this year; in particular issues with FDA actions on radiopharmaceuticals, and the development of imaging guidelines that involve hybrid applications or multiple modalities
- Dr. Ron Schwartz, a CVC Past President, is supported by Dr.’s DiCarli, Hachamovitch and Jain on the ACCF/AHA/PCPI/NCQA working group

In just over a month, at the SNMMI Annual Meeting in St. Louis, the CVC will announce a newly elected Vice-President Elect, Treasurer, and four new Board Members.

As we prepare to welcome new members to the Board, I would like to thank all those on the BOD who have strived to achieve success across all of our activities in support of the membership.

Vasken Dilsizian, MD
Cardiovascular Council President

Mid-Winter Recap;
February 6-9, 2014

If you did not attend the Mid-Winter Meeting in Palm Springs, CA, you missed some outstanding cardiovascular sessions sponsored by the CVC. Organized by Vasken Dilsizian and Prem Soman, these sessions featured state-of-the-art updates from leading cardiovascular imaging experts:

I. Emerging Cardiac Applications of Radionuclide and Hybrid Imaging
   - Detection of cardiac device infections (H. William Strauss)
   - Image-guided management of cardiac electrical disorders (Saurabh Malhotra)
   - Perfusion, metabolism and morphology in cardiac sarcoidosis (Panithaya Chareonthaitawee)
   - Imaging strategies for the prevention of heart failure (Prem Soman)

Dr. Dilsizian stated that “This session clearly demonstrates the emergence of molecular imaging into adjacent areas of cardiovascular care. The techniques are continuously improving, but the data is beginning to support it more definitively.”

II. New Tracers, Techniques and Targets in Nuclear Cardiology
   - F-18 PET; is it a game changer in perfusion imaging? (Albert J. Sinusas)
   - Cardiac innervation imaging with I-123 and PET tracers (Mark Travin)
   - New approaches to atherosclerosis with FDG and NaF (Mehran Sadeghi)
   - Targeted imaging of myocardial fibrosis (Vasken Dilsizian)
   - PET/MR: New opportunities in hybrid imaging (Robert Gropler)

This session was moderated by Past President Ronald Schwartz, who led a provocative panel discussion with the presenters. Dr. Schwartz said “Whenever you have a high-caliber panel like this one, it helps to frame questions in a way that make the scientific elements applicable to the current clinical paradigms, so attendees can see how these things relate to their practice now, and where the trends will be taking them.”
Intern Update

Introducing Wengen Chen, MD, PhD

Dr. Chen began his term as the CVC Intern in June of 2013, and it has been a busy term so far indeed. He is currently an Assistant Professor of Radiology and Nuclear Medicine at the University of Maryland Medical Center in Baltimore. He received his MD from the Medical Center of Fudan University in China, his PhD from the University of Tokyo, Japan, and did his Post Doctoral work in Molecular Imaging at Columbia.

Since being elected to the CVC, Dr. Chen has published 3 original manuscripts, 2 case reports and 1 review article. In addition, he has submitted 3 abstracts to the SNMMI Annual meeting, and has been invited to lecture there on the use of FDG for cardiac valve infections. He also has grant applications in motion to SNMMI and RSNA.

In his spare time, he has been Interning for the Mid-Eastern Chapter of SNMMI, and its organizational activities. Council President Vasken Dilisizian is mentoring Dr. Chen. His term runs through June of 2015, and we look forward to reporting on the outcome of all of these activities in the next edition.

Former Intern, Saurabh Malhotra, MD, Makes News at ASNC 2013

Saurabh Malhotra, MD, our most recent CVC Intern, made news at the ASNC Annual Meeting in October by winning the Young Investigator Award for his work entitled “LV Dyssynchrony Predicts Ventricular Tachyarrhythmia in Patients With Severely Reduced EF”. In this picture, Saurabh is shown with ASNC President Dr. James Arrighi, MD. Saurabh had an outstanding Internship in CVC, and has recently accepted an appointment as the Assistant Professor of Medicine at the University of Buffalo, which begins in July of this year. Saurabh was mentored by Council Vice-President Prem Soman.

The Cardiovascular Council believes our interns represent the future of the modality; they are prepared for positions of leadership in the Cardiovascular Council and broader SNMMI, and are poised to enter the cardiovascular arena as ambassadors for the clinical value of Molecular Imaging in the multi-modality world.

Important News: Sustainable Growth Rate (SGR) Legislation

Cardiovascular imaging has been the target of numerous reductions in reimbursement since 2006. The high utilization of myocardial perfusion imaging, for example, is reflective of the overall clinical value in the assessment of ischemic heart disease, but is also the reason it is often in the crosshairs of scrutiny for over-utilization.

The rapid growth rate of myocardial perfusion studies has curtailed since the initial publication of Appropriate Use Criteria (AUC) in 2005, but another issue has loomed large for the ongoing use of the technology in appropriate situations: the SGR formula.

The Medicare Sustainable Growth Rate (SGR) system was put into place as a result of the Balanced Budget Act of 1997, and serves as a means for the Centers for Medicare and Medicaid Services (CMS) to regulate spending on Medicare physician services. Each year, CMS develops a report on the previous year’s spending, and Congress adjusts the payment rates for Medicare physicians accordingly. For the past several years, the formula used as part of the SGR system has recommended that payments for Medicare physicians be cut drastically. If this were to happen, many physicians would be forced to leave the Medicare system, causing a large gap in patient care. To avoid this situation, Congress has repeatedly stepped in with temporary fixes to avoid these cuts (http://snmmi.files.cms-plus.com/FileDownloads/Imaging%20Cuts.pdf.)

On March 31, 2014, the Senate voted to pass H.R. 4302, the Protecting Access to Medicare Act of 2014. The House of Representatives had previously passed the bill by voice vote on March 27. This legislation makes permanent changes to how physicians who perform advanced imaging services are paid by connecting it to appropriate use criteria. These permanent changes were
included as part of the temporary one
year patch to the Sustainable Growth
Rate system.

These changes state that Secretary of
Health and Human Services must
launch (by 2017) a program that en-
courages the use of AUCs for ad-
vanced diagnostic imaging services
(ADIS). Additionally, no later than No-
vember 15, 2015, the Secretary, in
consultation with stakeholders, will
choose which AUCs will be included in
the program.

The Cardiovascular Council un-
derstands the importance of high quality
non-invasive testing, and encourages
all its members to remain vigilant to
public policy issues that affect your
department and clinical practice. In
addition, the CVC recommends you
remain highly aware of the applicabil-
ity of Appropriate Use Criteria in light
of these changes. The following sec-
tion should assist you in that
endeavor.

In the Literature

Familiarity with, and adherence to,
peer-reviewed and published guide-
lines is becoming increasingly im-
portant to the delivery of appropriate
care. It is also increasingly likely that
adherence to guidelines, in addition
to other quality assurance measures,
will be tied to reimbursement and
compensation for medical services,
especially diagnostic imaging. The ul-
timate goal is improving patient out-
comes, and the means by which to
accomplish this.

The Cardiovascular Council en-
courages its members to adhere to
published guidelines, and makes
them available to you through the
CVC Web site.

For the latest information on car-
diovascular disease incidence, preva-
ience and related trends and costs,
access the American Heart Associa-
tion Heart Disease and Stroke Statis-

Heart failure continues to present
major clinical and economic challen-
ges in health care delivery. The role
of imaging is clarified in the recently
published 2013
ACCF/ACR/ASE/ASNC/SCCT/SCMR
Appropriate Utilization of Cardiovas-
cular Imaging in Heart Failure

Editor’s note: Council Vice-
President Prem Soman provided his
expertise on the heart failure clinical
review panel.

For the latest guideline recom-
nendations on a common clinical
syndrome, refer to
ACCF/AHA/ASE/ASNC/HFSA/HRS/SCAI/
SCCT/SCMR/STS 2013 Multimodality
Appropriate Use Criteria for the De-
tection and Risk Assessment of Stable
Ischemic Heart Disease

The 2009 update to the Appropriate
Use Criteria for Cardiac Radionuclide
Imaging is available here.

The SNMMI’s guideline documents
for the cardiovascular system can be
accessed here.

The SNMMI’s full suite of guidance
on Dose Optimization is available here.

(Link to:)

You can access the full spectrum of
relevant cardiovascular clinical guide-
lines at the following sites:
- www.cardiosource.org (American
College of Cardiology)
- www.americanheart.org (Ameri-
can Heart Association)
- www.asnc.org (American Soci-
ety of Nuclear Cardiology)
SNMMI St. Louis: Preview

The Cardiovascular Council strives to put forward the most state-of-the-art cardiovascular imaging sessions at our two annual meetings. The following sessions are scheduled for St. Louis:

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<th>Advances in Clinical and Molecular Nuclear Cardiology (Categorical)</th>
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<td>Cardiac SPECT and PET Instrumentation and Software</td>
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<td>PET MPI: Tracers and Quantification of Blood Flow</td>
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<td>Cardiovascular Imaging “Boot Camp” I and II</td>
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<td>Case-based SPECT and PET: Read with the Experts</td>
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<td>Advances in Heart Failure Imaging</td>
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<td>FDG PET/CT for Device and Valve Infections</td>
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<td>PET/CT ad PET/MR in Atherosclerosis and Vulnerable Plaque</td>
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<td>Compliance and Lab Certification: MOC, ICANL, AUC</td>
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<td>Update on Pharmacologic Vasodilators, New Indications</td>
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<tr>
<td>Updates on New Myocardial Targets, Tracers and Techniques</td>
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For more information, please refer to the SNMMI’s Interactive Session Planner here:  
http://interactive.snm.org/index.cfm?PageID=13072

Don’t Forget to Vote!

The Cardiovascular Council (CVC) Board of Directors 2014 election is open until May 14. Cast your vote for Vice President-Elect, Treasurer and four Board Members. These elected individuals will take office in June 2014.

CLICK HERE to view each candidate’s brief biosketch.

Please cast your vote online...  Election Ballot

Thank you for your participation!