

ICANL Goes Green and Strengthens CME Requirements

As the number of laboratories seeking accreditation steadily rises, the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL) continues to refine its application process. More than 2,100 sites have been accredited by ICANL, and thousands of laboratories have begun the accreditation process by obtaining application materials. To accommodate this growth in applications, ICANL will be implementing several important changes in the coming months to improve efficiency in the current process.

Going Green with Online Applications

Many organizations have realized the economic and environmental benefits of moving administrative processes to an online platform. Beginning July 1, 2009, ICANL will adopt a similar model by transitioning to a paperless application process. The new system requires applicants to submit all protocols and attachments electronically using the ICANL Online Accreditation system at www.icanl.org.

The Online Accreditation system allows laboratories to easily organize and store their application materials. Online prompts remind applicants about required documents, and the system assigns uploaded documents to the relevant portion of the application. Materials can be uploaded in over a dozen formats, and scanned copies of certificates, protocols, and other hard copy materials will be accepted.

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The ASNC newsletter is published by the American Society of Nuclear Cardiology (ASNC) and is provided as a benefit of membership in ASNC.

ASNC NEWS BRIEFS

ASNC Releases Payment Summaries for Physicians and Hospitals

To help ASNC members evaluate changes in Medicare payments from 2008 to 2009, ASNC offers two charts comparing annual payments for nuclear cardiology procedures and associated equipment and materials. Summaries of the Medicare Physician Fee Schedule and the Hospital Outpatient Prospective Payment System are available at www.asnc.org/section_48.cfm.

Important Deadlines for Nuclear Cardiology and CT Certification Exams

Candidates for certification in nuclear cardiology and computed tomography (CT) should take note of the following dates.

Deadlines for CT Certification

Regular Application Deadline
May 29, 2009

Late Application Deadline
July 24, 2009

Final Withdrawal Deadline
September 4, 2009

Examination Dates
September 15 – 16, 2009

Deadlines for Nuclear Cardiology Certification

Regular Certification Application
Deadline
July 10, 2009

Regular Recertification Application
Deadline
August 21, 2009

Second Certification Application Deadline
September 18, 2009

Late Certification Application Deadline
October 9, 2009

Late Recertification Application Deadline
October 9, 2009

Cancellation Deadline
November 19, 2009

Examination Dates
November 30 – December 5, 2009

For information about application fees, certification requirements, and testing procedures, please contact the appropriate certification board. The Certification Board of Cardiovascular Computed Tomography can be reached at (240) 631-8151 or info@cbct.org. The Certification Board of Nuclear Cardiology can be reached at (240) 631-8151 or administration@cbnc.org.

Study Evaluates Appropriate Use of SPECT Tests

A study recently released at the annual meeting of the American College of Cardiology (ACC) showed that approximately 1 in 7 SPECT myocardial perfusion studies were ordered inappropriately as defined by the ASNC/ACC appropriateness use criteria released in 2005. Former ASNC President Dr. Robert Hendel was the lead investigator of the prospective study, which evaluated more than 5,000 SPECT myocardial perfusion tests for their adherence to evidence-based indications for appropriate use. The most common indication for an inappropriate SPECT myocardial perfusion test was detection of coronary artery

disease in asymptomatic low-risk patients. Data showed that inappropriate tests were ordered more often by referring physicians and by non-cardiologists, providing evidence that self-referral by cardiologists is not necessarily a cause of the growth in imaging test volume in recent years. The study, "Multicenter Assessment of the Utilization of SPECT Myocardial Perfusion Imaging Using the ACCF Appropriateness Criteria: The ACCF and United HealthCare SPECT Pilot Study" was presented orally as a late-breaking clinical trial abstract at ACC.09 on Sunday, March 29, 2009.

Keep in Touch: Update Your Profile in the ASNC Online Directory

ASNC would like to remind members to keep their contact information up-to-date with ASNC's Member Directory, which is available in the Member Center of www.asnc.org. Whether you have a new job or a simply a new e-mail address, help ASNC and your colleagues stay in touch with you by updating your profile today. ✧



AMERICAN SOCIETY OF
NUCLEAR CARDIOLOGY

Beth F. Hodge
Managing Editor

Steven D. Carter
Executive Director

Cathleen Edmonds
*Chair, ASNC Communications and
Member Services Committee*

Statements of fact and opinion expressed in this publication do not imply an official policy of ASNC but are intended to provide information. The Society does not endorse any product or service advertised in this publication.

MEETINGS AND PROGRAMS

Programs listed below are sponsored or co-sponsored by ASNC. For more information, visit www.asnc.org/event.cfm.

MAY 2009

May 10 – 13, 2009 ICNC9 — Nuclear Cardiology and Cardiac CT* Barcelona, Spain

JUNE 2009

June 4 – 5, 2009 Curso Internacional Imagen Cardiovascular 2009* Mexico City, Mexico

JULY 2009

July 31 – August 2, 2009 Nuclear Cardiology Board Exam Preparation Course Baltimore, MD

SEPTEMBER 2009

September 30 – October 1, 2009 Nuclear Cardiology Board Exam Preparation Course
An Ancillary Program of ASNC2009 Minneapolis, MN

September 30 – October 1, 2009 Nuclear Cardiology for the Working Technologist —
What I Need to Know
An Ancillary Program of ASNC2009 Minneapolis, MN

OCTOBER 2009

October 1, 2009 Nuclear Cardiology for Nurses and Nurse Practitioners
An Ancillary Program of ASNC2009 Minneapolis, MN

**October 1 – 4, 2009 ASNC2009: The 14th Annual Scientific Session
of the American Society of Nuclear Cardiology Minneapolis, MN**

October 4, 2009 ASNC/ICANL Lab Accreditation Workshop
An Ancillary Program of ASNC2009 Minneapolis, MN

**This course is co-sponsored by ASNC.*

ASNC BOARD EXAM PREPARATION COURSE RETURNS IN JULY

Registration is now open for two nuclear cardiology board exam preparation courses scheduled for 2009. Designed to prepare physicians for certification exams in nuclear cardiology, these courses fill to capacity year after year. Donna Polk, MD, MPH, FASNC, will chair this year's programs and has assembled a team of expert faculty to guide attendees through key exam topics. Course information is listed below, and ASNC members are encouraged to visit www.asnc.org/boardprep to reserve a space in these extremely popular programs.

July 31 – August 2, 2009
Hilton Baltimore
Baltimore, MD

September 30 – October 1, 2009
Minneapolis Convention Center
Minneapolis, MN

Note: This course is offered as an ancillary program of ASNC2009.



ASNC2009

MINNEAPOLIS

The 14th Annual Scientific Session of the American Society of Nuclear Cardiology

October 1 – 4, 2009 | Minneapolis Convention Center

ASNC2009 TRAVEL AWARDS AVAILABLE FOR FELLOWS

ASNC is pleased to announce the ninth annual ASNC/Astellas Travel Awards, which aim to encourage ongoing education and to recognize research in nuclear cardiology during fellows' training programs. Twelve nominees will be selected to receive Travel Awards in order to attend ASNC2009. Visit www.asnc.org/asnc2009 for additional information and application materials. Application submissions are due June 12, 2009.

LATE-BREAKING CLINICAL TRIAL ABSTRACT SUBMISSIONS OPEN JUNE 15

The ASNC2009 Program Committee invites investigators to submit original abstracts of late-breaking clinical trials beginning June 15, 2009. Accepted abstracts in this category will be programmed as oral presentations and will not be published in the Journal of Nuclear Cardiology. These trials are expected to be large or multi-center prospective trials of major clinical import, involving generally more than 500 patients. Visit the Abstract Submissions section of www.asnc.org/asnc2009 for submission information, including access to the ASNC2009 online abstract submission system.

PREVIEW ASNC2009 SESSIONS WITH PRELIMINARY PROGRAM

The ASNC2009 preliminary program is now available at www.asnc.org/asnc2009. Print your copy today to begin planning your visit to Minneapolis and preview sessions covering a wide range of timely topics relevant to cardiovascular imaging. From fundamental aspects of image acquisition and processing to advanced assessment of cardiovascular disease in patient subsets, ASNC2009 offers a comprehensive view of the field. Keynote lectures by Drs. Robert Bonow, Manuel Cerqueira, and Jack Lewin promise to deliver insightful information on critical issues such as nuclear cardiology's role in a multimodality environment, appropriate utilization of cardiac imaging, and the legislative and regulatory healthcare landscape. Register today and join ASNC in Minneapolis, October 1 – 4, 2009 for these exciting sessions.

Four ASNC2009 Ancillary Programs Expands Scientific Session Curriculum

Attendees of ASNC's Annual Scientific Session benefit from a curriculum that is both varied and comprehensive. Covering a wide range of topics in nuclear cardiology, the Annual Scientific Session is an opportunity for professionals to hear about the latest advances and best practices in the field. Each year, ASNC selects a few key topics to present as in-depth ancillary programs. These sessions allow registrants to learn about important issues in detail. ASNC2009 offers four ancillary programs this year, each designed for a specific audience. Registration for these sessions is now open, and special offers are available to ASNC members. Visit www.asnc.org/asnc2009 for registration information and the complete ASNC2009 program.

Nuclear Cardiology Board Exam Preparation Course September 30 – October 1, 2009

Designed for cardiologists and radiologists who are preparing for certification exams in nuclear cardiology, this two-day intensive review course covers key practice areas such as radiation safety, physics, and instrumentation.

Nuclear Cardiology for the Working Technologist — What I Need to Know September 30 – October 1, 2009

This two-day course covers fundamental techniques for providing optimal care in a nuclear cardiology laboratory. Faculty will review selection of protocols, development of acquisition parameters, interpretation of ECG rhythms, recognition of artifacts, and implementation of quality assurance programs.

The Nuclear Cardiology for the Working Technologist — What I Need to Know ancillary program is supported by an educational grant from Astellas Pharma US, Inc.

Nuclear Cardiology for Nurses and Nurse Practitioners October 1, 2009

From integrating multiple modalities in a cardiology lab to selecting protocols that enhance laboratory efficiencies and productivity, this ancillary program was created for nurses, advanced practice nurses, and nuclear technologists who are practicing or are interested in practicing nuclear cardiology in a hospital or office-based setting.

ASNC/ICANL Lab Accreditation Workshop October 4, 2009, 8:00 a.m. – 11:15 p.m.

Jointly sponsored by ASNC and the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL), this three-hour workshop is designed for nuclear cardiology professionals who are preparing to have their laboratories accredited or who are interested in learning more about the accreditation process. The workshop will include a general overview, accreditation troubleshooting tips, and a question-and-answer session with faculty. The Lab Accreditation ancillary program is offered at no charge, but registration is required due to limited space and materials.



Study Shows Routine Screening Unnecessary for Diabetic Patients

Millions of patients — 21 million in the United States and 200 million worldwide — have been diagnosed with type 2 diabetes mellitus. Coronary artery disease (CAD) is the leading cause of death among these patients. Silent myocardial ischemia is common, and cardiac death or myocardial infarction may be the first manifestation of CAD in diabetic patients.

Clinicians have increasingly explored the prospect of routine screening asymptomatic diabetic patients in the hopes of detecting CAD early enough to prevent cardiac events. Little evidence exists to support routine screening of asymptomatic patients with

database analyses,” commented Dr. Frans J. Th. Wackers of Yale University and Principal Investigator and Chair of the DIAD study. “The prevalence of silent ischemia in DIAD was less than anticipated and the ultimate five-year outcome was also considerably better than expected. However, adenosine SPECT myocardial perfusion imaging did what it is supposed to do — appropriately identify patients at high and low risk for cardiac events.”

Dr. Wackers went on to say, “The DIAD study was not a treatment trial. However, after the DIAD study began, the American Diabetes Association published guidelines that strongly recommended

primary medical prevention of CAD in all patients with diabetes. I believe that the favorable outcome in DIAD, at least in part, may be explained by significantly increased treatment with aspirin, statins, and ACE-inhibitors in both randomized groups.”

The DIAD authors conclude that diabetic patients who receive standard medical care, attentive follow-up, and sufficient diagnostic evaluation for symptoms of ischemia have comparable

outcomes to patients who receive routine screening. The results of this study suggest routine screening is not appropriate for asymptomatic diabetic patients given the negligible clinical benefit and significant expense generated by this practice. The complete study results are available in the April 15 issue of the *Journal of the American Medical Association* (JAMA 2009; 301: 1547-1555.) ✱



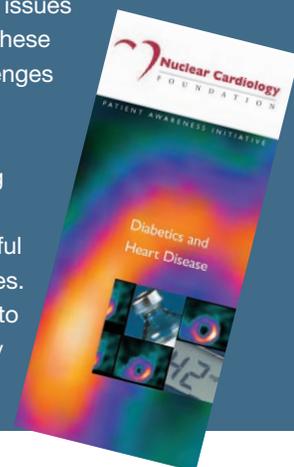
“Adenosine SPECT myocardial perfusion imaging did what it is supposed to do — appropriately identify patients at high and low risk for cardiac events.”

— Dr. Frans Wackers, Principal Investigator of DIAD study

diabetes, making this practice controversial within the field. The release of data from the Detection of Ischemia in Asymptomatic Diabetics (DIAD) study presents the most conclusive evidence to date that routine screening for CAD does not lead to better outcomes for this patient subset.

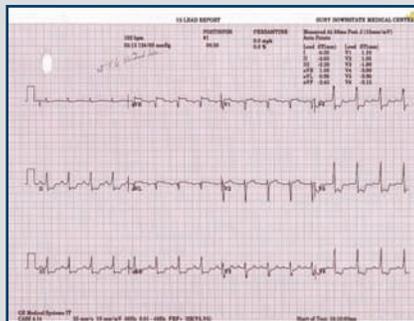
The DIAD study enrolled 1,123 diabetic patients without symptomatic or previously diagnosed CAD. Researchers randomized the patients to either screening with adenosine SPECT myocardial perfusion imaging or no screening. The main outcome measure was cardiac death or nonfatal myocardial infarction. The overall five-year event rate was 2.9%, an average of 0.6% per year. There were 7 nonfatal myocardial infarctions and 8 cardiac deaths (2.7%) among screened patients and 10 nonfatal myocardial infarctions and 7 cardiac deaths (3.0%) among patients who received standard care without screening. Adenosine SPECT predicted cardiac outcomes in screened patients. The overall revascularization rate was low in both groups. “The findings of the prospective DIAD study illustrate the intrinsic problem of relying solely on observations in retrospective

ASNC and the Nuclear Cardiology Foundation offer several brochures that members can share with referring physicians and patients about issues specific to nuclear cardiology. One of these brochures focuses on the unique challenges of diagnosing and managing diabetic patients with coronary artery disease. Summarizing the risk factors, screening recommendations, and risk reduction techniques, this brochure can be a useful resource for nuclear cardiology practices. Visit www.asnc.org/section_219.cfm to download or print these patient-friendly brochures.



BEST CASE

Visit www.asnc.org/education/caseofthemoth.cfm to view new teaching cases in the ASNC online case library.



A 58-Year-Old Male with Coronary Steal Phenomenon During Dipyridamole Stress Nuclear Testing

Submitted by Renee P. Bullock-Palmer, MD, Roseann M. Chesler, PhD, and Judith E. Mitchell, MD

Case Description: A 58-year-old African-American male patient presented to the nuclear laboratory for a nuclear stress study after presenting to his cardiologist with unstable angina for several weeks. His chest pain was described as a mid-sternal chest pressure lasting several minutes occurring both at rest and at exertion. The patient's exercise capacity was limited to less than 150 yards due to chest pressure and bilateral calf pain. The patient had a two-dimensional echocardiogram before undergoing dipyridamole nuclear stress testing.

DO YOU HAVE AN INTERESTING NUCLEAR CARDIOLOGY CASE STUDY?

ASNC invites members to submit their cases for review. Accepted cases will be posted on the ASNC Web site and highlighted in the ASNC newsletter. Visit www.asnc.org/education/caseofthemoth.cfm to learn more.

A series of echocardiograms show the progression of chest pain in a patient with coronary steal phenomenon.



AMERICAN SOCIETY OF
NUCLEAR CARDIOLOGY

2009

Nuclear Cardiology Board Exam Preparation Course



JULY 31 – AUGUST 2, 2009
Hilton Baltimore, Baltimore, MD



SEPTEMBER 30 – OCTOBER 1, 2009
Minneapolis Convention Center, Minneapolis, MN
An Ancillary Program of ASNC2009

Program Chair: Donna M. Polk, MD, MPH, FASNC

Register Early and Save! Visit www.asnc.org or call (301) 215-7575.

The American Society of Nuclear Cardiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This activity has been approved for *AMA PRA Category 1 Credits*.™

UnitedHealthcare Updates Roster for Premium Designation Program

On April 1, 2009, UnitedHealthcare posted an updated list of physicians that meet the criteria for its Premium Physician Designation Program on its Web site. The insurer has added providers who met the program's requirements and removed the names of those who did not continue to meet the criteria.

The UnitedHealth Premium® physician designation program evaluates physicians using claims data and measures the quality of care, sequencing of care, procedural effectiveness, and compliance with guidelines. Additionally, the program analyzes the physician's cost efficiency. It provides specific criteria for cardiologists including non-interventional, interventional, cardiothoracic surgery, and electrophysiology. The physician must achieve both the quality and cost efficiency designation to be included in the program.

Inclusion in the UnitedHealth Premium® Physician Designation exempts the physician from the UnitedHealthcare Radiology prior notification protocol for advanced diagnostic imaging procedures: CT, MRI, PET, and Nuclear Medicine/Cardiology.

The American Society of Nuclear Cardiology, which does not endorse this program, strongly encourages its members to carefully review their designations and appeal any inconsistent or inaccurate data.

Physicians may review this information at <http://UnitedHealthcare.com> and click on "View Your UnitedHealth Premium Assessment Report". These reports show which treatments or services were reviewed against practice guidelines. By conducting a review of the patients' charts and billing records, the physician can determine if there are any discrepancies between the care provided and the data used for assessment.

If reconsideration is necessary, then it is important to make corrections or changes to the report and provide comments on the patient detail report. For additional questions on the UnitedHealthcare Premium Designation Program, please contact UnitedHealthcare at (866) 270-5588 or unitedpremium@uhc.com. ✱

ASNC Creates Task Force to Address RBM Issues

The ASNC Executive Council has approved the development of a task force to address issues related to radiology benefit managers (RBMs). The task force will be chaired by Dr. Robert Hendel, who has worked on previous RBM issues both for ASNC and the American College of Cardiology (ACC) and has been the key leader in the UnitedHealthCare/ACC SPECT pilot project, which aims to facilitate reimbursement for "appropriate" and "uncertain" indications through the use of appropriate use criteria. Other members of the task force include: Drs. Timothy Bateman, Peter Tilkemeier, William Van Decker, and David Wolinsky.

The RBM Task Force developed in response to numerous reports from ASNC members about payers who were arbitrarily denying studies. In most instances, the RBMs hired by the payers were denying orders for a nuclear stress test with the explanation that stress echocardiography was the preferred method of diagnostic testing for most, if not all, patients. The problem became extremely egregious in Rhode Island, and ASNC, the American College of Cardiology, and several practicing cardiologists in the state (including Drs. Brian Abbott, Jim Arrighi, and Peter Tilkemeier) held several meetings and conference calls with the RBM, MedSo-

lutions, Inc., to resolve the issue. Finally, after several letters, meetings, and conference calls, the RBM backed down from its policy in January 2009.

Problems, however, still persist. ASNC is still receiving complaints from members who are receiving reimbursement denials for nuclear cardiology studies if stress echocardiography studies were not first performed. Along with these issues, the budget proposal released by President Obama includes a cost-saving provision that mandates the use of RBMs for all imaging services. Congress has also expressed interest in requiring the use of RBMs for future Medicare payments.

Given all the issues, ASNC believes that having a group of qualified individuals who will work cohesively to address these challenges is the best course of action, and the RBM Task Force is committed to work on behalf of ASNC members to ensure that patients are able to receive the most appropriate and necessary care available.

ASNC members who are experiencing problems with a RBM in their area are encouraged to contact Emily Gardner, ASNC Director of Health Policy, at (301) 215-7575 or egardner@asnc.org. ✱

ICANL Goes Green and Strengthens CME Requirements *continued.*

Year-Round Application Reviews

ICANL has abandoned its quarterly review schedule for accreditation applications in favor of a year-round submission process. Laboratories that submit their applications by the first of the month will have their applications processed within the same month. The ICANL Board of Directors will meet monthly to review applications, reducing turnaround times for accreditation decisions to less than 16 weeks.

Reinforcing Continuing Education Requirements

Among the most commonly cited deficiencies for accreditation applications is poor documentation of continuing education for laboratory staff. ICANL requires all laboratory personnel to document 15 hours of continuing education over the period of three years. The continuing education requirement is waived for physician staff members who have attained certification by a board recognized by the American Board of Medical Specialties or the Certification Board of Nuclear Cardiology within the past three years. The requirement is also waived for technologists who attain a relevant technical credential within the past three years, including advanced examination credentials.

Laboratories who fail to sufficiently document continuing education for their staff will no longer be granted provisional status by ICANL. Instead, laboratories' applications will be delayed until the continuing education provision is adequately met.

In addition to the quantity of continuing education required by ICANL, relevance is also a factor. Continuing education for physicians must be related to nuclear medicine and directly apply to the performance or interpretation of nuclear cardiology, nuclear medicine, or intervention used during nuclear testing. Education related to echocardiography, magnetic resonance, cardiac computed tomography, or cardiac catheterization is not accepted by ICANL unless the content can be applied to the interpretation of nuclear

JNC SPOTLIGHT



From the May/June issue of the *Journal of Nuclear Cardiology*: In this month's *Journal of Nuclear Cardiology*, Maddahi et al. compare standard and rapid protocols for diagnostic quality of images and quantitation of end-diastolic volume, end-systolic volume, left ventricular ejection fraction, and perfusion defect severity. Read about the authors' findings in "Prospective Multi-Center Evaluation of Rapid Gated SPECT Myocardial Perfusion Upright Imaging."

Also available in this month's journal is a study by Travin et al. assessing the effect of beta-blockers on the ability of myocardial perfusion imaging to identify significant and high-risk coronary artery disease. "The Effect of Beta-Blockers on the Diagnostic Accuracy of Vasodilator Pharmacologic SPECT Myocardial Perfusion Imaging" is now online at www.onlinejnc.com.

imaging or radionuclide therapies. Technologists' continuing education should include the following categories: imaging, quality control and instrumentation, and radiopharmaceuticals in nuclear medicine. ICANL has developed a CME Predetermination List to help applicants evaluate the relevance of continuing education programs. This list is available on the ICANL Web site at www.icanl.org/icanl/community/cme.htm.

For additional information about the ICANL accreditation process, please visit www.icanl.org or call (800) 838-2110. ASNC members can also visit www.asnc.org/accreditation for resources and links related to laboratory accreditation. ✨

SLATE OF OFFICERS AND DIRECTORS FOR 2010

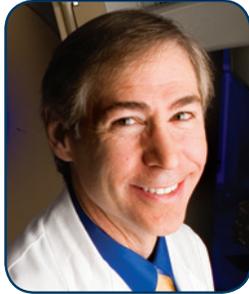
Voting members of the American Society of Nuclear Cardiology will have the opportunity to elect officers and members of the Board of Directors at the ASNC Annual Business Meeting. This year's business meeting will be held as part of ASNC2009 on October 1, 2009, at the Minneapolis Convention Center in Minneapolis, Minnesota.

Recommendations presented by the ASNC Nominating Committee and Board of Directors are:

ASNC OFFICERS



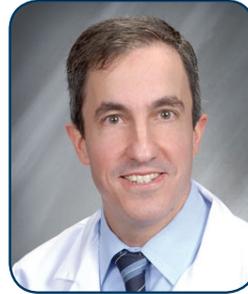
President-Elect:
Leslee J. Shaw, PhD,
FASNC, Atlanta, GA



Vice President:
John J. Mahmarian, MD,
FASNC, Houston, TX



Secretary:
Kevin C. Allman, MBBS,
FASNC, Camperdown,
New South Wales, Aus-
tralia



Treasurer:
James A. Arrighi, MD,
FASNC, Providence, RI



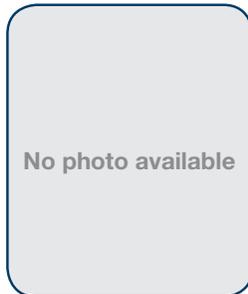
*Note: Mylan C. Cohen, MD,
MPH, FASNC, Portland, ME,
will automatically assume the
office of President.*

ASNC BOARD OF DIRECTORS

The following nominees are eligible to serve a four-year term.



Mario J. Garcia, MD
New York, NY



Howard C. Lewin,
MD, FASNC
Los Angeles, CA



Donna M. Polk, MD,
MPH, FASNC
Hartford, CT



Patty Reames, CNMT,
RT(R), NCT, FASNC
Bellefontaine, OH



Mark I. Travin, MD,
FASNC
Pleasantville, NY

The following nominee is eligible to serve a one-year term to fill Dr. Allman's unfinished term:



David G. Wolinsky, MD, FASNC
Albany, NY

In addition to the nominations submitted by the Nominating Committee and Board of Directors, the Bylaws of ASNC provide that voting members of ASNC may make other nominations for each elective office. Nominations may be submitted to the Secretary of ASNC, 4550 Montgomery Ave., Suite 780 North, Bethesda, MD 20814 for presentation to the membership at the 2009 Annual Business Meeting. Such nominations must be submitted in writing, stating the qualifications of the candidate, 90 days in advance of the Annual Business Meeting and must be signed by at least 10 Full Members of ASNC.

The Nominating Committee was chaired by William A. Van Decker, MD, FASNC, and included Mylan C. Cohen, MD, MPH, FASNC, Myron C. Gerson, MD, FASNC, Gregory S. Thomas, MD, MPH, FASNC, and Mary N. Walsh, MD, FASNC.

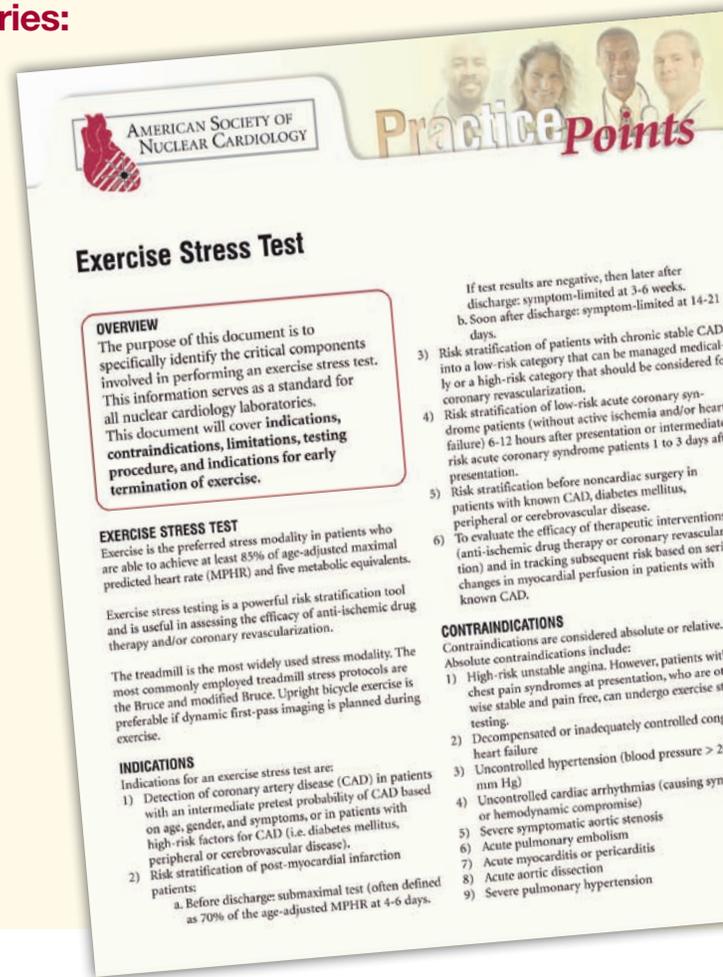
ASNC Launches New Practice Management Series: Practice Points

For years, ASNC has been a leader in establishing the value of nuclear cardiology in the imaging community. With the publication of clinical guidelines, information statements, training standards, and educational resources, ASNC provides essential information to healthcare professionals and patients alike.

These critical documents are currently available online as PDF manuscripts. ASNC would like to make the information contained in these documents readily available to members and other individuals interested in the field with a new program called "Practice Points". The goal of this program is to redistribute published information in a short and simple format that can be easily accessed and shared.

This month, ASNC is releasing the first document in its Practice Point series, a succinct summary of indications, contraindications, and testing procedures for exercise stress tests. Future Practice Points scheduled for publication in 2009 will cover pharmacologic stress testing with regadenoson and adenosine, appropriate use criteria for cardiac radionuclide imaging, and reporting of nuclear cardiology studies.

Visit the Manage Your Practice section of www.asnc.org for Practice Points, brochures for patients, lab accreditation information, and more.



ASNC2009

MINNEAPOLIS

The 14th Annual Scientific Session of the
American Society of Nuclear Cardiology
October 1 – 4, 2009 | Minneapolis Convention Center

ASNC2009 HIGHLIGHTS INCLUDE:

- Concurrent educational tracks, including Advanced, Core, Computed Tomography, and Technical
- A robust curriculum centered on the theme "Imaging for Quality and Patient Outcomes"
- Ancillary programs including the Nuclear Cardiology Board Preparation Course
- Late-breaking clinical trial presentations and Cases with the Experts panel discussions

Visit www.asnc.org/asnc2009 to register today and for all the latest information about ASNC2009 or call (301) 215-7575.

Register Early and Save! www.asnc.org/asnc2009

The American Society of Nuclear Cardiology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education to physicians. This activity has been approved for *AMA PRA Category 1 Credits*.™ The American Society of Nuclear Cardiology is a recognized provider of ARRT Category A credit for technologists.

