SCAI Issues Position Statement on Drug Eluting Stents

Drug-eluting stents (DES) are one of the most exciting developments in interventional cardiology in recent years. At the same time, introduction of DES raises significant clinical, economic, legal and policy issues. In response, SCAI has issued a Position Statement, Drug-Eluting Stents: Practice and Health Care Delivery Implications. The Position Statement will be published in its entirety in the March 2003 issue of SCAI’s journal, Catheterization and Cardiovascular Interventions (CCI).

Data from recent DES clinical trials have been very promising in demonstrating reduction of in-stent restenosis in certain patient populations. Additional research is underway on several fronts. FDA approval of the first of these new devices is anticipated soon, although no date has been set.

SCAI recently surveyed its members (see accompanying article) to learn what they believe the Society should do in terms of education, guidelines and advocacy. Respondents predominantly believe that DES are a very promising clinical advance, while raising significant economic, legal, ethical and clinical issues that need to be addressed. Members also say that SCAI should take the leadership role in framing that debate, working with other professional organizations as appropriate.

SCAI Position Statements are not formal clinical guidelines – and should not be treated as such – but rather are brief statements of position on critical, rapidly-evolving areas. SCAI plans to update the DES Position Statement within six months, or sooner if the data so warrant.

continued on page 6

BOSTON 2003: SCAI’s Annual Scientific Sessions, May 7-10

The Best of the Best in Interventional Cardiology

Registration form on page 3

A World Class Program

This year’s SCAI annual meeting will be truly special, with an incredible array of renowned speakers and gifted teachers. Thanks to the Boston Program Committee (chair: Bonnie Weiner, M.D., FSCAI, co-chair: Donald Baim, M.D., FSCAI), the “Best of the Best in Interventional Cardiology” will be the theme of this not-to-be-missed meeting.

SCAI’s annual meeting has become the premier educational event for the invasive/interventional community. Uniquely, this meeting features superb educational programming in an intimate, collegial setting. Our goal is to provide the best possible CME to you (31 hours of category I credit last year), while keeping the meeting to a manageable size.

continued on page 8

“An Open Letter to My Colleagues in Private Practice: from Randy Bottner, M.D.”

See Page 5
Last November, several cardiovascular professional societies met in Washington DC to discuss intersociety relationships. Until recently, there was little dialogue among the various cardiovascular subspecialty societies and the ACC. The Leadership Summit filled that void and began an era of stronger partnerships. This was a meeting of substance and accomplishment, and I would like to let you know what happened.

Beginning two years ago, my two predecessors as SCAI President, Drs. Carl Tommaso and Joe Babb, began discussions with their ACC counterparts regarding the relationship of SCAI with ACC. The result — thanks to much encouragement from SCAI — was the November Leadership Summit. The Summit was attended by eleven professional societies. SCAI was represented by myself and President-elect John Hodgson, M.D.

The meeting was intense, candid and fruitful. A key area involved discussion of principles for cooperation. These included recognition that societies have mutual interests, and are much stronger when they partner on areas of common concerns. The independence and value of active subspecialty organizations was acknowledged as a vital component of the continuum of care.

Principles of the meeting: partnership, respect, accommodating differences, well-documented expectations and recognition that both cooperation and simultaneous competition among society interests are critical elements of a working relationship. Fundamentally, the communication at this summit represented a very positive first step.

Four areas of focus were ultimately identified as common interests among societies.

Patient education. Although SCAI’s involvement in patient education has been relatively limited, innovative ideas came from the meeting. Web links for patient education and distribution of existing patient education materials represents the simplest program to initiate. One promising idea: hold patient education events (such as interviews on the local media) in cities where we hold our annual scientific meetings.

Physician education. Cooperation among meeting planners for the various subspecialty society meetings, and co-promotion of those meetings is another clear avenue for relatively easy cooperation. Opportunities to have representatives from various societies present at other society meetings became obvious.

Advocacy and government relations. Voting representation of the various societies on the ACC Advocacy Committee was recognized as the most efficient way to avoid re-duplication of efforts. Since most of the subspecialty societies already have lobbying efforts, creating a third intersociety group would be expensive and inefficient. Voting membership on the ACC Advocacy Committee was recognized as a best step forward in unified advocacy efforts.

Guidelines. Historically, SCAI has produced many guidelines fundamental to the practice of invasive/interventional cardiology. While this will continue, the ACC/AHA Task Force on Guidelines is of course a major force in this area. At the summit, we stressed that subspecialty organizations need to be more closely involved in those ACC/AHA efforts.

Ultimately, intersociety relations are about leadership, cooperation and representation. While the fundamental goals were the same, each society’s mission, membership and expectations were by definition unique. Nonetheless, all recognized that through collaborative effort our members and patients will ultimately benefit.

For the ACC, President Bruce Fye (who also is ACC’s official historian) perhaps put it best by terming the Summit “a historic event.” This meeting represents an important turning point by recognizing that subspecialty society members are also ACC members, and that true leadership is best demonstrated by being IN-clusive, not EX-clusive. As further demonstration that this belief was sincerely felt, all societies at the Summit had an equal (and frequently loud!) voice, and the Chair of the Coalition will rotate annually (SCAI’s Immediate Past President, Dr. Joseph Babb, currently serves as Coalition President-Elect, and will be President in 2004).

In sum, ACC has taken a large step toward recognizing that its members have multiple interests. Representation of SCAI members at the larger table of cardiology is a clear goal of this effort. We are the voice of our membership and look forward to using our voice. By being integrally involved in this emerging Coalition of Clinical Organizations, the impact of that voice will continue to grow.
SCAI’s 26th Annual Scientific Sessions and the Melvin P. Judkins Cardiac Imaging Symposium  
May 7-10, 2003 • Westin Copley Place • Boston, MA

Refunds will be given only if written notification of cancellation is received by Friday, April 25, 2003. Refunds are subject to a $25 processing charge and will be mailed within 8 weeks after the meeting. No telephone cancellations will be accepted.

<table>
<thead>
<tr>
<th>1</th>
<th>Please print or type.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip/Country</td>
<td></td>
</tr>
<tr>
<td>Daytime Telephone</td>
<td></td>
</tr>
<tr>
<td>E-Mail</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>President’s Reception, May 8, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ I will attend</td>
<td></td>
</tr>
<tr>
<td>____ I will not attend</td>
<td></td>
</tr>
<tr>
<td>____ I will bring ___ guest(s)</td>
<td>(guest registration required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Payment Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment must accompany registration.</td>
<td></td>
</tr>
<tr>
<td>Check payable to SCAI</td>
<td></td>
</tr>
<tr>
<td>Mastercard</td>
<td></td>
</tr>
<tr>
<td>VISA</td>
<td></td>
</tr>
<tr>
<td>American Express</td>
<td></td>
</tr>
<tr>
<td>Name on Card:</td>
<td></td>
</tr>
<tr>
<td>Card Number:</td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td></td>
</tr>
</tbody>
</table>

| 4 | Melvin P. Judkins Cardiac Imaging Symposium  
—May 7, 2003 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration for symposium includes admission to exhibits on Wednesday only. Admission is by badge only.</td>
<td></td>
</tr>
<tr>
<td>Advance Registration (On or before 4/11/03)</td>
<td>Regular &amp; On-Site Registration (After 4/11/03)</td>
</tr>
<tr>
<td>____ SCAI and/or SICP Member</td>
<td>$ 50</td>
</tr>
<tr>
<td>____ Non-member</td>
<td>$ 150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>26th Annual Scientific Sessions—May 8-10, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration for scientific sessions includes admission to all scientific sessions, workshops, exhibit hall, President’s reception, and Annual Banquet. Admission to all events is by badge or ticket only.</td>
<td></td>
</tr>
<tr>
<td>Advance Registration (On or before 4/11/03)</td>
<td>Regular &amp; On-Site Registration (After 4/11/03)</td>
</tr>
<tr>
<td>____ SCAI and/or SICP Member</td>
<td>$ 175</td>
</tr>
<tr>
<td>____ SCAI Affiliate Members (fellows/residents)</td>
<td>$ 50</td>
</tr>
<tr>
<td>____ Non-member Physician/Scientist</td>
<td>$ 375</td>
</tr>
<tr>
<td>____ Non-member Resident, Fellow, Nurse, Technologist</td>
<td>$ 200</td>
</tr>
<tr>
<td>____ Invited Speaker*</td>
<td>$ -0-</td>
</tr>
<tr>
<td>____ Abstract Presenter (presenter only)*</td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

* Registration form needs to be submitted by speakers and abstract presenters even though there is no registration fee.

<table>
<thead>
<tr>
<th>6</th>
<th>Guest(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration for guests includes the President’s Reception and Annual Banquet but not the Scientific Sessions.</td>
<td></td>
</tr>
<tr>
<td>Guest Name(s)</td>
<td></td>
</tr>
<tr>
<td># of guests ______ x $100=</td>
<td>$ _________</td>
</tr>
</tbody>
</table>

| 7 | Total Amount Enclosed: $ __________ |

Please mail OR fax this form with payment to SCAI:  
9111 Old Georgetown Rd., Bethesda, MD 20814-1699  
Phone (800) 992-SCAI; Fax (301) 581-3408  
News 3/03
“When planning for a year, sow rice. When planning for a decade, plant a tree. When planning for a lifetime, train and educate people.”

—(Chinese Proverb)

With this inaugural trainee page, we officially welcome and invite interventional cardiology fellows in training to become members of SCAI and take an active role in the Society.

**Dues waiver for interventional fellows in training.** SCAI understands the financial constraints faced by interventional cardiology fellows in training. SCAI’s Membership Growth and Enhancement (MGE) Task Force (chairs: Drs. Spencer King and J. Jeffrey Marshall) recommended that dues be waived for interventional cardiology fellows. SCAI’s Board has unanimously (and enthusiastically) done so.

Membership allows unrestricted access to member-only section of SCAI web pages as well. CCI is the official journal of the Society and is uniquely geared to fulfill the needs of invasive and interventional cardiologists. This journal will now be free (online) to interventional fellows while in training. SCAI expresses its gratitude to Wiley-Liss Publishing for making this important benefit possible.

Today’s cardiology fellows are tomorrow’s leaders in the field of Interventional Cardiology. SCAI is the official voice of invasive and interventional cardiology and represents us professionally nationally and internationally. SCAI also provides an opportunity to develop lifelong friendships and collaborators.

As a fellow, one can expect multiple benefits by active participation in SCAI: networking, research collaboration, job searches and the annual meeting, to name a few. Membership and subsequent advancement to FSCAI status in SCAI is both nationally and internationally recognized and respected.

SCAI’s Annual Scientific Sessions are of exceptional educational quality. Annual SCAI meetings present an opportunity for the fellows to obtain unbiased, authoritative views on current areas of interest in invasive and interventional cardiology. These meetings also provide opportunity for upcoming investigators to present their work in a more focused and less competitive environment, interacting on personal terms with other like-minded invasive and interventional cardiologists.

We call out to all interventional cardiology fellows (and those who will begin such fellowships soon), to become SCAI members and take an active role in molding the future of invasive and interventional cardiology.

---

**Interventional Fellows in Training News: FREE MEMBERSHIP**

Vijay G. Kalaria, M.D.

3:15 a.m. Your phone rings. “Doctor, this is the ER. The ambulance just brought in Mr. Jones, and the EKG shows an acute anterior MI.”

You reply, “call the cath lab team in right now; I’m on my way.” You’ve never met Mr. Jones, but you’re out the door in five minutes, and at the lab ten minutes later – the first team member there.

Mr. Jones gasps “Doc, I gotta thousand pounds on my chest!” After a quick evaluation, you perform an emergency angiogram, and then balloon and stent a 90% stenosis in the LAD.

4:13 a.m. “How are you doing now, Mr. Jones?” Mr. Jones replies that the pain is gone, and he’s breathing much easier. Two days later, he’s home to a grateful family.

Ten years ago, this would have been called a miracle. Today it’s routine, performed by invasive/interventional cardiologists, arguably among the most intensively trained specialists in medicine. The benefits to the patient are tangible and immediate, yet the benefits to society are even more dramatic: lower medical costs, fewer surgeries, faster return to work and better quality of life.

How are you being rewarded? Some sobering realities:

- Your Medicare reimbursement declined by 30% since 1998.
- Your malpractice premiums have skyrocketed.
- The pressure on you to cut costs is relentless.

**SCAI Increases Advocacy Efforts**

continued on page 5
Dear Colleague,

Do these issues concern you?

- Declining reimbursement
- Pressure from payers and hospitals to keep costs down
- Threats to clinical autonomy
- Skyrocketing malpractice premiums
- New, expensive technologies, with no clear way to pay for them

They concern me.

Like thousands of you, I am a non-academic, clinical interventional cardiologist in private practice. I face these issues every day, and it’s not getting any easier. SCAI is the only professional society dedicated solely to the issues facing invasive/interventional cardiologists, and I’d like to invite you to join our Society.

With over 2,400 members worldwide, SCAI has become the undisputed voice of the invasive/interventional cardiology community. In recent years, we have grown dramatically (and we are getting noticed where it counts), but we need you to make that voice even more effective.

The benefits of membership include:

- Advocacy – SCAI is fighting on your behalf through an aggressive program involving SCAI members and expert staff to educate Federal and state policymakers about the critical services we provide and the challenges we face. Other organizations advocate on behalf of cardiologists in general (and we work with them closely), but when it comes to invasive/interventional issues, SCAI is the only society devoted solely to your issues – every day.

- Guidelines and Position Statements - to help incorporate new technologies into your practice for the benefit of our patients. As private practitioners, we need the latest “how to’s” quickly and concisely. SCAI is not afraid to take positions on the issues that affect you – read the rest of this newsletter to see for yourself.

- Education – SCAI’s acclaimed annual meeting provides up to 30 hours of category I CME credit. Your annual dues includes twelve FREE issues of SCAI’s official journal – Catheterization and Cardiovascular Interventions – a must-read for all of us (your SCAI dues is actually lower than the subscription price).

- www.scai.org – providing you “members only” access to a global community of your colleagues to exchange ideas, discuss critical issues, voice your opinions on issues affecting practice, access slide sets, obtain members-only discounts and more.

I have been a member for ten years and have seen SCAI grow from a largely academic institution to a broad-based one. SCAI speaks with one strong voice on our behalf.

Take ten minutes – right now – and fill out the application form included in this newsletter. Fax it to (301) 581-3408. If you have any questions, call 1 (800) 992-7224, and our staff will help you complete the form quickly.

More than ever, SCAI understands the challenges you face in daily practice – because they’re my challenges too. Together, we CAN make a difference!

Sincerely,

Randy K. Bottner, MD  FSCAI
Private Practice
Savannah, Georgia
SCAI Board Member

**Advocacy Efforts. . . continued from page 4**

- Exciting (but expensive) new technologies are available, BUT . . .
- If you DON’T use them for every case, you worry about lawsuits.
- If you DO use them for every case, the hospital says you’re a cost center, not a revenue center.

Our partners at ACC do an excellent job advocating for the House of Cardiology, and we work closely with them. BUT until SCAI began our own advocacy program, no one was advocating solely for the invasive/interventional specialist.

That’s changed. A few examples:
Synopsis of the Position Statement. After careful consideration of the available data on controversies regarding DES, SCAI recommends an evidence-based adoption strategy. SCAI also recognizes that physicians are concerned about offering the best possible patient care. Intervention should be employed only after documentation of the clinical and/or physiologic significance of individual lesions. The patient's physician should make this assessment based on objective evidence.

DES have shown significant reductions in restenosis in each group in which they have been formally tested. A large spectrum of the coronary disease population will have benefit from reduced recurrence rates after treatment with DES. However, there remain patients for whom this therapy requires further study.

SCAI further suggests that national databases for collection of interventional data should be updated to track DES patient outcomes and that a multi-disciplinary task force is needed to address the financial and medical/legal implications of widespread DES implementation.

SCAI expresses gratitude to CCI’s editor, Christopher White, M.D., FSCAI, for concurring that release of this pre-publication synopsis is necessary to provide timely guidance to the interventional community. SCAI also expresses gratitude to the SCAI Interventional Committee (chair: Lloyd W. Klein, M.D., FSCAI), which identified the need for a Position Statement, and to the writing group: John McB. Hodgson, M.D., FSCAI (principal author), Spencer B. King, III, M.D.; Ted Feldman, M.D.; Michael J. Cowley, M.D.; Lloyd W. Klein, M.D.; and Joseph D. Babb, M.D.

SCAI Members Speak out about DES: Results of SCAI survey

“Create guidelines for use that are realistic and based on good data. Tell us the truth. Protect us. Try to get accurate, clear, information to the media and public. Work to increase Medicare and other reimbursement. Work to keep the lawyers off our backs.”

—Representative comment from an SCAI member

In October 2002, SCAI surveyed the membership to learn their thoughts regarding the introduction of drug-eluting stents. 332 SCAI members responded (76% U.S.-based, the rest overseas). (See table on next page summarizing what you told us.)

SCAI also asked you three open-ended questions. Your feedback — consisting of hundreds of comments — was candid, thoughtful and often blunt. In preparing the Position Statement, SCAI’s writing group carefully reviewed those comments. Here is a sample:

Question: If you are concerned that there may be medicolegal implications of NOT using drug-eluting stents in all cases, what do you feel those medicolegal implications might be?

The potential litigation brought on after a patient has in-stent restenosis after implantation of a non-DES; “Doctor, why didn’t you place a DES?” the lawyer asks...
When restenosis occurs, there will surely be some informed patients who will protest having to undergo a repeat study/procedure. Some lawyer will undoubtedly find this fertile ground, especially if a complication were to occur at the repeat study or the patient suffers an MI because of restenosis or occlusion of the stent placed.

Question: There will be many sources of information about DES. What educational role should professional societies play to help you and referring physicians with this new technology?

You’re doing it with this survey because when the results are known I’ll have an idea of what the national standard of care is going to be, especially if this leads to an SCAI expert panel opinion.

These societies should provide clear cut guidelines on which patients should receive these stents and which ones should specifically not receive these stents. This should be done without delay since once these stents are available, the opportunity for these societies to guide therapy will be diminished.

Guidelines for their use or a position statement should be issued, preferably before the first stent hits the market.

Educate public regarding limitations and cost constraints, so that practitioners can use their best judgment continued on next page
Summary of SCAI Survey on Drug-Eluting Stents

<table>
<thead>
<tr>
<th>U.S. Members</th>
<th>International Members</th>
</tr>
</thead>
</table>
| Do you believe your hospital and/or practice will produce guidelines regarding the use of DES? | Yes: 53%  
No: 47%  
Yes: 68%  
No: 32% |
| When DES is approved for use, which patients will receive them in your practice? (all PCI cases, some, none) | All: 23%  
Some: 74%  
None: 3%  
All: 6%  
Some: 88%  
None: 6% |
| If you entered “some PCI cases” above, which ones? (responses listed in rank order) | • Diabetics? (99% said “yes”)  
• Vessels of 2.0 to 2.5 mm diameter? (86%)  
• Vessels of 2.6 to 3.0 mm diameter? (81%)  
• Chronic total occlusion? (80%)  
• Multivessel CAD? (61%)  
• In-stent restenosis? (60%)  
• Saphenous vein grafts? (57%)  
• Acute coronary syndromes and acute M.I.? (30%)  
• Vessels of 3.1 to 3.5 mm diameter (30%)  
• Vessels of 3.6 mm diameter or greater (4%)  
• Diabetics? (90% said “yes”)  
• In-stent restenosis? (70%)  
• Chronic total occlusion? (63%)  
• Vessels of 2.0 to 2.5 mm diameter? (62%)  
• Multivessel CAD? (55%)  
• Vessels of 2.6 to 3.0 mm diameter? (52%)  
• Saphenous vein grafts? (42%)  
• Vessels of 3.1 to 3.5 mm diameter (25%)  
• Acute coronary syndromes and acute M.I.? (22%)  
• Vessels of 3.6 mm diameter or greater (5%) |
| Are you concerned that there may be medicolegal implications of NOT using these stents in all cases? | Yes: 73%  
No: 27%  
Yes: 40%  
No: 60% |

in stent selection and not be pressured by media coverage and patient opinion.

Helpful if ACC & SCAI had a position paper or guidelines published which would insert some logic into the choice of which patients receive DES.

Help the world to understand that this is new and exciting, but not necessary in everyone.

Disseminate results of survey. Give information on reimbursement. Discussion of economic issues. Point out Medicare is budget neutral -$$ for DES coming out of somewhere.

Question: In your opinion, what is the single most important thing that SCAI’s DES policy statement should say?

DES represents a significant advance in PCI but, like all new advances and technologies, the proper place and use of DES remains to be determined through future studies.

For which vessels/lesions/patients it is clearly better to use DES; for which vessels/lesions/patients it is not clear which is better — DES or non-DES; and for which vessels/lesions/patients DES are clearly not yet indicated. . .

Hospitals should not be forced into bankruptcy based upon perceived, but unproven, benefits. A rational approach, particularly during our early experience with DES, should be to reserve them for high-risk subsets until more studies are available, and hospitals have the ability to assess their impact on providing other essential health care to their communities.

Summarize what is known, unknown, and what the future course should be depending on the resolution of unknowns.
A World Class Program. . .continued from cover page

Much more than a catchphrase, “the Best of the Best” is the benchmark used by the Program Committee. The Scientific Sessions will provide you the latest about new technologies, best practices, late breaking research and more in a field that is changing at breathtaking speed.

Advocacy Efforts. . . continued from page 5

- **SCAI’s Advocacy Committee** has become very active, making your concerns known where it counts.
- **Clinical staff time**, aka practice expense (PE). Incredibly, under Medicare you incur PE but don’t get reimbursed. CMS (formerly HCFA) will consider reimbursement if we provide good data. SCAI has collected data and is keeping the pressure on.
- **Medicare reimbursement.** In years past, the conventional wisdom was that an overall increase for cardiology was a win for everyone, but in reality invasive/interventional cardiology has hit hard – definitely not a win. SCAI constantly stresses to Congress, CMS, ACC and private payors that this must be corrected.
- **Congenital/pediatric interventional cardiology.** Congenital/pediatric cardiologists are a vital part of SCAI’s membership. Drs. Ziyad Hijazi and Michael Slack are active on the Advocacy Committee and are making sure that this constituency’s unique concerns are heard. One remarkable statistic: for pediatric interventions, in some states Medicaid reimburses as little as 17 cents on the dollar!
- **State advocacy.** Many states are becoming more involved with cath lab regulation, and SCAI has become much more involved. In Illinois, the state planning commission has been considering regulating lab quality. SCAI has been very active in encouraging the commission to form a physician advisory panel using expertise of SCAI and ACC members. Initial SCAI efforts are also underway in Georgia (Dr. Jeff Marshall) and Florida (Dr. Ted Bass).
- **Tort Reform.** Last fall, several SCAI members visited their Capitol Hill representatives and staff (one, Dr. Doug Morrison, made five such visits). Their message: pass meaningful tort reform legislation. Later that same day, thanks to a coordinated effort with other organizations, the U.S. House approved a reform bill, an important (but not final) step.

There’s much more to do. How can you help?

**First,** join SCAI, and tell your partners to join. Call us at 1 (800) 992-7224.

**Second,** when we ask you to contact your Congresspersons, do it – they listen to you.

**Third,** join our state/regional chapters – call us for the contact person in your area.

**Fourth,** come to SCAI’s Annual Scientific Sessions (Boston, May 7-10). Show your hard-working colleagues that you appreciate their efforts. Together, we CAN make a difference!

Want to get ready for drug-eluting stents and other new therapies? Learn the latest from leading clinicians designing these new approaches. SCAI/Boston 2003 will give you close interaction with world-class faculty in “an intellectual feast” of learning venues: meet the experts, keynote lectures, hands-on workshops, case studies, abstracts, “how to” sessions, evening symposia and more:

- **Imaging Symposium – the premier event of its kind, chaired by Dr. Warren Laskey.** The Melvin P. Judkins Cardiac Imaging Symposium (May 7), an intensive full-day program for technologists and physicians featuring the latest imaging technology. Featured talks: digital imaging, radiation safety, cardiac MRI, image quality assessment, coronary flow dynamics, the new JCAHO recom-
Special thanks go to Dr. Barry Uretsky for chairing the Fundraising Committee, whose tireless efforts will ensure another high-quality event.

**Boston: A World-Class City!**

Boston is the quintessential American city. It is a dynamic metropolis steeped in history, art, old world charm, academic and medical excellence and cosmopolitan sophistication. Boston is an urban environment where today’s high-rise symbols harmonize with history’s cherished emblems.

Here you will find a diverse population with unique neighborhoods that give this city a character all its own. Often called the “Athens of America,” Boston has the finest in cultural attractions, with dining and shopping from every corner of the globe. Take advantage of all that Boston has to offer. Stroll Bunker Hill, the decks of the USS Constitution and fashionable Newbury Street. Celebrate with the North End’s Italian community, explore historical landmarks on the Freedom Trail, or discover treasures such as Symphony Hall, the Museum of Art, the new Dreams of Freedom Museum and the African Meeting House. Visit Fenway Park, home of the Red Sox and the fabled “green monster.” Whatever you choose, your trip to Boston will be memorable: an outstanding conference in a terrific city. We’ll see you there!

**REGISTER ON-LINE TODAY:**
See www.scai.org for the complete program and to register on-line, or call 1 (800) 992-7224.
New E-learning Partnership Brings Free CME to SCAI Members. SCAI announces an e-learning partnership with MEBN.NET, a leading publisher of accredited CME programs. SCAI and MEBN.NET bring you innovative live, interactive web events with the latest in clinical topics and treatment options. These sessions are presented by the foremost thought leaders in the field. First live web event was February 20, an e-debate on drug-eluting stents between Drs. Jeffrey Moses and Ron Waksman. For the schedule of upcoming monthly events (and archived version of the February event), visit http://scai.mebn.net. SCAI expresses gratitude to Pharmacia for their generous financial support for continuing medical education through an unrestricted educational grant for this series.

ABIM deadlines for Certification Exam in Interventional Cardiology. The next ABIM Interventional Cardiology Exam will be November 5. Regular registration ($1130) closes April 1, late registration ($1430) closes June 1. According to ABIM, “Candidates who have been admitted previously to the Interventional Cardiology Examination through the Practice Pathway and have not yet achieved certification will continue to be admitted to future Interventional Cardiology Examinations after 2003 when Practice Pathways for admission to the examination are no longer available.” Thus beginning in 2004, candidates via the Practice Pathway will be able to take the exam only if they have taken the exam (but not passed it) in previous years. ALL OTHERS will first have to complete an Interventional Cardiology Fellowship in order to sit for the exam. See http://www.abim.org/subspec/ic.htm

International News. The Roundtable of Presidents of International Interventional Societies met twice in 2002, with representatives from eighteen interventional organizations. Chaired by SCAI Immediate Past President Dr. Joseph Babb, Roundtable participants are exploring partnering on educational congresses, clinical guidelines, online education and other areas. SCAI has since added an International page to http://www.scai.org. Organizations currently linked: GISE-The Italian Society of Invasive Cardiology; SOCIME-The Mexican Society of Interventional Cardiology; and SOVECI-The Venezuelan Society of Interventional Cardiology. E-mail breyes@scai.org to link your society. Next Roundtable Meetings: March 29 in Chicago, and May 7 in Boston.

Coding tip: incorrect terminology could reduce reimbursement. Hospitals are concerned about financial impact of drug-eluting stents (DES). Such hospitals are counting on incremental reimbursement from two new Medicare DRGs: 526 (Percutaneous Cardiovascular Procedure with DES with AMI) and 527 (Percutaneous Cardiovascular Procedure with DES without AMI). Interventional cardiologists will play a critical role in determining whether or not their hospitals actually receive incremental payment for DES. Physicians’ use of correct terminology will be vital, since reimbursement for drug-coated stents (and bare metal stents) is lower than that for drug-eluting stents. Thus if an interventional cardiologist dictates that he/she has implanted a drug-coated stent, when in fact a drug-eluting stent was used, the hospital will receive lower reimbursement. Questions? Consult your hospital’s financial department.

SCAI Online Slide Library Grows. Members-only benefit online at www.scai.org: educational slide sets on core material, to help you prepare for board exams, prepare lectures to interventional fellows, or simply to refresh your knowledge. Thanks to slide set contributors to date: Drs. Joseph Babb, Stephen Balter, Ted Bass, Ted Feldman, Mort Kern, Ron Krone, Alexandra Lansky, Al Raizner, Brett Sasseen, George Vetrovec and Chris White.

Image Quality Benchmark Study Underway. Since no standardized method has been available to test cath lab equipment, SCAI has developed a standard for construction and use of a Fluoro Benchmarking Phantom. The Phantom tests systems under conditions simulating normal clinical use. SCAI is conducting a benchmark study enabling labs to compare image quality and radiation dose over time and to other labs.

The goal is to provide labs a tool to improve quality. One SCAI member (William Phillips, M.D., FSCAI), is overseeing development of a new lab at the Central Medical Center in Lewiston, Maine. As Director of Cardiology, Dr. Phillips reports that the Phantom will be a valuable tool. “Because I believe that the use of the Phantom will be important for system assessment and lab benchmarking, we asked our vendors to include the Phantom, and the training to use it, as part of our entire cath lab proposal. We are committed to building a quality program dedicated to both the best medical outcomes and patient safety. I believe the Phantom is one element that will help to make that possible.” For further information, contact Norm Linsky at SCAI headquarters (1-800 992-7224).
### Applicant Information

**Name (Last, First, MI):**

- **Degree:**
  - MD
  - PhD
  - DO
  - Other
- **Preferred Mailing Address:**
  - Business
  - Home
- **Business Name:**
- **Mailing Address:**
- **City:**
- **State:**
- **Zip:**
- **Country:**
- **Phone:**
- **Fax:**
- **E-mail address:**

### Sponsors

**SCAI Fellow:**
- 1. Name

**Other (title):**
- 2. Name

### Catheterization Training

**Dates of Formal Training Program**
- From __________ To __________

**Percent of Time Devoted to Cardiac Catheterization and Angiographic Procedures**

**Estimated Number of Cath/Angio Procedures Performed During Training**

**Location of Program (Institution, etc.)**

**Director of Training Program**

### Board Certified in Interventional Cardiology?

- yes
- no

### Payment Information

**Payment Method:**
- Check #
- MasterCard
- VISA
- American Express

**Credit Card #:**

**Exp. Date:**

**Billing Address:**
- City:
- State:
- Zip:

### Post-Training Specialty Expertise

<table>
<thead>
<tr>
<th>Total Since Completion of Training</th>
<th>Immediate Past 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Angiograms</td>
<td></td>
</tr>
<tr>
<td>Coronary Interventions</td>
<td></td>
</tr>
<tr>
<td>Pediatric Catheterizations (Diagnostic)</td>
<td></td>
</tr>
<tr>
<td>Pediatric Catheterizations (Interventions)</td>
<td></td>
</tr>
</tbody>
</table>

Give names and addresses of individuals other than your sponsors who may corroborate the above:

- __________________________
- __________________________
- __________________________
- __________________________

### I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person possessing or requiring the same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience, or professional competence.

I hereby release from any liability any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for membership in The Society for Cardiac Angiography and Interventions for which I now apply. I hereby agree that The Society for Cardiac Angiography and Interventions may verify any of the above data. If approved for membership, I agree to conform to the Constitution and Bylaws of the Society (available upon request).

**Signature of Applicant:**

**Date:**

---

**News 3/03**
Register on-line today

SCAI’s Annual Scientific Sessions
“The Best of the Best” in Interventional Cardiology
May 7 – 10, 2003
Westin Copley Place
Boston, MA
http://www.scai.org
1 (800) 992-7224

- Advance program now online
- Keynote addresses:
  Valentin Fuster, M.D., Ph.D. and
  Kenneth Kent, M.D., FSCAI

SCAI COMMITTEE MEETINGS DURING ACC/CHICAGO

Saturday March 29, at the Chicago Downtown Marriott (540 North Michigan Avenue). All members are encouraged to participate. (Times subject to change; check www.scai.org for updates.)

**Ohio Room**
- 10-11:00 AM International Presidents
- 11-12:00 PM Training Program Standards
- 12-1:00 PM Lab Performance Standards
- 1-2:00 PM Public Relations
- 2-2:30 PM CV Lab Tech
- 3-3:30 PM Lab Survey

**Northwestern Room**
- 10-11:00 AM CME/Education
- 11-12:00 PM Advocacy
- 12-1:00 PM Governors

**Lincolnshire I Room**
- 10-10:30 AM eSCAI
- 10:30-11 AM Bylaws
- 11-12:30 PM Credentials
- 12:30-1:30 PM Congenital Heart Disease
- 2-3:00 PM Program/Fundraising
- 3-3:30 PM Nominating

The Society for Cardiac Angiography and Interventions
9111 Old Georgetown Road
Bethesda, MD 20814-1699