This year's SCA&I annual meeting will be truly special, with an incredible array of renowned speakers and gifted teachers. Thanks to the Seattle Program Committee, the “Best of the Best in Interventional Cardiology” will be the theme of this not-to-be-missed meeting.

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

Hearing all the excitement about coated stents and other new interventions? Learn the latest from researchers designing these new approaches. Unique among interventional meetings, SCA&I's 25th Annual Scientific Sessions will give you close interaction with world-class faculty in “an intellectual feast” of learning venues.

This year's Program Committee has designed an exciting social calendar to complement the 25th Annual Scientific Sessions. At the Annual Banquet, a record number of new Fellows will be formally welcomed into SCA&I. The President's Reception, an International Reception and other events will add even more to the camaraderie.

A wide range of sightseeing tours and day trips have been arranged for your family's enjoyment. Also new this year: Alaska! A spectacular seven-day cruise to Alaska immediately follows the meeting (special price for attendees). Call 1 800 992-7224 for details.

Experience the Pacific Northwest in Springtime! Lush greenery, glimpses of water everywhere—Puget Sound, bays, lakes, rivers, canals and snow-capped Mount Rainier in the distance emerging from the clouds. A visitor soon learns why Seattle is known as "The Emerald City," a special place where people sense that their own efforts had better be worthy of this remarkable gift.

Seattle is a welcoming place: the natural boundaries of hills and water produce a city of neighborhoods that feel like small towns, vibrant and intriguing. Quirky or classic, there are limitless opportunities for discovery, and endless entertainment for your family. Rumors of rain in Seattle are greatly exaggerated, with annual rainfall less than New York or Atlanta. When it does rain here (mostly in the winter), it seldom pours. The Seattle rain is usually passing showers or a gentle mist, moderate like the climate itself, a unique element of life in "The Emerald City."

We'll see you there!
A World Class Program. . .continued from previous page

Highlights of the meeting (at the Sheraton Seattle) will include:

- **Imaging symposium.** The Melvin P. Judkins Cardiac Imaging Symposium (May 15), an intensive full-day program for technologists and physicians featuring the latest imaging technology and techniques. Featured talks: digital imaging technology, radiation safety, cardiac MRI, image quality assessment, coronary flow dynamics and much more.

- **New technology & techniques.** Cutting edge presentations, late-breaking trials, lectures, interactive workshops, cine review sessions, manufacturer's exhibits demonstrating the latest products and services, and abstracts describing original work. Case demonstrations will illustrate state-of-the-art approaches to challenging clinical situations.

- **Peripheral Vascular Disease Symposium:** Intensive half-day course bringing you the latest diagnostic and therapeutic approaches in this rapidly evolving area.

- **Late-breaking findings** on coated/drug-eluting stents, brachytherapy, small vessel disease, distal protection, non-coronary revascularization, multi-vessel stenting and dozens of other topics, delivered by the world's leading specialists.

- **Pediatric interventional cardiology:** SCA&I is again proud to offer extensive programming devoted to the interests of pediatric interventionalists, including core curriculum (e.g., pulmonary insufficiency, healing response to intravascular devices), oral abstracts, issues in credentialing and many other topics.

- **SICP Annual Meeting:** This year SCA&I is honored that the Society for Invasive Cardiovascular Professionals (SICP) is holding its annual meeting in conjunction with SCA&I’s. Technologists, technicians and other members of the care team are urged to participate in all aspects of the Scientific Sessions. SICP will hold its annual reception and committee meetings at the hotel.

- **Special events:** A writer's workshop for prospective scientific journal authors; Founder's Lecture (Eric J. Topol, M.D., FSCAI); Hildner Lecture on new Technologies (Martin Leon, M.D., FSCAI); demonstrations of medical simulation technology for procedures training; industry-sponsored device workshops and satellite sessions.

The Program Committee extends special gratitude to Barry F. Uretsky, M.D., FSCAI, Fundraising Committee Chair, for tireless efforts on behalf of SCA&I. Dr. Uretsky's efforts will again ensure that unrestricted educational grant support will result in a premier educational event for all attendees. Dr. Uretsky, thank you!

FOR MORE INFORMATION: See [www.scai.org](http://www.scai.org) for the complete program and registration form online, or call 1 (800) 992-7224.
Scientific Sessions Registration Form

25TH ANNUAL SCIENTIFIC SESSIONS AND THE MELVIN P. JUDKINS CARDIAC IMAGING SYMPOSIUM
May 15-18, 2002 • The Sheraton Seattle • Seattle, Washington

Refunds will be given only if written notification of cancellation is received by Friday, May 3, 2002. Refunds are subject to a $25 processing charge and will be mailed within 8 weeks after the meeting. No telephone cancellations will be accepted.

Please print or type.

Name __________________________________________________________ Degree _________________________________
Institution __________________________________________________________
Mailing Address __________________________________________________________
City ___________________________ State _______ Zip _________ Country __________________________
Daytime Telephone ___________________________ Fax __________________________
E-Mail __________________________________________________________

Program Director’s Signature (required for all trainees) __________________________

Melvin P. Judkins Cardiac Imaging Symposium
May 15, 2002
Registration for symposium includes admission to exhibits (Wednesday only), continental breakfast and SICP cocktail reception. Admission to all events is by badge only.

<table>
<thead>
<tr>
<th></th>
<th>Advance Registration On or before 4/14/02</th>
<th>Regular &amp; On-Site Registration (After 4/14/02)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCA&amp;I and/or SICP Member</td>
<td>$ 50.00</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Non-member</td>
<td>$ 150.00</td>
<td>$ 175.00</td>
</tr>
</tbody>
</table>

25th Annual Scientific Sessions
May 16-18, 2002
Registration for scientific sessions includes admission to all scientific sessions, workshops, exhibit hall, continental breakfasts, lunches, President’s reception, and Annual Banquet. Admission to all events is by badge or ticket only.

<table>
<thead>
<tr>
<th></th>
<th>Advance Registration On or before 4/14/02</th>
<th>Regular &amp; On-Site Registration (After 4/14/02)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCA&amp;I and/or SICP Member</td>
<td>$ 125.00</td>
<td>$ 150.00</td>
</tr>
<tr>
<td>SCA&amp;I Affiliate (fellows/residents) Members</td>
<td>$ 50.00</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Non-member Physician/Scientist</td>
<td>$ 350.00</td>
<td>$ 375.00</td>
</tr>
<tr>
<td>Non-member Resident, Fellow, Nurse, Technologist</td>
<td>$ 150.00</td>
<td>$ 175.00</td>
</tr>
<tr>
<td>Invited Speaker*</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
<tr>
<td>Abstract Presenter (presenter only)*</td>
<td>$ -0-</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.

Guest(s)
Registration for guests includes the President’s Reception and Annual Banquet.

Guest Name(s) __________________________________________________________ # of guests x $100= $ ____________ $ ____________

TOTAL AMOUNT ENCLOSED $ ____________ $ ____________

Payment Information
Payment must accompany registration.

☐ Check payable to SCA&I
☐ Mastercard
☐ VISA
☐ American Express

Name on Card __________________________________________________________ Card Number __________________________________________ Expiration Date __________________________

President’s Reception, May 16, 2002
____ I will attend
____ I will not attend
____ I will bring ___ guest(s) (guest registration required)

Annual Banquet, May 17, 2002
____ I will attend
____ I will not attend
____ I will bring ___ guest(s) (guest registration required)

PLEASE MAIL OR FAX THIS FORM WITH PAYMENT TO SCA&I:
9111 Old Georgetown Rd., Bethesda, MD 20814-1699; Phone (800) 992-SCAI; Fax (301) 581-3408

NEWS 03/02
Joseph D. Babb, M.D., FSCAI  
President

Consider these sobering realities:

- In some states, regulators with no medical expertise have written into law policies regarding who can practice in cardiac cath labs, and who cannot;
- Between 1998 to 2002, Medicare-allowed charges for interventional procedures will have declined by an astonishing 23%;
- Regulators are developing privileging criteria, training standards and credentialing rules in interventional cardiology;
- SCA&I and ACC surveys of U.S. members identify declining reimbursement—and its negative impact on patient care—as their single greatest concern.

The bad news—these problems threaten to worsen in the future. The good news—we can do much if we speak with a strong, unified voice.

Why do we need to respond? After all, hasn’t ACC done a satisfactory job representing all cardiologists, including invasive/interventional cardiologists? I believe the answer is a qualified yes.

Federally financed programs are a zero sum pool. If one area (gastroenterology, as a hypothetical example) gains greater reimbursement, other areas (e.g., cardiology) must give up an offsetting amount to keep the total pool of money the same. Within the house of cardiology, the zero sum game is not as precisely played out, but it does have a significant impact. If reimbursement in cardiology is reduced in a given year, there are immediate pressures to reduce interventional cardiology reimbursement.

ACC recognized this when it created the Cardiovascular Relative Value Update Committee (CV RUC), representing all cardiovascular subspecialty areas. The CV RUC resolves situations that might put subspecialties in conflict. As your representative, I can state that the concept is good and the efforts have been substantial thanks to excellent leadership by the College.

However, there remains the concern that we as a subspecialty cannot be sufficiently represented unless we have our own advocate, solely devoted to expressing the voice of invasive/interventional cardiologists. This is the role SCA&I now aggressively pursues.

FIRST, we formed a new Advocacy and Government Relations Committee. Chaired by Immediate Past President Carl Tommaso, the Committee coordinates all SCA&I advocacy activities. Its mission: to ensure that SCA&I members have a strong, independent voice advocating on their behalf.

SECOND, we set advocacy priorities and an action plan. Priority areas for the coming year:

1. Advocating for fair reimbursement. All invasive cardiovascular CPT codes are up for Medicare reimbursement review in 2002. ACC and the AMA play major roles in making reimbursement recommendations to the Centers for Medicare and Medicaid Services. Thanks to Carl and his committee’s efforts, we are now working with ACC as an equal partner in developing those recommendations.

2. Dealing with “hot spot” issues. Frequently, issues emerge in one state with potential to influence other states. A revitalized Governors Network will be critical in dealing with those issues.

3. FDA and NRC device approval issues. Federal processes for approving relevant new drugs/devices dramatically affect interventional cardiology. We must express our views regarding those most critical to high-quality patient care.

4. Introducing SCA&I to key players in Congress and the Executive Branch. Policymakers need to be aware that SCA&I is the voice of the invasive/interventional cardiologist.

THIRD, to help us turn these plans into reality, SCA&I has retained MARC Associates of Washington, DC to provide advocacy services. MARC is highly experienced in representing medical societies.

SCA&I’s new advocacy capability is an important new membership benefit. There is much you can do to help make SCA&I’s advocacy voice a powerful one:

- Tell a friend to apply for membership. The more members, the stronger our voice.
- When you receive an e-mail survey from SCA&I, please respond quickly.
- Become involved in our grassroots network, our “eyes and ears.”
- Make it your 2002 goal to meet personally one policymaker in your state.

Together, we are making a difference!
Morton J. Kern, M.D., FSCAI

When discussing what SCA&I can do for interventional cardiologists, I’m frequently asked, “What’s in it for me?” We all know that in times of economic stress and decreasing reimbursement any actions on behalf of physicians would be a welcome relief and a positive step toward better practice and care delivery. One of the most powerful aspects of joining SCA&I is to put weight behind your complaints and force to your voice about government reimbursement policies. In response, SCA&I has initiated an aggressive advocacy program to lobby Congress on these important issues affecting all of us.

However, without a substantial membership our voice is at risk of being thin and high pitched. To increase its force and impact, we need more participation and members. By adding your name and encouraging your colleagues to join, we can send a strong message to pressure those agencies targeting reimbursement cuts to cardiologists.

The good news: SCA&I is having a growth spurt. Our membership increased by 17% in 2001, and 2002 is starting off strong as well. The better news: the more members we have, the louder SCA&I’s voice. Working together, we can double that growth in 2002. Remember: SCA&I is the professional society devoted solely to the interests of invasive and interventional cardiologists.

An example: the “Medicare Physician Payment Fairness Act,” H.R. 3351. This bill, a companion to legislation introduced in the Senate (S. 1707) was introduced in the House of Representatives on Nov. 27, 2001, designed to minimize drastic cuts in the fees Medicare pays to physicians. That House legislation was introduced by Reps. Billy Tauzin, R-La., John Dingell, D-Mich., Michael Bilirakis, R-Fla., and Sherrod Brown, D-Ohio.

The “Medicare Physician Payment Fairness Act” would have stopped the across-the-board reduction in physician fees scheduled to go into effect in 2002. While this legislation was not considered a permanent fix, it was an important start. Unfortunately, in spite of extensive bipartisan support (and hard work from SCA&I, ACC and others), the bill did not pass. As a result, the new year begins with cardiology fees dropping 8.4% on average. Cuts will be more drastic for some cardiovascular subspecialists, depending on their mix of services.

This year, our work begins anew. SCA&I is working closely with the ACC and with other associations to secure passage of comparable legislation in 2002.

To secure passage of such legislation, 51 cosponsors of a bill in the Senate and 218 in the House will be needed. If a majority of lawmakers in either body demonstrates their support by cosponsoring such a bill, then congressional leaders may consider this to be "must-do" legislation.

A list of cosponsors in the House and Senate will be sent to SCA&I members via the monthly eNews. This list will be updated regularly. If you are a constituent of any of these officials, you are encouraged to communicate your appreciation of their support. If you don’t see the names of your Senators or Representative, you need to contact them right away.


What more can we as a Society do for each other? Lobby for legislative needs, educate our colleagues, and improve patient care through advancing technology. In other words, let’s make it our goal for 2002 to expand SCA&I into an even greater force for change in our professional lives and the lives of our patients.
Redesigned SCA&I Website launched. If you haven’t looked at www.scai.org recently, do so today. SCA&I’s website has been completely redesigned to make it easier to use and provide important new members-only benefits. New features:

- An online job bank, where you can post openings or look for new opportunities;
- Online registration for SCA&I’s 25th Annual Scientific Sessions in Seattle;
- An online SCA&I membership directory;
- Listserves and other features for SCA&I committees;
- Online membership renewal/dues payment features;
- An online membership application;
- Discounted member rates for ordering SCA&I publications;
- An “electronic exhibit hall” with links to companies in the medical industry; and
- Updates on important advocacy issues affecting your practices.

Thanks go to Bonnie Weiner, M.D., FSCAI (Registry & Information Committee Chair) and Rick Henegar (SCA&I webmaster) for their efforts to produce the new site. Take a look at the NEW www.scai.org today!

International meetings. SCA&I members and others internationally are enhancing the image and presence of SCA&I. We are fortunate to have them and hope their colleagues also join SCA&I. Thanks to their efforts, SCA&I has been active at recent international meetings. Dr. Xavier Escudero, immediate past president of SOCIME (The Society for Interventional Cardiology of Mexico) invited our participation at their recent meeting in Cozumel. SCA&I President Babb also spoke with the President of SOLACI (The Latin American Society for Interventional Cardiology), Dr. Expedito Ribeiro, about strengthening ties with that large and important organization.

SCA&I Trustee Dr. J.J. Adolfo Cosentino, Chair of the annual meeting Scientific Committee of CACI (The Argentine College for Interventional Cardiology) arranged for a special SCA&I Symposium at their recent session (see next story). Several Argentine members of SCA&I spoke at the conference and identified themselves as SCA&I Fellows (FSCAI).

Report from Argentina. SCA&I Trustee J. J. Adolfo Cosentino, M.D., FSCAI reports that the December 2001 XI International Symposium of the Argentine College of Cardiovascular Interventions (CACI) was very successful. The meeting was held in Bariloche, Province of Rio Negro, Argentina. SCA&I was honored that this meeting was in conjunction between CACI and SCA&I, with a Society symposium including SCA&I President Babb, Past President Harry Page, M.D., FSCAI, and Luis de la Fuente, M.D., FSCAI, who was the first Argentine Fellow of SCA&I. Dr. Cosentino reports that “the seminars and presentations were all of the highest standard and we benefited from the expertise of Drs. Babb, Page and de la Fuente, plus Dr. Sorin J. Brener from the USA, Dr. Christopher Buller, MD, FSCAI from Canada, and CACI’s own excellent Argentine faculty.”

“The physicians who attended were able to enjoy the beautiful Llao-Llao Hotel and its spectacular surroundings, the picturesque lake and mountains, one of our most famous golf courses, tours and participation in an impromptu soccer match. Every one enjoyed their time. After such a successful and enjoyable Symposium we sincerely hope we will be able to repeat the experience again next year.”

Training Directors Committee Meeting. During the November 2001 AHA meeting in Anaheim, SCA&I President-Elect Dr. Ted Feldman led a meeting of fifty interventional cardiology training directors. This highly productive, substantive session was the second in an ongoing series organized by SCA&I.

At the first Training Directors Committee meeting (March 2001 in Orlando), the Training Directors requested SCA&I to facilitate closer dialogue with the Accreditation Council for Graduate Medical Education (ACGME). In response, Dr. Feldman arranged for Thomas A. Blackwell, M.D., Chair of ACGME’s Residency Review Committee for Internal Medicine, to address the group in Anaheim. Dr. Blackwell focused on ACGME’s training program accreditation standards, requirements and processes, issues of vital importance both to accredited programs (currently 82) and those seeking accreditation.

Next Training Directors meeting: Wednesday, May 15, 1:30 pm in Seattle, during SCA&I’s 25th Annual Scientific Sessions.
Core Curricula Slide Library Going Online at www.scai.org

ACGME now requires interventional training programs to offer at least one hour of classroom instruction weekly to interventional fellows, addressing core curricula. Many training directors have noted that finding the time to prepare a new lecture each week can be difficult, and encouraged SCA&I to provide an instructional resource.

In response, SCA&I has developed an electronic library of slide presentations addressing core curricula topics. This new resource will be online (in the “members only” section of www.scai.org) early in 2002, available to SCA&I members as a new membership benefit.

SCA&I forms Membership Task Force. SCA&I President Babb recently formed a new Membership Growth and Enhancement (MGE) Task Force. Goal of the Task Force: to increase the value of SCA&I membership and develop a tactical plan for attracting new members. SCA&I’s membership roster increased by a healthy 17% in 2001, but we want to double that pace in 2002. Leading the Task Force is Past President Spencer King, M.D., FSCAI (Chair) and Jeffrey Marshall, M.D., FSCAI (Co-Chair). Additional members of the committee include Drs. Skip Minisi, Phil Maxwell, Peter Ferrehi, Samer Garras, Lloyd Klein and Mark Steiner. Sandra Baxter, Ph.D., President of Applied Research Analysts of McLean, Virginia, is providing research support.

Unlike traditional task forces, this one is moving fast. In its first six weeks, the Task Force (a) quickly established a timeline, (b) conducted intensive research involving several hundred interventionalists and (c) presented preliminary recommendations to the Board. Those recommendations included ways to streamline the application process, reach out to interventional fellows, and broaden SCA&I’s appeal to non-member practicing interventionalists. Watch for next quarter’s newsletter for an update.

SCA&I/ACC leadership meeting. Leadership from SCA&I and ACC met in Anaheim at the recent AHA meeting. Stressing that equal partnership in key areas (clinical guidelines, advocacy, education and others) will best serve the needs of members and their patients, Dr. Babb observed that this meeting should be the first of many. All present concurred that SCA&I’s physical relocation to Heart House has strengthened ties between both organizations, while maintaining the complete independence of SCA&I.

Dr. Zipes reinforced his belief in closer communication and cooperation during a meeting with SCA&I’s Board in Anaheim.

Are you receiving SCA&I’s monthly eNews?

Fully 70% of SCA&I’s members have given us their e-mail addresses! Those members receive a BRIEF monthly e-mail that updates you about upcoming deadlines, advocacy “hot button” issues, international notes and much more. Not receiving SCA&I eNews? Send an e-mail to rhenerg@scai.org Note: we never share your e-mail address with outside organizations.

Make your voice heard. Have an issue you’d like to discuss with SCA&I’s President, Dr. Joe Babb? Send an e-mail to president@scai.org. Let him know how SCA&I can better serve your needs. He wants to hear from you!
SCA&I Launches Cardiac Image Standard ("Phantom") Benchmark Study

**Background.** Cardiac angiographers now perform more than two million diagnostic and interventional procedures annually in the U.S. No standardized method is available to evaluate performance of radiographic equipment used for these procedures. Thanks to years of hard work by several SCA&I members, that problem is about to be solved.

Recognizing the need for a cath lab testing system, SCA&I's Laboratory Performance Standards Committee (Chair: Michael Cowley, M.D., Medical College of Virginia; Co-Chair, Charles Chambers, M.D., Hershey Medical Center) has advocated for a nationally standardized method to evaluate image quality and radiation dose. SCA&I asked NEMA (National Electrical Manufacturers Association) to form a working group of industry and SCA&I representatives.

Extensive effort resulted in the NEMA XR21 2000 standard, which describes the construction of a Fluoro Benchmarking Phantom. This Phantom and a standardized testing format are now commercially available from Nuclear Associates, Inc. and other sources.

The Phantom is a device used to test systems under conditions simulating normal clinical use for fluoroscopically-guided invasive and interventional procedures. The Phantom is constructed of Plexiglas with iodine and aluminum test objects. This material has x-ray absorption and scatter properties similar to human soft tissue. Configuring the Phantom simulates the entire range of patient sizes and imaging projection angles.

To obtain consistent data collection for a Benchmark Study, the Laboratory Performance Standards Committee has arranged for training of those participating in the study, to be provided by Clarte Imaging Solutions, Inc., (1-866-620-7828) of Elk Grove CA. This organization, an independent provider of image quality assessment, will also be a primary provider of testing services.

**Benchmark study.** SCA&I seeks participants for the Benchmark Study, who wish to utilize the NEMA/SCA&I Phantom testing system to evaluate and compare performance of their adult cardiac cath labs. The Study's goal is to collect data that will enable each lab to compare image quality and radiation dose to:

- trends of a single lab over time;
- other labs in the same institution; and
- labs in other institutions.

Application of this testing system should eventually result in:

- early recognition of deteriorating acquisition & display equipment;
- improved image quality;
- reduced radiation exposure to the patient and angiographer; and
- standardized image quality for labs involved in multicenter studies.

For the Benchmark Study, a data set has been devised that will answer the following questions:

- How good are the major image quality characteristics in a laboratory?
- How do Phantom measurements of image quality compare to subjective clinical estimation of image quality?
- What is the radiation dosage needed to achieve the observed level of performance?

SCA&I will maintain a Benchmarking Study Registry, to collect, organize and report test results from each institution in a confidential manner to that institution only, supervised by the SCA&I Laboratory Performance Standards Committee. Each participating institution will receive its own results and the pooled (not individualized) results of all participants for comparison.

**Tests.** The basic tests of the NEMA/SCA&I testing system include: spatial resolution; low contrast detectability; working thickness range; temporal resolution; and entrance exposure rates.
Important Information from Industry Sponsors

SCA&I greatly appreciates the generous unrestricted educational grant support provided by many industry sponsors. This sponsorship makes possible high quality educational programs such as SCA&I’s Annual Scientific Sessions. The following has been provided for your information by several of those sponsors; the content below is solely their own, and does not represent the viewpoint of SCA&I. Please contact these firms directly for further information.

Unrestricted Educational Grant Sponsorship for Seattle Meeting

Thanks to the tireless efforts of Barry F. Uretsky, M.D., FSCAI and the Fundraising Committee, educational grants from many industry partners will again ensure that SCA&I’s Annual Scientific Sessions provides the highest quality educational venue anywhere. As of press time, generous support has been committed by the following firms:

- Trustee Level: Guidant Corporation
- President Level: Boston Scientific; Cordis Endovascular/Cordis Cardiology
- Sustainer Level: Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership; Millennium Pharmaceuticals, Inc. and Key Pharmaceuticals, Inc.; Philips Medical Systems
- Achiever Level: Amersham Health; Eli Lilly Corporation; Kensey Nash Corporation; Medtronic/AVE
- Supporter Level: Pharmacia Corporation; John Wiley &Sons, Inc.
- Friends Level: Ceres Medical Systems

Boston Scientific

Boston Scientific Corporation (NYSE:BSX) is the world’s largest medical device company dedicated to less-invasive therapies. The company’s products and technologies reduce risk, trauma, cost, procedure time and the need for aftercare. These products and technologies are generally used for enlarging narrowed blood vessels to prevent heart attack and stroke, clearing passages blocked by plaque to alleviate pain, opening obstructions and bringing relief to patients suffering from various forms of cancer, conducting biopsies and ultrasounds, treating renal disease, mapping electrical problems in the heart, treating gastrointestinal disease, placing filters to prevent blood clots from reaching the lungs, and treating brain aneurysms. These less-invasive therapies result in improved outcomes, which help patients return to fuller lives sooner.

For more information, visit Boston Scientific at www.bsci.com

Cordis Endovascular

Cordis Endovascular is a global leader in the development and marketing of medical devices such as stents, angioplasty balloons, guidewires, diagnostic catheters, sheaths and vena cava filters for the treatment of vascular and obstructive diseases.

Cordis Endovascular markets a full line of stents in a variety of lengths and diameters. Our self-expanding stents include the S.M.A.R.T. Transhepatic Biliary Stent with MicroMarker Technology and the new PRECISE Transhepatic Biliary Stent. The PRECISE Stent offers a low profile 5.5F delivery system through an .018” guidewire designed to reduce patient trauma.

The newest stent introduced to the balloon-expandable market from Cordis Endovascular is the PALMAZ, GENESIS Transhepatic Biliary Stent. This stent is available in two configurations – as a pre-mounted stent on three new balloon catheters, as well as unmounted. Additionally, Cordis offers the PALMAZ, Stent in expansion sizes of 6-8mm and lengths 10-30mm on OPTA LP and POWER-FLEX, PLUS balloon-expandable sizes for iliac use.

PTA Dilatation Catheters are also available in a variety of sizes with low profile design attributes and the strength of the versatile DURALYN, material.

continued on page 12
SCA&I Advocacy Update

SCA&I’s new advocacy program is off to an aggressive start, led by the Advocacy Committee (chaired by Carl L. Tommaso, M.D., FSCAI) and supported by MARC Associates, our new Washington advocacy representatives. SCA&I is working closely with ACC and other societies where appropriate – and taking the lead in reimbursement issues relevant to invasive/interventional cardiology. Recent highlights:

Practice Expenses reviewed: AMA’s Practice Expense Advisory Committee (PEAC) is looking at the clinical practice expenses for interventional codes. This is an important “bread and butter” issue where SCA&I membership involvement can increase the potential for fairer Medicare reimbursement. SCA&I organized a consensus panel of twenty SCA&I members at the November American Heart Association meeting, reinforced by subsequent membership e-mail surveys. These data were vital in helping SCA&I develop realistic, defensible estimates of the clinical (non-M.D.) staff time needed to provide left heart cath and other diagnostic services.

Some background: As you know, Medicare payments consist of an allowance for physician work, an allowance for physician practice expense and an allowance for physician liability insurance. Currently, there are no direct practice expenses assigned to the catheterization procedures, CPT Codes 93508-93533, when these services are performed in a hospital setting. Direct costs include such expenses as clinical staff time, equipment and supplies provided by office personnel. Indirect costs such as office overhead and billing costs are assigned based on a formula approach.

SCA&I recently made a presentation to the Practice Expense Advisory Committee (PEAC), a multi-specialty advisory committee that provides recommendations to CMS (formerly HCFA) on practice expense values. We identified clinical staff activities provided by office staff to support a catheterization procedure in a hospital setting. These include such tasks as obtaining consent, explaining the procedure to the patient and family and scheduling the cath lab and equipment. While we are prohibited by a confidentiality agreement from publicizing the specific results of the PEAC meeting, we are optimistic that this will lead to an increase in payments for catheterization procedures (perhaps as soon as early next year). We will advise you further when CMS publishes their final ruling.

Interventional Cardiologist to Join NRC Panel: In an important win for SCA&I members, the Nuclear Regulatory Commission (NRC) agreed to our persistent urging that NRC add a voting interventional cardiologist to the NRC Advisory Committee on the Medical Uses of Isotopes (ACMUI). The ACMUI has a major say in determining which medical specialties are allowed to administer intravascular radiation therapy for prevention of in-stent restenosis (aka brachytherapy). Jeffrey Brinker, M.D., FSCAI (Johns Hopkins) is SCA&I nominee (ACC has endorsed this nomination).

Medicare Fee Schedule Cuts Challenged: Despite a massive lobbying effort involving the AMA, SCA&I and 60 other medical societies, Medicare payments for U.S. physicians’ services dropped 5.4% on January 1, 2002. Payments for cardiologists dropped even more (8.4%) because of other changes in the cardiology relative values for the fee schedule. Legislation was introduced (S. 1707 and H.R. 3351) that would have limited the drop in payment to 0.9%. In 2002 SCA&I will continue to work with the AMA, ACC and a broad coalition of health professions organizations to try to persuade Congress to act quickly to lift the cut this year. Thank you to the many SCA&I members who responded to our e-mailed “action alert” by writing or calling their Senators and Representatives. Your letters and call do make a difference! Many of your Senators and Representatives cosponsored the legislation to restore the cut in the conversion factor.

SCA&I Meets with Centers for Medicare and Medicaid Services (CMS): On September 25, SCA&I President Joseph Babb joined colleagues from ACC, the Society of Thoracic Surgeons and the American Academy of Orthopedic Surgeons in a meeting with CMS chief Tom Scully to discuss Medicare’s Centers of Excellence Program. This experimental program arguably is more about price than excellence. It designates certain hospitals as “Centers of Excellence” when they agree to combine and discount the hospital fee and the physician fee for selected procedures. SCA&I and the other groups sought a change in the name, which Commissioner Scully granted, and the opportunity to work with CMS to develop meaningful quality

continued on page 15
Thrombolytic therapy for acute myocardial infarction (MI) has been limited by its lack of achieving rapid, sustained and complete vessel patency in over 20% of patients. The GUSTO V trial is the first large-scale study in which the combination of a GPIIb/IIIa inhibitor (abciximab) with a reduced dose of fibrinolytic agent (reteplase) has been evaluated for the treatment of patients with MI. The study enrolled 16,588 patients with ST elevation MI who were randomized within six hours of symptom onset. All patients were treated with aspirin and then treated with either heparin (5000 u bolus + 1500 u/hr) and standard dose (two 10 u boluses, 30 minutes apart) reteplase or weight-adjusted heparin and half dose (two 5 u boluses, 30 minutes apart) reteplase plus a full dose of abciximab (0.25mg/kg bolus and 0.125mg/kg/min. infusion up to 10 ig/min. for 12 hours).

The new combination of reteplase and the GPIIb/IIIa inhibitor abciximab failed to improve 30-day mortality - the primary endpoint of the study. Death at 30 days was 5.9 percent in the group that received full-dose reteplase and 5.6 percent in the group that received reduced-dose reteplase plus abciximab (OR 0.95, CI 0.83, 1.08, p=0.43). While combination therapy was not superior to reteplase alone, it was also not inferior. This somewhat conceptual conclusion occurred because, statistically, a penalty was paid for multiple interim analyses for the test of superiority – the required p value was made more stringent (p<0.025). However, no penalty was required for the non-inferiority analysis. Additionally, most major nonfatal ischemic complications were significantly reduced with the combination compared with the standard regimen. There was a 33 percent reduction in re-infarction at seven days with the combination regimen, and in previous trials, reinfarction at seven days is often a significant predictor of mortality at one year.

Several composite endpoints were reduced in the combination therapy arm, but these were not pre-specified endpoints. The reteplase/abciximab combination significantly reduced the seven-day incidence of death and nonfatal reinfarction by 17 percent, the need for percutaneous revascularization by 12 percent and the combination of death/reinfarction/percutaneous revascularization by 25 percent. The incidence of any ischemic complication at seven days was reduced from 31.7 percent in the reteplase group to 28.6 percent in the combination group. However, it should also be made clear that the trial was not blinded – the investigators knew who got which therapy – and these same physicians were the sole adjudicators of the MI endpoint. Reinfarction was defined by ST changes and enzyme levels rather than a clinical definition. In fact, the incidence of Q wave reinfarction was <0.5% in both groups, again raising the question of the importance of preventing minor CK elevations.

Severe bleeding was more common in the group receiving the combination therapy (1.1 vs. 0.5 percent), as was the overall risk of bleeding (13.7% vs. 24.6%, p=0.001). The need for transfusion was also increased (4.0% vs. 5.7%, p<0.001). There was increased intracranial bleeding in the elderly (age >75) in the combination therapy group (1.1% vs. 2.1%, p=0.033 for interaction with age). Most of the excess bleeding in the combination group was in the form of non-life-threatening bleeds. Procedure-related bleeding was not significantly different between the two groups. Thus, the combination regimen may be especially valuable in patients who will proceed to the catheterization laboratory, since GPIIb/IIIa blockers have proven benefit in this setting.

Patients younger than 75 years, those with anterior infaracts and those treated after four hours all showed trends toward greater benefit from the combination. As such, the new strategy seems best suited to younger patients with large MIs, for whom the combination can be considered advantageous. However, elderly patients over age 75 with large MIs may also be considered because the reduction of reinfarction was largest in this subgroup. However, where 12 reinfarctions are prevented per 100 patients treated, this comes at a cost of nearly 100 bleeds. Much has been made of the finding that there was an unusually low 30-day mortality rate in both groups compared to previous trials. Undoubtedly, this factor played a role in the disappointing results observed in regard to the primary outcome.
However, it should also be recognized that this was a lower risk population than in previous thrombolytic therapy trials – there were fewer anterior wall MIs, and patients with a single elevated blood pressure were excluded.

The authors conclude by asking whether combination therapy should be incorporated into clinical practice on the basis of this trial. Their answer is that it depends on cost, because while this study shows fewer complications and reinfarction, the small net incremental benefit requires both clinical and economic judgments. Additionally, the one-year outcome data, when available, may also provide further information. Nevertheless, the concept of a combination regimen as reflected by the improvement in some outcomes seems to be sound, but the results are disappointing in that it also increased bleeding complications. Perhaps further studies evaluating the correct dosing combination, and maybe other agents, will provide the real breakthrough. For example, the results of ASSENT-3, combining enoxaparin, ReoPro and tenecteplase, will also be relevant to the final denouement, particularly in the elderly.

The .035” diameter balloons include the OPTA‰ PRO, POWERFLEX, P3, POWERFLEX, EXTREME‰ and MAXI‰LD. The .018” diameter balloons include SAVVY‰ and the new SLALOM‰.

Diagnostic catheters are available in a variety of types, lengths and French sizes. They include the TEMPO‰, NYLEX‰ SUPERTORQUE, and SUPERTORQUE, MB Catheters. Guiding catheters are available in a variety of shapes, lengths and French sizes. They include the VISTA BRITE TIP, and the VISTA BRITE TIP, IG Catheters.

Cordis Endovascular recently launched the TRAPEASE‰ Permanent Vena Cava Filter to its Thrombus Management line of products. Included in that line is the HYDROLYSER‰ Thrombectomy Catheter used for the removal of thrombus in dialysis grafts.

The STORQ‰, SV, JINDO‰ and EMERALD‰ Guidewire product line is obtainable in various lengths, diameters, tip shapes (straight, angled, double-ended and J-shaped) and tip flexibilities (standard, soft and supersoft).

Cordis Sheath Introducers are available in various French sizes and cannula lengths and include the BRITE TIP, and AVANTI, +.

Cordis Endovascular’s focus has always been on its customers and ensuring that their clinical and productivity needs are understood. Equally important to Cordis Endovascular is the ability to deliver new products and technologies that are specifically calibrated to work together to complement interventional skills and maximize performance.

Medtronic AVE

Medtronic AVE is the Vascular Division of Medtronic, Inc., the world’s leading medical technology company, providing lifelong solutions for people with chronic disease.

Medtronic AVE designs, engineers and manufactures innovative technologies for coronary, peripheral and neurovascular indications. Medtronic AVE is known for its passion and drive to deliver products that are easy to use, safe and effective. Recent advancements include:

- The S7 with Discrete Technology™ Coronary Stent System, featuring Medtronic AVE’s unique modular stent design, with enhanced deliverability plus unmatched scaffolding.
- The GuardWire Plus Temporary Occlusion & Aspiration System, which facilitates distal protection by preventing particulate debris from moving distally. This simple, elegant solution
Membership Application

THE SOCIETY FOR CARDIAC ANGIOGRAPHY & INTERVENTIONS
9111 Old Georgetown Road • Bethesda, Maryland 20814-1699 • (800) 992-7224 • Fax (301) 581-3408 • www.scai.org

Please check: □ Adult Cardiologist □ Pediatric Cardiologist □ Radiologist □ Other (e.g., surgeon)

Application Fees (includes subscription to Catheterization and Cardiovascular Interventions)

□ US Affiliate ............................................ $175
□ Affiliate outside US/Canada ......................... $235
□ Membership ............................................. $275
□ Membership outside US/Canada ..................... $335
□ Fellowship/Senior Fellow ......................... $275
□ Fellowship/Senior Fellow outside US/Canada .... $335
□ Advancement to Fellowship (current member only) ....................... $100

Applicant Information

Name (Last, First, M.I.)
Degree: □ MD □ PhD □ DO □ Other
Preferred Mailing Address: □ Business □ Home
Business Name ________________________________
Mailing Address ________________________________
City __________________ State Zip ______________
Country __________________
Phone ________ Fax ________
E-mail Address ____________________________

Sponsors

SCA&I Fellow: 1. Name ____________________________
SCA&I Fellow: 2. Name ____________________________
Other (title): 3. Name and Address ____________________________

Post-Training Specialty Expertise

Total Since Completion of Training Immediate Past 2 Years

Coronary Angiograms
Valve Disease
Coronary Interventions
Pediatric Catheterizations (Diagnostic)
Pediatric Catheterizations (Interventions)
Other (please specify)

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

Payment Information

Payment Method: Check #___________ □ MasterCard □ VISA □ American Express
Credit Card #_________________________________________ Exp. Date:___________________________
Billing Address ____________________________ City________________ State_____________ Zip__________

Signature of Applicant ____________________________ Date ________________________

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 subject to this consent.

I hereby release from all liability The Society for Cardiac Angiography and Interventions and any and all individuals for their acts performed 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).
Affiliate
Candidate must be in good standing in a certified training program. A letter from the Program Director and a CV are required to complete this application.

Member
Candidate must be eligible or certified by an appropriate certifying board (Internal Medicine, Radiology, Pediatrics, etc.) and be board eligible or certified by an appropriate subspecialty board, if one exists, in the primary specialty (Cardiology, Pediatric Cardiology). Candidate must have completed at least one full year or its equivalent in training exclusively in the performance of cardiac catheterization and angiographic techniques and spend a significant percentage of their working time after training in the performance and interpretation of cardiac catheterization and angiographic studies (including pre- and post-cath care).

Each candidate must qualify, and submit documentation, for cath lab privileges at their primary hospital.

Fellow
A candidate for Fellow in SCA&I, must meet the above criteria for Member. In addition, the candidate must have at least five years of work experience after the completion of training and be responsible for at least 1,000 procedures (375 for Pediatric Cardiologists) after training. Finally, the candidate must forward two sponsorship letters to complete the application. The first letter must be from a current fellow of SCA&I. The second letter can be from another fellow, the candidate’s Training Program Director, Cath Lab Director or Chief of Service. The sponsorship letters should confirm the candidate’s technical expertise and number of procedures.

Advancement to Fellow
A current Member of SCA&I may apply for advancement to Fellow at any time once the criteria for Fellow is met. The Member should follow the requirements for Fellow above. The application fee is $100.

Senior Fellow
A candidate for Senior Fellow must meet all the requirements for Fellow, but is no longer engaged personally in the routine performance of cardiac catheterization and angiographic procedures. The candidate for this category shall have made significant and meritorious contributions to knowledge in the field of cardiac catheterization and angiography. Fellows of SCA&I may request advancement to this level when they meet the above requirements.
addresses specific payment problems that may require changes in coding and claims processing and relative value adjustments or other technical solutions.

**MARC Associates**

Principals: Randolph Fenninger, President, has 30 years of legal and legislative expertise in health care legislative and regulatory issues. His background includes work with the AMA and numerous specialty societies. He has extensive experience representing clients before the House Ways and Means and Senate Finance Committees. Bernard Patashnik joined the firm after a distinguished career at the Health Care Financing Administration and the Social Security Administration. He advises clients on a wide spectrum of health care financing issues and manages strategies seeking coverage and improved payment for a range of products and provider services.

**A Note About MARC Associates.** MARC Associates, Inc., a Washington, DC-based government relations firm, represents corporate and non-profit associations. MARC is bipartisan firm with strong working relationships with House and Senate leadership and key Committee Members, together with top Administration, Departmental and regulatory officials. MARC provides legislative and regulatory advocacy and expertise in health economics, finance and administration. The firm’s health care work covers product and provider payment coverage, drug and device approval, health care system reform and coverage for chronic diseases. MARC also

**Phantom Benchmark Study... continued from page 8**

**Study Participation.** Study participants may obtain from SCA&I information about how to purchase a Phantom and services from an approved testing service. Data will be forwarded to the Registry, and hospital technical personnel will be trained on-site by the testing service. This provides the opportunity for the department to perform subsequent testing independently with no major additional service or hardware costs.

Special thanks go to Frederick Heupler, M.D., FSCAI, who prepared much of the background for this article, and to Charles Chambers, M.D., FSCAI, who is spearheading the SCA&I Phantom effort. Other SCA&I members key to this project: Stephen Balter, Ph.D., Michael Cowley, M.D., FSCAI, Warren Laskey, M.D., FSCAI, Merrill Wondrow, and David Holmes, M.D., FSCAI

To sign up for the study or for more information, contact Norm Linsky, SCA&I Executive Director, at 1 (800) 992-7224.

**Industry Sponsors...continued from page 12**

has been clinically proven to reduce cumulative MACE rates by 42 percent.

- The AneuRx® Stent Graft System for endovascular repair of abdominal aortic aneurysms. This easy-to-use system offers a low profile and superb delivery for controlled, accurate placement.

- The Bridge SE Self-Expanding Peripheral Stent for Biliary Indication, featuring an advanced laser-cut stent design made of crush-resistant Nitinol for high radial strength and resistance to compression.

For more information about these and other innovative vascular solutions from Medtronic AVE, visit www.MedtronicAVE.com or contact your local sales representative.
Register on-line today

SCA&I’S 25TH ANNUAL SCIENTIFIC SESSIONS
“The Best of the Best” in Interventional Cardiology
May 15 – 18, 2002
Seattle, Washington
www.scai.org

Complete program now online!

QUESTION: Are your cardiac imaging systems tested to a national standard?

ANSWER: If the answer is “no,” consider participating in SCA&I’s new Phantom Benchmark Study (see article inside).

SEE THE NEW FLUORO BENCHMARKING PHANTOM built to the NEMA/SCA&I standard, at SCA&I’s booth during ACC’s March annual meeting in Atlanta. Booth #3921, Hall E, two aisles to the right of the poster sessions. Or, call 1 (800) 992-SCAI for details.

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

SCA&I COMMITTEE MEETINGS DURING ACC/ATLANTA
Saturday March 16, Ritz Carlton (181 Peachtree St).
All members are encouraged to attend!

10:00 AM CV Lab Techs (joint with SICP), CME, Registry & Info
10:30 AM Publications Committee
11:30 AM Training Program Standards, Credentials
12 NOON Advocacy
12:30 PM Lab Performance Standards
1:00 PM Governors, Advocacy, Congenital Heart Disease
1:30 PM Interventional
2:00 PM International Interventional Society Presidents, By-laws
2:30 PM MGE Task Force, Nominating (by invitation)
3:00 PM Program & Fundraising (combined meeting)
3:30 PM Lab Survey, Budget
5:00 PM Board of Trustees