

Interim meetings were held in November 1978 at the American Heart Association and in March 1979 at the American College of Cardiology, and regularly in conjunction with these meetings ever since. By the end of the first year, in May 1979, the structure of the Registry had been established. Methodology for assessing new members had been developed by the Credentials Committee, programs regarding minimal qualifications for training programs were developed, and questionnaires had been formulated and distributed to survey the organization, equipment, and procedures in cardiac catheterization laboratories. Results from 67 laboratories were compiled and presented to the membership. The issue of peer standard review organization [PSRO] preadmission certification criteria for coronary arteriography was raised and we resolved to respond to the PSRO proposals. It was agreed to extend future annual meetings to 2 days in order to include a scientific program.

We held a special meeting in June 1979 at the O'Hare Hilton Hotel to consider drafts of a position paper on coronary arteriography in response to the PSRO proposals. This time consensus was not easily achieved. It was apparent that there was marked diversity in our organization. We could not agree on a final draft and several subsequent drafts were prepared. Ultimately the version prepared by Dr. Sven Paulin [1], "The Society for Cardiac Angiography: Its Purpose, Efforts and Goals" was approved and published in the journal *Catheterization and Cardiovascular Diagnosis*. The Training Committee's position paper on standards for training in cardiac catheterization and angiography was our first publication, a news item in this journal in 1980 [2]. By the end of 1979, the Society's Registry was operational under the direction of Dr. J. Ward Kennedy. In 3 months, more than 8,000 patients had been logged into the Registry, and the numbers continued to grow rapidly. The Registry Committee regularly reviewed fatalities and attempted to determine whether or not there was a causal relationship with the catheterization procedure. By 1981, data from more than 53,000 patients had been compiled. Two publications based upon Registry data dealing with complications and mortality appeared in this journal in 1982 [3,4]. After 129,000 patients had been entered, we discussed the need to continue the Registry and we also considered subregistries, e.g., for thrombolytic therapy and balloon angioplasty. The majority of members favored continuing the Registry, but some concern was expressed regarding the format, i.e., summary data rather than patient-specific data, and the possibility of using mark-sense cards was raised. The Registry was overwhelming Dr. Kennedy's staff in Seattle and was transferred to Cleveland in September 1982, following the original Kennedy format. This transfer proved to be costly because of the necessity for rewriting computer programs, but the Registry was maintained in Cleveland until July 1, 1984. In the meanwhile, Dr. Goffredo Gensini's proposal to switch to mark-sense cards gained acceptance. The Registry was transferred to Syracuse on July 1, 1984, and mark-sense cards were adopted with a slight modification of the data base. By this time, more than 285,000 patients had been entered. Subregistries were established for thrombolytic therapy and balloon angioplasty. The question of opening the Registry to nonmember laboratories has been discussed on several occasions, but never implemented because of concerns about managing the large volume of data that would be submitted. In 1984, the Society published the first national directory of cardiac catheterization laboratories that had been compiled by Dr. Gensini [5]. In 1985, Dr. Kennedy [6] reviewed the experience of Society laboratories with thrombolytic therapy in acute myocardial infarction. After Dr. Gensini died in October 1986, the Registry continued in Syracuse under the leadership of Dr. Lewis Johnson and Dr. Thomas Noto. By the end of 1987, nearly 550,000 patients had been entered into the Registry, including those from the Seattle and Cleveland phases. Through December, more than 27,000 balloon angioplasty patients had been entered. This was the largest body of data relating to cardiac catheterization and angiography ever compiled, and data from Registry publications have been widely quoted. Currently the Registry Committee is considering

direct computer entry of data by modem or floppy disks. The Committee is also looking at new ways of analyzing existing data.

The Training Program Standards Committee continues under its original Chairman, Dr. Harvey Kemp. It has surveyed training programs in cardiac catheterization and angiography represented by the Society, and monitored national trends in cardiovascular training programs. In 1984, Dr. Patrick Scanlon [7] surveyed programs for training in balloon angioplasty in laboratories represented by Society members. Currently the Training Program Standards Committee is developing a series of educational video tapes on principles of radiography and photography in the catheterization laboratory. The Laboratory Performance Standards Committee continued under the leadership of Dr. Melvin Judkins until his death in January 1985. In 1981, a cine angiographic testing service was inaugurated with the assistance of Robert J. Moore, Ph.d. Reports detailing the cine and radiographic equipment characteristics of participating laboratories have been presented periodically to the membership. In 1982, a cine symposium was sponsored by the Society for the benefit of members and their cine radiographic technicians which was held in conjunction with the annual meeting of the Society in San Francisco. This continues to be a regular component of our annual meeting and is now known as the Judkins Symposium. The Laboratory Performance Committee has published a number of standards and guidelines in Catheterization and Cardiovascular Diagnosis relating to organization and quality assurance in cardiovascular laboratories [8], minimal standards for pediatric catheterization and angiographic laboratories [9], qualifications and responsibilities of a catheterization laboratory director [10], radiation protection [11], guidelines for approval of professional staff privileges [12], electrical safety [13], right heart catheterization and temporary pacemaker insertion during coronary arteriography [14], and guidelines for physician performance of percutaneous coronary angioplasty [15]. The Laboratory Performance Committee continues under the leadership of Dr. Ted Huston.

The Program Committee was originally known as the Publications Committee, but soon assumed the role of coordinating the annual scientific meeting under its first Chairman, Dr. Harry Page. In 1981, the annual meeting was held in Denver. More time was devoted to scientific presentations. In 1982, in San Francisco, the meeting was extended to 3 days to accommodate the cine symposium and a full day of scientific presentations. In 1983, the meeting was held in Scottsdale, AZ, in conjunction with the annual meeting of the North American Society for Cardiac Radiology. Scientific and technical exhibitors were invited to our annual meeting for the first time in Nashville in 1985. In 1986 in San Diego, under the Chairmanship of Dr. William Willis, the meeting include selected presentations by members of the Society, or Fellows working in their laboratories, and an annual Founder's Award was established for the best manuscript submitted. The character of the annual meeting has gradually shifted from highly focused discussions of issues confronting cardiac catheterization laboratories to broader scientific issues. The annual business meeting of the Society has been reduced from one full day to 90 minutes, leaving most of the administrative and organizational issues for consideration by the Trustees. In 1988, a grant from the Squibb Corporation permitted the establishment of the Annual Squibb-Society for Cardiac Angiography Research Award. Two awards were announced in 1988.

The Interventional Cardiology Committee was established in 1987, with Dr. Spencer King as its Chairman. Through this committee a newsletter "Interventional Cardiology" has been endorsed by the Society. The Interventional Committee is addressing issues regarding indications for balloon angioplasty, training and credentialing of physicians in interventional cardiology, and new Registry activities, including a proposed directory of membership in the Society for Cardiac Angiography and the laboratories represented therein. It is of interest to note that many of the issues related to interventional cardiology today, i.e., credentialing, standards for performance, quality,

and safety, are virtually identical to those that confronted us in 1978 when the Society was formed. It is also of interest to note that balloon angioplasty was introduced to the cardiological community as the Society was in its formative stage in 1977. The Credentials Committee continued under the leadership of Dr. Sones until his death in 1985, and continues under the leadership of Dr. Frank Hildner. From the original group of 42 [sic-77] founding members, the current membership totals 495, including 384 Fellows, eight Senior Fellows, 92 members, nine Consultants, one Emeritus Fellow and one Honorary Fellow, Mrs. Eileen Judkins. Included are 29 international members. Dr. Sones, Dr. Judkins, and Dr. Greene were named Trustees for Life.

The mortality rate among our past presidents has been excessive, four of our first ten presidents: Drs. Melvin Judkins, Mason Sones, Harold Baltaxe, and Goffredo Gensini. All died within 2 years of each other between January 1985 and October 1986. In addition to the Founder's Award, Drs. Judkins and Sones were also memorialized in a portrait that was made possible by contributions from our membership, copies of which hang in their home institutions. After a decade, the character of the Society for Cardiac Angiography has changed, but its founding principles are firmly established. The technology of cardiac catheterization and angioplasty continues to evolve and new challenges are emerging. The Society can no longer be managed as a strictly voluntary effort by a small, dedicated core of founding members, and we have taken the major step of hiring an association manager. Nevertheless, our continued strength and future development will depend upon strong professional leadership. A new era of cardiac catheterization and angiography lies before us. I have every confidence that the foundations we have laid in the first decade will serve us well in the next.

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SCAI 1990 - 1991

ANNUAL MEETING - COLORADO SPGS, 5/16 - 5/19/90

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TRAINING STANDARDS	Harvey Kemp MD

The Annual Meeting and banquet chaired by Drs. Richard Walsh and George Vetrovec was held at the Broadmoor Hotel. Local attractions included the Olympic Skating Arena, Garden of the Gods, Manitou Springs, Airforce Academy, golf and hiking.

At the March Board of Trustees meeting, the SCAI made plans to become a CME accrediting body. At the annual meeting, three practice guidelines were approved for publication and it was announced that the management company of Parker and Parker would move from San Francisco to Breckenridge.

SCAI 1991 - 1992

ANNUAL MEETING - MONTEREY, 5/22 - 5/25/91

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COMMITTEE CHAIRMEN

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LAB SURVEY	Djvad T. Arani MD
LAB PERFORMANCE	Airlie A. C. Cameron MD
NOMINATING	Frank J. Hildner MD
PROGRAM	George Vetrovec MD
REGISTRY	Thomas J. Noto MD
SQUIBB FELLOW	Lewis Wexler MD
TRAINING STANDARDS	David R. Holmes MD

The Annual Meeting chaired by Drs. David Clark and George Vetrovec was held at the Doubletree Hotel and the banquet was held at the Pebble Beach Golf Club. Local attractions included Cannery Row, 17 Mile Drive, the Aquarium, Big Sur, Carmel, the Squid Festival and a Sailboat Ride on Monterey Bay.

At the annual meeting, discussions were begun regarding how the SCAI might begin to relate to organizations of cardiovascular technicians and nurses. Mrs. Eileen Judkins was named an Honorary Fellow.

