In 1994, SCAI President, Dr. George Vetrovec asked my interest to help record the history of the SCAI. Having been one of the founding trustees, secretaries and past presidents, I found this a welcomed request. In recent years there has accumulated ample written documentation to preserve our more current history. This was not the case however early in our history when we had no professional management staff or geographic “home” for a repository of minutes and other documents. More than any other member, Dr. William Sheldon has helped archive minutes of meetings and deserves to be considered our real “Historian.” This album is composed of excerpts from minutes supplied by Dr. Sheldon and various other documents I could gather and create from my own files, from memorabilia belonging to Mrs. Eileen Judkins and Mrs. David Greene as well as contributions from other generous SCAI members. It consists of:

1. Copy, minutes from a preliminary meeting held in conjunction with the annual ACC meeting in Las Vegas, March, 8, 1977.
2. Notes regarding the first meeting in Chicago and list of Founding Fellows, January, 9, 1978.
3. Copy, editorial appearing in CCD, 1978, by Dr. F. Mason Sones describing the intent of the new Society.
4. Tabulations of Officers, Trustees, Committee Chairmen and brief summary of the annual meeting and banquet arrangements along with important agenda items for the years 1978 - 1996.
5. Copy, SCAI Board of Trustees Position paper responding to PRSO indications for coronary arteriography, appearing in CCD, 1981.

It is hoped that this album will serve as a nucleus for the accumulation of additional documents and memorabilia and that it will prove helpful to future Officers and Trustees who are interested to learn more of the early days of the Society.

Respectfully submitted,

Harry L. Page, MD., FSCAI
MARCH 8, 1977

MINUTES OF MEETING — CARDIAC CATHETERIZATION AND ANGIOGRAPHY STUDY GROUP

A meeting of the Cardiac Catheterization and Angiographic Laboratory Study Group was held at Caesar’s Palace in Las Vegas, Nevada on March 8, 1977. Those in attendance were Mason Sones, Mel Judkins, Mel Figley, Bob Mosley, Paul Capp, Gottlieb Friesinger, Harry Page, Harvey Kemp, Gus Pichard, Goffredo Gensini and William Sheldon.

Mason Sones and Mel Judkins opened the discussion by reviewing their concerns regarding the quality of performance of cardiac catheterization and angiographic studies in laboratories throughout the country, and potential imposition of standards by government agencies or other groups relatively unfamiliar with the technology, professional and health care objectives. Dr. Sones raised the question of a possible board to certify physicians who perform catheterization and angiographic studies.

Doctor Sheldon reviewed the questions raised at a recent meeting of Cardiology Training program Directors in Las Vegas where there seemed to be a consensus that too many cardiac catheterizers are currently being produced, and that some mechanism must be developed to control this trend. Among methods mentioned to achieve these goals were federal control of professional charges, control of the number and size of cardiology training programs by HEW, by the American Board of Cardiovascular Disease, or voluntarily by cardiology training directors, or curtailment of board certification by the Subspecialty Board in Cardiovascular Disease.

It was suggested that the projected needs for individuals who perform cardiac catheterizations and angiographic studies in the future may not be defined adequately at this time. There was general agreement that there was a need for professionals working in these areas to police themselves, and for standards of performance developed by those of acknowledged experience. Bud Friesinger queried whether or not existing organizations such as the Society of University Cardiologists or the North American Society for Cardiac Radiology might not be better qualified to help accomplish our objectives. Harvey Kemp described the review mechanism which has been developed in New York State, a committee of health professionals having been appointed by the Commissioner of Health in that state. Bob Mosley suggested that the establishment of a board to certify those who perform cardiac catheterizations and angiography would create certain problems, and he cited the recent suits filed by the Attorney General against a number of specialty boards charging constraint of trade. Dr. Mosley also pointed out that in
the present climate it would be difficult to establish a board; there has been
reluctancy by the AMA and the council of Medical Specialists to accept a new board
for emergency room physicians. A certification board would probably lead to a
confrontation with certain other organizations.

The Society of Neuroradiology was mentioned as a good example of a limited
membership society that has established a degree of quality control by elevating the
standards for training programs in this specialty. After a lengthy discussion there was
general agreement that the creation of a society to develop standards for training
programs, and standards of performance for cardiac catheterization and angiographic
laboratories would be the best vehicle to accomplish our objectives.

Paul Capp suggested that our immediate task was to clearly delineate our
objectives, and to identify certain questions that need to be answered. He suggested
that a series of Task Forces might be identified to address these questions. Mel
Judkins felt that there is some urgency for this project, and that if possible, the
foundations should be laid within the next few months.

Immediate questions of importance are the founding of this organization, its
objectives, and its name. Several names were suggested, including the following:

American Society for Cardiac Catheterization and Angiography
Interdisciplinary Society for Cardiac Catheterization and Angiography
Interdisciplinary Cardiac Society

It was concluded that the name of the organization should be deferred for
future consideration. It was suggested that the members present should consider the
specific objectives of the organization, and also the names of others who should be
considered as founding members, and forward their ideas to the Acting Secretary
within the next few weeks. Several of those present indicated that they will be
attending the meeting of the North American Society for Radiology in Phoenix and it
was agreed that they should get together at that time for a further discussions on
membership, objectives, and a suitable time and place for a full meeting of the
founding members. Mel Judkins and Mason Sones will make the arrangements for
the next meeting in Phoenix.

Respectfully submitted,

William C. Sheldon, MD

WCS:mb
The physicians who attended the meeting in Las Vegas 3/8/77 were requested to identify additional candidates to become founding members of the new organization. Forty two from a total of 77 invited physicians gathered at the O’Hare Hyatt Hotel on 1/9/78. Drs. Sones and Judkins chaired the meeting. There was consensus that there existed a need for the proposed professional society. The main items for discussion were:

1. The intent to incorporate as a nonprofit organization.
2. Suggestions for a governance structure.
3. Selection of an executive committee.
4. The definition of committee functions.
5. Timing of the first annual meeting.
6. Dr. Sones proposed the name “Society for Cardiac Angiography.”
7. Interim officers and committee chairmen were elected.
8. Catheterization and Cardiovascular Diagnosis was chosen as the official journal and subscriptions will be included in annual dues.
SCAI 1978 - 1979

ANNUAL MEETING - CHICAGO, 6/5/78

OFFICERS

PRESIDENT         F. Mason Sones MD
PRES - ELECT       Melvin P. Judkins MD
TREASURER          David G. Greene MD
SECRETARY          William C. Sheldon MD

BOARD OF TRUST

Winston Mitchell MD  1979
Ivan L. Bunnel MD    1979
Goffredo G. Gensini MD  1979
Sven Paulin MD       1980
Harry L. Page MD     1981
Fred Schoonmaker MD  1983

COMMITTEE CHAIRMEN

CREDENTIALS        F. Mason Sones MD
LAB PERFORMANCE    Melvin P. Judkins MD
NOMINATING         David G. Greene MD
PUBLICATIONS       Frank Hildner MD
REGISTRY           Ward Kennedy MD
TRAINING STANDARDS Harvey Kemp MD

The one day meeting was held at the O’Hare Hilton Hotel and was chaired by Dr. Sones. Dr. Judkins had suffered a CVA a few weeks ago and missed this meeting. His wife Eileen would become his constant assistant at future meetings. Dr. Sones proposed to name the new organization “The Society for Cardiac Angiography” and proposed a logo based upon the first radiograph of a catheter in a human heart, attributed to a German surgical resident Werner Forssmann in 1929. These proposals were eagerly adopted. Other business included:

1. Rules and Regulations were approved.
2. Qualifications for members and fellows were approved.
3. It was decided not to have a scientific session at the annual meeting expecting that business matters would occupy the entire agenda.
4. Interim Board of trustees meetings would be held in conjunction with the annual spring ACC and fall AHA meetings. At the fall Board meeting, membership certificates and stationery were adopted as suggested by Dr. Sones.
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<tr>
<th>Name</th>
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<td>Douglass Adams, M.D.</td>
<td>Boston</td>
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<td>C. L. Baird, M.D.</td>
<td>Richmond</td>
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<td>Harold A. Baltaxe, M.D.</td>
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<td>Frank Begg, M.D.</td>
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<td>Mel Figley, M.D.</td>
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<td>Gottlieb Friesinger, M.D.</td>
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<td>Florencio A. Hipona, M.D.</td>
<td>Boston</td>
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<td>Grace Hofsteter, M.D.</td>
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<td>John T. Huston, M.D.</td>
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<td>Robert M. Jeresaty, M.D.</td>
<td>Hartford</td>
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<td>Melvin Judkins, M.D.</td>
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<td>Harvey G. Kemp, M.D.</td>
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<td>Vlado Kozul, M.D.</td>
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SCAI FOUNDING FELLOWS

Robert Leachman, M.D., Houston, Tx.
Efrain Leguizamon, M.D., Kalamazoo, Mi.
David C. Levin, M.D., Boston, Ma.
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H. Brandis Marsh, M.D., Washington, D.C.
Dean T. Mason, M.D., Davis, Ca.
Jim McEachen, M.D., Santa Monica, Ca.
Andrew Megarity, M.D., Fort Worth, Tx.
Joseph V. Messer, M.D., Chicago, Il.
Winston Mitchell, M.D., Loma Linda, Ca.
Carl Moberg, M.D., Grand Rapids, Mi.
Michael Mock, M.D., Bethesda, Md.
William Molnar, M.D., Columbus, Oh.
Abel Moreyra, M.D., Piscataway, NJ.
Robert Mosley, M.D., Albuquerque, NM.
Gerald Mudd, M.D., St. Louis, Mo.
Tom Noto, M.D., Miami, Fl.
Harry L. Page, M.D., Nashville, Tn.
Sven Paulin, M.D., Boston, Ma.
Augusto Pichard, M.D., New York, NY.
Robert Quint, M.D., Los Gatos, Ca.
Richard O. Russell, M.D., Birmingham, Al.
Patrick Scanlon, M.D., Hines, Il.
Fred Schoonmaker, M.D., Denver, Co.
William Sheldon, M.D., Cleveland, Oh.
Earl K. Shirey, M.D., Cleveland, Oh.
Ram Singh, M.D., Pittsburgh, Pa.
F. Mason Sones, Jr., M.D., Cleveland, Oh.
Gerald Stevens, M.D., Alberta, Canada
Paul Sway, M.D., Miami Beach, Fl.
Manuel Viamonte, M.D., Miami Beach, Fl.
Ramon J. Villamil, M.D., Bluffton, In.
John H. K. Vogel, M.D., Santa Barbara, Ca.
Joel Webster, M.D., Charlotte, NC.
Robert I. White, M.D., Baltimore, Md.
Mark Wholey, M.D., Pittsburgh, Pa.
John Walker, M.D., Milwaukee, Wi.
The Society for Cardiac Angiography

F. Mason Sones, MD

Since the contemporary era of cardiac catheterization began in the fifties, there has been no organized effort to represent the complex and widely divergent perspectives present in the field. From time to time individuals have been moved to consider the establishment of a broadly based organization but none was forthcoming. While the field has advanced dramatically during the past two decades, there have been many individual spokesmen, but never an organization which could reflect the opinions or serve the needs of the many individuals working in the field.

On June 5th 1978, more than 50 physicians assembled in Chicago and formally established the Society for Cardiac Angiography. This is an organization of physicians, Cardiologists and Radiologists, whose primary responsibility is the performance and interpretation of diagnostic studies based on cardiac catheterization and angiographic techniques. The efforts of this organization will be in the following directions: 1] To develop and define basic criteria for the training of cardiac angiographers and essential paramedical personnel; 2] To define the environmental requirements essential to the safe performance and interpretation of cardiac angiography; 3] To develop techniques for periodic tabulation, evaluation and exchange of dependable data relative to the occurrence of morbidity and mortality associated with or caused by angiographic studies, and thereby to better define their cause and means of prevention; 4] To support research directed toward improvement of quality and safety of angiographic studies; 5] To develop techniques for constructive self assessment and peer review of an individual’s activities in the laboratory; 6] To study geographic distribution of diagnostic cardiac catheterization and angiographic facilities and define national requirements for such installations; 7] To develop effective techniques for transmitting opinions and recommendations of the members to professional colleagues, the lay public and governmental agencies. This is an ambitious program which, if successful, will benefit all laboratories and persons involved in the field of catheterization and angiocardiology, and especially to the patients to whom they are responsible.
Membership in the Society is open to both physicians and other scientists. It is assumed that physicians who desire Fellowship, Membership or Senior Fellowship in the Society will have a strong interest in the field of cardiac catheterization and angiography. Moreover they should devote the majority of their working time to this discipline. Every member will be expected to participate fully in the activities of this Society including: 1) Submission of detailed activity reports concerning his personal case work and that of his laboratory; 2) Participation in peer review both of his institution and that of others if requested; 3) Contribution of time and effort to committee functions of the Society.

Membership in the Society is strictly limited to individuals who have become experts in the broad field of cardiac catheterization and angiography. In order to merit such a designation, each candidate should be anxious to submit his personal credentials to the critical examination of his peers which will attest to the validity of such a distinction. For the degree of Fellowship, a physician must be a specialist in the performance and interpretation of cardiac catheterization and angiography. He must further be eligible or certified by a certifying board [Internal Medicine, Radiology, Pediatrics, etc.] and be board eligible or certified by a subspecialty board if one exists in the primary speciality. In addition he shall have at least five years experience in cardiac catheterization and angiography and shall have personally performed a minimum of 1000 diagnostic cardiac catheterization and/or angiographic procedures after having completed his basic training. Satisfactory documentation of this personal performance must be furnished. In addition he shall have completed at least one full year or its equivalent of training exclusively in cardiac catheterization and angiography. The physician who desires Membership shall fulfill the same requirements as those for Fellowship except that he shall furnish evidence of only two years experience in the field of cardiac catheterization and angiography and have personally performed 200 studies. Physicians who desire Senior Fellowship, will meet requirements for Fellowship except that they will no longer be engaged personally in the performance of laboratory procedures. The title of Consultant will be granted to selected individuals who are nominated by Fellows of the Society. Ordinarily these will be physicians or scientists who do not personally perform cardiac catheterization or angiography but who are intimately related to the field. Individuals who are interested in joining the Society may contact: William Sheldon, MD, Secretary, Society for Cardiac Angiography, The Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, OH 44106. The Society intends to promote the continued development of cardiac catheterization and angiography. The organization has been created to stimulate cooperative efforts on the part of interested physicians and provide an effective forum for expression of their work.
The Annual Meeting was held at the O’Hare Hilton Hotel.

At the annual meeting, a method for credentialing candidates for membership was approved. The SCA has requested to respond to a PRSO regarding the indications for coronary arteriography. This effort was initiated at a special meeting of the Board in June of this year and eventually published as a position paper in CCD. The annual meeting will be extended to allow a one day scientific session. Minimal recommended qualifications for training programs in cardiac catheterization and angiography were approved.
The Annual Meeting chaired by Drs. Fred Schoonmaker and Harry Page was held at the O’Hare Marriott Hotel. A one day scientific session was well received by those in attendance and there was agreement that this precedent should continued.

At the March Board of Trustees meeting, funding for the Registry was standardized. At the annual meeting, Training Program Standards were approved for publication. At the November Board of Trustees meeting, a program was initiated to perform angiographic quality surveys for member laboratories.
Society for Cardiac Angiography News

The Society for Cardiac Angiography: Its Purpose, Efforts and Goals

In 1978 several physicians who have devoted a major portion of their careers to the performance and interpretation of cardiac catheterization and angiographic procedures met to consider their responsibilities to their patients, to the medical community and to society. They recognized that variation exists among cardiovascular laboratories in the selection of patients for evaluation and in the quality of the diagnostic result, and that there is a potential for inappropriate use of these procedures. They also that other medical specialty organizations had given little attention to training programs in cardiac catheterization and angiography.

In an attempt to address these issues, these physicians established a new organization, the Society for Cardiac Angiography. The society established several committees, which during the past two years, have addressed themselves to different tasks, such as developing standards for cardiac catheterization laboratories performance and angiographic requirements and making recommendations for optimal training in cardiac catheterization and angiography. The society has also compiled a census of cardiac catheterization and angiographic laboratories in North America and has initiated among its members a registry to monitor laboratory performance and the incidence of complications. As of May 1980 this registry compiles data from 95 laboratories and is expected to accumulate reports of approximately 100,000 examinations per year. Annual meetings of the society are scheduled, the main purpose of which is to allow personal interaction among the members, to conduct seminars on the current status of the art of cardiac angiography, and to present to the assembly the organization’s progress achieved in developing norms with respect to the organization, operation, and performance of its laboratories.

Cardiac catheterization and cardiac angiography, in particular the coronary arteriogram and the selective left ventriculogram, have developed over the past 20 years to become important and widely used diagnostic procedures. They provide information in respect to anatomy and function of the heart that is far superior to the traditional methods of clinical diagnosis. They have had a profound impact on the practice of clinical cardiology by increasing the understanding of pathophysiology of the different disease processes. Without these tests, the development of cardiac surgery, including the correction of congenital lesions, repair of acquired valve disease, and the modern surgical approach to coronary artery disease would be unthinkable. They also have contributed to advances in medical therapy in permitting a more rational application of pharmacotherapy or conservative management of the patient.

Because of their invasive nature, the safe performance of these tests requires standards for training which we believe are best developed by those who are experienced in their technology and clinical application. These invasive tests also carry a considerable cost. Approximately one million Americans sustain a myocardial infarction each year [1]. Because of the obvious relationship between clinical events and coronary anatomy, coronary arteriograms are being performed in increasing numbers so that their cost affects not only the financial resources of an individual patient or institution, but also presents significant socioeconomic implications to society as a whole. We share the public concern regarding appropriate use, quality performance, and cost effectiveness of coronary arteriography. However, we are concerned that certain agencies involved in comprehensive health planning, in their effort to
achieve cost containment, may address the cost but not the benefit of such procedures in modern health care. Examples that nurture such concern are some of the PSRO pre-admission criteria determining the necessity for coronary arteriography, as well as the published statements by the Scientific Council of the American Medical Association made with regard to the present status of coronary artery bypass surgery, for which the performance of coronary arteriography is a prerequisite [2]. Although it is clearly stated by the Bureau of Health Standards and Quality, Health Care Financing Administration, that these criteria offer subsequent physician review and do not constitute the standards of care, we share the concerns of the American College of Cardiology [3] that the exclusion criteria might actually be interpreted as mandatory criteria they would have the force of law. We disagree with some of the exclusion criteria and believe that they express an attitude more conservative than that which can be defined as today’s common practice in general medicine and clinical cardiology. We also believe that the development of standards would benefit from input by those individuals in the medical profession who have developed and established such procedures, and who are likely to contribute to their further refinement or their innovative application in order to foster progress in the quality of health care.

The potential need for coronary arteriography arises when a physician is confronted with a patient having symptoms and signs of varying degree suggestive of or compatible with ischemic heart disease. He must decide whether such diagnosis can be excluded. The recognition of angina pectoris or myocardial infarction is easy in the classical case and may even be made by the well-informed layman or patient. The knowledgeable and experienced medical specialist may be able to make the correct diagnosis in more subtle or complex cases, particularly when incorporating the results of a number of noninvasive tests that have shown a reasonable sensitivity and specificity for myocardial ischemia. Appropriate patient management by the responsible physician requires not only the assessment of the symptoms of coronary heart disease, but also the evaluation of the entire individual with attention to other factors as well, such as the somatic, psychic and social status. Indiscriminate and direct referral for coronary arteriography of every patient experiencing chest discomfort would clearly result in an impractical use of the study. We believe that the great majority of physicians, general practitioners or specialists, pursue their professional activities today with the same good clinical medical judgment as they have exercised in the past. Their increasing reliance on coronary arteriography expresses, in our opinion, the acceptance of this study as a valuable examination, capable of establishing the diagnosis of coronary artery disease with the degree of certainty that they consider optimal today and essential to them in their effort to deliver the most appropriate therapy and management to their patients. It is unavoidable in the practice of clinical medicine that there will be some variations between individual physician’s skills and judgment, and the same is true for the occasional inappropriate use of certain forms of therapy and diagnostic tests, including the coronary arteriogram. Yet this cannot be an excuse for imposing rigid rules and regulations upon the individual physician, thereby limiting his medical professional responsibilities, which he bases on his judgment, experience and knowledge.

The practice of clinical medicine is evolving continuously. What was considered to be optimal treatment in the past is outdated today, and the present status of our understanding of disease processes and the ability to help our patients will undoubtedly be superseded by increasing knowledge and experience in the future. Modern technology will accelerate this process. Practicing physicians will continue to receive information about new forms of diagnosis and therapy and their results through scientific publications or meetings. Such information has taught them that coronary artery disease can be diagnosed by coronary arteriography and that successful surgical bypass of appropriate lesions can alleviate symptoms of myocardial ischemia in a high percentage of cases. They have also learned that arteriographic evidence of coronary artery disease is not always identical with symptoms of myocardial ischemia and vice versa.
They are aware of the differences in life expectancy between medically and surgically treated patients suffering from high risk lesions such as those located in the main trunk of the left coronary artery, but they are also cognizant of the fact that such predictions for cases of single or double artery disease still require further collection of well-controlled data for statistical evaluation. Physicians will accept those recommendations that are most likely to help them render optimal care for their patients, but will also be cautious to apply those that are more controversial and frankly to refute those that are not applicable to their patients according to their own judgment, experience and knowledge. Regulations and rules such as established in some PSRO criteria are presented to the physician as generally accepted, whereas they remain at least controversial. Consider for example, the following PSRO criteria:

1] “To evaluate prognosis in patients who will not be candidates for surgical revascularization.”

This statement categorically denies any significant importance to the physician’s effort to evaluate the prognosis in patients suffering from ischemic heart disease. It also fails to recognize that a patient suffering from angina pectoris may become a surgical candidate after the results of the coronary arteriogram are available. Furthermore, it precludes completely the identification of potential candidates who might benefit from transcutaneous angioplasty of coronary arteries, a modern therapeutic modality under development to relieve coronary artery obstruction non-surgically and likely applicable to certain patients not considered to be surgical candidates.

2] “In new cases of uncomplicated angina controlled by medical therapy” [4,5]. Angina pectoris of recent onset heralds the presence of advanced coronary atherosclerosis [6]. According to a recent publication, such new cases of uncomplicated angina pectoris led to myocardial infarction in 34% and 8.5% died within four months in spite of medical therapy, whereas such occurrence was significantly lower in the subsequent follow-up period [7]. Thus, recent-onset angina pectoris may well be a stronger indication for coronary arteriography and bypass surgery than stable angina pectoris.

3] “In asymptomatic patients who demonstrate a minimally positive stress electrocardiogram and who demonstrate good functional capacity.” This statement includes vague definitions such as “minimally positive stress electrocardiogram” and “good functional capacity” and overemphasizes their reliance. It fails to acknowledge the capability of coronary arteriography to identify critical coronary arterial obstructive lesions in situations of diagnostic uncertainty and dismiss completely the increased risk of sudden death from myocardial infarction in such populations. A positive stress electrocardiogram is highly suggestive of the presence of significant arterial disease. More than half the patients with a positive stress electrocardiogram [85% of symptomatic patients] have significant multivessel coronary artery disease [8-10].

4] “In asymptomatic post-infarction patients with minimally positive stress electrocardiogram-grams who demonstrate good functional capacity.”

Here, the same applies that has been said with regard to the previous statement. Furthermore, this statement concerning the asymptomatic post-infarction patients fails to recognize that among survivors of acute infarction, 99% have significant obstructive disease and 60% have one or more completely obstructed arteries [11]. According to other large series, not less than 80% have multivessel disease, and many of these lesions are critical and proximally located—ie, suitable for surgical bypass revascularization 12,13]. According to another publication, 14% of the survivors of an acute myocardial infarction died within one year, and 28% died within five years [14].

5] “For screening of asymptomatic or mildly symptomatic patients to rule out left main coronary disease.” At present there exists no accepted clinical sign or criterion of noninvasive diagnostic methods that can rule out left main coronary stenosis. Thus, the “mildly symptomatic patient” should not be included in this statement.
Although we are in general agreement with the stated criteria for indications for coronary arteriography, we are concerned about the strong emphasis about the patient being a possible candidate for surgical vascularization, thus implying that angiography has little if any value short of preoperative evaluation. Coronary arteriography can distinguish between patients with and without significant coronary atherosclerosis who have presenting symptoms or abnormal electrocardiograms that would lead to interventions altering their way of life. The arteriographic study can facilitate appropriate treatment for those with significant involvement and render reassurance for those without demonstrable disease. We also believe that coronary arteriography will permit a better analysis of risk [15], identification of jeopardized myocardium [16], and rational considerations of therapeutic alternatives for patients with coronary atherosclerosis. Although all patients suspected of having coronary atherosclerosis could benefit from such a study, we feel there exists a spectrum of priorities that embraces various clinical syndromes. Since coronary arteriography has provided the basis for the evaluation of evolving myocardial revascularization techniques, it is possible that the study of patients not considered to be candidates for the examination today will open new avenues for improving their management. Thus, coronary arteriography performed in the acute phases of myocardial infarction, if safely performed, may enhance our understanding and the treatment of that condition. Page, in a recent editorial [17] appropriately asked: “Under what circumstances would the lack of angiographic information prove superior to the possession of such information? Which carries the greater risk, coronary arteriography or coronary atherosclerosis?”

Coronary arteriography is not usually indicated for patients in whom the index of suspicion for coronary disease is low, as for instance, the asymptomatic individual with a positive family history or with a few risk factors for coronary atherosclerosis. The same appears to be the case for the patient with a chest-wall pain syndrome that is atypical for myocardial ischemia and that responds to symptomatic treatment. Coronary arteriography may also be contraindicated in patients with coronary artery disease in whom the decision for surgical treatment is preempted by other considerations, including disease states, disability from advanced age, or physiological factors. Last but not least, a coronary arteriogram should not be undertaken in an environment in which inadequately trained personnel or substandard facilities would preclude an optimal diagnostic result at minimal risk.

Coronary arteriography is significantly more expensive than the traditional methods of clinical diagnosis. Coronary arteriography offers precise anatomic definition of the arterial disease process, rendering reassurance for those without disease and a more rational selection of therapeutic modalities for those with it. Cost effectiveness of this procedure cannot be assessed without considering the cost to patients and to society in conjunction with inappropriate treatment of those without the disease or the penalty of inadequate diagnosis and treatment of those that are affected with the condition. Many coronary patients suffering from persistent symptoms require repeat hospitalization or retire early on medical disability; many symptomatic individuals without the disease may be treated in a similar manner for many years and be erroneously hailed as triumphs of medical management. Too little attention is paid to these factors in general rhetorical arguments about the high cost of coronary arteriography. Similar considerations should also be applied to the increasing use of “noninvasive” diagnostic tests. To quote a recent editorial in the New England Journal of Medicine [18]: “We are losing ground in that new tests and procedures are coming into use faster than we can do definite studies of their effectiveness. Part of the explanation is in the large and growing number of new technologies and the many incentives to put them into use quickly.” Ransohoff and Feinstein [19] state that many published articles describing new diagnostic tests perform comparisons between patients with advanced disease and those from normal subjects, which explains in part why many appear useful in the evaluation stage but prove disappointing in practice. Although we encourage the development of less invasive modalities inasmuch as they are likely to enhance our understanding of the pathophysiology of coronary atherosclerosis, we express our concern with regard to the potential for inappropriate and excessive utilization of these less
sensitive, less specific, and often costly series of diagnostic tests. Although the Society for Cardiac Angiography does not have the resources to measure the social costs of inadequate diagnosis or treatment of cardiac disease, it identifies as one of its major goals the collection of data on the performance of cardiac catheterization and cardiac angiography, including the occurrence and possible prevention of complications, and stands ready to offer its assistance to those who share its interest in the appropriate utilization and optimal performance of such procedures.

Harold A. Baltaxe MD
Larry P. Elliott MD
Goffredo G. Gensini MD
David G. Greene MD
Melvin P. Judkins MD
Harvey G. Kemp MD
Harry L. Page MD
Sven J. Paulin MD
Fred W. Schoonmaker MD
William C. Sheldon MD
F. Mason Sones MD
Julio A. Sosa MD

Society Officers and Trustees

REFERENCES
1. American Heart Association: 1979 Heart Facts Reference Sheet
SCAI 1981 - 1982

ANNUAL MEETING - DENVER, 5/13 - 5/15/81

OFFICERS

PRESIDENT Sven Paulin MD
PAST- PRES Goffredo G. Gensini MD
PRES - ELECT William C. Sheldon MD
TREASURER David G. Greene MD
SECRETARY Harry L. Page MD

The Annual Meeting chaired by Dr. Fred Schoonmaker was held at the Brown Palace Hotel with the first annual banquet at the Cherry Creek Country Club. For the first time, membership certificates were awarded By Drs. Sones and Judkins to newly inducted members as part of the banquet festivities.

At the March Board of Trustees meeting, it was decided to seek CME credits at future annual meetings. At the annual meeting, an Emeritus Fellow status was established and a sub-registry for thrombolysis was formulated. At the November Board of Trustees meeting, a format for SCA publications and abstracts was established.
The Annual Meeting chaired by Drs. Richard Myler and Harry Page was held at the Mark Hopkins Hotel with the annual banquet in the Board Room, 52nd floor, Bank of America. Local attractions included Cable Cars, Chinatown, Fisherman’s Wharf and Napa and Sonoma Valleys.

At the April Board of Trustees meeting Dr. G.G. Gensini assumed responsibility for the Registry. The Publications Committee became the Program Committee which is now charged with organizing the annual meeting. At this meeting the first annual one day Cine Seminar was successful and will be expanded to two days. The Registry will be transferred from Seattle to Cleveland and a sub-registry for PTCA was established. A Distinguished Service Award was presented to Dr. Sones. At the November Board of Trustees meeting discussion was begun to explore International Chapters. By now six major guideline papers have been published by the Laboratory Performance Committee. It is agreed that as a small organization the SCA should consider seeking smaller city venues for future annual meetings.
SCAI 1983 - 1984

ANNUAL MEETING - SCOTTSDALE, 5/11 - 5/13/83

OFFICERS

PRESIDENT         David G. Greene MD
PAST- PRES         William C. Sheldon MD
PRES - ELECT       Harold Baltaxe MD
TREASURER          John T. Huston MD
SECRETARY          Harry L. Page MD

BOARD OF TRUST

Frank J. Hildner MD  1983
Mark Wholey MD       1984
J. Ward Kennedy MD   1985
Richard K. Myler MD  1985
Lewis Wexler MD      1986
Spencer B. King MD   1986
F. Mason Sones MD    Life Trustee
Melvin P. Judkins MD Life Trustee

COMMITTEE CHAIRMEN

BUDGET            William C. Sheldon MD
CREDENTIALS       Frank Hildner MD
INTERNATIONAL AFFAIRS Richard Myler MD
LAB PERFORMANCE   Melvin P. Judkins MD
NOMINATING        Sven Paulin MD
PUBLICATIONS / PROGRAM Patrick Scanlon MD
REGISTRY          Goffredo G. Gensini MD
TRAINING STANDARDS Harvey Kemp MD

The Annual Meeting and banquet chaired by Drs. Goffredo Gensini and Patrick Scanlon was held at the Radisson Hotel. Local attractions included the Lost Dutchman Mine, Arcosonti, Roosevelt Dam and horseback riding.

At the March Board of trustees meeting, consideration was given to having scientific exhibits at future annual meetings. At this meeting, four SCA manuscripts were approved for publication and a list of Cardiac Catheterization Laboratories in the United States compiled by Dr. Gensini was approved for publication. At the November Board meeting, four SCA manuscripts were approved for publication. The ABIM has expressed an interest for the SCA to participate in residency reviews related to cardiac catheterization.
SCAI 1984 - 1985

ANNUAL MEETING - ATLANTA, 5/23 - 5/25/84

OFFICERS

PRESIDENT  Harold Baltaxe MD
PAST- PRES  David G. Greene MD
PRES - ELECT Harry L. Page MD
TREASURER  John T. Huston MD
SECRETARY  Patrick Scanlon MD

BOARD OF TRUST

J. Ward Kennedy MD  1985
Richard K. Myler MD  1985
Spencer King MD  1986
Lewis Wexler MD  1986
Walter Weaver MD  1987
Lewis Johnson MD  1987
Melvin P. Judkins MD  Life Trustee
F. Mason Sones MD  Life Trustee

COMMITTEE CHAIRMEN

BUDGET  William C. Sheldon MD
CREDENTIALS  Frank Hildner MD
LAB PERFORMANCE  Melvin P. Judkins MD
NOMINATING  William C. Sheldon MD
PROGRAM  Patrick Scanlon MD
REGISTRY  Goffredo G. Gensini MD
TRAINING STANDARDS  Harvey Kemp MD

The Annual Meeting chaired by Drs. Spencer King and John Vogel was held at the Hilton Hotel with the one day scientific session featuring live PTCA demonstrations in the Woodruff Center at Emory. The annual banquet was held on top the Atlanta Trade Mart where an informal offer to arrange spouse activities at future meetings was suggested by Shelley Page.

At the March Board of Trustees meeting, it was agreed to extend the annual meeting to four days to allow an additional half day scientific session. No commercial support will be accepted for these meetings. At the annual meeting, the Registry was opened to non SCA laboratories. The office of Executive Director was established. At the November Board of Trustees meeting, three SCA manuscripts were accepted for publication and the Publications Committee became the Program Committee. Abstracts will be invited for presentation at the 1986 annual meeting.
The Annual Meeting and banquet chaired by Drs. John Kramer and Harry Page were held at the Opryland Hotel with the one day scientific session at the Saint Thomas Hospital Learning Center. Local attractions included the Parthenon replica, the Grand Ole Opry and the “Country Band” entertainment at the banquet.

At the March 1985 Board of Trustees meeting, it was decided to seek commercial exhibits at future annual meetings and the annual Cine Symposium was named after Dr. Melvin Judkins. At this annual meeting, a Founders Award was established for the best paper submitted by an SCA lab trainee and at the November Board of Trustees meeting, the Interventional Committee was established.

This was a year of great loss to the profession of cardiac catheterization and interventions, with the deaths of Drs. Charles Dotter, and SCA Fellows Andreas Gruentzig, Melvin Judkins and Mason Sones.
The annual meeting chaired by Drs. Will Willis and George Vetrovec was held at the Del Coronado Hotel and the banquet was held aboard a Cruise Boat on San Diego Bay. Local attractions included Sea World and the San Diego Zoo.

At the March Board of Trustees meeting, it was agreed to allow non SCA members to attend the annual meetings. At the annual meeting, the deaths during the past year of Drs. Sones, Judkins, Baltaxe and Gruentzig were recognized. At the November Board of Trustees meeting, it was agreed that the Registry would remain in Syracuse under the direction of Dr. Tom Noto after the recent death of Dr. Gensini. A memorial portrait of Drs. Sones and Judkins will be commissioned as per the recommendation of Dr. Greene.
SCAI 1987 - 1988

ANNUAL MEETING - ORLANDO, 5/12 - 5/15/87

OFFICERS

PRESIDENT  Lewis Wexler MD
PAST- PRES  John T. Huston MD
PRES - ELECT Patrick Scanlon MD
TREASURER  Spencer B. King MD
SECRETARY  Lewis W. Johnson MD
EXECUTIVE DIRECTOR  William Sheldon MD

BOARD OF TRUST

David C. Levin MD  1988
J. Gerald Mudd MD  1988
Airlie A. C. Cameron MD  1989
Julio A. Sosa MD  1989
Augusto Pichard MD  1990
Thomas J. Noto MD  1990
David G. Greene MD  Life Trustee

COMMITTEE CHAIRMEN

BUDGET  William C. Sheldon MD
CREDENTIALS  Frank Hildner MD
INTERVENTIONAL  Spencer B. King MD
LAB PERFORMANCE  John T. Huston MD
NOMINATING  David G. Greene MD
PROGRAM  William Willis MD
REGISTRY  Thomas J. Noto MD
TRAINING STANDARDS  Harvey Kemp MD

The Annual Meeting and banquet chaired by Drs. Frank Hildner and Charles Curry was held at the Contemporary Hotel. Local attractions included Disney World, Epcot, Cape Canaveral and the Kennedy Space Center.

At the March Board of Trustees meeting, it was agreed to take part in a study of five free standing cardiac catheterization laboratories in California. At the annual meeting, a memorial portrait of Drs. Sones and Judkins was unveiled. Originals of the portrait will go to the Cleveland Clinic and Loma Linda University. Management companies will be interviewed for future SCA management. Dr. David Greene was named Trustee for Life. At the November Board of Trustees meeting, it was decided to develop a Squibb - SCA research program award.
SCAI 1988 - 1989

ANNUAL MEETING - VANCOUVER, 5/17 - 5/15/88

OFFICERS

PRESIDENT: Patrick Scanlon MD
PAST-PRES: Lewis Wexler MD
PRES-ELECT: Frank Hildner MD
TREASURER: Spencer B. King MD
SECRETARY: Lewis W. Johnson MD

BOARD OF TRUST

Airlie A. C. Cameron MD 1989
Julio A. Sosa MD 1989
Augusto Pichard MD 1990
Thomas J. Noto MD 1990
David Clark MD 1991
Michael D. Moscovich MD 1991
David G. Greene MD Life Trustee
William C. Sheldon MD Life Trustee

COMMITTEE CHAIRMEN

BUDGET: William C. Sheldon MD
CREDENTIALS: Frank Hildner MD
INTERVENTIONAL: Spencer B. King MD
LAB PERFORMANCE: Airlie A. C. Cameron MD
NOMINATING: John T. Huston MD
PROGRAM: George Vetrovec MD
REGISTRY: Thomas J. Noto MD
TRAINING STANDARDS: Harvey Kemp MD

The annual meeting chaired by Drs. Michael Moscovich and Victor Hukell was held at the Bayshore Hotel and the banquet was held at the Vancouver Aquarium. Local attractions included Canada Place, the Marine Museum, the Anthropology Museum and Stanley Park.

The first SCA leadership planning retreat was held in February of this year. At the March Board of Trustees meeting, Parker and Parker was chosen for SCA management and a Certificate of Proficiency was established. At the annual meeting, an “Affiliate in Training” status was established, the “Founder’s Award” was revised to an invited “Founder’s Lecture” and the name of the Society was changed to the “Society for Cardiac Angiography and Interventions.” William Sheldon MD was named Trustee for Life and the Registry was revised for direct computer input.
## SCAI 1989 - 1990

### ANNUAL MEETING - WILLIAMSBURG, 5/16 - 5/19/89

### OFFICERS

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<tr>
<th>Position</th>
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<tr>
<td>President</td>
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<td>Lewis W. Johnson MD</td>
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<td>Treasurer</td>
<td>Spencer B. King MD</td>
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<td>Secretary</td>
<td>Airlie A. C. Cameron MD</td>
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### BOARD OF TRUST

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<td>David G. Greene MD</td>
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<td>William Sheldon MD</td>
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### COMMITTEE CHAIRMEN

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<tr>
<td>Budget</td>
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<td>Arlie A. C. Cameron MD</td>
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<td>Nominating</td>
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<td>Professional Relations</td>
<td>Patrick J. Scanlon MD</td>
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<td>Program</td>
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<td>Training Standards</td>
<td>Harveu Kemp MD</td>
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The Annual Meeting chaired by Dr. George Vetrovec was held at the Royce Resort Hotel and annual banquet was held at the Beverly Plantation. Local attractions included visits to Yorktown and Jamestown and a walking tour of the city.

At the annual meeting, it was decided that new members must attend an annual meeting to receive their certificate of membership. A hospitality suite will be provided for spouses at the annual meetings. At the November Board of Trustees meeting, it was decided to reopen the Registry to non-SCAI members and to solicit commercial support for the Registry.
Historical Review

A Short History of the Society for Cardiac Angiography: The First Decade

William C. Sheldon MD

One of the enduring characteristics of Dr. F. Mason Sones, Jr., was that he always enjoyed a conversation, and he lost all track of time when he became involved in a stimulating discussion. It was not unusual for one of us to drop into his office to ask a question, and then spend the next hour or two rapping about various issues. Dr. Sones never seemed to mind interruptions. He loved people and he loved to talk.

It was in the fall of 1975 that we began to share concerns about some of the problems associated with the growing use of coronary arteriography. On one hand were problems related to indications, performance, and safety, and on the other was the threat of regulation by those unfamiliar with the science and technology. The growing acceptance of bypass graft surgery had stimulated the application of coronary arteriography and the development of many new laboratories. Cine quality was grossly deficient in some studies of patients referred for bypass graft surgery; arteriography was sometimes performed by individuals with little or no formal training. Anecdotal information together with a few published reports suggested a high rate of complications in some laboratories. The rapid growth of bypass surgery and cardiac catheterization and the proliferation of catheterization laboratories and open heart programs evoked an outcry from health planners at a time when escalating health costs in the United States were of increasing concern. Certificate of need legislation appeared, and peer review organizations began to formulate criteria for the performance of coronary arteriography. Physicians performing these procedures and health care regulators seemed to be on a collision course. Our medical associations, both cardiological and radiological, steadfastly refused to enter the debate and address issues of credentialing, indications, quality assurance and safety.

By the fall of 1976, we began to think in terms of a forum that might address these issues. We called Dr. Melvin P. Judkins to inquire of his interest, and received a positive response. In the angiographic arena, Dr. Judkins and Dr. Sones had been looked upon as rivals because of the alternative methods for coronary arteriography which they pioneered. In the early days there had been heated discussions about cine vs. cut film techniques, complications related to extruded catheters, etc. In reality, Dr. Judkins and Dr. Sones both knew that they shared common ideals with respect to quality and safety. On Tuesday, November 15, 1976, Dr. Judkins, Dr. Sones and I had dinner at the Executive House Hotel in Miami Beach during the meeting of the American Heart Association. Dr. Sones summarized his concerns in a somewhat formal fashion and Dr. Judkins responded. I believe this was the first time that these men had ever sat down for an unhurried direct conversation. I was the listener, speaking up only when there was a lag in the conversation. As the evening went on, we became more relaxed and more candid. Nothing was settled, except to understand that we shared the same concerns, and we agreed to arrange a second meeting, with a larger discussion group. Drs. Sones and Judkins each nominated several colleagues who were knowledgeable and experienced in cardiac catheterization. A group of some 20 cardiologists and radiologists met at Caesar’s Palace in Las Vegas on the evening of March 8, 1977, during the meeting of the American College of Cardiology. Here, the concept of an
organization dealing with cardiac angiography received an enthusiastic response from the group, although there were varied opinions as to what form it should take. We agreed that it should include adult cardiologists and radiologists, and possibly pediatric cardiologists as well. There was discussion about forming a certifying body such as an American Board of Cardiac Angiography. Dr. Sones envisioned the organization as a small group of highly experienced individuals to serve as a study group for consensus development. Dr. Judkins perceived it as providing a service to its members to assist them in achieving optimal performance, quality, and safety in their laboratories. The meeting concluded with a commitment to proceed to develop an organization representing those whose primary professional effort was directed toward cardiac catheterization and angiography. During the spring and summer of 1977, Dr. Judkins reviewed lists of radiologists who performed cardiac catheterization and angiography and Dr. Sones and I did the same for cardiologists. In May, 1977, Dr. Judkins was invited to the Cleveland Clinic as a Visiting Professor. At that time, we began to exchange names of recognized leaders in cardiology and radiology. We were afraid that we might inadvertently omit certain well-known leaders, but we also wanted to avoid the image of a self-serving “old boys” club and were determined to include younger individuals who had a significant backlog of experience. In September, an international symposium marking the first decade of bypass was held at the Cleveland Clinic. At one of the luncheon sessions, Drs. Judkins and Sones introduced the concept of a forum devoted to cardiac catheterization and angiography. Again there was an enthusiastic response from the audience, many of whom expressed an interest to be included. Potential membership lists were further refined. It was agreed that the first membership meeting should be separate from any national cardiology or radiology meetings, and invitations were extended for potential members to meet in Chicago on January 9, 1978. The meeting was held at the Regency Hyatt Hotel near O’Hare Airport and was attended by 42 physicians. Drs. Judkins and Sones co-chaired the meeting. It was a truly remarkable meeting in that a consensus was quickly achieved with regard to the founding objectives, category of membership, committees, initiation fees, interim officers, and executive committee. After discussion it was agreed that the name of the organization should be the “Society for Cardiac Angiography.” Dr. Sones was elected Interim President, and Dr. Judkins President-Elect. I was to be Interim Secretary/Treasurer, and the Executive Committee was to consist of Drs. I. Bunnel, D. Greene, F. Hildner, H. Kemp, J.W. Kennedy, H. Page, L. Elliott and G. Gensini, in addition to Drs. Sones, Judkins and Sheldon. Many will recall that O’Hare Airport was closed by a winter storm that evening, and those of us who did not leave early were forced to remain overnight. It was an evening of great conviviality.

The first annual meeting of the Society was held at the O’Hare Hilton on June 5, 1978. It was only a few weeks earlier that Dr. Judkins had sustained a major cerebral vascular accident, and was temporarily disabled. This was the only meeting that he missed. Dr. David Greene acted as Chairman of the Laboratory Standards Performance Committee until Dr. Judkins was sufficiently recovered to resume duties, which he did in November of that year with the assistance of his wife, Eileen. Subsequently, Mrs. Judkins proved to be a valuable assistant to Dr. Judkins and also to the Society during these important years. By the time of the first meeting, Articles of Incorporation had been filed, proposed regulations were adopted, criteria for membership were approved, committee memberships were outlined, and agendas were established for the various permanent committees. The first permanent officers were Dr. Sones as President, Dr. Judkins as President-Elect, myself as Secretary, and Dr. Greene as Treasurer. Drs. Gensini, Page, Paulin, Schoonmaker, Bunnell, and Mitchell were elected as Trustees. Interim meetings of committees and the Board of Trustees would be held in conjunction with other professional meetings. After this meeting, the Society was off and running.
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 form 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 form 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 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.

REFERENCES:

12. Society for Cardiac Angiography, Laboratory Performance Standards Committee: Guidelines for approval of professional staff for privileges in the cardiac catheterization laboratory. Cathet Cardiovasc Diagn 10[2]: 199-201, 1984
ANNUAL MEETING - COLORADO SPGS, 5/16 - 5/19/90

OFFICERS

PRESIDENT         Lewis W. Johnson MD
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INTERVENTIONAL     Spencer B. King MD
LAB SURVEY         Djvad Arani MD
LAB PERFORMANCE    Airlie A. C. Cameron MD
NOMINATING         Patrick Scanlon MD
PROGRAM            George Vetrovec MD
REGISTRY           Thomas J. Noto MD
SQUIBB FELLOW      Lewis Wexler MD
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.
OFFICERS

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PRES - ELECT          Airlie A. C. Cameron MD
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COMMITTEE CHAIRMEN

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INTERVENTIONAL             Michael J. Cowley MD
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.
The Annual Meeting chaired by Drs. Warren Laskey and George Vetrovec was held at the Omni Hotel and the banquet was held at the Hibernian Club. Local attractions included the Spolletto Festival, Fort Sumpter, a walking tour of the city and visits to plantations.

At the annual meeting, it was decided to provide educational and advisory support to the CV Technologists organization and an ad-hoc committee was appointed to update the bylaws. At the June retreat, an ad-hoc committee was appointed to reproduce previous SCAI publications as a monograph and the Cath-lab list will be updated. The 1993 Founders lecture will honor Dr. David Greene.
SCAI 1993 - 1994

ANNUAL MEETING - SAN ANTONIO, 5/18 - 5/22/93

OFFICERS

PRESIDENT       George Vetrovec MD
PAST-PRES        Airlie A. C. Cameron MD
PRES - ELECT     David A. Clark MD
TREASURER        Ronald Krone MD
SECRETARY        David R. Holmes MD

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John W. Hirshfield MD  1994
Julius H. Grollman MD  1995
Warren K. Laskey MD  1995
David F. Faxon MD  1996
Sarah A. Johnson MD  1996
William C. Sheldon MD  Life Trustee

COMMITTEE CHAIRMEN

BUDGET           William C. Sheldon MD
CREDENTIALS      David A. Clark MD
CERTIFICATION    Frank J. Hildner MD
CV LAB TECH STANDARDS  Morton J. Kern MD
GOVERNMENT RELATIONS  Patrick J. Scanlon MD
INTERVENTIONAL   Michael J. Cowley MD
LAB SURVEY        Dijvad T. Arani MD
LAB PERFORMANCE   Fred A. Heupler MD
NOMINATING       Spencer B. King MD
PEDIATRICS       Carlos E. Ruiz MD
PROGRAM          Warren K. Laskey MD
REGISTRY         Ronald J. Krone MD
SQUIBB FELLOW     Lewis Wexler MD
TRAINING STANDARDS  David R. Holmes MD

The Annual Meeting chaired by Drs. David Faxon and Albert Raizner was held at the Hyatt Regency Hotel and the banquet was held at the Crafts Center. Local attractions included The Alamo, Riverwalk, Tower of Americas and the Texas Culture Center.

At the March Board of Trustees meeting, it was announced that the SCAI would cooperate with the ACC to recommend RVUs regarding PTCA and Atherectomy. At the annual meeting, two practice guidelines were approved for publication in CCD. At the November Board of Trustees meeting, Cordis had agreed to financially support the Registry.
The Annual Meeting chaired by Drs. Morton Kern and Warren Laskey was held at the Westin Hotel with the Annual Banquet at the Chateau St. Michael Winery. Local attractions included plentiful seafood, drives about the Olympic Peninsula, Cape Flattery, the Hoh Rain Forest, the Monorail and the Space Needle.

At the March Board of Trustees meeting, it was announced that SCAI is now a CME accrediting organization and that the Monograph and Cath Lab Directory are completed. At the annual meeting, Pediatrics became a standing committee. At the June retreat, discussions began regarding developing SCAI board review and self assessment courses. At the November Board of Trustees meeting, it was announced that Cordis and Boston Scientific will financially support the Registry.
SCAI 1995 - 1996

ANNUAL MEETING - ORLANDO, 5/16 - 5/20/95

OFFICERS

PRESIDENT  David R. Holmes MD
PAST- PRES  David A. Clark MD MD
PRES - ELECT Warren Laskey MD
TREASURER  Rita M. Watson MD
SECRETARY  Fred A. Heupler MD

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Carl L. Tommaso MD  1997
Morton J. Kern MD  1998
Albert E. Raizner MD  1998
William C. Sheldon MD  Life Trustee

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BUDGET  Airlie A. C. Cameron MD
CREDENTIALS  G. William Cotes MD
CERTIFICATION  John W. Hirshfeld MD
CV LAB TECH STANDARDS  Morton J. Kern MD
GOVERNMENT RELATIONS  Benedict S. Maniscalco MD
INTERVENTIONAL  Michael J. Cowley MD
LAB SURVEY  Djavd T. Arani MD
LAB PERFORMANCE  Fred A. Heupler MD
NOMINATING  George W. Vetrovec MD
PEDIATRICS  Carlos E. Ruiz MD
PROGRAM  Warren K. Laskey MD
REGISTRY  Ronald J. Krone MD
TRAINING STANDARDS  Carl L. Tommaso MD

The Annual Meeting and banquet chaired by Drs. Carl Tommaso and Warren Laskey were held at the Grand Cypress Hotel. Local attractions included Disney World, Epcot, the Kennedy Space Center and golf.

At the March Board of Trustees meeting, an Endowment Fund was established. 1,800 posters regarding management of contrast allergy bearing the SCAI logo will be distributed. At the annual meeting, it was announced that Olson Management will replace Parker and Parker. Two SCAI Fellows will sit on the ACC/AHA Practice Guidelines Committee. At the June retreat, it was elected to present a Cine Seminar the Sunday prior to the AHA meeting on 11/11/95. At the November Board of Trustees meeting, the SCAI Governors met for the first time and SCAI elected to contribute $25,000 to the ACC for lobbying of HCFA reimbursement policies.
SCAI 1996 - 1997

ANNUAL MEETING - COLORADO SPGS, 5/14 - 5/18/96

OFFICERS

PRESIDENT      Warren Laskey MD
PAST- PRES      David R. Holmes MD
PRES - ELECT    David Faxon MD
TREASURER       Rita M. Watson MD
SECRETARY       Fred A. Heupler MD

The Annual Meeting and banquet chaired by Drs. Rita Watson and Jeffrey Popma were held at the Broadmoor Hotel. Local attractions included Pikes Peak, the Olympic Village and golf.

At the March Board of Trustees meeting, the Training Standards was renamed the Education and Training Program Committee. At the annual meeting, it was announced that SCAI had been approved for four years accreditation by ACCME and that a SCAI web site will be developed. At the June retreat, a Governors Steering Committee was appointed. At the November Board of Trustees meeting, SCAI investment objectives were defined.