ASNC PRESIDENT'S MESSAGE

A LETTER TO FELLOWS IN TRAINING

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Dear Fellows,

Nearly 20 years ago, I was a trainee, as you are today. Back then, imaging of myocardial ischemia using semi-quantitative methods and attenuation corrected images was brand new. I couldn't wait to begin my fellowship. I was thrilled by the promise of perfusion imaging diagnosing ischemic heart disease, predicting outcomes, guiding management, and improving mortality. Stress echocardiography was just emerging. Cardiac positron emission tomography and magnetic resonance imaging were predominantly research applications and only available at select institutions. No one could have predicted the sophistication of nuclear cardiology and multimodality imaging today. Nor could they have foreseen how, over the past couple of decades, treatment changes, coupled with improved diagnosis of ischemic heart disease, would lead to a dramatic decline in mortality. These life-changing breakthroughs were

certainly beyond the imagination of this fellow 20 years ago. As was the notion that I would one day lead the American Society of Nuclear Cardiology (ASNC) as President.

With no need for a crystal ball, I know that there are tangible discoveries just ahead of each of you. Advances that none of us can imagine will unfold as your careers progress. As new trainees, you will be joining the first generation of nuclear cardiologists with expertise in multimodality imaging. On behalf of ASNC, I welcome you into nuclear cardiology knowing your enthusiasm is about to invigorate all of our work—as nuclear cardiologists, clinicians, and educators. Though COVID-19 started this year off very differently, we have adapted to the new normal and are actively exploiting advanced teleradiology methods whenever possible. In fact, constraints and limitations have propelled us into innovative forms of virtual instruction that are now reaching hundreds of you.

ASNC is proud to be matching steps with digital progress. Our innovative and virtual educational opportunities (Table 1) are democratizing nuclear cardiology training around the globe. Trainees entering cardiology, radiology or nuclear medicine programs at any institution this year can aspire to graduate with the topnotch nuclear cardiology training. ASNC is also providing case-based “live” education using state-of-the-art nuclear cardiology equipment and applications with the aim of enhancing opportunities for trainees, irrespective of institutional access to the latest generation SPECT and PET scanners and advanced imaging applications. A new fellow virtual introductory curriculum was released this July. As a complement to the institutional introductory lectures, this curriculum aims to become the gold standard for training programs. A virtual fellow's nuclear cardiology course is also being unveiled this fall. To extend educational opportunities, ASNC is developing a tailored educational curriculum for medical students and for advanced cardiovascular imaging trainees through the concept of an ASNC university.

Spoiler alert: Fellows entering the field today are often surprised to discover that perfusion imaging is just the point-of-entry into nuclear cardiology. There is a whole vista of current applications including ultralow

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Table 1. ASNC resources for trainees

Complimentary membership
Complimentary access to the Journal of Nuclear Cardiology
<i>Educational resources</i>
Introduction to nuclear cardiology curriculum
Fellows course
Virtual nuclear cardiology elective cases
Virtual nuclear cardiology curriculum
Virtual molecular imaging seminars
Nuclear Cardiology Board Preparation Course
<i>Practice development activities</i>
Guidelines
Practice Points
NC Today meeting
Annual scientific sessions
Webinars
Advocacy activities
Social media activities
<i>Career development activities</i>
Leadership Development Program
Future Leaders Course
Membership in ASNC committees
Fellows in training committee
<i>Research development activities</i>
Early career research grants

radiation dose protocols, rapid imaging protocols, clinical assessment of coronary microvascular function,

targeted molecular imaging for non-biopsy diagnosis of transthyretin amyloidosis, molecular imaging of infection, inflammation, and vasculitis with theranostics, machine learning, and whole-body PET on the horizon. This means you will be among the pioneers providing personalized management—based on molecular imaging—for all future patients. I don't need to imagine the next 20 years to know that my thanking you, in advance, is in good form!

While you take fledgling steps into your fellowship, I'm offering a few words of encouragement and advice: Learn all you can. Stay open-minded. Take risks. Engage with others who share similar interests. Seize the opportunities before you—which includes making use of the many valuable resources offered by ASNC, a vibrant, global and welcoming community. Finally, surround yourself with people who can help you to develop your skills, knowledge, and vision. I have found many of these people through ASNC, and I know you will too.

Best wishes,
Sharmila Dorbala
President, ASNC

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