What happened to ASNC's founding members? The 2021 survey

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In 2013 on the occasion of ASNC's 20th anniversary, we wrote about our Society's origins and early years.¹ Nuclear cardiologists decided in 1993 that the time had come to start their own specialty organization. The American Society of Nuclear Cardiology (ASNC) was incorporated on January 29, 1993.

The Founders of ASNC were a group of 22 prominent nuclear cardiologists, all respected investigators, leaders, and educators. They developed the new Society's organizational structure, task forces, and committees.

Training, Credentialing and Licensing, and the Community-based Practice Task Force were initially the central focus of ASNC. A national membership drive invited nuclear cardiologists, nuclear physicians, physicists, and technologists in academic centers and community practices to join ASNC. *Founding Members* expressed their strong support of ASNC by paying a double initial membership fee. Within a year after announcing the founding of ASNC, the membership approached 1000 members (including 502 Founding Members). The support by Founding Members has been essential for the rapid growth and success of ASNC.

The focus on high-quality scientific and educational meetings, and publication of the *Journal of Nuclear Cardiology* (JNC) in 1994 were significant incentives to join the new Society. In 2021 the ASNC counted 4500 national and international (11%) members, in 72 countries.

On the brink of the 30th anniversary of the Society in 2023, we believed that it would be relevant to survey the Founding Members of ASNC and to learn how they and their practices evolved over the past 28 years.

In November 2021, we sent out an email survey to 285 Founding Members of ASNC. Of the original list of 502 names, 215 email addresses were not available. One should realize that in 1993 communication was done exclusively by phone, fax, or snail mail: no digital media. Only in the mid-1990s did email become widely available, and most of the early email addresses are no longer in use.

Of the 285 surveys emailed, 38 bounced back as undeliverable. Of the remaining 250 emails sent to Founding Members, 72 (29%) returned replies. Although this response rate seems disappointingly low, survey specialists assured us that the typical *average* survey response rate is 33% and for email surveys, 30%.² No surveys were sent out to the next of kin of three Founding Members who were known to have passed away in the interim.

Of the 72 responders, 68 (95%) were male, 3 (4%) female, and 1 non-binary. The average age was 69, and the median age was 68 years, indicating a homogeneous age group. At the time of the founding of ASNC, 71 Founding Members were practitioners of nuclear cardiology; one Founding Member was employed by a supporting nuclear imaging company and will not be counted in the next analysis of practitioners.

In 1993, of 71 practitioners, 35 (49%) were in academic centers and 36 (51%) in private practice (hospitals or groups). Of those in academic centers, 31 (89%) spent > 50% of their time in nuclear cardiology, whereas of those in private practice, 14 (39%) spent > 50% of their time with nuclear imaging ($P < 0.005$).

In 2021, 49 (69%) of the original 71 Founding Members were still in practice, 27 (55%) in academic centers, and 22 (45%) in private practice. Twenty-two (31%) of the Founding Members were no longer practicing nuclear cardiology; 3 had moved on to other medical disciplines, and 19 Founding Members retired. The rate of retirement was not different for Founding Members in academia and those in private practice [8 of 35 (23%) vs 11 of 33 (33%), $P = 0.34$ NS].

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Cardiac imaging practice evolved during the 28 years.

The survey revealed that in 2021, or at their retirement, 37 (52%) of the 71 original Founding Members practiced nuclear cardiology as the only cardiac imaging modality, 33 SPECT and PET, and 4 SPECT only.

Almost one-half (34, 48%) of the original Founding Members had become multi-modality imagers, i.e., 20 nuclear cardiology and echocardiography; 6 nuclear cardiology and cardiac CT; 4 nuclear cardiology, echocardiography, and cardiac CT; 3 nuclear cardiology, echocardiography, cardiac CT, and cardiac MRI; and 1 nuclear cardiology and cardiac MRI.

Significantly more Founding Members in private practice became involved in multi-modality imaging than those in academic centers [24 of 36 (67%) vs 10 of 35 (28%), $P = 0.001$].

In 2021, 56 (79%) of the Founding Members were ASNC members, 16 were no longer ASNC members, 12 of them had retired. In 2021, 57 (80%) read the JNC, of whom 21 (37%) read online only, 15 did not read the JNC, 10 of them had retired.

The Founding Members of ASNC were crucial for the ultimate success of ASNC. I find it remarkable that they were not merely nuclear cardiologists. They had a

broader vision; they embraced the value of multi-modality cardiac imaging, particularly those in private practice.

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Disclosures

The author has indicated that he has no financial conflict of interest.

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