

ASE Foundation

4th Quarter — 2012

NEWSLETTER

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Mission Statement:

The ASE Foundation provides support for education, research, quality improvement and professionalism for ASE members and the larger community of health care providers, and patients for whom cardiovascular ultrasound is essential.

As a 501 (c) (3) non-profit organization, contributions made to the ASE Foundation are tax deductible to the fullest extent of the law.



2012 Reflection

What a Milestone Year It Was

By Tom Ryan, MD, FASE
Foundation Annual Appeal Chair

As usual, it seems that the end of the year approaches in the blink of an eye, but what an exciting year it was for the ASE Foundation. The 2012 Annual Appeal kicked off with a bang at the Scientific Sessions in Maryland where ASEF held its first-ever donor reception to honor those who generously gave to last year's Appeal. We celebrated another first with the launch of the Local Society & Hospital Competition that encouraged local echo societies and labs to donate to the Appeal for a chance to win prizes. Donors also had more options when it came to how they gave this year. The Text 2 Donate option was launched this summer allowing donors to contribute \$10 by texting the word "echo", and the monthly giving feature made it easy for donors to give a comfortable amount on a monthly basis.

We are extremely excited to announce that the 2012 Annual Appeal was successful in raising more than 98% of its goal through donations, and with the gains from its wise investments, will surpass our goals for this campaign. We are thrilled to have secured the funding to support the organization's 2013 giving targets. Without your generous donations, we would not have been able to reach this goal and we thank you!

I was fortunate again this year to chair the Appeal, and I'd like to thank my fellow Task Force volunteers for their dedicated efforts in securing funding: Gerard Aurigemma, Ben Eidem, Mike Foster, Brian Hoit, Sanjiv Kaul, Peg Knoll, Roberto Lang, Steven Lester, Jonathan Lindner, Marti McCulloch, Maryellen Orsinelli, Miguel Quinones, Vera Rigolin, Partho Sengupta, Jim Thomas, and John Toptine.

Through the support of the ASEF donations, in 2013 ASE will provide at minimum:

- \$135,000 in research grants
- \$32,000 in sonographer student and YIA grants
- \$25,000 in philanthropic mission support
- \$20,000 in travel grants
- \$10,000 in standardization activities

The ASE Foundation committee is now vetting other proposals for the remainder of the 2012 annual appeal funds including educational projects and global outreach.

This is just the beginning. We are confident that in 2013 there will be even more opportunities to increase the ASE Foundation's exposure and work together for the growth of our field. ■

2012 Local Society & Hospital Competition Review

In September, the ASE Foundation launched its first-ever Local Society & Hospital Competition for echo societies and labs across the country. We are thrilled with the response received from the groups who participated! In just three short months, fourteen groups raised \$27,171 for the ASE Foundation's 2013 initiatives. That is an incredible effort and we extend sincere thanks and appreciation to all of the groups, listed below, and their individual contributors.

- Greater Houston Society of Echocardiography
- Ohio State's Richard M. Ross Heart Hospital
- Duke University Health System
- Cleveland Clinic
- Orange County Echo Society
- Mayo Clinic
- Midwest Cardiac Sonographer Society
- Northern Ohio Cardiac Imaging Association
- Greater Baltimore Echo Society
- Ann & Robert H. Lurie Children's Hospital of Chicago

- Austin Area Echo Society
- Technological Echo Association of Milwaukee
- Michigan Society of Echocardiography
- Suncoast Echo Society

The Competition allowed for an interesting dynamic: having fun "one-upping" friends and partners in the field, while collectively supporting the Foundation's worthwhile initiatives. There were a lot of tactics used by these groups to encourage one another to donate, but our favorite might be the bake sales put on by Ohio State's Richard M. Ross Heart Hospital. Task Force volunteer and sonographer in the Ross Echo Labs, Maryellen Orsinelli, organized not one but two bake sales at the hospital! All sales from the sweet treats went to the Foundation, and we're thankful for her creative approach to raising funds.

As we move into 2013, there will be more fun and exciting ways for you to give, so don't hang up that competitive spirit just yet! ■

Please SAVE THE DATE

ASEF 4th Annual Awards Gala *honoring the 2013 ASE Award Winners*

Saturday, June 29, 2013 | Windows on Minnesota
Minneapolis, MN

Benefactor and Premier Tables on sale now.
Individual ticket sales open March 1, 2013.

Please visit www.asefoundation.org to make your purchase.





ASE Foundation Hosts its 2nd Cardiovascular Ultrasound Technology and Research Summit

The ASE Foundation's biannual Cardiovascular Ultrasound Technology and Research Summit took place on Saturday, November 3 and was created to define future applications of cardiac ultrasound and correlating areas of research and technology development needed to meet our field's future clinical needs. Chaired by ASE President Patricia Pellikka, MD, FASE, along with Pamela Douglas, MD, FASE and James

Miller, PhD, the 2012 summit brought together key ASE thought leaders, representatives from the NIH, and industry representatives, who debated topics including the need to standardize image quality and data to drive both clinical application and clinical trial use, the role of the imager in interventional procedures and how imaging is affecting management of these patients, how best to balance innovation within the

reality of workflow restrictions, and how to not only expand grant funding for the cardiovascular ultrasound community but also how to grow the community of scientists interested in echo research.

See more from the day's discussion on this YouTube video: http://www.youtube.com/watch?v=r-NMe_BYOFs&feature=youtu.be

The proceedings from the Summit will be published in an upcoming article in JASE. ■

Focus on India — A Vision Fulfilled

By Partho P. Sengupta, MD, DM, FASE

December's humanitarian and training event, supported with funding from the Foundation, was unique in several regards. Our industry partners, GE Healthcare, along with Core Sound Imaging and StatVideo, agreed to venture with ASE in a proposal to educate Indian physicians and elevate their skills by scanning amidst the tough environments of a rural camp. The initial training session at Medanta—The Medicity in New Delhi included an innovative session (VISION project—Value of Interactive Scanning for Improving Outcomes of New Learners) wherein we tested the ability to stream images from echo devices from GE Healthcare to connect trainees from India with sonographer educators in the U.S. We also had live hands-on scanning sessions for familiarizing the physician trainees with protocol for using focused ultrasound that would be then used in the camp settings. This event opened up new avenues in tele-echocardiography, tele-education, remote consultation and tele-presence.

The second part of the education was achieved in a cataract camp organized at a spiritual institution in North India (Dera Sacha Sauda, Sirsa, Haryana). We had seven sonographer educators who travelled to the cataract camp to oversee and supervise seventeen Indian physicians. We were accompanied by our corporate partners from GE

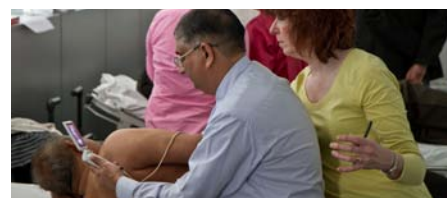
Healthcare, Core Sound Imaging and StatVideo. Throughout the camp we grouped together at periodic intervals to discuss the plans and directions, sharing what we had individually seen.

The most incredible moments were those when we detected severe cardiac abnormalities—and we could not believe that these were patients who had been examined and deemed fit for surgery!

We saw all kinds of abnormalities that were not picked up during the pre-anesthetic examinations, ranging from severe mitral and aortic valve stenosis to severe left ventricular dysfunction, and pulmonary hypertension. Amongst valvular lesions, it was common to see aortic regurgitation—perhaps these were missed because a regurgitation murmur is the most difficult to discern in noisy backgrounds.

At the end of each day, we went through the list of patients who had a disease that would be considered prohibitive risk for a fast paced community cataract surgery. These patients were advised to seek follow-up care and surgery in the local hospital at a later date under monitored settings. Thus, the hypothesis that physicians could be trained quickly to use pocket ultrasound for detecting significant cardiac diseases during a mass screening event for cataract surgery was confirmed.

The official read for the number of scans uploaded is 1,096. Over 60 readers



worldwide interpreted the scanned images. The final reports from expert readers will be useful in confirming the accuracy of physician trainees and help further patient triage.

Overall this global outreach event was a rewarding experience, an amalgamation of new technology assessment, education, and humanitarianism that touched countless individuals—new learner physicians, sonographers onsite and overseas, patients, volunteers, doctors, social reformers and physician readers. Like last year, we returned home enriched, feeling good that so many lives will have a new vision of the world. For a complete account of this event, visit our blog at www.asecho.org/focusonindia, and look for the February issue of JASE for a full list of names of our amazing volunteers.

The ASE Foundation would like to extend special thanks to Diagnostic and Interventional Cardiology as the official media partner of the ASE Foundation in 2012. ■



Daniel Kalmanson, MD (1927-1996)

A Pioneer in Cardiac Flow Doppler

Through a generous donation by the International Cardiac Doppler Society, the ASE Foundation Kalmanson Lectureship has been established in Dr. Kalmanson's name and will be presented by

Dr. Colette Veyrat at the ASE's Annual Scientific Sessions in Minneapolis, MN.

Daniel Kalmanson, MD was a pioneer at the cutting edge of technology during most of his scientific career, as evidenced by the four following breakthroughs. First, in 1968, in contrast to the existing state of the art, he demonstrated that Doppler flow display should optimally be "*directional*", with positive and negative velocities displayed on both sides of the zero line as a "*single channel output*." This presentation was initially debated but finally adopted on all equipment. The prototype he devised was immediately applied to recording blood flow in patients. Second, he devised the *first directional Doppler catheter* in 1969 in order to explore the great vessels and the four cardiac cavities. Third, Dr Kalmanson was the first to combine *simultaneous* 1D (1975) and 2D (1979) cardiac imaging with directional pulsed Doppler to record *flow at the valve annular sites*. Fourth, in 1983, using Fast Fourier Transform analysis, he developed an *automatic*

cardiac output measurement using elliptical regression with automatic calculation of the angle θ for each flow unit.

Beside these technological breakthroughs, Dr. Kalmanson's strengths as a clinician contributed to his ability to describe the clinical techniques for daily evaluating cardiac lesions using flow Doppler. His premier papers include the first reports on normal and pathological peripheral vessel patterns grouped in an atlas (1968); intracardiac flows, mitral and tricuspid flow patterns (1969-1972); congenital septal defect shunt flows (1972-1974); and approaches to cardiac output (1972) later automatized (1983). Color-Doppler implementation in the eighties' confirmed his previous spectral Doppler descriptions of valvular jets assessed by 2- to 4-dimensional echo-Doppler flow mapping (1979-1993). All of his findings paved the way for future exciting developments in the clinical applications of the Doppler technique to cardiovascular medicine.

As second President of the International Cardiac Doppler Society (ICDS) founded by Merrill Spencer in 1983, Dr Kalmanson put forth all his strength to popularize the new technique among the scientific community. After an intense service during the Second World War, he enjoyed a well-deserved happy family life. His wife, Danièle, and daughter, Laurence, always supported his indefectible belief in scientific progresses. ■



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GET GEARED UP!

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**Siemens/ASE 5K
Fun Run for Echo**

*at the 24th Annual Scientific Sessions
in Minneapolis, MN
Monday, July 1, 2013 at 6:00 am*

.....

2012 Appeal Partnerships:



DIGISONICS
Mastering the art of interpretation



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IAC

INTERSOCIETAL ACCREDITATION COMMISSION

The leader in imaging and carotid stenting accreditation, the Intersocietal Accreditation Commission (IAC) continuously strives to offer a streamlined, rewarding, leading and inclusive process that enables applicant facilities to demonstrate their commitment to quality patient care.

The IAC provides facility accreditation programs for Vascular Testing, Echocardiography, Nuclear/PET, MRI, CT/Dental, Carotid Stenting and Vein

Center (coming in 2013). Each of the IAC accrediting divisions is dedicated to ensuring quality patient care and promoting health care within a specific medical specialty, all dedicated to one common mission: *Improving Health Care through Accreditation*.

A nonprofit organization highly regarded for its imaging accreditation programs since 1990, to date the IAC accrediting divisions have granted accreditation to more than 12,000 sites throughout the United States, Canada and Puerto Rico. Varying per modality and practice setting, IAC accreditation is required in some states and regions by the Centers for Medicare and Medicaid Services (CMS) and by numerous private insurers.

IAC accreditation is widely respected

within the medical community, as illustrated by the support of more than 30 national medical societies. Specifically, the American Society of Echocardiography (ASE) is a sponsoring organization to three IAC divisions: IAC Echocardiography, IAC Vascular Testing and IAC CT. Both physicians and sonographers representing the ASE sit on the board of directors of each of these three accrediting divisions, contributing to ongoing revisions to the Standards and rendering accreditation decisions to applicant facilities.

Throughout 2013, the IAC will continue to offer participating facilities an evolved, improved accreditation process with the introduction of additional enhancements and tools to further simplify the process. ■



From IAC, the leader in Echocardiography accreditation: **Accreditation evolved means ever evolving.**

The past year's breakthrough enhancements to IAC accreditation are just the beginning. In 2013, IAC continues its quest to bring you a better accreditation experience. With new tools and resources to educate patients in your facility. Mobile-optimized websites. Quick polls and surveys to our participating facilities, continuing to give you a voice in the process. And the IAC Spotlight, to recognize facilities taking quality patient care to the next level.

Just a few more ways **IAC is accreditation evolved.** Visit us today at intersocietal.org.

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Please visit www.asefoundation.org to sign up.

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