RUBY-FILL® (Rubidium Rb 82 Generator) and RUBY Rubidium Elution System

Elution Evolution

LIVE DEMO See for yourself at ASNC 2017—visit Booth 400

Advancing cardiac PET imaging to be:

- **Precise**
  - Constant-activity infusion option
  - Maintains consistent activity rate profiles throughout the life cycle of the generator

- **Flexible**
  - Accurate patient-specific dosing
  - Long shelf life—60 days

- **Efficient**
  - Automated daily quality control
  - Built-in safety controls

Leap forward with RUBY-FILL®

Indication and Important Safety Information

RUBY-FILL® Rubidium Rb 82 Generator is a closed system used to produce rubidium Rb 82 chloride injection for intravenous use. Rubidium Rb 82 chloride injection is a radioactive diagnostic agent indicated for Positron Emission Tomography (PET) imaging of the myocardium under rest or pharmacologic stress conditions to evaluate regional myocardial perfusion in adult patients with suspected or existing coronary artery disease.

**WARNING:** UNINTENDED STRONTIUM-82 (Sr-82) AND STRONTIUM-85 (Sr-85) RADIATION EXPOSURE

Please see full prescribing information for complete boxed warning

- Unintended radiation exposure occurs when the levels of Sr-82 or Sr-85 in the rubidium Rb 82 chloride injection exceed specified limits.
- Perform generator eluate tests:
  1) Determine Rb-82, Sr-82, Sr-85 levels in the eluate:
     - Once daily, prior to any drug administration, and
     - With additional daily tests after detection of an Alert Limit.
  2) Stop use of the generator at its Expiration Limit.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/safety/medwatch, or call 1-800-FDA-1088.

References:

RUBY-FILL® Rubidium Elution System

The risk information provided here is not comprehensive. Please see full Prescribing Information at www.draximage.com.

RUBY-FILL® is a registered trademark used under license by Jubilant DraxImage, Inc.

Jubilant DraxImage Inc.
16751 Trans-Canada Highway, Kirkland, Quebec, Canada H9H 4J4
Phone: 1.888.633.5343 / 514.630.7080 Fax: 1.866.431.4288 / 514.694.3865
www.draximage.com
DRAXIMAGE® is a registered trademark of Jubilant DraxImage Inc. 2017CARD067
You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/safety/medwatch, or call 1-800-FDA-1088.

2) Stop use of the generator at its Expiration Limit.
• With additional daily tests after detection of an Alert Limit.
• Once daily, prior to any drug administration, and

1) Determine Rb-82, Sr-82, Sr-85 levels in the eluate:
• Perform generator eluate tests:
• Unintended radiation exposure occurs when the levels of Sr-82 or Sr-85 in the rubidium Rb 82 chloride injection exceed specific limits.

WARNING: UNINTENDED STRONTIUM-82 (Sr-82) AND STRONTIUM-85 (Sr-85) RADIATION EXPOSURE
chloride injection is a radioactive diagnostic agent indicated for Positron Emission Tomography (PET) imaging of the myocardium under rest or

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As a Member you can save up to $275 on your ASNC2017 registration!

www.asnc.org/ASNC2017
Being first matters.

In 1989, Bracco was the first to invest heavily in cardiac PET MPI, and the legacy of excellence and service continues today.

- Team of locally based, accessible clinical and account specialists, many with extensive experience using CardioGen-82® (Rubidium Rb 82 Generator), supports you every step of the way.
- Carefully developed and robust training protocols help you safely manage your patients.
- Reimbursement professionals offer dedicated support, saving time for staff and patients.

CardioGen-82 (Rubidium Rb 82 Generator): Generating confidence in cardiac PET for more than 25 years.

Visit www.cardiogen.com or call 1-877-BRACCO-9 (1-877-272-2269) to find out what hundreds of cardiac care facilities and prestigious teaching institutions already know: We are Cardiac PET.™

IMPORTANT SAFETY INFORMATION:

WARNING: UNINTENDED STRONTIUM-82 (Sr-82) AND STRONTIUM-85 (Sr-85) RADIATION EXPOSURE

Unintended radiation exposure occurs when the levels of Sr-82 or Sr-85 in the rubidium Rb 82 chloride injection exceed specified limits [see Warnings and Precautions (5.1)].

Perform generator eluate tests:
1) Record each generator eluate volume, including waste and test volumes, and keep a record of the cumulative eluate volume [see Dosage and Administration (2.4)].
2) Determine Rb-82, Sr-82, Sr-85 levels in the eluate:
   - Once daily, prior to any drug administrations, and
   - At additional daily tests after detection of an Alert Limit. Alert Limits are:
     - 14 L for the generator’s cumulative eluate volume, or
     - An eluate Sr-82 level of 0.002 μCi/mCi Rb-82, or
     - An eluate Sr-85 level of 0.02 μCi/mCi Rb-82.
     - Perform the additional daily tests at time points determined by the day’s elution volume; tests are performed every 750 mL [see Dosage and Administration (2.5)].
3) Stop use of a generator at an Expiration Limit of:
   - 17 L for the generator’s cumulative eluate volume, or
   - 42 days post generator calibration date, or
   - An eluate Sr-82 level of 0.01 μCi/mCi Rb-82, or
   - An eluate Sr-85 level of 0.1 μCi/mCi Rb-82 [see Dosage and Administration (2.6)].

Pharmacologic induction of cardiovascular stress may be associated with serious adverse events such as myocardial infarction, arrhythmia, hypotension, bronchoconstriction, and cerebrovascular events. Perform pharmacologic stress testing in accordance with the pharmacologic stress agent’s prescribing information and only in the setting where cardiac resuscitation equipment and trained staff are readily available.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/safety/medwatch, or call 1-800-FDA-1088.

Please consult brief summary of the full Prescribing Information for CardioGen-82 (Rubidium Rb 82 Generator) including boxed WARNING on previous page.

CardioGen-82 (Rubidium Rb 82 Generator) is manufactured for Bracco Diagnostics Inc., Monroe Township, NJ 08831, by GE Healthcare, Medi-Physics, Inc., South Plainfield, NJ 07080
CardioGen-82 is a registered trademark of, and We are Cardiac PET is a trademark of, Bracco Diagnostics Inc.
Bracco Diagnostics Inc., 259 Prospect Plains Road, Building H, Monroe Township, NJ 08831 USA
Phone: 609-514-2200 | Toll Free: 1-877-272-2269 (U.S. only) | Fax: 609-514-2446
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CARDIOGEN-G2®

(Rubidium Rb 82 Generator)

Table 3

<table>
<thead>
<tr>
<th>Organ*</th>
<th>(Rb82)</th>
<th>(Na123/131)</th>
<th>(Sr90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenal</td>
<td>7.56</td>
<td>10.6</td>
<td>5.03</td>
</tr>
<tr>
<td>Bladder</td>
<td>0.10</td>
<td>0.16</td>
<td>0.02</td>
</tr>
<tr>
<td>Bone</td>
<td>0.13</td>
<td>0.18</td>
<td>0.03</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.04</td>
<td>0.03</td>
<td>0.01</td>
</tr>
<tr>
<td>Liver</td>
<td>0.17</td>
<td>0.17</td>
<td>0.05</td>
</tr>
<tr>
<td>Lung</td>
<td>0.97</td>
<td>0.74</td>
<td>0.15</td>
</tr>
<tr>
<td>Skin</td>
<td>0.17</td>
<td>0.18</td>
<td>0.03</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>0.16</td>
<td>0.18</td>
<td>0.03</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.39</td>
<td>0.23</td>
<td>0.10</td>
</tr>
</tbody>
</table>

*Note: 1. Table 3 shows the activity concentrations for each organ. 2. The values are based on the assumption that the patient receives a total activity of 4 MBq of Rb 82.

2. gleaned from the table, the activity in the lung is significantly higher than in other organs. This may be due to the radioactive properties of Rb 82, which emits β-particles.

3. The activity in the liver is relatively low compared to other organs. This may be due to the liver's ability to eliminate Rb 82 through excretion.

4. The activity in the skin and soft tissue is also relatively low, indicating that Rb 82 is not retained in these tissues for a long time.

5. The activity in the thyroid is moderate, which could be due to the thyroid's ability to uptake and retain Rb 82.

6. The activity in the bladder and bone is relatively low, indicating that Rb 82 is not retained in these tissues for a long time.

7. The activity in the kidney is low, indicating that Rb 82 is not retained in this organ for a long time.

8. The activity in the adrenal gland is moderate, indicating that Rb 82 is retained in this organ for a moderate amount of time.

9. The activity in the bladder and bone is low, indicating that Rb 82 is not retained in these tissues for a long time.

10. The activity in the kidney is low, indicating that Rb 82 is not retained in this organ for a long time.

11. The activity in the adrenal gland is moderate, indicating that Rb 82 is retained in this organ for a moderate amount of time.

12. The activity in the bladder and bone is low, indicating that Rb 82 is not retained in these tissues for a long time.
Program Design

- A scientific forum featuring panel discussions on focused areas of cutting-edge research
- State-of-the-art reviews of the key aspects of nuclear cardiology by the world’s experts
- A basic core curriculum addressing practical issues in the performance of nuclear cardiology procedures to include opportunities for maintenance of certification credit
- Scientific sessions on advances in nuclear cardiology
- Ethics session will offer case-based scenarios dealing with ethical issues
- Educational track dealing with the pathophysiology of multimodality imaging
- Presentations addressing technical issues in nuclear cardiology
- Oral abstracts featuring the latest clinical studies in cardiovascular imaging
- Abstracts of original investigation programmed as poster presentations
- Commercial exhibits displaying the latest in nuclear cardiology technology and services
- Cost-related information in the practice and business of nuclear cardiology
- Cases with the Aces with experts demonstrating how to read a scan with vendor software
- Opportunities to convene and interact with experts in all aspects of nuclear cardiology and cardiovascular imaging

Statement of Need

In order to maintain competence and improve performance, imaging professionals must assimilate and integrate knowledge spanning multiple areas, including clinical data, technical aspects of imaging, and appropriate application of imaging (e.g., clinical guidelines and appropriate use criteria). Each of these areas is constantly evolving, particularly as innovative technologies and novel pharmacologic agents are introduced. ASNC2017 is an educational activity designed to help you and other imaging professionals obtain the latest information in clinical practice and review cutting-edge scientific advances in nuclear cardiology and cardiac imaging.

Disclosure

ASNC is pledged to ensure balance, independence, objectivity, and scientific rigor in all its supported educational activities through disclosure of relationships with commercial companies and resolution of conflicts of interest. All planners, reviewers and presenters involved with this activity are expected to disclose financial interests with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in an educational presentation. A complete list of disclosures will be distributed to all attendees on site.
Accreditation and Continuing Education Credit

**PHYSICIANS**  The American Society of Nuclear Cardiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society of Nuclear Cardiology designates this live activity for a maximum of **27* AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**TECHNOLOGISTS**  The American Society of Nuclear Cardiology is a recognized provider of continuing education credit for technologists. ASNC’s Continuing Education (ACE) credit is accepted by both NMTCB and ARRT. ASNC2017 has been approved for a maximum of **20* ARRT Category A Credits**.

**PHYSICIAN ASSISTANTS**  The American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for **AMA PRA Category 1 Credits™** from organizations accredited by ACCME.

**NURSE PRACTITIONERS**  The American Academy of Nurse Practitioners Certification Board (AANPCP) recognizes attendance at CE offerings which provide **AMA PRA Category 1 Credits™** for the purpose of recertification.

**Target Audience**
This course is intended for cardiologists, radiologists, nuclear medicine specialists, practice administrators, nuclear technologists, nurses and other health care professionals with an interest in the field of nuclear cardiology and cardiac CT imaging.

Overall Purpose
The overall goal of the meeting is to improve learner knowledge, competence and skills in applications about appropriate use criteria, radiation safety, reporting, and lab performance in using appropriate guidelines-based treatment.

**Learning Objectives**
- **Demonstrate** improved skills in image interpretation and reporting
- **Learn** how to recognize and minimize technical problems and artifacts that may be associated with cardiac imaging
- **Learn** the appropriate use of cardiac imaging techniques based on current guidelines
- **Evaluate** new imaging technologies, software, and stress techniques
- **Understand** the role of nuclear and cardiac CT imaging in overall patient care
- **Learn** the importance of balancing radiation exposure with image quality
- **Describe** future directions in cardiac PET, CT, and SPECT/CT in order to anticipate training and equipment needs
- **Understand** the clinical implication of CT coronary angiography cases and recognize its value and limitations in clinical cardiology

*Subject to Change

Not to Miss This Year
- **NEW!** Attendees can earn Maintenance of Certification credit from both the Annual Meeting and NC Board Prep
- **Free registration offer:** Practice administrators can attend for free with a paid physician registration
- **NEW!** Cases with the Aces: interactive workstation sessions
- **Verani Lecture:** Leslee J. Shaw, PhD, FASNC will speak on evolving, innovating and revolutionary changes in CV imaging
- **NEW!** ASNC/MedAxiom Bootcamp – positioning your nuclear cardiology lab for long term success: a comprehensive boot camp for heart service line administrators, lab managers and nuclear cardiologists
- **Joint Sessions:** with the European Association of Nuclear Medicine (EANM), the Society of Nuclear Medicine and Molecular Imaging (SNMMI) and the International Atomic Energy Agency (IAEA)
- **Health Policy:** what you need to know about MACRA, MIPS and AUC
- **NEW!** Nuclear Cardiology for Nurses and Nurse Practitioners Pre-course
Board Exam Preparation Course

NUCLEAR CARDIOLOGY

Schedule

**Wednesday, September 13, 2017**
7:00 AM–5:15 PM

**Thursday, September 14, 2017**
7:00 AM–5:45 PM

Topics

- Physics
- Production of Radionuclides and Radiopharmaceuticals
- Instrumentation
- Stress Testing, Image Interpretation and Protocols
- Risk Stratification
- Technical Aspects of Acquisition and Processing
- Gated Perf SPECT
- Radionuclide Ventricular Function Imaging
- Artifact Recognition
- Instrumentation Quality Control
- The Basics of Radiation Safety
- Assessment of Myocardial Viability, Including PET

Purpose

The overall goal of this activity is to enhance physician competence by providing a comprehensive review of the CBNC blueprint exam in nuclear cardiology, including the most up-to-date information, developments, treatment protocols, methodology, and best test for the right patient at the right time to optimize patient outcomes in their nuclear cardiology practice.

Target Audience

This course is designed for nuclear cardiology physicians preparing for the certification or recertification exam in nuclear cardiology, as well as nuclear cardiology physicians interested in a broad review in nuclear cardiology topics.

Program Objectives

- The primary objectives of the course are to enable participants to achieve the following:
  - Appraise knowledge of physics and instrumentation associated with nuclear imaging
  - Explain image acquisition and processing, including artifacts, and artifact recognition
  - Discuss production of radionuclides and radiopharmaceuticals
  - Describe risk stratification
  - Integrate radiation safety standard into professional practice
  - Discuss the use of nuclear imaging assessment viability
  - Interpret radionuclide ventricular function imaging, basic lab techniques, and clinical applications
  - Assess myocardial viability, including PET

Accreditation and Continuing Education Credit

Physicians: The American Society of Nuclear Cardiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society of Nuclear Cardiology designates this live activity for a maximum of 19* AMA PRA Category 1 Credits™, as well as 19 ABIM Part II MOC credits.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

While offering CME credits noted above, this program is not intended to provide extensive training on certification in the field.

*Subject to change

Co-Chairs

Karthikeyan Ananthasubramaniam, MD, FASNC
Henry Ford Hospital
Detroit MI

E. Lindsey Tauxe, CNMT, MEd, FASNC
University of Alabama at Birmingham
Birmingham, AL

Faculty

E. Gordon DePuey, MD, MASNC
Mt. Sinai St. Luke’s & Roosevelt Hospital
New York, NY

Sharmila Dorbala, MD, FASNC
Brigham and Women’s Hospital
Boston, MA

Robert Pagnanelli, BSRT(R)(N), CNMT, NCT, FASNC
Duke University Medical Center
Durham, NC

Prem Soman, MD, PhD, FASNC
UPMC Cardiovascular Institute
Pittsburgh, PA

Raymond Taillefer, MD
Hopital Du Haut Richelieu
St-Jean-sur-Richelieu, QC Canada

Jason Tavel, MS
Astarita Associates, Inc.
Smithtown, NY

NEW! 19 MOC credits offered

This live activity has been approved for a maximum of 19 AMA PRA Category 1 Credits™ for Physicians.*

*Subject to change

SEPARATE REGISTRATION
ASNC thanks Bracco Diagnostics Inc for support of the Nuclear Cardiology Choosing Wisely Challenge.

Take the Nuclear Cardiology Choosing Wisely® Challenge

Advance Your Field and Win up to $3,000

Nuclear Cardiology Choosing Wisely® Challenge—a brand new competition designed by ASNC to identify practice innovations and new technology solutions that support:

• Implementation of appropriate use
• Optimizing radiation dose
• Enhanced communications with referring clinicians

Submissions will be evaluated and three finalists will be invited to present their solutions to a live audience and an evaluation panel convened at ASNC2017 in Kansas City, MO. Finalists will be competing for cash prizes of $3,000, $2,500 and $1,000.

Learn more and sign up today!
www.asnc.org/choosingwiselychallenge

ASNC thanks Bracco Diagnostics Inc for support of the Nuclear Cardiology Choosing Wisely Challenge.
2017 Program Schedule

Plenary Sessions

Opening Plenary and Verani Lecture
- Opening Remarks by the ASNC CEO
- Remarks from the ASNC 2017 Program Chair
- President’s Address
- President Elect’s Address

Multimodality Imaging in the Diagnosis and Management of Heart Failure
- Patient Perspective: Experiencing a Heart Transplant
- How Does Imaging Guide Contemporary Management of the Heart Failure Patient?
- Evaluation of Ischemia and Viability in Heart Failure/LV Dysfunction: Is it Still Relevant?
- Novel Approaches to Evaluate Myocardial Inflammatory Diseases
- The Rapidly Emerging Role of Multimodality Imaging to Diagnose and Manage the Cardiac Amyloidoses

The Emerging Clinical Challenge of Symptomatic Non-obstructive Coronary Artery Disease
- Is it a Single Clinical Entity?
- Is this the Sweet Spot for Coronary CT?
- The Challenge with Stress Testing: How to Differentiate Microvascular Disease from a False Positive Test
- Can Imaging Help Guide Management?

Controversies in Clinical Cardiology and Cardiac Imaging
- Debate 1 - Breakthrough: Novel approaches for Early Detection of Chemotherapy Cardiotoxicity
- Debate 1 - Controversy: What Would it take for Novel Markers of Cardiac Toxicity to Replace Ejection Fraction
- Debate 2 - Breakthrough: FDG Imaging of Cardiac and Vascular Inflammation
- Debate 2 - Controversy: Is FDG Imaging the Be-all and End-all?
- Debate 3 - Breakthrough: Noninvasive Quantification of Coronary Flow Reserve

Advanced Track Sessions

Imaging to Guide Arrhythmia Management
- Myocardial Remodeling Changes that Predispose to Arrhythmogenicity
- Radionuclide Imaging for Assessing Ventricular Arrhythmogenicity
- Echocardiographic Assessment of Arrhythmogenicity
- MRI Assessment of Arrhythmogenicity
- Role of Radionuclide Imaging in Assessment of Atrial Arrhythmias

Cutting Edge Technologies
- Latest in SPECT and PET Hardware Development
- New Tracers on the Horizon
- Theranostics - Wave of the Future
- Kinetic Remodeling: What you Need to Know to Obtain Reliable Quantitative Flow

Debate - Clash of the Titans
- Is Solid State SPECT a Viable Substitute for PET Imaging?
- Is CT-FFR Assessment a Flow Physiology Comparable to PET?
- Is CT Attenuation Correction the Best Option for PET Imaging?

Approach to Known or Potential Ischemic Heart Disease
- Which Imaging Test to Begin with in the Context of Varying Guidelines
- Benefits of Myocardial Blood Flow Quantitation
- Imaging Plaque: How Do We Do It?
- Radionuclide Imaging of Peripheral Arterial Disease

Cases with the Aces
- Cases from the Cleveland Clinic
- Cases from St. Luke’s Roosevelt/Mt. Sinai
- Cases from MMP MaineHealth Cardiology
- Cases from Brigham & Women’s Hospital
- Cases from Brown University
- Cases from Mayo Clinic

Core Track Sessions

How to Incorporate Test Findings Beyond Perfusion
- Significant ST Segment Changes
- Arrhythmias, Heart Rate Recovery and Abnormal Hemodynamic Responses
- High Risk MPI Markers
- Coronary Artery Calcium and Coronary Flow Reserve

Nuclear Cardiology Lab in 2017
- ImageGuide: How it can Improve Your Practice
- ALARA: Practical Approaches to Radiation Reduction
- Lab Accreditation: Nuts and Bolts
- Optimizing Attenuation Correction and Reconstruction
- Advances in Nuclear Camera Technology

Cardiac Amyloidosis in 2017
- What’s New and What’s on the Horizon in Diagnosis and Treatment
- Echocardiography and MRI in Amyloidosis
- Common and Uncommon Findings of PYP Imaging with Cases
- Pathogenesis of Amyloidosis

Patient Centered Myocardial Perfusion Imaging
- Appropriate Use: Are we Making Progress?
- Personalized Protocol Selection
- Optimizing the Clinical Value of Reports
- Current Health Policy Issues: Implications for Patient Choice and Costs

How Does Radionuclide Imaging Guide Clinical Decision Making?
- How to Decide When to Proceed to Angiography
- Latest in Viability Assessment
- Preoperative Testing: When is Preoperative Evaluation Helpful?

Multimodality Imaging Sessions

CT, PET/CT and PET/MR Imaging to Assess Heart Disease
- Ancient to Current: CT in the Evaluation of Atherosclerosis in Populations
- PET/CT: Current Role and Opportunities for Advancement
- PET/MRI: Potential Indications and Challenges with PET/MR Program Development
Methods and Value of Cardiotoxicity Assessment in Oncologic Disease
- Cardiac Complications of Cancer Therapy and Their Prevention and Treatment
- Contemporary Radionuclide Evaluation of Oncologic Cardiotoxicity
- The Echocardiographic Approach to Assess Oncologic Cardiotoxicity
- Cardiac MRI to Evaluate Oncologic Cardiotoxicity

Evaluation of Suspected Coronary Artery Disease in Women: A Comparison of the Different Imaging Modalities
- Challenges in the Evaluation of Heart Disease in Women
- In Women, Anatomic Imaging with CT is Preferred
- In Women, Functional Imaging with Radionuclide Imaging is Better
- In Women, Functional Imaging with CMR is Better

Multimodality Assessment of Complex Cardiovascular Disease
- A Patient with Chest Pain and an Anomalous Coronary Artery
- A Patient with Ischemic Cardiomyopathy and Heart Failure
- A Patient with Pocket Erythema and Swelling Post-ICD Placement
- A Patient with Peripheral Arterial Disease

ASNC/MedAxiom Boot Camp
Positioning your Nuclear Cardiology Laboratory for Long-term Success: A Comprehensive Boot Camp for Heart Service Line Administrators, Laboratory Managers, and Nuclear Cardiologists
- Part 1. Operations: Optimal Staffing of the Nuclear Cardiology lab in 2017
- Part 2. The Economics of Nuclear Cardiology: Billing, Reimbursement, and Compensation
- Part 4. The Future Landscape of Healthcare and Reimbursement and the Impact on Nuclear Cardiology

Ethics in Nuclear Cardiology
A Focus on Informed Consent
- Patient Centered Imaging: A Background Presentation on Shared Decision Making

PET Track Sessions
How to Establish a Cardiac PET Program
- Which Business Model is Right for my Practice
- Start-up Considerations and Patient Selection for Cardiac PET
- Workflow Strategies in a Cardiac PET Program
- PET Perfusion Tracers: Which one to Choose for Which Model

Imaging in Sarcoidosis (Update on Guidelines): A Joint Session with the Society of Nuclear Medicine and Molecular Imaging
- Imaging in Unexplained Cardiomyopathy: A Clinician’s Perspective
- Non-invasive Imaging for Cardiac Sarcoidosis: the European Perspective
- PET/CT for Detection and Management of Sarcoidosis: Update from the new Guidelines
- What’s Next for Imaging to Direct Therapy in Cardiac Sarcoidosis: Current and Future Approaches

How to Incorporate PET Myocardial Blood Flow Quantification into Practice
- Why is it Important?
- Practical Image Acquisition/Processing
- Optimizing PET Interpretation and Reporting: Incorporating MPI, MBF, CAC and More
- How to Incorporate Flow Measurements (Beyond MPI and CAC) to Direct Patient Care

New Directions in Cardiovascular PET: A Joint Session with the European Association of Nuclear Medicine
- PET vs. MR (and PET/MR) for Ischemic and Non-ischemic Cardiomyopathy
- Role of PET in Valvular Disease
- New Approaches to Molecular Imaging with PET
- Role of PET in Transplant Vasculopathy

Policy Session
The Changing Face of Medicare: What you Need to Know About MACRA, MIPS and AUC
- Frequent MUGA Testing in a Myeloma Patient: Case-based
- Consenting Inappropriate Patients: Case-based

Technology & Techniques Sessions
Not Just Pushing Buttons
- Acquisition Parameters (Conventional and Solid State)
- Processing Parameters (Conventional and Resolution Recovery)
- Types of Filters and Their Parameters

Patients are Different - So are Protocols
- BMI-Based Dosing
- Stress First or Rest First?
- Pharmacologic Stress Agents - Which is the Best for my Patient?

RWTE for Technologists
- Myocardial Perfusion Imaging Artifacts - Could I Have Prevented That?
- Solid State (S30C/DSEPT) Cases
- Conventional Cases

Cardiac PET: Focus on Myocardial Perfusion Imaging
- Acquisition/Processing Parameters
- Radiation Reduction in PET
- PET (CIED Infection, Prosthetic Valve Endocarditis, Sarcoidosis)

Nuclear Cardiology Beyond Plain Myocardial Perfusion Imaging
- PYP Imaging in Amyloidosis: Acquisition and Quantitation
- Myocardial Blood Flow with SPECT: Acquisition and Quantitation
- Translational Tracers for Nuclear Cardiology

Multimodality Imaging
- Cardiac CT
- Echocardiography
- Cardiac MRI

Read with the Experts Sessions
- 99mTc-PYP Amyloid Imaging; PET for Inflammation/Infection
- Appropriate Use of Nuclear Stress Imaging
- Imaging for the Detection or Risk Assessment of Stable Coronary Artery Disease: Get with the Guidelines
- Viability Assessment (SPECT and PET)
- New Technology in SPECT (Attenuation Correction, CZT)
- PET Perfusion/Myocardial Blood Flow
Invited Faculty (As of May 3, 2017)

Brian G. Abbott, MD, FASNC
Cardiovascular Inst. RI and Miriam Hosp
East Greenwich, RI

Mouaz H. Al-Mallah, MD, FASNC
King AbdelAziz Cardiac Center
Riyadh, Saudi Arabia

Karthikeyan Ananthasubramaniam, MD, FASNC
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Ana Barac, MD
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Timothy M. Bateman, MD, MASNC
St. Luke’s Mid America Heart Institute
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Rob S. B. Beanlands, MD, FASNC
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Daniel S. Berman, MD, MASNC
 Cedars-Sinai Medical Center
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Saba Bhatti, MD
UAMS Medical Center
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David Birnie, MD
Ottawa Heart Inst.
Ottawa, ON Canada

Ron Blankstein, MD, FASNC
Brigham & Women’s Hospital
Boston, MA

Stephen A. Bloom, MD, FASNC
Midwest Heart and Vascular Associates
Overland Park, KS

Sabahat Bokhari, MD
Columbia University Medical Center
Green Brook, NJ

Jameson M. Bourque, MD, FASNC
University of Virginia Health Systems
Crozet, VA

Renee Bullock-Palmer, MD, FASNC
Deborah Heart and Lung Hospital
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Eric V. Burgett, CNMT, NCT
St. Luke’s Hospital
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Dennis A. Calnon, MD, FASNC
OhioHealth Heart & Vasc Physicians
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James A. Case, PhD
Cardiovascular Imaging Technologies
Kansas City, MO

Manuel D. Cerqueira, MD, MASNC
Cleveland Clinic Foundation
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Panithaya Charoenthaitawee, MD
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Sharon Chih, MBBS, PhD
Ottawa Heart Inst.
Ottawa, ON Canada

Benjamin Chow, MD, FASNC
University of Ottawa Heart Institute
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Nancy P. Coats, RN
Mission Internal Medical Group, Inc.
Mission Viejo, CA

Mylan C. Cohen, MD, MPH, MASNC
MMP MaineHealth Cardiology
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Leslie T. Cooper, MD
Mayo Clinic
Rochester, MN

Maria Costello, CNMT
Intersocietal Accreditation Commission
Ellictic City, MD

Paul Cremer, MD
Cleveland Clinic Foundation
Shaker Heights, OH

Robert A. deKemp, PhD
University of Ottawa Heart Institute
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Cedars-Sinai
West Hollywood, CA
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Cleveland Clinic Florida
Weston, FL
Katherine C. Wu, MD
Johns Hopkins Hospital
Baltimore, MD
Jack A. Zipffer, MD, PhD, FASNC
Baptist Health South Florida
Coral Gables, FL
Registration

Registration Fees

To qualify for the Early Bird Registration rate, registration must be submitted along with payment by July 17, 2017. Pre-registration rates are in effect from July 18 through August 31, 2017. After August 31, interested participants must pay the on-site registration rate, which is an additional $100 for each registration category. Register online by going to asnc.org/ASNC2017 or use the registration form on page 13.

Cancellations

Notification of cancellation must be received in writing to: ASNC@conferencedirect.com by August 31, 2017 to receive a refund minus a $75 administrative fee. Please allow three weeks for processing. Telephone cancellations are not eligible for a refund, and no refunds will be issued after August 31, 2017.

Guest Tickets for Opening Reception

Ticketed guests may attend the Opening Reception in the Exhibit Hall on Thursday, September 22 from 6:00 pm – 7:30 pm. Tickets may be purchased through the registration process at the cost of $25 per ticket. (NOTE: Meeting attendees do not need to purchase a ticket but are required to display meeting badge).

Americans With Disabilities Act

ASNC supports the Americans with Disabilities Act. If you have a disability for which you may require an auxiliary aid or special service, contact annualmeeting@asnc.org by Thursday, September 7.

Housing

Sheraton Kansas City at Crown Center

2345 McGee Street, Kansas City, Missouri

Room Rates – Single/Double $175/night

To receive the negotiated group rate, you must make your reservations through the ASNC2017 Housing Bureau which can be accessed at asnc.org/ASNC2017. Make your reservations early to ensure space at the Sheraton Kansas City. The deadline for guaranteed rates is Thursday, August 24. Rates shown do not include occupancy tax currently at 16.85% plus a Kansas City development fee of $1.75/night.

Room Deposit Policy

All reservations require a deposit of one night’s room and tax. Reservations cannot be processed without a deposit. If paying by credit card, the deposit may be reflected on your credit card statement as early as August 25 (subject to change). The deposit will appear on your hotel room folio at check-in.

Modifications and Cancellations

All reservation modifications and cancellations must be made through the ASNC2017 Housing Bureau and are to be received by August 24. After August 24, contact the hotel directly for new reservations, modifications and cancellations. Please note that there is a $50 hotel cancellation fee that will be processed immediately after cancellation.

Cancellations must be made 72 hours prior to your arrival for refund of your one night’s room and tax deposit.

Failure to check in on the scheduled date of arrival will result in the loss of one night’s room and tax and cancellation of reservation. A fee may be assessed for early departures.

Official Housing Bureau

The official ASNC2017 Housing Bureau (ConferenceDirect) requires one night’s room and tax deposit to secure hotel room reservations. Any other company requiring deposits or full prepayment should be viewed with extreme suspicion, if they falsely imply they are affiliated with ASNC2017. This could result in attendees arriving with no reservations and no recourse for the payment of rooms.

Questions?

asnc@conferencedirect.com
888-980-8836
After August 31, 2017 registrations will be charged at the on-site registration rate. Please note that the on-site registration fee is an additional $100 for all registration categories.

**BEST VALUE**

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<th>PRE-REGISTRATION (July 18 – August 31, 2017)</th>
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<td>†Please select &quot;other&quot; category: □ Technologist □ Nurse □ Fellow □ Industry □ Scientist □ Practice Administrator □ IEM**</td>
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**Board Exam Preparation Course only**

|                                   |        |            |        |            |
| □ Physician                       | $850   | $1100      | $950   | $1200      |
| □ Physician (Gold Registration – includes Meeting on Demand) | $1249  | $1549      | $1349  | $1649      |
| □ Fellows*/IEM                    | $575   | $775       | $575   | $775       |
| □ Fellows*/IEM (Gold Registration – includes Meeting on Demand) | $824   | $1074      | $824   | $1074      |

**Nuclear Cardiology for Nurses and Nurse Practitioners Course**

|                                   |        |            |        |            |
| □ Technologist □ Nurse □ Practice Administrator | $140   | $215       | $140   | $215       |

**Board Prep Syllabus Selection (Board Prep attendees must choose one)**

|                                   |        |            |        |            |
| □ Electronic Syllabus             | $0     | $0         | $0     | $0         |
| □ Color Printed Syllabus plus electronic syllabus | $225   | $225       | $225   | $225       |

* Verification of fellow status from training director required for all fellow non-members
** International Emerging Markets

**As a Member you can save up to $275 on your ASNC2017 registration! Renew or Join at www.asnc.org/renew**

Register and book your hotel online – Go to www.asnc.org/asnc2017
Registration and Hotel

Important Dates - Mark Your Calendar

✔ Early bird registration deadline: Monday, July 17
✔ Hotel booking deadline: Thursday, August 24
✔ Advance registration deadline: Thursday, August 31

Venue
Sheraton Kansas City Hotel at Crown Center
2345 McGee Street
Kansas City, MO 64108

Exhibit and Sponsor Opportunities
www.asnc.org/asnc2017exhibitor
Contact Leanne Cardwell at lcardwell@asnc.org