ICNC-II and nuclear cardiology's future

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The First International Conference of Nuclear Cardiology (ICNC-I) occurred in Cannes, France, in April 1993. This meeting was conceived of and implemented by a relatively small group who thought that the field had matured sufficiently to justify a large meeting, on an international basis, focusing entirely on nuclear cardiology. The planning and performance of that meeting proceeded with excitement and anxiety. That meeting was well received and indicated that there clearly was a need, and that the need had been filled.

On the basis of this experience, it was believed that a regularly occurring international meeting representing nuclear cardiology would be a most appropriate and valued asset for the field. This past April the second such meeting, ICNC-II, took place. This meeting marked administratively a move from the ad hoc endeavors of a small group to the standardization and institutionalization of the process. The conference, undertaken as a joint venture between ASNC and the Nuclear Cardiology and Magnetic Resonance Working Group of the European Society of Cardiology, went a long way toward establishing a firm basis and structure for future meetings.

It is worth highlighting some of the substantial positives of ICNC-II. More than 1100 delegates, representing 49 countries, participated in the meeting. This represents a significant increase when compared with ICNC-I. Eight countries were represented by 50 or more registrants. These included Belgium, France, Italy, Japan, the Netherlands, Spain, United Kingdom, and United States. Approximately 500 original research studies were presented, both as oral presentations and posters. All accepted original presentations were published in a supplement to this Journal. There was an extensive structured program involving plenary and core curriculum lectures, controversies, and smaller “meet the experts” sessions. There was a superb petition for the Young Investigator Award, and the highest grade abstract(s) from each country were acknowledged at our gala dinner.

There was robust interaction with industry. The exhibit area presented an excellent opportunity to see the state-of-the-art in equipment and radiopharmaceuticals. Twelve sponsored satellite symposia before and during the meeting provided important scientific updates for the delegates that complemented the overall program.

All in all, this represented a substantial effort of the highest quality. It is difficult to imagine that this meeting did not exist before 1993. ICNC-I and II are now history, and at the time of this publication, planning will have long since begun for ICNC-III, scheduled for Florence, Italy, in April 1997. With ICNC-III, a new and expanded leadership will chart the course of the meeting. There will also be a substantial role for the newly founded International Council of ASNC. The interaction between ASNC, the Working Group of the European Society of Cardiology, and the individual national working groups should assure continued growth and success and should preserve the “international” title and focus of the meeting.

All of us in the field of nuclear cardiology should look to ICNC with a sense of proprietary pride and satisfaction. Whatever one’s origin, be it cardiology, radiology, or nuclear medicine, ICNC represents the opportunity to learn the most about nuclear cardiology in the shortest period of time while gaining appreciation of those worldwide scientific, educational, political, and economic issues that impact on our field. ICNC, much like nuclear cardiology, is truly international. ICNC, much like nuclear cardiology, also has achieved a level of maturity. The growth of a clinical discipline and its expression in various forums, pass through a life cycle analogous to time’s passages in human beings. ICNC-II marked emergence from adolescence and the entrance of both the field and the meeting into a new stage of adulthood. We expect this stage to be protracted and productive. As long as the excitement and output of new ideas such as those seen in ICNC-II continues, the final Shakespearean stage of senescence will not be in sight.