



AMERICAN SOCIETY OF ECHOCARDIOGRAPHY NEWS

PRESIDENT'S MESSAGE

ASE Guidelines—The 2014 Perspective

During my year as ASE President, I've observed with great interest the process of taking ASE's Guidelines from concept to publication. These documents not only provide the foundation for the daily clinical practice of echocardiography worldwide, they are really at the core of our Society, underpinning our educational products, apps, webinars, and courses. They are a key element of *ASE*, as well as our global outreach and humanitarian efforts. The ASE Guidelines are widely cited and used all over the world. For instance, the "Recommendations for Chamber Quantification" document published in 2005 has been cited over 3,780 times! And, an update is on the way this year.

ASE wants to write Guidelines which are significant and long-lasting. Therefore, the two words that best describe the process of guideline development are "collaboration" and "consensus."

"If you want to go fast, go alone. If you want to go far, go with others." —*African proverb*

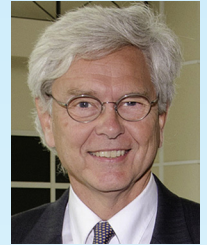
ASE is currently **collaborating** on recommendation documents with quite a variety of partnering societies. Recent collaborations have been with the European Association of Cardiovascular Imaging, American College of Cardiology, American Heart Association, Society of Cardiovascular Anesthesiologists, American Society of Clinical Oncologists, Society for Cardiac Angiography and Interventions, American Society of Nuclear Cardiology, Society for Cardiovascular Magnetic Resonance, and Society of Cardiovascular Computed Tomography. In addition, ASE is currently partnering with a large group of medical societies worldwide on the development of recommendations for focused cardiac ultrasound. We have appreciated the opportunity to collaborate with and learn from each of these societies.

In some collaborative efforts, ASE takes the lead. For others, especially those topics broader than echocardiography alone, we participate to give echocardiography a voice. We recognize that, more often than not, collaborative efforts provide expanded perspectives, greater visibility, and wider acceptance for a Guideline document within the medical community. This broader base results in greater standardization of patient care wherever echocardiography is used. For the same reason, our website's Guidelines page (www.asecho.org/guidelines) is open-access and thus available to all members of the global medical community.

This leads to the importance of achieving **consensus** in writing ASE Guidelines. At ASE we use the term "guideline" for evidence-based recommendations (science and data clearly support the recommendations) and "expert consensus" when sufficient data may be lacking for a guideline but an expert opinion is needed. For each document commissioned by ASE, one of the first steps is to gather a diverse group of experienced practitioners/academics and then create an environment that gives them the opportunity to "talk it through." Mixing experts from various imaging practices, different continents where practices may vary, and noncardiologists with cardiologists often results in lively debate while working to achieve consensus.

The truth is ... the world is flat, technology changes rapidly, and practitioners of echocardiography are often experts in at least one other imaging modality as well. Despite our name, ASE's influence does not stop at the US border, nor does it extend only to practitioners of echocardiography. Our recommendations are used worldwide by

both cardiologists and noncardiologists, and they are considered the "gold standard" for echocardiography practice throughout the world. Our colleagues in Asia, South and Central America, and Canada have volunteered to translate ASE Guidelines into Mandarin, Portuguese, Spanish, and French—allowing greater use by their colleagues. You may access (and share) these documents at www.asecho.org/translations.



Benjamin F. Byrd, III, MD, FASE

"Teamwork is the ability to work together toward a common vision - the ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." —*Andrew Carnegie*

Having our guideline documents held in such high regard by the global medical community places a great responsibility on ASE, but it is a responsibility that we gladly accept—really one of the most important things we do as a Society. The greatest burden of this responsibility is on the writing groups and writing group chairs (whom I have listed below). Their gifts of time and expertise are priceless, and their leadership yields uncommon results. They do this without compensation for the opportunity to improve patient care. On behalf of our Society, I extend my heartfelt thanks for their service!

Here is a list of ASE Guidelines and leadership, currently in progress.

- Recommendations for Chamber Quantification – Roberto Lang, MD, FASE
- Recommendations for Multimodality Imaging in Thoracic Aortic Diseases – Steven A. Goldstein, MD
- Guidelines for the Use of Echocardiography as a Monitoring Tool in Critically Ill Patients – Thomas Porter, MD, FASE
- Expert Consensus for the Echocardiographic Evaluation and Treatment of Adult Patients During and After Cancer Therapy – Juan Carlos Plana, MD, FASE
- Use of Echo in Hypertension – Thomas Marwick, MBBS, PhD
- Guidelines for the Cardiac Sonographer in the Performance of Contrast Echocardiography – Thomas Porter, MD, FASE
- Radiation Safety for the Cardiovascular Sonographer – Elizabeth McIlwain, MHS, RDCS, RCS, FASE
- Recommendations for the Use of Echocardiography in the Management of Heart Failure Patients with Mechanical Heart Assist Devices – Raymond Stainback, MD, FASE
- Guidelines for the Echocardiographic Assessment of Atrial Septal Defect and PFO – Frank Silvestry, MD, FASE and Meryl Cohen, MD, FASE
- Recommendations for the Evaluation of Patients with D-Transposition of the Great Arteries with Multimodality Cardiovascular Imaging – Benjamin Eidem, MD, FASE
- Use of Echocardiography for the Evaluation of a Cardiac Source of Embolism – Muhamed Saric, MD, PhD, FASE