This trimester's newsletter comes just before the end of September purposely to reinforce the invitation of abstract submission to 2011 SCMR/EuroCMR close to its deadline date of September 30. The SCMR board has put a lot of effort and resources to promote the regional travel award scholarships in the last two years. Latin America has been granted with one of these scholarships but has failed to use it in the last edition of the Scientific Sessions despite many quality papers being presented from the region. This year we hope not only that candidates apply for the grant but that the number of abstract submissions also increase to make LatAm a more representative part of SCMR. With this in mind we continue our efforts to continue improving our homepage (www.scmrlac.blogspot.com) as well as update our regional members on news and useful information that will help both their academic and clinical practices. This edition of the newsletter lists two documents that should fit this objective: the CMR technical competence document from Brazil and a scientific article on the importance of LGE identification in aortic valve disease. We complete that with comments on a recent T2* Latin American workshop that took place in August as well as full directions on how to apply for the scholarship mentioned formerly.

Editorial

LatAm Regional Scholarship: deadline is approaching

The Cardiovascular Imaging Department of the Brazilian Society of Cardiology is a recently created section inside the national society that joined together the previous working groups of echocardiography, nuclear medicine, computed tomography and CMR. The department has generated an expansion in the representation of CMR in the national meetings as well as in printed publications. This last issue generated several new documents and statements of which the Technical Competence document is one of the most important.

For CMR the authors discussed what would be the minimum training requirements for clinical competency on the method, taking into consideration local legislation as well as the fact that most training programs are joined CMR and CCT programs. Mainly, the recommendations of the group include:

- Supervised interpretation of a minimum of 300 CMR exams of which 150 are to be read primarily by the individual.

There are also grandfather criteria which recognize individuals who first started performing the method with different pathways as well. The document has the main goal of standardizing training centers and providing a basis for patients to assess centers of excellence that only employ physicians who meet the proposed criteria. Moreover, it also should serve as a basic recommendation for future initiatives of making CMR an official subspecialty of Cardiology/Radiology in Brazil's Federal Medical Council.

The full text of the manuscript can be accessed at:
Myocardial fibrosis identification in aortic valve disease

In a manuscript published in JACC by Azevedo et al, the authors studied fifty-four patients with severe aortic valve disease (28 stenosis, 26 insufficiency and 6 both) who underwent CMR prior to undergoing valve replacement. After a follow-up period of $52\pm 17$ months survival and ventricular functional improvement was assessed. LGE and interstitial fibrosis were also compared by histological analysis of the myocardial obtained during surgery. The results showed that LGE and interstitial fibrosis had a significant correlation. More importantly, the authors demonstrated that the amount of LGE was inversely proportional to long-term survival and LV functional improvement. Interestingly, using a cutoff of 5.0% of LGE mass, the cumulative survival of patients showing larger degrees of fibrosis by CMR was very poor with almost 70% of death at the end of the follow-up. This population is significantly different than those patients that presented with less than 2.5% of LGE mass whose death rate was less than 10%. Taken together, this results show that CMR has a definite place in evaluating patients with severe aortic valve disease and maybe useful to select patients that should or should not undergo surgery based on different prognostic factors.

Azevedo CF et al. JACC 2010;56:278-87.

T2* CMR Latin America Workshop

In August Brazil hosted a 2-day workshop on Iron Overload and CMR for Latin America with Dr. Dudley Pennell heading the sessions. Funded by a private pharmaceutical company the workshop joined more than 20 physicians from Brazil, Venezuela, Colombia and Argentina to dissect all aspects of thalassemia and other iron overload conditions and its consequences on the heart. After a first day covering topics ranging from the molecular basis of these diseases to practical aspects of CMR imaging, the second day followed with hands-on sessions with live cases at the scanner as well as a multiple workstation session were participants could analyze many T2* cases with a dedicated software. The meeting’s objective as not only to augment knowledge on the use of CMR on iron overload conditions but also to create a network that would allow for more open access to CMR exams in the public health system of each country. Hopefully, this meeting will help promote CMR further in Latin America by expanding the use of the method in new areas to physicians that already performed CMR exams but rarely T2* readings.

SCMR-LAC News/Noticias de SCMR-LAC

2011 SCMR/EuroCMR – Travel Award for Latin America

Deadline is approaching soon in September 30! Don't miss the unique opportunity to submit your abstract to the 2011 SCMR/EuroCMR Joint Scientific Sessions. One regional scholarship for Latin America will be awarded to trainee members that have accepted abstracts to the meeting.

For more information click on: http://files.abstractsonline.com/SUPT/39/2666/AuthorInstructionsSCMR.pdf