EDITORIALS

Editor's Page

Changing of the Guard and Other Developments

It is now time for the management of the SCMR to change. When Nat Reichek takes over as President of the Society, the organization will have had two previous presidents (four years). Nat will undoubtedly have a different management style, though Dudley Pennell has been an excellent and dynamic leader these past two years who has accomplished a lot. He was the right president for the time. Luckily, we will not lose Dr. Pennell from the management team, as he will continue to contribute as the immediate past president. As when my term as president ended, Dr. Pennell will now become the chair of the Nominating Committee, providing knowledgeable guidance to the group responsible for choosing the next group of Society leaders. Likewise, his name will occupy the last place on the Society’s letterhead as my name disappears. The first name on our letterhead will be Nat Reichek, a highly intelligent, level-headed cardiologist, whose leadership should prove equal to Dr. Pennell's, but with a U.S. rather than a U.K. flair.

As one of the elder statesmen in our organization, it might be useful to recount briefly the history of our Society. Its roots go back almost ten years (December 1991) with an American Heart Association Scientific Conference on cardiovascular magnetic resonance (“The Application of Magnetic Resonance to the Cardiovascular System”). The Atlanta meeting was so successful (about 200 attendees/participants) that a second meeting was planned and held two years later (1993), again in Atlanta. With further success, a third meeting was held three years later (1996), this time in San Francisco. At the faculty dinner for the second Atlanta meeting, the topic of founding a new society dedicated to cardiovascular magnetic resonance was brought up. There was a lot of discussion, some heated, for and against. In 1996, a new international organization, the Society for Cardiovascular Magnetic Resonance, was born. There was already an American Society for Echocardiography (ASE) and an American Society for Nuclear Cardiology (ASNC). There was also an International Society for Magnetic Resonance in Medicine, the ISMRM—a general society for magnetic resonance derived from the more multidisciplinary SMRM. Thus, the time was right for SCMR, a home organization for those of us interested in cardiovascular diseases and magnetic resonance.

The intent was for SCMR to be multidisciplinary (like SMRM), but we have not yet succeeded. The vast majority of members of SCMR are focused on imaging, and this is understandable. But for the Society to achieve its full potential, spectroscopy, at present largely a research tool, needs more attention. For example, it is clear that the P-31 stress test, introduced by Weiss and colleagues, is a useful clinical research method. Recently, Buchthal et al., in the New England Journal of Medicine, applied the P-31 stress test to gain clinical insight. In a group of women without significant coronary artery disease, they noted a decrease in the phosphocreatine to ATP ratio during mild (handgrip) stress, suggestive of ischemia, possibly due to microvascular disease. In the present issue of the Journal, Saul Schaefer reviews the clinical applications of cardiovascular NMR spectroscopy to myocardial disease.

I predict that spectroscopy will become a tool for clinical applications in the near future. Of course, this can only happen when more of those involved in CMR understand spectroscopy, its great potential and numerous applications. Interestingly, the physics is more complex for imaging than for spectroscopy, yet we have not demonstrated the enthusiasm for this discipline that it deserves. At the inception of SCMR we recognized the importance of spectroscopy as can be observed by the absence of the word “imaging” in “SCMR.” It is clear that we need to have those interested in spectroscopy become more
active in SCMR. A clear sign that the leadership of our organization has recognized the importance of spectroscopy is the election of Bob Balaban, a leading spectroscopist at the NIH, to the President-elect position. His term as president will follow that of Nat Reichek. Further, Dr. Reichek has participated in studies involving spectroscopy and clearly understands its importance. It should be noted that the name of our organization does not preclude spectroscopy. It is important that the members of SCMR recognize that spectroscopy is a very important aspect of CMR and that it represents the future.

Another area of great importance to Society membership is accreditation of CMR labs and credentialing of physicians. The American College of Cardiology is recommending that CMR be added to training programs for cardiovascular specialists. There are already draft documents for accreditation and credentialing as well as recommendations for training programs. The Journal will keep you informed on training, credentialing and accreditation.

Gerald M. Pohost, MD, Editor

REFERENCES