President's Page

Long Live the King

It is time for my personal odyssey as President of our Society to come to an end, and this is my last piece in the journal in my official capacity. Nat Reichek takes the reins from July 2000 and will be communicating with you from the next issue, in this the Society’s official journal. We live in interesting times, as the saying goes, and certainly in the last 4 years, since SCMR came into official existence, the process of getting the society on its feet has not been a dull mission! There have been high and low points, great progress with some mistakes, huge enthusiasm for the educational mission from within, and, from without, some unfortunate reactionary posturing as the previous status quo inevitably had to adjust to a new reality. So, where have we been and what does the future hold?

Let us remind ourselves of the principle on which the society was founded—namely that there was a real need to take cardiovascular magnetic resonance (CMR) out of the laboratory and encourage cardiovascular practitioners to use it. We perceived that the only way to achieve this was a significant educational effort within the cardiovascular community who manage patients and choose between imaging modalities. This was not being achieved by current educational efforts that, though highly meritorious for the existing CMR aficionados, simply did not reach cardiovascular practitioners who do not undertake their continuing medical education at imaging meetings, particularly when these are of an unfocused nature. SCMR has addressed this concern by holding three annual meetings, namely two symposia at the American Heart Association and College of Cardiology, which are placed to attract those with only a nascent interest, and the highly focused annual scientific sessions in which cardiovascular practitioners who have a genuine interest in CMR will find educational material on a full-time basis.

This is not to say that SCMR does not recognize a duty to educate beyond the borders of these highly specific aims. Far from it indeed, and with Professor Jurgen Hennig as the new President of ISMRM, we have arranged to bring clinical and technical expertise together with a joint cardiovascular workshop in preparation (led jointly by Albert de Roos and Leon Axel), and a similar collaboration is now in the planning phase with the European MR society, ESMRMB (led jointly by Norbert Wilke and David Norris). In addition, SCMR as an international society recognizes the need to spread its geographic horizons by looking outside the United States for its own meetings, and plans are underway for collaboration with the Working Group of the European Society of Cardiology, under the leadership of Albert van Rossum, for a possible joint meeting in Europe in 2002. This evolution of interaction and activity reflects the maturation of SCMR, which remains a young society in rapid growth.

One of the most pleasing aspects of the increase in engagement of the real issues facing CMR by our Society is the dedication of the trustees and officers of the board and the willingness of the membership to share in the journey. We will undertake our second election to the board of trustees in early 2000, and by July 1, 2000, all the “self-appointed” trustees from the formative years will have been replaced by elected representatives. This makes the Society more accountable to the members’ needs and desires and brings the board composition into line with normal practice. Recently, your board undertook the task of electing from its 14 members your new Vice-President and Vice-Treasurer. The choice was not easy because of the wealth of talent available, but in the end, Bob Balaban (National Institutes of Health, Bethesda, MD) and Warren Manning (Beth Israel Hospital, Boston, MA) were elected to these two positions, respectively. The board has full confidence in your new officers to join with Nat Reichek (President-elect) and Leon Axel (Treasurer-elect) to take the Society’s agenda forward for the next 2 years.
So how can the Society view the position at the end of the cycle of its second President? I think we can be optimistic, if not frankly bullish. In the recent years, strong foundations have been laid in the administrative process that should serve the Society well in the coming years, and much of the vexatious political difficulty of the establishment process has been negotiated, with remarkable success in general, bearing in mind the complications of working within a plural field with all the baggage of antecedent difficulties. At this time we have just reached 500 members (a truly remarkable achievement), a thriving educational program, a journal in its second year with high quality manuscripts continuing to flood in, and a professional web site that greatly enhances our educational and communication potential. For the future, we look forward to further development of the Journal of Cardiovascular Magnetic Resonance under the pioneering editorship of Gerry Pohost, recognition of the journal for citation purposes (following the acceptance for indexing by Embase, we now await recognition by Medline and ISI), widespread acceptance of CMR within cardiovascular medicine as a major research tool in heart failure and drug assessment, and the development of multidisciplinary credentialing guidelines (committee chaired by Gerry Pohost) that recognize the multiple routes of entry into this field but also the need to protect patients and define minimum levels of objective competence. In addition, we have a thriving annual meeting, which in Atlanta attracted 335 delegates, and over 3 days we heard outstanding contributions from both the plenary lecturers and the original abstract presenters. We aim to make the meeting more responsive to your needs for 2001, within a focused educational day on the Thursday before the meeting, technologist training on the Saturday and Sunday as parallel sessions, and a social event for the Saturday night, to make the meeting more convivial. These changes, with further developments of the program, will be led for 2001 by Norbert Wilke and his program committee.

We have therefore achieved much, and left much to do. I am delighted to pass on the mantle of responsibility to the new team and in particular my very good friends Nat and Leon, for whom I have the greatest possible respect and confidence both personally and professionally. The Society is in good hands and I know all of you will give them every support in taking our hard earned achievements into the next phase of leadership. Finally, thank you all for all the support you have given me and the current team over the last 2 years. It has been a privilege for me personally, but more than that, it has been a real education.

Dudley J. Pennell, MD, FRCP, FACC, FESC