The last SCMR-LAC meeting took place in Phoenix during the SCMR Scientific Sessions. The group has been constantly meeting in the last years and the results of these continuous efforts have been showing through the development and increase in CMR use in Latin America. As the economy slows down in the developed nations, emerging markets gain some momentum and Latin America is positioned to take advantage of this new economical setting and apply these gains into the clinical and scientific healthcare system, CMR included. As an example, in Brazil the sales of MRI machines in 2009 and early 2010 have significantly advanced compared to 2008, the initial year of the current economic downfall. In Campinas, a city of one million inhabitants, we are moving to the third installed 3T scanner on top of the already installed base of over 12 1.5T scanner in the public and private health system. The numbers are advancing fast and with the increase in availability, CMR in Latin America has a wide road to speed up its use. More trained personnel, more education of clinical physicians and a greater number of clinical trials are needed to make this a true success story. We hope SCMR-LAC can contribute to this.

MESA: Hispanics and non-Hispanics compared

Hispanic subgroups showed differences in LV mass and remodeling compared to other ethnicities.

In a substudy of the MESA trial, Rodriguez et al compared both left ventricular hypertrophy and remodeling in patients with a Hispanic origin living in the United States to other non-Hispanic whites. A total of 1064 Hispanic patients were analyzed in a cohort of 4309 subjects with 45 to 84 years without any cardiovascular disease. Despite having equivalent prevalence for hypertension, the Hispanic subgroups showed greater chances for LV hypertrophy than other groups even after adjustment for other covariates, ranging from an odds ratio of 1.4 to 1.8 depending on the regional origin studied (Mexican, Central/South American or Caribbean). All subgroups also presented with higher prevalence of concentric and eccentric hypertrophy. The authors do not offer a definite explanation for these findings but speculate that acculturation, genetic ancestry and even risk factor awareness could have contributed to the results observed. Nevertheless, the importance of this work resides in the identification that different population subgroups might show significant differences in cardiac morphology and adaptation to risk factors that could alter prevention, diagnostic and treatment strategies. The definition of normal patterns in these groups is also fundamental to avoid misclassifications and over/under diagnosis.

2010 Expert Consensus on CMR released

The 2010 Expert Consensus on CMR was released in May and contains the latest summarized data on the use of CMR. Reading the full manuscript is a must for anyone involved in the method but a very good summary is provided in Table 11 with the potential indications for the use of the method. The main inclusions and changes from the last consensus include:
- use of CMR in specialized centers to identify multivessel CAD without radiation/contrast by coronary angiography.
- the highlighted use of the combination of stress perfusion, function and LGE as a primary form of testing for ischemic heart disease
- indication of CMR specifically for etiology assessment of cardiac dysfunction when the diagnosis is unclear, including acute conditions (eg myocarditis)
- use of CMR in atrial fibrillation,
including left atrial structure/volume, potential identification of atrial LGE and pulmonary vein anatomy.

Of course, all other already known indications (myocardial infarction/scar, valve analysis, congenital defects, masses, pericardial disease, PAD, aorta and carotid disease) are also included and revised.

The full text can be accessed freely at the SCMR home page at www.scmr.org.

New user features, frequent updates and layouts promise better usability for SCMR Members

Online access to SCMR and SCMR-LAC homepages has been one of the high aspects for information exchange among members. To continue providing the best possible solutions both sites are constantly updated to reflect new data or to improve accessibility/features. Recently a poll was conducted on the SCMR site to allow for feedback from its users in what can be improved in its page. Many suggestions came in and are being analyzed by Dr James Moon and should be implemented in a timely manner. The SCMR-LAC page also will show some improvements in the near future: Twitter feeds on its topics will be available soon so people can follow the site more easily; as discussed in the last SCMR meeting in Phoenix, the site will be open so that anyone can place posts once they are authorized; the RSS feeds from main imaging journals are already active and updated automatically to reflect the most recent information available. We expect that all these changes be implemented until the end of the year. For any further feedbacks, please let us know: jlaraf@fcm.unicamp.br

The main SCMR page can be found at www.scmr.org and the SCMR-LAC page at scmrlac.blogspot.com

2011 SCMR/EuroCMR Sessions: abstract submission open

Submit your abstract to the 2011 SCMR/EuroCMR Joint Scientific Sessions until September 30. In the last couple of years, authors of accepted abstracts could apply for a Regional Scholarship to attend the conference. There is one dedicated scholarship just for the Latin American region, so do not miss this unique opportunity to show your work in the sessions. More information on the rule for abstract submission can be found at http://files.abstractsonline.com/SUPT/39/2666/AuthorInstructionsSCMR.pdf