2011 SCMR/EuroCMR Joint Scientific Sessions

The 2011 edition of the joint 2011 SCMR/EuroCMR meeting was a success. With a record number of attendees and 516 abstracts this was the largest CMR meeting ever. The two most discussed topics of the meeting were the need for more 1) extensive randomized trials and 2) outcome studies using CMR.

Sessions reviewing the use of myocardial T1 mapping and technology advances were also very well attended. (Go to page 2 for full articles).

Download here all the abstracts of the Scientific Sessions.

SCMR Forum now Live

Total posts: 563
Total topics: 73
Total members: 103

“ I love the forum!
A very informal way to get the secrets of CMR”

“ It is really cool.
Not sure how we could do without it”

SCMR/NHLBI CMR State of the Art Course
June 12-13, 2011 Natcher Center on the NIH Campus. Bethesda, MD

*** Register online  *** Registration form  *** Hotel reservation

Last Talk of the Month

Normal and congenital anatomy – anatomical description with imaging correlates (download to iTunes)

By Michael Ashworth, - Great Ormond St. Hospital for Children, London
Recorded at SCMR2011 Nice

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It’s your chance to talk to your peers, and get advice from your peers and experts.

“ Everything you wanted to ask but were ashamed of”

Visits to the website

www.scmr.org

3,861 visits in 15 days*

Top Five Countries (visits)
1. US (1,372)
2. UK (493)
3. Germany (181)
4. Italy (168)
5. Canada (105)

*1-18 April 2011

Contact SCMR HQ Suggestions for improvement, or news to be included?

Current editors: Dr Chiara Buccarelli-Ducci and Dr Juliano de Lara Fernandes

Previous editors: Dr Lon Simonetti, Dr Jeanette Schulz–Menger
**Highlights SCMR/EuroCMR 2011**

**Multicenter Trials** The opening plenary session emphasized the need to include CMR in multicenter trials and registries to further prove the usefulness of the method. Dr. Lauer lectured on “Cardiovascular imaging: why we need randomized trials” (click for video on demand). Dr. Douglas underlined that the evidence base supporting the clinical use or benefit of an imaging procedure is complicated and problematic because of the intrinsic difficulties in connecting performance of an imaging test to a health related outcome (JACC 2006;48:2152-5).

**Cost –Effectiveness** There was suggestion that CMR could not only avoid further testing but result in net savings in groups with a new diagnosis made by it. Feature talks on this topic are Dr. Nagel’s “Evidence based CMR: accuracy, outcome and comparative effectiveness”, Dr. Hachamovitch’s “Cost-effectiveness with a focus on CMR”, Dr. Hegde “CMR in today’s current economic climate: a cost-effectiveness analysis”, and Dr. Kwong’s “What are the basic steps in assessing cost-effectiveness of CMR” (click for video on demand).

**Technology Advances** Highlights on new sequences that reduce inhomogeneities and increase quality scores maintaining SAR limits in high and ultrahigh field scanners. Cine images in humans performed at 7.0T were shown during the meeting and demonstrated higher SNR and CNR compared to 1.5T and 3.0T images. Also of mention were new techniques like arterial spin labeling that allow for quantification of myocardial blood flow without the need of contrast agents. Finally, CMR guided interventions is a promising field, from transarterial aortic valve implantation using CMR to EP ablations using iCMR.

**T1 Mapping** Mapping and diffuse fibrosis: despite the large data on regional fibrosis provided by LGE, many papers presented during the meeting showed how the use of T1 mapping and diffuse fibrosis analysis could boost the information provided by CMR. Data was shown on the importance of these techniques in the assessment of hypertensive patients, asymptomatic diabetic patients and nonischemic cardiomyopathies. Feature talks on this debate are Dr. Messroghli’s “PRO: T1 mapping is useful in clinical practice”, and Dr. Schaeffter’s “CON: T1 mapping is not ready for clinical use”.

**Breaking News: Medicare to pay for MR-Conditional Pacemakers**

In a much-awaited statement, the U.S. Centers for Medicaid and Services announced on April 26 that it would pay for MRI studies performed in patients with pacemakers for use in an MRI environment.

At present, only Medtronic’s Revo pacing system is approved. Read more here.

**SCMR/EuroCMR 2011 Abstract Awards with hyperlinks**

- Early Career Award (Clinical)
  *Omar Coelho-Filho*
  Brigham and Women’s Hospital
  “Combined stress myocardial perfusion and late gadolinium enhancement imaging by CMR provides robust prognostic information to cardiac events”

- Early Career Award (Basic Science)
  *Ashvin K George*
  National Institute of Health
  “Virtual dye angiography: flow visualization for MRI-guided interventions using endogenous contrast”

- Early Career Award (Translational)
  *Adrianne L Campbell*
  University College London
  “Equilibrium contrast CMR for the detection of amyloidosis in mice”

- Moderated Poster (Clinical)
  *Anja Zagrosek*
  HELIOS Klinikum Berlin
  “Acute alcohol-induced myocardial inflammation as visualized by CMR”

- Moderated Poster (Clinical)
  *Vinayak Hegde*
  Akron General Medical Center
  “CMR imaging in today’s economic climate: a cost-effectiveness analysis”

- Best Technologist Abstract
  *Stephen Doody*
  Duke University
  “Safety of adenosine stress perfusion CMR imaging in patients with aortic stenosis”

- “Gerald Pohost” SCMR Best Manuscript Award
  *Robert Manka*
  German Heart Institute, Berlin
  “BOLD CMR at 3T in myocardial ischemia”, JCMR 2010;12:54.

- SCMR Best Web Case of the Year
  *Dan Sado*
  Heart Hospital London
  “Clinical role of perfusion CMR”

**Gold Medal Award**

**Technology Advances**

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**Many Congrats!**