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SCMR Members: missed a lecture? All recorded lectures in Video On Demand homepage section. Smartphone/Tablet functionality

Dr. Kwong recaps a successful 2012 SCMR meeting

The SCMR 15th Annual Scientific Sessions 2-5 February in Orlando were a real success with four and a half days of science and education and 1,258 registrations for all programs.

Dr. Raymond Kwong (Program Chair) explained that this year's program included the usual four parallel tracks, but also an expanded number of invited lecture sessions (17), oral abstract sessions, and case review sessions. For the first time this year, cases were submitted and underwent a peer-review process giving an exciting opportunity to junior doctors and trainees to present their interesting cases. The congenital cases were particularly well received. As in the past, the meeting included oral abstract sessions, congenital sessions and the Technologist Workshop. Submission of scientific abstracts was at its highest for a US meeting, with 450 abstracts accepted for the scientific sessions including oral, moderated poster, poster and technologist abstracts. The competitive selection process reflects continued scientific growth of our field and an escalating quality of the work presented. Even the case selection was highly competitive with 90 cases submitted and only 21 selected.

Thursday of the meeting was dedicated to pre-meeting courses, including the Congenital/Pediatric and the Physician’s Pre-Conference Course. For the first time this year, there was a 2-day SCMR/ISMRM Jointly Sponsored Workshop on cardiovascular flow and motion which also incorporated high-quality abstract presentations. The attendance at all pre-conference courses was excellent.

Each morning, from Friday to Sunday there were two panel education sessions: physics for physicians and cardiology for non cardiologists. Despite the early schedule, these sessions were incredibly well attended, and even required moving to larger rooms than initially scheduled.

The Opening Plenary session saw three keynote speakers: Dr. Robert Bonow illustrated the current evidence from the STICH trial surrounding viability imaging. In this light, he further discussed the exciting opportunity for CMR viability testing in the current era where all forms of therapeutic options have advanced; Dr. Warren Manning gave a state-of-the-art presentation on coronary MRA focusing not only on the science but also on the technical imaging aspects, and predicted the future roles of non-invasive coronary imaging; finally, Dr. Matthias Stuber provided a refreshing new insight into novel technical development that can improve patient management in the future. In his presentation Dr. Stuber honored the memory of the late Dr. Stefan Fischer. The Early Career Award - Basic Science of this year’s meeting was dedicated to Dr. Stefan Fischer, who inspired and mentored so many successful scientists and investigators in our field.

The Early Career Awards session presentations were very high quality and very competitive. The complete list of the 2012 awardees can be found on page 2. In the “Best Web Cases” session the five best cases published in the Case-of-the-Week section of the SCMR website were invited for presentation. As in the young investigator award sessions, judges were seated in the audience and graded the presentations/answers to questions carefully to select the best case of the year.

The parallel sessions for technologists, organized by Ralph Gentry and Jane Francis, featured a very high quality program including lectures by leading speakers in the field. We have received excellent feedback from the attendees of these sessions.

Additional highlights of the meeting included information on quantitative myocardial tissue characterization by automated techniques. T1- and T2-mapping are increasingly used for research extending their application to various forms of heart disease, from ischemic to cardiomyopathies. The “high throughput imaging protocol” session was also incredibly well attended attesting to the increasing need of efficiency to support the growing and expanding patient volume in clinical MRI units. This year there was also an increased number of presentations on cost effectiveness, outcome and prognostic data, in keeping with the new challenges of limited resources and economical constraints. A new series of lectures to promote upcoming novel imaging techniques was highly successful in discussing common challenges that triggered interaction between MDs and PhDs.

Finally the Closing Plenary witnessed a stimulating pro/con debate on the role of CMR as part of strategic decision making in patients with ischemic heart disease (in reference to the STICH, and ISCHEMIA trials). Will these studies help or hurt MRI? Given the increasing engagement of CMR into clinical trials of mainstream clinical cardiology, a discussion of this topic is timely and relevant. Dr. Matthias Friedrich (pro) provided a strong argument and rationale for the CMR community to actively engage CMR in large-scale clinical trials. Dr. Andrew Arai (con) cautioned the audience about the risk of CMR engagement in clinical trials when the questions of interest were not focused on testing the merits of imaging. This healthy discussion between Dr. Friedrich (pro) and Dr. Arai (con) brought invaluable insight about the elements that need to be considered by both sides of the argument. The debate on population science (Dr. Steffen Petersen vs Dr. Thomas Marwick), while less provocative, was equally enlightening on the potential strengths and challenges in using CMR in population studies.
SCMR Clinical Registry

Announcing:
SCMR announced a new prospective clinical registry at the Annual meeting in Orlando. The goal of this new registry is to connect all CMR sites with an annual volume of at least 250 studies. It will establish a large prospective clinical data set that will help us determine the prognostic value of CMR for a broad range of cardiovascular diseases.

Why is it important?
CMR has evolved organically in individual centers of expertise. Therefore the majority of the published data has small patient numbers. By collecting data from multiple centers, the registry will be able to aggregate, analyze and report on large data sets which will identify the true value of CMR to the Cardiovascular disease patient. In addition, the registry will also serve as a powerful platform to ask research questions, determine appropriate use of CMR and highlight the incremental value of CMR.

What data will the Registry collect, and How?
The data elements in the registry are being finalized. In the initial phase, the registry will collect data about the patient's relevant demographics, clinical indications for the scan, findings of the scan, clinical outcomes and resource utilization in an easy to enter electronic data capture form. When needed, it will include a mechanism to allow image data transfer. Data collection initially will be focused on CAD, CHF, HCM patients. All information will be collected in a HIPPA compliant manner. The data will be available to participating members by fulfilling standard investigator responsibilities. A steering committee will guide the registry.

How can I participate?
We are seeking 20 sites initially interested in enrolling in Phase 1 of the registry. Additional sites will be added in Phase 2. Eligible sites should have a clinical volume of at least 250 cases annually. If you are interested in participating, please email your interest or call Uma Valeti, MD at uvaleti@umn.edu. (612-626-1339).

First SCMR exam test run in Orlando
SCMR is working towards offering a CMR exam from 2013. In preparation for this, a test run of the software and exam format was successfully completed during the 2012 meeting in Orlando. Further information on the planned exam will be available via the SCMR website soon.

Major new perfusion CMR study
MRI scans 'are better for heart checks', experts say (BBC article, heart.org article).
See CE-MARC results in the Lancet. Editorial here. SCMR News section link. Perfusion CMR outperforms gated SPECT.