SCMR Scientific Sessions 2012 coming up

The 2012 Scientific Meeting will consist of four tracks: Basic Science, General Clinical, Congenital, and Case Review Sessions. Technologist Workshop is also planned. The early morning sessions teaching “Physics for Physicians” and general “Cardiology Concepts for Non-cardiologists” will also be offered Friday through Sunday during this meeting. The theme of the Opening Plenary Session “Advancing Patient Care Using CMR Imaging” is guaranteed to stimulate discussion with presentations by leading authorities in cardiovascular medicine: Dr. Robert Bonow, Dr. Warren Manning, and Dr. Matthias Stuber. The Closing Plenary Session will feature an evidence-based debate on the use of CMR in Population Trials, followed by an Opinion-from-the-Experts session debating the issues of using CMR in addressing critical questions of patient management. There were 560 abstracts submitted for presentation consideration in various categories, and 80 case submissions. In addition there were 71 submissions for the SCMR/ISMRM Workshop, the jointly sponsored two-day Flow and Motion Workshop on February 1-2, 2011. In addition to this workshop, two full day pre-conference courses, Physician Pre-conference Course and Congenital/Pediatric Pre-conference Course, will be offered on Thursday, February 2, 2011. Registration for both the Pre-conference Workshop and Conferences are separate from the Scientific Sessions, however a discount is available for those attendees who register for the scientific sessions and either a workshop or pre-conference course. There are many exciting features to expect in this upcoming meeting and we hope to see you there!

Early bird registration ends January 2, 2012

SCMR will be celebrating its 15th year of serving the CMR community beginning with the 2012 Scientific Sessions. The goal of the 2012 scientific sessions is to provide contemporary information and training on the clinical role of CMR and other modalities, with an update on technological advancements that will enable the attendees to efficiently diagnose and treat patients suffering from cardiovascular disease.

SCMR Web Survey Responses

In mid-2011, a web survey was conducted using Survey Monkey online tool incorporating questions on SCMR usage. The results of the survey were analyzed and discussed by the Web Committee as well as the Board of Trustees. The main results of the survey follow:

- The most important activities of SCMR are: Annual Scientific Sessions, JCMR and SCMR website.
- The most important features in the website: information on Scientific Sessions, JCMR and online recorded sessions; Case of the Week and general resources also listed high.
- Half the respondents ask for better navigation, 39% for mobile optimization and 30% for a new design. Social groups integration was desired by 16%.
- More than 90% of the respondents see the primary purpose of the website as an educational and information dissemination tool.
- The SCMR Web Committee is addressing the survey feedback as it plans the next changes to the website.

New Imaging Journal from the ESC

Following the increasing importance of imaging in cardiology, the imaging associations and working groups of the European Society of Cardiology (echocardiography, CMR, cardiac CT and nuclear cardiology) agreed to collaborate on a new editorial initiative. The European Heart Journal – Cardiovascular Imaging (formerly European Journal of Echocardiography) will start publishing in January 2012.

Call for Associate Editor, Case of the Week

Interested candidates please send your CV to c.bucciarelli-ducci@rbht.nhs.uk. Interviews will take place during SCMR 2012 meeting. Applications from Asia and South America are particularly encouraged.
SCMR INTERVIEW: CMR Practice in the United States

From the editors: in this issue we start a new section called SCMR Interview where a significant CMR topic is chosen and answered by a representative member of SCMR in that area. For this volume’s interview, we chose Drs Uma Valeti and Robert Rollings, active SCMR members and committe chairs, to talk about the practice of CMR in the USA.

Dr Uma Valeti is Associate Professor of Medicine at University of Minnesota, USA, and the current Chairman of the Clinical Practice Committee for the SCMR.

Dr Robert Rollings is a cardiologist from Savannah, Georgia, USA and the current Web Committee Chairman for the SCMR.

1. How does the CMR situation compare to other imaging modalities in the US in terms of availability, cost coverage and increase in use?

Dr Rollings: In the United States, most of the equipment is still in the radiology department and most departments do not have specific interest in cardiac studies. Thankfully, partly through the effort of the Society, reimbursement is now provided. There has been a gradual increase in use.

Dr Valeti: I am excited that the CMR growth story in the US compares very favorably with other imaging modalities in 2011. With steady increase over the last 10 years, CMR use is currently at an inflection point where it is poised for a rapid increase given the increased indications for its use, increased awareness of the appropriate use criteria among the clinicians along with the routine availability of fellowship trained CMR physicians. Practices that were previously unable to access MRI due to the high cost of ownership are now able to access it due to the trend in the US of integration of cardiology practices into hospital systems or larger physician practices. The cost of CMR is on par with modalities like nuclear imaging and given the significant advantages of no radiation, markedly improved spatial resolution and tissue characterization capabilities, CMR is not a boutique imaging tool any more.

2. Do private cardiology groups own CMR scanners as well as other equipment like gamma cameras or MDCTs? Is self-referral a problem?

Dr Rollings: Very few private cardiology groups own their own scanners, though many own their own nuclear cameras and echocardiographic machines. As the vast majority of US cardiologists do not personally perform cardiac MRI studies, self-referral is not typically a large problem, particularly as the reimbursement is not particularly high.

Dr Valeti: Very few large independent cardiology practices own the CMR scanners. Those that own them are generally serving a critical need for communities that do not have easy access to CMR otherwise. The majority of the CMR scanners in the US are owned by hospital systems, universities or integrated practices. Given the above mentioned trends of integration, self-referral is not expected to be a problem for CMR.

3. How do the changes in medical funding and possible imaging restraints affect CMR in the US?

Dr Rollings: Right now, in the United States, there is a tremendous focus on cost containment. The goal is to demonstrate specific benefit to patient outcome prior to considering authorization and certification of the performance of studies. Although these have always been issues, with the current political climate and financial turmoil, they have been much more in focus.

Dr Valeti: I don't believe that these changes will affect CMR use in the US. The practicing physicians are increasingly seeing the benefits of CMR to their patients where it helps them diagnose conditions that are not diagnosed well by other invasive or noninvasive techniques. When you have such a powerful technology making a real difference in patient care, any regulations or external restraints may only slow the adoption of CMR but cannot stop it.

4. Are CMR rotations included in most general cardiology fellowship programs?

Dr Rollings: Frankly, as I'm in private practice, I'm not sure how much exposure general cardiology fellowship programs get with cardiac MRI. The new cardiologists who have come into our area seemed to have an awareness of the technology but no personal training or close exposure.
SCMR INTERVIEW (continued)

Dr Valeti: Not consistently, but I would expect this to be 100% within the next 5 years. The latest fellowship training guidelines mandate this experience for the trainees.

5. How would you see the need and possible advantages of a CMR exam in the US?

Dr Rollings: I do sense a need for an examination in cardiac MRI in the US as all of the other imaging disciplines have required some sort of demonstration of proof of training and competence.

6. How are CMR practices accredited in the US?

Dr Rollings: At this time, the Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories has revived its accreditation of cardiac MRI sites but very few have certified, as there are few dedicated outpatient scanners. The majority of cardiac studies are done in hospital settings which are typically certified by the American College of Radiology.

Dr Valeti: CMR practices are accredited via two common methods in the US: (1) through the American College of Radiology and (2) through the Intersocietal commission for the accreditation of MR laboratories (ICAMRL). They both have strict processes that allow the CMR labs to be accredited so that the organization can offer consistent and high quality services to the patients and referring providers.

7. What are the differences in CMR practices in the US compared to Europe or other parts of the world?

Dr Rollings: The thing that strikes me as the most interesting is not the differences in practices, but rather the similarities. The most successful had three fundamental similarities. Firstly, they have a magnet capable of performing cardiac studies and an administration that is supportive financially and administratively. Secondly, there has to be an enthusiastic cardiologist with an interest in clinical imaging. Finally, there has to be an interested radiologist or department that would allow these services to be provided without actively discouraging them.

Dr Valeti: CMR practices in the US, Europe and other parts of the world are being driven by the common theme of better safety for patients, improved accuracy of diagnosis and better visualization of the cardiovascular anatomy compared to other modalities. So I see a common thread there. The differences arise mainly in availability of scanners, trained interpreters and if there is reimbursement for the procedures.

I can only say that these are not major hurdles in the US as there are a lot more MR scanners available in the US than in Europe or in any other part of the world in addition to CMR procedures being reimbursed by Medicare and most major private payers. This might be an interesting area for SCMR to do a member survey to understand the differences in the practice patterns globally.

8. How does the SCMR Web Committee benefit SCMR’s broad private and public practice members?

Dr Rollings: The team has instituted a broad series of changes to adapt to the changing role of the committee led by James Moon. Five years ago, he initiated an extraordinary effort as the first Web Editor. Under his guidance, the team he assembled has gone on to establish the extremely popular online recordings of the Annual Scientific Sessions, the Case of the Week, the incorporation of the latest articles of the JCMR, and the SCMR Forum. With its new members, the website continues to evolve as a portal to deliver education and disseminate information within our truly international community. As a practicing physician, this is critical to my continued learning and I am honored to be a part of the team.