Into clinicians’ minds

Last year has been great for CMR in Latin America. Thanks to the economy that momentarily shifted emerging markets currencies upwards, there was a boost in MR scanners all over our countries with significant upgrades in the hardware installed base. This allowed for the installation of new cardiac MR sites and an increase in the number of cities with CMR services. The widespread availability of CMR in Latin America (at least in the major cities that concentrate > 80% of the population) is a factor that should help disseminate the method among clinical cardiologists. The example from Brazil is very good: already codified in the public and private health sectors, reimbursement (while low in the former) is routinely done and is not a barrier for clinical use of the method. This poses the need to increase clinician's awareness of the method so that it can be included in the routine decision strategies that is performed every day at the physician's offices. With this quest for 2011, we start a new issue of this newsletter and hope to meet you all in Nice!

CMR Clinical Trials and Registries in LatAm

One of the most important topics discussed in the last years has been the need for multicenter trials in CMR. In Latin America 2010 has been a prolific year in that sense. Firstly, the multicenter registry for normal individuals was launched and has already achieved a great percentage of its predicted enrollment with the active participation of diverse CMR centers in the regions. The comparison of the results of the trial to other published data in Europe and United States should serve to measure if we can blind and routinely apply the normal levels used today to Hispanic cohorts as well. In the meantime, another trial using CMR was proposed by a pharmaceutical company in Latin America to study iron overload in non-thalassemia patients. This new effort helped to promote two meetings with Latin American investigators last year promoting the integration and closer link among CMR physicians in the region. Together, these two studies are enrolling over 500 patients that should undergo CMR in the next couple of years.

SCMR/EuroCMR 2011 Scientific Sessions – LatAm Meeting

This year's Scientific Sessions meeting preliminary agenda can be checked online at http://www.scmreurocmr2011.org/uploads/media/Preliminary_Agenda.pdf. New features this year include special tracks for case reviews and how-to sessions and specific morning sessions of MR physics.

The yearly meeting of the Latin American chapter will take place during the 2011 Scientific Session in Nice in a date/room to be disclosed closer to the meeting. We appreciate the attendance of all our Latin American colleagues and supporters as has been traditional in the last editions of the meeting.

Feel free to add any items to our discussion list.
Despite the rapid advance of noninvasive methods to determine the presence or absence of anatomic stenosis of the coronary arteries, the functional relevance of these stenoses remains a definite measure for the successful therapeutic approaches in treating ischemia. The debate whether the simple determination of anatomy is sufficient to make a therapeutic decision regarding revascularization still generates a great amount of controversy but the paper by Lockie et al. in a recent edition of JACC puts CMR in a clear position to determine the functional significance of coronary lesions. The authors studied 42 patients using a high resolution perfusion sequence and compared the results obtained with fractional flow reserve measured invasively. Using a < 0.75 cutoff the area under the curve for CMR was significantly high 0.92 (P<0.0001) using a visual qualitative approach as would be done in routine clinical practice. The findings show that CMR myocardial perfusion at 3.0T can very accurately determine the hemodynamic significance of lesions. The possibility of having a noninvasive method so closely correlated to the most widely accepted gold standard for functional analysis of lesion severity is certainly a great addition to clinicians who seek in these findings the true representation of ischemia and the major guidance for treating CAD patients.