2013 SCMR Scientific Sessions Coming Up

The SCMR 2013 Scientific Sessions are a few weeks away and the program is filled with great talks and lectures. Dr. Schulz-Menger has highlighted some hot topics not to be missed during these Sessions:

- Joint Workshop of ISMRM and SCMR: will take place during the two days before the Sessions itself on January 30/31 with New Horizons in High-field Cardiovascular Imaging – Promises and Progress Updated.

- the Pre-Conference Courses: both Congenital and Physician courses will occur on January 31 with agendas directed at practical approaches in congenital CMR and how-to sessions and clinical application of CMR on the adult side.

- the maintenance of the highly appreciated early bird sessions at 7:00AM with Cardiology for Non-cardiologists and Physics for Physicians on the three days of the main event.

- clinical case discussions in Case Review Sessions (a total of 10 during the three days), specifically selected to illustrate daily problems.

The program has been put together to offer participants a thorough review on all aspects of CMR, whether you are attending as a clinical physician or as basic researcher. The lectures will cover specific topics such as multi-modality imaging, high throughput and clinical practice of CMR and how to use CMR to guide therapy as well as small animal MRI, 4D flow methods, T1 mapping methods and advanced acceleration techniques.

Results of the recent SCMR Election

Congratulations to all the new elected officers and trustees!

Officers:

Vice President: Orlando Simonetti, PhD
Vice Secretary-Treasurer: Jeanette Schulz-Menger, MD

Trustees:

U.S. Cardiologist: Gregory Hundley, MD
Non-U.S. Cardiologist: Carlos Rochitte, MD, PhD
Non-U.S. Radiologist: Pierre Croisille, MD, PhD

Important Links

- Scientific Sessions
- Technologist Workshop
- Congenital Pre-Conference Course
- Physician Pre-Conference Course
- SCMR/ISMRM Workshop
- Registration Site
SCMR INTERVIEW: Women in CMR

We have interviewed four distinguished women in the field of CMR and asked their opinion on their roles and future perspectives on this topic. Our Interviewees: Dr Karen Ordovas (University of California, San Francisco, USA); Dr Sophie Mavrogeni (Onassis Cardiac Surgery Center, Athens, Greece); Dr Jeanette Schulz-Menger (Charite Campus Buch, Berlin, Germany); Dr Chiara Bucciarelli Ducci (Bristol Heart Institute, University of Bristol, UK). We thank the four interviewees for sharing their views and hope to bring you comments from other Women in CMR in the future.

1. How do you view the participation of women in the CMR field?

Dr Ordovas: I have served in SCMR committees and attended the annual meeting for the past 9 years. I can attest that female participation in the field seems to be growing, judging by the meeting attendance and scientific presentations. However, it is still pretty clear that the majority of physicians and PhDs in the field are males.

Dr Mavrogeni: Indeed there is a low female participation in SCMR.

Dr Schulz-Menger: It is a pity to have only a few active women. But to my feeling the number is growing. This topic is not dedicated to CMR, it is evident in most research fields, whereas the number of female clinicians (and medical students) is growing.

Dr Bucciarelli Ducci: I think there are quite a few women doing CMR in their clinical practise. Within cardiology, non-invasive imaging is probably the subspecialty in which women cardiologist get greatly involved, as compared to the invasive subspecialties. However, few women appear at an Institutional level (national and international societies) giving that false perception that not many women are involved with the technique.

2. What can be done to increase this participation?

Dr Ordovas: I think a diverse community is key for the scientific and political achievements of the field. Female and minority participation could be increased if they are offered opportunities to assume leadership positions.

Dr Mavrogeni: Motivate women by giving them more chances: give them more responsibilities, in SCMR elections for distinguished positions in the society, 40-50% must be obligatory female candidates and as I know there are many women who have the guts for such positions.

Dr Schulz-Menger: To my opinion, this is not only a question of societies - it really depends also on the women themselves. I know well, that it is sometime hard to encourage them to be active in research and to give talks. Often they stop when getting married. Nevertheless, we should never give up to integrate female researchers.

Dr Bucciarelli Ducci: Many women would have the knowledge and the skills to contribute to the society as well as many other male colleagues. What they would probably need is more encouragement that male colleagues need. What I would totally not agree on is any form of feminism. Women should not be facilitated in name of their gender. But equally they should be given equal opportunities to contribute to the society.

3. Do you believe that female subjects are under-represented in CMR studies?

Dr Ordovas: I still think that females are underrepresented as principal investigators in the field of CMR. However, that probably reflects the
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discrepancy in gender participation in the field overall.

Dr Mavrogeni: Of course they are. Cardiology is by definition a very competitive specialty. However, women who decide to do Cardiology are by definition excellent and competitive (otherwise they simply cannot survive).

Dr Schulz-Menger: Yes - as responsible authors and in the patient'parts of papers. We should power for gender, race and age in clinical trials , but to be honest - often it is a matter of money to increase the sample size.

Dr Bucciarelli Ducci: Yes, they probably are. But this is not unique to CMR, it is also true for many other studies in cardiology.

4. What special programs/incentives would you recommend to increase women's participation in SCMR or the CMR field as a whole?

Dr Ordovas: An interesting initiative that I have seen in different societies, such as RSNA, is to have an organized female interest group, where issues related to the gender disparities can be addressed, but most importantly, networking and research collaborations can be built.

Dr Mavrogeni: a) Obligatory female participation in SCMR leading positions; b) Organize disease target groups (thalassemia, pediatric, cardiomyopathies etc) and ask women responsible for these groups to promote research, funds, collaboration; c) Include more women in educational activities.

Dr Schulz-Menger: We should start to integrate them early. They should also get tasks in committees, if they are experienced they should be invited to speak. But therefore we need the help of the group leaders - they also have to send their female researchers. One could also think about mentoring (we started it once and maybe talking to each other would be helpful). At that point, I want to underline - we should not reach the point to promote women ONLY because they are women. They must also be open minded to run good research and to take responsibilities. Otherwise, we would need a program for men in a certain time period. But we should look for those women, who are interested and may be this newsletter will be helpful to encourage them - write us an e-mail, if you want to be active.

Dr Bucciarelli Ducci: A women mentorship programme within SCMR (lead by those few women actively involved in SCMR) would probably enhance the participation of women in the society, including from the younger generation.