

Program Director's Page

“It was the best of times, it was the worst of times” (Charles Dickens)

It is a serendipitous concordance that the 3rd Annual Scientific Sessions of the Society for Cardiovascular Magnetic Resonance (SCMR) convenes within the third week of the third millennium. The pace of scientific progress in cardiac MR and in medical science has never been greater. Yet, the quote from Dickens' Tale of Two Cities aptly intones a sobering irony associated with medical technology-based research and development. The schism is enlarging between the accelerating potential for discovery of new life-saving technologies on the one hand, and the seemingly inexorable decline in reimbursements for technology-driven clinical services on the other. Indeed, the payers' paean to "cost-effectiveness" in some instances may be bartering long-term benefits in health care for short-term cost savings.

One might surmise that if our goal is to help people live longer, healthier, happier, more productive lives, then technology investment is cheap. As an example, consider the long-term outcomes achieved in reducing cardiovascular mortality and morbidity over the last few decades. In the balance, we must be doing the job well! Of course, it is axiomatic that development and clinical translation of new technology such as cardiac MR is expensive. Unarguably, the process should admit careful scrutiny in terms of tangible enhancements in health care at a reasonable cost, but the purpose of the effort should be kept at the forefront, especially in the initial Annual Scientific Sessions of the new millennium. Even the mapping of the human genome, which promises to fertilize virtually all areas of medical research, could not have occurred without innovation in physical, chemical, and engineering methodologies. In the long term, we all know that both patients and payers alike will profit from this and future related investments.

The continuing growth of the Society reflects a rapidly expanding interest in magnetic resonance imaging for characterization of cardiovascular structure and function

and, eventually, for implementation of conjunctive therapeutic approaches. The stakeholders served by this organization represent a diverse mix of cardiologists, radiologists, physicists, engineers, chemists, industry, government, clinicians, scientists, nurses, technologists, academics, private practitioners, professional organizations, and policy makers, among others. It is the intention of the Annual Scientific Program of SCMR to meet the needs of this pluralism and to provide a congenial yet intellectually rich venue for exchange of scientific ideas unfettered by ideology. To be sure, growing pains are manifest, but the enthusiasm among the participants over the last few years has been gratifying.

This year's Sessions follow the format of the previous year, where attendance increased by 50% over that of the year before. Presentations will include a wide variety of plenary "State of the Art" lectures, 50 oral abstracts, and 75 posters. Unique events include the popular Friday evening "Wine and Cheese" moderated poster session; "How-to" teaching sessions on basic physics, clinical applications, and spectroscopy; sessions for Cardiac MR technologists; lunch panels on reimbursement/competency and on comparative noninvasive imaging technologies; and formal awards ceremonies for best abstract and poster presentations. Topics of clinical interest comprise congenital heart disease, ischemia and infarction, cardiac metabolism, heart failure, coronary artery disease, valve disease, myocardial perfusion, MR stress testing, and atherosclerosis. A "Hot Topics" session includes plaque characterization, molecular imaging, angiogenesis, and novel contrast agents. This year, expanded emphasis is directed at technical innovations related to the unique requirements for effective clinical application of cardiac MR. Finally, a cardiac MR "Case Review" session with audience participation is planned.

As Program Director for the last two years, I personally appreciate the response of those involved in planning

and carrying out the Sessions. In particular, I thank the Program Committee for their unselfish devotion, the Board of Trustees of SCMR for their guidance, Talley Management for their organizational expertise, and the many other affiliated colleagues and members of SCMR who have contributed their time and talent, mostly at their

own expense, to disseminate information about recent advances in cardiac MR and to champion improvements in health care for the patients we serve.

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