

ORAL PRESENTATION

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# European Cardiovascular Magnetic Resonance (EuroCMR) registry - multi national results from 57 centers in 15 countries

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From 16th Annual SCMR Scientific Sessions  
San Francisco, CA, USA. 31 January - 3 February 2013

## Background

The EuroCMR registry determined indications, image quality, safety and impact on patient management of clinical routine CMR in a multi-national European setting.

Furthermore, interim analyses of two specific protocols evaluating the prognostic potential of CMR in patients with coronary artery disease (CAD) and hypertrophic cardiomyopathy (HCM) are presented.

## Methods

Multi-center registry with consecutive enrollment of patients in 57 centers in 15 countries [1].

## Results

27,781 patients were enrolled. The most frequent indications were risk stratification in CAD/ischemia (34.2%), workup of cardiomyopathies (32.2%) and assessment of viability (14.6%). Image quality was diagnostic in 98%. Severe complications were rare (0.03%).

In 61.8% CMR findings had an impact on patient management. In 8.7% the final diagnosis changed based on CMR findings (Table 1).

Kaplan-Meier survival curves of the interim analyses showed low adverse event rates in patients with suspected CAD with a normal stress CMR (1.0% per year), and in HCM without delayed enhancement (2.7% per year).

## Conclusions

The most important CMR indications in Europe are risk stratification in suspected CAD/ischemia, work-up of cardiomyopathies and assessment of viability. CMR is a safe procedure, has diagnostic image quality in more than 98% of cases, and its results have a strong impact on patient management. Interim analyses underscore the prognostic value of clinical routine CMR in patients with CAD and HCM.

## Funding

Medtronic Inc., Minneapolis MN, USA.  
Novartis International AG, Basel, Switzerland.  
Siemens Health Care, Erlangen, Germany.

**Table 1 Impact of CMR on patient management by indication**

	Myocarditis/ Cardiomyopathy	Suspected CAD/ Ischemia	Viability
All (from n = 27781)	32.2%	34.2%	14.6%
New diagnosis	11.4%	8.1%	5.3%
Therapeutic consequences:			
Change in medication	25.3%	24.3%	33.2%
Invasive procedure	6.9%	23.1%	24.2%
Hospital discharge	10.4%	14.3%	6.9%
Impact on patient management (new diagnosis and/or therapeutic consequence)	55.1%	71.4%	71.5%

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Published: 30 January 2013

#### Reference

1. Wagner A, et al. *J Cardiovasc Magn Resn* 2009.

doi:10.1186/1532-429X-15-S1-O96

**Cite this article as:** Wagner et al.: European Cardiovascular Magnetic Resonance (EuroCMR) registry - multi national results from 57 centers in 15 countries. *Journal of Cardiovascular Magnetic Resonance* 2013 15 (Suppl 1):O96.

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