LETTER TO THE EDITOR

doi:10.1093/ehjci/jes322

Research and Innovations Committee a new outlook for the European Association of Cardiovascular Imaging (EACVI)

The cardiovascular imaging is changing fast. New technologies, new practices are facing an important rise in the cost of cardiovascular imaging.¹

To be recommended in the guidelines, 2 new therapeutic agents or devices must have been validated in large observational studies or registries and, even better, in randomized studies. This has been the case for cardiac resynchronization therapy as well as for recent pharmacological agents. We have not yet such exigency for imaging techniques but it might evolve in the near future.

However, it exists an increasing necessity to demonstrate that our main imaging techniques and measurements, used in our daily practice, are useful and capable of improving our ability to better treat our patients. In addition, the need of establishing how imaging may affect clinical decision-making and outcome of cardiovascular diseases may become a prerequisite to the use of new technologies in the near future.

Furthermore, it appears urgent to organize our community and our association in order to promote and conduct large multicentre studies or registries in the field of imaging.

That is one of the goals of the new board of the EACVI and its current president, Pr Patrizio Lancellotti.

The EACVI research committee aims at creating a research network for large-scale quality and outcome studies in order to highlight the robustness of echo- and other imaging modalities

in clinical cardiology. This committee has the ambitious of becoming an original platform for discussing the development of imaging protocols and helping launch imaging studies in Europe. To join our research network, we urge you to become member of the EACVI and have your laboratory accredited.

EACVI has prepared a first multicentre study to obtain the reference values for cardiac chamber quantitation by echocardiography. Indeed, due to the lack of consistency in current echocardiographic 'reference values', their use for clinical decision-making remains questionable.

EACVI has already started a collaborative project jointly with the American Society of Echocardiography, echo manufacturer, and software developers to run a project aimed at standardizing the measurement of myocardial deformation among different vendors in order to include deformation parameters in the routine of the echo laboratories. Our research committee will also work to evaluate the reproducibility of new echo-imaging techniques and software platforms. By creating a large echo- and potentially other cardiovascular imaging techniques database centralized in the EACVI Core Lab of Liège, Belgium, the EACVI will offer a unique opportunity for industry to test their new algorithms.

EACVI research committee has been set up to provide the standards (reference values, reproducibility, and limits of agreement) on which base our echocardiography practice, but also to plan future outcome studies to assess the relative value of echo and other imaging modalities in various clinical settings. This activity will expand the mission of EACVI by integrating education and quality control with scientific goals to produce data and evidences useful to patients, clinicians, and on which future European Society of Echocardiography guidelines can be based.

These activities will allow EACVI research committee to progressively gain popularity in our imaging community. The contribution of the industries involved in the cardiovascular imaging field, which have always be supportive of EACVI initiative, will strengthen research committee activities.

References

- Iglehart JK. Health insurers and medical-imaging policy—a work in progress. N Engl J Med 2009;360: 1030—7.
- Jacobs AK, Kushner FG, Ettinger SM, Guyton RA, Anderson JL, Ohman EM et al. ACCF/AHA Clinical Practice Guideline Methodology Summit Report: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2013;61:213–65.

Erwan Donal

Service de Cardiologie, CHU RENNES, CIC-IT 804 and LTSI, INSERM U 1099, Université Rennes-1, Rennes, France.

Service de Cardiologie, CCP-CHU Pontchaillou, 35000 Rennes, France

Corresponding author. Tel: +33 2 99 28 94 75; fax: +33 2 99 28 25 10. Email: erwan.donal@chu-rennes.fr

Luigi Badano

Department of Cardiac, Thoracic and Vascular Sciences University of Padua, Via Giustiniani 2, Padua 35123, Italy

Gilbert Habib

Department of Cardiology; Hôpital La Timone, Marseille, France

Gerald Maurer

Department of Cardiology; Medical University of Vienna, Vienna, Austria

Patrizio Lancellotti

GIGA Cardiovascular Science; and Heart Valve Clinic, Imaging Cardiology, University of Liège Hospital, Liege, Belgium