I read with great interest the paper by Davlouros et al, which describes the disappointing reality with reference to cardiovascular magnetic resonance (CMR) imaging in Greece.1 This important paper comes two years after Dr. Danias, in a stimulating editorial comment, urged cardiologists and radiologists in Greece to collaborate and advance CMR, leaving behind narrow-minded approaches.2 Sadly, very little has changed over these two years in Greece, despite the tireless efforts of distinguished Greek CMR specialists who have international recognition, such as Dr. Mavrogeni from the Onassis Cardiac Centre. Although CMR imaging in western Europe and the USA is playing an increasing role in the noninvasive assessment of patients with cardiovascular diseases, physicians in Greece find it difficult to endorse this technique in clinical practice. The reasons for this discrepancy are well described in the paper by Davlouros and colleagues. I would only like to emphasise the importance of education. In my view, this is the only way to go forward and make cardiologists and other physicians familiar with this technique. Taking myself as an example, I knew nothing about CMR until 2005, when I attended one of the seminars organised for trainees in Cardiology by the Hellenic Cardiological Society (HCS). Here, I heard for the first time a lecture on CMR imaging by Dr. Danias and I saw how enthusiastically the past President of the Society, Professor Boudoulas, talked about the great potential of this new technique. My application for a scholarship from the HCS was successful and in January 2006 I joined the University of Oxford Centre for Clinical Magnetic Resonance Research (OCMR) in the United Kingdom. Here in the OCMR I witness everyday the amazing capabilities of CMR, and how this technique can advance our knowledge of cardiovascular diseases and improve the care of our patients. I have also seen the significant rise in referrals for CMR scans: an almost 4-fold increase between 2006 and 2008. Importantly, I have seen how cardiologists (who perform and interpret CMR studies in our unit) can work together with radiologists (who review scans for important cardiac and extra-cardiac findings) for the best interests of our patients. Lastly, I see the versatility of CMR for assessment of cardiac anatomy (in multiple planes), function (global and regional with cine CMR), viability (delayed enhancement or low-dose dobutamine test), perfusion (under vasodilator stress), blood flow (to assess stenotic or regurgitant valve diseases), and vasculature.3-7 CMR is no longer a boutique technique; it is a robust, clinically useful modality with continuous improvement in terms of ease of use and speed of acquisition. A study of cardiac anatomy, function and viability can now be completed in less than 30 minutes with superb image quality and excellent reproducibility.
Educational activities organized by the Society of Cardiovascular Magnetic Resonance (SMCR) or the euroCMR working group are, of course, a way for Greek cardiologists to learn about CMR, but they are not enough to advance the field in our country. The role of scientific bodies such as the HCS is crucial for the future growth of CMR in Greece. The seminal events that opened the doors of CMR training for me would probably never have happened if the HCS had not organised seminars for trainees and had not supported me with a scholarship. Importantly, the HCS should work towards a change in Greek legislation, which is currently a major obstacle for cardiologists wishing to get involved with CMR imaging. The international guidelines from the SMCR are clear: both cardiologists and radiologists can become CMR specialists as long as they fulfill certain training requirements. Overall, advancing CMR imaging in Greece is not an easy goal, but we should be optimistic and every effort should be made to offer our patients the opportunity to benefit from the capabilities of CMR.

References