

September 9, 2020

To: American College of Cardiology
American College of Chest Physicians
American College of Physicians
American College of Radiology
American Heart Association
American Society of Echocardiography
American Thoracic Society
European Association of Cardiovascular Imaging
European Society of Cardiology
European Society of Radiology
Heart Rhythm Society
Infectious Disease Society of America
North American Society of Cardiovascular Imaging
Radiologic Society of North America
Society of Cardiovascular Magnetic Resonance
Society of Critical Care Medicine
Society of General Internal Medicine
Society of Hospital Medicine

Dear Society Leadership:

We are a group of clinicians, researchers and imaging specialists writing in response to recent publications and media coverage about myocarditis after COVID-19. We work in different areas such as public health, internal medicine, cardiology, and radiology, across the globe, but are similarly concerned about the presentation, interpretation and media coverage of the role of cardiac magnetic resonance imaging in the management of asymptomatic patients recovered from COVID-19.

Studies¹⁻³ investigating the prevalence of myocarditis in patients with recent COVID-19 have found features of subclinical myocarditis on cardiac magnetic resonance (CMR) imaging in patients without symptoms. Some commentators have raised concern that COVID-19 may lead to frequent, serious long-term cardiac sequelae even among people who have had mild infection and are currently asymptomatic.

We wish to emphasize that the prevalence, clinical significance and long-term implications of CMR surrogates of myocardial injury on morbidity and mortality are unknown. Further, it is unclear if the elevated T1 and T2 flagged in these studies are clinically significant, particularly in isolation, if treatment is needed, and, if so, what the management should be. These important questions should inspire future prospective studies.

Nonetheless, these reports have attracted significant media coverage, at times amplified by speculation on possible clinical implications, thus generating substantial anxiety amongst members of the general public. As a result, we are aware that some individuals are seeking CMR testing despite the absence of cardiac symptoms. We believe that, given the preliminary nature and limitations of the current evidence, testing asymptomatic members of the general public after COVID-19 is not indicated outside of carefully planned and approved research studies with appropriate control groups.

In light of your societies' standing in the community and advocacy against low-yield testing and low-value medical care through your sponsorship of the Choosing Wisely⁴, Image Wisely⁵, and other similar campaigns, we request that you offer clear guidance discouraging CMR screening for COVID-19 related heart abnormalities in asymptomatic members of the general public.

Sincerely,

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