

Elections to EACVI Board 2020-2022

Application for the position:

-
- EACVI Councillor (Cardiovascular Magnetic Resonance)
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1. Your Identity

Title	Medical Doctor	
Family Name(s)	Raimondi	
First Name(s)	Francesca	
Birth Date	23/03/1976	
Type of address	Business x <input type="checkbox"/>	Home <input type="checkbox"/>
Institute/Organisation	Hopital Necker Enfants Malades, Université Sorbonne Paris Cité	
Department	Pediatric Cardiology and Cardiovascular Surgery, Pediatric Radiology	
Address	149 Rue des Sevres	
Post Code/Zip	75015	
City	Paris	
Country	France	



2. General Curriculum Vitae (300 words max)

Specialization in Cardiology, 2005, Rome, 50/50 cum laude

Consultant Pediatric Cardiologist, 2006-2009

Department of Pediatric Cardiology, Bambino Gesù' Hospital Rome

Consultant Pediatric Cardiologist, January 2011 till present

Department of Pediatric Cardiology, Hôpital Necker Enfants Malades Paris

Clinical Lead of Non invasive Pediatric Cardiac Imaging 2012 till present (CMR and cardiac CT) in the Department of Pediatric Radiology

Resercher in Heart-Morphogenesis team directed by Dr Sigolene Meilhac, Institut Imagine INSERM, Sorbonne Paris Cité

Honorary contract at Evelina Children's Hospital London, Fetal cardiology Unit, Pr John Simpson and cardiac MRI, Pr K. Pushparajah.

Granparenting/Certification level 3 of European Society of Cardiology for Congenital Cardiac MRI

Granparenting/Certification level 3 of European Society of Cardiology for Cardiac CT scan

"Habilitation à Diriger les Recherches" of Sorbonne University (Post-doctoral degree, national academic accreditation for Full Professor)

Scientific collaboration:

Pr K. Pushparajah, Evelina Children's, King's College London and University of Santiago del Chile, Pr S.Uribe, Pr J.Sotelo "4D flow MRI in congenital heart disease"
Pr Jose Fullana, Institut Jean le Rond d'Alembert CNRS, Université Pierre et Marie Curie « Modelling of pressure gradients in simple and complex stenosis with 4D Flow MRI sequence»

Dr Albert Xsiao University of California, San Diego "Pediatric application of 4D Flow"

Dr. Giovanni Aquaro, Fondazione G. Monasterio, Pise. "Cardiac MRI and T1 mapping in congenital and inflammatory cardiomyopathies"

Member of Scientific Board of "Lumière", Fetal Multimaging Platform

<http://fondation-lumiere.org>

Principal investigator of "CARDOVID Registry (endorsed SCMR) of children with COVID 19 infection

Areas of interest

Fetal and pediatric Echocardiography

Expert in diagnosis and follow up of complex congenital heart diseases

Cardiac MRI

Development of 4D flow MRI in congenital heart diseases

Development of T1 mapping sequences in children

Cardiac CT

Development of scanning protocols to minimize radiation burden (2018 certification 5/5 stars for radioprotection by the European Society of Radiology)





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3. Previous experience(s) in the EACVI or ESC or your National Bodies?

I'm a silver member of EACVI, I participate regularly as faculty member to the annual congress of CMR/SCMR.

In France, I'm part of the French Society of Cardiology (FSC) and of the Society of Congenital heart disease (FCPC), being particularly active in the cardiac Imaging Committee.

I'm also member of French Society of Radiology (SFR) and of French Society of Pediatric Imaging (SFIPP).

I'm also a member of Association of European Pediatric and Congenital Cardiology (AEPC), specifically in the following working groups: -Committee of "Cardiac Imaging -Committee of "Fetal Imaging -Committee of "Cardiovascular Morphology"

4. Are you a Board or Nucleus Member of another scientific organisation?

Yes

If Yes, please specify:

Steering committee SCMR/Congenital section 2020-2023

5. Publications (please list max 10 of your most important publications)

1. G.D. Aquaro, A. De Luca, C. Cappelletto, **F. Raimondi**, F. Bianco, C. Grigoratos, M. Minati, A. Pingitore, A. Stolfo, M. Merlo, G. Di Bella, and Sinagra. G. Prognostic role of cardiac magnetic resonance phenotype in patients with definite arrhythmogenic right ventricular cardiomyopathy (PROAC): a multicenter study. **J Am Coll Cardiol.** 2020 Jun 9;75(22):2753-2765.



2. K. Warin-Fresse, M.A. Isorni, JN. Dacher, F. Pontana, G. Gorincour, N. Boddaert, A. Jacquier, and **F. Raimondi**. Pediatric cardiac computed tomography angiography: Expert consensus from the Filiale de Cardiologie Pédiatrique et Congénitale (FCPC) and the Société Française d'Imagerie Cardiaque et Vasculaire Diagnostique et Interventionnelle (SFICV). **Archives of Cardiovascular Disease**.
3. M.A. Isorni, D. Martins, N. Ben Moussa, S. Monnot, N. Boddaert, D. Bonnet, S. Hascoet, and **F. Raimondi**. 4D flow MRI versus conventional 2D for measuring pulmonary flow after Tetralogy of Fallot repair. *International Journal of Cardiology* 2020; 300:132–136
4. D. Martins, D. Khraiche, A. Legendre, N. Boddaert, O. Raisy, D. Bonnet, and **F. Raimondi**. Aortic angle is associated with neo-aortic root dilatation and regurgitation following arterial switch operation. *International Journal of Cardiology* 2019; 280:53–56.
5. D. Martins, C. Ovaert, D. Khraiche, N. Boddaert, D. Bonnet, and **F. Raimondi**. Myocardial inflammation detected by cardiac mri in arrhythmogenic right ventricular cardiomyopathy: A paediatric case series. *International Journal of Cardiology* 2018; 271:81–86
6. Berteloot L, Proisy M, Jais JP, Levy M, Boddaert N, Bonnet D, **Raimondi F**. Idiopathic and Heritable Pulmonary Arterial Hypertension in childhood: a systematic analysis of Chest angiographic Computed Tomography at diagnosis. **Pediatric Radiology** 2019; 49(5):575–585
7. **Raimondi F**, Aquaro GD, De Marchi D, Sandrini C, Khraiche D, Festa P, Ait Ali L, Boddaert N, Bonnet D. MRI myocardial perfusion after arterial switch for transposition of great arteries. **JACC Imaging** May 2018; 11(5):778-779
8. Habib Geryes B, Calmon R, Warin-Fresse K, Boddaert N, Khraiche D, Bonnet D, **Raimondi F**. Low-dose paediatric cardiac computed tomography at any heart rate: assessment of effective dose and image quality. **European Journal of Physica Medica** May 2018; 49:99-104
9. **Raimondi F**, Iserin F, MD, Raisy O, Laux D, Bajolle F, Boudjemline, Bonnet D. Myocardial inflammation on cardiovascular magnetic resonance predicts left ventricular function recovery in children with recent dilated cardiomyopathy. **Eur Heart J Cardiovasc Imaging** 2015; 16 (7): 756-762
10. Bonnemains L, **Raimondi F**, Odille F Specifics of cardiac magnetic resonance imaging in children. **Arch Cardiovasc Dis**. 2016, February 109 (2)





6. Hirsch Index to date, by Web of Science

7 (WOS)

7. Why are you interested in joining the EACVI Board (300 words max)?

I am a cardiologist, specialised in congenital heart disease and with a distinct expertise in non-invasive imaging (foetal/paediatric echocardiography, MRI and CT scan).

I would be honoured to join the EACVI Board to represent the congenital heart disease community.

Number of patients with congenital heart disease is dramatically increasing. Therefore, cardiologists are nowadays facing a new population of complex patients (children and grown-up) who survive previously lethal conditions. Non-invasive cardiac imaging is the most important tool for diagnosis and follow-up in patients with congenital heart disease.

Echocardiography needs a really specific expertise, including deep knowledge of cardiac anatomy and pathological variants of anatomical structures. It requires long and specific learning tutoring by expert congenital cardiologists.

Cardiac MRI, non-invasive and not reliant on ionizing radiations, is the gold standard for anatomical and functional cardiac assessment, especially in adolescents and adults, where Echocardiography is often technically challenging.

Multimodality approaches based on different cardiac imaging techniques (Echo, MRI and CT scan) are precious for both diagnostic and therapeutic decisional processes, and this area should be encouraged and inspiring for young fellows.

I had the opportunity to learn and practice in all fields of congenital heart disease both in term of population (paediatric and grown-up), and imaging techniques (foetal and paediatric echo, MRI, CT scan), and to collaborate with many international groups of congenital experts.

I would be pleased to offer my experience to the European Community in order to contribute to scientific and clinical advances, and to support the growth of "multimodality expertise".

In case I'll be elected, I'll work to:

1- improve multimodality imaging integration in terms of clinical



EACVI

European Association of
Cardiovascular Imaging

application and technology development.

2- support research in CMR

3- support education program in order to create young imagers able to deal with all the different imaging modalities with a patient centred approach.



ESC

European Society
of Cardiology