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Dr. Jason Wong

President's Blog

Dear CAIR members,

The CAIR Initiative is now underway. We want to raise awareness about the benefits of IR treatments for patients and we aim to lift the hurdles that stand in the way of better access to IR in Canada.

Please take a look at our new section on Uterine Fibroid Embolization (UFE) on the CAIR website. The section provides information on uterine fibroids, UFE and resources where the treatment is available. Feel free to contact Sarah Elimam and Daniel

Lapointe at the CAIR office to add your name to the list of UFE resources available in Canada.

The CAIR will launch later in April a social media advertisement campaign on the benefits of UFE. We aim to reach out to the target audience of women between the age of 35 and 50 and to direct them to the new CAIR website section. Ads will also appear in other media. Stay tuned...

The CAIR 2019 Annual Meeting, organized in collaboration with the CAMRT, is coming up very soon. The Spring issue of the CAIR

Express is devoted to the remarkable four guest speakers we are very fortunate to feature at the event. Join us in Toronto for what promises to be one of the best CAIR Annual Meetings ever.

Take CAIR!

Jason Wong,
CAIR President



CAIR 2019 Annual Meeting: Chair word

CAIR 2019 will be another exciting meeting for our membership.

The planning committee has worked very hard to ensure many amazing learning opportunities for the Canadian interventional radiology community. This includes talks from four world renowned guest speakers: Drs. Victoria Marx, John Kaufman, Robert Morgan and Wael Saad. In addition, there are many excellent Canadian faculty scheduled to present.

I am personally excited for many sessions, but am especially anticipating the Best and Worst Cases, Portal Hypertension Multidisciplinary Panel, Transplant Intervention Masterclass and the always entertaining Jeopardy Film Panel.

Last but not least, our Technologist and Nurses planning committee has also developed an amazing MRT&RN Day. The day prior the annual meeting, there will be trainings on drug eluting, capnography, ultrasound as well as lectures on

the radial access and a discussion on What Would Every IR Do (WWEIRD)?

Furthermore, the T&N will have their own Masterclasses, with sessions on marijuana and sedation along with an M and M session.

There is something for everyone at our annual meeting! I look forward to seeing everyone there!

 Amol Mujoomdar,
CAIR Annual Meeting Chair



18TH CAIR ANNUAL MEETING
In collaboration with the **CAMRT**

MAY 30 – JUNE 1, 2019
REGISTRATION NOW OPEN

Preliminary program available on the website

PRE-MEETING
MRT&RN DAY
(exclusive program – separate registration is required)
May 29, 2019 | 8:00 am – 5:00 pm

FELLOWS & RESIDENTS DAY
(by invitation only)
May 29, 2019 | 8:00 am – 5:00 pm

CAIR Canadian Association for Interventional Radiology
Association canadienne pour la radiologie d'intervention

CAMRT ACTRM

HILTON TORONTO
145 Richmond Street West, Toronto (ON) M5H 2L2

CAIR 2019 Annual Meeting Guest Speakers.

"I am an avid nature photographer and go to Yellowstone National Park every summer to hike and shoot photos."

Dr. M. Victoria (Vicki) Marx finished her radiology residency at Ohio State University in 1986. She went on to do fellowships in abdominal imaging and interventional radiology at Washington University. She joined the Department of Radiology at University of Michigan in 1989, subsequently becoming Section Head of Interventional Radiology and director of the IR fellowship program through 1999.

She has been on the USC faculty since that time and leads an active clinical practice in addition to her administrative and educational roles. She has specific clinical and educational interests in women's health, biliary disease, and radiation safety. She serves as the department's Vice Chair for Education as well as being the Diagnostic Radiology residency program director and the Interventional Radiology residency associate program director.

Dr. Marx is active in multiple national professional organizations. She is on the Board of Directors of the Association of Program Directors in Radiology. She is a Trustee of the American Board of Radiology and a member of the Radiology Residency Review Committee of ACGME. Finally, she has had numerous leadership positions in the Society of Interventional Radiology and just completed her term as the Society's President.



Dr. Mary Victoria Marx

CAIR Interview Question & Answers

1. Interventional Radiology has started diverging from Diagnostic Radiology in many centers in the US. What have been some of the advantages and challenges to Interventional Radiology becoming an independent specialty?

Recognition of Interventional Radiology as a primary specialty by the American Board of Medical Specialties is official recognition of IR's "ownership" of a unique domain of medical

knowledge, and official acknowledgement that interventional radiologists are medical decision makers, not proceduralists. That is a huge advantage for the future of the specialty. The ability to recruit future IRs directly from medical school is another advantage; the applicant pool for the integrated IR residency is superb and IR is one of the most competitive specialties in the NRMP Match. The residency will not only provide them with the education to

become excellent clinically and technically, it will promote a much more robust IR research pipeline than currently exists with the fellowship model.

The relationship between IR and DR is evolving and challenges exist. Some of the challenges relate to changes in the ways IRs expect to practice and others relate to changes in business models for DR. Most traditional DR practices do not have a history of supporting IR clinics and they operate with exclusive

hospital contracts. Many IRs in traditional DR-dominant private practices practice IR part time, participating in the DR case load the rest of the time. IRs trained in the new residency model will expect, and in fact need, to practice clinical IR as well as procedural IR and may want to be involved in IR practice full time. In addition, many traditional DR practices are now being bought by large corporations. All of these changes are impacting the business models of both DR and IR. SIR is collaborating with ACR to develop a survey tool to gain more knowledge about the current trends in the practice of IR and DR throughout the country.

2. Could you tell us something about the vision of SIR in the coming years and any specific plans to advance IR practice in North America?

SIR has endorsed a new national awareness campaign aimed at building alliances with referring physicians and empowering patients to ask about IR. ‘*Vision to heal, Together*’ campaign, which kicks off in the fall of this year, will include radio, display and social media advertising, video and sponsored content. The campaign will cover four areas where IR deliver care: vascular disease, cancer, men’s health and women’s health. The goal of the initiative is to broaden

recognition of the IR specialty and to increase patient access to IRs and the minimally invasive, image-guided treatments they provide. These treatments address medical conditions that once required open surgery with less risk and faster recovery times.

SIR believes that patients and referring physicians need to know more about the ability of IRs to provide longitudinal care and deliver cutting-edge treatments for the toughest medical problems.

Dr. Saad is a Physician of 20 years and is internationally recognized for liver disease including liver transplantation, hepatobiliary disease and portal hypertension. He has over 240 publications, and over 70 book chapters and is an author of 4 books. He completed his residency at the University of Rochester, New York and his Fellowship in Vascular & Interventional Radiology at Mallinckrodt Institute of Radiology, Washington University, St. Louis. He practiced Interventional Radiology at the University of Rochester and University of Virginia before coming to the University of Michigan in 2013. At the University of Virginia he was the program director of the Vascular & Interventional Radiology Fellowship. Dr. Saad is active in the Society of Interventional Radiology (SIR) and was awarded the SIR-Fellowship in 2010. He served as the Chairman of the SIR Standards of Practice Committee from 2011 through to 2014.



Dr. Wael Saad

CAIR Interview Question & Answers

1. Could you tell us some more about the SIR Standards of Practice Committee, its mandate and how SIR generates its recommendations?

SIR Standards of Practice Committee is one of the committees that differentiates SIR as an advanced practice society representing the newly recognized medical specialty of IR. The committee is involved in generating documents regarding practice guidelines, procedural & clinical standards and reporting (including research) standards. These documents are generated by committee consensus founding it on evidence-based research where available.

2. University of Michigan was one of the first few programs to offer the integrated interventional radiology residency? How has that worked out since?

Correct, the University of Michigan was one of first 8 programs in the United States to be approved for the new “integrated IR-residency” and was unofficially declared by the RRC (Residency Review Committee) as the most ready institution for a new residency. This was because of early strategic planning 3 years prior to the implementation of the residency by developing the IR Clinical Pathway, which was viewed as the prelude to the IR-Residency. This has worked very well for the University of Michigan ever since and is attributed to the great collaboration of the Diagnostic Radiology program

led by Janet Bailey, the IR Residency Program Director led by Minhaj Khaja and the Surgery Residency Program led by Paul Gauger.

3. Tell us about your endeavors regarding IR outreach in Africa & the Middle East.

There are concerted efforts by many individuals and bodies, including SIR, to help promote & develop IR in Africa & the Middle East. My personal story started 15 years ago when I was recently out of IR training. My efforts started in promoting IR in my country of origin, Egypt. I personally trained IRs in Egypt and encouraged American & Japanese IRs to go to Egypt and help train IRs. In these last 15 years we have grown the IR pool in Egypt from less than 10-IRs to over 100-IRs. Thanks to SIR, under the leadership of Brian Stainken & Karim Valji, we were able to establish the Egyptian Board of IR (EBIR); which is a 2-year fellowship and an ABR-similar exam (American Board of Radiology). In addition, we have been able to establish an IR meeting in the Middle East called Middle East Endovascular Symposia (MEETSymposia) and the Society of African IR & Endovascular therapy (SAFIRE) in the last 3 years. These organizations with their associated conferences, workshops & academic activities have synergistically helped highlight IR in the Middle East & Africa.

“I like deep sea fishing & for an Egyptian, I wish I would one day ski down a slope safely!”



Dr. John Kaufman

John A. Kaufman, MD, MS is the inaugural Chair of the Department of Interventional Radiology Director of the Dotter Interventional Institute and the Frederick S. Keller Professor of Interventional Radiology at the Oregon Health & Science University in Portland. He also has appointments as Professor of Diagnostic Radiology, Surgery and Medicine at OHSU. A native of Boston, Dr. Kaufman worked at the Massachusetts General Hospital from 1991 until 2000, when he joined the Dotter Institute. He has had pivotal roles in the transition of Interventional Radiology from a sub-specialty of Diagnostic Radiology to primary specialty of the American Board of Radiology, and the development of the IR residency. His research focus has been on vena cava filters and aortic stentgrafts. Dr. Kaufman has authored or co-authored more than 200 publications including 5 textbooks. He is co-Editor of the quarterly review journal Techniques in Vascular and Interventional Radiology (TVIR), and is the Section Editor for Vascular and

Interventional Radiology for the American Journal of Radiology (AJR). He was honored as a Gold Medalist of the Society of Interventional Radiology (SIR), Distinguished Fellow of the Cardiovascular and Interventional Radiology Society of Europe, and Distinguished Alumnus of the Boston University School of Medicine. He has served as Chair of the American Heart Association (AHA) Council on Cardiovascular and Interventional Radiology, President of the SIR, Chair of the SIR Foundation, and president of VIVA. He is a Governor of the American Board of Radiology, and chair-elect of the OHSU Professional Board. Most important, he is married to Cathy Kaufman, and they have three children, five grandchildren, and 4 dogs.

CAIR Interview Question & Answers

1. As Editor of an important journal, you must see a wide array of manuscripts and research studies. How has research in IR developed over the years and where are we in comparison to our clinical colleagues?

The overall quality of research in IR, both clinical and pre-clinical, has improved dramatically over the last decade. As the specialty has matured, the emphasis on

hypothesis driven prospective comparative clinical studies has increased with the publication of pivotal manuscripts in arterial and venous diseases in high-impact journals. However, smaller observational studies – which are critical building blocks in the development of study questions - remain the most common types of manu-

scripts in the IR literature. Formal systematic reviews and structured meta-analyses have also improved in quality. When comparing IR literature to that of other specialties it is important to keep in mind the challenges of conducting studies based upon interventions.

In general, it is difficult to

enroll the large numbers seen in pharma studies. Outcomes depend upon presumed uniformity of operator decision-making and skills, which is not realistic (for example, angioplasty or no angioplasty is not the same as aspirin or no aspirin).

Lastly, techniques and devices evolve more quickly than drugs or imaging technology, such that procedures may change over the course of the study. As in all things, there is plenty of room for improvement in the level of evidence developed by research in IR, but we should all be proud of the achievements of the last decade.

2. You have served as Chair of a council within the American Heart Association. How important is it for IRs to be part of colleague clinical organizations and what advice would you have for CAIR regarding strengthening ties with other clinical specialties?

I think it is critically important for IR to interface and dialogue with other specialties that relate to the patients that we are managing and treating. The value of demonstrating commitment to the patients that we have in common in terms of generating respect for our contributions to care is enormous. Otherwise, we risk being perceived as focused only on our procedures. If we want our voices heard and listened to, we need to participate in multidisciplinary professional activities at every level – from the local practice to the international arena.

One thing that I learned working on AHA councils was to avoid taking a reflexive, protectionist “IR-first” position on every issue. This leads pretty quickly to isolation, which in turn loses far more than it gains.

Finding commonality whenever possible, and only taking a firm stance when truly necessary (but with respect for the opposing

views) builds trust between specialties. This trust yields huge benefits in collaboration over the years and makes it far easier to handle thorny issues.

“I really like to cook, and finally figured out how to reliably make gnocchi that were like little airy clouds rather than lead pillows!”



Dr. Robert Morgan is a Consultant in Vascular and Interventional Radiology and Chief of Aortic imaging at St George's University Foundation NHS Trust (UK). He trained in Interventional Radiology at the University of Texas and at Guy's and St Thomas's Hospitals. Clinical interests are the imaging and the endovascular treatment of aortic and peripheral vascular disease; embolization of haemorrhage, visceral artery aneurysms and endoleaks; and hemodialysis access management including the percutaneous creation of arteriovenous fistulas. Dr. Morgan was instrumental in the creation of the European Board of Interventional Radiology examination (EBIR) and has written over 140 peer-reviewed articles, edited 3 books, written 42 book chapters, and has given over 250 invited lectures. He is President of CIRSE and deputy editor for CVIR Endovascular.

"I used to enjoy singing in a choir. I was a bass voice and participated in such works as Mozart's Requiem and Handel's Messiah. I used these attributes singing at international rugby matches, watching Wales play in the Five- and more recently the Six Nations."

CAIR Interview Question & Answers

1. The EBIR examination is attempted by IRs across the world and is quite well known now. How has the examination helped IR practice in Europe?

The EBIR examination has helped IRs to show that they have achieved a set standard of IR knowledge. This enables them to compete favorably with non-EBIR holder IRs when applying for IR posts. This is particularly so when IRs seek to move from one country to another where the knowledge of individual training schemes are not well appreciated from one country to another. The possession of the EBIR diploma is also a powerful tool certifying to other specialties that the IR is competent in the specialty of interventional radiology.

2. The NHS has dealt with large budget cuts and restructuring in the last decade. How has this impacted Interventional Radiology and what can we in Canada learn from this experience?

As IRs, we must ever be cognizant of the costs of the procedures and devices that we use to treat our patients. In the UK, we have used our knowledge of competing therapies and devices to select the best for our patients while avoiding very expensive device and treatment options, wherever possible. Using this approach and despite the restrictions on the NHS budget, UK interventional radiology has gone from strength to strength.

CAIR Annual Meeting 2019

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MAY 30 – JUNE 1, 2019



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Corporate Partners News



LifeStream® Balloon-Expandable Covered Stent: 9-Month Results from the BOLSTER Study – article now available!

PHILIPS

Azurion 7 C20 with FlexArm - The advanced suite that works around you.



Terumo is proud to once again support the upcoming 2019 CAIR meeting in Toronto, please visit us at our booth to see what is new.