

CAIR EXPRESS

Official Newsletter of the Canadian Association for Interventional Radiology

FALL - WINTER EDITION

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PRESIDENT'S MESSAGE



Dr. Amol Mujoomdar
CAIR Board President

Dear CAIR Members,

I'd like to take the opportunity to thank you, CAIR's loyal supporters, for your continued commitment to our association. I hope that you are taking care of yourself as best as you can in these unprecedented times.

Just as we have had to pivot and adjust in our own workplaces, CAIR is doing the same. CAIR is moving to virtually-delivered content for the foreseeable future, which means we all have access to excellent content regardless of the geographical location where its being delivered. I'm excited to benefit from and contribute to this pan-Canadian approach.

More than ever, it was important to ensure CAIR continued to provide essential programs and services that helped the IR community navigate these trying times. This shift required agility, and significant investment and innovation from across the organization: board, staff, and volunteers.

In the last few months, here's what we've been doing to advance knowledge for the IR community:

- we've started our online learning series with a Virtual Angio Club that included presentations from Interventional Radiologists from across Canada on a variety of topics. Each presentation was followed by discussions and active interactions - additional sessions are planned with exciting speakers in the near future.
- we've developed educational resources, learning, and networking opportunities for residents, fellows, and medical students via a newly created Residents, Fellows, and Students Section (RFS)
- we've worked with our industry partners and promoted their custom content series via member e-blasts - offering them a chance to present to high level Interventional Radiology professionals across the country and around the world.
- we've issued a statement in support of the IRs in Canada who are taking an active role in patient care, including outpatient clinics and inpatient admissions in the care of patients undergoing IR procedures.



PRESIDENT'S MESSAGE



Dr. Amol Mujoomdar
CAIR Board President

Every day our association works hard to enhance the programs and services offered to the IR community, as well as work collaboratively with other organizations and government officials to address challenges, represent and advocate for interventional radiology interests, and provide value to the stakeholders.

We can't wait to accomplish even greater things for our members and our IR community, be that during our events or through innovative delivery of programs and services in a digital format.

If you haven't done so already, join our [Facebook](#) Community, follow us on [Twitter](#), and [LinkedIn](#), and let us know how we're doing.

Sincerely,
Dr. Amol Mujoomdar
President, CAIR Board



A special mention goes out to our CAIR Express Editor, Dr. Vamshi Kotha, who has been with us for the past three years and is stepping down at the end of the year.

Thank you for your dedication, commitment, and diligence!

NOTE FROM THE EDITOR



Dear readers,

I am grateful to the Canadian Association for Interventional Radiology (CAIR) for giving me this opportunity to serve as the CAIR Express Editor for the past three years.

During this time, I was fortunate to work with a fantastic team to improve the quality and outreach of our association's flagship newsletter. The journey has been both educating and enjoyable.

As I step down as Editor, I hope that our readership has enjoyed our newsletter over the past few years, and I wish the editorial team the very best going forward.

Please enjoy this edition and stay safe during these tumultuous times,

Dr. Vamshi Kotha



Dr. Vamshi Kotha
CAIR Express Editor

Thank You

Clinical Practice in Interventional Radiology

Statement from the CAIR Board of Directors

Over the last 50-55 years, since the first description of peripheral angioplasty, interventional radiologists (IRs) are at the forefront in advancing minimally invasive treatments of various diseases from the head (endovascular treatment of stroke) to the toe (limb salvage peripheral vascular treatments with angioplasty).

Interventional radiologists participate in different multidisciplinary care teams in the treatment of various diseases including (but not limited to):

- Peripheral vascular disease with endovascular therapies like balloon angioplasty, stenting, clot retrieval among others for patients with acute stroke and vascular disease involving the neck, aorta and branches, pelvis and legs for both occlusive and aneurysm disease
- Cancer with different procedures like biopsies, venous access for chemotherapy and different image-guided therapies for various cancers including tumor ablation, chemoembolization and radioembolization
- Dialysis interventions with different procedures for dialysis dependent patients including placement of hemodialysis catheters and maintenance of AV fistulas and grafts
- Trauma and emergency interventions with different embolization procedures in patients with acute life-threatening bleeding
- Inpatient interventions including many of the procedures listed, along with venous access procedures, enteral feeding procedures, abscess drain insertions, nephrostomy and biliary drain insertions among others

In addition, many Canadian IRs have followed the lead from their counterparts in other countries, by establishing clinical services. This includes outpatient IR clinics to allow for preprocedural clinical assessment, discussion of the intervention and development of a patient care plan, both in discussion with the patient and referring physician. As part of this service, many Canadian IRs have inpatient privileges to admit and manage patients after their IR procedures. As with any specialty, IRs should consult with any appropriate specialists to ensure good patient management, at their discretion.

This departure from “technician” and from the traditional role of diagnostic radiologist led to IR receiving subspecialty status from the Royal College of Physicians and Surgeons of Canada, and to the development of the IR residency. Although the technical skills of an IR are paramount, clinical training is emphasized in the standards of training documents.

In summary, CAIR supports interventional radiologists in taking an active role in patient care, including outpatient clinics and inpatient admissions in the care of patients undergoing IR procedures.

Global Outreach: The Road2IR in Tanzania



Aline D. Khatchikian, MD
PGY-3 Radiology Resident at McGill University

With a growing demand for minimally invasive procedures and a large underserved population worldwide, global outreach in IR is growing at a rapid pace. Tanzania is at the center of these advances with road2IR, the first IR training program in Sub-Saharan Africa. In Tanzania, a country of over 60 million people, there is only 1 diagnostic radiologist per 1 million people and no prior IR service.



Aline D. Khatchikian, MD

Established in 2018 under the leadership of Yale University's Dr. Frank Minja, neuroradiologist, and Dr. Fabian Laage Gaupp, IR fellow then resident, road2IR has created an IR master of science (MSc) degree at the Muhimbili National Hospital (MNH) in Dar es Salaam. The curriculum is based on hands-on case-by-case learning as well as online teaching and journal clubs. The first three IR fellows in the program are Dr. Ivan Rukundo, Dr. Azza A. Naif, and Dr. Erick M. Mbuguje. They have previously completed their diagnostic radiology residency at the same institution. Three radiology residents have already been selected to start their IR training in the next academic year.

Road2IR has attracted the participation of many IR departments including Emory, Yale, and Michigan. From Canada, there has been participation from health professionals from McGill University and Lakeridge Health in Oshawa. All visiting IR teams are welcomed at MNH as part of two-week rotations. Teams are composed of an interventional radiologist, IR nurse, IR technologist, and may include fellows, residents, and medical students. Flights for IR nurses and technologists are paid for in full by the organization. The aim of road2IR is not only to train the physicians but to train an entire team, as the techs and nurses are also new to IR in Tanzania.





The highlight of my experience was working with and learning from the motivated local team of IR fellows, residents, nurses, and techs.

A unique IR learning environment and new cultural experiences were driving factors in my decision to join the February 2020 University of Michigan team as a second-year radiology resident. Having discovered the program a year earlier online, I was initially hesitant to embark on my first international radiology project, especially with an IR team from another institution whom I did not know. However, I am so glad to have taken this leap of faith, as my participation in the new IR program in Tanzania has been one of the most rewarding experiences.

What happens when you sign up as a volunteer? Pre-departure preparations and logistics are organized by the road2IR team, making the experience simple and seamless. You receive an email containing information to facilitate your trip and have a series of calls to go over details and answer questions. Once in Dar Es Salaam, you are greeted at the airport and taken to your team's apartment, a 20 min walk from the hospital. For the two-week period, your team has a dedicated driver. You typically work from 8 am to 4 pm Monday to Friday. A teaching session given by the visiting attending, first thing in the morning, is always welcome. Residents and fellows work up and present referred patients to the visiting attending to plan appropriateness, type, and timing of intervention. On weekends, visiting teams are encouraged to explore the beaches of Zanzibar or go on a safari adventure in the Serengeti National Park.

During my two week rotation, we did ultrasound and CT guided core biopsies, nephrostomy and biliary drainage tube insertions and exchanges, biliary stent insertions, uterine artery embolizations, a splenic artery embolization, and a permacath insertion. Limited resources fostered creativity and innovation in the IR procedure room. The positive impact of these minimally invasive procedures was undeniable. Inserting percutaneous nephrostomy tubes allowed patients with obstructive uropathy, due to advanced cervical cancer, to have symptom relief. Offering image-guided core biopsies increased the probability of pathological diagnosis, in comparison to the local practice of blind fine-needle aspirations.

The highlight of my experience was working with and learning from the motivated local team of IR fellows, residents, nurses, and techs. I have reached out to the current IR fellows to get their perspective on their road2IR initiative.





Dr. Rukundo, how did you get introduced to IR, and what made you develop a passion for this specialty?

My introduction to image-guided interventions was during my exchange clinical rotation in Interventional Cardiology at a hospital in Germany. The procedures were life-saving, less invasive, and looked fancy like nothing I had ever seen back home. When I finished medical school, I had already decided on doing radiology and not cardiology but still wanted to pursue the dream of doing the fancy, image-guided and life-saving procedures. My passion grew because of my love for the ever-evolving imaging technology, the chance to interact with patients and the innovation in IR.

Dr. Naif, what benefits have you seen with offering IR services in Tanzania?

The benefits have been immense. We have heard so many positive feedback from the referring services and patients themselves. We have been able to somehow extend life expectancy to some of our patients, for example, those with advanced cervical cancer who were not able to undergo chemotherapy due to renal failure. Without percutaneous nephrostomies, their cancer treatment was not an option for them.

Dr. Mbuguje, what were the logistics and difficulties involved in introducing road2IR in your institution?

I would comment that there were no difficulties, rather opportunities. The IR service in Tanzania is a new field of medicine. We were required to introduce the field even to our fellow doctors and community in general through clinical meetings and going on live television for public awareness. Our institutes welcomed it with great passion and gave us the support we wanted. Current challenges are the availability of IR attendings, nurses, and technologists, and the issue of equipment which is still a problem in Tanzania and Africa in general.



Dr. Naif, what has been the highlight of your IR experience thus far?

To see those patients that would have died but otherwise got saved by IR procedures. To be able to learn from the incoming teams has also been the best experience. Everyone comes in so enthusiastic to teach which has been really great.

Dr. Rukundo, what do you think could be done to improve the process and outreach of road2IR even more?

I would say increasing the time that visiting teams spend in Tanzania from two week blocks to let's say one month or more depending on availability. This would help trainees to steadily develop under the available attending and would give more time for attendings to train targeted skills and better monitor the progress of trainees. Another idea is increasing global visibility via a road2IR website where all information can be accessed.

Dr. Mbuguje, how could Canadian IR teams contribute to road2IR?

The most important is to develop mutual agreements on how we can arrange human resources in capacity building. For example, sending IR attendings, nurses and technologists, getting the chance to attend professional meetings and workshops conducted by Canadian IR societies as well as benefit from professional mentorships.



In the short two years since its creation, road2IR has flourished into a multi-university collaborative effort and has become the new model for IR global outreach missions. The future is bright for this program which has been recently awarded the Derek Harwood-Nash International Education Scholar Grant by the RSNA Research and Educational Board of Trustees. There are now plans of expansion to create the first IR program in Rwanda, as Dr. Rukundo intends to bring his training back to his home country. Road2IR is also working with the Society of African Interventional Radiology and Endovascular Therapy (SAFIRE) towards advancing vascular and interventional radiology throughout the African continent.

Road2IR is always looking for IR teams to participate in their initiative, may it be in-person or virtually.

If you are interested and would like to get more information, please contact Aline D. Khatchikian aline.d.khatchikian@mail.mcgill.ca

You can also follow road2IR on [Twitter](#), [Instagram](#), or [Facebook](#), and visit Yale University's [global IR outreach website](#).



Celebrating Women in IR

There's a story behind every woman working in IR.

In September, as part of the Women in Medicine month, we were happy to offer you an insight into their inspiring journeys .

Dr. Marie-France Giroux

Dr. Marie-France Giroux studied medicine at the Université de Sherbrooke from 1991 to 1995. She then undertook her residency in diagnostic radiology at the Université de Montréal in 1995 and finished in 2000, followed by a fellowship in interventional and vascular radiology in 2001 at the Hospital of the University of Pennsylvania in Philadelphia. She completed her medical training in Bordeaux, France, where she underwent a specialized Doppler training program in 2001.

Dr. Giroux has been practising since 2001 at the Centre hospitalier universitaire de Montréal (CHUM), and was appointed associate professor in 2011. She developed a clinical mentoring program (fellowship) in interventional radiology at the CHUM.

From 2003 to 2013, Dr. Giroux was an active member of the Canadian Association for Interventional Radiology (CAIR) Board of Directors. Moreover, from 2007 to 2009, she was CAIR's first woman president of the board. Through her efforts and those of her fellow directors, interventional radiology was recognized as a subspecialty in Canada in 2015.

[Read more...](#)



Dr. Marie-France Giroux



Dr. Tara Graham



Dr. Tara Graham

Dr. Tara Graham is the current Chief of Vascular and Interventional Radiology at Trillium Health Partners and Lecturer at the University of Toronto, Faculty of Medicine.

She completed her Interventional Radiology training at University Health Network in Toronto in 2013 and has served on the CAIR board since 2014. Her practice includes Interventional Oncology, peripheral vascular disease and aortic interventions.

She is the current Vice President of CAIR and Scientific Director of the CAIR annual meeting.

[Read more...](#)

Dr. Alessandra Cassano-Bailey

Dr. Alessandra Cassano-Bailey is an Interventional Radiologist at the Health Sciences Centre in Winnipeg and the Program Director for Diagnostic Radiology at the University of Manitoba.

She was born and raised in Winnipeg and began her career as a high school teacher of Chemistry and Physics later completing her degree in Medicine at the University of Manitoba. Following residency training in Diagnostic Radiology she completed a sub-specialty fellowship in Interventional Radiology at the University of Manitoba and McGill University.

Her special interests include Interventional Oncology where in 2013 she initiated the Transarterial Chemoembolization program.

In addition to being a wife, mother of two and former university basketball player, she was the first practicing female Interventional Radiologist in the Province of Manitoba.

[Read more...](#)



Dr. Alessandra Cassano-Bailey



Dr. Véronique Caty

Dr. Véronique Caty finished her radiology residency at Université de Montréal in 2010. She completed the first year of fellowship at the Centre Hospitalier Universitaire de Montréal, (CHUM). She then continued her post graduate training in the Bay Area, California, at El Camino Hospital.

She has been working at Hôpital Maisonneuve-Rosemont in Montreal (CIUSSS de l'est) since 2012. Her clinical interests include: dialysis access, venous insufficiency, percutaneous tumor ablation, fibromas and prostate embolization.

She is involved with resident and fellow training. She has been a part of CAIR board since 2018 and is actively committed to interventional radiology advocacy to peers and patients.

[Read more...](#)



Dr. Véronique Caty

Dr. Melissa Skanes



Dr. Melissa Skanes

Dr. Melissa Skanes graduated Pharmacy school, Medical school and subsequently a radiology residency at Memorial University of Newfoundland. In 2012 - 2013, she completed a Vascular & Interventional Radiology fellowship at UHN in Toronto. After this, she moved back home to Newfoundland to begin a staff position as a Vascular & Interventional Radiologist. She is currently the Clinical Chief of Interventional Radiology for the Eastern Health region, as well as an executive member of the Newfoundland & Labrador Association of Radiologists. Her scope of practice is predominantly interventional oncology, hepatobiliary, urology, and dialysis interventions.

Currently, she is a Clinical Assistant Professor of Radiology with Memorial University, rotation head for Interventional Radiology in residency, and a member of the Residency Training Committee at Memorial.

Dr. Skanes is also heavily involved with the state of the art simulation lab at Memorial University, with a predominant focus of teaching medical students and Radiology residents image guided procedures.

[Read more...](#)

ICYMI

In Case You Missed It



Virtual Angio Club

The second meeting took place on September 30, 2020 and included presentations from six Interventional Radiologists from across Canada.

[Bilateral Ureteric-Iliac Artery Fistula: Novel Diagnosis and Treatment](#) by Dr. Alessandra Cassano-Bailey, Winnipeg, MB

[DOSIMETRY: Using Flexibility with Y90 Administration Platforms to Maximize Tumor Response](#) by Dr. Darren Klass, Vancouver, BC

[Transgastric Diversion of a Pancreaticocutaneous Fistula](#) by Dr. Derek Cool, London, ON

[#Pedalfirst](#) by Dr. Jeff Jaskolka, Etobicoke, ON

[TIPS and BRTO](#) by Dr. Rahim Samji, Edmonton, AB

[Renal Artery Aneurysm in Pregnancy](#) by Dr. Ravi Gullipalli, St. John, NL

Residents, Fellows, and Students Section - Virtual Angio Club

The inaugural meeting took place on October 28, 2020 and included four presentations:

[Successful treatment of bleeding ectopic duodenal varices using TIPS and coil embolization](#) by Dr. Robert D'Ortenzio, Vancouver, BC

[Successful percutaneous transluminal angioplasty in a case of asymptomatic unilateral renal artery multifocal fibromuscular dysplasia](#) by Dr. Omid Shearkhani, Toronto, ON

[Treatment of Giant Hepatic Hemangioma](#) by Dr. Jamil Addas, Toronto, ON

[Thoracic Duct Embolization using Chest Tube access](#) by Dr. Arvin Haghghat, Montreal, QC

Overall Impact of the COVID-19 Pandemic on Interventional Radiology Services: A Canadian Perspective

The COVID-19 pandemic has had a profound impact on IR services in Canada, particularly for elective cases. Many centers have utilized virtual platforms to provide multidisciplinary meetings, IR clinics, and training. Guidelines should be followed to ensure patient and staff safety while resuming IR services.

To access the publication visit [here](#).



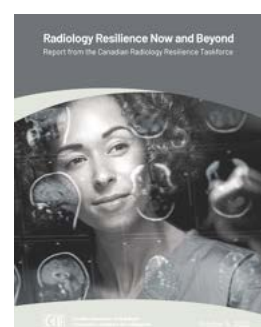
ICYMI

In Case You Missed It



Radiology Resilience Now and Beyond - Report from the Canadian Radiology Resilience Taskforce

This report, which is the culmination of research, surveys, and data analysis on the part of the Canadian Radiology Resilience Task Force, explores the ways that radiology has been affected by the circumstances created by COVID-19, while providing a perspective on how some of the adaptations necessitated by those circumstances can be harnessed and re-tooled to incite lasting, positive change to medical imaging care in Canada.



To access the full report, visit [here](#).

Ontario Health (Cancer Care Ontario) announcing that it is expanding the Focal Tumour Ablation (FTA) program



Ontario Health (Cancer Care Ontario) announced that it is expanding the Focal Tumour Ablation (FTA) program to include funding for microwave ablation (MWA) and cryoablation (CA), where clinically appropriate, for procedures meeting criteria performed after April 1, 2020.

To support these additions, Ontario Health (Cancer Care Ontario) is currently working to adapt the data submission process to enable facilities to report data related to these additional technologies.



ICYMI

In Case You Missed It



Common service costs \$100K less when delivered by an interventional Radiologist, underlining subspecialty's value

More than 600,000 patients each year require life-saving hemodialysis for end-stage renal disease. And such care is a costly proposition, with \$34 billion spent each year in fee-for-service Medicare, largely for creating and maintaining conduits, noted experts with the University of Colorado. A common service for dialysis patients costs about \$100,000 less when delivered by an interventional radiologist rather than a surgeon.

To read the full article published in Radiology Business, visit [here](#).

Dr. Veronique Caty featured in Tele-Quebec's De garde 24/7 Imprévu

The entire episode is available for viewing [here](#).



NEW JOB OPPORTUNITY! Interventional Radiologist, Sydney, NS

The Department of Diagnostic Imaging at Cape Breton Regional Hospital (CBRH) seeks to recruit two full-time Radiologists with Interventional Radiology (IR) subspecialty. The successful applicants will join a group of 8 Radiologists at the Cape Breton Regional Hospital serving the Cape Breton Regional Municipality and the surrounding communities with a catchment area of over 150,000. These positions are full time with teaching opportunities.

There is an on-call requirement. More details are available [here](#).

NEWS FROM OUR CORPORATE PARTNERS



Abbott releases a research about using Health IT for personalized medicine: [Beyond Intervention](#)

<https://www.cardiovascular.abbott/us/en/campaigns/beyond-intervention.html>



Covera™ Vascular Covered Stent approved by health Canada for the treatment of venous anastomotic stenosis in dialysis access

<https://vascularnews.com/e-ptfe-covered-stent-demonstrates-significantly-better-target-lesion-primary-patency-compared-to-angioplasty-out-to-12-months-in-hemodialysis-arteriovenous-fistulae/>



Want to earn a +CME credit? Tune into an exciting webinar on utilizing a hybrid angio 4DCT system for IR/IO interventions and hear insights from Dr. Osman Ahmed and Dr. Nainesh Parikh.

<https://www.naccme.com/program/angiact?spredfast-trk-id=sf126781658>





Advanta V12 balloon expandable covered stent is Now Available in Large Diameter. CHS is the exclusive distributor for Advanta V12 in Canada. Increasing your treatment options with 12 mm diameter balloon expandable covered stents. Trusted. Reliable. Proven.

<https://www.getinge.com/int/about-us/press/news/press-releases/2020/3657638-Getinge-introduces-Advanta-V12-balloon-expandable-covered-stent/>

<https://www.getinge.com/int/about-us/press/news/press-releases/2020/3745377-Long-term-positive-outcomes-of-Getinges-Advanta-V12-balloon/>



Zilver Vena is a venous indicated self-expanding stent that balances radial force and flexibility to conform to the iliofemoral veins and comes pre-loaded on a low profile 7 Fr delivery system allowing for more access options. The VIVO EU multi-center prospective study included high rates of freedom from occlusion and qualitative patency and significant improved venous clinical scores with [Zilver Vena](#).

<https://www.cookmedical.eu/products/e5883ab4-6b6f-4739-a94f-18f1c0c03f55/>

PHILIPS

Philips XperGuide ablation: Optimize your needle position and your ablation coverage with live image guidance and virtual ablation zone visualization

<https://www.usa.philips.com/healthcare/product/HCNOCTN338/xperguideablationplanningguidanceandcontrolintumorablationprocedures>

Medtronic

IN.PACT AV™ is now available! In the largest randomized global DCB study published on AV fistula patients, the IN.PACT™ AV DCB reduced the need for reinterventions by more than half.

<https://newsroom.medtronic.com/news-releases/news-release-details/study-published-new-england-journal-medicine-demonstrates>



Terumo is here to help you with your COVID-19 response and is ready to help you RESTART, RETURN & RECOVER.

Learn more at: www.terumocanada.com

THANK YOU

To all our members, volunteers, and stakeholders!

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SPECIAL THANKS



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