

# IR NEWS



THE INFORMATIONAL RESOURCE FOR VASCULAR AND INTERVENTIONAL RADIOLOGY

VOLUME 15 MAY/JUNE 2002

## Late Breaking News

# 27th Annual Scientific Meeting Marks Successful Launch of New Strategic Plan: Membership Approves New Society Name

**With a total attendance of nearly 6,000, the 2002 Annual Meeting in Baltimore marked the largest and most successful Society meeting to date. Highlights of the meeting — such as insights from speakers on innovation, organizational change, health policy, and medicine — will be shared in the July/August issue of *IR News*.**

We also are pleased to report that a record turnout at the Members Business Meeting on April 9, 2002, approved several important bylaws changes, including:

- ▼ A change in the name of our organization to the Society of Interventional Radiology. This modification will allow the Society to move forward with strategies relative to branding and identity. The new name will be accompanied by the tagline, “*Enhanced Care through Advanced Technology<sup>SM</sup>*” and a new logo. Members seeking more information on the change should access the press release that was written on this topic. It is available in the Press Room at [www.sirweb.org](http://www.sirweb.org), which can be found by clicking on “News.”

- ▼ Changes in the Members’ Business Meeting process, which clarify the areas of member voting and establishes a procedure for mail balloting. This will ensure that all members can vote on a topic, even if they aren’t present at the meeting.
- ▼ A process for nominations and elections of officers and councilors. This process will be described in greater detail in an upcoming issue of *IR News*.
- ▼ A process for appeals of membership determinations.

Minutes of the business meeting will be posted in the members section of the SIR Web site ([www.sirweb.org](http://www.sirweb.org)) within 30 days. The full text of the amended bylaws will be posted there in approximately 60 days. We express our gratitude to the full membership for their support in deliberating these critical issues.

### Inside This Issue...

- 2003 Gold Medal Deadline
- New Site & Online Directory
- Free Practice Guides

## Competition is Key

Michael D. Darcy, MD



“One who cannot be victorious assumes a defensive posture; one who can be victorious attacks.”

— from *Art of War* by Sun Tzu

### Modern interventional

radiology is a bit of a paradox. We have seen tremendous growth in the diversity of our procedures. Plus we now provide interventional services to patients from nearly every sector of the hospital. Simultaneously, we are experiencing unparalleled threats and loss of procedures. Medicare data confirms what we already know: there has been substantial loss of peripheral vascular interventions to cardiology and surgery. Another alarming trend is inclusion of requirements for exposure to image-guided minimally invasive procedures in the Residency Review Committee (RRC) guidelines for other specialties. These requirements do not mandate complete training in image-guided invasive techniques, however, these specialists have more extensive training in clinical skills and have greater access to patients. These factors often outweigh the lack of real training when it comes to acquiring patients for minimally invasive procedures.

Our traditional approach to such assaults has been to protect turf by erecting barriers, such as standards of

practice and credentialing recommendations. Despite great effort in developing these standards, the loss of turf has accelerated. While standards remain important for quality assurance and patient protection, there is no doubt other specialists will find ways to fulfill requirements and comply with standards. Thus, we need to refocus from protectionism to ensuring that we can effectively compete. Competition is not a new concept in medicine. Gastrostomy is an example where multiple specialists (gastroenterologists, surgeons and radiologists) can all provide the service. The extent to which group dominates a procedure depends on how well they have marketed themselves and the degree to which they commit themselves to providing excellent service. In my

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***“We need to refocus from protectionism to ensuring that we can effectively compete”***

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hospital, we place the majority of gastrostomies, but we have never tried to erect a barrier to keep other specialists from performing their own procedure. Note, I did not say that the group with the better or less risky procedure would win out. Having a better procedure is helpful, but referral

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# Society Resources for Competitiveness

## Targeted marketing programs

- ▼ Legs for Life® national screening process
- ▼ UFE public awareness initiative
- ▼ Family practice awareness efforts

## Practice development resources

- ▼ Practice development handbooks on:
  - ▼ Peripheral vascular disease
  - ▼ Hemodialysis access management
  - ▼ Venous access
  - ▼ Uterine fibroid embolization

## Materials and Media

- ▼ Patient information brochures and videos
- ▼ SIR Web site
  - ▼ Patient education
  - ▼ Doctor finder
  - ▼ Member slide sets

- ▼ Hemodialysis access management
- ▼ Grand Rounds referral newsletters
- ▼ HI-IQ™ Advantage
- ▼ Interventional Radiology Coding Users' Guide
- ▼ Socioeconomics survey results

## Educational Programs

- ▼ Syllabus series
- ▼ Reinventing IR for Competitive Success
- ▼ Out of the Box
- ▼ Vascular Centers of Excellence
- ▼ Vascular Laboratory Preceptorship
- ▼ Programs in new technologies
- ▼ Enduring educational materials, such as Patient Care in Interventional Radiology

*For more details on these and other member offerings, visit [www.sirweb.org](http://www.sirweb.org) or call (800) 488-7284.*

## President's Column

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patterns are often determined by who provides the best service to the referring physician (i.e., competing through better service).

It is easy to say we need to refocus on competition, but how do we translate that into real programs? SIR is currently working on concrete plans for changing interventional training, restructuring practice patterns, and developing a marketing/branding campaign. Clinical management of patients is critical and to compete on an equal footing, radiologists must be trained to be independent practitioners who can admit and manage their own patients. Our current system often fails to provide trainees with basic clinical experience and role models for patient management. We are currently investigating changes in interventional training to address these issues.

Current practice patterns must also be addressed to include the key elements of a clinical practice: office-based patient evaluations and consultations, inpatient rounding, and follow-up clinics. We are working with the ACR to ensure that all IRs can incorporate these elements into their practice. To effectively compete, interventionalists must also receive direct referrals from primary care physicians. This will require marketing campaigns to increase awareness of IR as a clinical specialty. Crucial to these efforts will be a unified identity. Something as simple as utilizing different names (IR, CVIR, VIR, or Specials) for our services can hinder marketing efforts. Hence, we will be working to create a brand awareness of a unified identity – Interventional Radiology or IR. You will hear more about these strategies in the upcoming months. In the meantime, get pumped up and start thinking competitively.

# Nomination Deadline for 2003 SIR Gold Medal Award Approaching Quickly

**The smell of seafood wafting from restaurants** along the Inner Harbor and the antics of The Lemonade Shaking Guy at Camden Yards seems like just yesterday. However, it's already time to submit nominees for SIR's 2003 Gold Medal Award.

As the Society's highest honor, this award is given each year to those individuals who have demonstrated distinguished and extraordinary service to the Society or the IR discipline. Service to interventional radiology may include teaching, basic research, clinical investigation or other activities, such as outstanding contributions to SIR, other medical organizations, governmental agencies or related groups.

The nomination deadline for the 2003 SIR Gold Medal Award is Friday, June 14. Any SIR member or fellow may submit nominations in writing. Nomination letters should describe the nominee's qualifications for the award and must include a detailed curriculum vitae or resume for the nominee. In addition, the primary nominator is responsible for initiating the submission of at least two letters of support from other SIR members or fellows.

Individual SIR members or fellows may act only once each year as the primary nominator or sponsor of the award. Nominations received in previous years are reactivated the

following year unless withdrawn by the nominator. Members of the SIR Executive Council and the chair of the Fellows' Affairs Committee may not act as primary nominators or sponsors and are ineligible to be nominated for or receive the Gold Medal during their term of office.

Nominations and supporting materials should be sent to Michael Darcy, MD, in care of SIR, at 10201 Lee Hwy., Suite 500, Fairfax, Virginia 22030. Nominations and all supporting materials must be received no later than June 14, 2002, to be considered for the 2003 award.



*2002 SIR Gold Medal Award recipients Dr. Bookstein and Dr. Katzen are recognized during Opening Ceremonies in Baltimore. (L to R: Dr. Bookstein, Former SIR President Dr. Bakal and Dr. Katzen)*

## SIR Disclaimer on FDA Survey

**At the recent annual meeting, SIR was asked** by the FDA to provide access for its staff to gather information from physicians on their experiences with vena cava filters. Because the FDA intended for this survey to be informal and anonymous and did not plan to administer it in a controlled, scientific manner, it was not possible to guarantee that responses would be limited to practicing physicians and thus allowed an opportunity for false information about products to be conveyed. The FDA

recognized this flaw and agreed to retract the survey. The following comments were made by SIR President Michael Darcy, MD, at the plenary session on Thursday, April 11:

For several years, SIR has enjoyed a productive and collegial relationship with the FDA and the FDA frequently seeks Society input on emerging technologies and experience with medical devices. The FDA sought to take advantage

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## FDA Survey Disclaimer

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of the concentration of interventional radiologists at our annual meeting to conduct a survey on inferior vena cava filters. The FDA's intent was that this survey be completed only by physicians and the results would be used only for internal purposes. We believe this effort was brought forth with the best of intentions.

However, FDA and SIR were naive to expect that such a survey would be completed in a scientific and professional manner and learned a number of falsified surveys were filled out — we believe by industry representatives — with intentions to undermine competitors. We are embarrassed that such an activity occurred at this meeting.

As a result of our discussions with the FDA, the following was agreed upon:

- ▼ Survey responses will not be used.
- ▼ No further such surveys will be conducted through SIR without rigorous review of questions and survey methods.
- ▼ A letter documenting our concerns will be sent to the FDA.
- ▼ The FDA may resurvey by mail in the future.

On behalf of myself and the Society, I would like to apologize for allowing this process to go forth. At the same time, I would condemn those who subverted this good faith attempt to gain knowledge in a collegial manner.

Special thanks to all the companies that entered their products into the SCVIR 2002 Annual Meeting New Product Showcase in Baltimore! Participating companies included:



Allegiance Healthcare  
AngioDynamics, Inc.  
Bacchus Vascular  
Boston Scientific  
ConexSys  
Cook  
Medtronic AVE  
Philips Medical Systems  
Siemens  
SonoSite  
W.L. Gore & Associates

## Free Practice Development Guides from Baltimore Available

If you didn't stop by SIR's booth during the 2002 annual meeting, there's still one more chance to obtain a copy of two of the practice development guides that were available — *How to Build a PVD Practice: A Practical Guide for Interventional Radiologists* and *Building a Successful Hemodialysis Access Management Service*. Both were prepared in conjunction with Boston Scientific Corporation

and are full of valuable information, including how to develop a marketing plan, cultivate referral sources, and design and staff a consumer-friendly practice. Supplies are limited. To obtain a copy of one or both of these guides, email Susan Dowd at [dowd@sirweb.org](mailto:dowd@sirweb.org). Please be sure to indicate which guide you'd like to receive and remember to provide her with your full name and mailing address.

# SIR Launches New Web Site and Online Directory

As our Society makes its transition to a new brand identity, updating our Web site is a natural part of the metamorphosis that must take place. As such, a great deal of time and effort has been spent in this area. The new site can be found by logging on to [www.sirweb.org](http://www.sirweb.org).

Visitors will immediately notice its refreshing new look and feel, but rest assured that the changes do not stop there.

The site's navigation also has been improved and there are new dedicated sections for a variety of important audiences, including graduates, affiliated professionals, referring specialties and corporate members. The members section also boasts a revamp in terms of usability and new offerings, enabling users to find contents more easily and have more information available.

Due to the extensive time involved in putting this new site together, portions of it will not be immediately available, which will be evident by their "Coming Soon" status.

However, SIR's staff is working diligently to add the remaining content as quickly as possible in an effort to develop a tool that better meets your needs.

In conjunction with the new site, we're also proud to announce the introduction of the SIR online membership directory, which can be accessed by going to [www.sirweb.org/membershipdirectory](http://www.sirweb.org/membershipdirectory). You can search the new directory by last name or by geographical location. By adding this feature to the new Web site, the directory will become more efficient and accurate for all parties involved. Each member will be able to update his/her own record as well as check renewal status and committee involvement. We hope you enjoy this new offering. If you prefer a hard copy of the directory, however, please contact Robin Gill, membership representative, at [robin@sirweb.org](mailto:robin@sirweb.org). It will be available for a nominal fee.

**SOCIETY OF INTERVENTIONAL RADIOLOGY**  
*Enhanced care through advanced technology*

CONTACT US | SITE MAP | HOME | SEARCH:  GO

members  
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graduate education  
affiliated professionals  
referring specialists  
industry relations  
congressional affairs  
coding  
research  
about us  
jobs  
IR store  
become a member  
links

**QUICK LINKS**

- > Annual Meeting
- > JVIR
- > Insurance Coverage
- > Clinical Practice Guidelines

**Hot Topics**

- [Stroke Treatment and Ongoing Prevention Act of 2002 \(S.1274\)](#) was passed by the U.S. Senate
- [Legs for Life® National Screening for PVD and AAA](#)
- [2002 HOPPS Rate Delayed](#)

**What is IR?**

- [Interventional radiology \(IR\) Procedures](#) are a major advancement in medicine because they involve less risk than open surgery, with less pain and a shorter recovery time.

DOCTOR FINDER  GO

**IR in the News**

- [ACR to hold IR retreat in mid-March](#)
- [Gary Becker, MD, elected to a six-year term on RSNA's Board of Directors](#)
- [Victoria Marx, MD, selected for Best Doctors® -- a top of the line medical referral service](#)

**Education Spotlight**

- [Vascular Centers of Excellence Forum... May 10-11 Atlanta, GA](#)
- [Embolotherapy: Materials, Techniques & Clinical Applications... June 21-22 Pasadena, CA](#)

**Minimally Invasive, Targeted Treatments**

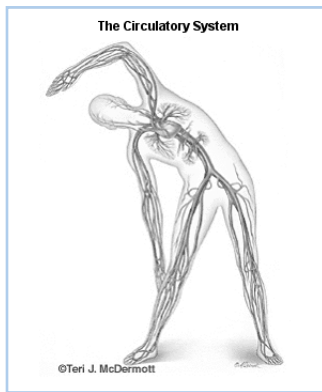
SEE INSIDE THE BODY WITHOUT SURGERY

TARGETED CANCER TREATMENTS USING IMAGING GUIDANCE

LIFE REPLACING HYSTERECTOMY FOR MANY WOMEN

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## New Venous Disease Section on SIR Web Site



A new section, containing details about venous disease, has been added to the Patients & Public portion of the Society's Web site. Information posted there consists of a description of the circulatory system;

details about types of vascular diseases, including symptoms, risk factors, diagnosis and treatments; and suggestions for how to prevent the disease. Colorful diagrams support these materials in an effort to provide a better understanding of the information provided.

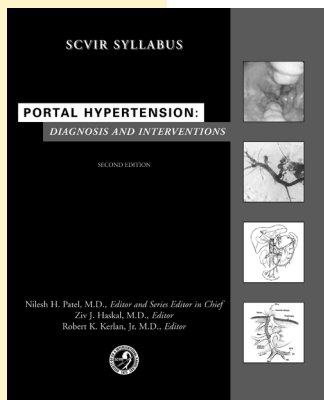
This serves as a great new resource for your patients via the Internet or as a printout. To view this new section of the Web site, go to [www.sirweb.org/patpub/venousdisease](http://www.sirweb.org/patpub/venousdisease).

## Renew Your Membership

**It's time to renew your SIR membership!** Watch for your dues notice in the mail, which will be sent out soon. Be sure to renew your membership by the June 30, 2002, deadline in order to get your thank you gift from the Society. To make it easier, you now can renew your dues online! It's quick and easy, and you'll receive a gift from us for doing so. Check out [www.sirweb.org](http://www.sirweb.org) for more details and to make your payment.

Also, if you have moved recently or are planning to do so soon, please provide us with your new address, phone and fax number(s), and email address. We want to be sure you continue to receive *JVIR* and *IR News* with no interruption. You can contact the Membership Department by calling (800) 488-7284, or by sending an email to [robin@sirweb.org](mailto:robin@sirweb.org).

Thanks for your continued support of your Society!



### **NEW** Portal Hypertension: Diagnosis and Treatment, 2nd Edition

*Editors: Nilesh H. Patel, MD; Ziv J. Haskal, MD; Robert K. Kerlan, Jr., MD*

*Series Editor-in-Chief: Nilesh H. Patel, MD*

Includes:

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- Medical management of complications secondary to portal hypertension
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## Successful Research Not an Accident

*Sanjay Misra, MD, and Gordon McLennan, MD*

**As young investigators, we would like to share** our experience with the readers in how to start a productive and fruitful academic research career. Successful research requires the combination of a good mentorship, picking the right research topic, and careful planning. A mentor is by far the crucial ingredient for a successful academic career. The mentor should be an authority with expertise in the scientific area related to the research topic. He/she will provide guidance and leadership not only during the research, but also when it comes time for manuscript preparation and for future grant submissions. Ideally, there should be one mentor, but more than one is not uncommon.

Deciding on the research topic can often be difficult. Ideally, try to pick one that interests you both clinically and academically. Once the topic is identified, conduct an extensive literature search. This will serve many purposes, including helping provide background information, current theories, and identify specific areas that need to be addressed with future research. At this point, your mentor can help define the research plan, including formulating the hypothesis and aims. Successful research is not an accident, but takes careful planning with a strong mentor and a good research plan.

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## Coding Q & A

**Q.** A general surgeon does an exploratory laparotomy with lymph node dissection. Intra-operatively, the IR performs hepatic radiofrequency ablation using ultrasound guidance. The surgeon closes. Who codes what?

**A.** The surgeon codes for the service he performed (i.e., an exploratory laparotomy with lymph node dissection). The IR would code 47380-52 (open surgical RFA with reduced service modifier) and 76490 (ultrasound guidance for, and monitoring of, tissue ablation).

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## CIRREF Grant Application Deadlines

**CIRREF is currently accepting applications for** the following grant programs:

The Mentored Clinical Scientist Development Award, which is jointly-sponsored by CIRREF and National Heart, Lung and Blood Institute (NHLBI) is directed at cardiovascular and interventional radiologists in the early stages of their research careers. The purpose of the award is to support the development of outstanding clinical research scientists. The award provides \$150,000 per year for salary and up to \$25,000 per year for research development support.

*The application deadline is June 1, 2002.*

CIRREF also is accepting applications for the American College of Radiology Imaging Network (ACRIN) Protocol Development Award and the Travel Scholarship Award.

*This grant has a rolling deadline.*

Guidelines for all of CIRREF's grant programs are available by logging on to [www.cirref.org](http://www.cirref.org). For additional information, please contact Carolyn Strain, research manager, at (800) 488-7284 or [strain@sirweb.org](mailto:strain@sirweb.org).

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- ▼ Two-days on-site training
- ▼ Premium Support Plan
- ▼ Psion WorkAbout & Opticon Scanner
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(401) 765-6440, attention ConexSys sales

ConexSys is a subsidiary of the Society of Interventional Radiology

## UAE FIBROID Registry: Site Recruitment

**The UAE FIBROID Registry now includes** over 1,600 cases from both national and international sites. Since its inception in March 2001, 41 sites have been initiated and are currently contributing data to the registry. More than 1,100 cases have completed 30-day follow-up data and over 300 cases have completed six-month follow-up data. Sites are still being recruited to participate in the registry.

However, *Internal Review Board (IRB) approval must be obtained before July 1, 2002, in order to participate in the registry, as new sites will no longer be recruited.* For step-by-step instructions on how to participate in the registry, go to [www.fibroidregistry.org](http://www.fibroidregistry.org). The FIBROID Web site also provides templates for use in IRB submission.

If you have any questions or would like additional information, please contact Carolyn Strain, SCVIR/CIRREF research manager, at (800) 488-7284, or [strain@sirweb.org](mailto:strain@sirweb.org).

## When Interventionalists and Surgeons Meet

**A collaborative effort between interventionalists** and surgeons has evolved into a unique collegial opportunity for scientific education. The Fifth Joint Annual Meeting of the American Society of Interventional and Therapeutic Neuroradiology (ASITN) and the American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS) section on cerebrovascular surgery, held February 3–6, 2002, in Dallas, Texas, attracted more than 650 attendees, a significant increase from the 200 who attended the inaugural meeting in 1998. The mix of registrants included neurointerventional radiologists, interventional radiologists, and neurosurgeons as well as industry representatives who showcased the latest product advances. Randall Higashida, MD, 2002 meeting co-chair, explained that the meeting was designed to serve as a forum for scientific exchange between neurosurgeons and neurointerventional radiologists who focus on cutting edge therapies for cerebrovascular conditions.

“The 2002 meeting was excellent,” says David Kumpe, MD, a practicing interventional radiologist from Denver, Colo. “I particularly appreciated the presence of both interventional neuroradiologists and neurovascular neurosurgeons as

faculty on each of the programs and the spirit of the free interchange between the two disciplines in the discussion periods. The SCVIR annual meeting would be much improved if interventionalists and vascular surgeons could work out a similar arrangement.”

The three and a half day program began with four special courses covering advances in extracranial and intracranial vascular reconstruction — surgical and endovascular options, critical care management of neurovascular patients, technical and pharmacologic considerations in thrombolysis and intracranial angioplasty, and technical and clinical considerations in the endovascular management of intracranial aneurysms. These sessions included individual case presentations and problem-solving discussions. Presenters voiced their excitement over emerging technology, such as drug-coated stents, but also expressed their concerns regarding the continued need for new small devices to help them with complex areas of anatomy during difficult procedures.

The main program consisted of Scientific Symposia, Luncheon Seminars and Oral Presentations. Topics covered

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included stroke treatment, aneurysms, AVMs, carotid disease, and spinal vascular malformations as well as practical sessions on coding and reimbursement for neurovascular procedures and critical care. The coding courses were especially well attended by neurointerventional radiologists.

## ASITN Presidential Address Celebrates 10 Years of Service to Members

A highlight of the meeting was the ASITN Presidential Address on February 4, which was delivered by Jacques Dion, MD. Dr. Dion recognized an important historical milestone, the Society's 10<sup>th</sup> Anniversary. He urged ASITN members to join him in celebrating the Society's positive achievements over the past decade. To illustrate how far the field had come in 25 years, he entertained the audience by showing brief excerpts from the 1973 movie, "The Exorcist," where a young patient underwent a diagnostic angiogram procedure with puck film changers and older equipment. Dr. Dion gave a historical overview of the Society's achievements to date and then contrasted it with what he noted were uncanny parallels to SCVIR's early evolution.

"We are at a very important and crucial crossroad in our development," Dr. Dion stressed. He reported that current market reports project a 200 percent increase in the number

of practicing interventional neuroradiologists and a 48 percent annual growth in neurointerventional radiology procedures by 2006. To meet the challenges of the rapidly growing specialty and the Society, he announced that ASITN is committed to broadening its activities, adding staff resources, and working vigorously on behalf of its membership. Dr. Dion reported that ASITN's future goals include redefining who they are, growing the market, a possible name change, branding, increasing clinical activity to decrease dependency on other specialties, improving payment and reimbursement, increasing political activities, growing the membership, raising public awareness, and continuing development of strategic alliances.

The next joint meeting will be held February 16–19, 2003, in Phoenix, Ariz. Dr. Buddy Connors, ASITN vice president, will serve as meeting co-chairman.

"Early plans for the 2003 program include integrating the specialties of stroke neurology and neuroanesthesiology. In addition, there will be increased emphasis on stroke therapy and angioplasty as well as advanced endovascular therapies for aneurysms that are continuing to progress," says Dr. Connors.

For more information on the 2003 meeting, go to [www.neurosurgery.org/cv](http://www.neurosurgery.org/cv). For membership materials or more information on ASITN, go to [www.asitn.org](http://www.asitn.org).

## VIR Match Results

*John A. Kaufman, MD*

**The match for Vascular and Interventional Radiology Fellowships** was conducted for the SIR by the National Resident Matching Program (NRMP) with participation of 99 out of 100 active approved programs. The rules of the match allowed acceptance of in-house (i.e.,

same program) candidates prior to October 1, 2001. Out of an estimated 230 fellowship positions, 13 were filled with internal candidates and 217 were available through the Match. The interview period extended from October 1,

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2001, to January 31, 2002. Hilary Bikowski in SIR's office was indispensable, interfacing with NRMP and guiding numerous program directors and applicants through the process.

The results of the Match were released on March 6, 2002. There are approximately 690 third-year residents in diagnostic radiology. A total of 91 residents completed rank order lists (ROL) for the VIR Match. (Until the ROL lists were filed, there was no mechanism to distinguish applicants for VIR programs from those for Neuroradiology.) Only 19 VIR programs filled completely through the Match, with 78 having one or more un-matched positions. Conversely, there were only two un-matched residents for VIR programs. SIR has created a Web page that allows anyone to access a listing of unfilled fellowship positions, which can be accessed by visiting the graduate education section of our new Web site, which is [www.sirweb.org](http://www.sirweb.org).

The underlying problem this year was not the selection process, but the lack of applicants. Although comparative

data from prior years is unavailable, the drop in applicants is drastic and irrefutable. Only 13 positions were filled by in-house candidates prior to the opening of the Match. Several programs experienced a complete absence of applications. Explanations include the ready availability of general radiology jobs, increased interest in imaging and other fellowships, decreased number of diagnostic radiology residents, and pessimism about the future of our specialty. In order to fill all 229 positions, roughly 30 percent of current third-year residents would be needed. The pool of potential resident applicants will not increase until 2004. This is a crisis that has been growing for several years and is already a focus of intervention for SIR

In this extremely difficult year, the VIR program directors worked together towards a common goal. Our unity of purpose in the face of adverse conditions supports our contention that we are a distinct specialty that functions as a group. SIR recognizes and commends the VIR program directors.

## Reporting Complications to the FDA

None of us look forward to complications when it comes to patient care. However, the reality is that it sometimes occurs. The Food and Drug Administration (FDA) has asked SIR for assistance by ensuring our members are aware that all device-related adverse events — even expected complications — should be reported. Medical device reporting (MDR) is the mechanism by which the FDA receives significant information about device-related adverse events from manufacturers, importers and user facilities. This allows problems to be identified and corrected quickly.

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***“All device-related adverse events — even expected complications — should be reported”***

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Reporting such complications is just a mouse click away with the FDA's MedWatch site, which is designed to be a gateway for timely safety information on the drugs and other medical devices it regulates. In addition to reporting such complications, MedWatch features a list of medical safety alerts as well as recalls, drug shortages and more. Visit [www.fda.gov/medwatch/safety.htm](http://www.fda.gov/medwatch/safety.htm) for more details.

## NEW MEMBERS AS OF MARCH 1, 2002

### ACTIVE MEMBER

H. Cooper Black, MD, Columbia, SC  
Larry Braunstein, MD, Mountain Top, PA  
Daniel Croteau, MD, Northville, MI  
Timothy P. Farrell, MD, Lemoyne, PA  
Andrew Hartigan, MD, Inner Grove Heights, MN  
Michael B. Miller, MD, Dresher, PA  
Pankaj J. Mowji, MD, Orange, CA  
Roger K. Walker, MD, Tyler, TX

### CORRESPONDING MEMBER

Valeria C. De Souza, MD, Sao Paulo- SP, Brazil  
Murali Guduguntla, MD, Canberra, Australia  
Eran Hayeems, MD, Toronto, Ontario Canada  
Reuben Olu Obaro, MD, Buckhurst Hill, Essex,  
United Kingdom  
Goetz M. Richter, MD, PhD, Gaiberg, Germany  
Matthieu Rutten, MD, Hertogenbosch, Netherlands

### CLINICAL ASSOCIATE

Mariella L. Accame, PA-C, Winston Salem, NC  
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Thomas J. Gallagher, PA-C, Cumberland Center, ME  
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# Future Meetings

## XII MEDITERRANEAN CONGRESS OF ANGIOLOGY AND VASCULAR SURGERY

Sponsors: IUA, ESVS and PMA  
May 22-26, 2002  
Coral Beach Hotel  
Coral Bay, Paphos, Cyprus  
Phone: +357 5 843600  
Fax: +357 5340830  
Email: [options@options.com.cy](mailto:options@options.com.cy)  
Web site: [www.options.com.cy](http://www.options.com.cy)

## CANADIAN INTERVENTIONAL RADIOLOGY ASSOCIATION FIRST ANNUAL MEETING

Sponsor: CIRA  
June 6-8, 2002  
Pillar & Post Inn Spa & Conference Centre  
Niagara-on-the-Lake, Ontario  
Phone: (519) 667-6606  
Fax: (519) 667-6771  
Web site: [www.canira.org](http://www.canira.org)

## SOCIETY FOR VASCULAR MEDICINE AND BIOLOGY 13<sup>TH</sup> ANNUAL MEETING

Sponsors: SVMB and University of Minnesota  
June 7-10, 2002  
Marriott Copley Place Hotel  
Boston, MA  
Phone: (978) 526-8330  
Fax: (978) 526-7521  
Email: [svmb@prri.com](mailto:svmb@prri.com)  
Web site: [www.svmb.org](http://www.svmb.org)

## 2002 JOINT ANNUAL MEETING (AMERICAN ASSOCIATION FOR VASCULAR SURGERY/ SOCIETY FOR VASCULAR SURGERY)

Sponsors: AAVS, SVS  
June 9-12, 2002  
Hynes Convention Center  
Boston, MA  
Phone: (978) 526-8330  
Fax: (978) 526-7521  
Email: [jvs@prri.com](mailto:jvs@prri.com)  
Web site: [www.vascularweb.org](http://www.vascularweb.org)

## EMBOLOTHERAPY: MATERIALS, TECHNIQUES AND CLINICAL APPLICATIONS

Sponsor: SIR  
June 21-22, 2002  
The Ritz-Carlton - Huntington  
Pasadena, CA  
Contact: Hilary Bikowski  
Phone: (800) 488-7284  
Fax: (703) 691-1855  
Email: [bikowski@sirweb.org](mailto:bikowski@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

## PRECEPTORSHIP IN NON-INVASIVE VASCULAR LABORATORY

Sponsor: SIR  
June 24-28, 2002 and October 21-25  
OHSU- Dept. of Vascular Surgery  
Portland, Oregon  
Contact: Jan Richards  
Phone: (800) 488-7284  
Fax: (703) 691-1855  
Email: [richards@sirweb.org](mailto:richards@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

## THE TENTH ANNUAL NEW DEVICES SEMINAR FOR CARDIAC AND PERIPHERAL VASCULAR LABORATORIES

Sponsor: University of Pittsburgh School of Medicine  
July 4-7, 2002  
Disney's Yacht & Beach Club Resort  
Orlando, FL  
Phone: (412) 623-1051  
Fax: (412) 623-2542  
Email: [newdevices@msx.upmc.edu](mailto:newdevices@msx.upmc.edu)  
Web site: [www.newdevicesseminar.com](http://www.newdevicesseminar.com)

**INTERNATIONAL ACADEMY OF CARDIOLOGY  
EIGHTH ANNUAL WORLD CONGRESS ON HEART  
FAILURE- MECHANISMS AND MANAGEMENT**

Sponsor: International Academy of Cardiology  
July 13-16, 2002  
Hyatt Regency on Capitol Hill  
Washington DC  
Contact: Asher Kimchi, MD  
Phone: (310) 6578777  
Fax: (310) 275-8922  
Email: [klimedco@ucla.edu](mailto:klimedco@ucla.edu)  
Web site: [www.cardiologyonline.com](http://www.cardiologyonline.com)

**AIR 2002 - ADVENTURES IN  
INTERVENTIONAL RADIOLOGY**

Sponsor: SIR, SOBRICE and Brazilian College of Radiology  
August 18-22, 2002  
Manaus  
Amazonas, Brazil  
Contact: BJ Hillier  
Phone: (800) 488-7284  
Fax: (703) 691-1855  
Email: [hillier@sirweb.org](mailto:hillier@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org) and [www.air2002.org](http://www.air2002.org)

**INNOVATION AND RESEARCH IN INTERVENTIONAL  
RADIOLOGY (IR2)- INTERVENTIONAL ONCOLOGY:  
FROM BENCHTOP TO BEDSIDE**

Sponsor: CIRREF  
September 18-19, 2002  
The Ritz-Carlton  
Tysons Corner, VA  
Contact: Hilary Bikowski  
Phone: (800) 488-7284  
Fax: (703) 691-1855  
Email: [bikowski@sirweb.org](mailto:bikowski@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

**ADVANCES IN THE TREATMENT OF LIVER CANCER:  
ONCOLOGIC THERAPIES**

Sponsor: SIR  
September 20-21, 2002  
The Ritz-Carlton  
Tysons Corner, VA  
Contact: Hilary Bikowski  
Phone: (800) 488-7284  
Fax: (703) 691-1855  
Email: [bikowski@sirweb.org](mailto:bikowski@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

**PRACTICE DEVELOPMENT "OUT OF THE BOX"**

Sponsor: SIR  
October 12-13, 2002  
The Lodge  
Oakbrook, IL  
Contact: Jan Richards  
Phone: (800) 488-7284  
Fax: (703) 691-1805  
Email: [richards@sirweb.org](mailto:richards@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

**NEURO-CAROTID/STROKE THERAPY COURSE**

Sponsor: SIR  
October 18-19, 2002  
Portland, OR  
Contact: Hilary Bikowski  
Phone: (800) 488-7284  
Fax: (703) 691-1855  
Email: [bikowski@sirweb.org](mailto:bikowski@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

**VISITING PRECEPTORSHIP IN NON-INVASIVE  
VASCULAR LABORATORY**

Sponsor: SIR  
October 21-25, 2002  
Oregon Health & Sciences University  
Portland, OR  
Contact: Jan Richards  
Phone: (800) 488-7284  
Email: [richards@sirweb.org](mailto:richards@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

**MRA/CTA FOR INTERVENTIONALISTS**

Sponsor: SIR  
November 1-2, 2002  
The Ritz-Carlton  
New Orleans, LA  
Contact: Hilary Bikowski  
Phone: (800) 488-7284  
Fax: (703) 691-1855  
Email: [bikowski@sirweb.org](mailto:bikowski@sirweb.org)  
Web site: [www.sirweb.org](http://www.sirweb.org)

# Successful Vascular Lab Preceptorship

Jan Richards, Educational Program Development Manager, SIR

**Four SIR members participated in the premier** offering of our Visiting Preceptorship in Non-Invasive Vascular Laboratory during the last week in February. This new program allows IR physicians with a desire to become the medical director of a Vascular Laboratory to observe the workings of a dynamic vascular laboratory first-hand. The learning site, Oregon Health and Sciences University in Portland, Ore., boasts a large outpatient clinic and three testing laboratories where the learner can view a variety of studies, practice interpreting the studies, and interact with physicians and patients. Over 250 case studies are available for the participants to review, as well as assistance in preparing for accreditation by the International Commission for the Accreditation of Vascular Laboratories (ICAVL).

Although the program is very intensive, involving 10-12 hour days, the focus is just what these physicians need to

advance their programs in the vascular arena, as well as prepare to fulfill the requirements for laboratory accreditation.

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***“The focus is just what IRs need to prepare for laboratory accreditation requirements”***

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Two more sessions are planned in June and October in Portland, with a goal of identifying additional Vascular Laboratories in other cities to provide similar experiences. Due to the success of the first offering, both sessions are already full. However, we are working to schedule more offerings as soon as possible, so please watch for more details in future issues of the newsletter as well as postings in the education section of our Web site, [www.sirweb.org](http://www.sirweb.org).

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## PVD Lands on Cover of AAFP Journal

**Our Society is making strides in many areas** these days, not the least of which is with family physicians. Efforts targeting this important audience tie directly to our new strategic plan. Therefore, we exhibited for the first time during the American Academy of Family Physicians Annual Meeting last fall. Our booth highlighted interventional radiology and Legs For Life®. Most physicians who stopped by were unfamiliar with IR, however, once we explained the patient benefits associated with our specialty, they became very interested and wanted to know more.

We don't think it is any coincidence that the cover story for the December 15, 2001, issue of *American Family* focused on percutaneous interventions for peripheral vascular disease (PVD). Additionally, the cover story for the April 15, 2002, issue of the association's peer-reviewed journal

was about the imaging of abdominal aortic aneurysms (AAA). One of the authors, Philip L. Johnson, MD, is an interventional radiologist and SIR member.

Certainly there is a lot more work that needs to be done when it comes to educating this important target audience. However, results such as this confirm that we're getting off to a strong start.

To see either of the cover stories mentioned in this article, log on to [www.aafp.org/publications](http://www.aafp.org/publications) and click on "AAFP Journals" then "American Family Physician." From there, select the issue you'd like to see.

*Editor's note: We were successful in having an interventional radiology plenary session added to next year's AAFP meeting. More details will be provided in a future issue of IR News.*

## A Warning About Internet Security

Robert T. Andrews, MD

**Although a detailed discussion of Internet security** is far beyond the scope of this column, suffice it to say that if you are online — especially through a constant-access connection, such as DSL or cable — you *are* at risk. Sure, you may be very careful about deliberately revealing credit card numbers and other personal data when conducting your Internet business, but hackers may be pulling that information out for themselves while you're reading through online weather reports. How likely is this? In a study conducted by anti-virus company Symantec, the computers of 167 “man-on-the-street” volunteers were monitored for a month. During that time, over 1,700 hacking attempts were detected on 159 of the machines. Again, you *are* at risk.

What can you do short of disconnecting from the Web, which requires physical disconnection of the modem for cable and DSL users and does not protect you whenever a connection is re-established? The first step is to install and regularly update a virus detection and protection program. Norton Internet Security ([www.symantec.com](http://www.symantec.com)) and McAfee VirusScan ([www.mcafee.com](http://www.mcafee.com)) are the best known products and offer free online updates for existing customers. One of these may have been installed on your system when you

bought it. If you don't already have one of these programs and do not want to buy one, try AVG antivirus, which is available free at [www.grisoft.com/html/us\\_index.htm](http://www.grisoft.com/html/us_index.htm).

Next, consider installing a firewall. A firewall is an indispensable buffer between your computer and the outside (cyber) world, watching for and blocking any traffic to or from the Internet not specifically authorized by you. Firewalls are available in hardware and software versions (being particularly paranoid, I use both). Hardware firewalls are more secure, but also more expensive. Numerous devices are available at any computer store. One excellent software firewall, called Zone Alarm, is available for free download at [www.zonelabs.com](http://www.zonelabs.com).

Finally, test your computer's visibility to hackers, as this is directly related to its vulnerability. Gibson Research Corporation has an outstanding discussion of Internet Security and provides a do-it-yourself security test at <https://grc.com/x/ne.dll?bb0bkyd2>. This test should be run on a regular (i.e., monthly) basis if you are using a software firewall alone. Be careful out there.

## Swiss Society of Cardiovascular and Interventional Radiology

**During the 2001 general assembly of the Swiss Society of Radiology**, the Swiss Society of Cardiovascular and Interventional Radiology (SSCVIR) was founded. This new non-profit organization is committed to the advancement of interventional radiology through its educational programs and practice forums.

The most recent advances in IR, including cardiovascular imaging techniques, will be discussed during SSCVIR meetings. In addition to meeting regularly and providing an exchange of information, the Society's aim is to create

a countrywide network that meets interventional radiologist concerns.

Current membership stands at 30 physicians. SSCVIR's next event will be held September 24-26, 2002, in Flims, Switzerland. Organized in conjunction with the Union of Vascular Societies of Switzerland, the meeting will cover topics, including thrombosis, anticoagulation, stents, prophylaxe and more. For additional details on the Society or its upcoming events, contact Stefan Frei, MD, at [stefan.frei@kssg.ch](mailto:stefan.frei@kssg.ch).

# Dr. Katzen Discusses New Technology at Capitol Hill Luncheon

**Barry Katzen, MD, joined more than 70 other** attendees, including Senator Edward Kennedy, Mark McClellan, MD, and health industry leaders in an April luncheon commemorating the medical advances in cardiovascular diseases and stroke. The event was organized by AdvaMed and co-sponsored by a range of patient groups, industry and physician organizations including SIR

## The Age of Life Sciences

Senator Edward Kennedy, Chair of the Senate Committee on Health, Education, Labor, and Pensions highlighted the challenges faced by innovative treatments on Capitol Hill. He commented on efforts within the House of Representatives that would limit stem cell medical research and recalled previous efforts to limit DNA research. Sen. Kennedy also touched on the importance of the Stroke Treatment and Ongoing Prevention Act of 2001 (S. 1274), which passed the Senate by unanimous consent last year, and urged similar action by the House of Representatives on the companion bill (H.R. 3431).

## Better Care Worth the Cost

Dr. McClellan, an internist and health economics advisor to President Bush, countered arguments that the United States

spends too much money on health care. His research area shows increases in health care expenditures have led to improved health outcomes and that the total health benefit exceeded the increased cost of health care. He, however, cautioned that we, as a society, “need to get the most out of our health care dollar.”

Dr. McClellan reported on the President’s vision of “patient centered health care.” The Administration seeks ways to provide patients with better information on treatment options, put clinical decision-making in the hands of physicians and their patients, and make private insurance more affordable.

## Enhanced Care Through Advanced Technology

Quoting SIR’s new “Enhanced Care Through Advanced Technology” tagline, Dr. Katzen summarized the relationship between interventional radiology and medical technology. He cited three areas where a lack of education on the part of patients and physicians exists. First, according to Dr. Katzen, many physicians and patients are unaware of peripheral vascular disease (PVD). He continued by pointing out that 50 percent of patients over age 75 have significant stenosis from the disease and that PVD is an early indicator for risk of heart attack. He then commented on the early success of the Legs for Life® program in raising physician and patient awareness of PVD.

Aneurysmal disease is the second area that has gone unappreciated in this country despite the fact that it is the 13th leading cause of death in this country and the third leading cause of death for men. It was not until Senator Robert Dole’s endovascular treatment that the disease drew any attention. Dr. Katzen said most of the research into new endovascular treatments for aneurysms is conducted overseas.



*Sen. Kennedy stresses the importance of the Stroke Treatment and Ongoing Prevention Act.*

*continued on next page*

Stroke is the third area which deserves increased attention according to Dr. Katzen. It is the number one cause of permanent disability, but relatively little progress has been made in stroke prevention and care. Dr. Katzen called for a similar effort in stroke prevention and care as that done for heart attack. Regulatory and research barriers exist which prevent stroke treatment and, as a result, much of the stroke treatment research is leaving the United States.

### Looking Ahead

Looking just over the horizon, Dr. Katzen discussed promising new developments in drug-coated stents, such as reducing restenosis and non-ionizing radiation imaging (e.g., magnetic resonance) which eliminates the patient's exposure to radiation. For the most current treatment information, visit the Patients & Public section of [www.sirweb.org](http://www.sirweb.org). To keep abreast of the status of the Stroke Treatment and Ongoing Prevention Act, go to the Congressional Affairs section of [www.sirweb.org](http://www.sirweb.org).



*Dr. Katzen summarizes the relationship between interventional radiology and medical technical technology, citing SIR's new "Enhanced Care Through Advanced Technology" tagline.*

## SIR Standards Update

The following documents were developed by the SIR Standards Division under the leadership of Standards Division Councilor Curtis A. Lewis, MD, MBA:

- ▼ Quality Improvement Guidelines for Percutaneous Nephrostomy, *JVIR*, November 2001. Parvati Ramchandani, MD, served as first author.
- ▼ Quality Improvement Guidelines for Diagnostic Arteriography, *JVIR*, January 2002. Harjit Singh, MD, served as first author.

### Standards Division Position Statements:

- ▼ ABI for Evaluation of Patients with PVD, *JVIR*, April 2002
- ▼ Documenting Physician Experience for Credentials for Peripheral Arterial Procedures—What You Need to Know, *JVIR*, May 2002

These and all other Society guidelines are accessible through the members section of our new Web site ([www.sirweb.org](http://www.sirweb.org)) or by logging on to [www.practiceguidelines.org](http://www.practiceguidelines.org).

# Quality-of-Life Instrument Available for Use in Fibroid Studies

## The February 2002 issue of *Obstetrics &*

*Gynecology* included validation results for a new tool created to assess symptom severity and impact on health-related quality-of-life for women with uterine fibroids. The Uterine Fibroid Symptom and Quality of Life (UFS-QOL<sup>®</sup>) questionnaire was funded by CIRREF and developed by James B. Spies, MD, and MEDTAP International, a health research contractor in Bethesda, Md.

The UFS-QOL is able to discriminate between normal women and women with uterine fibroids, as well as detect varying signs of symptom severity and impact on quality of life. The questionnaire asks about symptoms experienced by women who have uterine fibroids as well as how these symptoms have impacted their lives.

The UFS-QOL is being used in the UAE FIBROID Registry. The questionnaire has been translated and validated in five other languages: French, Canadian French, German, Hebrew and UK English. The UFS-QOL is available through CIRREF for use in other studies. For more details, contact Wendy Landow, director of research, at [landow@sirweb.org](mailto:landow@sirweb.org).

*Editor's note: CIRREF commissioned RAND Health to develop a research agenda for UAE in 1999. The development of a disease-specific quality-of-life questionnaire and prospective registry were two of the four research strategies recommended by an expert panel to evaluate the utility of UAE.*

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