WINTER - 2018

PRESIDENT'S BLOG


Dr. Jason Wong

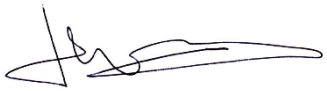
Happy New Year!

I hope everyone enjoyed well deserved quality time and rest with family and friends.

2018 is already looking bright with some new exciting changes on the CIRA front. As many of you know, one recent big change is the partnering with CIRSE. Essentially, this means that any CIRA physician member will automatically be a corresponding member of CIRSE (at a significantly reduced fee when compared to signing up alone), and that any IR technologist and nurse can pay an additional small fee to also become a CIRSE member. In my opinion, this is HUGE on many fronts. The biggest advantage comes in the form of continuing education. CIRSE has the ESIRonline program which is the largest e-learning platform available for IR. It has many of their congresses and respective presentations available for anytime viewing. Thus, one could attend a CIRSE annual meeting virtually and after the fact. Also, ESIRonline packages cover many timely topics such as "drug coated and drug eluting devices", "radiation protection and dose management" to name a couple of examples. Also, the GEST 2017 meeting is available.

CIRSE has a membership of over 7000, of which most are mainly from the EU. However, there is representation from Japan, Korea, Australasia, and Brazil just to name a few other countries, so should you choose to attend a CIRSE congress there will be ample opportunity to network. Reduced registration fees occur for anyone attending a CIRSE congress/ESIR course. Last but not least, this also allows unlimited access to CVIR and the new CVIR endovascular journals.

Additionally, the CIRA board of directors has been busy on many of our projects. In the near term, we are busy preparing for our Lake Louise "Grand Slams and Catastrophe's" course, the annual CIRA meeting, and further implementing our strategic plan.



Dr. Jason Wong

CATCHING UP WITH... GILLES SOULES

Q &A with Gilles Soulez, Full Professor and Director
Department of Radiology, Radiation-Oncology and Nuclear Medicine
Université de Montréal

Dr. Gilles Soulez

1. When we were together at your office, we talked about how some breakthroughs in research are likely to improve IR treatments. Could you elaborate?

The major breakthrough in IR will first pertain to the advances in imaging technologies that will lead to a better procedural guidance and personalized therapies.
For instance:
Molecular imaging will play an important role in the targeting of oncologic diseases and the assessment of the efficacy of chemo-embolization and thermal ablation procedures.
Multimodal image fusion (PET-CT-CBCT-Fluoro) will be helpful to target lesions visible only on PET imaging. The development of new theranostic agents, like microbubbles with specific molecular probing or imaging of cellular trafficking with MRI contrast agents like USPIO, are currently developed in preclinical models and have a great potential to improve tumour targeting.

MR-guided intervention will play a larger role in MSK interventions and in the future will probably play a role to target nanotherapeutic agents for the treatment of tumoral disease.
Advance computing and artificial intelligence will play a role in procedure planning and simulation. It is now possible with finite element analysis computing to simulate catheter procedures in patients using specific anatomy taken from CT-scanner examinations.

Finally, smarter devices with better biocompatibility or active device to promote appropriate healing following endovascular therapies will improve outcomes, as seen recently with drug eluting or drug-coated balloons. The same will be proposed for the treatment of aneurysm disease. We are working in our laboratory on bioactive stent-graft and embolizing gels to promote aneurysm healing and prevent endoleaks after EVAR. Local injection of cell therapies will also be proposed in different areas (beta cells for diabetes or immunotherapy for cancer).

To integrate these fast advancing imaging technologies in his practice, the interventional radiologist needs to have an advanced knowledge in imaging, the evolution of image guidance techniques and bioengineering in order to be at the forefront. A collaboration with diagnostic radiology is needed.

2. We agreed that CIRA should try to lift the hurdles that stand in the way of better access for Canadians to IR treatments. What in your opinion are the main hurdles? Patient awareness? Referrals from general practitioners? Funding? Other hurdles?

The main hurdles to access IR treatments are linked to the pattern of referral and the way we are practising IR.

IR doctors must be doctors who will take in charge the patient before, during and after interventional procedures as actually done by surgeons. This implies first to have structured IR clinics where the referring physician, including family doctors, can send patients for an opinion in indicating or not an IR procedure. This clinic should be integrated with the imaging department to offer up-to-date imaging that will make the difference in procedure planning and guidance. The IR doctor should follow the patients whenever indicated to ensure good clinical outcome following interventions.
Secondly, the IR doctor must take in charge patients during one day or overnight hospitalization for elective IR cases. The IR doctor must be strongly involved in multidisciplinary rounds and tumour boards to propose the best IR treatment for our patients. Since emergency cases are an important part of an IR practice, and constitute an important added value to the health system, the IR group must be organized to offer a 24/24 H coverage. If IR doctors behave as doctors with an advanced knowledge in imaging and image-guided procedure, and also on the pathophysiology of the underlying diseases they are treating, the awareness of our speciality and the referral pattern will improve by themselves. The funding will also follow.

Finally, to get appropriate funding, it is now required to prove the cost-efficiency of our image-guided procedures. In this setting, a strong clinical research program must be promoted to position our therapies in comparison with conventional alternative medical or surgical therapies. Preclinical research in association with basic scientists is also necessary to integrate the latest advances in molecular biology and biomedical engineering to create the procedures of tomorrow.

IR doctors should be proactive with catheter companies to develop the best material that will fit the needs of our patients.

3. CIRA already holds a very well attended and much appreciated Annual Meeting as well as the annual Grand Slams & Catastrophes Course. What more can CIRA do to support the professional development of its members?

I agree: the meetings are well attended and the CIRA community is an important asset for the education of our members. The introduction of social media for case discussions and sharing opinions is important and very helpful, in particular for IRs working in smaller practice groups, but also for everyone when facing a challenging case. We could also work on a hands-on workshop in partnership with catheter companies to train physician manipulation with new devices in animal catheterization laboratories available across the country. The last, but not least, strategy should be to educate our patients on the main procedures performed by IR doctors.

4. What are the IR procedures of the future?

This was been partially discussed in point 1. However, there is a bright future for interventional oncology including chemo-embolization, Y-90 procedures and thermal ablation. I believe that with the progress of molecular biology, the targeting of the underlying disease will improve, used in combination with specific drugs, or immunotherapy. MRI guided procedures will emerge but not with the same approach done in fluoroscopy catheterization laboratories. We are working, in our research laboratories, on a new concept using high-field B0 magnetization and imaging gradients to drive nanomagnetic particles in liver tumours. Chronic venous disease is undertreated and constitutes a significant burden on aging population, we will see an increase on the load of venous procedures.
The advanced peripheral arterial procedures for critical ischemia, like chronic total occlusion of the femoral artery and infra-popliteal recanalization, are also a good niche for skilled IR. Catheter thrombectomy for stroke management is a major improvement for our patients. CIRA should evaluate how IRs can collaborate with interventional neuroradiologists to ensure a national coverage for these life-saving procedures.

HOT OF THE PRESS

Meeting with Bill Bobbie, President Cook Canada inc.

Mr. Bill Bobbie, President of Cook Canada, has graciously agreed to meet over the phone with Dr. Vamshi Kotha, CIRA Express Editor, and with Daniel Lapointe, CIRA Executive Director, on November 21, 2017.

Mr. Bill Bobbie

CIRA Express:

What are some of the major hurdles the IR industry faces in Canada?

Mr. Bill Bobbie:

There is still a lot of ignorance about IR. Although physicians are doing a great job in day to day practice, some government payers and administrators don't fully understand the value of IR. Modern medicine is evidence based and everyone wants supporting data. Unfortunately, developing high level evidence for new technology is often difficult and needs clinical utilization of the same technology, a catch 22. Hence, if we keep waiting for solid evidence (which may never be available for several IR technologies) we will not be able to accomplish any advances. Yet, IR is progressing at a fast rate and more and more therapies are being introduced benefiting numerous patients, certainly better than before. It's however hard to put a numerical value on these benefits.

CIRA Express:

What areas do you think will be the focus of the IR industry's R&D in the near future?

Mr. Bill Bobbie:

That's hard to nail down since IR touches every part of the body. Vascular intervention is a big area that will continue to evolve and be enhanced. The area of oncology is big as well, since more and more targeted therapies are being developed.

CIRA Express:

What are your thoughts on the procurement system that is currently becoming dominant in Canada?

Mr. Bill Bobbie:

I think it is generally not good. We hear that we need to pursue value for money, but there is not a clear definition of what that is. Exclusivity for a single vendor is a recipe for disaster.

Dealing exclusively with one company may be appropriate when you are purchasing simple items like bed sheets but it is not appropriate when you want to buy IR devices, which are very complex and often require years of R&D. No single company can address all the needs IR has. Thinking we can save money by going to a single vendor is rather illusionary.

CIRA Express:
What do you think of the Canadian IR practice and research?

Mr. Bill Bobbie:
I think the quality of physicians in Canada is top notch. Many high talented people who used to be in university centres are now in community hospitals. Canadian remuneration for physicians is nowhere near what it is elsewhere in the world. The reimbursement levels for procedures in Canada are very low. I may be naïve, but I think the motivation of Canadian physicians is not based on money but on what is good for patients. The Canadian IR environment is very conducive for high quality research.

CIRA Express:
How can IR be best promoted in Canada?

Mr. Bill Bobbie:
Health is a provincial responsibility in Canada, that's where voices in favor of IR should be heard. The timing is good because there are several physicians currently holding key positions in health. Some Health Ministers and key political staffers are physicians. These staffers are very important since they are the ones who influence Ministers. Furthermore, patients are themselves an important driver for change, as they can influence the government and paying authorities.
ablation procedures.

UPCOMING EVENTS

CIRA's Grand Slams & Catastrophes Course

February 09-10, 2018 in Château Lake Louise, AB

For the second consecutive year CIRA is holding a very interactive 2-day M&M style course to learn from trials and triumphs of your colleagues. This event will be offered to a limited number of registrants to preserve an intimate environment which was part of last year's resounding success.

UPCOMING EVENTS

CIRA's ANNUAL MEETING

May 31st to June 02, 2018 in Calgary, AB

Registration is open!

Click on the image above or browse this link: ciraweb.org

MRT&RN Special Programing:
May 30th 2018

Register now!

CORPORATE PARTNERS NEWS

Bard: Learn more about LifeStream® Balloon Expendable Vascular Covered Stent, available soon in Canada! More information here.

BTG is very proud to announce today that Dr Riad Salem and his team at Northwestern University in Chicago, USA have adopted Y90 transarterial radioembolisation (TARE) with TheraSphere® as their first-line trans-arterial treatment for unrespectable HCC patients. More information here.

Phillips: "Better patient care with the touch of a finger! Philips Azurion, now available in Canada, is an easy-to-use, intuitive platform designed to help you perform procedures more consistently. More information here.

Terumo is advancing small vessel embolization with its new PROGREAT 2.0 ALPHA Microcatheter and new 2mm & 3mm AZUR CX Coils. More information here.

Dr. Vamshi Kotha,
CIRA Express Editor

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