

Jafar Golzarian, MD

Dr. Golzarian discusses the role of embolization in interventional radiology and what we can expect from the 2010 GEST meeting.

Five years ago, did you envision embolization having the increasingly widespread adoption we are seeing today? What do you predict for the next 5 years in this field?

I was very confident in the evolution of this fine technique. In 2003, I realized that although this technique had been around for several years, there were still not enough data, research, and review papers available on any given topic. The only topic that was an exception to this rule was uterine fibroid embolization. Therefore, I have decided to edit a textbook on embolization in which we gathered the experience of the authorities in the field. While editing the textbook, I realized that there was a need for a meeting dedicated to embolization. That's how the GEST meeting started, and we have seen the same level of interest from the interventional radiology (IR) community and sponsors.

In the near future, we will witness increasing indications and acceptance of this technique by the medical community. With the confirmation of the preliminary data on drug-eluting particles and the development of new devices, I think embolization will continue to grow as a platform for different drug delivery and intracellular therapy.

To what degree is cost-efficiency an issue with embolization procedures?

I think this is not a real issue. We need to show evidence comparing the results and costs of embolization procedures to other alternatives. Some of this evidence is available, demonstrating that embolization is more cost-effective than other alternatives, for example, uterine artery embolization versus surgery.

What are some of the more creative embolization techniques and applications you are using in your practice?

IR has always been very strong at the University of Minnesota. It was one of the temples of IR with pioneers such as Drs. Kurt Amplatz, Wilfrido R. Castaneda-Zuniga, and David Hunter. Therefore, with such a strong legacy, we

perform the majority of the techniques and applications in the IR section of the University of Minnesota Medical Center. We have a busy transplant and cancer center with all the related IR embolization procedures, including post-surgical/biopsy embolization, classic and drug-eluting chemoembolization, and many procedures for unusual complex hemorrhagic complications. We have also worked significantly with the obstetrics/gynecology (ob/gyn) department to offer postpartum and uterine artery embolization in a much bigger stage than before.

Tell us about your work with the fibroid clinic at the University of Minnesota Medical Center. What is it like to work so closely with the ob/gyn department?

I began discussions with my ob/gyn colleagues right after my appointment at the University of Minnesota. The idea was to offer a joint clinic where all the options for treatment of uterine fibroids were discussed with the patients. Both an interventional radiologist and ob/gyn are available and will discuss options together with the patient. We started the program last February and have seen more than 150 patients in the clinic in less than 6 months. We have realized that we were addressing an unmet need in the community.

Are there any recent technical advances in vascular imaging that have improved the way you plan and/or perform procedures?

In recent years, the evolution in magnetic resonance imaging, computed tomography (CT) imaging, and nuclear medicine has been essential in improving our approach and planning in the management of most conditions, such as tumors, fibroids, peripheral vascular disease, and bleeding. However, the use of cone-beam CT or DynaCT (Siemens Healthcare, Malvern, PA) is one of the major developments in treating hepatic tumors. This technique allows us to obtain CT images and multiple reconstructions on the angiographic table. Using this technique not only helps detect the exact tumor-feeding vessel(s),

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but it also helps in the superselection of the culprit vessels, therefore increasing the usage of transarterial chemoembolization in patients who are considered high risk.

As a cofounder of GEST (Global Embolization Symposium and Technologies), you've seen this annual meeting take the shape it has today. With the meeting being held in San Francisco this year, what changes do you expect to see with its debut in the United States? Are there specific reasons for the change of venue?

We premiered the meeting in Barcelona in 2007 to such success that we returned there again in 2008. The allure of Paris in the spring drew us, and more than 1,000 attendees joined us in 2009. Still, bringing the meeting stateside is a natural educational and scientific opportunity, as the density of skills and embolotherapy expertise is so great. Colleagues and sponsors have also pushed us to do so.

San Francisco is one of the greatest cities in the world. It has the perfect combination of vistas, diversity, cuisines and sites, and excellent conference facilities. It is also a natural location that bridges East and West. GEST has proven to be a very fertile meeting because of the large international collection of experts and key opinion leaders, especially from Asia. The work done there needs to pollinate that of the West.

What are some of the unique aspects of the meeting? How is the educational course designed, and what do you think some of the hotter topics will be this year?

GEST has always been an interactive meeting. Some GEST innovations, such as Top Tips and Bottom Tips debates, Masterclass live material demonstrations, Expert-on-the-Couch debates, case-based discussions, and hands-on demonstrations, were very popular and will be offered this year. This year, we will also introduce modified live case presentations and ablation alley. The course contains a whole-day plenary session and a second parallel scientific session in the morning. These sessions are put together in the form of short (5–10 minutes) and specific clinical scenarios, problems, or questions for each topic. In the afternoon, we have hands-on and case-based discussions. We also offer abstract sessions this year. ■

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