AN INTERVIEW WITH...

Theresa Caridi, MD, FSIR

Dr. Caridi discusses her road to women's health, raising patient awareness for uterine artery embolization, her new leadership role at the University of Alabama at Birmingham, and more.

Beyond interventional radiology (IR) being something of a family business, what factors drove you to choose this field as your specialty, and what specifically drew you to women's health issues?

There's no doubt that I was fortunate to know about IR long before I would have crossed paths with it naturally. It wasn't until I rotated through as a radiology resident that I found out how truly remarkable the specialty was for patients. In general, IR procedures have a substantially positive impact on a patient's quality of life while being short in duration and inventive in technique. I can't imagine not loving it.

When I was offered a faculty position at Georgetown, Dr. James Spies (Chair of Radiology and one of my mentors) asked me if I would be interested in women's health interventions. I was in the latter half of my fellowship at the University of Pennsylvania at the time and was able to explore this particular area of focus with Dr. Richard Shlansky-Goldberg, another mentor of mine. Ultimately, I felt sympathetic to these women who just wanted to improve their quality of life and were often (1) silent about a taboo subject, (2) unaware of their treatment options, and (3) incredibly grateful for an improved quality of life when they had an IR procedure. I also felt that I could fill a need in my division; Dr. Spies and I made a good team as we each interacted with different referring physician cohorts/generations, and we were also able to offer patients more than one physician option.

Endovascular interventions for women's health issues pose a unique challenge in terms of reimbursement, a topic you've written about previously in published articles and on Twitter. How often are you fighting denials for treatment? What has helped overcome these denials?

The challenges are region-dependent. I faced less difficulty in Washington, DC, than I do in my current practice in Alabama. Most of the denials are related to pelvic venous disorders (formerly pelvic congestion syndrome) and are more frequently denied than accepted. Some challenges also remain with uterine artery embolization (UAE). However, I find that there are fewer issues with UAE coverage. The issue tends to be that particular payers require unnecessary preprocedural requirements. The updated Society of Interventional Radiology (SIR) carrier-advocacy letters for pelvic venous disorders are a big help and have been the factor that overturns payment denials for me. There will be a similar updated document for UAE very shortly.

Women often deal with poor quality of life for years after finding out they have fibroids because they aren't aware of all the options available for their symptom relief—including a minimally invasive option with UAE. How do you as a physician go about raising awareness for this?

Educating about UAE can be difficult if a gynecologist doesn't mention this option to a patient or if the patient doesn't have the opportunity to hear about the details of the procedure from an interventional radiologist. It takes a two-pronged approach: referring physician education and patient-facing education. With referring physicians, you have to be engaged and fully willing to be a team player before they will really hear what you have to say. It's important to educate referring physicians, especially in women's health, because women have been seeing their gynecologist for most of their life and want to know that their gynecologist approves of UAE as a treatment option. It's about trust. With patients, direct marketing helps to open the door to a conversation. Some of the ideal options are expensive, but digital marketing is likely the most impactful right now. Media opportunities during Fibroid Awareness Month always tend to increase education as well as conversations (and they are free).

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Both reimbursement and fibroid awareness are issues of great importance to SIR, a society you are very involved in. As current Vice Chair and future Chair of the SIR Foundation (SIRF) Board of Directors, are there any efforts the group has made in research, grant development, or education that you're most proud of?

We are embarking on some of our largest projects to date, not only concerning funding but also by truly partnering with lead investigators to see a large-scale, impactful trial come to fruition—more details to come on this soon. I expect similar projects to be supported by SIRF within the women's health space in the not-too-distant future.

Overall, I am proud of our very united team that is working toward several goals—not only the SIRF board members but also the SIRF staff. Despite the physical distance of this past year, we have managed to see rapid progress on a number of our projects, including the development/support of new grants (related to COVID-19), research consensus panels, trials, IR registries (in conjunction with SIR), research education, and increased fundraising efforts with a pivot to the virtual environment. We are firing on all cylinders and look forward to the long-term benefits we hope this brings to our specialty!

In terms of therapeutic options, what are some medical or technologic advancements that would be most helpful in your practice?

I'm an advocate for pain control after any IR procedure but particularly within my areas of interest. Right now, we rely on a multitude of drugs or a secondary procedure (that has its own risks) to mitigate postprocedural pain. I look forward to witnessing or being a part of medical/technologic developments that have increased efficacy and less potentially harmful effects. I am working to investigate some of these possibilities now.

Last year, you transitioned from MedStar Georgetown University Hospital to a new role as Director, Division of Vascular and Interventional Radiology at the University of Alabama at Birmingham (UAB). What has the adjustment to this new leadership role been like? Can you share some of the plans you have for the division?

It was a challenging time to transition during the pandemic because connections with colleagues in the division, department, and throughout the organization have been impacted by distance measures. However, I feel a good balance of comfortably and uncomfortably stretched in my new role. The department and institution are well structured, with layers of support throughout. I would be remiss if I didn't mention that I've had excellent leadership at both institutions, current and prior. A somewhat unique and rewarding aspect of being at UAB is working in a Vice Chair role with a female Chair. It has really allowed me to visualize a potential path ahead.

At UAB, there is a fertile ground for anything and everything, and it's exciting to be able to offer such an array of minimally invasive treatments for a variety of pathologies. The IR faculty can truly treat and study any disease process that interests them. The division is a strong one to begin with, but I see the opportunity to strengthen our patient care processes, department and hospital-wide relationships, and intergroup bonds. I love a good day of performing some of the most patient-centered procedures in medicine, followed by walking out of the hospital with my colleagues chatting about all aspects of practice and life.

In addition to your focus on uterine fibroids, your work covers a wide variety of other special interests—prostate artery embolization, hepatocellular carcinoma, and pulmonary arteriovenous malformations, to name a few. If you had the opportunity to dedicate a year to research one specific area apart from women's health, what would it be?

I would spend it focusing on a longitudinal disease process that affects children through adulthood, such as hereditary hemorrhagic telangiectasia to name one possibility. We are fortunate to have many champions in the cancer space within IR (or interventional oncology), but I gravitate my practice toward treating conditions that are life-debilitating rather than life-threatening (in most instances). These conditions do not garner as much attention as life-threatening diseases, but when a physician truly understands the condition and treatment options in detail, it is a blessing for many patients. ■

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