

2005 SIR Annual Scientific Meeting Encompasses Larger Initiatives

The SIR utilizes a holistic approach to advance the medical specialty.

BY JAMES F. BENENATI, MD

The Society of Interventional Radiology's (SIR) 30th annual scientific meeting held in New Orleans, March 31 to April 4, 2005, was the largest meeting of medical professionals devoted to the clinical and technical management of patients through the use of interventional radiology. The week-long meeting was built on years of tradition of the society providing training fundamentals, advances in research, exposure to new devices, and world-renowned presenters to help advance the specialty.

Although the meeting content and themes change annually, the event always reflects the society's top initiatives. This year, the meeting reflected the SIR's commitment to excellent patient care by combining emerging minimally invasive technology with strong clinical care.

SIR has identified several major areas of procedural growth and emerging technology in interventional radiology, such as oncology, carotid artery stenting, peripheral arterial disease (PAD), and research, which were explored at the meeting through symposia, plenaries, categorical courses, scientific sessions, workshops, and simulators. In addition to courses at the annual meeting, SIR is addressing these areas of interest through year-round initiatives.

ONCOLOGY

Oncology is a major growth area for interventional radiologists. There are many tumors that are inoperable, or for which there are not suitable treatment options to offer patients. Clearly, the opportunity for interventional radiology to offer innovative options is wide open and is an active and growing area of practice and research, which was evident in the half-day symposium, "Oncology: What the IR Needs to Know," as well as several workshops.

As vascular experts, interventionalists are uniquely

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skilled in using the vascular system to deliver treatments that specifically target the blood supply feeding the tumor. The use of radiofrequency ablation, cryoablation, yttrium 90 radioembolization, and chemoembolization are active areas of growth and research.

For the past year, the SIR oncology task force has utilized the experience of leading authorities in interventional oncology to make recommendations for implementing a robust infrastructure that would support widely available, high-quality, affordable, and effective clinical practices committed to image-guided interventional oncology. Our task force has also focused on international collaboration because many cancer advances are made outside of the US, and it is very important that the minimally invasive oncology community work together.

"SIR has identified interventional oncology as a strategic area for procedural growth, emerging technology, and patient care improvement," said SIR President Curtis Lewis, MD, MBA. "The wealth of research and expertise these task force members bring has not only complemented SIR's efforts, but has added a new dimension and drive for advancing this important area of patient care."

Early this year, SIR organized a session on state-of-the-art interventional oncology treatments for staff at the US Food and Drug Administration. The Society is attempting to take a leading role in the policy, research, and promotion of interventional oncology as a discipline within

the interventional community worldwide.

SIR has been proactive with respect to interventional oncology coding and reimbursement. The SIR's recent proposals for a Category I CPT code for percutaneous renal tumor radiofrequency ablation (RFA) and for a Category III CPT code for percutaneous renal tumor cryoablation were well received by the CPT Editorial Panel, and new codes are expected in 2006. SIR previously secured CPT codes for liver and bone tumor RFA. The SIR Economics Committee continues to monitor RFA and cryoablation applications to other body sites for CPT development.

SIR has created five new sections on its Web site to educate patients about our new minimally invasive cancer treatments for bone, breast, kidney, liver, and lung. Each section includes pages on disease development, diagnosis, treatments, and a bibliography of research.

CAROTID STENTING

SIR has been proactively involved in all levels of carotid stent development during the past year. In April 2004, then SIR President Janette Durham, MD, MBA, presented society comments on the new technique before the FDA Circulatory System Devices Panel.

SIR has actively participated in and supported the development of a multispecialty document, "Training, Competency, and Credentialing Standards for Diagnostic Cervicocerebral Angiography, Carotid Stenting, and Cerebrovascular Intervention." The document is a joint statement from the American Academy of Neurology, the American Association of Neurological Surgeons, the American Society of Interventional and Therapeutic Neuroradiology, the American Society of Neurology, the Congress of Neurological Surgeons, the Cerebrovascular Section of the AANS/CNS, and the Society of Interventional Radiology. This landmark document was co-published starting in December 2004 in the *American Journal of Neuroradiology*, *Journal of Vascular and Interventional Radiology*, *Neurology*, and *Radiology*.

The 4.5-hour carotid stenting symposium at the 2005 annual scientific meeting is part of the SIR's commitment to providing interventional radiologists with various opportunities to achieve the 16 hours of training recommended in the multispecialty document. Additionally, a 3-hour hands-on carotid training program was offered at the meeting, as well as experience on medical simulators.

In terms of patient access to the new procedure, SIR members met with CMS Coverage Analysis Group staff in support of Medicare covering carotid artery stenting. SIR Secretary Katharine Krol, MD, also testified on behalf of SIR before a CMS Town Hall Meeting on CAS in support of expanding the agency's current coverage policy of pay-

ing for the procedure only in FDA-approved clinical trials. SIR continues to be in the vanguard of physician organizations working for broader Medicare coverage.

SIR has been an active leader in a successful multispecialty effort to obtain new CPT codes for carotid stenting. Dr. Krol presented to the CPT Editorial Panel, the deciding body for new CPT codes, on the need for a billing and coding mechanism for carotid stenting. SIR was also instrumental in recommending physician work relative values and practice expenses through the AMA's RVS Update Committee.

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PERIPHERAL ARTERIAL DISEASE

The third symposium at the SIR 2005 annual scientific meeting focused on treating PAD. The SIR and the SIR Foundation have been committed to educating both public and primary care physicians on PAD for years because it is an early warning sign of possible heart attack or stroke. Research and the outcomes of trials presented at this year's meeting will demonstrate many of the new and novel techniques for treating PAD and restenosis. The SIR has been active in supporting new strategies for managing PAD. At this year's meeting, there was also a strong emphasis on the clinical management of patients who have PAD.

Since 1998, the SIR Foundation has run a national, free PAD screening program called *Legs For Life* that is run in more than 300 US hospitals and clinics. This is the largest national society-run vascular screening program in the country. Over the years, more than 320,000 people have been screened for vascular disease through this program. According to Harvey Wiener, DO, Legs For Life Committee chairman, "We've consistently seen that one out of every four people screened is at risk for significant vascular disease such as PAD, stroke, and abdominal aortic aneurysm."

Through Legs For Life, SIR has also screened more than 58,000 people for abdominal aortic aneurysms since 2000, and has found one in four to be at risk and one in 20 had an aneurysm. The efforts of the SIR in AAA screenings have resulted in the introduction of AAA screening legislation in Congress and recognition of the importance of AAA screenings by the US Preventive Services Task Force.

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