

AN INTERVIEW WITH...

M. Victoria Marx, MD

Dr. Marx, the incoming SIR President, shares her goals for the society and the IR specialty during her term, areas that need increased awareness, and how she finds a work-life balance.



As the incoming 2018–2019 President of the Society of Interventional Radiology (SIR), what can you tell us about your goals of growing the diversity of the SIR membership during your term? What is the main take-home point that you would like people of underrepresented demographics to know about the specialty and why they should include it in their options?

Outreach to the broadest possible audience of medical students is a top priority for SIR. Interventional radiology (IR) is an exciting new primary specialty that has the potential to help a large proportion of the United States population through contributions to clinical care, medical decision-making, and minimally invasive image-guided procedures. The impact of IR will be directly related to the diversity of our physician population and practice type. A diverse and inclusive community includes not only diversity of gender, gender identity, sexual orientation, race, and ethnicity, but diversity of perspective, imagination, background, communication focus, and problem-solving style. The society has multiple initiatives designed to increase the diversity of our membership. These include a speaker's bureau, a diversity microgrant program, targeted programming at the SIR annual meeting, and societal representation at regional and national symposia for medical students. In addition, outreach via social media includes a very successful #IAMIR presence.

The ability of IR to help the entire population of the United States will be maximized if the demographics of IR physicians match the demographics of the country. On a personal note, my goal regarding the growth of diversity in SIR membership will have been met if I have to stand in line to use the women's restroom at the SIR 2019 annual scientific meeting. That has never happened in the 30 years I have been an SIR member!

In what ways do you hope to improve standards for radiation safety practices for both patients and health care professionals? Do you

think that any extra efforts or precautions are needed to protect pregnant IRs and patients?

My dream is for IR to have a culture of safety that allows all practitioners to work long careers free of occupational risk or injury and retire without regret. I want our work environment and safety practices to assume that everyone in the IR procedural suite is pregnant. We aren't there yet. However, I see significant progress toward a widespread awareness of the need to practice IR safely. Young IRs are much more safety conscious than those in my generation. I think this is a manifestation of a more widespread intolerance of unnecessary risk in life and a consequence of improved safety education and monitoring in the health care setting overall. I hope that SIR can work collaboratively with other professional societies, regulatory agencies, and industry to make further progress toward realization of my dream.

Can you give us some background on the National Radiology Data Registry (NRDR) IR Registry in terms of its aims and purpose? Why should IRs participate in this registry, and what could the information gained potentially contribute to the field and patients in practical terms?

SIR teamed with the American College of Radiology to launch the IR Registry under the auspices of the NRDR because of the great importance that accurate and objective quality data plays in modern medicine. As the registry's data sets grow, we will be able to provide evidence-based support for IR procedures, help facilities improve processes and outcomes, and develop benchmarks for performance.

These data will also help make the case for IR inclusion to referring physicians, hospital administrators, and other health care decision-makers when it comes to offering and covering treatments. In addition, as part of a Qualified Clinical Data Registry, the IR Registry will help IRs meet the quality measures of the reporting requirements of the Quality Payment Program. The registry will also allow IRs to meet the American Board of Radiology's (ABR) maintenance of certification Part 4 credit requirements.

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SIR has made it easy for IRs to participate in the registry by creating a suite of standardized reports that cover about 90% of IR procedures and that will seamlessly transfer data from their institutions' reporting systems to the registry.

In regard to the Harris Poll finding that only 44% of women with fibroids were aware of uterine fibroid embolization (UFE) as a treatment option, what methods of patient education should be put into action? Have you received a response to your Letter to the Editor of *The New York Times*?

In 2017, SIR launched the #FibroidFix campaign as a means of educating patients through the media, social media, and a new report about their fibroid treatment options. The findings of that survey also showed us that more needs to be done to collaborate with gynecologists, primary care physicians, and other referring prac-

tioners to ensure that they too are aware of the safety and efficacy of uterine artery embolization (UAE) in the treatment for fibroids.

We have not received a response from *The New York Times* about our letter, but it is the paper's policy not to respond to letters it does not publish. However, we did share the letter with our members and received a tremendous amount of support for the need to make sure that women are informed about UFE. As part of our campaign, we created tools for our members to share on social media, post in their offices, and share with referring physicians. These tools continue to be downloaded and used. Our colleagues at the Brazilian Society of Interventional Radiology and Endovascular Surgery even worked with us to translate these materials into Portuguese for their audiences. So, it has really become a global effort to educate women and referring physicians about this minimally invasive, uterus-preserving treatment.

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Beyond fibroids, what other areas of women's health should be further studied and addressed with transcatheter embolization technology?

First, I would say postpartum hemorrhage, which utilizes the same technique that is used to treat uterine fibroids, UAE, and can be used to prevent, minimize, or stop postpartum hemorrhage and save the life of a new mother. This application of UAE may be particularly helpful in managing placental implantation abnormalities. Currently, not all hospitals call IR when a mother hemorrhages or is at risk for hemorrhaging. We need more collaborative relationships with obstetric physicians and other health care partners to ensure that IR is part of the perinatal care team. We also need to collect and publish evidence to support the efficacy of our treatment so that other health care providers are encouraged to call in IR in these difficult situations.

Pelvic venous disease is another area that should receive greater focus. Pelvic congestion syndrome results from gonadal venous insufficiency and the buildup of blood in veins in the pelvis causing a characteristic chronic pain. IRs can treat this pain using a technique called ovarian vein embolization, which has been shown to relieve the pain and pressure resulting from pelvic congestion syndrome. Further study of this debilitating condition is necessary, and last October, the SIR Foundation convened a research consensus panel (RCP) on pelvic venous disorders to explore avenues of further research. The RCP's findings will be published later this year in SIR's *Journal of Vascular and Interventional Radiology*.

Do you think you've found an optimal balance between your clinical, administrative, and educational roles that still allows you to enjoy them all? How were you able to find this balance, and briefly, what do you enjoy most about each one?

Clinical IR keeps me grounded and rewarded. I love helping people; I love solving problems; I love technical challenges. I cannot separate my clinical role from my educational one. I work with students, residents, and fellows all the time. Frankly, I can't imagine working without young learners asking me questions and challenging my answers. I am sure I would get lazy without their supervision! With respect to larger roles locally and nationally, I enjoy working collaboratively with many smart, thoughtful people who all share a drive for excellence and progress. I have found the experience of working as an educational leader in my department

and institution, as well as in my experiences working nationally with the Association of Program Directors in Radiology, Association of Program Directors in Interventional Radiology, Accreditation Council for Graduate Medical Education, ABR, and SIR to be extremely rewarding and exciting. I am awed and humbled by the group of people I work with in all these organizations, who collectively have brought the dream of IR as an independent primary medical specialty from an idea into a vibrant reality.

Are you able to find time to unplug from all of your various commitments, as mentioned above, and what are your favorite ways to engage in some much-needed downtime?

Progress in developing ways to unplug from my professional life is in evolution. An important component is to turn off (or at least ignore) my smartphone. My children have pointed out to both myself and my husband that we are worse about clinging to our phones than they are—and they are both millennials! I'm getting better at separating myself from texts and emails, but I still need reminding.

Downtime at home includes regular workouts, reading novels, helping my orchid and succulent gardens grow, cooking and eating great food with my husband and friends, watching *Westworld*, and creating order out of chaos—like (I'm not kidding) folding clean laundry, cleaning up the kitchen, successfully completing the Saturday *LA Times* Sudoku puzzle and Kenken puzzles, and getting our dog to take his arthritis medicine.

On vacation, I love to hike with my Canon 6D camera and three lenses: a wide angle, a 300-mm zoom, and a 100-mm macro. I love seeing a composition, pushing the shutter release at the right time, and having the resulting photo be what I imagined. Most of my photography time happens in and around Yellowstone National Park. Some of the photos I have taken there are now hanging in the Burn Center of the Los Angeles County Medical Center. I love that people enjoy them. Photography is a great hobby. I have a great life. ■

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