

AN INTERVIEW WITH...

Paul J. Rochon, MD

Dr. Rochon discusses his path to IR, the importance of mentorship, hoped-for advances in hereditary hemorrhagic telangiectasia, plans for the Society of Interventional Radiology's Diversity and Inclusiveness Advisory Group, and more.



To start off, how did you come to decide on interventional radiology (IR) as your specialty?

I was originally interested in orthopedic surgery as a medical student. My problem-based learning leader was an orthopedic surgeon. I always liked working with my hands, and I loved all

of the devices in the operating room and the use of fluoroscopy. Over the summer between my first and second year, I did an internship sponsored by the Radiological Society of North America that happened to be in IR. That solidified my path to radiology, but I still thought I wanted something musculoskeletal. My first IR rotation proved me wrong. The patient interaction, innovative procedures with image guidance, and clinical mind set redirected and confirmed my passion.

You've been involved with the publication of several American College of Radiology Appropriateness Criteria (ACR AC) guidelines, most recently regarding the radiologic management of iliofemoral venous thrombosis.¹ Can you share your role in the ACR AC program and the process for developing the guidelines?

This process is a group effort from experts in these diseases. A lead for the topic is selected, and a manuscript is drafted with all the relevant and current literature gathered to support the evidence. Ultimately, several voting rounds and ratings are performed to determine if certain interventions, therapies, or diagnostic tools are usually appropriate, sometimes appropriate, or never appropriate.

From your position as Program Director of the Integrated IR residency programs at the University of Colorado to your published work on IR residency and medical student exposure, you've invested a lot in mentoring the future generation of IR. Why were you drawn to a mentorship role?

Mentorship is one of the most important aspects of education and life. I feel that almost everyone, myself

included, goes through life with one or more mentors. However, it is sad to say that there are people in life who may never have one. I am drawn to mentoring and sponsoring to provide others with the opportunities that I have had and allow them to see their true potential.

Along with your work at the University of Colorado, you're also affiliated with the Children's Hospital Colorado. What are the biggest unanswered questions in pediatric IR?

I particularly work with vascular malformations in children and adults. Some unanswered questions are why they occur and how can they be cured. Physician-scientists are identifying the genetic mutations that can be targeted for some of these complex vascular malformations and associated syndromes.

What patient care advances would you like to see in the field of hereditary hemorrhagic telangiectasia?

I perform many embolizations of pulmonary arteriovenous malformations, yet I would like to see advances in therapies that would eradicate the abnormal shunts/malformations in these patients. Moreover, I would like to find better ways of improving their quality of life due to epistaxis and hypoxia from microshunts.

Earlier this year, you published an article with *Journal of Vascular and Interventional Radiology* on trends in peripheral endovascular interventions, concluding that the use of office-based labs (OBLs) is on the rise.² With the increase in COVID-19 cases in the United States affecting hospital capacity, do you think we'll see any new trends in OBL use for endovascular interventions?

Hospitals are really suffering from being at capacity during the times of the pandemic, and staff are overworked and burnt out. There may be new trends in OBL use for endovascular interventions to offload hospitals. I could see even more peripheral vascular disease procedures performed at these practices.

(Continued on page 89)

(Continued from page 90)

Based on your published work and social media posts, it's clear that racial and gender disparities in medicine are important areas of research for you. Along those lines, multiple studies have shown that women of color are disproportionately affected by uterine fibroids. What do you think is the reason for this, and what can we do to combat this problem?

This is an example of a health disparity. It's all about awareness and being informed. Black women are known to have unique concerns and more severe symptoms. More hysterectomies are performed on Black women than any other. We can be more intentional in our outreach and work with primary care and obstetrics/gynecology to make sure that these women know all of their options.

As Chair of the Society of Interventional Radiology's (SIR) Diversity and Inclusiveness Advisory Group, can you share some of your goals for this group for the next few years?

Our group is composed of passionate interventional radiologists at different levels of their careers, as well as SIR staff. Some of our goals are to increase the recruitment of underrepresented minorities and women in IR and to increase awareness of both the problems and successes that we experience regarding diversity, equity, and inclusion. We are focusing on identifying and combatting health disparities in the diseases that we treat. Furthermore, we are developing modules to aid our members in diversity and inclusion. ■

1. Expert Panel on Interventional Radiology, Farsad K, Kapoor BS, Fidelman N, et al. ACR Appropriateness Criteria® radiologic management of iliofemoral venous thrombosis. *J Am Coll Radiol.* 2020;17:S255-S264. doi: 10.1016/j.jacr.2020.01.035

2. Schramm KM, DeWitt PE, Dybul S, et al. Recent trends in clinical setting and provider specialty for endovascular peripheral artery disease interventions for the Medicare population. *J Vasc Interv Radiol.* 2020;31:614-621.e2. doi: 10.1016/j.jvir.2019.10.025

Paul J. Rochon, MD

Associate Professor of Radiology
Director, Integrated IR Residency Program
Director, CU Radiology Diversity, Equity, & Inclusion
Director, Noninvasive Vascular Imaging
Co-Director, HHT Center of Excellence
Vascular and Interventional Radiology
University of Colorado School of Medicine
Aurora, Colorado
paul.rochon@cuanschutz.edu

Disclosures: Speaker and moderator for Penumbra, Inc; advisory board and speaker for Medtronic.
