

Interventional Oncology: Exploring the Boundaries



Interventional oncology (IO) is a rapidly evolving landscape with the possibility of improved patient outcomes through advances in existing and upcoming technologies. Furthermore, the combination with emerging checkpoint inhibitors makes the future especially promising.

Our coverage begins with what has become an annual tradition: a spotlight on the most influential IO papers from the last year. Christopher D. Malone, MD, and Tyler Sandow, MD, summarize five recently published studies and posit why each is significant, both in the context of the study itself and the bigger picture of the IO field as a whole.

One such study is EMERALD-1, which evaluated patients with hepatocellular carcinoma (HCC) who were treated with transarterial chemoembolization plus durvalumab and bevacizumab. Although data like this on local therapy combined with immunotherapy are only beginning, we've seen considerable enthusiasm for its potential.

With this in mind, Beau B. Toskich, MD, surveys a group of leading interventional oncologists from around the country about their insights and opinions on this combination. Panelists Rony Avritscher, MD; Kirema Garcia-Reyes, MD; and Nora Tabori, MD, cover data, decision-making, patient selection, emerging applications, and more.

Next, we pose the question, "When is transarterial radioembolization in advanced HCC optimal, and why?" to Jin Woo Choi, MD, and Riad Salem, MD. With a look at current data and their own clinical experience, they ponder when this treatment option may increase the likelihood of curative outcomes in this specific patient

population, as well as when radioembolization might not be beneficial.

One theme we sought to cover in this issue was pushing current treatment boundaries, and we do just that in a three-article series on ablation. First up, Jack Jennings, MD, tackles musculoskeletal ablation, an area that has seen continued growth and adoption over the last 2 decades. He reviews the path to treatment, current technology and advancement, and next steps for interventionalists to best serve these patients.

Omid Shafaat, MD; Junaid Y. Raja, MD; Noreen Siddiqi, MD; Abin M. Sajan, MD; and Venkatesh P. Krishnasamy, MD, then reflect on liver ablation. They review the standard practice and look at current and future advances in ablation technology that are pushing the boundaries of what can be achieved in liver tumor treatment.

Closing this series is a piece by Ronak Patel, BS, and Merve Ozen, MD, on renal ablation and the advancements in technique and approach that allow for precise strategies based on tumor stage.

Outside of our feature on IO, we have an interview with vascular surgeon Marie Josee van Rijn, MD, PhD. She chats about her epidemiology background, the multidisciplinary nature of deep venous thrombosis treatment, and tips for postthrombectomy acute ilio-femoral venous thrombosis stenting.

Interventional oncologists have so much to offer, and we may just be experiencing the beginning of a golden era of multidisciplinary care being offered to our patients with a variety of disease states. ■

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