

Thank You to 2008 Grant Review Study Section Members

SIR Foundation would like to express appreciation to the individuals listed below for their assistance in evaluating the many applications submitted during December 2007 and February 2008. These individuals graciously donated their time and expertise to support SIR Foundation in advancing research in interventional radiology.

Reed Omary, MD, MS—Chair

John F. Angle, MD

Aravind Arepally, MD

Jeff Geschwind, MD

Klaus Hagspiel, MD

Andrew Larson, PhD

David Madoff, MD

Gordon McLennan, MD

Sanjay Misra, MD



The Grant Review Subcommittee, part of the Grant Review Study Section, evaluates many applications each year.



Drs. Omary, Hagspiel, Larson and Arepally



Grant Recipient, Sharma—Shares Plans for Research

Karun Sharma, MD, Dr. Ernest J. Ring Academic Development Grant Recipient



Transcatheter arterial chemoembolization (TACE) is an established form of minimally invasive treatment for patients with unresectable hepatocellular carcinoma (HCC) or hepatic metastases. TACE has been practiced for three decades and recent randomized clinical trials have shown that it provides survival benefit for patients with HCC. Unfortunately, a poor understanding of drug levels and distribution inside the target tissue leads to tremendous technical variability and limits current TACE practice. Without a better understanding of these basic concepts, it will be difficult to further refine and optimize TACE and other catheter based therapies.

This proposal employs two emerging technologies, namely Drug Eluting Beads (DEB) and Electromagnetic Tracking, to help answer fundamental questions about local drug distribution and pharmacokinetics inside target tissues following transcatheter

embolization. We also propose to develop imageable bead technology which could serve as an imaging surrogate of local drug levels. The knowledge gained should help to guide optimal therapeutic endpoints for catheter-based therapies by using direct information on drug delivery within the target tissue as opposed to current practice which employs indirect inference from unreliable angiographic changes in blood flow and distribution of lipiodol.

The long term goal of this research is to develop an imaging surrogate of local tissue drug levels that can provide interventional radiologists with a dynamic window into local drug delivery in real time. Real time feedback during catheter-based therapies that defines optimal therapeutic endpoints such as local drug levels should help to standardize and optimize techniques for the interventional radiologist and, at the same time, provide a more individualized therapy for the oncology patient. In addition, this research will serve as a necessary validation step of emerging DEB technologies and hopefully, enhance subsequent translation to human use. ❖

Meet Carolyn Strain: New Leadership for SIR

Julia Gates, MD



I take great pleasure in introducing Carolyn Strain, Assistant Executive Director of Research for SIR and Executive Director of SIR Foundation. Carolyn serves as chief executive officer for the Foundation with responsibility for the development and implementation of the strategic plan, business development and financial management, as well as oversight of the grants and research programs. She is also responsible for the development and staffing of SIR's data and healthcare informatics activities. Carolyn holds a BS in Psychology from the University of Central Florida, an MA in Clinical Psychology from Loyola College in Maryland, and an MS in Health Psychology from Chicago Medical School, University of Health Sciences. She has completed all but her dissertation towards being awarded a PhD in Clinical Health Psychology. Carolyn has had many qualifying positions including Research and Grants Manager for the SIR Foundation (then CIRREF, 2001-2002); Senior Project Manager for Medical Technology Assessment and Policy International (Bethesda, 2002-2003); and Senior Research Manager at SIR, since 2003. We can learn more through a recent interview.

What are the top three attributes that will make you successful in your new role?

- 1) **Vision.** I've been working for SIR and SIR Foundation since 2001 and have a well developed sense of where we are and where we need to go in research.
- 2) **Focus.** I believe strongly that the goals of the organization should clearly and fully reflect the intentions of the membership and that a strategy for attaining the goals should be clearly delineated and widely communicated.
- 3) **Deliverable oriented.** I need to see tangible products in order to feel like I've accomplished something.

Where do you see room for improvement?

Wearing my Foundation hat, I would like to see more hands-on resources for the membership, particularly regarding NIH grant applications and how to get involved, or become more involved, in clinical trials. Wearing my SIR hat, I would say that we have just begun to address our greatest research need, which is to identify what data we need to be collecting (membership-wide), and to develop a strategy to ensure that we are going about its collection in the most efficient way.

What is the current strategic plan for the Foundation?

The current (2006-2009) strategic plan is fairly detailed and too extensive for the scope of this article, but it focuses on our fundraising efforts via the Discovery Campaign, the development of our clinical research efforts, increased communication and collaboration particularly emphasizing the member benefits of ongoing research, and a commitment to investigator development.

What do you think it might be in a decade?

I hope that in a decade we will progress from getting more of our members started in clinical trials, to helping more of them manage successful clinical trials programs. I hope that one of our strategic goals will be to develop a robust mentoring program, full of NIH funded clinical researchers ready to guide the next generation of IRs to federal funding. I hope that many of them will be sitting on review panels for the Center for Scientific Review. I hope a strategic goal in 10 years includes increasing the number of physician participants in our ongoing network of patient registries and other data collection tools.



Carolyn Strain, MA, MS

What are untapped sources of revenue to accomplish your mission?

I'd like to think all of the physician leaders and Foundation staff involved in leading SIR Foundation's Discovery Campaign have left no stone unturned. The Discovery Campaign was officially launched to the membership during the 2008 SIR Annual Scientific Meeting in Washington, D.C., this March. The SIR and SIR Foundation leadership and several other key individuals have already contributed over \$1.4 million towards this important campaign. The

goal is for the SIR membership to raise \$2.5 million by the end of 2008. As you can see there is quite a bit of work left to do to meet this goal, the purpose of which is to fund the Foundation's expanding grant programs, clinical research endeavors and other research initiatives. Our hope is that 100 percent of the SIR membership will contribute to the Discovery Campaign.

What are the Foundation's greatest strengths?

SIR Foundation has invested more than \$1.8 million in 90 research grants over the past decade. These grant recipients have subsequently received more than \$23 million in federal and other extramural funding, an excellent return on investment. I think we are doing a superb job at addressing the funding needs of our researchers and ensuring that they are on track to successful federal funding applications. And I think we have demonstrated a strong ability to develop and execute patient registries (for exam-

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ple the UAE FIBROID Registry and the soon-to-be-released Interventional Oncology Registry). We have a significant strength in organizing research consensus panels which identify current research priorities and specific research needs in various areas. And most importantly, we are very fortunate to have physician leaders who are truly devoted to the mission of the Foundation.

What do you think will be your legacy to the Foundation?

I hope that my legacy will be that the average member sees the Foundation as a significant resource. By that I mean that I would like to see the average member reflexively thinking of contacting SIR Foundation first when in need of information, guidance or other resources involving 1) research policy, 2) research education, and 3) clinical research. These three divisions within the Foundation are currently working to create and develop new programs and resources for the membership in these three key areas.

Where do you see yourself in five years? Ten years?

Although I've been with SIR for many years, I am new to this position and there are many things I would like to accomplish

while I'm here. I still plan to be here in five years. And in 10 years maybe I'll finally have that failsafe "start my own business" plan I keep talking about. I love what I'm doing now. As for the future, I'm open to possibility.

When will you defend your thesis?

I have successfully defended two Master's theses and have completed all of the coursework, clinical practica and research practica for my PhD in Clinical Psychology from the University of Health Sciences/Chicago Medical School, where I am formally classified as ABD (all but dissertation). Over the years, as I have counseled patients and conducted research, I have really grown to love the research program/process side of healthcare more than direct patient care. I feel that I can positively affect the lives of more patients via development of research projects and programs, than I can individually through counseling. Thus, I'm less motivated to complete a PhD in Clinical Psychology with the professional goal of counseling. But that door remains open for the future.

Please help the Foundation meet the \$2.5 million SIR Foundation Discovery Campaign Membership Phase Goal by December 31, 2008. Please contact the SIR Foundation Development team at (703) 691-1805 or Donate@SIRFoundation.org. ❖



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Job Seekers

- **Multiple Search Criteria** — Job seekers can now search by several criteria at once such as desired practice setting, type of procedures, percentage of IR practice, and location.
- **Custom Alerts** — Create your own custom alerts to be notified when a job matching your criteria becomes available.
- **Anonymous Resume Bank** — Post your resume that you strip of identifiers and a recruiter will contact you for permission to view it — you control who sees your resume.

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