

**Research Roundtable:
Development of a Research Agenda for Interventional Oncology
Old Dominion Room at The Ritz-Carlton
Tysons Corner, Virginia
Thursday, September 19th
6:00-9:30 pm
Agenda**

- I. Introduction & Meeting Goals** **Mauro**
- An interactive round table discussion to yield a prioritized research agenda for interventional oncology to include technology needs, basic science research topics, early clinical research topics, and advanced (including multi-center) trial needs. The outcome will result in a published white paper.*
- II. Overview of IGI Workshop & Response to NCI, NSF, NIBIB** **Dorfman**
- Review of the September 12th-13th NIH/NSF Workshop on Image Guided Interventions (IGI) with construction of a response to the sponsors.*
- III. Panel Discussion of Research Areas** **Mauro**
- A. Functional Imaging & Interventions** **Li**
- The use of imaging based on under-lying tissue physiological function and viability to guide, monitor, and follow-up imaging guided intervention. Examples include selection of tissue for biopsy and treatment (e.g., large mass with mixture of viable tumor, fibrosis, necrosis), treatment planning (e.g., segmentation of tumor to plan sequential RFA therapy or staged endovascular treatments), value-added for real-time functional procedure monitoring versus post-procedural monitoring, assessing treatment effectiveness especially in cases in which tumor size is not an adequate determinant of outcome.*
- B. Combination of Existing Therapies** **Kruskal**
- Potential issues include percutaneous and endovascular potentiation of systemic (e.g., pharmacologic) or external (e.g., radiotherapy) treatments and combined percutaneous and endovascular treatments (e.g., endovascular potentiation of RFA) by way of two examples.*

C. Agents for Regional Delivery

Murthy

One potential advantage of imaging guided minimally invasive therapies is the safer delivery of more noxious agents or the local activation of systemically delivered agents. Safer delivery could be accomplished by regional delivery, organ isolation and recirculation, protective methods in organ systems that are most at risk, local activation (e.g., photodynamics) of systemic agents. Are there potential collaborators with whom we should work to further such techniques? Are there current agents that could benefit from such techniques?

D. Palliation & Ancillary Treatments (time permitting)

Dorfman

The majority of interventional oncology procedures are related to delivery of standard treatments (e.g., central venous access), palliation (e.g., RFA of bone metastases, nerve blocks, nephrostomy, biliary drainage), and ancillary therapies for complications of the disease or therapies (e.g., IVC filters, abscess drainage). Are there studies that should be done to assess the value-added of these services? Are there potentials for improving these services through technology development and proofs?

For the discussion of research areas the following issues will be addressed:

1. What is the existing knowledge base? What is the existing and/or related research in this area?
2. What are the gaps in the current body of knowledge? What questions needs to be answered?
3. What research needs to be conducted to address these gaps?
4. What critical alliances must be developed to forward research in each specific area?

IV. Organizational & Industry Feedback

Open Discussion

V. Summary & Next Steps

Mauro