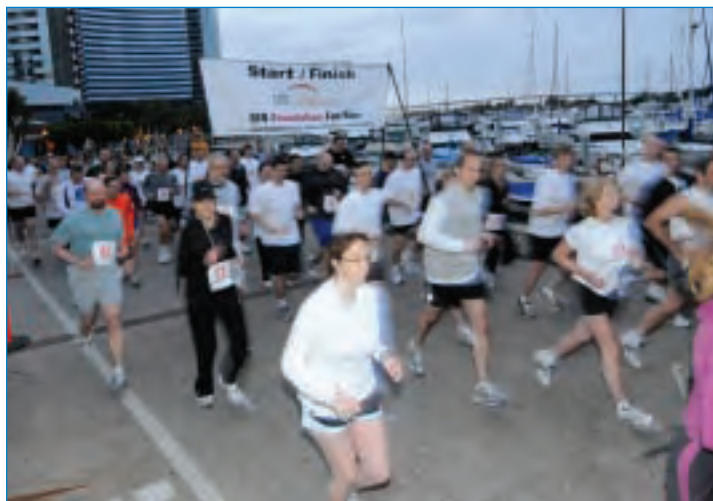


SIR Foundation Fun Run Receives Excellent Reviews and Record-breaking Turnout

Michael D. Darcy, MD, FSIR

The SIR Foundation 5k Fun Run, held each year during the SIR Annual Scientific Meeting, was created in 2001 to promote the Legs For Life program. Since its inception, the Fun Run has grown in participation, and its efforts to increase awareness of Foundation goals have flourished.

The Fun Run not only serves as a healthy way to spend a morning during the Annual Scientific Meeting but also provides an avenue



Rewarding on many levels, the 2009 5k Fun Run was a success for the SIR Foundation and participants alike.

for attendees to contribute and learn more about the Foundation's recent activities.

During the 2009 SIR Annual Scientific Meeting in San Diego, the Fun Run had a record-breaking turnout of 163 registrants. As SIR Foundation chair, I challenged all runners to a match donation for the 5k: I said that I would match the donation to the Discovery Campaign of every runner who beat me across the finish line. A total of six participants who took the match challenge managed to beat me. The match donation was a great opportunity to get the word out about the Discovery Campaign and its initiatives to foster research and education. You can make your personal commitment to Discovery by completing the commitment form available in the *Discovery News* insert of this newsletter.

In my opinion, the 2009 SIR Foundation Fun Run was an incredible event. It was a great way to combine having fun and promoting the Foundation, and we thank all the participants who made it such a tremendous success.

The 2009 Fun Run was supported by Bard Peripheral Vascular, CeloNova BioSciences and Cook Medical.

To see the results of the 2009 SIR Foundation Fun Run, please visit: www.SIRFoundation.org/Discovery. ❖

Registration Open for 2009 Legs For Life®

SIR Foundation's **Legs For Life®** is a national education and screening program dedicated to the cardiovascular health of the community. The program focuses on diagnosing peripheral arterial disease (PAD), abdominal aortic aneurysm (AAA), venous disease and carotid disease. Legs For Life strives to educate the public, primary care physicians and the medical community to identify at-risk patients and to strengthen collaborative relationships among health care professionals who treat these conditions.

Ready-to-Use Education Materials—To help you educate both patients and referring physicians, Legs For Life provides you with:

- ▶▶ Patient brochures
- ▶▶ Media factsheets
- ▶▶ Updated statistics about PAD, AAA, carotid stenosis and venous disease

Exposure to Potential Patients—Legs For Life enables you to:

- ▶▶ Offer free screenings to potential patients and demonstrate your clinical expertise
- ▶▶ Conduct screenings solely for specialty groups such as local police, firefighters and paramedics

Promotion of Your Practice—Legs For Life creates opportunity for you to:

- ▶▶ Use this well-known program to inform your local community about the benefits of interventional radiology and the services you provide
- ▶▶ Use SIR Foundation's national Legs For Life press release to reach local reporters or run an article in your hospital newsletter
- ▶▶ Increase public awareness about vascular disease

Over 80 sites nationwide participated in Legs For Life in 2008—register now to reserve your spot. For more information and to register as a 2009 Legs For Life site, visit www.LegsForLife.org.





SIR Foundation Budget: Strong Present, Bright Future

Maintaining a Mission-driven Focus

The SIR Foundation board of directors establishes and carries out the mission of the organization through a set of clearly defined strategic goals. The board met in November 2008 for a strategic planning session, during which the goals for 2009–2012 were delineated. Also during that meeting, the board approved the budget for 2009, appropriately aligning resources with goals. Below are excerpts from the Foundation's new strategic plan, highlighting the focus of our efforts over the next three years.

During 2009–2012, the SIR Foundation will...

Increase the effectiveness of research efforts by:

- ▶ Increasing the number of PhDs and basic scientists participating in the Foundation
- ▶ Developing a standard application and review process for all Foundation funding involving a two-step review
- ▶ Encouraging research networks through the research consensus panel process, linkages to other researchers and funding sources
- ▶ Maintaining a diverse grant portfolio of investigator-initiated grants, randomized controlled trials and registries so that over a three-year period, there will be a moderate increase in investigator-initiated grants, an increase in planning grants for a few randomized controlled trials and slightly lessened support for registries

Increase the involvement of IRs in research by:

- ▶ Educating practitioners about opportunities for and benefits of participation in registries and clinical trials
- ▶ Delivering value to members by linking to PQI
- ▶ Educating more trainees and fellows about research and opportunities for their participation

Increase funding for research by:

- ▶ Successfully concluding the membership phase of the Discovery Campaign by December 2009, and successfully concluding the industry phase by the end of 2012
- ▶ Leveraging individual donations to a greater ratio so that donations are matched by supporting organizations at an increased level
- ▶ Increasing the number of donors, the percentage of donors, the consistency of contributions and the total amount contributed to the Foundation
- ▶ Identifying other funding opportunities and linking them to potential investigators

Focusing on Discovery Campaign Goals

In conjunction with the strategic goals, another guiding force for the organization is the Discovery Campaign goals. The SIR Foundation's Discovery Campaign is a fundraising effort designed to obtain unrestricted support for the key areas listed below.

Discovery Campaign contributions will:

- ▶ Educate the public, providers, payors and policy-makers on the effectiveness of IR procedures through the creation and maintenance of registries and other research efforts targeted at contributing to Level 1 evidence regarding the efficacy of interventional radiology procedures, helping to increase public knowledge of this cutting-edge field of medicine and ensuring that patients receive the most effective, least invasive treatments
- ▶ Double the number of investigator grants in a program that has an impressive 12-to-1 return on investment via acquisition of external funding, enabling the next generation of researchers to investigate new procedures that will become tomorrow's standard of care
- ▶ Support clinical trial efforts in IR by enabling the Foundation to serve as a research incubator and resource provider in IR clinical trials, identifying critical research topics, organizing research consensus panels and providing clinical trial planning grants to help bring more IR trials to fruition
- ▶ Enable the development of new procedures and therapies that will maintain IR at the forefront of image-guided interventions well into the future



Attendees greatly enjoyed the Foundation fundraising event in San Diego, generously hosted by Anne C. Roberts, MD, FSIR, in her La Jolla, CA, home.

Demonstrating Fiscal Responsibility

A typical rule of thumb for nonprofits is to maintain between three and six months of operating expenses in reserve. The reserve not only acts as a safety net that allows the Foundation to weather economic challenges, it also gives the Foundation a degree of flexibility for funding future projects. The SIR Foundation currently has funding for approximately two years of operating expenses in reserve, which puts the Foundation in a stable, financially sound position during the current economic crisis.

Revenue: Like all organizations, the Foundation was challenged with meeting its revenue goals for 2008. The leadership made the strategic decision to delay the end of the membership phase of the Discovery Campaign to allow more time for the current economic issues to stabilize. We believed it would be insensitive to our members to ask them to make a stretch donation to the Foundation during such significant financial turmoil around the world.

In short, the Foundation received \$343,000 in cash receipts from Discovery Campaign pledge commitments made by our members in 2008. Over the next five years, the Discovery Campaign is expected to bring in an additional \$762,000 in cash from current pledges. In addition to the commitments made by our members, the Foundation received additional one-time payments toward the Discovery Campaign of \$50,100, as well as \$349,000 in donations toward the Annual Fund. In addition to the Discovery Campaign contributions for FY 2008, the Foundation received \$349,000 in other donations toward the annual fund.

Expenses: The Foundation's expenses were managed very well. The Foundation completed the end of the year 12 percent below budget on the expense side. The Foundation's annual programmatic expenses (not including salaries/overhead) came in \$100,000 under budget at the end of 2008. The leadership and staff worked to execute all of the Foundation's programs as efficiently as possible, providing high-quality programs while spending less than what was allocated.

Committing to IR

The Foundation leadership is committed to responsible stewardship. The SIR Foundation is a fiscally sound organization and a responsible steward of your donations. Even in the face of the economic challenges that began last year and have continued into 2009, the Foundation continues to execute its programs efficiently, working to perform at or under budget and to maintain a healthy reserve.

Your commitment to the SIR Foundation's Discovery Campaign is critical and we hope you will join us in this historic SIR Foundation effort. Please go to www.SIRFoundation.org/Discovery to learn more and to make your commitment today.

If you have any questions, comments or suggestions related to the budget or other SIR Foundation programs or initiatives, please do not hesitate to contact Carolyn Strain, MA, MS, SIR Foundation executive director, at Carolyn@SIRweb.org or at (703) 691-1805. ❖

2009-2010 SIR Foundation Board of Directors



Drs. Spies, Duncan, Geschwind, Kee, Siragusa, McLennan, Darcy, Nemcek, Keller, Consigny, LaBerge, and Stainken, Carolyn Strain, MA, MS, and Peter B. Lauer, CAE

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Brian F. Stainken, MD, FSIR
Carolyn Strain, MA, MS (*ex-officio*)

**SIR Foundation welcomes these members to the 2009-2010 SIR Foundation Board of Directors*

With deep appreciation, the Foundation recognizes the departure of several board members with terms ending in 2009:

Howard Chrisman, MD, MBA, FSIR
Romi Chopra, MD

J.F. Geschwind, MD, FSIR
John Kaufman, MD, FSIR

John Rundback, MD, FSIR

An Interview With Joseph Erinjeri, MD, PhD

James R. Duncan, MD, PhD



The SIR Foundation asked me to find someone who would write the Research Forum column. It was a tough job, because Reed Omary, MD, MS, FSIR, Filip Banovac, MD, and Julia Gates, MD, have set a very high bar over the past three years. Luckily, I spotted Joseph Erinjeri, MD, PhD, an attending interventional radiologist at New York University School of Medicine at the SIR Annual Scientific Meeting at a bar in San Diego and pulled up a chair.

Joe, I'm buying—what'll it be?

I'd have to go with a Hendrick's gin and tonic. It's a small-batch gin from Scotland.

I know you have been working on projects and writing a series of grants. Why do you do research— isn't clinical work rewarding enough?

Although I've been told in the past that it's best to focus on either clinical work or research to avoid being mediocre at both, to me the most gratifying part of an academic career is the interplay between clinical work and research. All of us IRs have been trained as diagnostic radiologists, and we've learned to be observant and see what other clinicians don't see. That counts not only for the imaging, but for the patients, their outcomes and how the two relate. The fun and exciting part of academics for me is to take the observations we make in the IR suite and to tease out whether they are just coincidences, or whether there is a deeper meaning behind them. I think being involved with research enhances the rewards of clinical work. As IRs, we take a lot of pride and satisfaction in the fact that our clinical experience and expertise can benefit our individual patients, whether by saving a life, improving quality of life, or fighting cancer, infection or pain. But when you make a clinical observation and prove through research that it applies to a whole class of patients around the world, then you're doing something really exciting and satisfying.

How did you get started in research?

I got my first research job in my freshman year in college at the University of Michigan. My first mentor, John Barker, PhD, is a stellar scientist who works in the Space Physics Research Laboratory at University of Michigan. He was unique in that he built the majority of his own equipment to do his experiments. We did the electronics, the programming, the pipefitting, everything. We

actually once went to a hardware store to get a copper sheet to fix a laser in the lab. Another time, he took me to the university glass-blowing shop, where we fabricated from scratch the apparatus needed for an experiment. It wasn't until years later that I would connect that experience to discussions I had with Tom Sos, MD, FSIR, under whom I trained at Cornell. Tom explained how, "back in the day," IRs had to envision, design and make the equipment that they needed to do the job at hand. In these cases, both clinical and research necessity was the mother of invention. I really enjoy that type of creative challenge. IR and research are a great outlet for both.

Who were your mentors?

Throughout medical school, graduate school, residency and fellowship, I've met so many people who have given me perspective and insight into achieving my goals. Our American residency and training system is great, because—through residency, fellowship and now as a junior attending—I've scrubbed cases and worked with about 25 different interventional radiologists at Mallinckrodt, Cornell, Sloan-Kettering and NYU. A few people who I really rely on are Timothy Clark and Steve Solomon for their vision of research in IR, Karen Brown and Dan Brown in clinical interventional oncology, Dan Picus and Gary Dorfman in operations and administration, and Jennifer Gould and Ray Thornton in education and training.

Sounds like a dream team, like Obama's Cabinet...

You're right; your mentors are like your own cabinet or dream team. They know you, shape you and continue to help direct you toward your goals. I've learned from them through collaboration, which I think is critical. During my graduate school years, collaborations were diverse, which led to the generation of some really interesting ideas. I'm still trying to take that approach at this point in my career. In IR, I think we've done a great job at collaborating with our IR colleagues by sharing our techniques, which has been really beneficial in the dissemination of our ideas and thoughts in image-guided therapy. We've done a great job at collaboration with industry, which has assisted us in getting our novel ideas for devices and tools to our patients and to the marketplace. We've also been effective (sometimes too effective) at disseminating those ideas to people in competing fields. But just as much as we expand the breadth of interventional radiology, I think we need to expand the depth of its knowledge as well. One of the most important ways we can do this is through collaboration in the basic sci-

ences and with basic scientists. By studying and understanding the science behind the diseases we treat and the techniques we develop, we lay claim to the future direction of image-guided therapy in those arenas.

Most IRs are pretty busy with clinical practice. How do you see this type of collaboration with basic science taking place?

In developing any relationship, we have to evaluate what we can bring to the table as interventional radiologists. First, while most of us don't have big startup packages or a big laboratory space, we all have access to and experience in clinical imaging and image-guided procedures, which are becoming a critical part of medical practice. Imaging can help bring clinical relevance to a basic science project, and our knowledge and use of all of the imaging modalities is our strength. Second, we have the potential to bring tissue to a basic science lab. It is not difficult to obtain institutional review board approval for a tissue banking protocol at an institution, and to consent patients who are already undergoing tissue sampling (biopsy, paracentesis, thoracentesis, blood, serum) for specimen collection. We IRs see patients in follow-up in our clinics, which also allows us to collect these specimens as part of a time series. Basic researchers often only have access to animal pathology specimens or animal cell lines. Testing hypotheses with human tissue can be helpful to them. Third, we have the great advantage of working with some of the brightest and most motivated people on the planet: our resident and fellow trainees. For the most part, we have focused our fellows' training in clinical practice, and their clinical labors help us greatly every day on service. Surgeons realized in the 20th century that to make surgical specialties grow and to earn respect, research was a key component. To this end, the majority of general surgery programs require extended periods of research, from a few months to two years. The Accreditation Council for Graduate Medical Education's radiology resident review committee is catching on, creating a research requirement for radiology trainees. We may miss our fellows during the time away from

service that they spend doing research with us, but I think that time will serve as an investment that will pay interventional radiology great dividends in the future.

How do you get your ideas for grants?

I think that some of the best ideas are right out there in our daily clinical practice, just waiting to be picked up and developed. In retrospect, the idea of Google, post-it notes and retrievable filters were pretty clear, but getting to those ideas prospectively is the problem. When I'm working on a grant, I use a method I call "10 steps forward, nine steps back." Basically, grants are really about connecting the dots between where we are now, and where we want to be in the future. You want to set a high goal; that's the "10 steps forward" part. But getting to that lofty goal in a realistic way is always the challenge. So you backtrack nine steps from the lofty goal. The point you find yourself at is a good start for the ideas and research methods of a grant: one solid step in the right direction of a lofty goal. In your entire career, you may never make it the full 10 steps forward. But the one step you do take forward in the grant will have a connection to an important goal for the specialty.



The fun and exciting part of academics for me is to take the observations we make in the IR suite and to tease out whether they are just coincidences, or whether there is a deeper meaning behind them.

What do you do to unwind after a day at the office?

I'm a runner and cyclist. And as crazy as it sounds, I like doing both in NYC. Running in New York is like an obstacle course: dodging taxis, business types on their Blackberrys, models and hot dog vendors. It's an ever-changing landscape, and no run is the same. You can't beat Central Park early in the morning or evening—it's just beautiful.

Joe, what would it take to get you to serve on the SIR Foundation's Research Policy Committee and write the Research Forum column?

Another round.

Done.

