

## SIR Foundation Grant Recipient Receives NIH Ro1 Funding

Reed A. Omary, MD, MS, FSIR, Associate Professor of Radiology and Biomedical Engineering and the Vice Chair of Research for Radiology at Northwestern University, has successfully received funding from the National Cancer Institute (NCI). As principal investigator on an NIH R01 Grant Award, Dr. Omary has received four years of funding totaling \$830,000 in direct costs. Dr. Omary's grant, *Functional MRI Monitoring of Hepatic Chemoembolization*, aims to determine the pivotal role that perfusion plays during chemoembolization. A clinical study in patients with hepatocellular carcinoma will use intraprocedur-

al MRI to quantify perfusion during chemoembolization. These quantitative changes in perfusion will be correlated with clinical outcomes, x-ray digital subtraction angiography endpoints and tumor angiogenesis. Dr. Omary's SIR Foundation Clinical Fellowship Research Training Grant also focuses on MR imaging and has involved the 4D TRIP-MRI technique. Additionally, Dr. Omary is a co-investigator on an SIR Foundation research grant that involves the 4D TRIP-MRI technique in a preclinical study. Congratulations to Dr. Omary on this great accomplishment! ❖

## Foundation Research Strategy Meeting

Members of the SIR Foundation Board and other strategic leaders met on August 2, 2008, to discuss the Foundation's strategic objectives for 2009-2012. During the meeting, proposals to enhance the Foundation's current structure were discussed, including the addition of a Fundraising Division (expanded in scope from the current Fundraising Committee) and a Data Integration Division, to more fully address membership data needs. The meeting participants reviewed the Foundation's current programming and reviewed/proposed a variety of projects for development in the coming years. These opportunities will be further evaluated and a final form of the strategic plan

will be presented for approval by the Foundation Board in November.

Another important outcome of the meeting was approval of the Foundation's Discovery Campaign goals, which include programs and projects designed to educate the public, providers, payors and policy-makers on the effectiveness of IR procedures. The efforts supported by the Campaign are targeted at contributing to Level 1 evidence and maintaining IR at the forefront of image-guided intervention. Turn to the Discovery Campaign insert to learn more about these goals, how your colleagues are helping the SIR Foundation meet them and how you, too, can support the future of your specialty. ❖

### ATTRACT Trial *continued from page 1*



*Acting Surgeon General Steven K. Galson, MD, MPH, and VDC Vice-Chair Suresh M. Vedantham, MD*

"The ATTRACT trial could fundamentally shift the 50-year-old DVT treatment paradigm to one that includes interventional clot removal as an essential element of standard DVT care,"

said Dr. Vedantham. The trial grew from a DVT research consensus multidisciplinary panel that the SIR Foundation initiated four years ago. The multicenter trial, which will begin later this year, will assess the presence and severity of PTS, quality of life, relief of pain and swelling, safety, and costs. At least 28 U.S. clinical centers will enroll 692 patients and monitor their health for two years.

In his presentation, titled "Will Clot-Busting Therapies Revolutionize VTE Care?" Dr. Vedantham discussed the importance of starting educational efforts now to prepare for the near-future changes in DVT treatment that the findings of ATTRACT are expected to bring. He also reviewed what DVT patients are often not told by treating physicians: that recovery will take time and that quality of life may not return to what it had been.

The full audio and slides from Dr. Vedantham's presentation are available at SIRweb.org in the Media/Press Releases section. An SIR patient information brochure on DVT is available for purchase from the SIRweb.org online store. ❖

# Research Matters: An Interview With Reed Omary, MD, MS, FSIR

James R. Duncan, MD, PhD



The author recently sat down with Reed A. Omary, MD, MS, FSIR former author of the *IR News* Research Forum, to discuss his recent NIH funding (see page 17) and the state of IR research.

**You wrote this column for years but the shoe is now on the other foot. I'm buying—what'll it be?**

How about an Old Fashioned? But not just any Old Fashioned. It has to be rye whisky, not bourbon. Brandy-soaked cherries (lots of them), not oranges. And the bitters—this is key—should be something higher-end than Angostura, with homemade being best. Given these requirements, I guess we will be sharing the drink at the Hotel Burnham in Chicago, or else having my wife, Lesley, prepare some for us.

**Why do research? Isn't clinical work rewarding enough?**

The decision to engage in research is a personal choice. For most people, it might not be that rewarding and so they are better off sticking with clinical work. That is cool—I admire anyone who can figure out what provides them with personal fulfillment and then seeks out that path. The most rewarding path for me currently is to combine clinical work with research and education. I want my time to be used most efficiently. If I did only clinical work, then I would help only the patients that I directly treated. However, if I can create new scientific knowledge or solve a problem through research, then I can impact a far greater number of patients.

**But how did you get started in research?**

My older brother is an MD/PhD. He got me started working in labs when I was a teenager. I've pretty much stayed with it ever since.

**Who were your mentors?**

Bob Vogelzang has had the greatest impact on my career. Bob was my advisor when I was a medical student at Northwestern. Before I met him, I considered surgery as a speciality, but was not enamored by some aspects of surgical culture. As a third-year student, I heard Bob give a talk on radiology and was hooked. Since then, I have had a series of research mentors: Bruce Hillman while I was a resident at the University of Virginia; Tom Grist and Fred Lee when I was junior faculty at Wisconsin; and Debiao Li when I returned to Northwestern. I am greatly indebted to all

of them, as well as my current IR partners at Northwestern, for teaching me.

**You recently got a grant funded by the NIH, can you provide a brief thumbnail of the grant?**

The study will correlate perfusion changes during chemoembolization with clinical outcomes and angiogenesis. We will use our integrated MR-IR unit at Northwestern to help answer a seemingly simple question asked by IRs: When should I stop injecting chemoembolic material?

**Tell us about the NIH submission process from your perspective.**

Like anything else that people find worthwhile—such as sports, playing an instrument or education—it requires a fair amount of training and practice. Just as it is rare for medical students to wander into neurosurgery (internal medicine, yes; neurosurgery, no), it is rare for IRs to find themselves suddenly submitting an NIH grant. The step-wise process requires targeting some specific gap in scientific knowledge, finding the right collaborators, focusing your research in that area and then learning how to write grants.



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**You now head the SIR Foundation's study section — any advice to those preparing grants?**

I am only one person on the study section, and my views may not be shared by all members. However, I would recommend first finding a mentor to help with the project and then learning how to write clearly. Beyond that, one should realize that there is a crash component to any grant review process that requires a thick skin. Personally, my success

rate on grant submissions is probably that of a Major League batter—and not a very good one (in other words, a third or less are actually successful). I think we can all learn from our thespian friends. They might audition for literally dozens of roles before landing a single one. Similarly, most grant proposals are rejected. Learn from each submission and go back next time a little better prepared.

**Of what achievement are you most proud?**

Easy question: becoming a father. My wife and I had our first child, Dylan, this summer. I am thrilled!

## How do you find time for your family between work, research and teaching?

We all wrestle with the work family question. Unless we set boundaries, our careers will always ask for more. When I was a resident, I remember a very prominent radiologist giving an acceptance speech for some award. His advice was to “never say no.” I feel sorry for him and his family. His wife missed a spouse and his children missed a father. The ability to say “no” is probably the most important thing we can do to foster our personal lives.

## Last question. I know that you write about music a lot, but do you play any?

Yes, I play guitar in a rock ‘n’ roll band, Pilgrim, with my Northwestern colleagues Bob Ryu and Steve Futterer. Our own music has been described by several Chicago-area critics as “horribly derivative” or, more simply, “horrible.” We remain undeterred and are confident that some day, our 10-minute epic jams in D minor will be more than just music played in the “saddest key.” ❖

## PAD Experts Gather at Foundation Protocol Development Meeting

Peripheral arterial disease (PAD) expert panelists convened in Herndon, VA, on September 4, 2008, to map out the protocol of a high-level consortium outcomes study to evaluate SFA disease outcomes. The protocol topic was determined by research priorities and the recommendations from the April 2008 PAD Research Consensus Panel meeting, where panelists presented on different areas of PAD research, discussed areas that were in need of further investigation, and prioritized and scored the suggested clinical topics. Using a modified NIH scoring system, the outcomes study received the highest number of votes, followed by an imaging plaque trial. The goals of the meeting were to discuss the basis for a longitudinal study of interventions and to establish the general constructs of the study. In addition, the expert panelists reviewed data collection design, including electronic data capture elements, and created parameters for population size and data analysis. Panelists also discussed strategies on governance, publications and funding policies.

The PAD outcomes study will represent a broad, multi-year survey of the current and future practice of endovascular therapy for SFA disease, as well as the factors influencing current trends. In

addition, the study will serve to provide long-term data in the PAD population undergoing various interventions. The primary goal of the outcomes study is to conduct a prospective, multicenter, observational study to characterize factors influencing acute and long-term outcomes in endovascular intervention for stenotic/occlusive atherosclerotic disease in the superficial femoral and popliteal artery for all currently employed and potential future devices. During the next steps of the outcomes study development, panelists will finalize the study design and protocol. ❖

### PAD Protocol Development Meeting Participants:

John Rundback, MD – Chair  
William Gray, MD  
Kenneth Cavanaugh, PhD  
Robert Lookstein, MD  
Michael Jaff, DO  
James Benenati, MD  
Robert Smouse, MD  
Somjot Brar, MD  
Stephen Kee, MD

## ConexSys HI-IQ® Update

Over the past few months ConexSys has engaged SIR members to discuss the systems and data needs of interventional radiologists and their practices. Many of you, HI-IQ users and non-users, have contributed your ideas and we greatly appreciate your involvement and enthusiasm. As we chart the future of HI-IQ® your input will be essential. The current HI-

IQ® product plan takes into account improvements in technology and support to meet the needs of IR practices.

We look forward to extending our discussions with you and will keep you updated as plans unfold. ConexSys can be reached by phone at (401) 765-7152. ❖

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### SIR Foundation Research Grant Deadlines Approaching

Dec. 15, 2008 Dr. Ernest J. Ring Academic Development Grant  
Pilot Research Grant  
Academic Transition Grant

Feb. 1, 2009 Student Research Grant  
Radiology Resident Research Grant