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## **Society of Interventional Radiology Supports Research for New M.S. Treatments**

***Position Statement in September Journal of Vascular and Interventional Radiology Outlines Society's Stance as It Actively Promotes and Expedites Needed Research, Recognizes Potential Value of Interventional Treatment Options for Vulnerable Patients***

FAIRFAX, Va.—Recognizing that venous interventions may potentially play an important role in treating some patients who suffer from multiple sclerosis—an incurable, disabling disease—the Society of Interventional Radiology has issued a position statement indicating its support for high-quality clinical research to determine the safety and effectiveness of interventional M.S. treatments. SIR's position statement is endorsed by the Canadian Interventional Radiology Association and will be published in the September Journal of Vascular and Interventional Radiology.

“The Society of Interventional Radiology would like to be actively involved in developing evidence-based therapies for the potential treatment of patients with multiple sclerosis,” said SIR President James F. Benenati, M.D., FSIR. “Completing high-quality studies—for example, on chronic cerebrospinal venous insufficiency (CCSVI, a reported abnormality in blood drainage from the brain and spinal cord) and interventional M.S. treatments—should be a research priority for investigators, funding agencies and M.S. community advocates,” added Benenati, who represents nearly 4,700 doctors, scientists and allied health professionals dedicated to improving health care through minimally invasive treatments.

About 500,000 people in the United States have M.S., and SIR understands the public's desire to advance treatment for M.S., generally thought of as an autoimmune disease in which a person's body attacks its own cells. Currently, medicines may slow the disease and help control symptoms. The role of CCSVI in M.S. and its endovascular treatment (through a catheter placed in a vein) by an interventional radiologist via balloon angioplasty and/or stents to open up veins “could be transformative for patients and is being actively investigated,” said Benenati. “The idea that there may be a venous component to the etiology (or cause) of some symptoms in patients with M.S. is a radical departure from current medical thinking,” he noted.

“SIR recognizes the challenge and the potential opportunity presented by promising early studies of an interventional approach to the treatment of M.S.,” said Benenati. SIR is moving rapidly to “catalyze” the development of needed studies by bringing together expert researchers in image-guided venous interventions, neurology, central nervous system imaging, M.S. outcomes assessment and clinical trial methodology, he added. While the use of balloon angioplasty and stents cannot be endorsed yet as a routine clinical treatment for M.S., SIR is committed to assuming a national leadership role in launching needed efforts, said Benenati.

SIR's position statement agrees with M.S. advocates, physicians and other caregivers that the use of any treatment (anti-inflammatory, immunomodulatory, interventional or other) in M.S. patients should be based on an individualized assessment of the patient's disease status, his or her tolerance of previous therapies, the particular treatment's scientific plausibility, and the strength and methodological quality of its supporting clinical evidence. “When conclusive evidence is lacking, SIR believes that these often difficult decisions are best made by individual patients, their families and their physicians,” notes “Interventional Endovascular Management of Chronic Cerebrospinal Venous Insufficiency in Patients With Multiple Sclerosis: A Position Statement by the Society of Interventional Radiology, Endorsed by the Canadian Interventional Radiology Association.”

If interventional therapy proves to be effective, M.S. patients should be treated by doctors who have specialized expertise and training in delivering image-guided venous treatments, said Benenati. IRs pioneered balloon angioplasty and stent placements and use those treatments on a daily basis in thousands of patients with diverse venous conditions. “Interventional radiologists are steeped in a tradition of innovation and invention—of pioneering modern medicine with the devices, drugs and methods to treat patients minimally invasively,” said Benenati.

For more information about the Society of Interventional Radiology and to find those interventional radiologists who provide endovascular treatment for CCSVI, visit SIR's Web site at [www.SIRweb.org](http://www.SIRweb.org) and its Doctor Finder at <http://doctor-finder.SIRweb.org/>.

## **About the Society of Interventional Radiology**

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, such as in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine. Today, interventional oncology is a growing specialty area of interventional radiology. Interventional radiologists can deliver treatments for cancer directly to the tumor without significant side effects or damage to nearby normal tissue.

Many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Visit [www.SIRweb.org](http://www.SIRweb.org).

*Local interviews are available by contacting SIR's communications department via e-mail at [mverrillo@SIRweb.org](mailto:mverrillo@SIRweb.org) or by phone at (703) 460-5572.*