

# Commentary: We Are IR

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**Abbreviations:** CIRSE = Cardiovascular and Interventional Radiological Society of Europe, IR = interventional radiology, DR = diagnostic radiology, RCPSC = The Royal College of Physicians and Surgeons of Canada, RO = radiation oncology

THE publication of the Global Statement Defining Interventional Radiology (IR) in this issue comes at a time of critical growth and immense challenges for our specialty (1). Image-guided interventions are now as integral to health care as diagnostic imaging. As we see it, there are two potential futures for IR, and both include wide access to image-guided interventional techniques by appropriately trained physicians. However, in one of these futures, IR is also recognized as a unique body of knowledge and practice with a core group of dedicated, organized specialists at its center.

The rise of specialization and specialties are hallmarks of modern medicine (2). Over a century ago medicine adopted a new technology, based on

x-rays, which could be used for both diagnosis and treatment. The medical uses of x-rays were not restricted to an organ, disease, or patient but crossed many emerging professional boundaries. A wide variety of practitioners incorporated x-rays into their practice. Rather than stop at this point, with x-rays just a tool spread broadly across medicine, the unique specialty of radiology came into being. The intent was to encourage and concentrate education, development, clinical application, and refinement of x-ray-based diagnosis and treatment. Ultimately, radiology divided into two large and related disciplines, diagnostic radiology (DR) and radiation oncology (RO). Few would doubt the benefits to patients and society from the advances in diagnosis and treatment that resulted from this initial approach.

Today, although many physicians use imaging in daily practice, DR remains the central locus for the most robust education, clinical application, research, and innovation in diagnostic imaging. The current situation with IR is somewhat similar to that of x-rays a century ago. Elements of image-guided intervention are increasingly used across DR and other specialties, as IR procedures are now widely accepted as alternatives to traditional treatments. Some procedures, such as cardiac catheterization, have disappeared entirely from IR. However, IR is still at the center, providing the most concentrated education, broadest clinical application, and widest range of innovations.

Few would argue against the assertion that patients and society have benefited greatly from the procedures developed and provided by IR. But

who are we, and where are we going? Ask 10 IR physicians this question, and you will get at least 12 different (and emphatically) right answers. Interestingly, all of the answers will share common elements. Articulation of these elements provides a unifying vision for IR, which is an essential milestone that is necessary for the continued growth and maturation of the specialty.

The Global Statement Defining IR began as an idea stimulated by the denial of the Canadian Interventional Radiology Association's request for official recognition of IR in Canada (3). The Royal College of Physicians and Surgeons of Canada (RCPSC) refused to acknowledge, and thus legitimize, IR in that country, despite the presence of scores of fellowship-trained IRs practicing in Canada. In pondering how the RCPSC could simply deny the existence of IR, it became apparent that there was no single document defining IR, let alone one that had broad international support. The concept and need for such a statement were vetted at a meeting of representatives of IR societies from around the world during the 2008 annual scientific meeting of the Cardiovascular and Interventional Radiological Society of Europe (CIRSE) in Copenhagen. A writing group was assembled and led by the then presidents of the Society of Interventional Radiology and CIRSE, and included representation from across the globe. The statement was developed over two years and is now endorsed by 42 IR societies from 39 countries.

A global statement developed by consensus cannot be all things to all people. It is *a priori* imperfect and will need revision in the future. What the

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statement does do, however, is capture the essence of our unique specialty. The specific details of IR will vary at every level of analysis, whether by nation, state, city, hospital, practice, or practitioner. Nevertheless, the multitudinous endorsements from around the world confirm that we all recognize what is at the core of the specialty, and where the specialty needs to go in the future.

One potential concern about this definition could be that it would promote the separation of IR from radiology. The definition of IR actually advocates the opposite. IR belongs within the overarching structure of radiology, as general imaging expertise remains one of its core competencies, and is shared only with DR. Nevertheless, IR is distinct from all other specialties of medicine because it is a unique combination of imaging with the following practitioner- and discipline-specific attributes: skill in image-guided minimally invasive procedures

and techniques; breadth of pathologies and patients treated; skill in the evaluation and management of patients suitable for IR procedures; knowledge and practice of radiation safety; and the continual invention and innovation of new techniques, devices, and procedures. These features constitute a unique body of knowledge and practice that merits recognition as a radiologic specialty. In some countries, this will mean recognition of IR as a subspecialty of DR, whereas in other countries—a step further as a distinct specialty alongside DR and RO. Both are salutary, as long as IR is recognized. Both must be part of radiology.

The future of IR is both very exciting and uncertain. This is a great position to be in, as all futures are uncertain, but not all are exciting. We cannot control, ensure, protect, or guarantee the future of IR any more than we can our individual destinies.

Nevertheless, setting a direction, focusing on priorities, and consistent hard work can provide this specialty with its best opportunity to flourish. This document is intended to help set the direction and priorities. It will be up to us as individuals and collectively to apply the dedicated effort necessary to make a future for IR. Nobody will do this for us, and many others will do things that challenge us. Only we can make the future of IR; *we* are IR.

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