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MEMORANDUM

To: Julio Frenk
University President

From: Tomas A. Salerno
Chair, Faculty Senate

Date: November 23, 2015

Subject: Faculty Senate Legislation #2015-12(B) – Establishment of the Department of Interventional Radiology, Miller School of Medicine

The Faculty Senate, at its November 18, 2015 meeting, unanimously voted to approve a proposal to establish a Department of Interventional Radiology within the Miller School of Medicine. The Radiology Department of the Miller School of Medicine requested to establish this new Department.

Interventional Radiology has evolved from a subspecialty to a primary certified discipline approved by the American Board of Medical Specialties. The purposes of establishing this department are: to individualize patient care; to study and develop new techniques in Interventional Radiology; to educate trainees emphasizing the clinical aspects of Interventional radiology; and to expand the School's practice and allow easier access all across South Florida.

The Interventional Radiology section at the University of Miami has continued to grow academically since 2006 with a robust clinical focus and a presence across four University of Miami facilities. The University of Miami's fellowship in Interventional Radiology is one of the most sought after in the country, with all positions filled with highly qualified U.S. trained graduates for the year 2016.

While interventional radiology is currently located within the Department of Radiology, the work performed in Interventional Radiology is markedly different than the work performed in diagnostic radiology. Establishing the Interventional Radiology Department as its own department will help bolster the discipline's growth and establish the University of Miami as one of the first universities to develop Interventional Radiology into its own field.

This legislation is now forwarded to you for your action.


TAS/rh

Enclosure

cc: Thomas LeBlanc, Executive Vice President and Provost
Pascal Goldschmidt, Dean, Miller School of Medicine
Robert Quencer, Chair, Department of Radiology

CAPSULE: Faculty Senate Legislation #2015-12(B) – Establishment of the Department of Interventional Radiology, Miller School of Medicine

PRESIDENT'S RESPONSE

APPROVED:  DATE: 01/28/2016
(President's Signature)

OFFICE OR INDIVIDUAL TO IMPLEMENT: Dean Goldschmidt

EFFECTIVE DATE OF LEGISLATION: Immediately
(if other than June 1 next following)

NOT APPROVED AND REFERRED TO: _____

REMARKS (IF NOT APPROVED): _____

Content

1. Cover Sheet
 2. Letter of explanation
 3. Memo from Dean signifying his approval
 4. Memo from Chairman signifying approval of the Faculty Council of the Medical School and also indicating approval of proposed budget
 - a. Two additional memos stating the vote of the voting faculty of the Department of Diagnostic Radiology.
 5. Memo that the relevant school council approved
 6. 2-3 page Executive Summary
 7. The mission (purpose/goals)
 - a. Market analysis/demand-- **Not applicable**
 - b. An assessment of library collections -- **Not applicable**
 - c. Detailed budget (Do not include individual names on the budget, only titles. The Budget is to be printed on a separate page to facilitate easy removal during the publication process)
 8. Proposal
-



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

**PROPOSAL: ESTABLISHMENT OF THE DEPARTMENT
OF INTERVENTIONAL RADIOLOGY**

Govindarajan Narayanan, M.D.
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Chief -Vascular & Interventional
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Robert M. Quencer, M.D.
Chairman, Department of Radiology
The Robert Shapiro, M.D. Professor of Radiology
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Letter of Explanation

November 04, 2015

Tomas Salerno, M.D.
Chair, Faculty Senate
University of Miami
Ashe Building, Suite #325
1252 Memorial Drive
Coral Gables, FL 33146

Re: Proposal for the Creation of an Interventional Radiology Department

Dear Dr. Salerno,

With the enthusiastic support of Dean Goldschmidt and Dr. Robert Quencer, Chairman of Radiology, the Radiology Department would like to submit this proposal to establish the **Department of Interventional Radiology** within the University of Miami Miller School of Medicine. The field of Interventional Radiology (IR) has evolved from a subspecialty to a primary certified discipline as approved by the American Board of Medical Specialties (ABMS) awarded by the American Board of Radiology (ABR) since 2012. This has allowed training to evolve from a 1 year fellowship program to a 5 year primary residency program starting in 2017. The Interventional Radiology section at UM has continued to grow academically with a robust clinical focus. Establishing an independent department will bolster this growth.

Thank you for your time and consideration,

A handwritten signature in black ink, appearing to read 'Govindarajan Narayanan', written over a horizontal line.

Govindarajan Narayanan, MD.
Professor of Clinical
Chief, section of Vascular Interventional in Department of Radiology
Director, Vascular Interventional Radiology Fellowship Program



Pascal J. Goldschmidt, M.D.
*Senior Vice President for Medical Affairs and Dean
Chief Executive Officer, University of Miami Health System*

Memorandum

To: Robyn Hardeman
Secretary of the Faculty Senate

From: Pascal J. Goldschmidt, M.D.
Senior Vice President for Medical Affairs and Dean
Chief Executive Officer, University of Miami Health System PJG

Date: November 3, 2015

Subject: Support of the Creation of the Department of Interventional Radiology

This memo is to express my strongest support for the creation of the Department of Interventional Radiology at the University of Miami Leonard M. Miller School of Medicine.

The establishment of this new department will dramatically enhance the University of Miami Miller School of Medicine, as it will be the first of its kind in the South Florida region. The cutting-edge technologies offered by the Department of Interventional Radiology will not only highlight the critically important services provided by the Vascular Interventional Radiology Section but will also help train highly skilled fellows in interventional care. This new department will continue to bring worldwide attention to the University with the UM-sponsored Synergy Annual Conference, which brings together hundreds of specialized interventional radiologists from around the world.

The creation of this new Department of Interventional Radiology will be added to the ever changing face of the University of Miami, as we continue to transform the school as well as the lives of our patients. I wholeheartedly support the creation of the Department of Interventional Radiology.

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Robert M. Quencer, M.D.
Chairman, Department of Radiology
The Robert Shapiro, M.D. Professor of Radiology

Revised

Memorandum

TO: Robyn Hardeman
Secretary of the Faculty Senate

FROM: Robert M. Quencer, M.D. 
Chairman, Department of Radiology
The Robert Shapiro, M.D. Professor of Radiology

DATE: November 5, 2015

SUBJECT: **CREATION OF THE DEPARTMENT OF INTERVENTIONAL RADIOLOGY**

I wish to convey to the Faculty Senate my strong support for the creation of a new Department at the University of Miami School of Medicine—namely, the Department of Interventional Radiology. This has the unanimous support of our relevant faculty, composed of six senior members of our faculty, Dr. Gary Danton (Director of the Radiology Residency Training Program and Director of Radiology at Jackson Memorial Hospital), Dr. Dr. Joel Fishman (Director of UM Satellite Radiology), Dr. Felipe Munera (Director of Radiology at UMHC/SCCC and UMH), Dr. Gaurav Saigal (Section Chief of Neuroradiology and Pediatric Radiology), Dr. Govindarajan Narayanan (Section Chief of Interventional Radiology) and Dr. Jose Yrizarry (Professor of Radiology).

It is important to recognize the evolution of the specialty of Radiology over the past few decades. Radiology has traditionally been based on the interpretation of imaging studies and in the past those who perform catheter angiography did so primarily, although not exclusively, to obtain imaging related to the vascular system. Retaining this within a Radiology Department was logical and fit in well with the training and expertise of radiologists. With time

however "vascular radiology" evolved into a specialty which was involved in treatment and overall patient care. This trend has accelerated over the past five years such that Interventional Radiology is for the most part no longer a diagnostic specialty but rather one which is intensely involved in patient treatment. The explosive utilization of irreversible electroporation (IRE), chemoembolization, radiofrequency ablations in oncology treatments, the performance of vascular endografts, and angioplasties are just a few examples of the role of Interventional Radiology.

The parallel of this evolution with Radiation Oncology is striking. In the past what used to be termed Radiation Therapy was housed within Departments of Radiology. It became clear that Diagnostic Radiology and Radiation Therapy were two entirely different specialties. Residents in a Radiology program no longer are trained in both diagnostic radiology and radiation therapy. Separate residency programs were established and the wisdom of that separation is widely acknowledged.

The same situation now presents itself in Radiology. Those in our section of Interventional Radiology evaluate and treat patients. They admit patients, they see patients in clinics, and they formulate treatment plans. This is now recognized on a national level and has resulted in the establishment of a new primary Board within the ABR--Interventional Radiology. Thus medical students starting in 2016, can select this for their primary residency training. The details of this new ACGME approved Board is contained elsewhere in this document.

Aside from issues related to the residency training and patient care, research in Interventional Radiology differs significantly from that in Diagnostic Radiology. Grant support for clinical trials and for innovative treatments are different from the research and clinical investigations in diagnostic radiology. In the latter, improved imaging, detection of biochemical/physiologic changes, and pathologic/clinical correlation are the primary landmarks of Diagnostic Radiology. Therefore even in research the specialties differ.

For the past 3 years, the Section of Interventional Radiology has been financially separate from the rest of Radiology. It continues to be a sound and financially dependable section. From a budgetary standpoint Interventional Radiology will continue to stand well on its own, as it has in the past (see attached budget). The School Council unanimously approved the creation of the Department of Interventional Radiology.

The creation of the Department of Interventional Radiology at the University of Miami will place our School as leaders in one of the most dynamic and evolving areas of medicine.

I will be glad to answer any questions or address any issues the Faculty Senate wishes.

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Robert M. Quencer, M.D.
Chairman, Department of Radiology
The Robert Shapiro, M.D. Professor of Radiology

Memorandum

TO: Robyn Hardeman
Secretary of the Faculty Senate

FROM: Robert M. Quencer, M.D. 
Chairman, Department of Radiology
The Robert Shapiro, M.D. Professor of Radiology

DATE: November 13, 2015

SUBJECT: **VOTING FACULTY FOR THE CREATION OF DEPARTMENT OF INTERVENTIONAL RADIOLOGY**

In accordance with the Faculty Manual, this afternoon (11/13/2015) the Department of Radiology held a Faculty Meeting at which time the creation of a Department of Interventional Radiology was discussed. At the conclusion of the meeting a secret vote.

The results of the voting, tabulated by Drs. Danton and Saigal, are attached.



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TO: Robert M. Quencer, M.D.
Professor and Chairman
Department of Radiology

FROM: Gary Danton, M.D., Ph.D.
Associate Professor of Clinical Radiology
Medical Director of Radiology Jackson Memorial Hospital
Program Director, Radiology Residency Jackson Memorial Hospital

Gaurav Saigal, M.D.
Associate Professor Clinical Radiology
Section Chief Neuroradiology and Pediatric Radiology
Associate Program Director

DATE: November 13, 2015

SUBJECT: Faculty Vote for creation of Interventional Radiology Section

A handwritten signature in blue ink, appearing to read 'Gary Danton', written over the 'FROM:' section.

A handwritten signature in blue ink, appearing to read 'Gaurav Saigal', written below the 'FROM:' section.

In accordance with the faculty manual rules regarding a vote of the faculty to create the Department of Interventional Radiology, Dr. Gaurav Saigal and Dr. Gary Danton tabulated paper and electronic ballots. The question posed on the ballot was, "I support the creation of the Department of Interventional Radiology which will be separate from the Department of Diagnostic Radiology."

The final tally of paper ballots was 38 yes and 4 no. The final tally of electronic votes was 7 yes and 2 no. The total combined tally was 45 yes and 6 no. 88% of the voting faculty voted in favor of creating a Department of Interventional Radiology. 75% of the eligible faculty voted.

We are happy to report that the voting faculty of the Department of Diagnostic Radiology overwhelmingly supports the creation of the Department of Interventional Radiology.



UNIVERSITY OF MIAMI
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October 6, 2015

Tomas Salerno, M.D.
Chair, Faculty Senate
University of Miami
Ashe Building, Suite #325
1252 Memorial Drive
Coral Gables, FL 33146

Re: Council Approved a Proposal for the Creation of an Interventional Radiology Department.

Dear Dr. Tomas Salerno,

This is to inform the Faculty Senate that the Medical School Faculty Council met on June 19th, 2014 to review the *Proposal for the Creation of an Interventional Radiology Department*.

Interventional Radiology has emerged as a subspecialty within the field of radiology.

The council members voted to *approve* the proposal.

Respectfully submitted,

Carl Schulman, M.D., M.S.P.H., Ph.D.
Speaker, Medical Faculty Council



Executive Summary

The Department of Radiology would like to propose the establishment of the Department of Interventional Radiology in the University of Miami Miller School of Medicine. The American Board of Medical Specialists (ABMS) recognizes the dual Certificate in Interventional Radiology and Diagnostic Radiology as a specific discipline on par with Radiation Oncology, Medical Physics and Diagnostic Radiology. Originally Vascular and Interventional Radiology was approved only as a subspecialty within the American Board of Radiology (ABR). As this clinical specialty evolves, UM has the opportunity to lead the field nationwide by establishing the Department of Interventional Radiology (IR).

The IR section is comprised of 16 Faculty, one of whom is a tenured professor. The clinical service extends across 4 hospitals (UMH, UMHC/Sylvester Cancer Center (SCC), JMH and Miami VA) one outpatient UMHC/SCC satellite facility in Plantation, and a clinic in the Professional Arts Center (PAC). We maintain admitting privileges at 3 of the 4 hospitals (UMHC/Sylvester, JMH and UMH.)

The finances and budget of the IR section have been internally separated from the Department of Radiology for over 4 years. The Department's office of Administration and Finance will continue to handle administrative needs of this new Department. The Professional Billing services will remain the same.

The Interventional Educational Curriculum will expand from its current state of a 1 year fellowship program to a 5 year residency program. The fellowship core committee is working with the Associate Dean for Graduate Medical Education to submit the initial application for the residency. The proposed model from the ABR is schedule to start in 2017. Currently the IR program supports 8 Fellows. By 2020, the fellowship will be phased out and these will be transitioned into direct residency positions.

The academic activity is supported by a research team that includes two research coordinators, two engineers, a statistician, a research nurse and assistant. There are currently several prospectively funded trials approved and are ongoing. These include multidisciplinary collaborations for example with the Departments of Urology and Radiation Oncology. As additional funding is sought, focus will be directed toward NIH or NIH equivalent level grant support.

The potential for growth is supported by technological advancements across the hospitals. The new Angiosuites at UMHC/Sylvester and UMH accommodate increased volume and support the growing field of Interventional Oncology. Expansion into the Lennar Center and UMHC/Sylvester satellite facility in Deerfield is anticipated in winter of 2016. A dedicated Interventional Radiology Department will provide the optimal structure to support future endeavors in both the clinical and academic arenas furthering the Medical school mission to provide compassionate health care, advance innovated research, educate new leaders in medicine, and promote the health of our community.



The Mission – To improve patient care by providing individualized treatments, developing innovative image-guided therapies, and training future interventional radiologists to advance the specialty further.

Purpose: The purpose of this proposal is to establish the Department of Interventional Radiology.

Goals

- a. To individualize care to each patient
- b. To study and develop new techniques in Interventional Radiology
- c. To educate trainees emphasizing the clinical aspects of Interventional radiology
- d. To expand practice to allow easier access all across South Florida, and to International Patients

Proposal

ESTABLISHMENT OF THE DEPARTMENT OF INTERVENTIONAL RADIOLOGY

GOAL:

To establish the Department of Interventional Radiology (IR) at the University of Miami/Miller School of Medicine.

BACKGROUND:

Historically the specialty of "Radiology" encompassed disciplines where ionizing radiation was used. With this understanding both Diagnostic Radiology and Radiation Therapy were part of the training in the American Board of Radiology designated "General Radiology." It became clear in the mid-1960s that Radiation Therapy (now termed Radiation Oncology) was an entirely different specialty than Diagnostic Radiology, although both used ionizing radiation. The American Board of Medical Specialists (ABMS) recognized that and established a new Board in Radiation Oncology and along with that was the development of a separate residency training programs in Radiation Oncology. At about the same time there was growth in an area within Radiology, which was called Vascular Radiology. That field remained for many years nearly exclusively a diagnostic modality; characterizing vascular lesions and determining blood flow to abnormalities throughout the body. With time and with the advent of non-invasive means (CTA, MRA, Doppler US) of characterizing the status of vascular structures and blood flow to various organs, Vascular Radiology became nearly extinct as a diagnostic tool. In its place developed a specialty managing direct patient treatment with minimally invasive image guided surgery. That specialty which now deals directly in patient care and treatment, with dedicated clinics and separate admitting privileges, is now accurately called Interventional Radiology (IR) and is widely recognized as a discipline clearly separate from Diagnostic Radiology.

Interventional radiologists specialize in minimally invasive, targeted treatments using X-rays, ultrasound and other imaging tools. As the inventors of angioplasty and

catheter-delivered stents interventional radiologists were critical in the development of minimally invasive procedures. The specialty of IR has grown over the last four decades to one of the most dynamic and innovative areas of growth in medicine offering solutions that aid not only in diagnosing but also treating several complex diseases. Interventional oncology (IO) was a natural extension of the Interventional Radiology into the world of cancer diagnosis and treatment and through the last decade has become the fastest growing sub-specialty within IR.

Several factors have contributed to this growth in IO, including innovations in minimally invasive technology, research, the consensus for the need of a multidisciplinary approach to cancer care and finally the transformation of IR from a procedure based to a clinical specialty at several centers including the University of Miami Miller School of Medicine. The growing needs of IO have made this a model mandatory for better patient outcomes and success of the practice.

Interventional radiologists treat patients, admit them to the hospital and manage them, a situation totally different from the work of a diagnostic radiologist. IR also attracts patients as direct referrals and adds revenue streams to the institution through admissions, imaging, and lab studies.

The recognition of this situation by the ABMS has led to the establishment of a separate Board for Interventional Radiology and the establishment of an entirely new residency pathway, leading to board certification in Interventional and Vascular Radiology. For these and other reasons, enumerated below, we strongly advocate the establishment of a new Department within the University of Miami Miller School of Medicine to be called "The Department of Interventional Radiology."

IR AS A PRIMARY MEDICAL SPECIALTY - CURRENT STATUS

On September 11, 2012, the American Board of Medical Specialties (ABMS) approved the American Board of Radiology's (ABR) application for a new Dual Primary Certificate in Interventional Radiology and Diagnostic Radiology. With this approval, the ABMS and its member boards confirmed the benefit to patients of the unique interventional radiology skill set comprised of competency in diagnostic imaging, image-guided procedures and periprocedural patient care.

The new Dual Certificate in Interventional Radiology and Diagnostic Radiology will be the fourth primary certificate within the ABR and the 37th overall in the United States. A primary certificate is different from a subspecialty certificate as it designates a unique and distinct area of medicine, rather than an area of focus within an existing specialty.

ABR supported the creation of this primary certificate based on the need to ensure that future trainees acquire the requisite combination of clinical, procedural and interpretive skills necessary for the safe and competent practice of interventional radiology. The addition of the interventional radiology/diagnostic radiology certificate to the other primary certificates offered by ABR—Diagnostic Radiology, Radiation Oncology and Medical Physics—rounds out a full range of ABR primary certification services in diagnostic, therapeutic and image-guided procedures, as well as periprocedural clinical care.

With the progress of IR into a clinical specialty, we advocate that UM be among the first to develop IR into a separate department and to further its leadership in this field nationwide. The University of Miami is currently working on the application for establishing an integrated IR residency program.

TRAINING:

Training over the past decade included a minimum of four years of Diagnostic Radiology (DR) and a year of fellowship in Interventional radiology, leading to primary certification in Diagnostic Radiology and a Certificate of Added Qualification (CAQ) in Interventional Radiology.

Now with IR accorded a primary specialty status, the training will undergo a significant change starting 2017. Interventional radiology will be offered as a primary residency just like Diagnostic Radiology and medical students will have the ability to apply directly to this residency. The proposed 3+2 model for IR residency will include three years of diagnostic radiology, followed by the core Diagnostic Radiology examination, and then two years in interventional training. The content of the three DR years will be identical to that of other DR programs. The same core examination will ensure diagnostic and physics competency for those in this new residency. At the completion of training, a resident will take both a written DR exam and an oral IR exam. The American College of Graduate Medical Education (ACGME), will spend the next 12 to 18 months developing an ACGME version of the dual certificate proposal. The transition from current fellowships to IR/DR residencies is expected to be complete by 2020 when the fellowship will be completely phased out.

CURRENT STATUS OF IR AT UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE

Currently the IR section at UM/JMH has 8 accredited fellowship positions and will have one additional position through the Direct Pathway in 2014, for a total of 9 trainees. The funding of these positions is as follows:

VA- 2

UMHC -2

UMH -1

JMH - 3 and 1 Direct Pathway

The Direct pathway is an alternate pathway for residents from other specialties to transition into a radiology residency and Interventional Radiology fellowship position. As the ACGME defines the transition, these 9 positions will be transitioned into IR residency positions as per the recommended guidelines.

The training of Diagnostic Radiology residents under the new department structure will continue as before with no changes. The IR/DR residency training model will be dictated by the American Board of Radiology (ABR) and the ACGME. The fellowship committee of the IR section is working on with Dr. Joan St.Onge (Dean for Graduate Medical Education) for the creation of the residency and will be submitting the paperwork for the IR/DR residency to the ACGME in the next 4 weeks.

EDUCATIONAL VALUE FOR UM

By training residents and fellows in IR and IO and by establishing a robust clinical service, the department will provide a tremendous educational value to UM. As presently constructed, our fellowship in IR is one of the most sought after in the country; all positions are filled with highly qualified US trained graduates for the year 2016. Resident and fellows' clinical experiences extend across four different facilities, with a dedicated rotation in IR clinic. The lecture series is accompanied by a research mentoring program to foster academic interests.

INTERVENTIONAL RADIOLOGY AT UM

At the University of Miami the IR section has steadily grown since 2006 from a four member section to a team of Sixteen (13 full time and 1 part time and 2 paid voluntary) IR attendings covering UMH, UMHC/Sylvester Cancer Center, JMH and the Miami VA and they have recently expanded their services to The Sylvester Plantation Center. Further expansion of IR/IO services is anticipated for clinics on the Coral Gables Campus and in Palm Beach. One attending of the IR service primarily provides Spine intervention services at JMH and UM facilities. Thirteen IR attendings are Board Certified and 8 hold the CAQ (Certificate of Added Qualification) in IR.

The growth of the section has been steady at all centers and the unique nature of our group has been the ability to offer both Vascular and general IR services at JMH/UMH and the VA and a dedicated clinical Interventional Oncology (IO) service at UMHC Sylvester Cancer Center. The VA contract was extended in 2012 for the next for 5 years. Our offerings at UMHC are diverse and encompass all of the ablative and trans-arterial tools that are available to an Interventional Oncologist today. Our Interventional Radiologists not only evaluate patients in clinic, but admit patients to the IR service following a procedure as necessary. Inpatient management includes rounding on patients, directing their care during their stay in the hospital, and discharging them in a timely fashion. Follow up care is conducted in the clinic.

CLINICAL GROWTH

The IR clinic was established in November 2014 a stand-alone hospital based facility in the on the 5th floor of the PAC building. The clinic houses a minor procedure room and 4 examining rooms along with 2 consultation rooms. The clinic is staffed with an attending physician, fellow, nurse practitioner and a nurse. The facility is operated 5 days a week and accommodates the clinic needs of our patients from UMHC and UMH.

FINANCES OF THE IR SECTION

The finances of the IR section have been maintained separate from the Diagnostic Radiology sections for the last 4 years. The section has maintained a healthy growth pattern in volume and collections and has been meeting and exceeding budget numbers consistently. Attached are technical and professional income statements for FY13, 14 and 15. As shown, the Interventional Radiology section, since being separate from Diagnostic Radiology, has been in a positive financial condition. From a hospital (technical) standpoint, revenues have dramatically increased over the past 5 years.

GROWTH POTENTIAL

A new Angiosuite has been added to UMHC and this along with a new hybrid C- arm room and Angiosuite at UMH will markedly increase our volume and continue to spur growth at these two institutions. The hospital based 5 day clinic at the PAC building handles minor procedures such as paracentesis, thoracentesis and ultrasound guided biopsies along with the capability of seeing patients in a clinical setting 5 days a week.

Our services are currently being offered 2 days a week at Plantation Sylvester. At this time we offer minor procedures under conscious sedation and see patients in the IO clinic at this facility on Fridays. Plans are underway to renovate the C-arm room to allow us to offer Port placements for oncology patients at Plantation. Once completed, we expect to provide coverage 5 days a week by the January of 2016. Construction for the Lennar Center in Coral Gables is on schedule to be completed in the 4th quarter of 2016. In addition, Sylvester Deerfield is also slated for expansion in 2016. Interventional radiology is a major part of both of these expansions and will have an Angiosuite, CAT scan, Ultrasound rooms for procedures along with clinic space to see patients in consultation.

ADMINISTRATIVE STAFFING FOR THE NEW DEPARTMENT

The new department will continue to have the same administrative staff for Budget and Finance. Silvia Prieto MBA, is the currently serving in the Coral Gables campus and is handling the administrative needs of the Interventional Radiology section. She is expected to continue in that role in the new department.

FACULTY APPOINTMENTS

All the faculty members of the IR department will have their primary appointments in the Department of Interventional Radiology with a secondary appointment in the department of Diagnostic Radiology

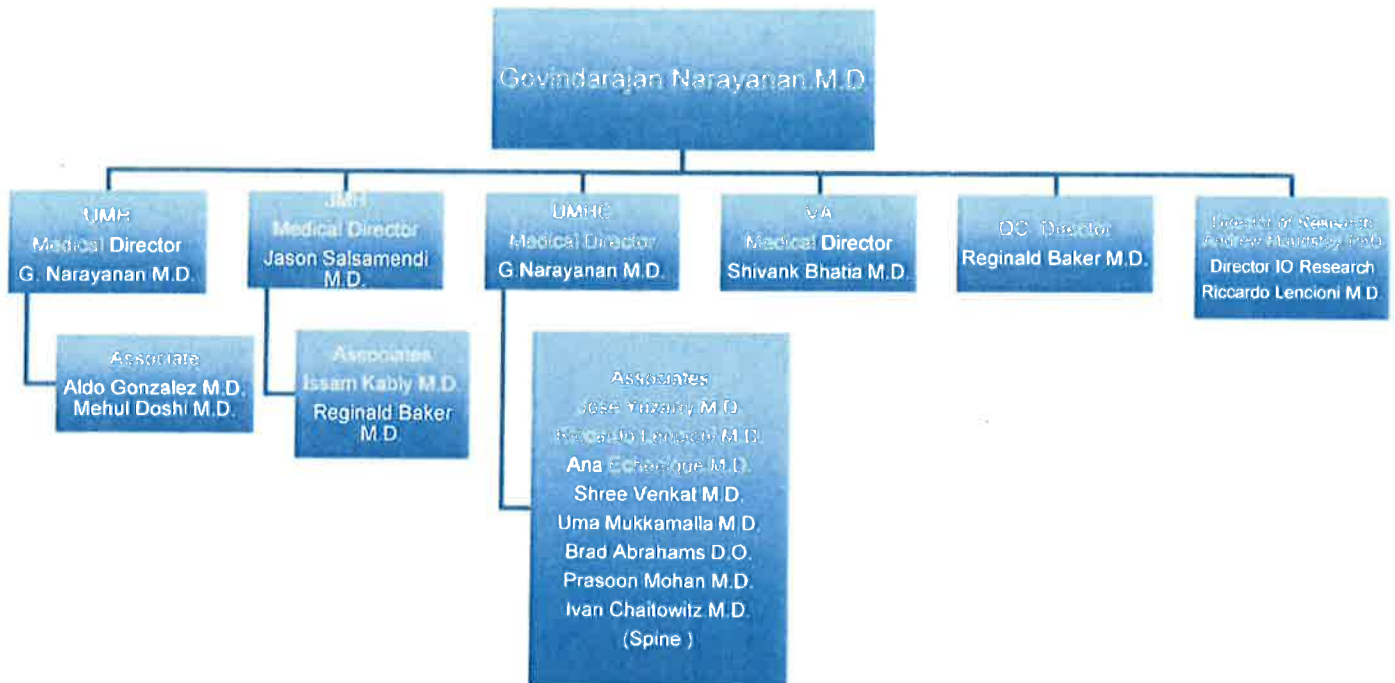
RESEARCH

The IR Section is involved in multiple research projects. The faculty is supported by a 7 member research team which includes two Research assistant professors with doctorates in biomedical and mechanical engineering, a statistician, and a research nurse. We currently have several approved prospective funded trials and we will continue to seek additional funding. The entire list of research activities of the IR section over the past 3 years is attached as a separate document (Attachment).

Research efforts will be coordinated by two seasoned researchers, Professor Andrew Maudsley, PhD and Professor Riccardo Lencioni, M.D. Dr. Maudsley is a tenured professor who will have primary appointment in the IR department and secondary appointment in Diagnostic Radiology. He will lend his expertise to help obtain NIH or NIH equivalent level grants to support the work in the Department.

Professor Lencioni's work has helped define the practice of interventional oncology today. To name a few of his contributions, he conducted the first randomized control trial on the use of radiofrequency ablation for HCC, the first multicenter international trial on radiofrequency ablation of lung tumors and served as the primary investigator for two multicenter randomized controlled trials assessing the synergistic effects of molecular-targeted agents and regional therapies. With over 182 peer reviewed publications, 9 textbooks and over 13000 citations, his scientific contributions are recognized internationally.

PROPOSED ORGANIZATION OF THE DEPARTMENT OF INTERVENTIONAL RADIOLOGY



FELLOWSHIP ORGANIZATION:

There will be no changes to the current organizational structure of the IR Fellowship program.

Program Director - Govindarajan Narayanan, M.D.

Associate Program Director - Jason Salsamendi M.D.

Fellowship Core Committee - Ana Echenique/Reginald Baker/Mehul Doshi
Shree Venkat/Shivank Bhatia

SUMMARY

The recognition of Interventional Radiology as a primary specialty by the American Board of Medical Specialties and the shift in the training model leading to an IR residency in the near future and the completely different scope service provided by the IR and DR divisions in our current Department of Diagnostic Radiology clearly justify the creation of an independent Department of Interventional Radiology. While interventional radiology is currently within the Department of Radiology, the work performed by IR and DR is markedly different; separating IR from DR and establishing a Department of Interventional Radiology will allow IR to grow independently, unrestrained by the limitations of being one of eight sections in the Department of Diagnostic Radiology. The separation of IR and DR at UM and establishing a Department of Interventional Radiology will establish the University of Miami in a leadership position and as a pioneer with foresight of what will be the norm in the years to come.

Budget information redacted