



SIR 2024  
annual report

# President's letter



Dear members,

As I reflect on 2024 and the challenges we have faced as an organization and a specialty, I am inspired by the hard work of SIR and SIR Foundation's staff and volunteers in ensuring the Society of Interventional Radiology enters its 50th year on sound footing and moves forward from a position of strength.

The *2024 SIR Annual Report* captures just a slice of all that SIR has done for you to cement your role in the healthcare system as a valued team member and provider of longitudinal care. SIR's staff and volunteers have fought to preserve your practices, while advancing initiatives that expand access to IR care among underserved communities. We've provided in-depth education across career stages to keep you and your teams growing and put a public spotlight on your care for patients and other providers to see.

It was a milestone year, capped off by the introduction of a new chief executive officer, Eve Lee, MBA, CAE, who will take the helm of the staff team in January 2025. With new leadership in place, we look forward to continuing to serve and support you in 2025 and beyond.

Regards,

A handwritten signature in blue ink that reads "R J Lewandowski, MD". The signature is fluid and cursive.

**Robert J. Lewandowski, MD, FSIR**

*SIR president, 2024-2025*

# Advocating for IR

## Fighting for your Medicare reimbursement

SIR joined with several hundred medical specialty societies to fight the drastic cuts contained in the Centers for Medicare and Medicaid Services (CMS) Calendar Year 2025 Medicare Physician Fee Schedule (MPFS) rule, published in November. The rule, which goes into effect Jan. 1, 2025, cuts the conversion factor by 2.83% and interventional radiology faced an additional 2% reduction in payments based on place of service and care delivered. We mobilized our members to assist in the effort to stop the cuts by asking them to join SIR's call to action and urge their members of Congress to support H.R. 10073, the Medicare Patient Access and Practice Stabilization Act of 2024. Unfortunately, Congress failed to pass this bill or otherwise include the language in the continuing resolution (CR) that will fund the government through March 2025. SIR continues to work with our allies to fight for the inclusion of Medicare physician pay relief legislation in the full-year spending package expected to be passed in March 2025.

At the same time, SIR continued to work with other healthcare organizations and members of Congress to find a long-term solution to this annual reduction in Medicare physician pay. Through a separate call to action and extensive lobbying efforts, we demanded Congress pass the Strengthening Medicare for Patients and Providers Act (H.R. 2474), which would establish an annual cost of living increase for physicians tied to the Medicare Economic Index. We think this is an equitable solution as physicians face increasing practice expenses and growing patient needs in the face of ongoing efforts to decrease reimbursements. While this bipartisan bill was not passed before the end of the legislative term, we are confident it will be taken up in 2025.

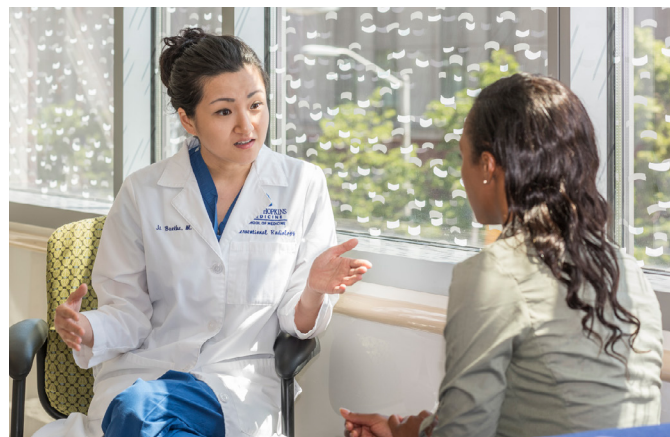
## Protecting your PAD practices

This year, SIR partnered with allied healthcare organizations, such as the Society for Cardiovascular Angiography & Interventions (SCAI), the Society for Vascular Surgery (SVS), and the Outpatient Endovascular and Interventional Society (OEIS) to address negative media questioning the safety and efficacy of endovascular treatments for peripheral arterial disease (PAD).

In February, SIR, SVS and SCAI launched “[Get a Pulse on PAD](#),” a public awareness campaign to combat misconceptions about PAD treatments and to encourage patients and providers to screen for PAD in high-risk populations. The February campaign resulted in 9 billion media impressions from 5,300 national media placements and was repeated in September for PAD Awareness Month. Concurrent with this campaign, SIR as part of the American Heart Association’s PAD Collaborative endorsed new guidelines for the application of PAD treatments and care of PAD patients.

In addition to the public-facing campaigns, SIR, SCAI and OEIS joined forces to educate the Health and Human Services Department’s Office of the Inspector General (HHS OIG) about the evidence supporting endovascular treatments for PAD. The HHS OIG announced two investigations focused specifically on lower extremity peripheral vascular procedures. The audits due to be published in 2025, “Utilization of Peripheral Vascular Procedures and CMS’s Related Program Integrity Efforts” and “Medicare Payments for Lower Extremity Peripheral Vascular Procedures,” are designed to examine trends in Medicare fee-for-service for peripheral artery interventions, identify paid claims that exhibit questionable characteristics, and review the Centers for Medicare and Medicaid Services’ (CMS’) ability to oversee contractors and combat waste, fraud and abuse.

SIR, SCAI and OEIS worked to secure meetings with HHS OIG officials in November and are working with the OIG to provide answers to their questions to ensure that their audits are guided by the strong evidence supporting these procedures and not inflammatory reporting or the actions of a few bad actors. Additionally, as part of this effort, SIR, SCAI and OEIS are scheduling follow up meetings in the new year as well as meetings with the CMS Center of Clinical Standards and Quality.





Along the same lines, SIR's Economics Division worked closely with other PAD provider groups to usher in revisions to the CPT codes for lower extremity interventions to bring them in line with current day application and costs. These code changes are being reviewed by CMS and are expected to be adopted in 2026. The Practice Management Division delivered a claims-based analysis to support the PAD Clinical Specialty Council's efforts to understand which members are delivering PAD care, how and where to track growth trends over time and further our support of PAD practices.



Finally, we continue our multispecialty advocacy for practices through efforts to educate medical officers from various payers—both public and private—to ensure coverage determinations accurately reflect current evidence supporting endovascular PAD treatments.

## Making your voice heard

SIR's advocacy work would not be possible without volunteers who join with staff on AMA and other committees to ensure that IR's voice is heard on these important topics. Similarly, your voice is important when it comes to educating legislators about your work and why fair and equitable reimbursement is vital to the health of Americans nationwide.

That's why this year, the government affairs department has relaunched the [Voices for IR](#) grassroots advocacy program, which provides participants with comprehensive training and support to build effective relationships with lawmakers and influence legislation that affects IR. Through webinars, advocacy activities and networking events, Voices for IR brings members together to advocate for IR and the patients IR serves so that we can bring effective federal and state policy to bear on solving key issues and educating policymakers about interventional radiology.



In addition, the advocacy team has expanded ways to support their work through the launch of the [SIR Advocacy Fund](#). The SIR Advocacy Fund is a resource designed to support and expand advocacy initiatives that will shape the future IR at the state and federal level. Unlike SIRPAC, which can only accept contributions in limited amounts from U.S.-based SIR members, the SIR Advocacy Fund is able to receive donations from SIR members and nonmembers alike, and from office-based labs, private practices and IR-aligned corporate partners.



Your contributions to the SIR Advocacy Fund are supporting plans to establish a new state advocacy program and to expand federal legislative activities, such as congressional fly-ins and a more robust grassroots volunteer program. Enhancing these and other advocacy programs will help SIR members more easily and effectively make IR voices be heard by our elected federal and state officials.

At the same time, **SIRPAC** continues to be a vital part of our advocacy strategy, supporting candidates that support your practices. The SIR Advocacy Fund broadens our efforts, ensuring that IR continues to advance and thrive in a rapidly changing health care landscape.



### Gaining approval for breakthrough treatments

In November, SIR member Kenneth Tomkovich, MD, and one of his patients testified before the FDA's Medical Device Advisory Committee in support of an application to approve the ProSense Cryoablation System for use to treat early-stage breast cancer. The panel voted to approve this use case, and SIR's testimony played a pivotal role. Now, a different SIR physician employed by the FDA is drafting the rules to implement the panel's decision.



# Engaging patients and providers about interventional radiology

In addition to campaigns to support PAD practices, SIR embarked on several efforts designed to raise awareness of IR in notable ways across a variety of audiences.

## Highlighting breakthroughs from SIR 2024

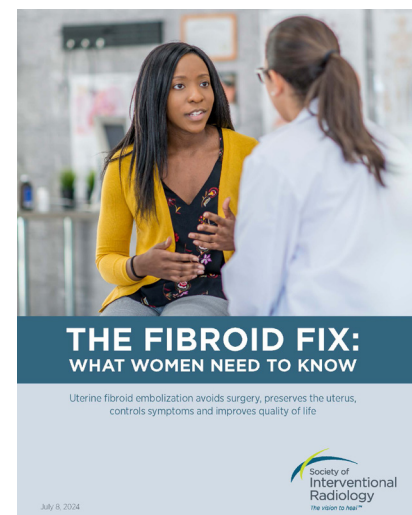
Through the SIR Annual Scientific Meeting Press Program, SIR's Communications Division brings attention to emerging treatments for challenging medical problems. Though the SIR 2024 program was the last iteration of the 15+ year campaign, it was also among the most successful in terms of impressions garnered and awareness raised. Featuring abstracts on new treatments for breast cancer, prostate cancer and postpartum hemorrhage, the program garnered 2.95 billion media impressions from 2,862 media placements. This included coverage from [Good Morning America](#), [People Magazine](#), [U.S. News and World Report](#), and [Physicians Weekly](#), among others.

## Spotlighting impactful literature

SIR Communication's Division further raised awareness of impactful IR research by issuing press releases on several publications in SIR's *Journal of Vascular and Interventional Radiology (JVIR)*. From a co-publication on intravascular ultrasound, to a position statement on pediatric trauma care, to long-term findings of patients who had undergone genicular artery embolization for osteoarthritis of the knee, these efforts demonstrate to the trade and consumer communities both the efficacy of interventional radiology treatments and that *JVIR* is the home for that impactful evidence.

## Relaunching “The Fibroid Fix”

Working with the Women's Health Clinical Specialty Council, the Communications team relaunched the 2017 Fibroid Fix campaign during Fibroid Awareness Month in July to raise awareness about uterine fibroid embolization as a treatment option for fibroids. The campaign included new national polling and a revised [Fibroid Fix report](#) that resulted in 352 stories and 151.2 million media impressions. The report was featured in major outlets, such as [NBC News](#),



STAT, and *U.S. News and World Report*. As part of the campaign, SIR placed patient essays on the websites of allied advocacy organizations, including the [Society for Women's Health Research](#), and booked a spot on the [KevinMD podcast](#) to discuss IR treatment options with the referring physician audience.

## Ensuring IR is present in the *U.S. News Best Hospital Survey*

This year, the Practice Management Division provided Doximity updated IR data to ensure SIR members are included in their data call for the 2025 *U.S. News and World Report Best Hospital Survey*.

This extensive data analysis identified 5,392 unique IR/DRs within the U.S. who were performing more than 200 procedures between 2017 and 2022 (averaging 33 procedures/year in at least one IR-related clinical area). As a result of this analysis, 3,144 Active SIR Members will receive *U.S. News/Doximity* surveys in February 2025.

## Giving voice to the patient experience

In September, SIR's *Kinked Wire* podcast featured an interview with Sebastian Junger, best-selling author of *In My Time of Dying*, *The Perfect Storm* and more. Host Warren Krackov, MD, FSIR, interviewed Mr. Junger about his near-death experience and also spoke with Philip J. Dombrowski, MD, the attending interventional radiologist who saved Mr. Junger's life, and Michael Hallisey, MD, FSIR, the IR who broke the story on SIR Connect. Mr. Junger's book shares the life-saving impact of interventional radiology with readers around the world.



## Amplifying efforts to stop blood clots

In March 2024, SIR joined then-Rep. Lisa Blunt Rochester, D-Del., in her effort to pass the Charles Rochester Blood Clot Prevention and Treatment Act (H.R. 5699). SIR participated in a March 20 virtual press conference to highlight the importance of Blood Clot Awareness Month, and to officially roll out the blood clot toolkit that SIR helped create. The toolkit focuses on awareness, action, and advocacy surrounding blood clots. SIR member Assaf Graif, MD, was a featured speaker at the press conference. SIR will continue to work with now Sen. Blunt Rochester in her efforts to honor her late husband and save lives.

# Strengthening the IR workforce

## Supporting private practices

The IR Business Center continues to produce valuable tools that help improve practice efficiency and boost revenue. The IR Business Center offers tools and resources divided into six categories designed to support your practice in various ways, ranging from setting up a practice to branding and marketing.

In 2024, the [IR Business Center](#) expanded the portfolio with 18 new products, including resources focused on branding and marketing; coding, billing and reimbursement, and practice establishment.

Since its launch, the IR Business Center has served customers with 4,154 resources; out of these 3,249 products have been accessed by SIR members, many of which are free to SIR members or available at a discount.

In addition to the business center, SIR also offers the SIR Business Institute (SIRBI) as a resource for IRs and their practice administrators to empower them with essential business strategies that enhance their practices. The in-person, 1-day masterclass provides formal training in insurance/payer contract negotiation, personal financial preparation for the outpatient transition, digital social media marketing, overcoming legal and ethical issues, legal and regulatory issues related to venture capital and private equity, exclusive contracts negotiations, and how to show their value to the C-Suite. These lessons are augmented throughout the year through the SIRBI webinar series.

In addition to the SIR Business Institute, SIR also offers a Revenue Cycle Management Course targeted to physicians, and practice leaders, that provides the fundamentals of healthcare reimbursement, coding and billing to strengthen your financial foundation across all practice types.





## Reaching out to small and rural practices

SIR has expanded its focus greatly in the last 2 years on rural and underserved areas. In 2021, the Small and Rural Practice (SRP) Committee was established under the Practice Management Division. The committee represents IR physicians practicing in small/general radiology practices and/or rural communities. The committee's mission is to support the diverse perspectives of SRP IR radiologists, addressing common concerns of access, recruitment and retention.

SRP advocacy and outreach initiatives supported multiple cross-functional programs and campaigns including:

- Educating SIR members through “Outward Bound—IR in underserved and rural communities” and “Healthcare Disparities in IR” in-person town hall sessions at the SIR 2024 Annual Scientific Meeting
- Social media takeovers of SIR accounts that shared SRP experiences, interesting cases and advice for those interested in practicing in small and rural communities
- A loan forgiveness initiative that supports advocacy efforts to pass the Specialty Physicians Advancing Rural Care (SPARC) Act
- Coverage in *Health Imaging* regarding how best to address IR shortages, retention and burnout
  - [How to address the shortage of interventional radiologists](#)
  - [Elizabeth Ann Ignacio discusses administrative burdens impacting interventional radiologist burnout](#)



## Studying the impact of your work

Throughout the year, SIR's teams have also secured publication of several practice-driven studies that tracked where IRs are practicing, how they're identifying and what they're treating to ensure that you are well-represented on relevant boards and decision-making bodies.

The Practice Management Division secured the publication of an SIR-funded manuscript entitled “[A Claims-Based Method for Identification and Characterization of Practicing Interventional Radiologists](#),” in the *Journal of Vascular and Interventional Radiology* in conjunction with Harvey L. Neiman Health Policy Institute (HPI). The study found 76% of IRs were mislabeled as diagnostic radiologists in Medicare data, meaning IRs are largely unidentifiable in health care claims data used for population health and health-services research.

The Practice Management Division also completed a data analysis on the use of arterial and venous thrombectomy in the United States. The evidence-based claims data analysis shows the growth of arterial thrombectomy for pulmonary embolism (PE), which reflects that we now have very safe ways of endovascular treatment for PE that we did not have 10 years ago. This data analysis has been used for an SIR manuscript and has been submitted to *JVIR* and expected to be published in *JVIR* in Q1 2025.

## Educating members in new and exciting ways

SIR took meetings to the next level in 2024, creating new opportunities to not only obtain continuing medical education (CME) credits, but also build your network and develop in the field.

At the SIR 2024 Annual Scientific Meeting in Salt Lake City, the Annual Scientific Meeting Committee unveiled a program packed with hot topics and pressing issues facing the specialty, from the latest [scientific breakthroughs](#) to [artificial intelligence](#). Interactive formats, such as Compelling Conversations and SIR Connect Town Halls, helped better engage members in dialogue and build connection to others in the field.

In addition, SIR hosted events that engaged members exactly where they are in their career journey. This year, the IR Residency Practicum brought graduating IR residents to Chicago to prepare for careers in both academic and private practice settings. The practicum covers a variety of disease states and practice areas, as well as the basics of IR business and setting up an IR clinic.



Meanwhile, with the launch of SIR EDGE, attending IRs discovered an intensive 3-day, 4-track deep-dive designed to support IRs in providing longitudinal clinical care.

Covering interventional oncology, peripheral vascular disease, pain management/MSK embolization, and portal hypertension, EDGE let attendees narrow their focus to master various techniques through special skill sessions and case-based courses. Simultaneously, EDGE challenged attendees to widen the aperture on their work with an exciting plenary session featuring [Blockchain co-founder Nicholas Carey](#).



Nicholas Carey

## Growing the next generation of interventional radiologists

In 2024, SIR's Early Career Section (ECS) launched the [Early Career Visiting Pilot Program](#) to allow early career physicians to gain exposure to different IR practice models and to provide an immersive experience with a volunteer host site to learn specific aspects of practice development.

The Resident, Fellow and Student (RFS) Section focused on fostering greater interest and expertise in clinical care. To that end, the RFS bestowed its first [SIR-RFS Clinical Advancement Award](#), which acknowledges an outstanding resident who has demonstrated an extraordinary commitment to expanding their clinical advancement during the early postgraduate years. In addition, the SIR Diversity, Inclusion and Advancement Coalition (DEIAC), which is comprised of representatives from SIR and SIR Foundation sections, divisions and committees, participated in the Latin Medical Student Association National Conference to bring awareness of interventional radiology as a specialty option to up-and-coming physicians. SIR's [multifaceted presence](#) included an educational luncheon, hands-on workshop, exhibit booth and an abstract stipend program for SIR student members whose accepted abstracts were presented at the conference.

To ensure increased access to educational programming and networking opportunities, SIR also relaunched the Resident-in-training Scholarship, originally created in 2005, to help support 30 residents attend the Annual Scientific Meeting. The Medical Student Scholarship Program, established in 2014, continues to support 60 medical students' travel to the meeting and the International Scholarship Program, established in 2012, assists 15 physicians who practice outside of North America, to attend our meeting. Also at SIR 2024, the Underrepresented Minorities in IR (URM) Section hosted a networking event attended by over 100 members. The event focused on research and leadership, with participation from members of the ECS.



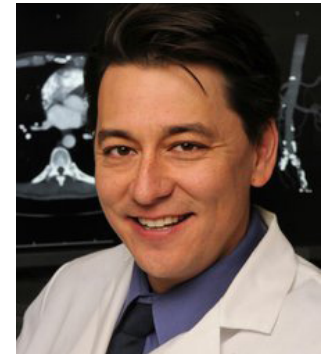
# Supporting IR research

## Tapping two to lead *JVIR* through a period of growth in IR research

In December, SIR announced that Charles E. Ray Jr., MD, PhD, FSIR, past president of SIR, and Brian F. Funaki, MD, FSIR, past chair of the SIR Annual Scientific Meeting, were selected as the incoming co-editors-in-chief of the *Journal of Vascular and Interventional Radiology (JVIR)*. This editorship represents the first time in *JVIR* history that the role will be shared between two editors-in-chief. Drs. Ray and Funaki will officially begin their roles in January 2026, as outgoing editor-in-chief Daniel Y. Sze, MD, PhD, FSIR, concludes his term of visionary leadership for the journal.



Charles E. Ray Jr.



Brian F. Funaki

This co-editorship will allow *JVIR* to continue its 34-year tradition of publishing gold-standard IR research in formats that have proven most valuable to the community, while also accommodating a growing number of submissions each year.

## Speeding IR innovation through the FDA TAP program

In December, SIR's Executive Committee voted to become a collaborating organization in the FDA Total Product Life Cycle Advisory Program (TAP) Pilot. The program connects medical device companies with non-FDA parties to spur more rapid development and patient access to safe, effective, high-quality medical devices of public health importance. As a non-FDA party in the program, SIR can support various stages of device development, including clinical adoption, outcomes measurement, incorporation into guidelines, research publication, and obtaining coding, coverage and payment. Participating in this program gives SIR a valuable seat at the table when it comes to ensuring IR is represented in breakthrough medical device development, research and coding considerations.

## Funding IR research

See the [SIR Foundation Annual Report](#) for information about how we're putting your donations to work through our research grants and awards programs, research consensus panels, and so much more!

# SIR by the numbers



## MEMBERSHIP

Membership figures  
by type:

Member	3661
Associate	467
Trainee	4599
Total	8727

## QUALITY AFFAIRS

Quality measures  
stewarded

4

## CORPORATE

CAP members

25



## GOVERNMENT AFFAIRS

Letters to Congress

323

Meetings with members  
of Congress

51



## ECONOMICS

Codes submitted or  
surveys launched:

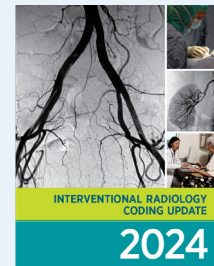
58 CAT I codes, 3 CAT III codes  
and 6 surveys with 111 CAT I  
codes with 9 action plans

Comments submitted

22

Carrier advocacy letter  
downloads

558



2024 IR Coding Update  
downloads

655

Other downloads from IRBC

230



## EDUCATION



4,405

**ACIR**

Association of Chiefs in IR

54

**APDIR**

Association of Program Directors  
in Interventional Radiology

59

**SIREEDGE**  
PRACTICAL | ADVANCED | FOCUSED

225

**SIR** | BUSINESS  
INSTITUTE

70

**SIR** | IR RESIDENCY  
PRACTICUM

179



## JOURNAL OF VASCULAR AND INTERVENTIONAL RADIOLOGY (JVIR)

Submissions

1,221

Accepted manuscripts

338

Unique authors

~5,300

Pages published

1,892

Open access articles

36



Online article usage

1,222,784

(across [jvir.org](http://jvir.org), Science Direct  
and Clinical Key)

## Corporate support

**SIR thanks the members of our Corporate Ambassador Program for their continued support.**

### **VANGUARD**

- Boston Scientific Corporation
- Penumbra, Inc.

### **LEADER**

- Medtronic

### **ADVOCATE**

- AstraZeneca
- BD
- Cook Medical
- Gore & Associates
- Guerbet
- Inari Medical
- Merit Medical
- Siemens Healthineers
- Sirtex Medical
- Terumo Interventional Systems

### **ASSOCIATE**

- Abbott Vascular
- AngioDynamics
- Argon Medical Devices
- Baylis Medical Technologies
- Instylla
- Neuwave, A Johnson & Johnson Company
- Philips Healthcare
- Replimune
- Shockwave Medical
- Stryker IVS
- TriSalus Life Sciences
- VentureMed

## 2024–2025 SIR board of directors

Robert J. Lewandowski, MD, FSIR—SIR President

Robert A. Lookstein, MD, FSIR—SIR President-elect

Saher S. Sabri, MD, FSIR—SIR Secretary

Raymond W. Liu, MD, FSIR—SIR and SIR Foundation Treasurer

Alda L. Tam, MD, MBA, FSIR—SIR Past President

Maureen P. Kohi, MD, FSIR—SIR Foundation Chair

Derek Mittleider, MD, FSIR—Private Practice Director

Kelvin Hong, MD, FSIR—Director, at-large

Nishita Kothary, MD, FSIR—Director, at-large

J. David Prologo, MD, FSIR—Director, at-large

Daniel Sze, MD, PhD, FSIR—*JVIR* Editor-in-chief, *ex-officio*

Meridith J. Englander, MD, FSIR—AMA Delegate, *ex-officio*

Eve Lee, MBA, CAE—SIR and SIR Foundation Chief Executive Officer, *ex-officio*

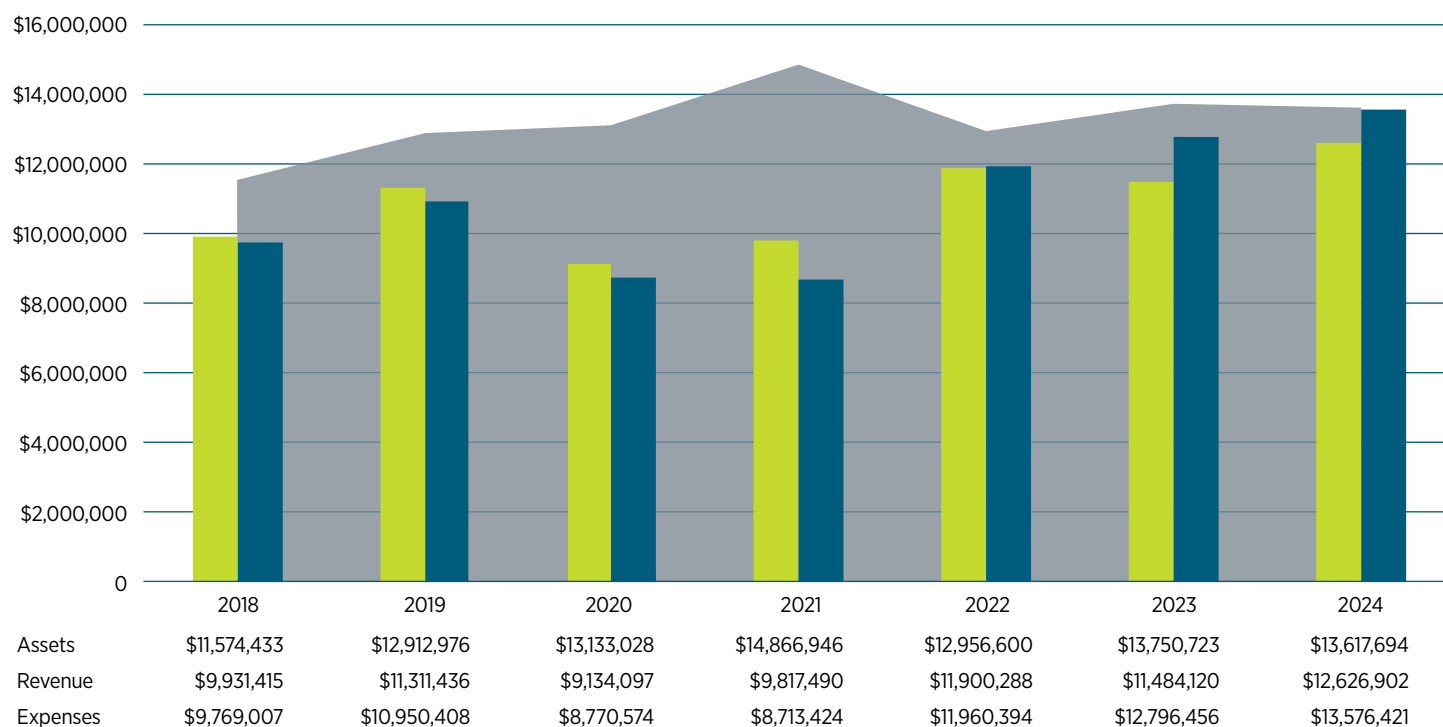
# SIR financials (unaudited)

## Consolidated FY24 statement of activities, by functional areas

As of Dec. 31, 2024

BUDGET SUMMARY	2024 ACTUALS
<b>REVENUE</b>	<b>12,626,902</b>
Membership dues	3,496,218
Member products	2,116,423
Corporate (CAP)	1,854,750
Corporate products	3,565,636
Royalties	1,315,217
Other	278,658
<b>EXPENSES</b>	<b>14,701,973</b>
Administration	4,184,308
Annual Meeting	2,638,082
Corporate Relations	256,276
Educational Products and Services	931,474
Governance	1,367,683
Government Affairs	543,985
Health Policy and Economics	922,468
International	137,926
Membership	838,837
Public Relations	636,854
Publications	1,160,795
Clinical Education Meetings	479,314
Quality and Statements	377,141
VIRTEX	226,828
<b>NET OPERATING INCOME</b>	<b>(2,075,071)</b>
<b>MANAGEMENT FEE</b>	<b>(1,125,552)</b>
<b>NET INCOME</b>	<b>(949,519)</b>

## Financial performance 2018–2024







 Society of  
Interventional  
Radiology