New Liver Tumor Treatment Coming

An advanced treatment for cancerous liver tumors – yttrium-90 (Y-90) radioembolization – will be introduced in the Fredericksburg area later this year.

Y-90 radioembolization is a form of selective internal radiation therapy, a minimally invasive procedure that delivers radiation directly to liver tumors, said John D. Statler, MD, FSIR, of Virginia Interventional & Vascular Associates (VIVA). In collaboration with Mary Washington Healthcare’s Regional Cancer Center, VIVA interventional radiologists will offer the treatment locally and it will be performed as an outpatient procedure at Mary Washington Hospital. Hospital officials are applying to Virginia regulatory authorities for approval of an amendment to the hospital’s licensure for nuclear medicine in order to proceed with the treatments.

“This has been a couple of years in the making,” Dr. Statler noted. “Few community hospital systems offer Y-90 yet so we are excited to provide this treatment for local patients.”

VIVA’s board-certified, fellowship-trained interventional radiologists provide minimally invasive treatments for a wide range of medical conditions, including cancer. They work actively with a multidisciplinary group that includes local specialists in medical oncology, surgical oncology, and radiation oncology to direct cancer patients to the best possible therapy for their individual disease.

The new Y-90 radioembolization treatment will target primary liver tumors and some types of cancer that have spread to the liver, Dr. Statler explained. The procedure is specifically designed for cases where surgical removal of the tumor is not advised due to its location or the patient’s condition.

Though not a cure, studies show that Y-90 radioembolization is effective in shrinking liver tumors and reducing pain. When combined with chemotherapy, studies also indicate that the treatment significantly slows the progression of liver tumors.

One of the most important research studies to date evaluating Y-90 radioembolization, the SIRFLOX study, included 87 medical centers in Australia, Europe, Israel, New Zealand, and the US. According to study findings published Feb. 22, 2016 online in the Journal of Clinical Oncology, patients with metastatic liver tumors from colorectal cancer who received Y-90 treatment in addition to chemotherapy averaged 20.5 months without a progression of liver tumors versus 12.6 months for patients receiving chemotherapy alone.

Dr. Statler said VIVA physicians anticipate that a number of patients with liver cancer can benefit from the procedure, specifically those who are not responding well to other treatments. Having the Y-90 treatment available locally means they will no longer have to travel to major medical centers in Washington, DC, Richmond or elsewhere for the procedure.

Women’s Imaging Center Planned in North Stafford

Medical Imaging of Fredericksburg, LLC plans to launch the Imaging Center for Women at North Stafford this summer. The new center will be adjacent to the imaging group’s Medical Imaging Center of North Stafford, which is celebrating its 10th anniversary of providing advanced imaging services to northern Stafford and southern Prince William counties.

The women’s center will offer advanced breast cancer screening services including breast tomosynthesis studies, which are also known as 3D mammograms, DEXA bone density scans, and breast ultrasound, announced Edwin Swager, CEO of Radiologic Associates of Fredericksburg (RAF). RAF’s board-certified, fellowship-trained breast imaging specialists will interpret test results and supervise imaging studies.

“Although the region has other mammography providers, our internal analysis shows the area is still underserved,” Swager noted.

Important Medicare Change for Medical Providers – Starting Jan. 1, 2018, providers who order advanced outpatient imaging tests for Medicare patients must first consult an approved clinical decision support system.
In Y-90 treatments, VIVA interventional radiologists insert a catheter into the femoral artery of the patient’s leg, then guide the catheter into position using x-ray guidance. Once the catheter is in the right position, the radioactive Y-90 agent is delivered to the tumor.

“Traditional radiation therapy has proven beneficial for many patients, but one of the disadvantages is you still have some damage to adjacent organs,” Dr. Statler said. “Y-90 radioembolization can more accurately deliver radiation to specific liver tumors.”

For more information on Y-90 treatments in Fredericksburg, contact VIVA at (540) 654-9118.

The new Imaging Center for Women at North Stafford will encourage more women to take advantage of screenings for detecting breast cancer in its earliest, most treatable, stages. It will be in a specially designed suite next to Medical Imaging of North Stafford at 125 Woodstream Blvd., Suite 109, Stafford, VA 22556. The building is located near State Route 610 and close to the I-95 corridor that so many residents use to commute to work in the Washington, DC, metro area.

The new center will be an extension of the Imaging Center for Women located in Fredericksburg, one of the most renowned and comprehensive women's imaging facilities in the state. The centers are operated by Medical Imaging of Fredericksburg, a joint partnership of RAF and Mary Washington Healthcare.

In other 10-year anniversary news, Practice Administrator Chris Snyder reported that Medical Imaging of North Stafford is planning fall events for the public and medical providers, including open houses highlighting both centers’ facilities.
According to current Medicare regulations, starting January 1, 2018, providers who order advanced outpatient imaging tests for Medicare patients must first consult with an approved clinical decision support (CDS) system or the studies will not be covered, reported Edwin Swager, CEO of Radiologic Associates of Fredericksburg (RAF).

As many as one-third of medical providers nationally are unaware of the upcoming change, Swager learned at industry conferences.

The new rule applies to advanced medical imaging studies including magnetic resonance imaging (MRI) and computed tomography (CT) diagnostic tests ordered at freestanding imaging centers and hospital imaging centers, he said. Unless the final rule changes, starting in January, a medical provider ordering these tests must first consult with approved clinical decision support software. The software will then generate a unique identifier required for Medicare to cover the study.

While some medical providers’ electronic health record (EHR) vendors are working to have the necessary clinical decision support capabilities, the majority do not have them, added Swager. He initiated a workgroup of RAF, Mary Washington Healthcare, and Medical Imaging of Fredericksburg professionals who began studying the issue in 2016.

The workgroup has been reviewing existing EHR vendor CDS capabilities and possible alternatives for physicians whose systems do not already have the appropriate clinical decision support. The group is also establishing education and tools for local medical providers about the issue.

“We are urging medical providers to make sure their EHR vendors realize that they must have access to a Medicare-approved clinical decision support platform,” Swager noted.

“For practices that do not have this capability, the workgroup is evaluating alternative platforms for generating unique identifiers.”

More information, including recommended alternative platforms, will be announced by the local workgroup this summer. Medicare is expected to release its approved list of clinical decision support platforms by June 30, 2017.

The new rule is intended to ensure that ordered tests meet Medicare’s appropriate use criteria. It is part of an increasing emphasis on evidence-based medical practices and improved outcomes, Swager added. Unfortunately, whether a provider agrees or disagrees with Medicare’s approach, unless the final rule changes, providers must work together to best meet the diagnostic needs of patients.

Over time, Medicare is expected to evaluate each provider’s appropriate use compared with that of other physicians. Medicare may require physicians whose measures fall beneath certain norms to obtain preauthorization before ordering advanced outpatient imaging studies for patients, he noted.

Medical providers who would like more information about the new rule can visit the RAF website at rafimaging.com/clinical-decision-support.
Radiologist Spotlight: Narinder Sethi, MD

After his first rotation in medical school, Dr. Narinder Sethi was, in his words, “hooked on radiology.”

“It felt a lot like detective work, figuring out what was going on with the patient clinically, matching it with the imaging, and determining a diagnosis. I also enjoyed working with all aspects of the body and interacting with multiple clinicians,” said Dr. Sethi, who is today a board-certified, fellowship-trained diagnostic radiologist with Radiologic Associates of Fredericksburg (RAF).

A native of northern Virginia, Dr. Sethi was drawn early on to the sciences, attending the prestigious Thomas Jefferson High School for the Arts and Sciences in Alexandria. The son of an engineer, he is the second physician in the family. His older brother is an orthopedic surgeon in Bethesda, MD.

After finishing his undergraduate work at the University of Virginia, Dr. Sethi went on to receive his medical degree from Virginia Commonwealth University School of Medicine. He then completed his radiology residency and fellowship at VCU School of Medicine, focusing on MRI.

Dr. Sethi joined RAF in 2009 after a conversation with Aye Min, MD, then two years into working for the practice, convinced him to come to Fredericksburg for an interview.

“I met everybody and knew this was where I wanted to be,” Dr. Sethi said. “What I like best about working at RAF is the camaraderie. Everyone’s willing to take time to help their colleagues. Whatever your career path, it’s important to find a group you really gel with.”

Today, Dr. Sethi is helping guide RAF during a time of evolution in radiology by taking on key leadership roles in addition to his patient care responsibilities. He is a member of the practice’s board of directors, as well as the operations committee and other committees.

The profession of radiology is rapidly changing as medical imaging capabilities progress, Dr. Sethi noted. “Demand for imaging also has skyrocketed. With the Internet and social media, people are more aware of imaging options and they’re asking their doctors more questions. Doctors in turn are ordering more imaging tests when medically necessary.”

Dr. Sethi recently celebrated his 10-year wedding anniversary with his wife, Ami Sethi, MD, a neuroradiologist who works from home through teleradiology for a company she co-founded. The two met in medical school. They have three children: a nine-year-old daughter, Aanika; a seven-year-old son, Aaruv; and a second daughter, five-year-old Ekta.

Dr. Sethi enjoys all types of sports, including playing tennis, and watching Redskins football. He is also taking piano lessons. “I always wanted to play and have been at it for a year. But I have a long way to go to be as good as my oldest daughter,” he said.