

WELCOMING MYSIR TO CIRSE

We caught up with current President, Dr. Alex Tang, and past President, Dr. Jeyaledchumy Mahadevan, to find out more about MYSIR and the current status of IR in Malaysia.



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Welcoming the Malaysian Society of Interventional Radiology (MYSIR) to CIRSE

“MYSIR is making efforts to enhance its presence domestically and internationally”

CIRSE: MYSIR recently became a CIRSE Group Member, how would you like to see these two societies working together?

Tang: MYSIR is a young society and we are making efforts to enhance our presence domestically and internationally. CIRSE is a well-established society with large resources and a clearly defined operational framework, which includes its comprehensive guidelines and standards of practice documents.

MYSIR would be grateful to receive assistance from CIRSE in helping it to strengthen and optimise its own operational framework in order to not only help our young IRs and trainees, but also improve the standards and safety of IR treatments in Malaysia. Regular academic support, intersociety collaboration, training workshops and fellowship training for MYSIR's young fellows are also sought after by MYSIR.

CIRSE: In what ways does MYSIR currently collaborate with other IR societies on a regional and/or global level?

Tang: MYSIR is gearing up its regional collaborations. Being a member of the Asia Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR), the society is looking for a more enhanced presence regionally, as well as more academic exchanges with the regional IR communities. MYSIR is also looking forward to a more fruitful participation in regional exercises, namely the APAITO, APCIO and ACTA. The society has also taken the task of organising the upcoming 6th Asia Pacific Conference in Interventional

Oncology (APCIO) in Kuala Lumpur, in October 2019 and has made a substantial contribution to many regional events.

CIRSE: There is currently a significant gender gap in IR throughout Europe. Is this also true for Malaysia? If so, how is the gap reflected?

Mahadevan: We addressed this topic during the last ASM and AAFITN 2018 meeting, talking about some of the questions that were included in Prof. Anna Belli's questionnaire. The existing gender gap in IR in Europe is clearly not positive and something must be done to eradicate it, because attracting more women to IR is crucial if we want to achieve a continuous expansion of the subspecialty. On a more positive note, Malaysia differs in this respect as we currently do not have a gender gap among IR practitioners. However, some concerns among women who think about entering IR in Malaysia do exist, and are often very similar to those echoed by their European counterparts, including the impact of radiation on fertility and the work/life balance question.

CIRSE: How does MYSIR inform patients about IR treatments?

Mahadevan: The awareness of IR in Malaysia is still relatively low, not just among the public but also other medical disciplines. MYSIR has been working very hard to change this through actively promoting IR via newspaper articles, the internet and various engagement programmes. We also have other plans to expand the reach and scope of our promotional campaigns, so even more people can discover what IR has to



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offer in terms of treatment options. Additionally, intersociety meetings are also being conducted to raise awareness of MYSIR and encourage multidisciplinary collaboration.

CIRSE: What can be done to further develop and promote the field of IR in Malaysia?

Tang: IR was established in Malaysia way back in the 80s, largely pioneered by Dr. Abdul Samad Sakijan who was a Professor of Radiology at the National University of Malaysia. He laid a strong groundwork and stimulated the interest among the young fellows in taking up the specialty.

Currently, there are multiple academic training centres in radiology and IR locally, promoting and training new practitioners. MYSIR also organises and collaborates with various local institutions in numerous academic exercises and programmes. MYSIR is also looking forward to a more cohesive collaboration with CIRSE, SIO, APSCVIR, APAITO and ACTA in promoting its services and conducting training workshops for the local IRs and trainees.

CIRSE: What are the biggest challenges for IR in Malaysia?

Mahadevan: From my perspective, one of the biggest challenges is the lack of support from other medical specialties which makes multidisciplinary collaboration very hard to achieve. Unfortunately, it also means that medical practitioners from other disciplines often find new innovative treatments offered by IRs hard to accept, which in practice results in a lower

patient uptake of such treatments and this really is a shame. The other key challenge is limited funding, which again makes it difficult to actively promote IR in the country.

CIRSE: What are some of the primary areas of research and practice in IR in Malaysia?

Tang: Most IRs in Malaysia practice interventional oncology as their primary service, apart from the general and specific IR procedures. There is some ongoing research locally in IR pertaining to new treatment strategies in large liver cancer, transarterial management of liver metastases, LutonixR Lower Limb Extremity Global (LEG) Registry and the Archimedes Biodegradable Stent Safety and Outcome Study, to name a few.

CIRSE: How do you envision the future of IR in Malaysia and globally?

Tang: MYSIR envisions a positive growth of IR services in Malaysia and globally. Being a minimally invasive subspecialty, IR offers a safer and less invasive alternative treatment solution in many clinical entities. With more awareness and acceptance of the IR technology in the other clinical fields, IR should grow and should become a part of the clinical management work flow. With the upcoming national healthcare scheme, IR will be stronger and its presence should have more impact in the practice of medicine, locally and globally.

Kamil Jabarkhel, CIRSE Office

“We want to achieve greater multidisciplinary collaboration in Malaysia”