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Interventional Radiologists See ‘Significant’ Symptom Relief in MS Patients

Short-term Follow-up Supports Evidence That Angioplasty of Azygos and Jugular Veins Safe, Improves Quality of Life for Those With Multiple Sclerosis, Say Researchers at Society of Interventional Radiology’s 37th Annual Scientific Meeting

SAN FRANCISCO, Calif. (March 25, 2012)—Researchers who investigated the connection between chronic cerebrospinal venous insufficiency (a reported condition characterized as a blockage in the veins that drain blood from the brain and spinal cord and returns it to the heart) and multiple sclerosis indicate that a minimally invasive endovascular treatment for CCSVI, is safe and may produce “significant,” short-term improvement in physical- and mental health-related quality of life in individuals with MS. These findings were presented at the Society of Interventional Radiology’s 37th Annual Scientific Meeting in San Francisco, Calif.

An estimated 400,000 people in the United States with MS—generally thought of as an incurable, disabling neurologic disease—may find hope that symptom relief is possible. MS is typically treated with disease-modifying drugs, which modulate or suppress the immune response believed to be central in the progression of the disease.

“Traditional theories surrounding treatment for multiple sclerosis in large part focus on autoimmune causes for brain pathology and neurologic symptoms. Based on this, treatment has been predominantly medications by mouth or injection,” stated Kenneth Mandato, M.D., an interventional radiologist at Albany Medical Center in Albany, N.Y. “Interventional radiologists, pioneers in the field of minimally invasive therapies, have been performing an endovascular therapy called angioplasty for years, to treat blocked or narrowed arteries and veins. We have been using angioplasty to open jugular and azygos veins in the neck and chest respectively to improve blood flow in people with MS. On follow-up, we have seen many of these individuals report significant symptom relief,” he added.

Classifications within a diagnosis of MS include primary progressive, which means a gradually progressive disease without remission; relapsing remitting, which demonstrates acute attacks with intervals of slow improvements in symptoms; secondary progressive, where a disease that was once relapsing remitting is now slowly progressing. MS subtypes within the Albany study group included 96 individuals with relapsing remitting, 66 with secondary progressive and 30 with primary progressive. The study population included those who underwent angioplasty alone and three who underwent angioplasty with a stent (a tiny mesh tube used to hold the vessel open) placement.

“Results of the study were quite exciting and promising,” stated Mandato. “We can attest to significant physical improvements reported in greater than 75 percent of those with relapsing remitting and primary progressive forms of multiple sclerosis. Additionally, mental health scores improved in greater than 70 percent of individuals studied. People with secondary progressive multiple sclerosis showed statistically significant improvements in both physical and mental health scores at a rate of 59 percent and 50 percent, respectively,” he added.

“During a four-month period, we treated 213 individuals. 192 of these patients (72 men, 141 women; average age 49 years) responded to a standard questionnaire that evaluated key quality of life components including changes in physical abilities, health perception, energy/fatigue, sexual function, emotional well-being, cognition and pain,” explained Meridith J. Englander, M.D., also an interventional radiologist at Albany Medical Center and one of the study’s co-authors. “We ultimately broke this data down into physical and mental health scores for each person, and found improvement in both components of quality of life,” she added. “In addition, we found a trend that patients undergoing this treatment more than 10

years after diagnosis did not respond as well as those with a more recent diagnosis.”

“To address the needs and concerns of those with MS who feel they cannot wait until definitive studies are completed, many doctors are currently offering treatments with the hope of helping individuals with hard-to-manage symptoms of MS,” said Mandato. “Physicians who perform these treatments hope that this work will provide insights into the design of a prospective, randomized trial that is needed to rigorously evaluate the role of this treatment in MS,” he added

“As we are still early in fully understanding the condition and its relation to treatment of CCSVI, it is our hope that future double-blinded prospective studies will be performed to further assess the durability of these results,” said Mandato.

Interventional radiologists are vascular specialists who pioneered venous angioplasty and stenting and are highly qualified to perform such treatments when appropriately indicated. IR physicians have the expertise in the endovascular techniques central to this novel treatment. The Society of Interventional Radiology encourages and supports research protocols to evaluate the appropriate role of this therapy in the treatment of MS. More information about the Society of Interventional Radiology, interventional radiologists and minimally invasive treatments can be found online at www.SIRweb.org.

Abstract 48: “Short-Term Outcomes After Endovascular Treatment for Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Patients With Multiple Sclerosis,” K.P. Sekhar, K. Mandato, W. Rucker, M. Chappidi, M. Englander, G. Siskin, Radiology, Albany Medical Center, Albany, N.Y. This abstract can be found online at www.JVIR.org.

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About the Society of Interventional Radiology

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, such as in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine. Today, interventional oncology is a growing specialty area of interventional radiology. Interventional radiologists can deliver treatments for cancer directly to the tumor without significant side effects or damage to nearby normal tissue.

Many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Visit www.SIRweb.org.

The Society of Interventional Radiology is holding its 37th Annual Scientific Meeting March 24–29 at Moscone Center, San Francisco, Calif. The theme of the meeting is “IR Evidence,” chosen to reflect interventional radiology’s gathering, presenting and discussing results of care-changing investigations.

Local interviews and medical illustrations are available by contacting SIR’s communications department staff: Ellen Acconcia, SIR communications manager/practice areas, eaconcia@SIRweb.org, (703) 460-5582, or Maryann Verrillo, SIR director of communications and public relations, mverrillo@SIRweb.org, (703) 460-5572.