



■ Annual Report  
2017-2022

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# Mission Statement

The Interventional Initiative is a not-for-profit 501c3 organization with a public service mission to educate and engage the public and clinicians about the value of minimally invasive, image-guided procedures (MIIPs).

Our mission is achieved through multiple initiatives including public-centric multimedia productions and the development of clinical resources.

# Letter from our Board Chair



started with a desire to improve health literacy.

Susan Jackson and I founded the Interventional Initiative (**the II**) in 2015 to increase public awareness about the value of minimally invasive, image-guided procedures, or **MIIPs**. Since then, we have been advancing our mission in many exciting ways.

One of our most impactful initiatives was the filming of our award-winning docuseries, *Without a Scalpel*. In four episodes, we chronicled the experiences of going through life-changing and life-saving MIIPs and the physicians and their teams that helped them. Just as we were prepping to film our next episode of *Without a Scalpel*, we were forced to pause due to the pandemic. The challenges it brought inspired us to consider other opportunities. We welcomed new members of our team, allowing us to grow in significant ways. The result is our *most impactful initiative to date*.

During the pandemic, Dr. Eric Keller, founder of the Applied Ethics Initiative, joined us and shifted our focus to improving the consent process for MIIPs. We began creating illustrated, bilingual, plain language Patient Decision Aids (**PDA**s) for 67 procedures. Clinical trials published in *AJR* showed they improve patient understanding and satisfaction. The PDAs empower patients to make better informed decisions about their healthcare.

In February 2022, Susan Jackson notified the Board of her resignation from the II. Her bold vision and tenacity were driving forces behind the II and *Without a Scalpel*. We honored her contributions at the WAIS banquet dinner with a commissioned hero shot featuring Susan. Susan facilitated a generous grant from the Ann O'Bar Trust to the II. This grant constituted the primary support of the PDA initiative, together with grants from the University of California San Diego Academy of Clinician Scholars and the SIR Foundation.

In August 2022, the BOD named Aneesa Majid, MD, MBA, FSIR, CPE the Director of Operations. Her valuable expertise in business development enables her to guide our strategic plan and staffing. She is leading the roll-out of a new fundraising plan in 2023. The BOD also recognized the excellent contributions of Helena Rockwell, MS4, by appointing her as Director of Product Development. She supervises and directs volunteers, monitors the progress of the PDA Initiative, and manages the progress of *Without a Scalpel* and future products.

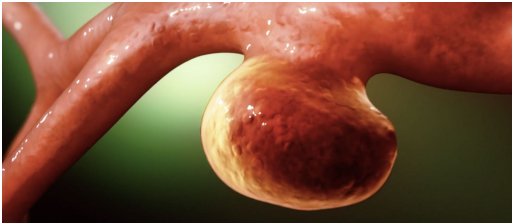
We were proud to show *Episode 3: HYSTERical* at the 50<sup>th</sup> anniversary meeting of the Western Angiographic and Interventional Society (WAIS) in Kona, Hawaii in September. WAIS helped to fund the first episodes of *Without a Scalpel*. In May 2023, we will team up with Road2IR in Tanzania to showcase their impressive efforts to bring IR to Africa by filming Episode 5 of *Without a Scalpel*.

We will launch our first wave of Patient Decision Aids by National Without a Scalpel Day on January 16, 2023. We will support more compassionate, patient-centered consent conversations by launching a new curriculum called iCONSENT.

Thanks to our volunteers, our Advisors and our donors. Your support is vital to the health and future of the II. As we continue to pursue our mission and improve public understanding of the life-saving and life-changing value of MIIPs.



# Release of Episode 4 of *Without a Scalpel*



**Ticking Time Bomb** offers a behind-the-scenes look at how aneurysms – known as “silent killers” - are treated through a pinhole in the skin, sparing patients a major operation.

Aneurysms can be life-threatening if they burst. One patient, who is himself a doctor, entrusts his health to his colleagues. Time is of essence for another patient, who learns of the fragile balloon-like aneurysm in his pelvis.

Meanwhile, the IRs treating them use their own ways to manage stress and maintain focus and work-life balance.



*Without a Scalpel* documentary series is a two-time winner of the 2018 Telly Awards



## 39TH ANNUAL TELLY AWARDS

Honoring excellence in video and  
television across all screens

New way to watch *Without a Scalpel*:  
YouTube channel [@theinterventionalinstitutiv7563](https://www.youtube.com/channel/UCtheinterventionalinstitutiv7563)

# Launch of the Patient Decision Aid Initiative



We launched our Patient Decision Aid Initiative with the goal of improving the consent process for minimally invasive, image-guided procedures.

Our one-of-a-kind, illustrated PDAs are written in plain language English and Spanish and include procedure and post-procedure information. Each PDA starts with a literature review with clinician input. It then undergoes rigorous ethical, legal, and health literacy reviews. Before production, each PDA is vetted by diverse patient focus groups. We are developing 67 bilingual PDAs, with on-line and printed versions.

## BREAST BIOPSY

**A minimally invasive way to diagnose spots in the breast**

**What is a Breast Biopsy?**  
If your clinicians are concerned about a spot in your breast, they may need more information to make a diagnosis. A **breast biopsy** is when a clinician takes a small piece of tissue from the spot. The tissue is examined very closely under a microscope to make a diagnosis. Often the spot is not serious, and no treatment is needed. Sometimes a breast biopsy will diagnose something more serious like cancer. It can help your clinician determine what types of treatment to offer you.

**How is a Breast Biopsy done?**  
A breast biopsy is done with the help of medical imaging. If it is done with ultrasound, you will lay on your back. If it is done with a mammogram, you will sit in a chair or on your belly. If it is done with MRI, you will lay on your belly.  
The clinician numbs the breast and places a skinny needle into the spot through a pinhole in the skin. It is normal to feel pressure. The needle makes sounds as it collects samples.  
A tiny metallic clip may be placed where the biopsy was done. This clip will not set off metal detectors. It is ok to stay in your breast permanently if the spot does not need to be removed. After the biopsy the clinician will cover the pinhole in your skin with a bandage.

**BREAST BIOPSY**

**Fig. 1:** The clinician finds the spot using imaging then numbs the breast.  
**Fig. 2:** The clinician places a skinny needle into the spot through a pinhole in the skin. The needle makes sounds as it collects samples.  
**Fig. 3:** The clinician leaves a tiny metallic clip to mark the place where the biopsy was done. Then they put a bandage over the pinhole in the skin.

**WHERE CAN I GET MORE INFORMATION?**  
The Interventional Initiative is a non-profit organization dedicated to educating the public about minimally invasive, image-guided procedures and the conditions they treat.  
www.thei.org | © The Interventional Initiative 2022

## BREAST BIOPSY

**What are the risks?**  
Breast biopsies are safe when done by a specialist.

**POTENTIAL COMPLICATIONS**  
Most commonly women will experience soreness at the biopsy site for a day or two.

**<1 IN 100 WOMEN**  
experience bleeding or a large bruise.

**<1 IN 1000 WOMEN**  
develop serious infection.

**What are the alternatives?**

**Alternative 1 Not doing a biopsy.** You may avoid a procedure but your clinicians may have trouble diagnosing the spot. This could prevent you from getting the right treatment, if you need it.

**Alternative 2 Watching and waiting.** You and your clinician may choose to watch the spot with follow-up imaging exams to see if it grows or changes. The downside is that you may delay treatment if it is something serious.

**Alternative 3 Surgery** to cut out the spot. This has more risks and a longer recovery. The surgeon may want a diagnosis before they operate.

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## ABSCCESS DRAINAGE

**A minimally invasive way to remove pus from the body**

**What is an abscess drain?**  
An **abscess** is a pocket of pus inside the body. An abscess can form as the body fights an infection caused by some types of germs. Germ-fighting medicines called antibiotics may be enough to treat small abscesses. Larger abscesses may need to be drained in order to heal.  
An **abscess drain** is a small tube that is put into the abscess to draw out the pus. It can help some patients avoid surgery.

**How is an abscess drain placed?**  
The clinician numbs the skin and makes a small hole, about an eighth of an inch. The clinician slides the tip of the drain through the hole and into the abscess. Medical imaging helps them guide the drain safely. The drain can be removed when the abscess heals. This usually takes several weeks. After the drain is removed, the hole closes in a few days without stitches.

**ABSCCESS DRAIN**

**Fig. 1:** The clinician finds the abscess using ultrasound or CT. They then numb the skin.  
**Fig. 2:** They make a small hole and slide a tube through it and into the abscess.  
**Fig. 3:** They connect the tube to a bag so the pus can drain out.

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www.thei.org | © The Interventional Initiative 2022

## ABSCCESS DRAINAGE

**What are the risks?**  
Abscess drainage is generally a safe procedure when done by a specialist.

**POTENTIAL COMPLICATIONS**  
If the abscess is near the lung, the lung may deflate or collapse. If an abnormal connection forms between the abscess and the intestines, it can take longer to heal. Abscesses are more common in very sick patients.

**<5-15 IN 100 PEOPLE**  
experience complications depending on the location of the abscess and can include:  
• high fever  
• bleeding  
• damage to surrounding organs

**1-6 IN 100 PEOPLE**  
will die within 30 days despite treatment

**What are the alternatives?**

Your treatment options depend on your preferences, the size and location of the abscess, and how sick you are.

**Alternative 1 Not draining the abscess.** Your abscess may heal with germ-fighting medicines called antibiotics, but it may not. The infection could make you sicker and even lead to death.

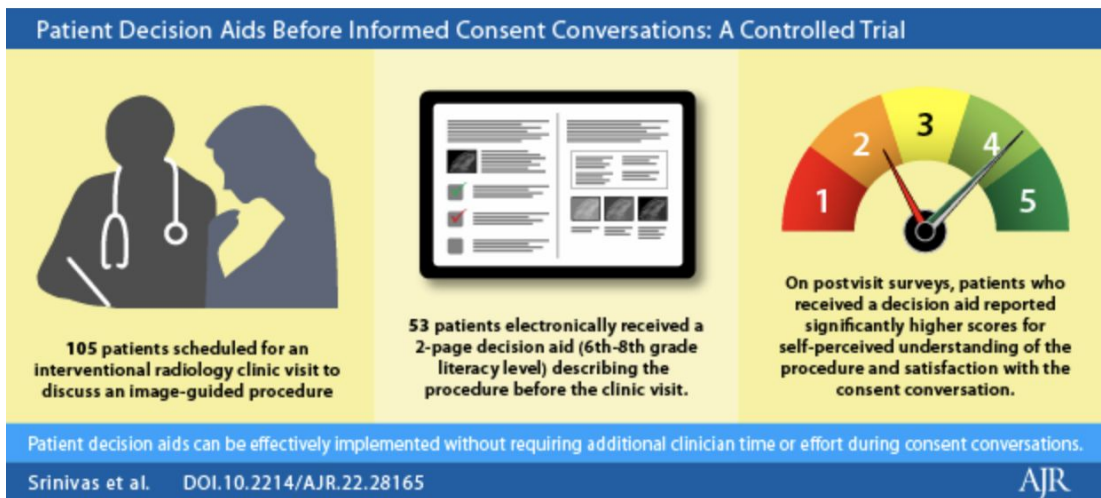
**Alternative 2 Surgery** to open the abscess and wash out the pus. The surgeon may leave a bigger drain. Surgery has the benefit of cleaning out the infection all at once. However, the cut is larger and has to be closed with stitches. Risks can be higher, so some people are too sick for surgery.

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# Making informed consent an informed choice

Clinical trials published in the *American Journal of Roentgenology* in 2022 demonstrated the efficacy of our PDAs in improving the consent process and enhancing patient understanding and satisfaction.

**Patient Decision Aids Before Informed Consent Conversations: A Controlled Trial**




**105 patients** scheduled for an interventional radiology clinic visit to discuss an image-guided procedure

**53 patients** electronically received a 2-page decision aid (6th-8th grade literacy level) describing the procedure before the clinic visit.

On postvisit surveys, patients who received a decision aid reported significantly higher scores for self-perceived understanding of the procedure and satisfaction with the consent conversation.

Patient decision aids can be effectively implemented without requiring additional clinician time or effort during consent conversations.

Srinivas et al. DOI.10.2214/AJR.22.28165 

## Patient Decision Aids Before Informed Consent Conversations for Image-Guided Procedures: Controlled Trials at Two Institutions

*Shanmukha Srinivas, Isabel G. Newton, Maciej Waradzyn, Nishita Kothary, and Eric J. Keller*

**CONCLUSION:** Well-vetted plain-language PDAs provided before image-guided procedure consent conversations improve patients' self-perceived understanding of the procedure and satisfaction with the conversation.

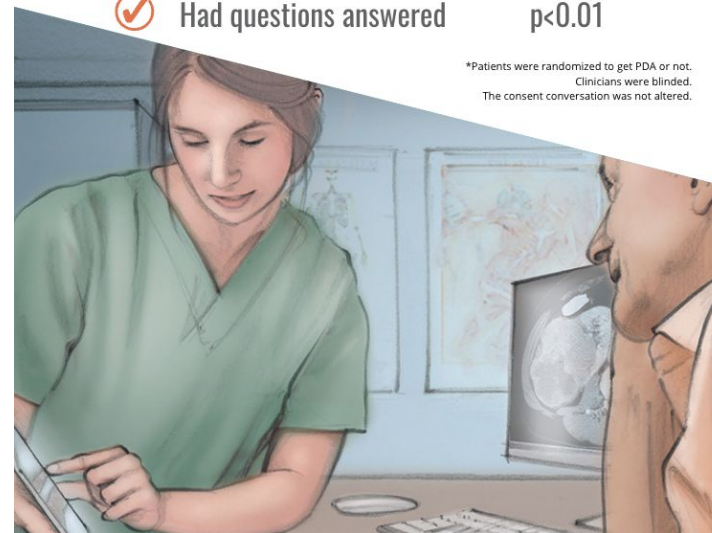
AJR Am J Roentgenol. 2022 Dec 14:1-10.



## Patient Decision Aids

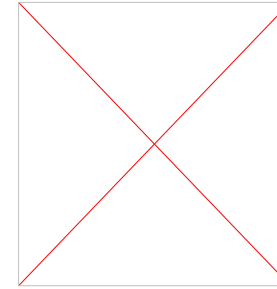
IMPROVED PATIENTS' EXPERIENCE IN 2 RCTS (N=105)\*

- ✓ Had better understanding  $p < 0.001$
- ✓ Felt listened to  $p < 0.001$
- ✓ Had enough time with doctor  $p = 0.03$
- ✓ Felt they had time to decide  $p < 0.001$
- ✓ Felt free to ask questions  $p < 0.001$
- ✓ Had questions answered  $p < 0.01$



# the II on the international scene

We showcased our initiatives and episodes of *Without a Scalpel* at the Western Angiographic and Interventional Society each year; at CIRSE 2019 in Barcelona, Spain; and at the Society for Interventional Oncology 2021 in San Francisco. Dr. Eric Keller introduced the PDA initiative through a series of well-received, invited talks. Dr. Isabel Newton spoke about the II in an IO Learning Interview.



Margaret, Susan and Isabel were interviewed by guest host Eric Keller in Episode #203 of the BackTable podcast, discussing the PDAs. The II was also featured in BackTable Episode #29.





# National Without a Scalpel Day

January 16<sup>th</sup> is  
**National Without A Scalpel Day!**

The II celebrates this day each year with a social media campaign highlighting the benefits of Minimally Invasive Image-guided Procedures (MIIPs), significantly boosting our reach to the



National Without a Scalpel Day  
[www.NationalDayCalendar.com](http://www.NationalDayCalendar.com)

**Fun Fact**

**Did You Know?**

This ablation wand uses microwaves to destroy liver tumors without surgery

theii.org  
 the Interventional Initiative

**What are MIIPs?**

There's a minimally invasive, image-guided procedure for kidney cancer

theii.org  
 @interventional2  
 #WASDay2022  
 #MIIPs  
 #PatientDecisionAids

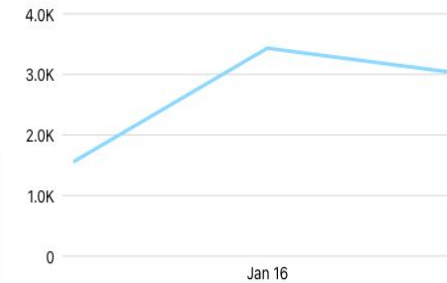
**the more you know, the better choices you make**

theii.org  
 the Interventional Initiative

## Reach

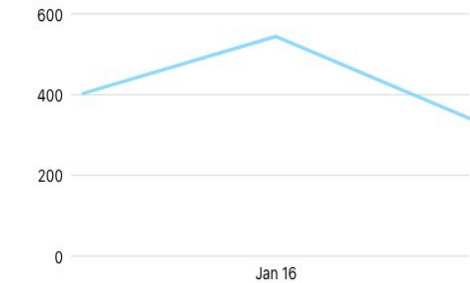
### Facebook Page reach

5,968 ↑ 636.8%



### Instagram reach

721 ↑ 55.1%



# Meet our newest Board Member

Dr. Keller is an interventional/diagnostic radiology resident at Stanford University with a background in bioethics and medical anthropology. He founded the Applied Ethics in IR working group and brought the II's newest initiative to the organization, creating better patient decision aids for image-guided procedures. He currently serves as a board member as well as the secretary and webmaster, recently redesigning the II website.

*“Working with the Interventional Initiative has been the most meaningful part of my professional career to date. We can debate the differences between one technique vs another, Y90 vs TACE, but if patients and other clinicians do not know about or value what we do in the first place, those debates seem moot. We have a PR problem in IR and I think the II is the best equipped organization to tackle that problem. This why I’ve shifted my efforts outside of clinical practice to primarily focus on making the II the best organization it can be for our patients and clinicians.”*

## Dr. Eric Keller



# Meet our new Director of Product Development

Helena Rockwell is a fourth-year medical student at the University of California, San Diego. She graduated from the University of California, Davis in 2018 with a BSc in Animal Science with a specialization in Human Physiology. She is heavily involved in the II and the Applied Ethics in IR group, overseeing their research group. Her research and professional interests include ethics, quality improvement, patient advocacy, clinician and patient resource development, education, and promoting awareness of and access to IR procedures.

*“Since I first discovered Interventional Radiology, I have been mesmerized by the field’s ability to impact patients’ lives in meaningful ways through a wide spectrum of minimally invasive image-guided procedures. The Interventional Initiative’s resources significantly helped me to better understand the opportunities afforded to patients by these interventions. I am grateful to now get to work with The Interventional Initiative to advocate for informing patients and the public about these options. And in 2023, I look forward to our collaboration with Road2IR in Tanzania to support global awareness of and access to minimally invasive image-guided interventions.”*

## Helena Rockwell



# Meet our new Director of Operations

Dr. Aneesa Majid is an experienced physician leader, executive coach, and entrepreneur, with 20 years of clinical and business experience. Dr. Majid is a board-certified interventional radiologist, and previously was a partner in one of the longstanding IR/DR practices in Dallas, TX. While with this practice, Dr. Majid served as Chairperson of the radiology departments at Methodist Dallas and Methodist Charlton Hospitals. In 2014, she founded her own IR practice, MTVIR, PLLC, with locations in Dallas and west Texas.

In 2013, Dr. Majid became a founder of ZipData, INC, a healthcare IT interoperability company currently focused on removing the e-fax from medical communication and improving data transfer. She assumed the role for CEO in September 2020. ZipData is currently undergoing commercialization in the US market.

Dr. Majid received her MD from St. George's University School of Medicine and completed her postgraduate training in surgery and radiology at VCU/Medical College of Virginia. She completed her fellowship in vascular and interventional radiology at RUSH University Medical Center. In 2017, she earned an MBA from Northwestern University - Kellogg School of Management, focusing on leadership and organizations, operations management, and marketing strategy. Dr. Majid became a certified executive coach through the Marshall Goldsmith Stakeholder Centered Coaching and the Physician Coaching both part of the International Coaching Federation. Her focus is on leadership development and its effect on organizational culture and the importance of civility and community in the workplace.

Aneesa S. Majid,  
MD, MBA, FSIR CPE



# Financials

Expenses	2017	2018	2019	2020	2021
Media Production	88,236	98,517	27,905	210	67,401
Online Community (Website)	3,081	1,351	1,262	1,703	10,828
Social Media	2,253	2,951	6,679	-	-
Fundraising/ Patient Engagement	6,766	3,399	84	-	-
General & Administrative	5,531	3,264	1,492	2,159	3,813
<b>TOTAL</b>	<b>105,867</b>	<b>109,482</b>	<b>37,422</b>	<b>4,072</b>	<b>82,042</b>

Revenue	2017	2018	2019	2020	2021
Individual Donations	52,401	7,626	3,185	407	224,620
Societies, Foundations, & Grants	93,850	12,200	27,000	-	5,000
Stock Donations	-	-	-	-	-
On Demand Royalties	693	1,239	1,302	669	365
Other Revenue (Network for Good)	2,180	-	189	1,586	1,694
<b>TOTAL</b>	<b>149,124</b>	<b>21,065</b>	<b>31,676</b>	<b>2,662</b>	<b>231,679</b>



# 2017 Donor Acknowledgments

## Up to \$100

## \$101- \$600

## \$1,000 - \$5,000

## \$6,000+

Aaron Brandis	Juan Gimenez	Joak Sudheendra	A Frank Turner
Aaron Fritts	Karen Young	Thomas Beall	Alda Tam
Afshin Ganghi	Kevin Dickey	Robert Heller	Dave Liu
Anuj Malhotra	Kevin Lynch	Greg Alzate	David Kumpe
Arun Jagannathan	Lani Thomas	Neil Newton	Fred Lee, Jr.
Barry Katzen	Marco Leyva	Robert Peterson	Keith Edwards
Becky Bryant	Mark Lessne	John Knockel	Keith Pereira
Bilal Salmon	Matt Hawkins	Robert Sewell	Richard Penney
Chris Rogan	Matthew Graham	Green Kohi	Robert Marcus
Christopher Malone	Mike Burgess	Eric Girard	Stephen Johnson
Christopher Sjoberg	Mike Devane	Robert Horner	Steve Chen
Cyrus Shabrang	Nicole Skrabala	David Saxon	
Daniel Hightower	Paul Escott	John & Michael O'Horo	
Deneen Brown	Peter Bream		
Donald Garbett	Phil Cook		
Hamed Aryafar	Robert Baldwin		
HeshamMalik	Sreekumar Madassery		
Islam Shahin	Stephen Hunt		
Issam Kably	Timothy Maroney		
Jay Patel	Tom Josephs		
Jeff Jaskolka	Valerie Hodgson		
Jeffrey Sheneman	Venu Vadlamudi		
John Watabe	Zachary Zhang		



Awareness, Access, and Advocacy for Minimally Invasive Image-guided Procedures

# 2018 Donor Acknowledgments

## Up to \$100

Aaron Fritts	Jose Santiago
Aaron Smith	Larry Davis
Agnieszka Solberg	Lauren Ihde
Amanda Small	Lourdes Alanis
Arash Saemi	Margaret Simor
Becki Bryant	Mary Gradinger
Branden Newgard	Megan Hellfeld
Christine Boone	Meridith Englander
Christopher Beck	Michael Sassman
Daryl Goldman	Nevin de Korompay
David Duncan	Patricia Brem
David Heister	Philip Adler
Donald Perry	Richard Saxon
Eric King	Rita Maskeny
Frank Facchini	Rosewell Mackey
Gareth Bydowell	Sean Galante
Hamed Aryafar	Stefanie Manack
Jed Peterson	Sultan N Alammari
John Chung	Tej Nanda
John Moriarty	

## \$200 - \$800

Basar Sarikaya
Steve Johnson
Steve Yevich
Suzanne Baragry
Timothy Maroney
Anonymous

## \$1,000+

Michael Girard
Brooke Spencer



# 2019 & 2020 Donor Acknowledgments

## 2019 - Up to \$100

Amy Phippen	Noor Ahmad
Bren Inc.	Otto Kahn
Curtis Graham	Pradesh Kumar
Donna Cummings	Ramkrishna Patel
Erwin Bultron	Richard Schwabe
Gil Leighty	Robert & Dana Tomalty
Jason Fisher	Samantha Jeans
John Karageorgiou	Samantha Kobeissi
Mahbubul Patwary	Sammy Rostampour
Mircea Cristescu	Stephanie Younger
Nancy Sullivan	Suzanne Delach
Nicholas Hendricks	Ulysses Riley
	Yan Epelboym

## 2019 - \$1000+

Dan Sze



## 2020 - Up to \$200

Christian Pitalo	Jamaal Benjamin
Gil Leighty	Mark Brushteyn
Iftikhar Burney	Martin Krauss





# 2021 Donor Acknowledgments

**\$1 - \$200**

Chad Burk  
Daryl Goldman  
Bradford Wood  
Iftikhar Burney  
Noor Ahmad  
Patrick Robbins  
Roger Stimpson

**\$1,000 - \$5,000**

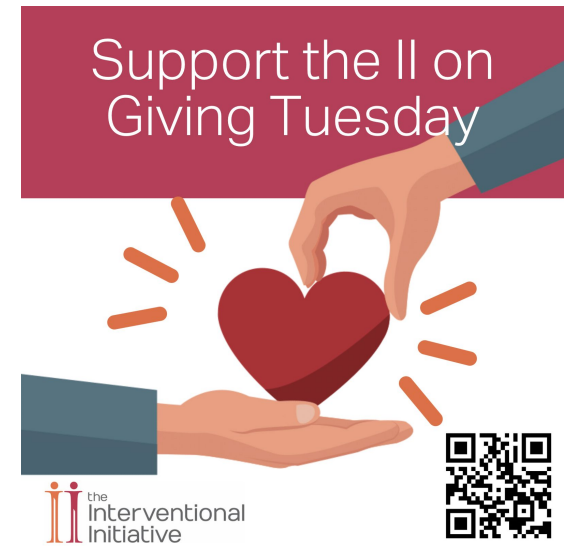
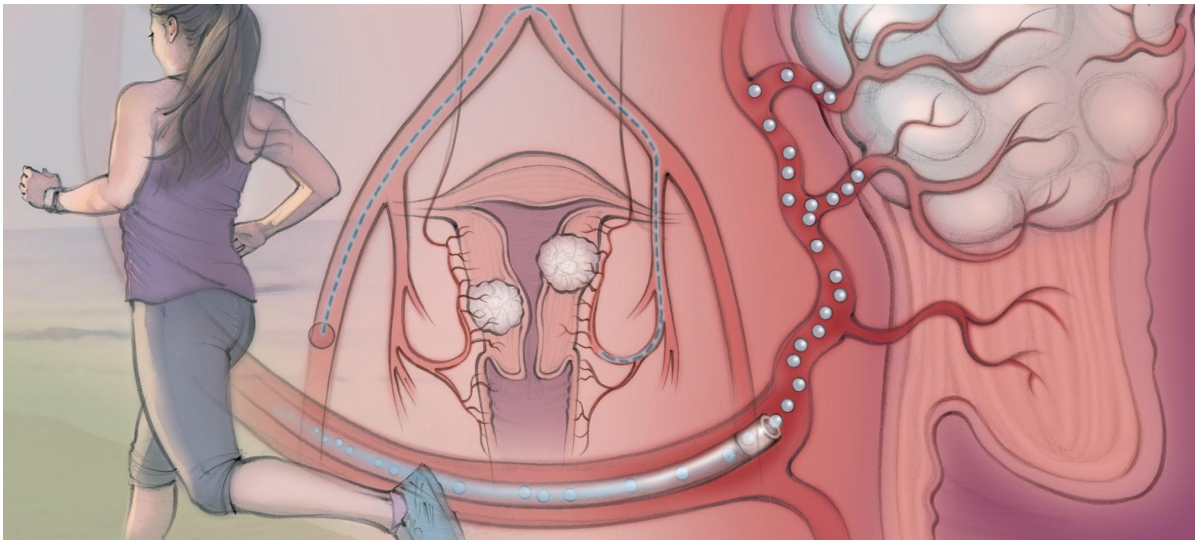
Dan Sze  
Greg Alzate



**\$220,000**



ANGELINA MERENDA O'BAR TRUST



# Tribute to Susan Jackson

Earlier this year, co-founder Susan Jackson stepped down from the Board of Directors of the II to bring balance into a very busy professional life.

We are forever grateful to her for the significant contributions of her time, talent and indeed her treasure.



Susan was instrumental in securing both the artistic talent and a significant donation to fund the **Patient Decision Aids (PDAs)**. The Board commissioned a special composition by the artist Juliet Percival - a **“Hero Shot”** dedicated to the visionary behind the Interventional Initiative presented to Susan at the **WAIS 2022 Conference**.



*“Once upon a time, I teamed up with Isabel to create an organization that endeavored to focus on educating the public about Minimally invasive image-guided treatment options, and at the same time aspired to remove the cloak of IR anonymity. Our goal was to start with something entertaining and engaging (the documentary) and build a network of platforms to reinforce messaging and to provide visually stunning and easy to understand content. I do have fantastic memories that will always be with me. The highlights are mostly from the early days, when I stalked documentary filmmakers until they gave us advice, brainstormed with artists who developed poster art for big name Hollywood film productions, and engaged in pitch sessions with television network executives at Discovery Channel, Lifetime, and CNN. Most of all, I enjoyed filming and listening to personal stories from patients, IR luminaries and dedicated healthcare professionals. A particular highlight was our well-timed filming session at the Dotter Interventional Institute, with the iconic Josef Rosch just before his 90th birthday. He passed away 14 months after our interview. Fortunately, we had the footage from his interview to make a tribute video documenting his legacy - in his own words.”*

- Susan Jackson  
(Excerpt from Susan’s February 2022 resignation letter to the II Board of Directors)

# THANK YOU!

For additional information,  
please contact us

info@theii.org



925-640-7552



[www.theii.org](http://www.theii.org)



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