

# Vascular Intervention and Women's Health



Many issues of *Endovascular Today* focus on a specific pathology or a range of disorders affecting one anatomic region. In this edition, we are focusing on one group of patients—women. With the continued rise of vascular specialties and the expansion of interventional capabilities, innovative therapeutic options have emerged to address women's health concerns that have previously gone underdiagnosed and undertreated.

Women have often been the minority sex in most vascular disease clinical trials. Although in some cases this may be due to lower incidence rates, underrepresentation is also a factor, and the result of both elements is that we lack critical data for how to best treat many of our patients. Recent attention to this data deficit, along with increased clinical focus on interventional techniques aimed specifically at diseases affecting women, have brought new light to this field.

The rise of embolotherapy and interventional oncology have given us new ideas for treating patients previously faced with suboptimal medical therapies and invasive surgical procedures. Individual practices and practitioners are increasingly devoting most or all of their clinical time and resources to female patient care.

To begin this conversation, Paul J. Rochon, MD, and E. Brooke Spencer, MD, cover the evaluation of and treatment options for pelvic congestion syndrome—a disease that has an evolving understanding and awareness. Next, Sarah B. White, MD, and Robert J. Lewandowski, MD, explain that although the prognosis is poor for women with advanced breast cancer with liver metastases, treatments such as liver-directed embolotherapies are showing promise as safe and effective.

Screening and treatment guidelines for women with abdominal aortic aneurysms (AAAs) is a topic of much discussion and debate within our community. Jennifer Ash, MD, and colleagues review the currently available data concerning the epidemiology, etiology, rupture risk, diagnosis, treatment, and outcomes; how these factors compare between male and female AAA patients; and the continued research that will be needed for the female AAA population.

Next, Theresa M. Caridi, MD, and James B. Spies, MD, outline their approach to adenomyosis, which currently

has no standard diagnostic criteria and various treatment options ranging from medical and surgical to uterine artery embolization (UAE). Mary Costantino, MD, then shares her advice for running a UAE practice that serves women in the local community, including the skills and commitment necessary for success.

Andrew C. Picel, MD; Rory L. Cochran, PhD; and Kari J. Nelson, MD, discuss the treatment of postpartum hemorrhage and invasive placenta, which are associated with significant morbidity and mortality. The authors explain how outcomes can be improved with accurate prenatal imaging diagnosis and case management by a multidisciplinary team to decide which treatment option—surgical or endovascular—is appropriate for each specific case.

John Fritz Angle, MD, and I review the distinct clinical presentations of lower extremity peripheral artery disease in men and women, as well as how outcomes differ after surgical and endovascular procedures.

Uterine and pelvic arteriovenous malformations are distinct entities that have unique etiologies and presentations, and thus, require close attention and management. Divya Sridhar, MD, and Robert L. Vogelzang, MD, elucidate on these factors along with imaging techniques and the current options for care and follow-up.

Finally, our closing article shines a light on the women working in our field. Meredith J. Englander, MD, and Anna-Maria Belli, MBBS, offer a look at the various areas that impact our female interventional radiology colleagues, including training, perceived deterrents to entering the specialty, the impact of interventional radiology societies, and their potential to affect and improve patient care.

Despite the progress described by the authors in this month's edition, the reality is that women with vascular disease remain underserved. Among our efforts in the new year and those that immediately follow must be to better represent women in our clinical studies, population awareness and screening programs, and reimbursement initiatives. If approached with patient-centered goals in mind, these efforts can and should be beneficial to everyone involved in the health care field. ■

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