I am pleased to introduce the Interventional Radiology edition of JAOCR. This issue was only possible due to the tireless dedication and mentorship of Dr. William O’Brien and the outstanding staff of the JAOCR. I hope the readers enjoy the issue as much as I do!

Interventional Radiology (IR) has grown exponentially over the last three decades. Interest in Interventional Radiology fellowships is at an all-time high. This is true despite the loss of many peripheral vascular disease procedures at most centers. A review of the recent IR literature suggests the increased interest in IR is in the treatment of patients with cancer and in those procedures related to Interventional Oncology. However, Interventional Radiologists have continued to forge important alliances with many other specialties including, but not limited to, Internal Medicine, Medical Oncology, Surgical Oncology, Radiation Oncology, Urology and Nephrology. The increasing multi-disciplinary approach to patient care requires timely and crucial Radiology input. Expertise provided by both the Interventional and the Diagnostic Radiologist concerning Radiation Safety, Radiation Biology, and Radiation Protection ensures accurate and safe care for a vulnerable patient population.

Interventional Radiology continues to make significant advances in minimally invasive image-guided treatment of patients. Training in IR includes learning these new techniques as well as learning the procedural management of patients. Even with these advances, considerable risk remains in regard to exposure to ionizing radiation for both the patient and the operator. This is particularly true in cases that require Interventional fluoroscopy. In this issue, Dr. Gary Arbique and his colleagues share an insightful article that will help all radiologists understand and manage the radiologic Sentinel Event as defined by The Joint Commission.

The role of the Diagnostic Radiologist in making the rapid and accurate diagnosis of venous thromboembolic disease (VTE) is critical in treatment planning for this potentially life-threatening disease. Included in this issue is an excellent review article on VTE presented by Dr. Jessica Weber.

Additionally, a case report of post-chemoembolization hemorrhage discovered on routine surveillance imaging is presented by Dr. Stephen Reis and Dr. Takeshi Yokoo. This article includes an important review of various potential complications encountered after trans-arterial chemoembolization that the Diagnostic Radiologist may need to resolve.

Finally, Dr. Timothy Morgan and Dr. Lee Pride as well as Dr. Benjamin Atchie submit two pertinent Viewbox cases in the field of Interventional Neuroradiology. The Interventional techniques presented include catheter-based coil embolization of a carotid-cavernous fistula and treatment of refractory epistaxis with a liquid embolic agent.

Many thanks again to Dr. William O’Brien and the JAOCR staff for making this issue a reality.