

A close-up photograph of an olive branch with several green olives and dark green, elongated leaves. The background is softly blurred, showing more of the branch and leaves.

IR *news*

no2/2007

**Record high in
abstract submission
for CIRSE 2007**

**CIRSE Foundation
doubles funds for
education grants**

Cardiovascular and Interventional Radiological Society of Europe

CIRSE

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Summer musings

by Johannes Lammer

Summer has arrived and temperatures are sizzling all over Europe. Although most of us would like to exchange catheter and contrast media for a straw and a cool drink, CIRSE is more active than ever. Our main focus at this time of the year is of course the organisation of our annual meeting. It is the basis of our community and in the two years of my presidency I have seen it grow to become the most comprehensive interventional meeting in Europe.

This year will be a special milestone in the history of the CIRSE congress, as for the first time ever abstract submission has surpassed the 1,000 benchmark. The educational programme has been further expanded and structured around topics such as vascular and non-vascular IR, embolotherapy, oncology and clinical practice development. Another novelty at CIRSE 2007 are the Foundation Courses. I am very much looking forward to the excellent programme put together by Michael Lee, Marc Sapoval and Ignazio Bilbao and the wonderful social events organised by Elias Brontzos.

The CIRSE Foundation is the second pillar of CIRSE's educational activities and will be so even more in the future. The ESIR courses, first introduced in 2006 and extended in 2007, have been a tremendous success, showing us the importance of training and further education accessible to everyone and adapted to the specific needs of the individual country. 312 doctors have attended 7 courses in 2006 and 2007 so far. I would like to thank all local organ-

isers for their great work and invaluable support. Without their help the ESIR would not be what it is today; a highly successful and expanding programme assuring appropriate training and education for the next generation of interventional radiologists.

CIRSE now offers a broad spectrum of postgraduate education, including its annual meeting and foundation courses, ECIO and ET, the ESIR courses and its numerous e-learning options, such as Online Lectures and EPOSTM.

The CIRSE Society is also busy with other activities, including its task forces, the political representation of our specialty and the acquisition of new members. The Clinical Practice Task Force has prepared its first booklet which you will receive this summer and which will hopefully help you strengthen your clinical patient care. The E-Learning Task Force has prepared an electronic self assessment test for participants of the Foundation Courses at CIRSE 2007. The UFE Task Force has created a website which will be launched shortly. As you can see, the three CIRSE task forces have done a tremendous job in the last 2 years and have finished their work in time. I would like to thank all of those who have contributed to their work. The Medical Simulation Task Force will continue its work after CIRSE 2007, as we are still at a very early stage of this new technology. However, Derek Gould and his team have made great progress in the last 2 years.

Since 2005 we have managed to increase the number of CIRSE members from 1,500 to 2,300. At the same time we have reduced the fee for group members to € 95 including our journal CVIR. Regarding the society, this year's meeting will be of special importance, as it will feature the elections to the Executive and Standing Committees. Ask you know, the elections will mark the final point of my presidency. I would therefore like to take this opportunity to thank all of you for your great work and support. Without your enthusiasm the many projects we initiated and expanded in the last two years would not have been possible.

In 2008 you will see the commencement of many new projects, including the First European Conference on Interventional Oncology (ECIO 2008). We will expand the number of ESIR courses to 12 and include new topics, such as medical simulation training. It goes without saying that these meetings are not only important to CIRSE, but will be highly instrumental for the promotion of Interventional Radiology in Europe.

This fall I will pass the torch of the CIRSE presidency to Jim Reekers, who I am confident will be a great president and continue and expand our ambitious agenda.

But before that I look forward to welcoming you at CIRSE 2007!



CIRSE in the next two years – a vision from the incoming president

by Jim A. Reekers

As the incoming CIRSE president I feel very proud and honoured that I am able to represent and work for Interventional Radiology across Europe. I would like to leverage the many positive steps that have been taken during the last years, which started with the establishment of our own CIRSE office and staff in Vienna. This dynamic team very much expands our options to initiate new projects, such as the European School of Interventional Radiology (ESIR) which has already proved to be very successful.

For my term I have 4 macro goals to pursue in order to develop our society. I intend

- to expand membership
- Introduce new educational tools
- Co-operate outside of Europe and
- Initiate several outreach programmes.

Reaching out to new members

The scope of our membership services has increased substantially in the last two years. The number of CIRSE members has also grown by more than 30%, leaving the 2,000 member benchmark far behind. CIRSE now has 11 affiliated national societies and many more interested in joining us. As president it will be one of my top priorities to expand our initiatives aimed at enlarging our society and further improving the benefits membership brings.

Expanded training and education

Providing training and further education in IR, one of CIRSE's main strategic goals, will be at the top of my agenda. I will diligently work to further expand our educational programme by introducing additional foundation courses, e-learning and hands-on workshops held under the auspices of CIRSE in various institutes throughout Europe.

Another initiative in IR education will be the establishment of a European curriculum for Interventional Radiology. In line with this project we have applied for IR to be recognized as a subdiscipline of the UEMS, although we want to remain under the umbrella of the radiology UEMS section.

Finally all of these activities should culminate in a European Board examination for IR. It is my objective to see this project to a successful conclusion during my term in office. If I will not be able to finish this certainly ambitious initiative, I certainly will do my best to get it on track.

Looking beyond Europe

I am committed to expanding our reach beyond Europe with the development of a global strategic plan for IR. This could be especially useful for countries in which IR is still in the early stages of development. I am also planning to stimulate cooperation between CIRSE and national societies to our mutual benefit. I am looking especially to Asia, including China in particular, as IR is a very rapidly developing specialty in these countries. CIRSE can help, support and offer advice through IR task forces, an "A-Team for IR", so to speak. I strongly believe that IR is a profession facing the same problems and challenges all over the world.

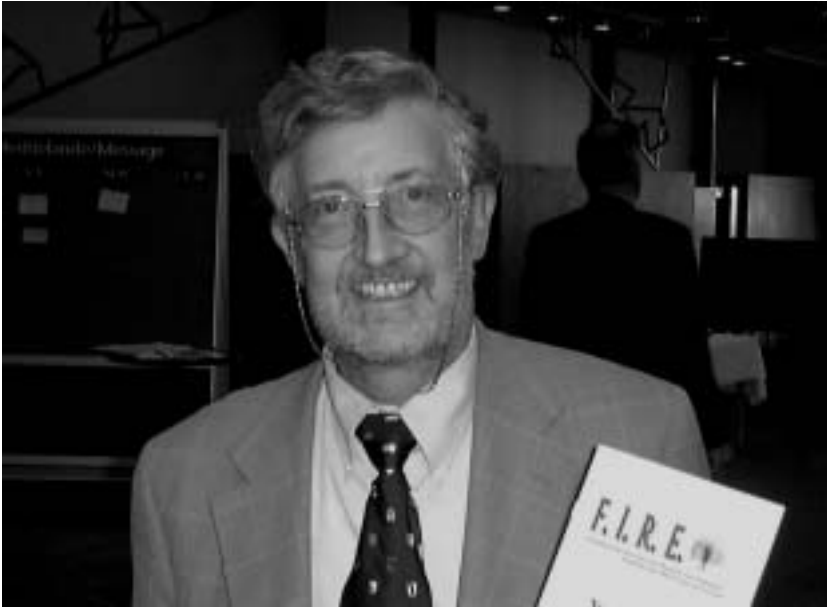
Our impact within and beyond IR

Finally I am planning several projects which are very close to my heart. It is my vision to drive towards making CIRSE the first "green" medical society in Europe by offering a programme to neutralise the carbon footprint of participants of our annual meetings. I will also look into what CIRSE can do to support African doctors locally. Last but not least I will try to find a way for CIRSE to mediate or tender European research projects in cooperation with the industry. I strongly believe that the future of IR depends on proving and promoting the benefits of what we do every day. We must back our cause with solid scientific evidence to secure the financial support of the insurance companies.

I realise that these are ambitious plans for a term that only lasts 2 years. Nevertheless I hope that with your help I will be able to implement these visions and initiate others for my successor to complete.

I know that the success of my presidency will largely depend on your support, which is why I look forward to your ideas and suggestions on how we can continue making CIRSE the home and voice of IR in Europe.

Christoph L. Zollikofer retires



Ch. Zollikofer was one of the founding fathers of F.I.R.E., which later became the CIRSE Foundation

After an outstanding 33 year career, Christoph L. Zollikofer is retiring as head of the radiological department of Winterthur hospital and professor of radiology at Zurich University.

Ch. Zollikofer, who earned his medical degree in 1973, started his career in the surgical department of Waid Zurich Hospital. After moving into radiology at Triemli Zurich Hospital and writing his thesis on ultrasonography in thyroid diagnostics in 1977, he moved to the USA for a research fellowship at the University of Minnesota. It was then that he discovered his passion for Cardiovascular and Interventional Radiology. Dedicating himself to experimental work on embolization procedures he became a pioneer of what has become one of the most important procedures in IR.

After a two year return to Switzerland to be an instructor at the Department of Radiology at Triemli Zurich Hospital, Zollikofer returned to his adopted home of Minneapolis in 1981 to be in the spearhead of yet another innovative development: percutaneous transluminal angioplasty. He was able to show that plaque rupture and dissection play a key role in angioplasty. Unfortunately it is poorly known that Zollikofer was one of the early pioneers in stent development. In 1982 he became an assistant professor at Zurich University, where he habilitated in 1986. He also taught at numerous other hospitals, including such world-renowned institutes as Harvard Medical School and Beth Israel Hospital.

Please note that Ch. Zollikofer can now be reached under the following address:

**Weinbergstraße 99
8802 Kilchberg
Switzerland
Phone: home: +41 (0) 44 252 91 33;
Hospital: +41 (0) 56 486 38 04
E-mail: ch.zollikofer@swissonline.ch**

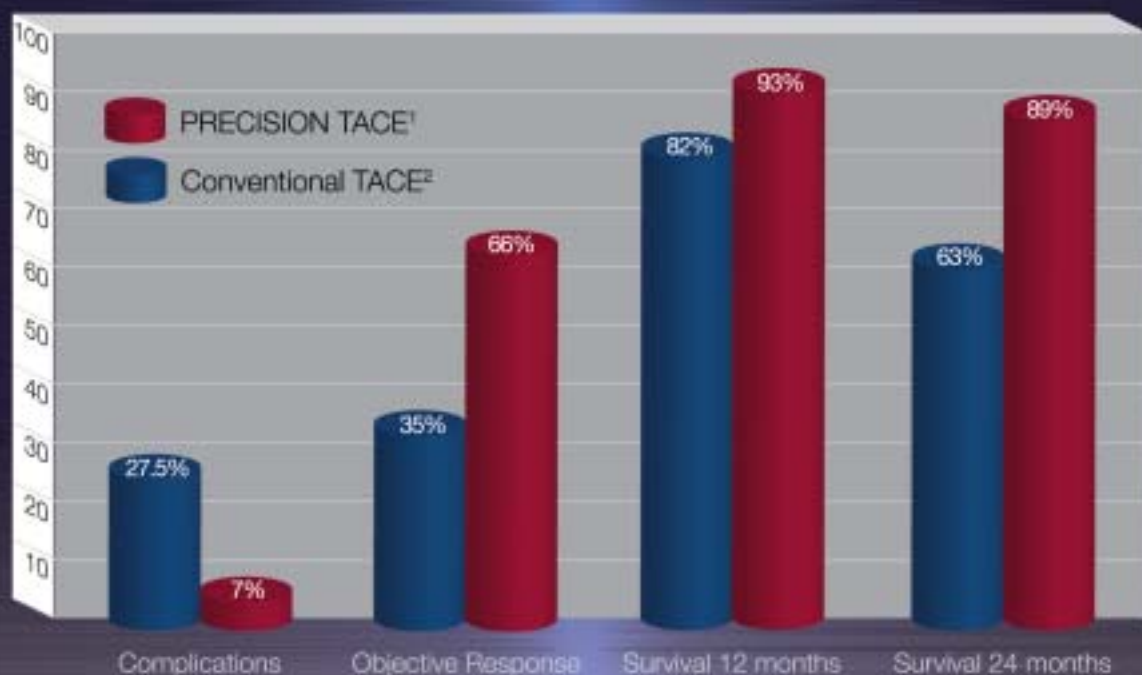
Ch. Zollikofer's activities for CIRSE need no introduction. There are only few doctors who have been as committed to establishing Interventional Radiology as an independent subdiscipline as him. He has been one of our most dedicated members, heading the society as president in 1998/99, co-founding the CIRSE Foundation and being the meeting chairman of the 2002 congress in Lucerne. In 2003 he was awarded the CIRSE Gold Medal for his tireless commitment to the society and the further development of Interventional Radiology.

We would like to wish Christoph all the best and hope that he will continue to play an active role in Interventional Radiology in general and CIRSE in particular.



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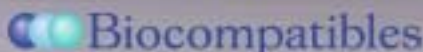
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1. Varela, M., Real, M.I., Durel, M. et al. *Journal of Hepatology* 46 (2007) 474-481.
2. Livret, J.M., Real, M.J., Montana X. et al. *Lancet* 2002; 359:1734-1739.

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CIRSE launches new oncology projects



- Numerous sessions, case discussions and RFA workshops at **CIRSE 2007**
- **ECIO 2008**
First European Conference on Interventional Oncology
April 10-12, 2008, Florence, Italy
www.ecio2008.org
- **ESIR Courses 2008:**
Ablation tumorale par l'image, Strasbourg, France
Image-Guided Radiofrequency Tumour Ablation, Heraklion, Greece

In recent years interventional radiologists have come to play an increasingly important role in the treatment of cancer. In many cases the low complication and high success rates of procedures like RFA and embolization make them preferable to surgical interventions. It is therefore not surprising that the demand for minimally invasive interventions for the treatment of cancer is constantly growing.

In line with this development, CIRSE has strongly increased its activities in the field of interventional oncology, the main focus being training and further education. CIRSE's most important edu-

cational tool is of course its annual meeting. CIRSE 2007 will feature numerous special sessions, interactive case discussions and hands-on workshops on RFA.

The RFA workshops will focus on the basic principles of the procedure, illustrating it in a step-by-step fashion. After the sessions designed especially for radiologists in training, new consultants and/or experienced consultants who require a refresher course on the subject, participants will have the possibility to test their newly acquired knowledge hands-on under the guidance of their experienced teachers.

Another important aim of CIRSE in the field of interventional oncology is to provide comprehensive and readily available patient information. CIRSE has therefore enlarged the patient information section of its website www.cirse.org and translated it into various languages.

The latest addition to CIRSE's activities in embolotherapy is the first European Conference on Interventional Oncology, ECIO 2008, to take place in Florence from April 10-12, where world-renown experts will lead through numerous sessions and "how to do it" courses.



The Israeli Society of Interventional Radiology (ILSIR), a calling card

by Gabriel Bartal

Interventional Radiology in Israel has the same roots as Interventional Radiology in Europe. CIRSE was founded in the early 1980ies by a group of leading European interventional radiologists (angiographers) and one Israeli radiologist, Professor Alex Rosenberger. In the years 1986 – 1987 Alex Rosenberger headed CIRSE and in 1986 he presided the CIRSE congress in Jerusalem. For his many merits towards CIRSE he was honoured as a Distinguished Fellow at the 2006 Award Ceremony in Rome.

In Israel academic and clinical activities in the field of Interventional Radiology used to be carried out within the framework of the Israeli Radiological Association. Although the ILSIR started its activities a long time ago, it was founded as a society by a group of enthusiastic interventional radiologists only a few years ago. Initially it was dubbed with the nickname “angio kitch-ette”, as it was solving acute problems and organising quarterly meetings. As its activities extended and turf battles with vascular surgeons and later interventional cardiologists became an issue, ILSIR proper was established.

The ILSIR is officially recognized as a daughter society of the Israeli Radiological Association and very recently joined CIRSE as a group member. It comprises 50 active members and is growing steadily. Many of our radiologists perform various image guided interventional procedures (US, CT or MR). Nevertheless one of the basic requirements for the membership in ILSIR is that members have to be involved in vascular as well as nonvascular imaging and interventions in their clinical practice.

Numerous ILSIR members have earned fellowships in recognised departments in the USA and Europe. Some of our young physicians are training overseas and will join and strengthen our society as soon as they return home. Currently we are working towards official recognition of Interventional Radiology as a subspecialty of medical imaging. A special fellowship programme which clearly defines the requirements for those who wish to practice Interventional Radiology has been developed for radiologists, vascular surgeons and interventional cardiologists and will be ratified by the Israeli GMC.

Special training programmes based on medical simulators are being drawn up and accredited in cooperation with the Israeli Society of Interventional Cardiology. We strongly believe in the benefits of cooperating with other societies for image guided interventions. Keeping a very firm attitude we should cooperate with them, as long as they comply with an approved training programme.

There is no procedure or method in Interventional Radiology that is not practiced in Israel. Some centres specialise in specific procedures according to the requirements and practices of other departments, like organ transplantation and others. Most CT scanners in Israel are 64 slice (some 16 slice), which allows reliable non-invasive preprocedural vascular and nonvascular imaging. Consequently, angiography labs are used mainly for interventions which are carefully planned by interventional radiologists who are highly skilled in vascular US, CTA and MRA.

Of course IR management of trauma, especially after terrorist attacks and war injuries receive special attention in our country. Interventional radiologists have to cooperate with various other disciplines of modern medicine, such as oncology, oncological surgery, orthopaedic oncology, pulmonology and so on. We are also actively involved in emerging fields of modern medicine, like interventional oncology, and have organised a conference on this topic which will take place in Tel Aviv in the coming fall. The ILSIR receives strong support from our American and European colleagues, such as Dr. Nahum Goldberg and Dr. Jeff Geschwind, who will be lecturers at the aforementioned conference.

Interventional Radiology is based on technology and Israel has always been in the spearhead of technological developments. There are many successful start-up companies in the biomedical field who cooperate with interventional radiologists on the research and clinical level.

All in all it can be said that Interventional Radiology in Israel is a dynamic, rapidly growing discipline which is capable of withstanding competitive pressure from other specialties and continues to play a significant role in patient care.

News from the Simulation Taskforce



Through the work of its Simulation Taskforce CIRSE is continuing to explore the potential of simulation for training in IR. So far the Taskforce has formulated and published guidelines and joined forces with like-minded colleagues in the USA. A joint SIR-CIRSE strategic plan on simulation has been established and an executive summary of the plan is due to be published in both CVIR and JVIR over the course of the summer. First steps towards the implementation of this plan are now being pursued. One of the principle objectives is to develop performance metrics for interventional procedures applicable to curricula in Europe and the USA.

The CIRSE Foundation is amongst the sponsors of the international Task analysis for Radiological Interventional Metrics for Simulation (iTRIMS) project. iTRIMS will perform a complex task analysis in which IR procedures are recorded on video and deconstructed to then convert the tasks thus identified into performance objectives and metrics. Some of this research will also be conducted during CIRSE 2007.

In May The Lancet published a comment co-authored by the co-chairmen of the Joint SIR-CIRSE Taskforce on Simulation describing the opportunities and challenges surrounding the incor-

poration of interventional procedures into simulator training. At the same time the article affirms that simulation cannot be a substitute for traditional medical training.

For further details please refer to
Procedural simulation's developing role in medicine

Dawson S, Gould DA
The Lancet - Vol. 369, Issue 9574, 19 May 2007, Pages 1671-1673

Simulation at CIRSE 2007

As in previous years the purpose-built Simulator Gallery will be the venue for the virtual reality hands-on workshops during the Athens meeting. The workshops are intended to provide mentored teaching of knowledge, including decision steps and instrument sequencing of procedures. During the four sessions a maximum of 12 participants will be able to gain 45 minutes of mentored hands-on experience and to observe for another 45 minutes. Six simulators, sponsored by Mentice, Symbionix and Immersion, will be available for practice. Please note that participation is limited. Participants therefore need to register in advance. The registration fee is € 60.

Virtual Reality Workshops at CIRSE 2007

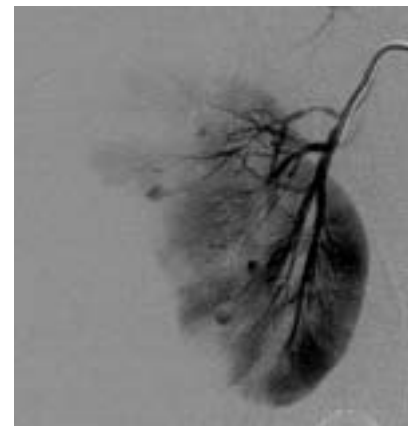
VR-HWS 1 Peripherals	Saturday, September 08, 2007	11:00 – 13:00
VR-HWS 2Renals	Sunday, September 09, 2007	11:00 – 13:00
VR-HWS 3Carotids	Monday, September 10, 2007	11:00 – 13:00
VR-HWS 4 Carotids	Tuesday, September 11, 2007	11:00 – 13:00

Co-ordinator: D. Gould

Instructors: JP. Beregi, T. Cleveland, F. Fanelli, N. Fotiadis, M. Glynos, A. Healey, M. Lee, S. Macdonald, S. Müller-Hüllsbeck, F. Perona, J. Reekers, T. Sabharwal, M. Sapoval, A. Watkinson

The Simulator Gallery will be open to all delegates during regular exhibition hours except during hands-on workshop hours.

What is your diagnosis?

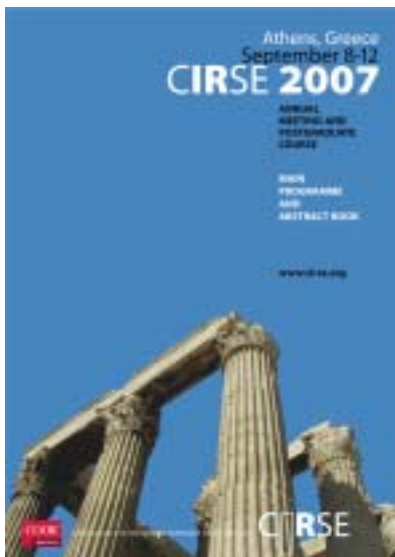


Young female with an acute drop in blood pressure.

What is your diagnosis and what should be the treatment ?

To find out the answer visit www.cirse.org

CIRSE 2007 Registration Information



The CIRSE 2007 Final Programme and Abstract Book is now online at www.cirse.org

Online Pre-Registration

Pre-registrations through our website www.cirse.org will be possible until **August 31, 2007**. After this date, only onsite registration at the Megaron Centre will be possible (please refer to opening hours next to the image).

Onsite Registration

The registration desks will be located next to the main entrance in the foyer of the conference centre.

Onsite check-in procedure

Delegates must check in personally at their respective registration desk at the main entrance. An express lane for pre-registered delegates who are already in possession of their badges will be available. Participants who have not received their badges when leaving their home country are requested to bring their letter of confirmation or a copy of their invoice.

Onsite registration desk opening hours

Friday, September 7	16.00 - 18.00
Saturday, September 8	07.00 - 18.00
Sunday, September 9	07.30 - 18.00
Monday, September 10	07.30 - 18.00
Tuesday, September 11	07.30 - 18.00
Wednesday, September 12	07.30 - 10.00

Registration Fees

After July 19, 2007

CIRSE Members	€ 655
Non Members	€ 950
Residents/Nurses*	€ 475

**To be accompanied by a certificate signed by the Head of Department. Please fax the confirmation within 5 days after your registration to +43 (0)1 904 2003 30.*

Please note that CIRSE member registration fees are only available for those who have been members in good standing since 2006. (Those who become members of CIRSE in 2007 will be able to benefit from the reduced congress fees starting in 2008.)

Methods of Payment

Registration fees are to be paid in Euros (€) by:

- Bank Transfer or
- Credit Card (Visa or Eurocard / Mastercard)

The registration fee includes admission to all sessions and the welcome reception, as well as a congress bag, and a final programme and abstract book.

Cancellation of Congress Registration

CIRSE offers all participants the possibility of taking out a cancellation insurance with our partner, "Europäische Reiseversicherung" insurances when registering for CIRSE 2007. CIRSE will not make refunds after the cancellation of a registration. All requests in this regard have to be issued directly to the "Europäische Reiseversicherung". Refunds will be given within the terms and conditions of the "Europäische Reiseversicherung".

**CIRSE Foundation Party
Tuesday, September 11, 2007**

Take part in CIRSE's biggest social event!

The CIRSE Foundation Party is doubtlessly CIRSE's most popular social event. This is why CIRSE will kick it up a notch in 2007, adding even more performances and surprises to this fun and exciting evening. The exquisite dinner followed by a spectacular show will give you the opportunity to support the foundation's activities while networking with interventionists from around the globe.

This year's venue will be the Byzantine Estate, located in the heart of Attica. The beautiful mansion built in the region's rustic stone-and-wood style surrounded by a 50.000 square meters estate of breathtaking attic landscape together with the outstanding programme will give you a taste of Greece you will treasure for a long time..

To book your tickets for the CIRSE 2007 Foundation Party, please visit www.cirse.org



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ENDOPROSTHESIS

Dear Colleagues,



It is a great honor to be invited to the "CIRSE meets..." session. On behalf of the Chinese Society of Interventional Radiology (CSIR), we would like to express our gratitude to Prof. Lammer and Prof. Adam for their efforts to make this event possible. We would also like to thank all members of CIRSE and the CSIR who are involved in this session.

With more than 3,000 members, the CSIR is one of the world's largest societies for Interventional Radiology. Nevertheless compared to other societies such as CIRSE, the CSIR is a relatively young society. We realise that it is very important to learn from and cooperate with other societies, which is why we are extremely happy to have a friend and a partner in CIRSE.

Of course friendship starts from familiarising yourself with each other. We would therefore like to introduce our society to you. Interventional Radiology in China started in the 1980ies with the "Open and Reform Policy" of our country. Due to the rapid increase of IR procedures, the CSIR was founded in 1990. In our opinion IR has been one of the most promising new sub-specialties in clinical medicine since the 1990ies. This may be one of the reasons why IR seems much more popularised and well developed in China as in other developing countries.

As the Chinese economy is sky-rocketing, numerous state-of-art tools, including flat panel detector C-arm digital angiography units and CT- angiography equipment which have been installed in many hospitals. There are about 1,000 to 1,500 C-arm DSA units in the country. We perform numerous procedures which cover every aspect of IR, such as chemoembolization for hepatoma, carotid arterial stenting, stent-graft for aortic disease, etc.



Gao-Jun Teng



Ke Xu

The specific status of IR in China is that full clinical care and the management system are becoming more and more popular. The system includes a self-referred unit (outpatient clinic) and inpatient wards dedicated to IR patients. The entire system is taken care of by interventional radiologists. Research in IR is also a very active area in China; there are numerous research programmes carried out by interventional radiologists and researchers.

The grants sponsoring such projects originate from various sources, including funds from the central government, local governments and other resources. With grants from institutions such as the National Natural Science Foundation of China (NSFC), interventional radiologists are involved in many state-of-the-art research projects on topics like stem cell transplantation, biological target therapies (e.g. gene therapy and angiogenesis therapy on tumors via interventional procedures) and applications of molecular imaging techniques in IR.

The biggest problem IR in China faces today is the same as that faced by interventionists in Europe: protecting our discipline against other specialties. Originally, IR procedures in China were performed almost entirely by interventional radiologists. However, many other specialists such as cardiologists, vascular surgeons, neurosurgeons and even neurologists are currently involved in these procedures, resulting in a smaller proportion of IR procedures being performed by interventional radiologists. Fortunately our society is still the largest community of interventions in China.

Today we have arrived at the same crossroads as our friends in the western hemisphere, although IR started 20 years later in China. There are a lot different paths to choose from, but we believe

that we have chosen the right way to confront this problem: we have decided to become real clinicians. It is not a new idea to establish an inpatient ward dedicated to Interventional Radiology only. However, it has not been widely established in the western hemisphere due to many roadblocks, such as lacking monetary remuneration (as in the United States). By contrast, this inpatient care system for IR has been popularised in China. Another important issue is whether IR should separate from diagnostic radiology or not. A survey carried out in the Jiangsu province shows that 24% of IR departments have been separated from the diagnostic radiology units. Currently, we do not encourage all IR departments to be separated from diagnostic radiology, as a unity of IR and diagnostic imaging is important for enhancing the power of the two sub-specialties. Nevertheless, it is an option to establish an independent department if IR is not well respected within the radiological department.

No matter how the future of Interventional Radiology will be, we believe that we should do our best for it. To share and exchange our knowledge and philosophy is important for both our societies. Therefore, on behalf of the Chinese Society of Interventional Radiology, we would once again like to express our gratitude to CIRSE for this opportunity.

We look forward to seeing you at the "CIRSE Meets China" session.

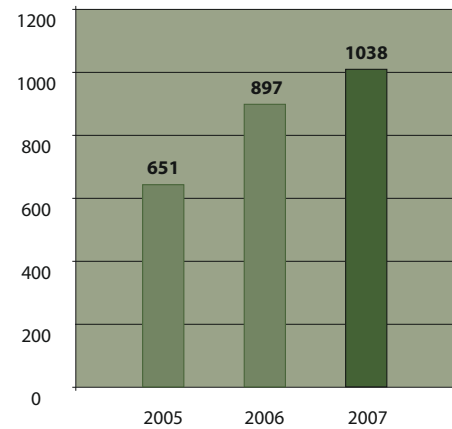
Ke Xu
Professor and President of the Chinese Society of Interventional Radiology

Gao-Jun Teng
Co-Chair, CIRSE Meets China
Professor and Vice President of the Chinese Society of Interventional Radiology

Record high in abstract submission for CIRSE 2007

More than **1,000 papers** submitted to the number one platform for interventional radiologists in Europe

Submission Figures 2005 - 2007



CIRSE is proud to announce that 1038 abstracts were submitted for CIRSE 2007, surpassing last year's benchmark by a whopping 16%. Submissions on the topic of Embolotherapy increased by more than 33%, replacing Peripheral PTA and Vascular Stents as the most popular topic.

Abdominal and GI Tract Intervention followed by tumour ablation and Other Oncologic Interventions saw the strongest increase in submissions. In line with CIRSE's focus on clinical practice development, abstracts on this topic more than doubled since 2006. Fibroid Intervention, Pediatric IR, Neuro Interventions, Radiation Safety and Molecular Imaging in IR, which were not given a dedicated abstract category last year, saw a submission of 76 papers altogether.

CIRSE would like to thank all doctors who have submitted abstracts for CIRSE 2007. We hope to see you in Athens for what promises to be a great meeting. If you have not yet received your reply, please contact the scientific department of the CIRSE Central Office at scientific@cirse.org.

Submissions per primary topic

Main topic	2006	2007
Embolotherapy	99	126
Peripheral PTA and vascular stents	102	107
Aortic stent graft	61	65
Abdominal and GI tract intervention	46	63
Others	67	58
Vascular imaging and diagnosis	46	55
Bone and soft tissue intervention	44	55
Tumor ablation	42	54
Venous intervention	54	54
Hepato-biliary intervention	45	48
Experimental work in IR	47	46
Carotid artery imaging and intervention	39	43
Genitourinary intervention	43	35
Other oncologic intervention	25	33
Fibroids intervention	-	32
Haemodialysis shunts and venous access	43	31
Renal artery intervention	23	26
TIPS and portal vein intervention	35	23
Neuro interventions	-	21
Clinical practice development	7	18
Cardiac imaging	19	15
Pediatric IR	-	14
Radiation safety	-	8
Central nervous system intervention	10	7
Molecular imaging in IR	-	1
Total	897	1038

Technical Exhibition

Exhibition Opening Hours

Saturday, September 8	11:00 - 17:30
Sunday, September 9	09:00 - 17:30
Monday, September 10	09:00 - 17:30
Tuesday, September 11	09:00 - 17:30
Wednesday, September 12	09:00 - 13:00

CIRSE would like to thank its Industry Partners for their continuous support.

CIRSE 2007 Exhibitors

(as per date of printing)

Abbott Vascular	Datascope	Möller Medical
AGA Medical	Dendrite	Olympus
ALN Implants Chirurgiaux	Diomed	Optimed
Angio Dynamics	Edizioni Minerva	PFM Produkte für die Medizin
Angiotech PBN Medicals Denmark	Edwards Lifesciences	Philips
ArthroCare Europe	Endovascular Today	Possis
Atrium Medical Corporation	Eucatech	Radius Medical Technologies
Bard	EV3	Ramma Dental
Bayer Schering Pharma	GE Healthcare	Simbionix
Baylis	IDev Technologies	SIR
BIBA Medical	Immersion	Sirtex Medical Europe
BioSphere Medical	IMT	Springer the Language of Science
Bioteque	Invatec	St. Jude Medical Coordination Centre
Biotronik	Jotec	Straub Medical
Boston Scientific International	Kensley Nash Europe	Stryker
Bracco	LINC 2008	Terarecon
BrainLAB	Lombard Medical Technologies	Terumo Europe
B.Braun Medical	MDS Nordion	Tyco Healthcare
BSD Medical	MDT	Uresil
Cardinal Health	MEDCOMP	Vascular Solutions
Celon	Medical Plus	WCIO
CeloNova BioSciences	Medispes	Wisepress Online Bookshop
Clearstream Technologies	Medtronic	W.L. Gore
Cook Medical	Mentice	Wonderful Copenhagen
Cordis	Merit	Ziehm Imaging

Satellite Symposia at CIRSE 2007 - Join us for the Industry Presentations at CIRSE 2007!**Abbott Vascular**

SY 401 13:00 – 14:00 **Saturday, September 8** **Room A (Trianti Hall)**
CLI Satellite Symposium -
An evidence based approach to interventional treatment in PAD

Chairman: D. Scheinert (Leipzig/DE)

- 401.1 Introduction
D. Scheinert (Leipzig/DE)
- 401.2 24 month Vienna results and the clinical consequence
E. Minar (Vienna/AT)
- 401.3 Clinical application of the peripheral everolimus eluting stent: The STRIDES study
L. Schwartz (Chicago, IL/US)
- 401.4 Clinical evidence for infrapopliteal stenting
G. Tepe (Tübingen/DE)
- 401.5 Discussion
- 401.6 Conclusion
D. Scheinert (Leipzig/DE)

SY 1003 13:00 – 14:00 **Sunday, September 9** **Room B (Mitropoulos Hall)**
Carotid Satellite Symposium -
Lesion specific stenting for a safe CAS procedure

Chairman: K. Mathias (Dortmund/DE)

- 1003.1 Introduction
K. Mathias (Dortmund/DE)
- 1003.2 CAS or CEA: looking back on SPACE and EVA3S
T.J. Cleveland (Sheffield/UK)
- 1003.3 European registry on closed/open cell design stents
L. Stockx (Genk/BE)
- 1003.4 Lesion specific stenting and safety of procedure
P. Cao (Perugia/IT)
- 1003.5 Discussion
- 1003.6 Conclusion
K. Mathias (Dortmund/DE)

BioSphere Medical

SY 2301 11:30 – 12:30 **Tuesday, September 11** **Room A (Trianti Hall)**
New embolization therapies to treat liver cancer

Moderator: J. Golzarian (Iowa City, IA/US)

- 2301.1 Japanese experience with HepaSphere/Super Absorbent Polymer (SAP-MS)
S. Hori (Izumisano/JP)
- 2301.2 European experience with HepaSphere
M. Ryan (Dublin/IE)
- 2301.3 US experience with QuadraSphere
S. Kee (Los Angeles, CA/US)
- 2301.4 Bevacizumab combined with TACE for HCC
J.-F.H. Geschwind (Baltimore, MD/US)

Boston Scientific

11:30 – 12:30

SY 1601 Monday, September 10**Room A (Trianti Hall)****Clinical insights from IR frontiers**

- 1601.1 Long-Term Results after Liver RFA with LeVein Electrodes™: results of 500 patients
J.R. Kachura (Toronto, ON/CA)
- 1601.2 A journey into SPACE provides an interesting outcome
M. Hartmann (Heidelberg/DE)

Bracco

13:00 - 14:00

SY 402 Saturday, September 8**Room C (Skalkota Hall)****Management of patients with chronic kidney disease in radiology**

- 402.1 How to minimize the risk of contrast-induced nephropathy
S.K. Morcos (Sheffield/UK)
- 402.2 Latest on nephrogenic systemic fibrosis
H.S. Thomsen (Herlev/DK)

Cook Medical

13:00 - 14:00

SY 1702 Monday, September 10**Room A (Trianti Hall)****Endovascular debates: bare metal vs. drug-eluting stents in the SFA and expanding the use of retrievable VCF's***Moderator: M.R. Sapoval (Paris/FR)*

- Treating the SFA with PTA, bare metal stents and drug-eluting stents
- 1702.1 - Forces that impact stents in the SFA
 - 1702.2 - From bench testing to patient outcomes in the SFA
 - 1702.3 - Early results and the future of drug-eluting stents in the SFA

- Indications for and results of retrievable vena cava filters?
- 1702.4 - Should we expand the indications for retrievable vena cava filters?
 - 1702.5 - Retrieval results from two retrievable vena cava filters

*Speakers to be announced.***Cordis**

13:00 – 14:00

SY 1002 Sunday, September 9**Room C (Skalkota Hall)****New insights in endovascular treatment of lower limbs***Moderator: S.H. Duda (Berlin/DE)*

- 1002.1 Should clinical evidence determine stent selection?
D. Scheinert (Leipzig/DE)
- 1002.2 My experience with novel CTO technologies
M. Amor (Essey-lès-Nancy/FR)
- 1002.3 Cypher select for durable patency in BTK lesions?
K. Katsanos (Patras/GR)
- 1002.4 Discussion

Edwards

SY 2302 11:30 – 12:30
Tuesday, September 11 **Room C (Skalkota Hall)**
Rationale for SFA stenting: clinical practice vs. clinical research

Moderator: J. Lammer (Vienna/AT)

- 2302.1 First 12 months data on the RESILIENT trial. Is stenting superior to PTA?
B.T. Katzen (Miami, FL/US)
- 2302.2 ELODIE database results at 12 months for the different TASC II subgroups
J.C. van den Berg (Lugano/CH)
- 2302.3 TASC II in practice: exploring the limits (case presentations and discussion)
J.C. van den Berg (Lugano/CH)

GE Healthcare

SY 1602 11:30 – 12:30
Monday, September 10 **Room C (Skalkota Hall)**
Impact of MDCT on radiology practice: balancing the benefits and risks

Moderator: R. Lencioni (Pisa/IT)

- Chairman's welcome & introduction
R. Lencioni (Pisa/IT)
- 1602.1 Contemporary issues in CTA and tips for improving diagnostic accuracy
E. K. Fishman (Baltimore, MD/US)
 - 1602.2 Practical techniques to minimize the risk of CIN in the high-risk patient
(from the perspective of an interventional radiologist)
M. Downes (Canterbury/UK)
 - 1602.3 Summary and Q&A
R. Lencioni (Pisa/IT)

Philips

SY 2303 11:30 – 12:30
Tuesday, September 11 **Room B (Mitropoulos Hall)**
Live 3D guidance: changing your daily practice in the angio suite

Moderator: B.T. Katzen (Miami, FL/US)

- 2303.1 XperGuide: live 3D guidance for needle interventions
J.M. Racadio (Cincinnati, OH/US), M. J. L. Strijen (Nieuwegein/NL)
- 2303.2 Dynamic 3D roadmap: live 3D guidance for vascular interventions
A. Gupta (Paoli, PA/US)
- 2303.3 XperCT: soft-tissue imaging in the angio suite
K. E. Wilhelm (Bonn/DE)

Sirtex Medical Europe

13:40 - 14:00

**SY 404 Saturday, September 8
Innovative management of hepatic malignancies****Room B (Mitropoulos Hall)**

- 404.1 Integration of radioembolization into routine cancer care for patients with unresectable liver tumours
T. Helmberger (Munich/DE)

Terumo

11:30 – 12:30

**SY 1603 Monday, September 10
SFA stenting: evidence, judgement & skills****Room B (Mitropoulos Hall)***Moderator: J.-P. Beregi (Lille/FR)*

- 1603.1 Status of SFA stenting in 2007: recommendations & new guidelines
D. Scheinert (Leipzig/DE)
- 1603.2 Stent selection for SFA: are all stents alike?
S. Müller-Hülsbeck (Kiel/DE)
- 1603.3 Tips & tricks for SFA stenting
M. Maynar (Santa Cruz de Tenerife/ES)

Terumo & Biocompatibles

13:00 – 14:00

**SY 1001 Sunday, September 9
Interventional oncology - future horizons with drugs eluting beads****Room A (Trianti Hall)***Moderator: A. F. Watkinson (Exeter Devon/UK)*

- 1001.1 Drug eluting bead (DEB)-enhanced RFA in hepatocellular carcinoma
R. Lencioni (Pisa/IT)
- 1001.2 PRECISION TACE of hepatocellular carcinoma with drug eluting beads (DEBs), 62 patient registry
K. Malagari (Athens/GR)
- 1001.3 Drug eluting bead (DEB): therapy of hepatic metastases in colorectal cancer with Irinotecan
G. Fiorentini (Florence/IT)
- 1001.4 PRECISION V, interim report: a 200 patient, international, prospective randomised study of Doxorubicin in the treatment of hepatocellular carcinoma by drug-eluting bead embolization
J. Lammer (Vienna/AT)

Siemens & Toshiba

13:00 - 13:30

**SY 403 Saturday, September 8
CT imaging of the heart and coronary arteries****Room B (Mitropoulos Hall)***Moderator: M. Oudkerk (Groningen/NL)*

- 403.1 Dual Source CT (DSCT) solving most remaining challenges in cardiac CT
S. Leschka (St.Gallen/CH)
- 403.2 Physical and technical design of 256 Multislice CT for cardiac application
J. Blobel (Tokyo/JP)

CIRSE foundation

CIRSE Foundation increases funding for education grants by 100%

CIRSE Foundation education grants are attracting increasing interest, with the number of applications continually on the rise. As in previous years, CIRSE members were invited to apply for grants in two categories in 2007: the two-week visiting scholarship grants worth EUR 2.000 (five grants) and the three month fellowship grants worth EUR 10.000 (three grants). In view of the great number of high quality applications and as part of a plan to expand CIRSE's educational programme the CIRSE Executive Committee has decided to increase the overall volume of funding from EUR 40.000 to EUR 80.000 starting this year.

The CIRSE Foundation is therefore proud to announce an unprecedented high number of grant awards for 2007:

Fellowship Grant

*Maria Batalova
Aoife Keeling
Marco Midulla
Tehri Nevala
Markus Reiter
Cagin Sentürk
Steven Thomas*

Visiting Scholarship Grant

*Viktor Berczi
Nikolas Fotiadis
Navin Mathias
Eirini Mandusaki
Emmanouil Theodoropoulos
Vladislav Kosyrev*

CIRSE Travelling Fellowship 2006

by Aoife Keeling



I was very fortunate to be awarded the 2006 CIRSE Travelling Fellowship, which I availed of to visit Professor Andy Adam's Interventional Radiology Department in St Thomas' Hospital, London, UK in June 2006. I spent one month in this renowned Department, where the focus of my fellowship was to acquire knowledge on the techniques employed for radio frequency ablation of renal and liver lesions.

As most of you know, Professor Adam has vast experience and interest in RFA and has published widely on this subject. He is an excellent teacher and very forthcoming with his knowledge on RFA, pre-procedure patient preparation, patient monitoring during the ablation, post-treatment patient care and clinical and imaging follow-up. I also gained an understanding of the mechanism of action of the technique of ablation. During my short visit, I assisted at a number of ablations of both renal and liver lesions of various histology, thus gaining first hand experience in this exciting technique for cancer management. We are hoping to commence an RFA programme in our institution, which is why this experience was invaluable.

The Interventional Radiology Department at St Thomas' Hospital is very productive in all areas of IR, both vascular and non vascular. Currently

there is an active dedicated vascular IR suite with an established endovascular aortic aneurysm repair programme for both acute aortic aneurysm ruptures and elective stent graft repairs in thoracic and abdominal aortic aneurysms. The combined surgical – IR approach works very smoothly, with at least one elective case per day. There is also an established UFE programme. As this hospital is a tertiary referral centre, I had the opportunity to see the interventional management of a number of rare complex vascular malformations, specifically one case of Klippel-Trenaunay Syndrome.

On the non-vascular side, there was a varied array of procedures performed on a daily basis, specifically gastrointestinal and urological interventions. Cases were referred from all over the world to Prof. Adam for oesophageal balloon dilatation procedures. Interestingly, one man was successfully dilated for oesophageal complications of severe epidermolysis bullosa.

There is a strong academic ethos in this IR Department with an ongoing active research programme. I was fortunate to be involved in the management of an unusual case of a NSAID induced colonic web, which I have subsequently submitted for publication with the learned assistance of Dr. T. Sabharwal and Prof. Adam. Overall, this department is a most productive environment which I found conducive to learning and acquiring new skills.

I felt that my visit was personally fulfilling and a golden opportunity to broaden my knowledge in the growing field of Interventional Radiology. I am indebted to Prof. M.J. Lee for his continuous encouragement, support and guidance, to Prof. Adam and Dr. Sabharwal for welcoming me into their department and to CIRSE for awarding me with this Travelling Fellowship.

The European Society of Radiology



© ESR - European Society of Radiology

The European Congress of Radiology (ECR) is one of the most important radiology meetings worldwide

The European Society of Radiology (ESR) was founded in December 2005 by merging the European Congress of Radiology (ECR) and the European Association of Radiology (EAR), thus establishing a single house of radiology in Europe.

The two founding bodies no longer exist as independent organisations, but have both been completely integrated into the new society. The EAR, a federation of national and subspecialty societies, provides the new organisation with experience and substantial responsibilities in many important areas, including professional and educational matters. The ECR contributes its well established and very successful annual meeting, as well as increasingly substantial financial resources.

This merger has produced one voice of radiology in Europe, allowing for the interests of the field of radiology to be represented more effectively to European authorities and throughout

the world. According to the statutes, the society is an apolitical, non-profit organisation, exclusively and directly dedicated to promoting and coordinating the scientific, philanthropic, intellectual and professional activities of radiology in all European countries. The society's mission at all times is to serve the healthcare needs of the general public through the support of science, teaching and research, and the quality of service in the field of radiology, which is defined as diagnostic and interventional radiology, biomedical and molecular imaging.

One of the primary tasks of the ESR is the organisation of ECR, the leading annual meeting in radiology. Since its opening as the first 'new' European Congress of Radiology in September 1991, under the presidency of Prof. Dr. Dr. Josef Lissner, the ECR has evolved and refined itself as the largest radiological meeting in Europe, attracting more than 17,000 participants from over 90 countries. The scientific and educational

programme has expanded to 1,700 oral scientific presentations and 900 electronic poster presentations in EPOS™. The scientific programme of the annual congress has also become firmly established and more specialised throughout the years.

In addition, main goals of the ESR include the harmonisation of teaching programmes throughout Europe, the maintenance of EIBIR – European Institute for Biomedical Imaging Research, the coordination of teaching activities within and beyond Europe (ESOR – European School of Radiology), and assistance in raising training standards in radiological services throughout the world.

The society furthers its aims via the production of teaching material, regular electronic and print newsletters, and the professional journal *European Radiology*, as well as through cooperation with other scientific societies through international exchange



Interventional Radiology is well represented in the ESR Executive Council

by M. Szczerbo-Trojanowska and A. Adam

programmes. The promotion of EPOS™, the electronic presentation online system, and EURORAD, a huge collection of radiological teaching files, and the intensive communication between the members of the society, also help to achieve the society's aims.

The founding president of the new ESR in 2005 was Prof. Nicholas Gourtsoyiannis from Iraklion/GR, who has since passed his duties onto the current president, Prof. Andy Adam from London/UK. The board of directors, the executive council and all executive bodies were carefully composed of the bodies of the two founding societies. Precise statutes and regulations guarantee a highly professional and scientific leadership of the institution.

Reaching and informing the public is also a major aim of the society. At ECR 2007, ESR launched a Public Awareness Campaign, starting with children as its first target group. New posters were created, illustrating the important role

radiology can play in the lives of the young, in an easy-to-understand and charming way. The posters were displayed at the congress venue during ECR 2007 and subsequently published in the ESR Newsletter. Numerous radiologists from countries throughout the world have ordered these posters for use in their practices or in hospitals, thus guaranteeing that awareness of the significance of radiology will continue to increase. This campaign therefore strongly and successfully supports the aims of ESR to further refine the public image of radiology, to strengthen its position among the medical specialties and to raise its profile with official agencies within Europe.

For further information about the European Society of Radiology, please refer to the website www.myESR.org.



European Society of Radiology

BECOME A MEMBER OF ESR FOR ONLY €10!

Your benefits:

- **Reduced registration rates to the annual European Congress of Radiology (if your application is received properly by October 31, 2007)**
- **European Radiology online – access the online version of ECR's monthly journal**
- **European Radiology – the monthly ECR journal. This benefit is optional and can be purchased in addition to ESR membership**
- **EURORAD - the largest peer-reviewed database of radiology**
- **EPOS™ – more than 7,000 electronic presentations, shown during ECR, ESCR, ESGAR, ESMRMB, SIR and CIRSE, are available online**
- **eECR – over 350 recorded lectures from ECR, ESGAR and ESMRMB can currently be viewed**
- **EDIPS Download – ECR's Digital Preview System. It enables you to download 1,099 Microsoft® Office PowerPoint Presentations of ECR lectures throughout the year**
- **All activities of ESOR are offered exclusively to members of ESR**
- **Receipt of the ESR Newsletter, updating you on the latest developments and news in the field of radiology**
- **ESR Congress Calendar – the overview of European and international meetings in the field of radiology**

SGI 2007

The Inaugural Meeting of the Society of Gastrointestinal Intervention

The Cutting Edge of Gastrointestinal Stenting

November 2-3, 2007

Asan Medical Center, Seoul, Korea



Hosted by
Society of Gastrointestinal Intervention (SGI)

Important Dates

Abstract Submission Deadline: **September 10, 2007**

Abstract Acceptance Notice: **September 20, 2007**

Pre-registration Deadline: **September 30, 2007**

Topics for Poster Presentation

- ▶ Esophagus
- ▶ Gastrointestinal tract (stomach - colon)
- ▶ Biliary system including GB
- ▶ Pancreas and pancreatic duct
- ▶ Liver
- ▶ Basic / experimental studies



SGI 2007 Secretariat

Tel: +82-2-3471-8555

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Email: info@sgiw.org

Website: www.sgiw.org

www.sgiw.org

**SELAMAT DATANG -
WELCOME TO MALAYSIA!**



Alex Tang



Dear colleagues & friends,

The Malaysian Society of Interventional Radiology and the College of Radiology at the Academy of Medicine of Malaysia are honoured and privileged to host the 8th APCCVIR in Kuala Lumpur. On behalf of the organising committee, it is our great pleasure to invite you to this meeting which will be held from June 5th – 9th, 2008. This congress, organised under the patronage of the Asia Pacific Society of Cardiovascular & Interventional Radiology (APSCVIR), is co-sponsored by the Cardiovascular and Interventional Radiological Society of Europe as well as the Society of Interventional Radiology (SIR). Founded in 1993, the APSCVIR provides a forum for interventionalists of the Asia-Pacific region and other world experts to meet and share their experience.

The aim of the biannual meeting is to promote vascular, neurovascular and interventional radiology in the Asia-Pacific region, to keep local and regional medical societies abreast of the latest developments, applications and treatment options and to enhance cooperation between the more than

nine thousand interventionalists of the Asia-Pacific region. The 8th APCCVIR will feature live case demonstrations and numerous workshops, catering to the needs of a diverse group of interventionalists, physicians, surgeons, endovascular specialists, nurses and paramedics.

We hope you will be able to join us in Kuala Lumpur for this exciting congress. Kuala Lumpur is a bustling metropolis endowed with a diversity of cultures, traditions and entertainment. Experience its alluring wonders, such as the breathtaking Petronas Twin Towers, charming heritage buildings, delectable cuisines, colourful night markets, excellent golf courses, bewildering range of shopping delights and pulsating night life. Outside of Kuala Lumpur many other activities await you; exhilarating eco-adventures such as caving (especially in the World Heritage Site of the Mulu Caves in Sarawak), exploring the world's oldest rainforests and many more. Sample the glorious aromatic taste of the king of fruits, the durian,

if you dare, or go on a night excursion to watch the glimmering fire-flies at Kuala Selangor. If you are a diving enthusiast, Malaysia offers one of the best dive destinations in the world with the richest marine environment in the Indo-Pacific Basin.

Last but not least, meet the friendly and welcoming people of Malaysia. We look forward to welcoming you to the 8th Asia Pacific Congress of Cardiovascular Interventional Radiology and hope you will have a 'truly Asian experience'!

*Dr. Alex Tang
Organizing Chairman
8th APCCVIR*

*Professor Nara Vaeusorn
APSCVIR President*

*Dr. Evelyn Ho
President of the College of Radiology
Academy of Medicine Malaysia*

*To find out more about the 8th APCCVIR,
please visit www.apccvir2008.org*

Andy Adam elected President of the RCR



A. Adam has held numerous important positions, such as the CIRSE presidency from 2003 to 2005 and the chairmanship of the ECR 2006

CIRSE would like to congratulate Andy Adam on his appointment as the next president of the Royal College of Radiologists. A. Adam, one of CIRSE's most distinguished members and co-founder of the CIRSE Foundation, will start his three year term as president of the RCR in September 2007.

CVIR impact factor increases by 0.25 points

CIRSE has the pleasure to announce that the impact factor of CVIR, the official CIRSE journal, has increased significantly over the last year. It now stands at 1.149 compared to 0.907 in 2005. CIRSE would like to thank all submitters for making CVIR the outstanding journal it is today and invites all members to submit their latest research as full papers.



Short History of the Royal College

The Royal College of Radiologists can trace its roots back to the Roentgen Society which was founded in 1897 and then through the British Association of Radiologists (1934), the Society of Radiotherapists of Great Britain and Northern Ireland (1935) and the Faculty of Radiologists (1939). By a Royal Charter granted in 1953 a "body politic and corporate" was constituted by the name of the Faculty of Radiologists.

In 1975, the Faculty of Radiologists was granted a Supplemental Charter which changed its name to The Royal College of Radiologists.

Today The Royal College of Radiologists (RCR) has approximately 7,200 members and Fellows worldwide representing the disciplines of clinical oncology and clinical radiology. The role of the College is to advance the science and practice of radiology and oncology, further public education and promote study and research through setting professional standards of practice.

Rolf Günther receives SIR Gold Medal



Rolf Günther and SIR President Katharine Krol

At the 32nd meeting of the Society of Interventional Radiology Professor Rolf W. Günther was awarded the SIR Gold Medal, the highest honour to be granted by the SIR. Günther, one of CIRSE's longest standing and most active members, was the European editor of CVIR from 1990 to 1995 and is currently a member of the CIRSE Foundation Advisory Council. In 1997 he received the CIRSE Gold Medal.

In his long and outstanding career, R. Günther has written more than 600 scientific publications and received numerous awards, including the honorary membership of the Radiological Society of North America and the Gold Medal for Inventions of the German Radiological Society.



Pan Arab Society for Interventional Radiology joins CIRSE



Numerous congress delegates attended J. Lammer's lecture on chemoembolization of HCC

Congress Chairman Mohammad Hiari presented CIRSE with a plaque featuring the city of Petra, one of the new Seven Wonders of the World

As reported in the last issue of IR News, the Pan Arab Society for Interventional Radiology had its first meeting during the Arab Radiological Conference (ARC) April 26-29 at the Dead Sea. J. Lammer and A. Adam's lectures on interventional procedures and the status quo of Interventional Radiology met with great interest. CIRSE was also present with a booth to inform congress delegates about the society and CIRSE's educational activities.

We are happy to announce that following the very fruitful cooperation of CIRSE and PAIRS at the Arab Radiological Conference, PAIRS has decided to join CIRSE as a group member.

We warmly welcome our Arab colleagues and look forward to enjoying the Arab hospitality once again at the next PAIRS meeting!

Join the ranks of CIRSE Fellows!

CIRSE Fellowship honours all interventionalists who have made a significant contribution to Interventional Radiology and/or cardiovascular imaging techniques. We would therefore like to invite all physicians with an outstanding interest in interventional procedures to apply for CIRSE Fellowship. Members may apply for Fellowship status five years after completing their training in radiology and after having been a CIRSE member for more than three years.

In order to apply for CIRSE Fellowship, please send a letter or e-mail confirming that above mentioned membership status requirements are met together with your CV to the CIRSE Office at mann@cirse.org. Two letters from CIRSE Fellows confirming the applicant's aptitude to become a Fellow are also required.

We look forward to receiving your application.

SERVEI considering Group Membership



As reported previously, CIRSE Group Membership has been a great success. CIRSE currently comprises 11 national IR societies, making CIRSE the strongest European network for interventionalists. Despite this success we cannot rest on our laurels and must integrate more

societies and therefore dedicated IRs into our society. This is why we are particularly happy that the Spanish Society for Cardiovascular and Interventional Radiology (SERVEI) is among the numerous national societies considering CIRSE group membership for as soon as 2007.

At the moment only 38 of SERVEI's more than 200 members are members of CIRSE. This figure strongly contrasts with the high attendance numbers of Spanish interventionalists at the annual CIRSE congress, which increased by 74% from 2005 to 2006 alone. Submissions from Spanish interventionalists have also

risen by 70% for this year's meeting. In order to further deepen the contact with SERVEI, CIRSE took part in the 10th annual SERVEI meeting, in Oviedo, Spain. On the occasion of the well attended meeting CIRSE also produced a folder about its activities in Spanish language.

If you would like to find out more about SERVEI, please visit www.servei.org. If your national society is interested in becoming a CIRSE Group Member, please contact the CIRSE Office at mann@cirse.org.

CIRSE welcomes the new applicants for membership

Junior Membership

Karanikas, Christos, GR
 Moriarty, John, IE
 Schneider, Jens, DE
 Bize, Pierre, CH
 Graur, Florin, RO
 Vlachou, Paraskevi, UK
 Papadimitriou, Dimitrios, GR
 Deán, Pál Ákos, HU
 Costa, Nuno, PT
 Shankar, Kripa, UK
 Kovacs, Attila, DE
 Bouga, Adamantia, GR
 Kos, Sebastian, CH

Corresponding Junior Membership

Lacerda, Ricardo, US
 Kwon, Jae Hyun, KR
 Attal, Raed, JO
 Mattos, Julius, BR

Membership

Cornalba, Gianpaolo, IT
 Krombach, Gabriele, DE
 Fargeaudou, Yann, FR
 Bruening, Roland, DE
 Thony, Frederic, FR
 Radeleff, Boris, DE
 Shell, Laura, UK
 Poot, Rudolf D, NL
 Krietemeijer, Menno, NL
 Planatade, Roland, FR
 Buy, Xavier, FR
 Hohl, Christian, DE
 Karkos, Christos, GR
 Murgo, Salvatore, BE
 Sandbaek, Gunnar, NO
 Dudeck, Oliver, DE
 Stojanovic, Sanja, RS
 Willoteaux, Serge, FR
 Pyneeandee, Seeven, FR
 Romy, Pascal, FR
 Bilecen, Deniz, CH
 Marcia, Stefano, IT

Corresponding Membership

Sone, Miyuki, JP
 Kupersmidt, Max, AU
 Liddell, Robert, US
 Yip, Gordon, CA
 Martinez, Fabricio, MX
 Bourekas, Eric, US
 Baba, Yasutaka, JP
 McMullen, William, US
 Seo, Tae-Seok, KR
 Chaiteerasuwet, Somyot, TH
 Day, Pepper, US
 Qian, Zhong, US
 Jung, Gyoo-Sik, KR
 Levin, Daniel, US
 Peterson, Scott, US
 Hawkins, Irvin, US

Fellowship

Basile, Antonio, IT
 Wildberger, Joachim, DE

CIRSE welcomes the new members

Junior Members

Al Arayedh, Sharif, BH
 Batalova, Maria, RU
 Bellis, Sarah, UK
 Filippiadis, Dimitrios, GR
 Gilson, Wesley, US
 Guedes-Pinto, Eric, PT
 Lama, Ashish, UK
 Mafi, Hossein, DK
 Mühlenbruch, Georg, DE
 Ntai, Sparti, GR

Corresponding Junior Members

Kelly, Peter, US
 Mutlak, Dawood, UK
 Radaei, Iraj, IR
 Salas Martin, Henrique, BR
 Williamson, John, US

Members

Bachmann, Urs, CH
 Barigozzi, Pierluigi, IT
 Beuerle, Evelijn, NL
 Cihangiroglu, Mutlu, TR
 Crocetti, Laura, IT
 Goyers, Jean-François, BE

Iana, Gheorghe, RO
 Jukic, Tomislav, SI
 Kljucsevsek, Tomasz, SI
 Kocijancic, Ksenija, SI
 Krause, Denis, FR
 Krauss, Martin, DE
 Lanocita, Rodolfo, IT
 Lawler, Leo, IE
 Leban, Ivan, SI
 Macey, Andrew, UK
 Mahnken, Andreas, DE
 Mercier, Frédéric, FR
 Mitterhauser, Franz Josef, AT
 Möller, Jan Georg, DE
 Motta, Raffaella, IT
 Olshansky, Mikhail, RU
 Papailiou, John, GR
 Pilleul, Frank, FR
 Pion, Francois-Xavier, FR
 Rosa, Luis, PT
 Rubin, Otmar, HR
 Salapura, Vladka, SI
 Schmid, Gebhard, DE
 Soeholm, Soeren, DK
 Stankovic, Milenko, SI
 Terhaar, Olaf, DE

Tisnado, Jaime, US
 Tobío Calo, Ricardo, ES
 Tomazic, Dusan, SI
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 Williams, Viña, NL

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