

1/2015

INFORMATION FOR MEMBERS

S O C I E T Y

M E E T I N G

F O U N D A T I O N

CIRSE visits
India

Introducing
IDEAS 2015

Upcoming
ESIR Courses

IR
news

**Celebrate
30 Years
of CIRSE
in Lisbon!**

I N N O V A T I O N E D U C A T I O N I N T E R V E N T I O N

The 30th Annual CIRSE Congress takes place
in Lisbon from September 26-30, 2015

Cardiovascular and Interventional Radiological Society of Europe

Content

SOCIETY	1	Lines from the President
	2	ECR 2015
	4	ISVIR 2015
	6	Online Elections
	7	In memory of Graham Plant
	8	EBIR
	10	30 years of CIRSE
	11	CIRT Registry
	12	IROS 2015
	14	IR in Japan
	16	ESIRonline
	18	Industry News
MEETING	19	Award of Excellence and Innovation
	20	Lisbon 2015
	22	Radiation Protection Pavilion
	23	IDEAS 2015
	24	Student Programme
FOUNDATION	26	ESIR Summer Courses
	28	Grant Report - Klinikum Oldenburg
	29	Grant Report - Beaumont Hospital, Dublin

CIRSE Central Office

Neutorgasse 9, 1010 Vienna, AUSTRIA
Tel: + 43 1 904 2003, Fax: + 43 1 904 2003 30
info@cirse.org, www.cirse.org

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Managing Editor: Ciara Madden, CIRSE Office

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With spring just beginning, we have already seen a number of exciting IR events take place – including our own Members' Evening during ECR 2015.

Dear colleagues,

2015 had a busy start, with the IR community gathering for a number of events.

Most recently, radiologists of all denominations gathered in Vienna during ECR 2015. Many CIRSE members attended, and we took this opportunity to hold a number of important committee meetings in our offices, as well as host a Members' Evening in Vienna's Museum of Applied Art. This was particularly fitting as the exhibition open to us was on modern jewellery and Past President Jim Reekers and his wife, Liesbeth den Besten, who is a world-renowned expert in this field, were able to hold court and educate the rest of us on an art form of which many of us are sadly ignorant. The CIRSE evening during ECR has really taken off, with a record number of members accepting the invitation. So much so, I barely managed to secure a seat for myself!

Global alliance

CIRSE has participated in a number of regional IR meetings: the year began with IROS 2015, the annual joint meeting of the Swiss, German and Austrian IR societies. CIRSE was present in Berlin, offering both organisational support and a Members' Lounge onsite. I had the pleasure of attending and can attest to the high quality of the meeting and programme.

In February, the Indian Society of Vascular and Interventional Radiology invited CIRSE to attend their annual meeting in Hyderabad. Rob Morgan, Afshin Gangi and I had the honour of presenting a special joint session, as well as discussing further opportunities for cooperation between the two societies with our hosts. CIRSE representatives also attended the SIR meeting in Atlanta, Georgia, making 2015 an excellent year for strengthening global ties.

ECIO and IO in the Far East

As ECIO approaches, we will have a further opportunity to consolidate the global IR network: the Japanese Society of Interventional Radiology will be attending as our guests of honour, and will host a very interesting session on the current status of interventional oncology in Japan. Chairperson and Honorary Lecturer Professor Yasuaki Arai gives us a short introduction on page 14.

EBIR heads Down Under

The European Board of Interventional Radiology has spread its wings. Not only is the examination now open to non-European members, but it has been formally adopted as the board certification for Australia and New Zealand. The first examinations were held in Melbourne in February. This is

an exciting step towards achieving a harmonised IR training pathway, not just in Europe, but globally.

The work that has gone into creating this examination and improving its quality has been phenomenal and I cannot thank enough all of those who have devoted so much of their time to helping this become so successful, so quickly. This is an enormous investment by CIRSE which should strengthen the future of IR.

Preparing for Lisbon

All of this sets a very promising stage for CIRSE 2015. The meeting will also mark the 30th anniversary of CIRSE, and it is awe-inspiring to see how far we have come in this time. To commemorate the milestones in this journey, a specially commissioned webpage is being designed. Whilst it will not be officially unveiled until the autumn, members can have a sneak preview on page 10!

To help you all begin planning your visit to Lisbon, we've included some practical information on the city on page 20. The Student Programme will run once again, and we urge you all to make sure your medical undergraduates are informed of this great opportunity.

The new Aortic Symposium

This year we will be hosting the first Interdisciplinary Endovascular Aortic Symposium (IDEAS): a dedicated stream within the CIRSE programme that will cater for aortic specialists from all disciplines. CIRSE delegates will have full access to the programme, but non-radiologists can also opt for an IDEAS-only registration fee, which will also give them access to the technical exhibition and ESIRonline. This reflects the multidisciplinary forum for aortic education and exchange, and consolidates the key role of IR in this field.

Elections

The newly elected members of the standing committees, the Executive Committee and the Executive Board will be welcomed at the Annual General Meeting in Lisbon. All nominations are now in and the voting period commences on June 8. You have until June 19 to submit your votes electronically. CIRSE relies on its members to volunteer their time and energies not only for the success of our scientific and educational meetings, but for the shaping of our specialty's future. All of us have a vested interest in this, so please do vote and if you have a vision for our future, consider putting yourself forward for election next time.

Anna-Maria Belli



S O C I E T Y

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EBIR in Melbourne
is an exciting step
towards a
harmonised
global IR training
pathway

The European Congress of Radiology was held in Vienna from March 4-8, bringing many of our members to CIRSE's home town.

ECR 2015: Familiar faces come to town

Marina Tomic, CIRSE Office

In the spirit of "radiology without borders" more than 25,000 participants from 122 countries gathered for ECR 2015 in Vienna from March 4-8 to share and examine the latest developments in the world of radiology. Many of the faces identified in the large crowds were those of interventional radiologists and esteemed CIRSE Members.

Interventional radiology again permeated ECR's entire scientific programme with an abundance of IR-related sessions. In the lecture *Interventional radiology: a paradigm for personalised medicine*, noted interventional oncologist Prof. Nahum Goldberg evaluated a personalised approach to medicine and the concept of targeted therapies. For those unfamiliar with IR, Basic Sessions covering various topics such as UFE, trauma care or varicoceles were offered, as well as Refresher Courses dealing with tumour ablation, TACE and the percutaneous treatment of chronic back pain and sciatica. Interventional oncology represented another core theme in the IR stream, with lectures on topics such as ablation and radioembolisation.



In a Joint Session between ESR and ESTRO, radiologists investigated the potential of a close partnership with the oncology community. CIRSE's Prof. José Ignacio Bilbao assisted in this endeavour as an advocate for interventional oncology.

Parallel to IR's visible presence in the scientific programme, many CIRSE Members attended meetings and discussed current issues due to their involvement in various ESR committees. Profs. Philippe Pereira and Afshin Gangi both serve on ESR's Research Committee; Prof. Klaus Hausegger is part of the Education Committee, while Prof. Stefan Müller-Hülsbeck speaks on CIRSE's behalf in the Quality, Safety and Standards Committee. CIRSE President Anna Belli serves as the society's representative in the Subspecialties and Allied Sciences Committee.

In addition to this active involvement, CIRSE also hosted an info-booth where delegates could inform themselves of the society's upcoming activities and pick up a copy of the new Preliminary Programme for CIRSE 2015. A large illuminated poster wall promoting the congress and CIRSE's thirtieth anniversary further increased the society's visibility. As part of the EuroSafe Imaging exhibit, CIRSE presented a special poster on its successful Radiation Protection Pavilion, detailing the initiative's objectives and achievements (more info available on page 22). ECR also served as an opportunity to take the EBIR exam and many bold European and non-European IRs put themselves to the test.



Interventional radiology was well-represented at this year's ECR, in both the scientific programme and the poster exhibition

The CIRSE Members' Evening offered a great opportunity for networking and catching up with old friends.



CIRSE Members' Evening

With so many familiar faces gathered in Vienna, CIRSE once again hosted the traditional Members' Evening to provide a space for leisurely and relaxed interaction, away from the hectic congress atmosphere. Following last year's success, the event again took place at the Austrian Museum of Applied Arts/Contemporary Art (MAK) – a splendid old building built in renaissance revival style.

The 205 guests were given exclusive access to MAK's latest exhibition "Jewellery 1970-2015" showcasing the breath-taking scope of modern art jewellery through two contemporary collections. The Bollmann Collection featured exhibits from a private collection of the Bollmann family, including specially commissioned pieces never before displayed in public, which were created by 206 international artists from all over the world. The second collection presented works of a leading Austrian jewellery artist, Fritz Maierhofer, whose art is characterised by his avant-garde approach and his unconventional combinations of materials.



After a long day of scientific lectures, members welcomed the cultural exposure, the soulful music and the lively conversations with their colleagues and friends. The evening also proved to be an excellent occasion for meeting fellow IRs and networking, as well as learning about the society's latest activities, ideas and plans. We look forward to more such sociable and enjoyable events during CIRSE 2015!



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An elegant
Members' Evening
offered the
attending IRs a
chance to catch up

To learn how IR is progressing in India, a country experiencing unprecedented economic and population growth, CIRSE delegates attended ISVIR 2015.

ISVIR Conference Underscores Global Nature of Opportunities and Challenges Faced by IR

Uta Melzer, CIRSE Office

The field of interventional radiology keeps expanding both in terms of the number of treatment alternatives it provides and in terms of geographic scope, with specialists all over the globe now offering increasingly sophisticated IR services. The subspecialty is growing particularly rapidly in India, where CIRSE was honoured to recently attend an excellent congress on minimally invasive medicine.

The 17th Annual Conference of the Indian Society of Vascular and Interventional Radiology (ISVIR 2015), held in Hyderabad from February 19-22, featured a wide-ranging scientific programme that included workshops, lectures, panel discussions and video presentations by distinguished international and national faculty members. The diverse sessions on offer provided important updates on developments in IR, but also underscored that interventional radiologists around the world are facing remarkably similar opportunities and challenges.

The Art of IR Practice

These hurdles were addressed in several sessions, including one focused on "The Art of IR Practice", which encompassed lectures by Dr. Mathew Cherian, Dr. Ravi Ramakantan and Dr. Vimal Someshwar. After outlining the history of IR, Dr. Cherian described a troubling pattern with newly emerging procedures: initially, the new

therapies encounter considerable resistance and scepticism, only to be taken over by other clinicians as soon as they mature and gain broader acceptance. Countering this trend requires strengthening both credibility and relationships with patients, the public and colleagues. To do so, interventional radiologists must emphasise rigorous training. In addition, they need to improve communication – by engaging and following up with patients; by using the media to inform the public about IR's contributions; and by actively interacting with both referring physicians and other colleagues.

ISVIR meets CIRSE

Prof. Anna-Maria Belli echoed many of these points during the "ISVIR meets CIRSE: Absolute Interventions" session, in a lecture entitled "The changing face of interventional radiology; the decade ahead". Prof. Belli noted that patient demand for minimally invasive therapies is high, that these entail lower morbidity and mortality rates, and that they have been hailed for their cost-effectiveness. Nonetheless, obstacles abound.

Like her Indian colleagues, Prof. Belli emphasised that interventional radiologists need to change the nature of their relationship with patients. This partly involves a change in attitude: instead of acting like technicians who are primarily interested in procedures, IRs need to see themselves as



The CIRSE delegation with their hosts in Hyderabad.

The excellent programme both featured the best of IR and identified the main factors hampering its growth

This productive visit allowed for an exchange of information and ideas, and for further collaborative opportunities to be discussed.

clinicians who proactively manage their patients and hold consultations. The lack of direct patient access and lack of control over referrals can impede such efforts, and needs to be addressed, either by ensuring such access or, at a minimum, by fostering positive cooperation with referring physicians.



Prof. Belli identified the inability to attract young physicians to the field as another challenge. With IR poorly represented in the undergraduate curriculum, aspiring doctors often know little about the field, and are unaware that it represents a true career option. Changing this requires getting active interventional radiologists to teach younger generations about their field, both to inspire future practitioners and mould referring doctors.

In addition, obtaining official subspecialty status remains a priority. Developing curricula and training programmes, as well as ways to credibly demonstrate clinical and technical competency, are vital. Clearly defining the infrastructure necessary to provide high-quality IR services is also important. Recognition from co-specialties is another essential element, and can be encouraged with increased participation in research trials and the development of multidisciplinary clinical guidelines.

Prof. Belli indicated that she shared Dr. Cherian's concerns about competition from other specialties, especially from surgeons and cardiologists, who are performing an increasing range

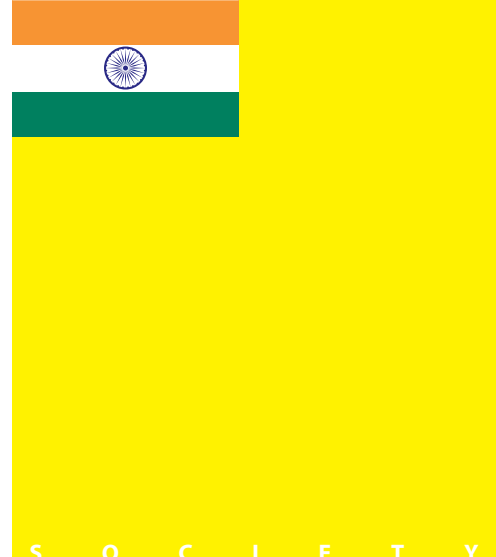
and number of IR procedures. Similarly, she stated that more needs to be done to inform the public about what interventional radiologists do, noting that awareness of their contribution remains low even among health service managers, who are still often at a loss as to how to properly incorporate the subspecialty into their facilities.

CIRSE was well represented by an excellent delegation at the conference, which also included Robert Morgan and Afshin Gangi, who each delivered lectures, both as part of the "ISVIR meets CIRSE" session and more generally. In the joint session, Dr. Morgan addressed "New devices and techniques in the management of abdominal aortic aneurysms", while Dr. Gangi focused on interventional oncology, specifically the management of bone tumours.



The CIRSE delegates attend one of the many lectures held in Hyderabad.

The delegation was delighted to be invited to, and participate in, the event, which highlighted the very best of IR in India. CIRSE looks forward to continuing to work with India's active IR community, including on measures to ensure that the subspecialty achieves its full potential around the globe.



Presenters emphasised the importance of proactive communication — with patients, the public and colleagues alike



CIRSE Committee Elections 2015 – Cast Your Vote Online!

Online voting
will be open
from June 8-19!

Don't miss your chance to make yourself heard in the upcoming CIRSE Committee Elections – you can cast your vote for your candidates of choice online anytime between June 8-19 (midnight CEST).

Candidates are vying for the following positions:

Executive Board:

- Vice-President
- Treasurer

Executive Committee:

- Deputy Chairperson of the Scientific Programme Committee
- Chairperson of the Membership Committee
- Chairperson of the Standards of Practice Committee
- Chairperson of the Research Committee

Standing Committees:

- Member of the Membership Committee
- Member of the Standards of Practice Committee
- Member of the Research Committee

The catalogue of candidates will be published in the myCIRSE area of the CIRSE website on May 27, and will be available to view until voting begins. You can access this area of the site with your log-in details, or contact the Central Office for assistance.

All members should have received an email informing them of the election period. If you did not receive such an email, please contact CIRSE's membership service at registration@cirse.org.

The election results will be announced shortly after the voting period has ended, and will become effective after the General Assembly in September 2015 in Lisbon, Portugal.

Make sure your voice is heard!

CardioVascular and Interventional Radiology

The official journal of the Cardiovascular and Interventional Radiological Society of Europe

Submit your
manuscript
to a global
audience!

CVIR is the official journal of:

Austrian Society of Interventional Radiology (ÖGIR)
Brazilian Society of Interventional Radiology and Endovascular Surgery (SoBRICE)
British Society of Interventional Radiology (BSIR)
Chinese Society of Interventional Radiology (CSIR)
Czech Society of Interventional Radiology (CSIR)
Danish Society of Interventional Radiology (DFIR)
Dutch Society of Interventional Radiology (NGIR)
Finnish Society of Interventional Radiology (FSIR)
German Society of Interventional Radiology (DeGIR)
Indian Society of Vascular and Interventional Radiology (ISVIR)
Interventional Radiology Section of the Polish Medical Society of Radiology (PLTR)
Israeli Society of Interventional Radiology (ILSIR)
Japanese Society of Interventional Radiology (JSIR)
Korean Society of Interventional Radiology (KSIR)
Russian Society of Interventional Onco-Radiology (SIOR)
Swiss Society of Cardiovascular and Interventional Radiology (SSCVIR)
Turkish Society of Interventional Radiology (TGRD)

To submit a manuscript, please visit:
www.cvironline.org

Remembering a dear friend and committed colleague.

In Memory of Graham Richard Tudor Plant (1953–2015)

Mick Lee, Tony Watkinson

Dr. Graham Plant sadly passed away on 20 January 2015 after a short illness. He will be greatly missed by all who knew him. His passion for life was boundless. He played rugby at a high level at school, and was an excellent fencer, making the school fencing team. He was a keen sailor, motorcycle enthusiast and amateur photographer. However, he was most happy on the slopes of Val D'Isère, where he and Carole spent much of their leisure time. He was an excellent off-piste skier and loved pushing the limits both on and off the slopes. He and Carole made many friends in Val D'Isère over their 30-year association with the area.

Graham was also a lover of technology and had gadgets of all kinds in his office at home and in more than one garage. His passion for life, technology, skiing and all of his other pursuits also carried over into his professional life as an interventional radiologist at the Basingstoke and North Hampshire Hospital. Graham set up the IR service at Basingstoke and was also a founding member of the British Society of Interventional Radiology. He was passionate about IR and,

most importantly, had the rare quality of incredible empathy, and was committed to quality and safety in patient care. He was an excellent teacher and inspired and taught a generation of English IRs. He established the TAPIR (Treatments and Procedures in Interventional Radiology) course in Basingstoke in the early 1990s, which he ran very successfully for 10 years. This became a "must do" course for all budding IR residents in the UK and laid the foundation for many a successful IR career, for which many owe him a debt of gratitude. His energy and enthusiasm for the subject of interventional radiology was boundless and infectious.

Graham made friends wherever he went due to his charm, wit, love of life and easy-going manner. His time at CIRSE was no different. His ready smile and willingness to engage with any and all made him many friends over the years who will miss him enormously.

On behalf of the IR community we would like to extend our deepest sympathy to Carole.



Graham Plant (l) with co-moderator Mario Bezzi (r) at the 2009 Film Interpretation Panel in Lisbon

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"He was passionate about IR and, most importantly, had the rare quality of incredible empathy."



European Board of Interventional Radiology

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in Interventional Radiology

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for the next EBIR examinations:

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VIENNA, March 2-3, 2016

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please visit our website at www.cirse.org/ebir*

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www.cirse.org/ebir



The southern hemisphere's first ever EBIR exam took place in Melbourne in February.

EBIR Melbourne 2015 – A Debut Down Under

Maria Zoidl, CIRSE Office

The idea of co-operating on an IR examination was born three years ago. As in many other countries, interventional radiologists in Australia and New Zealand are striving for recognition of their subspecialty and awareness of the multiple benefits of their minimally invasive interventions. An assessment providing proof of technical skills and clinical knowledge was soon identified as an important step in achieving this.

With a fully-fledged IR examination already in place in Europe, there was no need to reinvent the wheel. The EBIR exam is fair and reliable, resting on scientific, state-of-the-art assessment methods, and based on the solid educational content of a comprehensive curriculum and syllabus devised by renowned experts from across Europe.

The EBIR thus far

The examination has produced about 360 EBIR-certified specialists since it started in 2010. It enjoys increasing popularity, as demonstrated by the rising application numbers among European interventionists and their non-European colleagues, for whom a limited number of places have been made available since early 2013.

As the two European examinations book up fairly quickly, CIRSE is delighted to host an additional exam for IRSA members annually. Successful candidates will receive a diploma that is recognised by the Royal Australian and New Zealand College of Radiology (RANZCR) and may add EBIR to their post-nominal qualifications.



The Australian and New Zealand Board of EBIR Examiners

A joint venture

From 2012 onwards, delegates from the Interventional Radiology Society of Australasia (IRSA), the Royal Australian and New Zealand College of Radiology (RANZCR) and the Cardiovascular and Interventional Radiological Society of Europe (CIRSE) set to work, mapping out a strategy for establishing this examination overseas, and beginning the examiner training process.

Ready for launch

On 6 February, 2015, these efforts came to fruition as thirteen candidates from Australia and New Zealand sat the first overseas EBIR examination. The courage of these first candidates is much appreciated, and we hope to congratulate the successful participants soon.

The establishment of the EBIR in Australia/New Zealand represents not only a visible contribution to an interventional radiologist's career development, it is also an important first step in the harmonisation of IR education on a global scale. With the EBIR as an IR qualification recognised by RANZCR, the European Curriculum and Syllabus document has also been acknowledged as the designated training pathway in Australia and New Zealand.

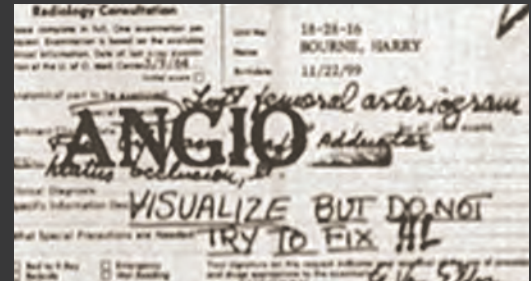
The date and venue for the next overseas EBIR examination are currently being determined, and information will be available on our website in due course. In the meantime, any queries can be sent to **ebir@cirse.org**.

Information on
upcoming exams
and registration
is available at
www.cirse.org/ebir



On April 24, 1985, CIRSE came into existence, following the merger of the two previously existing IR societies: the European College of Angiography and the European Society of Cardiovascular and Interventional Radiology.

This year we celebrate our 30th anniversary, and we'd like you to travel back in time with us and explore the eventful years that have led to the success of today's CIRSE.



Travel back in time – revisit 30 years of CIRSE

A specially created "30 years" website will guide you through the various chapters of CIRSE's history, outlining major milestones in its development. Naturally, CIRSE's rapid growth went hand in hand with the steadily developing field of interventional radiology, which has progressed by leaps and bounds since the mid-60s.

With CIRSE's establishment in 1985, the subspecialty was backed by a European representative body that would play a major role in furthering and fostering the field. Successful congresses took place, educational and research activities were reinforced and global recognition of IR was strengthened as part of CIRSE's achievements. All these accomplishments would not have been possible without the professionalism and commitment of CIRSE's dedicated members.

In autumn, our esteemed members and other interested parties will be able to take a tour of CIRSE's thirty-year history, and browse videos, photos and detailed background information illustrating the highlights of the past 30 years.

We look forward to taking you back in time to where it all began!



Launch coming in autumn!

CIRSE is dedicating more resources to clinical research, and is making a strong start with the CIRT registry.

The CIRT Registry enrolls its first patient

Niels de Jong, CIRSE Office

The CIRSE Registry for SIR-Spheres Therapy (CIRT) is the first post-market study that is sponsored exclusively by CIRSE. CIRSE is pleased to announce that this European-wide, prospective observational study on radioembolisation has enrolled its first patient and entered the data collection phase. Under the auspices of radioembolisation expert Prof. José Ignacio Bilbao (Clínica Universidad Navarra, Pamplona, Spain), CIRSE is making great progress with the enrolment of hospitals throughout Europe, and is now well on its way to enhancing the evidence base for the clinical application of radioembolisation for liver tumours in Europe.

Radioembolisation, which was recently recommended in the European Society of Medical Oncology (ESMO) Clinical Guidelines for Treating Metastatic Colorectal Cancer, is being employed by more and more interventional radiologists to treat liver tumours. CIRT aims to observe the various clinical applications of this growing therapy in the diverse clinical settings that Europe has to offer. The study is specifically designed to catch these variations in the application of radioembolisation because it:

1. Respects the expected diversity of medical environments in which radioembolisation is performed by using inclusion criteria that many centres can adhere to;
2. Includes radioembolisation experts from all medical disciplines involved in the treatment in the CIRT Steering Committee; and
3. Includes a validated quality-of-life questionnaire to gain insight into the palliative aspects of radioembolisation with SIR-Spheres microspheres.

Swift enrolment

Since the study's launch last year, CIRSE's Research and Analytics Department has been hard at work to ensure swift enrolment. At the time of writing, CIRSE has entered agreements or agreement negotiations with 28 hospitals across Europe. Six hospitals have already completed training on the registry procedures and the electronic case report form, and are actively entering data into the registry. CIRSE expects this number to increase throughout the year. In time, further data will

be gathered to ultimately provide the medical community with the most comprehensive collection of followed-up radioembolisation therapies to date.



The successful enrolment of the first patient into CIRT signifies a new and exciting direction for the society and its members. CIRSE is dedicated to devoting more resources to clinical research. With the development of "CIRSE Research Partnerships", CIRSE now has an agreed procedure in place to bring together medical device manufacturers, medical specialists, and top-level scientific project management to ensure that multinational data is generated to support interventional radiologists' cutting-edge therapies. CIRT, we hope, is just the beginning.



For more information on the CIRSE Research Partnership, please contact Robert Bauer via bauer@cirse.org, or +43 1 904 2003 37.

For more information on CIRT, please contact Niels de Jong via dejong@cirse.org, or +43 1 904 2003 47, or find CIRT at clinicaltrials.gov (NCT02305459).

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Learn more on
clinicaltrials.gov,
or at
www.cirse.org/cirt

The German-speaking world's largest IR congress took place in Berlin in January.

IROS 2015

Marina Tomic, CIRSE Office

From January 15-17, the bustling and modern city of Berlin served as the setting for the largest and most important IR congress in the German-speaking community, IROS 2015. Over 960 Swiss, German and Austrian delegates made the journey to the capital of Germany to share, discuss and learn about the newest advances in the field of IR.

From hands-on workshops to live cases

With its tried and tested session formats, this year's scientific programme featured a broad range of interventional topics catering to both novice and experienced IRs, as well as radiographers and other auxiliary staff. The live broadcasts once again proved highly popular, enabling participants to actively engage in discussions and pose questions to the performing interventionists. This year, three cases were broadcast live from a hospital in Winterthur, Switzerland, in addition to three pre-recorded cases presented from Linz, Austria, and Berlin and Heilbronn in Germany. Several hands-on workshops were offered, allowing participants to hone their practical skills and test their dexterity. On top of the five regular workshops, two specially created radiographer hands-on workshops on arterial interventions and oncological procedures were held. This provided further educational opportunities to the valuable



Pain therapy
was a core theme
at IROS 2015

Next year's congress will return to Salzburg, Austria, and will take place from January 14-16.



auxiliary personnel and stressed the importance of all members of an IR team. To prepare for DeGIR and ÖGIR certification, many delegates attended specially designed intensive workshops, which were first introduced in 2014 and continue to enjoy great popularity.

Pain therapy in the spotlight

A special focus was placed on pain therapy, which is increasingly becoming an issue tackled by interventional radiologists. Most commonly, injected analgesics and cortisone help ease the pain, and these can be administered by various medical specialists. However, IRs are particularly well-placed to perform this task due to their image guidance expertise, which enables them to precisely locate the site of pain.

Bone metastases form a large proportion of pain therapy cases. These can be treated with cementation and stabilisation, or by the complete destruction of the tumour locally. Focused ultrasound (FUS), which is commonly used for the treatment of uterine fibroids, can also be effectively applied to severe back pain and painful bone metastases. It can also be used to treat painful facet joint arthritis, by desensitising the nerve that transmits pain without disrupting the nerve's other functions. Remarkably, FUS causes immediate and lasting cessation or alleviation of pain, and can be repeated in case of recurrence.

CIRSE at IROS 2015

Once again, CIRSE's Members' Lounge offered a relaxing space with refreshments to recover from the busy congress atmosphere. Delegates also had the chance to inform themselves of CIRSE's upcoming activities for this year. Additionally, the CIRSE App again hosted IROS 2015, assisting participants in planning their programme schedule and navigating the congress centre.

IROS 2016

IROS 2016 will return to the old-world charm of Salzburg and will take place from January 14-16. We expect yet another memorable congress featuring the most ground-breaking innovations and advancements, and look forward to seeing you all there!

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All presentations
from IROS 2015
are available on
ESIRonline



Oncological treatments have long been a top priority for IRs in Japan, and the Japanese Society of Interventional Radiology will thus attend a Joint Session at ECIO 2015.

IR Blossoms in the Land of the Rising Sun

Yasuaki Arai, JSIR President

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As of
February 2015,
the society
consists of 2,559
physicians and
374 health
professionals

In the 7th century, when a strong state was emerging in the islands of Japan, the Japanese emperor sent an envoy to the emperor of the Sui Dynasty in China with a diplomatic message that began: "The Emperor in the Land of the Rising Sun sends this letter to the Emperor in the Land of the Setting Sun". The description was one based on geography and physics, on the planetary movements, but the Chinese emperor reacted angrily to this expression – diplomacy had fallen somewhat short of the mark.

History of Japanese Society of Interventional Radiology (JSIR)

Interventional radiology spread throughout Japan in the late 1970s, and local IR meetings began to be held in various districts. Many interventional radiologists came to Japan from the USA and Europe to share their knowledge and experience with us. Thanks to those professionals, knowledge of IR began to spread and the number of interventional radiologists in Japan began to increase. The Japanese Society of Angiography and Interventional Radiology started in 1982, leading eventually to the foundation of JSIR in 1995. JSIR has continued to grow since its establishment, and as of February 2015, the society consists of 2,559 physicians and 374 health professionals. Most of the physicians are radiologists who are also the members of the Japanese Radiological Society (JRS). JSIR has an annual general meeting in spring, and holds an international meeting every three years. This year, the JSIR international meeting will be held in Miyazaki from May 28-30. JSIR has a website (www.jsir.or.jp) and publishes its official journal quarterly (in Japanese).

Certification

JSIR grants certification as a qualified interventional radiologist once the doctor in question is certified by JRS, completes the required three-year training and passes the JSIR accreditation exam. It generally takes eight years in total to obtain the JSIR certification following graduation from medical school: five years for JRS certification, and at least three years' IR training in a certified training hospital for JSIR certification. The qualification must be renewed every five years, with strict recertification requirements. JSIR also

has an educational system to train and certify IR nurses (interventional nursing expert, or INE). As of February 2015, there are 869 JSIR-certified interventional radiologists and 1,623 INEs.

Education

JSIR has produced a standard training curriculum for certification and each training hospital provides a course based on this curriculum. Educational seminars with hands-on training are held twice a year to teach various IR techniques to young IRs. JSIR also prepares technical guidelines for various IR procedures.

Strengths

The national medical insurance system is well-established in Japan. Any of the authorised IR procedures can be provided to patients regardless of their financial status. High-quality IR devices and equipment are developed and distributed by domestic companies, including various super-thin microcatheters and microguidewires. Angio-CT systems are available in more than 200 hospitals.

Weaknesses

As in other countries, turf battles with other departments' physicians exist in Japan, especially in the fields of cardiovascular IR and neuro-IR. We face several challenges. First of all, most hospitals do not separate IR completely from diagnostic radiology, meaning that most IRs are required to engage in both IR procedures and image diagnosis as part of their routine work.

Secondly, new procedures can face delays in authorisation, due to the strict approval systems of the Japanese government for drugs and devices. Especially where new device concepts are concerned, the government generally requests clinical trials, which are extremely expensive and time-consuming, and it can thus take a long time until those products are available. This is a serious issue for companies as well. For example, microspheres were only approved in 2014, and Yttrium-90 is still in the market research phase.

In addition, regulators tend to limit the indication for each device, so that some procedures are only available for limited indications. For example,

Society President Yasuaki Arai, a recognised pioneer in interventional oncology, will deliver this year's ECIO Honorary Lecture.



the only indication for radiofrequency ablation covered by medical insurance is liver tumours. Therefore, RFA for lung, kidney, bone, etc. is unavailable, except as part of a clinical trial.

Finally, IR is still not well acknowledged nationwide by medical staff in other fields. Many patients may miss the opportunity to receive IR treatments if their primary physicians are unaware of the option to refer them to interventional radiologists.

Current activities

Faced with these challenges, JSIR has decided to actively pursue the following activities. Firstly, we feel JSIR should keep pace with globalisation. There are increasing numbers of people coming to Japan from overseas, and medical staff have more opportunity to diagnose and treat them. Some domestic meetings are now held in both Japanese and English to break this language barrier. JSIR also recommends that its members attend international IR meetings overseas, and the society has started to have official meetings with overseas IR societies.

Secondly, we will become more active in promoting IR treatment to both the public and medical staff. To make JSIR more widely recognised, we changed our logo in 2014 to a new one with some variations (pictured right) and the cover design of our journal in 2015.

The most serious challenge is establishing an evidence base for IR procedures. Some clinical trial and research groups have been closely collaborating with JSIR to accumulate clinical data. Related to this challenge, we also hope to find a path to solve authorisation delays and to expand the indications covered by medical insurance.

JSIR has already started negotiations with the government and will continue lobbying.

Epilogue

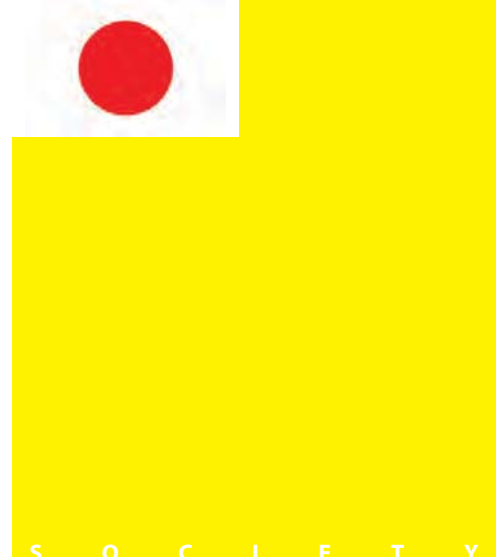
Because of the revolving motion of the earth, the sun rises in the east and sets in the west. But information now spreads faster than the revolving speed of the earth. New IR technologies, techniques and evidence can be developed and shared anywhere on the earth: there is no east or west in the world of IR. Recognising this, JSIR aims to collaborate with other national and international IR societies for progress and expansion of IR. Image-guided procedures herald a new dawn for medicine, and together we can ensure that IR's light spreads evenly across the globe.

*Yasuaki Arai, M.D. FSIR
President of Japanese Society of Interventional Radiology
Director of National Cancer Center Hospital, Japan*



New logo design of JSIR (since 2014)

The logo concept came from the stone walls of Japanese castles (e.g. Nagano Castle). Each stone is a different shape and size, and the logo is available in various colours. Each person has unique ideas, but together we hold IR up, like the stone wall of Japanese castles.



S

Educational seminars with hands-on training are held twice a year to teach various techniques to young IRs

SOCIETY

S

Our vast collection of IR materials is available round the clock for users worldwide

ESIRONLINE

Not content with being the largest online IR educational platform, ESIRonline will be introducing some exciting new features in the coming months.

ESIRonline: IR's flourishing educational platform

Marina Tomic, CIRSE Office

With the introduction of ESIRonline in 2008, CIRSE laid the foundations for an ever-expanding and improving educational database, which has come a long way since its initial launch. Today, the platform consists of more than 8,000 presentations from various CIRSE meetings since 2006, and constantly strives to add new features and improvements to better meet the expectations of its inquisitive users.

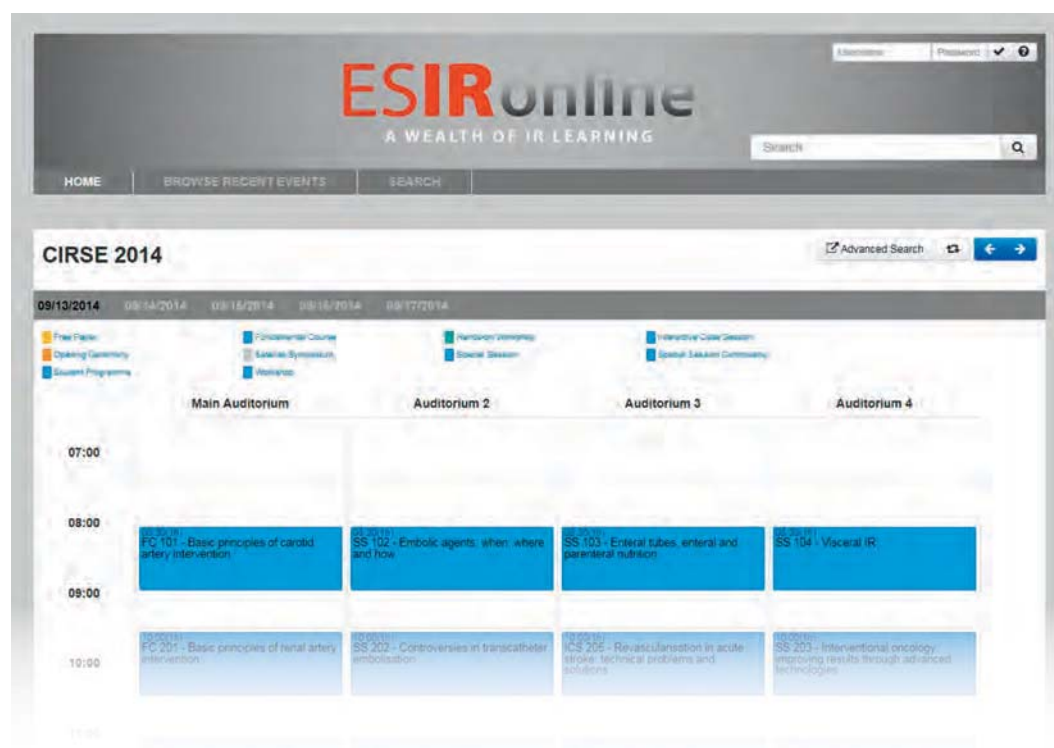
The past few years have seen the implementation of many practical new advances and features, including the live stream, the annual subscription for non-members and a large number of themed packages, such as *Embolisation in trauma haemorrhage*, *GI Interventions*, *BTK Interventions*, *HCC: transarterial treatments*, *Stroke Interventions* and many others. Nevertheless, the Editorial Board, under the leadership of Prof. Mario Bezzi, is not content to rest on its laurels. In the past few months further amendments have been implemented, and several new ones are currently under way.

EBIR Preparation

Young IRs eager to certify their expertise with the EBIR exam can now benefit from targeted preparatory material, including the workshop *Taking the EBIR* from CIRSE 2014, which, among other topics, points out suitable presentations on ESIRonline that are helpful for exam preparation purposes.

Improved Browsing

Further, a new subpage on the website – "Browse recent events" – allows users to easily navigate recent events with the help of the timetable tool, which, during the Annual Meeting, serves as the Online Programme Planner for perusing the scientific programme and creating a personalised schedule. With its familiar online programme layout, sessions of interest can be spotted easily and accessed rapidly. On top of that, a highly advanced search mechanism facilitates a more user-friendly inquiry of sought-after lectures.



The new "Browse recent events" subpage allows users to easily navigate scientific content with the help of the timetable tool.

This vast collection of educational material is now also available to non-members for an annual subscription.

The 5 most-viewed presentations in 2014

Event Name	Title	Presenter	Topic	Session Type
CIRSE 2014	Indications for carotid artery stenting – patient triage	T. J. Cleveland	Vascular Intervention	Fundamental Course
CIRSE 2014	Coils and plugs – indication and technique	M. Pech	Transcatheter Embolisation	Special Session
ESIR 2011	PTCD technique and complications	O. M. van Delden	Biliary Intervention	ESIR Course
CIRSE 2013	What do you need to know about imaging in acute stroke?	K. A. Hausegger	Neuro-intervention	Foundation Course
ESIR 2011	PTCD for malignant biliary disease	M. Sheridan	Biliary Intervention	ESIR Course

Case of the Month

To encourage more community participation and interaction with the material on ESIRonline, a "Case of the Month" feature will be introduced. The Editorial Board is currently establishing the guidelines for the cases and is compiling a collection of potential cases for inclusion. This engaging new element will be launched in cooperation with AuntMinnieEurope.com in the coming months.

ESIR Engage

With the aim of utilising already available educational IR materials and reaching an even wider audience, a new YouTube channel will be initiated, which will complement the existing content on ESIRonline.

A large collection of informative IR videos from YouTube will be assembled and organised into meaningful, clear playlists. Thus, existing material is put to good use and interested physicians can benefit from straightforward and quick access to thematised compilations of valuable IR resources.

With so many new thrilling developments in the making, the learning experience on ESIRonline is bound to become even more rewarding and stimulating!

Would you like to see your national society's congress presentations featured on ESIRonline?

We now provide our group members with the opportunity to send us their scientific presentations to be uploaded to ESIRonline! The German-speaking congress IROS has already been making use of this service for a few years, with very successful download rates, so don't hesitate to contribute to our vast IR treasury and allow your lectures to resonate beyond the congress itself! For more information, please contact schuster@cirse.org.

ESIRonline
is constantly
improving,
with some new
engaging features
coming shortly

Medtronic acquires Covidien

After Medtronic's successful acquisition of Covidien, the company will now be known as Medtronic plc, combining Medtronic Inc and Covidien plc. Omar Ishrak, Medtronic's chairman and CEO, stressed the importance of this merger, which will broaden the company's capabilities in alleviating pain and solving major healthcare challenges. The acquisition will further support Medtronic's three fundamental strategies of therapy innovation, globalisation and economic value, and will enable the company to reach more people around the world. The merger will extend Medtronic's scope to encompass products in areas such as weight-loss surgery and laparoscopic procedures, adding to its existing portfolio of heart devices, spinal implants, insulin pumps and other products.

Medtronic is a global medical company operating in more than 160 countries and employing over 85,000 people. The principal executive offices of Medtronic plc are based in Ireland, and its operational headquarters will remain in Minneapolis after the merger.

www.medtronic.com



Medtronic's large portfolio is further extended by Covidien's product range

Terumo announces CE-mark approvals for LifePearl® and HydroPearl® Microspheres

A distribution agreement between Terumo and Biocompatibles recently came to an end, enabling Terumo to launch their own line of microspheres, for both bland and chemo-embolisation. This greatly extends their portfolio, which now offers a full range of interventional oncology products for access, ablation, embolics and microspheres.

The HydroPearl® is a new microsphere for more predictable bland embolisation, while the LifePearl® is a drug-eluting microsphere for chemo-embolisation.

CE approval for both products was granted in March.

Company representatives will be available to discuss the indications for use and the unique properties of both products at their ECIO booth in Nice (22-25 April), or during the GEST Europe meeting in Seville (24-27 June).

www.terumo.com



The Award of Excellence and Innovation in IR



Innovative Spirit

During CIRSE 2014, the R.W. Günther Foundation honoured the innovation of a multidisciplinary research team from Utrecht, the Netherlands, for their ground-breaking work in developing Holmium-166 microspheres, the first radioactive microspheres that can be visualised *in vivo* on multimodal imaging.

Development

The continuous development and refinement of new agents, devices and techniques by resourceful interventional radiologists will further expand the remarkable spectrum of treatments offered by our specialty.

Recognition

Innumerable patients are grateful for the wide range of minimally invasive alternatives to open surgery from which they can now benefit. Furthermore, CIRSE also wishes to honour your dedication and excellence in IR and present your innovation to the IR community during the opening ceremony of CIRSE 2015.

Recipients of this distinction will be awarded with a certificate of merit for their contributions to the field, as well as a cash prize of €5,000.

How to apply

Send us your ground-breaking research results, details of a novel technique you developed, or the cutting-edge equipment you have just patented. Our board of reviewers welcomes all your innovations and looks forward to the advances they may bring to IR.

R.W. Günther Foundation

We warmly thank the R.W. Günther Foundation for kindly sponsoring the award. The Foundation is based in Aachen, Germany and aims to promote science and research, especially in the field of radiological sciences and diagnostic and interventional radiology, as well as to support national and international co-operation.



Please note that all applications must be submitted with a relevant CV or, in the case of research groups, a description of the members involved.

All applications must be submitted by May 28, 2015 to hofmann@cirse.org. For more information, please visit the CIRSE website.



M M E E T I N G

Explore IR in Lisbon

Much has changed since our last visit in 2012, so we've put together some useful information for both first-timers and repeat visitors.

A special
agreement with
Star Alliance™
helps CIRSE 2015
delegates save
on their flights!

As the city that launched the Age of Discovery, Lisbon is a fitting location in which to discover the latest breakthroughs in minimally invasive image-guided medicine.

CIRSE has visited this "city of light" in 2009 and 2012, and the success of both congresses means we are looking forward to enjoying the many benefits of this welcoming and well-connected city once more. However, the city has not been standing still, and repeat visitors will find many new sights and services to enjoy.

Getting there

As the sunshine capital of Europe, Lisbon enjoys excellent flight connections, ferrying both tourists and business travellers from around the world with ease. Lisbon is served by Lisbon Portela Airport (Aeroporto da Portela), located 7 km north of the city centre. As one of the largest and best-equipped airports in Southern Europe, it has been nominated as Europe's Leading Airport for six consecutive years in the World Travel Awards.

The national carrier, TAP Portugal, has the airport as its main base, and it is a focus city for budget carriers Easy Jet and Ryanair. This offers congress-goers excellent flight connections to a wide range of destinations.

Recently refurbished, the airport is now connected to the city's extensive subway network (northern terminal of the red line). A one-way ticket costs €1.90, while the daily pass (which allows you to use the metro, bus, trams and trains) can be purchased for €6. Those with bulky luggage may prefer to take AeroBus (€3.50, running every 20-30 minutes), or a taxi (€10-15 to the centre).

Save on your flight!

CIRSE has negotiated a special deal with the Star Alliance™ network, allowing registered CIRSE 2015 participants to benefit from a discount of up to 20% on their flights, depending on the fare and class of travel booked.

More information about participating airlines can be found on the CIRSE website (www.cirse.org/flights). Please quote the discount code **TP10S15** when booking.

Our venue

The congress centre, Centro de Congressos de Lisboa, offers us sufficient room for our many sessions, workshops and our extensive exhibition, as well as excellent facilities for our expected 6,000 delegates. Located in the parish of Belém, just 6 km south-west of the city centre, it lies within easy reach of many hotels.

Belém, a name derived from the Portuguese for Bethlehem, was one of the few parts of Lisbon to survive the 1755 earthquake, and thus features some of the oldest buildings in the city. It was also the port used to launch many of the voyages of discovery, including Vasco da Gama's 1497 mission to India. Both these historical facts are embodied by the iconic Belém Tower, a stately Manueline lighthouse that guards the entrance to the port.

The tower also served to guard the nearby Jerónimos Monastery, built as a monument to da Gama's successful voyage to India, and later housing the explorer's tomb. The monastery is also famous for creating the original pastéis de nata, and seemingly the best ones can still be bought in the local Fábrica dos Pastéis de Belém.



Getting about

Lisbon's public transport system is reliable and well-planned, and is free to those who buy a 'Lisboa Card' city pass, which also grants access to more than 80 museums. The metro (which runs from 06:30 to 01:00) forms the main skeleton of the network, with buses, trams and funicular services filling in the gaps. Tickets are issued on rechargeable cards, so don't throw them away! The trams of Lisbon are particularly worth a trip – the small, old-fashioned, yellow carriages of the "americanos" are perfectly suited to the city's steep hills and narrow streets, and have become one of the icons of modern Lisbon.

To get to the congress centre, take the tram to Be lém from *Cais do Sodre* (on the subway's green line).

Where to stay

Our official travel partners, Kuoni Destination Management and Buzz Portugal DMC, have plenty of accommodation and travel suggestions to make, and further details can be found online (www.cirse.org/accommodation). Kuoni is also offering group booking, making it easier for national society delegations to find accommodation together.

What to eat

While the congress will be an intense affair, offering sessions and learning opportunities from 08:00 until 18:00, Lisbon offers lots of opportunity to unwind in the evening. With an amazing 1,800 km of coastline at their disposal, it is not surprising that Portuguese cuisine incorporates the finest seafood.

White cod (or bacalhau) is by far the most popular. Legend has it that such a vast variety of bacalhau recipes exist, that you could eat it every day of the year without ever repeating a recipe. Since 2012, more of Lisbon's restaurants have been awarded Michelin stars, namely Eleven, Feitoria and Belcanto restaurants.

Portugal is also noted for Port wine from the Douro region, which is one of the oldest wine regions of Europe. Olives are another local specialty, as are pastéis de nata – delicious little custard tarts, over which cinnamon and icing sugar is shaken.

The sound of the sea permeates more than the cuisine, however, and all visitors to Portugal should try to experience traditional Fado music. Fado (fate or destiny) can be about anything, but the sea and nostalgia for those who are far away upon it are common themes.

The city itself

Repeat visitors will be familiar with many of Lisbon's sights, especially its beautiful tiled façades and ornate cobbled paths. Since CIRSE 2012, a number of renovations have taken place, notably the overhaul of Commerce Square, which now spills over into a pleasant pedestrian area along the River Tagus. The Square's triumphal arch is now open to the public, offering spectacular views over the city and the river.

More ideas on how to recharge in the evening can be found at www.visitlisbao.com.

Come explore the world of IR with us in Lisbon!

Lisbon's
extensive
subway network
now runs all
the way to the
airport.



The Radiation Protection Pavilion Returns

Birgit Tkalec-Bekina, CIRSE Office

Following the very successful pilot of the Radiation Protection Pavilion in Glasgow, the second incarnation of this unique instalment dedicated to radiation protection and dose management in interventional radiology will be unveiled at our Annual Meeting in Lisbon.

Building on last year's success, the Radiation Protection Subcommittee is currently planning the 2015 Radiation Protection Pavilion. Committed to providing real value and practical advice to members on how to best protect themselves during IR procedures, the project will offer an even broader range of activities and services. We have come up with lots of exciting ideas that will make the 2015 Radiation Protection Pavilion even better than last year's debut, with more interactive elements, an even stronger focus on educational content and closer cooperation with industry partners.

The very popular eye-checks (vision and sub-capsular opacity screening) will be repeated in Lisbon. An increased number of time slots will be available to allow more members to benefit from this service and raise awareness of the risk of radiation-induced cataract that IRs face. In addition to the eye-checks, we are experimenting with numerous exciting activities that will get members involved, including a radiation safety simulator, self-assessment quizzes or a mini dose-management competition.

Scientific content at CIRSE 2015

This year's scientific content dedicated to radiation protection will kick off with Special Session SS304 *Controversies in radiation safety* on Saturday, where CIRSE's radiation protection experts will discuss

hot issues in dose management. The session will be followed by the official opening ceremony of the Pavilion, which all CIRSE delegates are cordially invited to attend. There, a large selection of tailored information material, practical take-home tips and advice from our experts and industry partners will be available, as well as a dedicated educational programme.

Industry participation

The project will be realised in cooperation with select industry partners from the imaging and medical device industry, whose protective products and services the Subcommittee wishes to bring into focus even more this time round. CIRSE's experts will work closely with industry partners to provide state-of-the-art information on recent technological developments in dose management and protective equipment.

At the time of writing, the Radiation Protection Subcommittee is delighted that Siemens, RaySafe and MDT X-Ray have already confirmed their support again, as have the newcomers Mentice, Mavig and Simbionix. We are looking forward to many more companies joining this exciting endeavour, including last year's sponsors Bayer, BTG, Kiran, LemerPax, Philips, Radpad and Toshiba.

With a broader educational offering, interactive stations for participation and even closer collaboration with industry partners, the Radiation Protection Pavilion 2015 will translate the knowledge and experience of CIRSE's radiation protection experts into practical advice for members, helping them to better manage the risks related to occupational radiation exposure. The Radiation Protection Pavilion is set to be an exciting feature of CIRSE 2015 – stay tuned!

More info on this year's improved RP pavilion can be found on www.cirse.org/rpp

Interdisciplinary Endovascular Aortic Symposium

IDEAS

2 0 1 5

September 27 - 29

Lisbon / Portugal

Due to the ongoing use of endovascular techniques in aortic treatment, a new multidisciplinary symposium will take place parallel to CIRSE 2015.

Over 2.5 days, all aspects of endovascular aortic treatment will be discussed by our renowned multidisciplinary faculty, which includes Johannes Lammer, Frank Veith, Jim Reekers, Eric Verhoeven, Juan Parodi and many more.

SESSION HIGHLIGHTS INCLUDE:

- Current and potential future optimal imaging strategies for surveillance after EVAR
- What does the evidence tell us about the management of aortic dissection?
- Ruptured abdominal aortic aneurysms:
do the trials provide more questions than answers?
- Strategies for aortic arch and thoracoabdominal aneurysms
- Hybrid techniques

Full Programme available at:



www.aorticideas.org

- CIRSE 2015 delegates enjoy full access to this innovative symposium.
- Aortic specialists can also choose to register for IDEAS 2015 only.
- Be sure to tell your surgical and cardiological colleagues!

INNOVATION | EDUCATION | INTERVENTION

Cardiovascular and Interventional Radiological Society of Europe



CIRSE Student Programme: Investing in the future of IR

Uta Melzer, CIRSE Office

Select
undergraduate
medical students
can apply for
travel grants
until May 21

Medical students interested in interventional radiology will again have the opportunity to attend CIRSE's Annual Meeting thanks to the ever-popular Student Programme, now in its sixth year. The programme, which aims to introduce students to minimally invasive medicine, allows participants to attend CIRSE 2015 free of charge, and includes special sessions and events tailored to their interests.

Experienced interventional radiologists often lament that their subspecialty lacks visibility. This includes being poorly represented in undergraduate medical curricula, meaning aspiring doctors often know only very little about this possible career path. CIRSE has worked to address this challenge in myriad ways, including by publishing an IR Curriculum for Medical Students. The Student Programme aims to further fill the gap by exposing students to the multi-faceted aspects of IR at an early stage of their studies.

At the Annual Meeting, student participants benefit from a very comprehensive and tangible introduction to the world of IR. They can attend both introductory lectures and presentations on the latest breakthroughs delivered by leaders in the field, see and handle cutting-edge technological innovations, and observe experts perform simulated procedures in workshops. Students also have the chance to meet and interact with peers who share their interest in the field, which many particularly appreciate.

Past participants have often confirmed that being exposed to the very best the field has to offer triggers an interest in further exploring IR as a possible career path. Even if some students do not ultimately choose to follow this path, the subspecialty as a whole still benefits from educating these future practitioners about the broad applicability of minimally invasive medicine. Not only will they be more likely to refer patients to interventional radiologists for follow-up treatment throughout their careers, but cross-disciplinary efforts as a whole surely benefit when cooperating physicians genuinely appreciate the unique knowledge and skills their colleagues from other specialties provide.

We look forward to sharing our enthusiasm for interventional radiology with yet another group of aspiring doctors at CIRSE 2015. Participation entails the following benefits:

- Free registration to CIRSE 2015 for European undergraduate medical students
- Specially selected student programme
- €200 travel & accommodation grants for at least 100 non-local (from outside of Portugal) European registrants (May 21 deadline)

We encourage individuals interested in participating to apply at their earliest convenience, and to keep in mind the May 21 deadline for travel grants. For more information, and to apply, please visit www.cirse.org/students.

Cardiovascular and Interventional Radiological Society of Europe

GEST 2015

E U R O P E



**Global Embolization
Symposium and Technologies**

**June 24-27
Seville | Spain**

www.gest2015.eu

CIRSE foundation

The summer courses offer a great opportunity to get to grips with the key aspects of both TIPS and gynaecological procedures.

Summer ESIR Courses Focus on the Fundamentals

Uta Melzer, CIRSE Office

To better meet the needs of a very diverse IR community, the European School of Interventional Radiology's course categorisations were revamped last year, with the programme now split into Fundamental Courses and Expert Courses. The feedback on this structural change has been overwhelmingly positive, so this year's offerings will again fall into two main categories.

Course Categories

Expert courses are specially designed for physicians who are already familiar with the theoretical aspects of the topics and with the related literature. This means that lecture times are limited and emphasise practical tips and tricks, while considerable time is devoted to practical exercises.

By contrast, fundamental courses are aimed at practitioners who are either beginning their IR career, or who would like to refresh or broaden their existing portfolios. Hands-on learning is a major component, but lectures focus on both theory and clinical application. EBIR preparation is also an important element. The course content is specifically tailored to reflect the priorities and goals outlined in the *European Curriculum and Syllabus for Interventional Radiology*, with each course covering a specific chapter of the curriculum, which serves as the basis for the exam. Fundamental courses provide an excellent, unbiased training opportunity for less seasoned interventional radiologists, and we encourage all departments to enroll their junior members.

This year's first two courses are both fundamental courses, and will be held in early June.

Each
Fundamental
Course covers a
specific chapter
in the European
Curriculum and
Syllabus for
Interventional
Radiology

TIPS and Portal Venous Disease

Rome (IT), June 5-6, 2015



Creating a transjugular intrahepatic portosystemic shunt (TIPS) is one of the most challenging procedures performed by interventional radiologists, both from a technical and clinical point of view. Successful TIPS procedures hinge on strong co-operation between interventional radiologists,

gastroenterologists and hepatologists. Therefore, this course will be taught by a multidisciplinary faculty, whose members will provide participants with practical insights from their respective viewpoints.

This course is aimed at practitioners who are already familiar with the core elements of TIPS and portal venous disease. It will cover the chapter on 'Portal and Hepatic Venous Interventions' in the *European Curriculum and Syllabus for Interventional Radiology*, and will address a broad range of relevant topics. These include portal hypertension diagnosis and complications; when and how to perform portal vein embolisation; selecting patients for TIPS; indications, contraindications and managerial considerations; and relevant devices. The course will also include a review of the latest developments in portal venous disease.

Further Expert and Fundamental Courses are planned for the autumn and winter months.

Arterial Problems in Obstetrics and Gynaecology

Flensburg (DE), June 12-13, 2015



The potential role of interventional radiology in treating challenging gynaecological problems is still somewhat underestimated. This course will present various interventional services available for the treatment of both elective and emergency

cases. Straightforward to perform in the majority of cases, these offer amazing benefits for patients, especially in terms of quality of life.

The course combines lectures, hands-on workshops and didactic cases presented by well-known international speakers. Participants will receive detailed and unbiased information on overcoming problems in obstetrics and gynaecology. No dedicated prior knowledge is necessary. Specific topics to be covered include: principles of the complex vascular anatomy; principles of UFE treatment; managing acute bleeding; and the interventionalist's role in handling gynaecological malignancies. In addition, a lecture will be dedicated to avoiding and managing complications.

ESIR 2015 Course

This year's full ESIR programme includes five other courses, which cover a diverse range of topics and will be held in the autumn and winter. Be sure to sign up on time!

Fundamental Courses

DVT & Pulmonary Embolus

Dublin (IE), November 27-28, 2015

Expert Courses

Critical Limb Ischaemia - Diagnosis, Treatment and Parameters for Success

Amsterdam (NL), October 16-17, 2015

Prostate Embolisation

Milan (IT), October 29-30, 2015

Effective Hepatocellular Carcinoma (HCC) Treatments - Advanced Local Therapies

Lausanne (CH), November 13-14, 2015

The Future of Image-Guided Tumour Ablation - Targeting Techniques and High-End Clinical Strategies

Innsbruck (AT), December 11-12, 2015

An **Early Bird Discount** applies if you sign up 8 weeks before the course takes place – secure your spot and benefit from lower rates!

For more information, please visit www.cirse.org/esir2015

F O U N D A T I O N

F

Those signing up
at least 8 weeks
in advance
benefit from
a substantial
discount!



CIRSE FOUNDATION GRANTS

"Besides assisting with or performing the procedures oneself, the fellow is actively involved in patient aftercare and reporting of the procedures."

Fellowship Grant Report

Sandeep Sunder Amin

At the outset, I would like to express my heartfelt gratitude to the CIRSE Foundation for awarding me a Visiting Scholarship Grant in 2013 and further a Fellowship Education Grant in 2014 to undergo training in interventional radiology at Klinikum Oldenburg, Germany. In addition, I am also indebted to Ms. Tanja Valentinitzsch at the CIRSE Office for her kind and swift assistance in all matters. It was a great privilege to train under the able guidance of Prof. Chavan, who has been a constant source of inspiration to me.

Klinikum Oldenburg is a multidisciplinary tertiary care university hospital of the European Medical School, Oldenburg-Groningen. The Institute of Diagnostic and Interventional Radiology is equipped with two angiography suites which operate regularly from 8 a.m. to 7 p.m. More than 1,500 vascular interventions are performed annually. The spectrum includes angioplasties and stenting of stenosed or occluded vessels from the carotids down to the foot, PTAs of haemodialysis shunts, all forms of non-neuroradiological embolisations and sclerotherapies, including chemoembolisations and the management of vascular malformations, SIRT therapies and TIPS procedures. In addition, complex aortic interventions, such as stent-grafting (including fenestrated endografts) for TAA, AAA and aortic dissections (TEVAR, EVAR, FEVAR), as well as balloon fenestration procedures, are performed in the department regularly; in most cases percutaneously without surgical exposure of the femoral arteries.

CT-guided interventions carried out in the department include lumbar and cervical periradicular therapy for pain management, lumbar and cervical sympathectomy, radiofrequency ablation of hepatic tumours, as well as biopsies and abscess drainages.

The well-crafted fellowship programme begins every morning with a short but intense discussion and strategic planning of the interventional procedures scheduled for the day. The interdisciplinary collaboration in treatment planning witnessed here was exemplary. Besides assisting with or performing the procedures oneself, the fellow is actively involved in patient aftercare and reporting of the procedures.

From day one, I was able to participate in all vascular interventions. After an initial short phase of assisting with the procedures, I was allowed to perform the interventions on my own. Consequently, I am now able to carry out most of the routine interventions independently.



The IR team at Klinikum Oldenburg (l-r): Dr. Sandra Sprenger, Ms. Lizeth ten Have, Dr. Sandeep Amin, Dr. B. Schmuck, Mr. Mathias Grau, Ms. Merle Berents, Ms. Nadine Flatken, Prof. A. Chavan (institute director)

These include PTA and stenting of stenosed or long-segment chronic total occlusion (CTO) lesions from the iliacs to the infrapopliteal vessels and the management of haemodialysis shunts. The same holds true for the embolisation procedures with liquid embolics, particles and coils, including chemoembolisation of hepatic tumours. In addition, I have gained more than just a working knowledge of the TIPS and SIRT procedures, specialised recanalisation techniques, such as transpedal punctures, rotational thrombectomies and laser angioplasties, as well as complex aortic interventions.

I am greatly obliged and indebted to Prof. Chavan for accepting me for the fellowship training, as well as for his warm hospitality. I very much admire his competence and the passion he pours into his work by pushing the limits in several challenging interventions. Special thanks go to the IR consultant Dr. Schmuck for his constant guidance, which greatly aided in the development of my skills and knowledge. A similar word of thanks goes to the entire IR team of doctors and assistant staff for their support and advice. For those interested in acquiring proficiency in a wide variety of interventions, I would strongly recommend the radiology department in Klinikum Oldenburg.



Klinikum Oldenburg

- 832 beds and around 2,700 employees
- 19 clinics and 4 institutes
- 37,000 inpatient patients annually
- More than 1,500 vascular interventions performed annually

"Prof. Lee and his team were attentive towards patients, and showed genuine interest in sharing their knowledge and experience with young colleagues."

Fellowship Grant Report

Tamar Dundua

I was honoured to receive an educational grant, and to be invited to work with Prof. Michael Lee, a world-famous expert in interventional radiology, at the Department of Imaging and Interventional Radiology of Beaumont Hospital in Dublin, a well-known medical centre, for 3 months.



Tamar Dundua (far right) with Prof. Lee and members of his IR team at Beaumont Hospital

Before starting my fellowship, I attended CIRSE 2014 in Glasgow with a group of Georgian radiologists, headed by Prof. Malkhaz Mizandari, the President of the Georgian Association of Cardiovascular and Interventional Radiology. The Annual Meeting was well organised, and the information presented was exhaustive, relevant and covered all aspects of the field. I found that the congress presented a great opportunity to meet colleagues from other countries, and to deepen my knowledge by exchanging experiences with them.

After the congress, I began my fellowship at Beaumont Hospital, which is a large medical centre that includes many diagnostic and therapeutic sections. I was an observer in the Interventional Radiology Department, which is extensively equipped, providing the opportunity to conduct a variety of interventional procedures.

Prof. Lee and his team distinguished themselves by working at a high scientific level and with mutual respect. They were also attentive towards patients, and showed genuine interest in sharing their knowledge and experience with young colleagues. I felt very welcome at the hospital thanks to the team's warm and considerate attitude, and the team also assisted me in obtaining as much information as possible about the field of interventional radiology.

During my stay, I observed ultrasound-guided FNA and core biopsies of the thyroid, breasts, lymph nodes, liver, kidney, prostate and pelvis; mammography-guided core biopsy of the breasts; CT-guided biopsies of the thorax, abdomen and pelvis; and drainages performed under ultrasound and CT-guidance in the abdomen. I also observed CT-guided RF ablation of kidney tumours and CT-guided nerve root injection. In addition, I spent time in the interventional suite observing embolisation of uterine fibroids as well as nephrostomy placement, angioplasty and stenting procedures. I also attended conferences and benefited from discussions on very interesting cases.

I think that any young interventional radiologist would be very lucky to spend time in the Interventional Radiology Department at Beaumont Hospital, and hope the experience and knowledge obtained during my stay will help me treat patients more effectively in my country.

I would like to end by expressing my gratitude to the entire department for their help and support, and would especially like to thank Prof. Lee and the CIRSE Foundation for making this opportunity possible.



Beaumont Hospital, Dublin

- Founded in 1987
- Second largest hospital in the Republic of Ireland
- Principal teaching hospital for the medical school of the Royal College of Surgeons in Ireland
- Over 800 beds

