

1/2018

INFORMATION FOR MEMBERS

S O C I E T Y M E E T I N G E D U C A T I O N

CAIR joins CIRSE ECIO 2018:  
Immunotherapy New ESIR  
Courses

IR  
*news*

Cardiovascular and Interventional Radiological Society of Europe

CIRSE 2018

M E E T S H A R E C O N N E C T

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

Join us in Lisbon!

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*"In my role as President of the Society, it is a pleasure to represent CIRSE and visit the meetings of some of our members."*

## Dear colleagues,

At the start of 2018, CIRSE counts over 7,000 academic members, with an international reach to over 30,000 medical professionals and a strong relationship with our corporate members and partners. Alongside this, our 37 group member societies play an important part in our global growth and I am very pleased to announce that in 2018, we welcomed new international group members, Belgium, Japan and Canada. For the latter, you will find an interview with Jason Wong, President of the Canadian Association for Interventional Radiology (CAIR), formerly known as CIRA, on page 4.

In my role as President of the Society, it is a pleasure to represent CIRSE and visit the meetings of some of our members. On my travel schedule for this year is, among others, the ISVIR meeting in Lucknow back in February, the JSIR & ISIR meeting in Tokyo in May and the SoBRICE meeting in Sao Paolo in August.

During the European Congress of Radiology in March in Vienna, we had another wonderful get-together at the CIRSE Members' Evening. 260 CIRSE members had the opportunity to catch up and enjoy the view from the magnificent venue while enjoying delicious food. This period was a busy one for the European Board of Interventional Radiology (EBIR) Council, with an exam taking place during the ECR and then another taking place straight after in Auckland, New Zealand on the occasion of the APSCVIR conference, to which several CIRSE Executive Committee members were honoured to be invited as part of the faculty. I am delighted to say that the collaboration between CIRSE and the IRSA continues to thrive.

### CIRSE 2018

Thanks to the hard work of SPC Chairs Fabrizio Fanelli and Thomas Kroencke, the CIRSE 2018 programme is now completed and online. As registration is also open, I invite you to register and join us in September in Lisbon! This year we offered free registration to young IRs who submitted an abstract as part of our IR trainee support programme, from which we had several hundred submissions. I am also proud to announce that we had a new record in abstract submission and I thank all those who sent in abstracts. Finally, and in order to accommodate for hospital leave, the conference will now run over

four days, with the same amount of education but a slightly higher number of parallel sessions.

### Interventional Oncology

For the first time at the European Conference on Interventional Oncology (ECIO), we introduced abstract submission to ensure the participation of young researchers in this fast-growing field. On page 12, we caught up with ECIO 2018 Honorary Lecturer Matt Callstrom to discuss the topic of his talk and second career in interventional oncology. Apart from this, CIRSE has many initiatives dedicated to cancer care – turn to pages 6 and 8 to find out more about our clinical registries, CIREL and CIRT.

### New: ET 2019 – European Conference on Embolotherapy

I am very happy to announce that ET, our embolisation conference, is returning in 2019. ET was organised the first time in 2008 before we entered into cooperation with GEST. ET will take place June 26-29, 2019 in Valencia, Spain. CIRSE GEST Europe, our biennial embolisation conference since 2009, was a great success and we look forward to carrying on its legacy. After a positive collaboration with the GEST founders, we have decided to create our own annual embolisation meeting while GEST continues on in America. Find out more on page 15 and in the meantime, other educational opportunities in embolotherapy include the dedicated track at CIRSE 2018 and the ESIR course on prostate artery embolisation in Milan in June. Our International Conference on Complications in Interventional Radiology (ICCIR), on June 7-9, 2018 in Pörtlach, Austria, will also cover cases on embolisation, nicely complementing this year's educational offer.

Last but not least, in September we launched our open peer-reviewed journal, *CVIR Endovascular*, and I invite all of you to submit your papers for inclusion to help make *CVIR Endovascular* a success story. Please note that there are options for free waivers and more information can be found on [www.cvirendovascular.org](http://www.cvirendovascular.org).

I look forward to seeing you all in the near future!

*Robert Morgan*



S O C I E T Y

*"I am proud to announce that we had a new record in abstract submission."*

*The European Congress of Radiology was held in Vienna, Austria on February 28 – March 4, and again welcomed specialists from around the globe.*

## ECR 2018: IR in the Spotlight



An info booth at the congress allowed delegates to pick up a copy of the new Preliminary Programme for CIRSE 2018.

From February 28 to March 4, thousands of delegates were welcomed to the annual European Congress of Radiology (ECR) in Vienna, Austria. As the largest radiology congress in Europe, this year's theme "diverse and united" suited the vast collection of topics that were addressed on the latest developments in the world of radiology.

For delegates unfamiliar with IR, Basic Knowledge sessions were offered on aortic dissection and peripheral arterial disease (PAD), as well Refresher Courses dealing with musculoskeletal interventions, pulmonary embolism and portal hypertension, to name a few. With a more complex focus, the IR-related Master Classes and Special Focus Sessions touched on subjects such as TEVAR/EVAR, stroke, drug elution in vascular disease, focal treatment of prostate cancer, placenta imaging, and interventional radiology in the venous system. Some programme highlights included the session titled *TEVAR/EVAR: where we are and where we are going*, which focused on the status of abdominal endovascular repair and thoracic endovascular aortic repair as well as their future perspectives.



This session was presented by Fabrizio Fanelli, past-President Elias Brountzos, Hervé Rousseau and Raman Uberoi. Another notable session was *Drug elution or drug illusion in vascular disease* given by prominent CIRSE members Jim Reekers, Fabrizio Fanelli and Konstantinos Katsanos.

Adding to the presence of IR at the congress, CIRSE was actively involved as ever and had a society information booth where delegates could learn more about the society and its upcoming events and pick up a copy of the new Preliminary Programme for CIRSE 2018. CIRSE also participated again in the EuroSafe Imaging poster session. Attendants were able to read up on the latest initiatives promoting awareness and safety measures for radiation protection through the Radiation Protection Pavilion happenings at CIRSE 2017. With the slogan "Are you ready?", the required implementation of the EU Basic Safety Standards Directive 2013/59/EURATOM was emphasised.

Parallel to ECR, CIRSE also offered a few events for its members and IR delegates, including the opportunity for 30 IRs to take the highly esteemed EBIR exam. As the 19<sup>th</sup> EBIR examination to take place, the popularity of this valued accreditation continues to increase. An exam was also held in collaboration with IRSA/RANCR in March in Auckland, New Zealand, and the next exam will take place during CIRSE's Annual Meeting in Lisbon this September.

With so many familiar faces gathered in Vienna, CIRSE continued the delightful tradition and hosted a Members' Evening, giving guests the chance to relax and socialise with their friends





*CIRSE once again hosted its traditional Members' Evening, offering guests a wonderful opportunity to socialise with friends and colleagues.*



and colleagues away from the busy congress setting. The event returned once again to the prestigious ThirtyFive: the 35<sup>th</sup> floor of the Vienna Twin Towers. Amidst the night sky, views of the lit cityscape were enchanting, buried beneath layers of fresh snow. Guests were welcomed with elegant cocktails and delicious appetisers and invited to mingle while they were treated to a flying buffet with an array of tasty, tapas-style dishes.



Following the first courses, new CIRSE President Robert Morgan welcomed everyone and thanked them for coming. He delivered a few words highlighting the society's achievements and upcoming activities and collaborations, and warmly announced the addition of Canada and Japan as CIRSE's newest Group Members, now counting a record total of 37 Group Members. To this end, CIRSE's ongoing relationship with IRSA and RANZCR has led to much fruitful collaboration, and CIRSE delegation will again attend the 2018 APSCVIR in Auckland. Looking ahead, Robert Morgan expressed excitement for the upcoming CIRSE congresses, announcing the new Embolotherapy conference to debut in Valencia, Spain from June 26-29, 2019. He also mentioned that ECIO, taking place this year in Vienna from April 22-25, is growing every year and establishing itself as a key meeting for the further development of interventional oncology. The CIRSE Annual Congress, planned for September 22-25 in Lisbon, will also be an unforgettable experience for the IR community. Dr. Morgan went on to announce that abstract submissions have reached an all-time high this year, with 1,529 submitted abstracts in total. CIRSE has also made an effort to further support IR trainees and the next generation of IRs with a dedicated programme allowing all Junior Members with a submitted abstract as first or presenting author to attend CIRSE free of charge.

After such an enjoyable evening, we are already looking forward to welcoming you at future CIRSE events!

*Risha Rose, CIRSE Office*



An elegant Members' Evening offered guests breathtaking views of the city from Vienna's ThirtyFive Twin Tower.

*We sat down with Jason Wong, President of the Canadian Association for Interventional Radiology (CAIR), formerly known as CIRA, to talk about interventional radiology in Canada.*



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S O C I E T Y

## CIRSE Group Members: Welcome Canada!

"One of CAIR's main priorities is to increase patient awareness and we will be partnering with some patient advocacy groups to get the message out."

**CIRSE: CAIR has recently decided to become a CIRSE Group Member, how would you like to see these two societies working together?**

**Wong:** One of CAIR's top priorities is education; specifically in the form of continuing medical education for physicians, education for our technicians and nurses, and most importantly, education for our patients. CIRSE has the largest online interventional radiology education portal and this will be of great benefit for our CAIR members. In the past, we have been very fortunate to have many CIRSE luminaries presenting at our CAIR meeting and I know that many Canadian IRs have presented at CIRSE meetings. It is my hope that the two societies will continue to foster and develop CME at both meetings. In addition, I hope that CAIR and CIRSE can collaborate to increase patient awareness of IR procedures and to educate them on the benefits of minimally invasive procedures. Lastly, in the past, other nascent IR associations have asked for CAIR's help to develop and become bigger organisations. This is also an area that both CIRSE and CAIR could collaborate – to further develop the global IR community.

**CIRSE: Since gaining subspecialty status in 2013, how have clinical guidelines and undergraduate training for IR changed in Canada?**

**Wong:** Since we have had subspecialty recognition, there have been a core group of IRs working on the training pathway at the Royal College of Physicians and Surgeons of Canada. The new training pathway will not only develop good technical skills but most importantly, ensure

that young IRs have a strong clinical background to succeed. As you can imagine, there is a lot of work involved to build a robust training programme that can be disseminated to the entire country. The goal is to have a comprehensive training programme that is uniform within Canada. In addition, each university has its own set of rules and regulations and we have members from each university doing a lot of the heavy lifting in terms of paperwork and filing the applications. All this is to say that the process is robust but long. Our first fellows in this training pathway will hopefully start this year. Additionally, in parallel, CAIR is trying to further educate the current practicing IRs to become more clinically oriented as well.

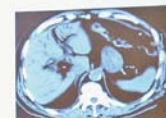
**CIRSE: Do you also feel that patient awareness of IR procedures in Canada has grown in these last five years?**

**Wong:** I do feel that patient awareness of IR procedures is increasing. This is due to many factors, including the ubiquitous presence of the internet, social media and direct word of mouth from patients to their friends. Additionally, many of my IR colleagues are doing neat things to improve patient awareness around Canada. One of CAIR's main priorities is to increase patient awareness and we will be partnering with some patient advocacy groups to get the message out that IR procedures are safe, effective, minimally invasive, and this allows a patient to get back to their life quicker than a traditional surgical procedure. There is still lots of work to do, many patients say that they still do not know that a certain IR procedure existed, or that they have never heard of interventional radiology! Importantly and similarly, there are



How about Case 2?

- Would you criticize the IRs who did the procedure?
- I did.....



*CAIR (formerly known as CIRA) joins CIRSE as its 37<sup>th</sup> group member, further strengthening ties across the Atlantic.*

S

S O C I E T Y

many family physicians and specialist physicians who unfortunately do not know the abilities of IRs and that there are many IR procedures available to help their respective patients.

**CIRSE: What are some of the primary areas of research and practice in IR in Canada?**

**Wong:** In Canada, we have some outstanding and passionate researchers. I don't even know where to begin. The following list is off the top of my head and certainly not exhaustive: Dr. Bob Abraham is doing research in intrinsic bland and Y-90 radiopaque embolic beads; Dr. David Valenti has many studies underway including selective nerve blocks for IO procedures, paediatric PICC line research; Dr. Dave Liu is working on innovative Y90 treatments; Dr. Darren Klass has research on transradial access as well as treatment of aortic dissection; Dr. Gilles Soulez has many graduate students looking at stress/strain models of aneurysms. One of my partners, Dr. Vamshi Kotha, is the principal investigator on research looking at novel type A aortic dissection repair. Also, many Canadian centres are involved in multicentre industry-sponsored trials, and one example is BTG's EPOCH and STOP HCC trials. Again, this list is certainly not comprehensive but more of a "tip of the iceberg".

**CIRSE: Are there any things that Canada is doing in IR that you think Europe could benefit from, or vice versa?**

**Wong:** I think Europe and Canada are highly aligned. I also think that Canadian IR practices are more similar to European IR practices than in other

parts of the world. However, it is clear that IR use in Canada is far behind Europe and we need to spearhead the efforts to work with government and health centres to change this. I hope that CAIR and Canada can learn from Europe to increase the use of IR within Canada.

**CIRSE: How do you envision the future of IR in Canada and globally?**

**Wong:** I see a very bright future for IR in Canada and globally. I think patients are becoming more aware and more educated on IR procedures. This is mainly due to the minimally invasive nature and the desire to be able to return to their busy lives after a procedure. With the progression of technology and research, IR will be at the forefront to deliver this high-end, effective and cost-effective care. Furthermore, IRs in Canada and globally are becoming more clinical: providing a longitudinal care model, by seeing patients in clinic before and after procedures to ensure that proper treatment has occurred. This type of model will serve IR well and poise the subspecialty to be a leader in the future. Ultimately, this is amazing for the patients that we care for every day.

*Helen Hemblade, CIRSE Office*

"I think Europe and Canada are highly aligned and that Canadian IR practices are more similar to European IR practices than in other parts of the world."

CAIR



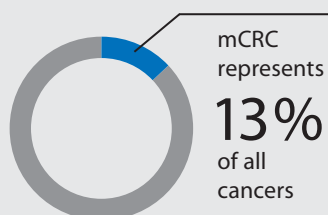
*Our European-wide observational study on TACE using LifePearl Microspheres has enrolled its first patient!*

## CIREL Enrols 1<sup>st</sup> Patient



### Liver metastases in colorectal cancer

**# 2** Second most frequently diagnosed cancer in Europe



Up to **70%** of patients develop **liver metastases** – which are a leading cause of death in this cohort.

CIRSE is proud to announce that its CIRSE Registry for LifePearl Microspheres (CIREL) enrolled its first patient in February 2018. CIREL is a European-wide observational study that gathers data on transarterial chemoembolisation (TACE) using LifePearl Microspheres loaded with irinotecan (LP-IRI) in patients with metastatic colorectal cancer (mCRC) of the liver. CIREL aims to create an extensive body of data on how drug-eluting microspheres are administered for CRC liver metastases as part of routine treatment across Europe from which conclusions can be drawn about when TACE may be most effective and which patients may benefit from this treatment the most.

#### CIREL Objectives

The primary objective of the research project is to improve our understanding of the real-life clinical application of TACE with LP-IRI by prospectively collecting data on treatments and clinical follow-up to ultimately determine at which stage of the cancer treatment TACE is being used and with which intent (e.g. down-staging for surgical or ablative treatment). The secondary objectives of CIREL are to assess the observed treatment outcomes in terms of safety and efficacy as well as to explore predictive response factors.

#### Study Design: Securing Data Quality

Two design features in particular will help raise the quality of data that CIREL will produce to new heights:

##### *Independent Central Image Review*

CIREL requires hospitals to send in three medical images taken at key time points during the TACE treatment for independent central review. This will be performed by the Fédération

Francophone de Cancérologie Digestive (FFCD) and aims to minimise bias and the variability of medical image interpretation. The measurements derived from central review will establish the objective tumour response (according to RECIST 1.1) and are essential for determining the secondary efficacy endpoints.

##### *Electronic Patient Reported Outcomes (ePRO) Tool*

To better understand the palliative aspect of the treatment, the change in patient-reported quality-of-life is measured by means of EORTC's validated quality of life questionnaire QLQ-C30. In addition to the usual paper-based hard copy QoL questionnaires to be presented to patients during visits, an electronic patient-reported outcome tool (ePRO) is being offered to hospitals. Particularly in situations where the patient is not followed up in the same hospital or will not be seen in person by the treating physician, the study team expects this to increase the quality of the patient reported outcome data which is typically challenging to collect.

#### Outlook

CIREL will enrol up to 500 patients throughout Europe over an initial period of three years and with a minimum follow-up of 12 months is projected to end in February 2022. The Steering Committee agrees that this registry will not only create an important dataset that could greatly impact patient selection in TACE, but if successful, may stimulate further research into interventional oncological procedures.

#### Why CIREL Matters

Although the mortality of metastatic CRC with new systemic treatments has decreased in the last 20 years, treating liver metastases of colorectal cancer is still a major challenge, surgical for small metastases and thermal ablation being the only curative options. However, only about 20% of CRC patients that present with liver metastases are

eligible for surgical resection. New techniques, such as TACE, have been developed over the past two decades and show promising efficacy in a limited number of clinical studies. However, larger-scale cohorts representing real-life clinical data are still lacking and this is precisely what CIREL aims to address.



*We caught up with the first centre taking part in CIREL.*



## CIREL Interview: Portuguese Institute of Oncology

**Dr. Belarmino Gonçalves, together with his Director of the Interventional Radiology Unit at the Portuguese Institute of Oncology in Porto, Portugal, Dr. Maria José Sousa, are among the very first to take part in CIREL.**

**CIRSE: Why do you think participation in CIREL is important? Why did your centre choose to join the study?**

**Gonçalves:** CIREL is important to let the scientific community know how IRs are treating colorectal liver metastases. With this registry, we can optimise the treatment and standardise procedures to majorly benefit our patients. My main expectation is to demonstrate that the use of TACE with drug-eluting beads has a substantial potential to become a standard treatment in mCRC.

**CIRSE: Where do you see the value in scientific societies, like CIRSE, conducting independent clinical research?**

**Gonçalves:** A scientific sponsor with no commercial purpose is always important because it assures that studies try to fulfil the most valuable scientific objectives. Later, when the study outcome becomes available, CIRSE may propose evidence-based guidelines to other societies regarding locoregional treatments in CRC metastasis.

**CIRSE: Do you think data generated by CIREL could affect the stage at which TACE with**

**drug-eluting beads is suggested for used in mCRC patients?**

**Gonçalves:** Yes, because we will know if applying TACE with drug-eluting beads earlier in the disease means there is an improved liver PFS or OS than after a second- or third-line chemotherapy treatment. In a few cases we are already using TACE with drug-eluting beads to downstage to resection. But with CIREL we might also know when the appropriate moment to use it is or if we may spare some patients from unnecessary chemo.

**CIRSE: Judging by the patients that you treat minimally-invasively, how do you see the awareness amongst patients of interventional treatments in oncology?**

**Gonçalves:** Awareness is increasing a lot, since many of these treatments are safe, quick and minimally invasive. As clinical IRs, we push that forward a lot but we always have to inform them that we are subspecialists of radiology and the majority of them still only know oncology and radiotherapy.

*Nathalie Kaufmann, CIRSE Office*

**For further information on the CIREL study, please contact:**

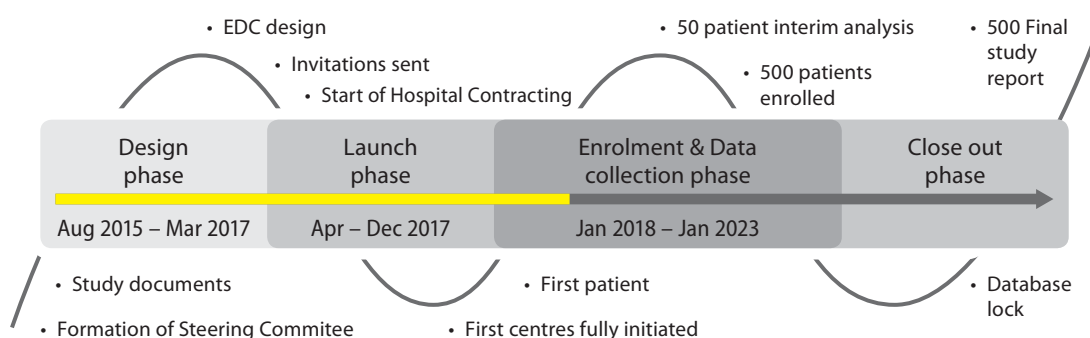
Robert Bauer, CIRSE, +43 1 904 2003 37, [bauer@cirse.org](mailto:bauer@cirse.org), or visit [clinicaltrials.gov](https://clinicaltrials.gov) (ID: NCT03086096) via the QR code:



S O C I E T Y

"With this registry, we can optimise the treatment and standardise procedures to majorly benefit our patients."

### CIREL Timeline



**CIREL**

*Our first sponsored registry, which aims to gather data on the real-life application of radioembolisation with SIR-Spheres in primary and secondary liver tumours, has exceeded its initial target of 1,000 patients.*

## CIRT: A New Milestone



CIRSE is proud to announce that their first sponsored registry, the CIRSE Registry for SIR-Spheres Therapy (CIRT), has exceeded its patient target and enrolled over 1,000 patients. The observational study, which was launched by CIRSE in January 2015, is the largest European-wide registry on radioembolisation with SIR-Spheres in primary and secondary liver tumours. The primary objective of the study is to prospectively capture as broad a spectrum of data as feasible, with the aim of understanding the real-life clinical application of radioembolisation with SIR-Spheres microspheres. Secondary objectives will assess the observed treatment outcomes of radioembolisation in terms of safety, effectiveness, and change in quality of life from baseline. As radioembolisation is performed by a multidisciplinary team, CIRT is led by a Steering Committee that reflects this, including not only experts from interventional radiology but also specialists in hepatology, oncology, nuclear medicine, internal medicine and surgery.

### Over 1,000 patients enrolled

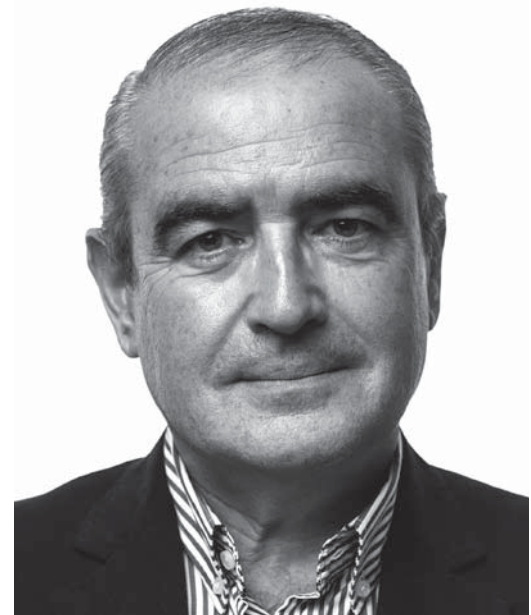
At the end of 2017, patient enrolment closed in CIRT and the initial goal of over 1,000 patients was reached. The success of the registry was made possible by a joint effort of experts from the various fields involved in radioembolisation and through the continuous commitment of 30 participating medical centres. Prof. José Ignacio Bilbao, Chairperson of the Steering Committee, states *"With this number of patients, it will be possible to have a good picture of how radioembolisation is being performed in Europe and to what effect."* Furthermore, the Coordinating Investigator adds, *"Another important aspect of the registry is that it is completely multidisciplinary, so the information that we are collecting is not only interesting for interventional radiology but also for other disciplines, such as surgery or nuclear medicine."*

### What comes next?

Although patient enrolment has ended, CIRT is still collecting follow-up information until December 2019. The collected data will be crucial to further understand the effects of the treatment and the

well-being of patients. In the upcoming years the patient data will be analysed and first publications, as well as possible follow-up projects stemming from CIRT, will be discussed.

Post-market studies are becoming more valuable and in the future evidence-based practices will help to develop guidelines or serve a regulatory purpose, as with the recently launched **CIRSE Registry for SIR-Spheres Therapy in France (CIRT-FR)**. As of March 2017, SIR-Spheres are listed as reimbursable by Haute Autorité de Santé (HAS) for patients in France. In order to evaluate the renewal of the reimbursement after 5 years, HAS mandates all medical centres to contribute to the data collection in CIRT-FR. The national registry, governed by the CIRT Steering Committee, follows the same objectives as CIRT and will collect data until May 2021 on all patients with primary and secondary liver tumours treated with SIR-Spheres.



Prof. José Ignacio Bilbao

Through CIRT and CIRT-FR, CIRSE is able to investigate how to improve patient care, paving the way for future research projects.

Agnes Walk, CIRSE Office

"The success of the registry was made possible by a joint effort of experts from the various fields and through the commitment of 30 medical centres."

**CIRT**

# The International Platform for Interventional Radiology

## CVIR turns 40

Watch out for our  
online anniversary issue  
and join the reception at  
CIRSE 2018 to celebrate  
with us!

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



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

# CVIR

CardioVascular and Interventional Radiology

*New requirements for the 2019 CIRSE Executive Committee Elections – all European CIRSE Members take note!*

## Would you like to Become a CIRSE Fellow?



During the 2017 General Assembly in Copenhagen, a unanimous vote was cast to amend CIRSE's Articles of Association to introduce important changes and new privileges for CIRSE Fellows.

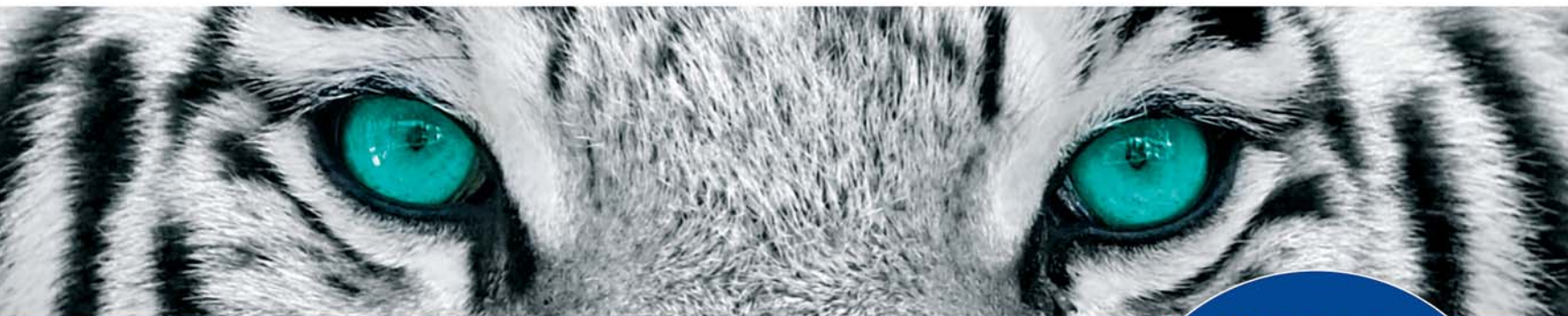
For all European CIRSE members planning to put themselves forward in the 2019 CIRSE elections, these changes will be very relevant, as Executive Board and Executive Committee positions will only be open for CIRSE Fellows as of 2019.

### Who can be a CIRSE Fellow?

CIRSE Fellowship honours physicians and scientists who have made a significant contribution to interventional radiology. Depending on your

personal situation, you may be eligible for Full (European IR/radiologist) or Corresponding (non-European or other medical specialty) Fellowship. Applicants must be CIRSE members in good standing for at least three years, have finished their medical specialty training at least five years ago, and either have successfully passed EBIR, or be endorsed by two CIRSE Fellows. Applicants are also required to document their research and publication activities, the exact criteria for which are published on [www.cirse.org](http://www.cirse.org).

CIRSE particularly encourages eligible female CIRSE members to apply for CIRSE Fellowship and present themselves at the 2019 elections – let's be the change we want to see in the future of IR!



**Convince yourself @ CIRSE 2018**

**Atherectomy  
and thrombectomy  
with the  
Straub Endovascular  
System**

**Hands-on  
Device Training:**

Saturday, September 22,  
9:30 am in PMT-HDT 1  
and  
12:30 pm in PMT-HDT 2



*For the first time ever CIRSE sent out an open call for a Task Force, which aims to provide members with up-to-date patient information resources.*

## Passionate About Patient Info: A New CIRSE Task Force

A relatively young field of medicine like IR often has to jostle for attention, trying to explain what it can offer to busy hospital managers, non-radiologist physicians and government bodies alike. Often lost in all this clamour is another important party: the patients themselves.

Patient awareness of IR options is essential to the growth of the subspecialty. For quality of life issues, such as uterine fibroids or varicose veins, knowing about minimally invasive therapies can mean the difference between getting back to full health or forgoing treatment altogether. For more urgent medical problems, such as CLI or cancer, an awareness of the existence of IR can allow a patient to be their own advocate and ensure that their primary physician fully considers all options.

Patients have a right to accurate and impartial information about their diagnoses and their options, and to be properly informed about proposed treatments in plain and simple language. In order to ensure that interventional radiologists are living up to this responsibility, CIRSE has provided a wide range of both print and online resources, freely available to all. Pamphlets on IR generally, peripheral artery disease, interventional oncology and UFE were offered in 10 different languages, and proved hugely helpful to both our members and their potential patients.

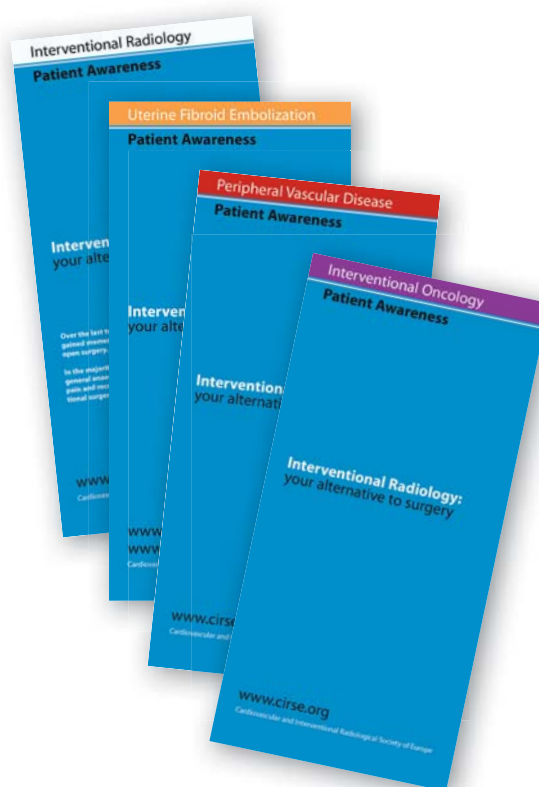
But medicine is continually moving forward and the Executive Board has decided to update the existing brochures, and potentially expand the range to encompass additional procedures. To this end, a new Task Force is currently being established under the leadership of Dr. Anthony Ryan.

### Opening the door to new IR talent

For the first time ever an open call was held, inviting all interested parties to volunteer for the project. While CIRSE has established many successful task forces over the years, it was felt that moving to an open call would allow us to tap into the wider membership and create a truly diverse and experienced team to tackle this project.

The call was a great success, with dozens of well qualified applicants enthusiastically offering their services. A Task Force is currently being selected from this impressive pool, with a view to ensuring a good balance of know-how. Warm thanks are extended to all who answered the call! It is particularly rewarding to receive applications from members who have thus far not been actively involved in CIRSE projects, and we look forward to the fresh perspectives and ideas they will no doubt bring with them.

We wish the new Task Force well, and look forward to publishing the new brochures in the near future!



*The existing brochures on IR, UFE, PVD and interventional oncology are still available for download at [www.cirse.org/patientbrochures](http://www.cirse.org/patientbrochures)*

*Ciara Madden, CIRSE Office*



The open call was a great success, with dozens of highly qualified candidates applying!

*Ahead of ECIO in Vienna, we caught up with the multi-talented Matt Callstrom, US interventional oncologist and Honorary Lecturer at ECIO 2018.*



S O C I E T Y

## ECIO Honorary Lecture: Building the IO Department for the Future

"I believe that there is greater strength in a group where expertise is a shared effort."

**CIRSE:** You'll be talking about building and managing an IO department in your Honorary Lecture. According to you, what are the most important elements of this?

**Callstrom:** I believe that it is important to have a strong team of physicians and allied support who share a common vision on how to deliver care and continue to advance IO. We, therefore, do our best to recruit the best physicians, nurses and technologists in our practice. I believe that there is greater strength in a group where expertise is not focused on one or two individuals but is instead a shared effort. We have worked to develop the necessary infrastructure to support a dynamic IO practice through careful stakeholder management within the institution and department.

**CIRSE:** Can you tell us about your experience of working in and managing multidisciplinary teams?

**Callstrom:** I've been fortunate to be involved in a practice that is highly supportive of all members of the group. The culture of the group was set by Bill Charboneau, a pioneer in ablation. He was a wonderful mentor and worked actively to promote members of the group. I've had the opportunity to help our IO practice evolve from doing a 1-2 ablation procedures a week to now 20 scheduled cases a week with a fill rate of >90%. In order for a group to flourish it is important that each individual sees an opportunity to develop their own career. I've tried to support junior and more senior members of the practice through alignment of scholarship so they can develop an identity but also advance the practice.

**CIRSE:** How can we grow patient awareness of interventional oncological procedures?

**Callstrom:** This is a complex issue as it is important that IO treatment options have sufficient literature support to be able to offer care to patients. As IO continues to mature, we will see additional awareness through accepted treatment options that are well understood by referring providers. We all believe that IO treatments are good options for patients but we are only now beginning to see pivotal evidence to support these treatment options.

**CIRSE:** How have the skills you obtained in your academic career in the field of chemistry been useful in your career as an interventional radiologist? Why did you decide to make this switch to practising medicine?

**Callstrom:** I haven't had this question in a while! My first academic career in basic science was a great experience as I learned how to approach a problem with a hypothesis-based mindset. I was fortunate to be a mentor for many aspiring scientists as they worked towards their graduate degrees in chemistry. In my research I was fortunate to be able to work on biochemistry questions and the link to medicine made me explore whether I wanted to make the leap. During this time I had a nephew that developed a childhood cancer – fortunately, he was cured. I also had a close friend that I met during my post-doctorate training that developed colon cancer – he unfortunately passed away after 8 years with metastatic disease. These events, and an understanding wife, led me to transition to medical school.



*Don't miss the Honorary Lecture at ECIO 2018!*

S

S O C I E T Y

**CIRSE: What is your area of interest in cancer research? And are there any topics that you would like to work with in the future?**

**Callstrom:** I have several interests in cancer research which all involve advancing interventional oncology, spanning basic science to translational research. I was fortunate to have worked with Scott Thompson as he gained his PhD focused on understanding the physiology at the boundary of heat-based ablation. I have also been involved in several clinical trials that demonstrated clinical efficacy for bone ablation and for lung metastases treatment. Our group continues to advance IO through efforts to understand clinical impact of ablation on oligometastatic disease and desmoid tumours. We are also working to develop more effective planning, monitoring and assessment of IO treatments.

**CIRSE: Where do you anticipate the biggest areas of growth in IO?**

**Callstrom:** Liver ablation outcomes are improving with the use of microwave technology and increased patient volumes are anticipated as this approach is considered helpful for select patients. Ablation of renal masses, led in our group by Tom Atwell and Grant Schmit, has gained further support with inclusion in US guidelines and evidence supporting consideration alongside partial nephrectomy. Treatment of lung tumours, led in our group by Patrick Eiken, is growing in acceptance as an alternative to surgery and radiation treatment. Understandably, treatment of primary lung tumours and metastatic disease involve different

clinical indications and approaches. Treatment of metastatic pulmonary disease has a growing level of support with good treatment outcomes and provides an approach to parenchyma sparing and preserved clinical performance. Oligometastatic treatment is also developing, led in our group by Nick Kurup, and possibly a better treatment option for some patients with metastatic renal cancer and prostate cancer. We are working to advance interventional MR based ablation, led in our group by David Woodrum, for new indications including focally recurrent prostate cancer and for vascular malformation treatment.

**CIRSE: Outside your work, what do you get up to in your free time?**

**Callstrom:** We have a cabin on a beautiful lake in northern Minnesota and we enjoy spending time there during the summer with our two sons, extended family and many friends. I enjoy woodworking and attempt to make furniture in various styles.

**CIRSE: If you had one piece of advice for trainee interventional oncologists, what would it be?**

**Callstrom:** Make a difference in patient care by becoming an excellent clinician, work to develop a great team and advance care together through scholarship.

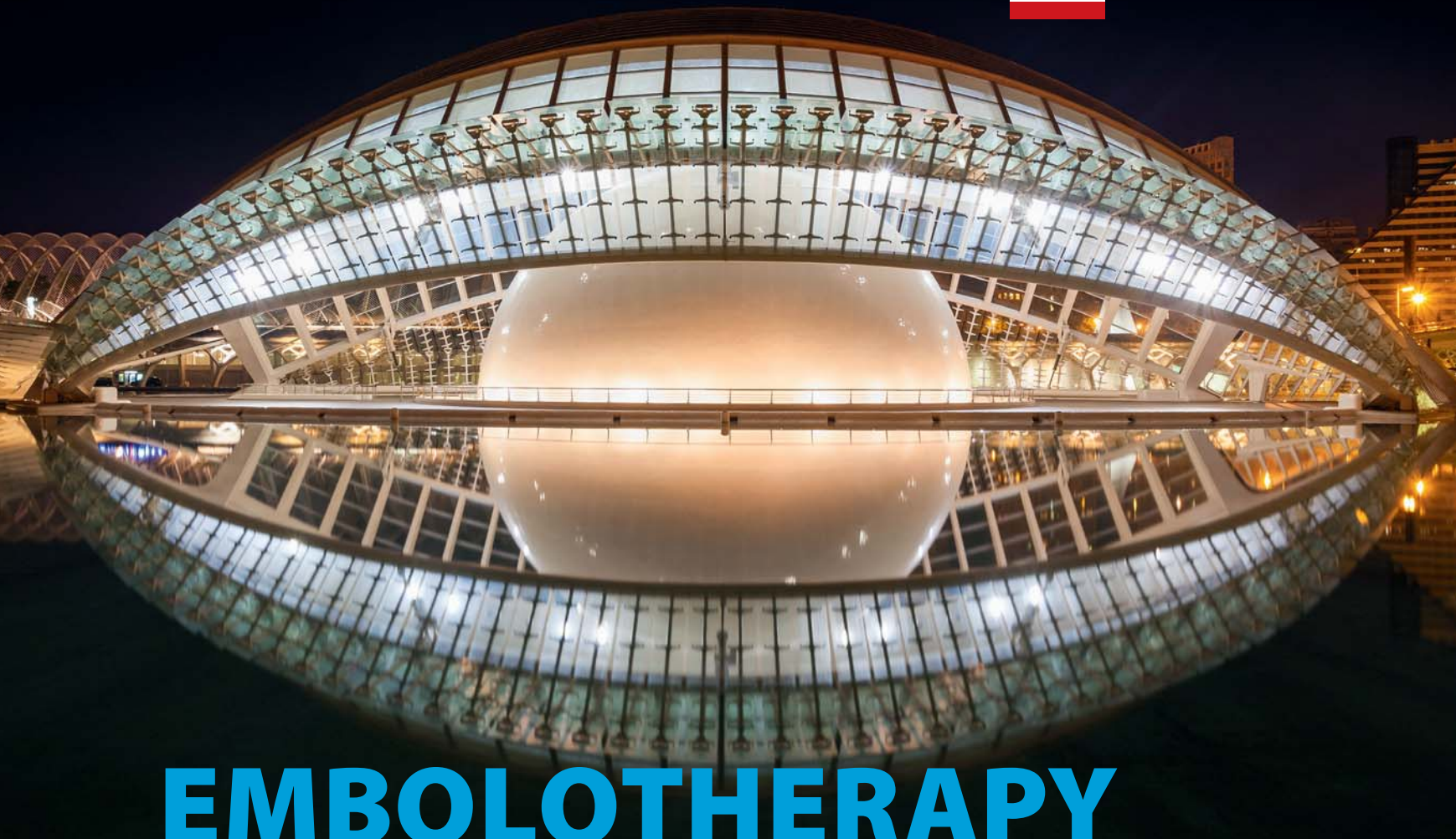
*Helen Hemblade, CIRSE Office*

"Make a difference by becoming an excellent clinician, working to develop a great team and advancing care together through scholarship."



# ET2019

EUROPEAN CONFERENCE ON EMBOLOTHERAPY



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**CIRSE**



*The latest addition to the CIRSE conference family for 2019!*



## ET – European Conference on Embolotherapy: Join us in 2019



Embolotherapy has become an indispensable treatment for a variety of conditions and an integral part of interventional radiology practice. It is, consequently, more important than ever for IRs to master embolisation procedures in its numerous applications. CIRSE has therefore decided to organise an annual meeting entitled the European Conference on Embolotherapy (ET).

This meeting will perfectly complement CIRSE's existing education portfolio, in addition to its dedicated embolisation track at the annual meeting and the ESIR hands-on procedure courses.



**ET – European Conference on Embolotherapy** will complement the CIRSE congresses by offering an educational meeting with a strong focus on acquiring and perfecting practical embolisation techniques, ranging from the treatment of vascular malformations to PAE all the way to trauma treatment.

Find out more at [www.etconference.org](http://www.etconference.org)



### ET 2019

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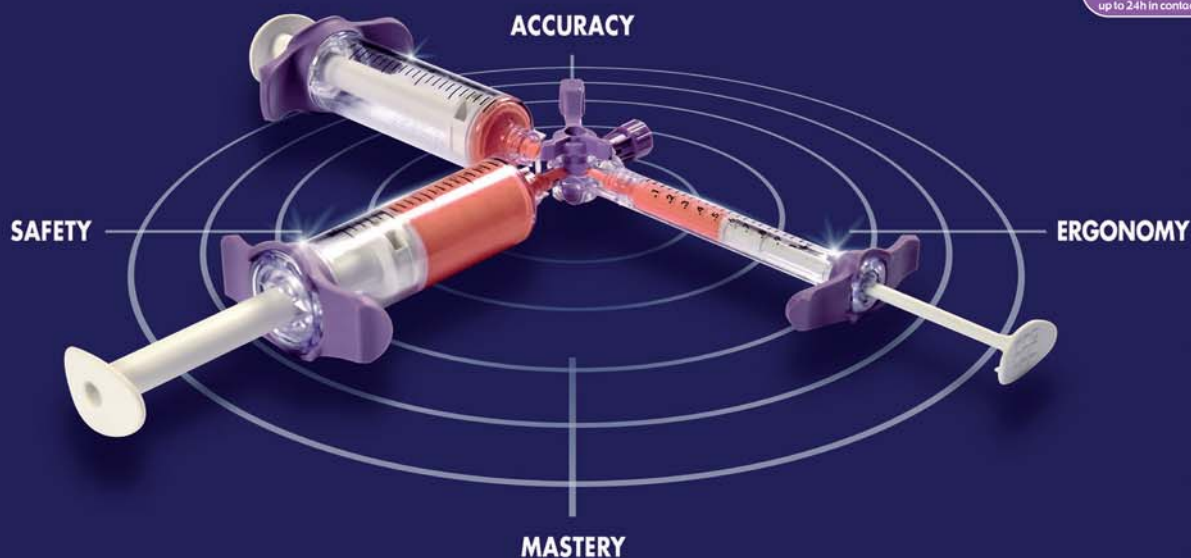
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*From January 11-13 IROS once again rang in the interventional year with a fantastic meeting of the German, Austrian and Swiss IR societies attended by more than 830 specialists from the region.*

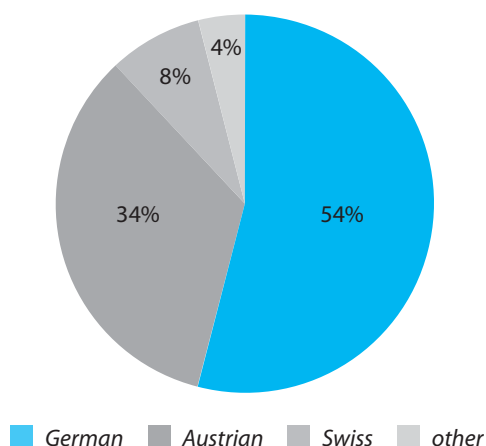
## IROS: IR's Powerhouse in Central Europe

Ranging from introductory sessions all the way to expert courses, the programme covered all areas and procedures IR has to offer. In addition to its strong educational focus, IROS also offered numerous platforms for seasoned practitioners to exchange their experiences, such as the *A case that wouldn't let me sleep* format. In *The Hot Seat*, another new format introduced at this year's meeting, controversial topics were discussed by an interdisciplinary board, putting emphasis on a cooperative approach across the various specialties and weighing the pros and cons of a new procedure.

The best posters featuring new scientific concepts were presented in an informal setting during the *Scientific Splash* session, allowing congress attendees to directly interact with the authors in the inclusive and interactive overall spirit of the congress. The *Breaking News* session focused on IR developments that have yet to fully establish themselves and require further research but are already showing great potential for the future. Another new feature at IROS 2018 was the angiographic simulator training.

During the video case presentations attendees had the opportunity to observe a mechanical thrombectomy performed at the Göttingen University Clinic, an attempt at a subacute femoropopliteal bypass, the treatment of a symptomatic thoracoabdominal aortic aneurysm and an aneurysmatic pelvic artery, and microwave ablation of a lung tumour.

### IROS 2018 attendees by nationality



### Honorary Lecture

In this year's honorary lecture, Prof. Thomas Pfammatter, Head of the IR Department at the Zurich University Clinic, examined shared decision making, a topic often overlooked all too often despite the fact that patients are becoming increasingly aware of the various treatment options available as well as more willing to participate in the decision-making process. Prof. Pfammatter pointed out that almost 60% of patients want to determine their treatment together with their doctor in an informed decision. Positive effects of shared decision making may include increased therapy adherence in chronically ill patients, avoiding unnecessary treatments and increased patients' satisfaction regarding the treatment decision. Many may argue that currently IRs are not often involved in the decision making discussions, since they mostly receive referred patients, but as the number of IR clinics continues to grow, so will the need for shared decision-making tools.



*IROS 2018 Honorary Lecturer Thomas Pfammatter and IROS Programme Committee Chairman Philippe L. Pereira*

### Top 3 most visited sessions at IROS 2018

- Critical lower limb ischaemia
- Vessel reconstruction treatments – aorta reconstruction
- Treating the stroke patient

*Petra Mann, CIRSE Office*



To catch up on all IROS sessions, go to [www.esir.org!](http://www.esir.org!)



*Antonia Digkila, medical oncologist at Lausanne University Hospital in Switzerland, is part of the Faculty at ECIO 2018.*

## Immunotherapy for HCC: Current Standards and the Promise of the Future

Metastatic or locally advanced hepatocellular carcinoma (HCC), which is not amenable to local ablative treatment, continues to have a grave prognosis. Currently, HCC is the sixth most common cancer and a primary cause of cancer-related mortality. In the last ten years, several clinical trials comparing different small inhibitors targeting intracellular tyrosine kinase (TKI) have only shown some small benefits regarding progression free survival (PFS) and overall survival (OS). Until 2017, systemic options for advanced HCC were limited to TKIs targeting angiogenesis and signal transduction pathways by sorafenib and regorafenib.

### Checkpoint inhibitors: a new treatment era

Since the US Food and Drug Administration's (FDA) approval of anti-CTLA-4 antibody ipilimumab in 2011 and the anti-PD-1 drugs nivolumab and pembrolizumab in 2015 for the treatment of unresectable or metastatic melanoma, checkpoint inhibitors (CPIs) have wrought a major resurgence of interest due to their important clinical activity. Due to their mechanism of action, the use of the CPIs has been associated with unique long-term benefit in some patients and with unique immune-related adverse events. Currently, CPIs are approved for several indications while their success in other cancer types has spurred the pharmaceutical companies to examine for potential responses in HCC patients.

In HCC, the first promising data came in 2013 when the phase II trial of CTLA-4 blockade with tremelimumab in patients with advanced HCC with HCV-related cirrhosis – a majority of patients progressed to sorafenib – was published. In this trial, 18% of the patients achieved a partial response, more than half (60%) were stable while one third of the patients presented clinical benefit lasting >12 months. Preliminary results from a 2014 phase I study of durvalumab, a human IgG1 monoclonal antibody to PD-L1 (Programmed death-ligand 1), also confirmed very interesting activity.

However, the most robust data comes from phase I/II Checkmate-040 studying nivolumab in patients with advanced HCC and Child max B7 cirrhosis who had either progressed, were

intolerant or refused sorafenib. 15% of the escalated-dose cohort and 20% of the expansion cohort had an objective response, with few complete responses (6/49). Furthermore, an additional 50% had stable disease. Although the data were insufficiently mature for calculation of median survival, 74% of patients remained alive after nine months. Interestingly, benefit was observed both in "sorafenib-naïve" and "sorafenib-experienced patients". What's more, responses tended to occur early with half of the responders doing so within three months of initiation. Nivolumab has demonstrated a manageable safety profile: the most common any grade treatment-related adverse event were fatigue, pruritus, rash and diarrhoea. Regarding hepatotoxicity, 5% of patients presenting an immune-mediated hepatitis required systemic glucocorticoids. Based on this, the FDA approved nivolumab for treatment of HCC who had, previously treated with sorafenib.

Currently, several clinical trials are ongoing in this context, comparing CPI monotherapy or in combination with first-line therapy and beyond. Recently, preliminary results from a safety run-in cohort of a phase I/II study of the durvalumab/tremelimumab combination (20 and 1 mg/kg IV Q4W respectively for 4 doses followed by 20 mg/kg Q4W durvalumab alone) in patients with unresectable HCC with or without concomitant HBV or HCV infection who progress on, are intolerant to, or have refused sorafenib therapy, were presented. A total of 40 patients were enrolled, 30% of which had no prior systemic therapy. The ORR is 25%, and the most common toxicities were comparable with other indications: fatigue (20%), increased ALT (18%), pruritus (18%), and increased AST (15%). Phase II of the study is ongoing.

### What might the future hold?

In HCC, one interesting approach is the combination of immunotherapy with local ablative treatments, such as interventional radiology procedures or stereotactic radiotherapy. In 2017, Duffy et al. presented a pilot trial with 32 patients with refractory HCC (Childs Pugh A/B7 and Barcelona Clinic Liver Cancer Stage B/C) treated with tremelimumab at two dose levels (3.5 and



Catch Dr. Digkila's presentation at ECIO in Vienna!



*Many sessions at ECIO 2018 will cover immunotherapy and genomics: check out the ECIO website to find out more.*

10 mg/kg i.v.) every four weeks for 6 doses, followed by three months of infusions until progression or toxicity. On day 36, patients underwent subtotal radiofrequency ablation or transcatheter chemoembolisation. 26% of the patients achieved a confirmed partial response and median time to tumour progression (TTP) was 7.4 months. Furthermore, 12/14 patients with quantifiable HCV experienced a marked reduction in viral load.

Oncolytic virotherapy represents an exciting area of cancer treatment. Oncolytic viruses are designed to selectively replicate within, and subsequently lyse, cancer cells by several mechanisms of action, including hijacking of cellular death pathways and promotion of cellular immunity. The first oncolytic virus studied in HCC patients is a genetically engineered vaccinia virus (Wyeth vaccine strain), called PexaVec. In a randomised dose-finding trial, 30 patients with advanced HCC received intratumoural injection of Pexa-Vec three times every two weeks at one of two dose levels. Pexa-Vec showed a response by modified RECIST criteria of 15% and a response by Choi of 62%. Interestingly, the intrahepatic disease control rate was 50%. On the other hand, median OS was 14.1 months with the high dose and 6.7 months with the low dose (HR, 0.39;  $P = 0.02$ ). Currently, a phase III PHOCUS trial is ongoing which compares Pexa-Vec followed by sorafenib versus sorafenib alone in first-line setting, as well as a phase I study evaluating the safety of concurrent administration Pexa-Vec with nivolumab. Another oncolytic virus under investigation in this context is in TVEC (talimogene laherparepvec), an engineered, oncolytic herpes simplex virus type 1 (HSV-1). A phase I clinical trial is currently ongoing, evaluating intratumour injection of TVEC in advanced HCC patients.

### Future Challenges

To conclude, this is an exciting time in the field of HCC therapy with the use of targeted therapies, CPIs and a renaissance of numerous new agents and combination therapies in the clinical pipeline, precipitating a transformation in the treatment landscape. For the moment, the results with CPIs have been consistent across the different studies and the overall trend is that different immunotherapy approaches have an overwhelming activity in HCC but perhaps not as important as observed in melanoma or non-small cell lung cancer. It is clear that we need more data in order to better understand when the best moment to use CPIs is (before or after sorafenib? monotherapy or in combination?) as well as to explore predictive factors. For example, high

PD-L1 expression in HCC is associated with high serum AFP levels, satellite nodules, macrovascular invasion, microvascular invasion, and poor differentiation as well as with significantly poorer prognosis than patients with lower expression. On the other hand, data for its predictive value is pending.

Based on the growing complexity of HCC patients' therapy over the last years, the role of the multidisciplinary team (MDT) becomes of increasing importance. We should not forget that a large number of HCC patients suffer from liver cirrhosis and portal hypertension complications (ie, gastrointestinal bleeding, refractory ascites, spontaneous bacterial peritonitis, renal failure), limiting the application of anti-tumour therapy. The management of the underlying cause of cirrhosis (alcohol or viral hepatitis) is important especially in the curative therapeutic setting since it may help improve the outcome and compliance to the treatment. Last but not least, rapid recognition and management of immune-related side effects is crucial as it can affect various organs and the need for cooperation between different medical experts to treat them becomes necessary.

### Tips

- Checkpoint inhibitors have shown significant results and have also demonstrated manageable safety profiles in HCC therapy.
- Rapid recognition and management of immune-related side effects is crucial.
- Phase III data is still required for emerging sequencing of immunotherapy for HCC.

*Dr. Antonia Digkila, Lausanne University Hospital/CH*

### Don't miss it!

**Monday, April 23, 15:00-16:30**

**Immuno-oncology: future directions for HCC  
CF 1102 HCC in 2018**

**This session can also be watched online at  
[live.ecio.org](http://live.ecio.org).**

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**"Checkpoint inhibitors have shown response rates that have not yet been observed with targeted therapies in advanced HCC."**

*As IDEAS enters its fourth year, let's take a look at what to look forward to at our Interdisciplinary Endovascular Aortic Symposium in Lisbon.*

## Aortic Intervention: Ones to Watch



"The cooperation between disciplines is extremely important in ensuring a successful aortic repair and follow-up"



IDEAS

In 2015, CIRSE decided to harness the growing popularity and importance of aortic interventions by creating the Interdisciplinary Endovascular Aortic Symposium (IDEAS). The aim was to bring together surgeons and interventionalists working in this progressive and demanding field to discuss and consolidate their work in an annual fixture. The symposium thus far has been a roaring success: packed out rooms and intensive discussions are clear indicators of that. For the last two years, delegates have enjoyed participating in the Industry Training Village, where they can get hands-on experience with the newest technologies in aortic interventions.

### Dissection and Controversy

Acute type B dissection continues to be associated with high morbidity and mortality rates. While it is largely accepted that medical treatment can suffice for many uncomplicated type B acute aortic dissection patients, complicated presentations (approx. 30% of presentations) entail complex decision-making. An Expert Round Table named *Controversies in TBAD: complicated or not?* will cover issues or challenges associated with type B dissection. Dissection will, as such, be a recurrent theme at this year's IDEAS, with a dedicated Focus Session covering evolving surgical strategies for type A aortic dissection, malperfusion after proximal aortic repair, the role of TEVAR in complicated type B dissections, and treating uncomplicated type B aortic dissections.



*Complex aortic stent grafting Expert Video for a topic package at [www.esir.org](http://www.esir.org), filmed at IDEAS 2017.*

In the Controversy Session, a surgeon and an interventionalist will each present their case on why they believe surgery or endovascular treatment is the right choice for three different

topics. This year's session, titled *Hot debates in aortic interventions*, will explore the best treatment options for juxtarenal aneurysms, management of uncomplicated type B aortic dissection and how late ruptures can be prevented in EVAR. Other sessions not to be missed are the Expert Round Table Sessions *Controversies in TAAA* and *Controversies in ruptured AAA: open or not?*



### Complex Endograft Repair

Today more and more patients presenting with complex anatomy require an endovascular treatment for aortic diseases. In these cases, branched and fenestrated stent grafts are a viable option. These techniques are, however, associated with a higher rate of complications such as renal insufficiency, spinal cord ischaemia and stroke. In some cases, due to the severity of the anatomical conditions like severe neck angulations, short or absent proximal neck, access problems and vessel tortuosity, a hybrid procedure can be carried out.

These highly complex procedures require deep knowledge of imaging and techniques with very specific skills and training. The cooperation between surgeons, vascular surgeons, radiologists and interventionalists is thus extremely important in ensuring a successful repair and follow-up. A Focus Session on thoracoabdominal aneurysms will cover the prevention of spinal cord ischaemia, as well as FEVAR, BEVAR and treating side branch occlusion. There will also be a Focus Session covering proximal neck issues, chimney technique, fenestrated grafts and new devices.

You can attend IDEAS at no extra cost with your CIRSE registration. We look forward to seeing you there!

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## Let IR lead you to Lisbon



As the sunshine capital of Europe, Lisbon is well practiced in meeting the needs of vast numbers of travellers, and offers an ideal location for CIRSE 2018. Recent renovations to the airport make for an even smoother travel experience, while top quality visitor facilities and a state-of-the-art scientific programme will ensure a rewarding stay for all who work in the field of image guidance.

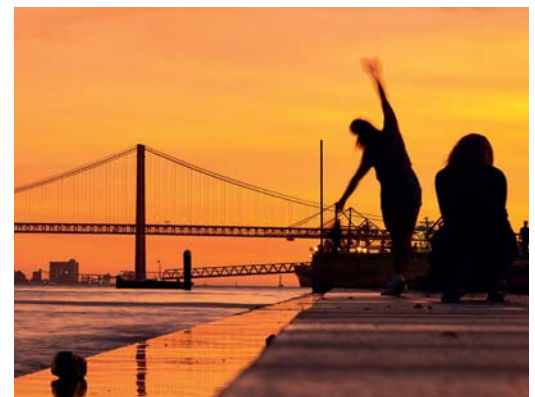
### Venue

We return to the tried-and-tested *Centro de Congressos de Lisboa*. It is a well-appointed venue with sufficient space for the many lectures, workshops and discussions that are planned, as well as the various lounges we provide to facilitate networking, refuelling and planning your schedule. Full Wi-Fi coverage will allow you to check your emails and make full use of our helpful congress app.



The congress centre is located to the south-west of the city centre, on the banks of the River

Tagus, in the historic district of Belém. One of the few places to escape the earthquake of 1755 unscathed, it features some of the oldest buildings in the city, as well as being the launchpad for the world-changing voyages of discovery. Those looking to stretch their legs during their lunch break might want to walk as far as the *Torre de Belém*, a stately Manueline lighthouse that served as both a defence system and a ceremonial gateway to Lisbon.



### Book your trip

Humberto Delgado Airport (formerly Portela Airport) is a mere 7 km from the city centre and can be easily accessed via a direct metro connection. The airport serves over 20 million passengers annually, and as of 2016, hosts 47 airlines reaching 121 destinations. It is one of Europe's largest hubs to Brazil and Africa, as well as the largest Star Alliance hub to South America, making CIRSE 2018 an easily accessible destination for those in Europe and beyond!

The sunshine capital and a state-of-the-art programme...



## DESTINATION LISBON

*Discover the newest trends and advances in minimally invasive therapy in Western Europe's oldest city!*

We're delighted to offer significant flight discounts to those booking via our partner airline, TAP Portugal. Full details can be found on [www.cirse.org/flights](http://www.cirse.org/flights). Furthermore, discounted rates have been agreed with many of Lisbon's best located hotels, and these are available online soon at [www.cirse.org/accommodation](http://www.cirse.org/accommodation).

### Getting around

To enable delegates to maximise their time at the congress without worrying about commuting considerations, a number of complimentary shuttle buses will be provided.



The congress centre is located along the Cascais train line, between the stops Alcântar-Mar and Belém. This train line links with the metro network at Cais de Sodré (city centre), and runs along the coast as far as the charming seaside town of Cascais. Within the city itself, an extensive metro system is augmented by trains and trams, including the iconic "Americanos" – tiny, yellow, turn-of-the-century trams that are synonymous with Lisbon. These delightful curiosities still run on the No. 15 line, and are ideally suited to old Lisbon's steep hills and narrow, winding streets.

Those who want to see Lisbon's earliest trams can also visit the Public Transport Museum (Museu da Carris), a mere 10 minutes on foot from the congress centre. It opens from Mon-Sat, including throughout our scheduled lunch breaks.

### Where to eat

With an astonishing 1,800km of coastline, it is no surprise that seafood is the mainstay of Portuguese dining – which must also be one of

Europe's most criminally underrated national cuisines. After sessions finish up for the day, cross the bridge by the congress centre and walk back towards the 25 de Abril Bridge to find a small harbour packed with great restaurants, many proudly displaying the catch of the day outside. Or for something trendier, wind your way to LxFactory, a former manufacturing site nestled beneath the imposing bridge, now hosting a vibrant mix of cafes, restaurants, boutiques and galleries.



Being in Belém also warrants trying that most seductive of Portuguese treats: the pastéis de nata. These delectable little custard tarts originate in the Jerónimos Monastery, and they say the best ones in the world can still be bought in the nearby Fábrica dos Pastéis de Belém.



We look forward to welcoming you all to Lisbon this September, and hope that our many member services will help you plan your stay with ease!

*Ciara Madden, CIRSE Office*



**We have all  
you need to book  
your trip  
to Lisbon!**

# The Award of Excellence and Innovation in IR



## Innovative Spirit

During CIRSE 2017, the R.W. Günther Foundation honoured Prof. Hans Henkes, for the invention of the Solitaire™ stent retriever and the MR CLEAN trialists, represented by Dr. Wim H. van Zwam, for their randomised controlled trial on endovascular treatment for acute ischaemic stroke.

## 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

Many 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 2018.

***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 €6,000.***

## How to apply

Send us your groundbreaking 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 11, 2018 to [scientific@cirse.org](mailto:scientific@cirse.org). For more information, please visit the CIRSE website.***

*A new course format to be introduced at CIRSE 2018 will give delegates a thorough overview on patient treatment pathways.*

## New: Clinical Evaluation Courses

As IR continues to expand its impact on the future of medicine, it is vital that interventionalists are truly involved in each step of a patient's treatment pathway across all realms of the subspecialty. This is why CIRSE's Scientific Programme Committee, headed by Fabrizio Fanelli and Thomas Kroencke, has developed a new session type, entitled Clinical Evaluation Courses (CEC).

These clinically focused training sessions will include multidisciplinary teams made up of the essential experts who design a patient's care pathway and offer the best diagnostic-therapeutic measures. The sessions will analyse themes from a diagnostic point of view, including: pros and cons of different therapeutic options; considerations before, during and after the procedure; possible complications; and, of course, the follow-up of the patient.

### Interventional Oncology

Three sessions have been set aside for oncology due to the fundamental need for a multidisciplinary approach to the correct conclusion of the diagnostic and therapeutic path. The CEC sessions in this track will cover the topics of hepatocellular carcinoma, lung metastases and kidney tumours.

### Arterial Interventions

This year's arterial CEC will be on femoropopliteal disease in claudicants. Patients with femoropopliteal pathology have a highly complicated condition due to their youth and often long life expectancy. This session will have two vascular surgeons, three IRs and one interventional cardiologist attending to address clinical evaluation, best medical therapy and risk factors, supervised exercise therapy, indications and outcomes of bypass and endovascular procedures, follow-up management and medical treatment.

### Embolisation

One of the Embolisation CEC courses will cover the increasingly popular theme of prostate artery embolisation, including coverage of the imaging

and treatment plan, clinical overview, anatomy and technique, image guidance, surgical outcome and follow-up. The session will allow for an open discussion among specialists to better evaluate the pros and cons of different techniques. This course will welcome one surgeon and five IRs.

In the second course, an anaesthesiologist, three IRs, a surgeon and an emergency doctor will broach the topic of the management of the poly-traumatised patient. A patient management algorithm will be addressed along with patient selection, IR techniques for trauma management, best intervention timing, complications, damage control surgery, and results and outcome predictors.

### Non-vascular Interventions

This CEC session will deal with the treatment of osteoporosis and vertebral fractures and will be discussed in detail by a radiologist, a rheumatologist and four IRs. Percutaneous treatment is well-established as a principal therapeutic option used in these ailments, but further topics discussed will include imaging work-up, patient selection for IR, indications and intervention timing, augmentation, medical treatment and complication risks after osteoporotic vertebral fractures. Collaboration between orthopaedic physicians, interventional neuroradiologists and IRs will be another theme of interest.

### Neurointerventions

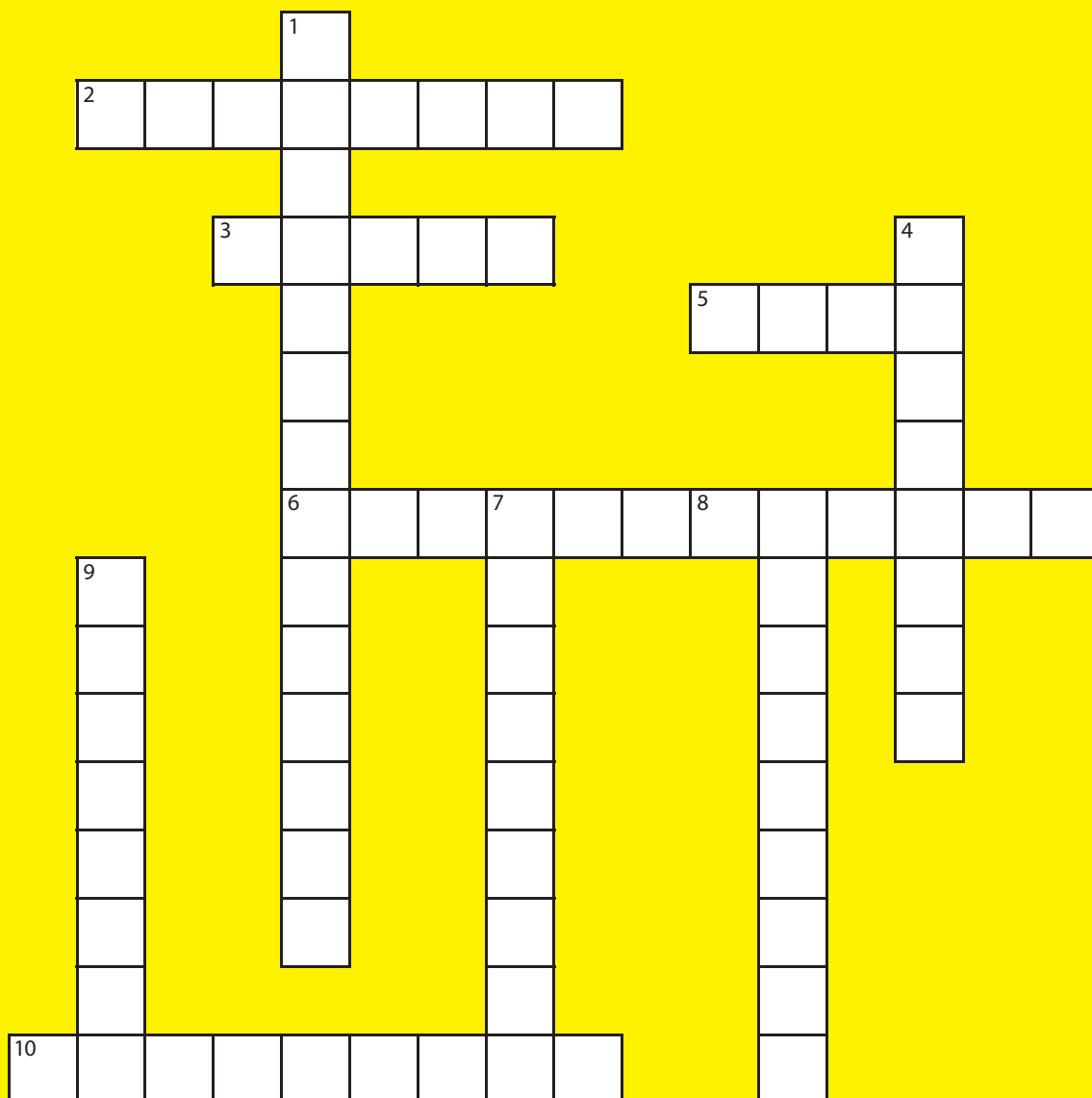
The Neurointerventions CEC will address the essentials in intra-arterial treatment (IAT), including clinical diagnosis, patient selection, adjusting selection based on the DAWN trial, techniques for IAT of the anterior and posterior circulation, and follow-up management and long-term results. This session will be extremely interesting not only for those who want to begin work with this novel technique but also for experts looking for the latest information.

*Michelle Weiss, CIRSE Office*



Have you  
registered for  
CIRSE 2018?





## The CIRSE Crossword Puzzle

### Across

2. Master liquid embolics here in October (8)
3. 1<sup>st</sup> patient enrolled in this CIRSE clinical registry (5)
5. Who turns 40 this year at CIRSE? (4)
6. Anagram: Basil Emotion (13)
10. Honorary Lecturer ECIO 2018 (9)

### Down

1. Anagram: Conquered fairy (14)
4. Itchiness (8)
7. 'Under-the-sea' action here in our CIRSE congress city (9)
8. 1,529 of these received for CIRSE 2018! (9)
9. ET will land here in 2019 (8)

Answers to the crossword puzzle will be available at [www.cirse.org/crossword](http://www.cirse.org/crossword)



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# OPEN

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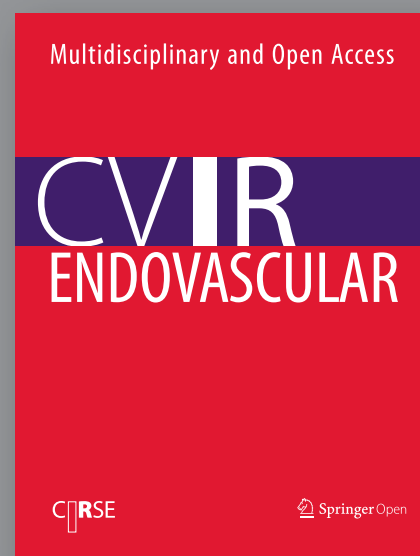
\* We are CVIR Endovascular, CIRSE's new open access journal. The journal will publish original research work in the field of endovascular treatment and is accepting the following article types: original article, case report, new technologies, review article, short communication, study protocol and letter to the editor.

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*On the occasion of APSCVIR 2018, the EBIR exam once again took place in New Zealand.*

## CIRSE at APSCVIR and EBIR on the Road



This was an exciting opportunity for CIRSE to be represented in Australasia to exchange ideas and strengthen ties with this region.

Once again CIRSE was thrilled to participate in and support the Asia Pacific Society of Cardiovascular Interventional Radiology (APSCVIR) meeting. This year the conference took place from March 8-11 in Auckland, New Zealand, and was hosted by the Interventional Radiology Society of Australasia (IRSA). This was APSCVIR's 13th Scientific Meeting and is set to become a yearly fixture. Many current and former CIRSE Executive Committee Members took part in the conference as Faculty, including the "APSCVIR meets CIRSE" session. CIRSE President Robert Morgan, Afshin Gangi, Anna-Maria Belli, Otto van Delden and Raman Uberoi spoke on a range of scientific topics.

The session *Quality Assurance and Clinical Practice in Interventional Oncology* touched upon an increasingly important topic and speakers, such as radiation oncologist Liz Kenny, emphasised how quality assurance measures benefit not only safe and efficient practice of IO, but ultimately innumerable patients, too.

In a magnificent celebration that followed the successful conference days, conference convenor Andrew Holden led the awards ceremony with Andy Adam being among the proud recipients of the APSCVIR Honorary Membership 2018. This was an exciting opportunity for CIRSE to be represented in Australasia alongside other international interventional societies, and to exchange ideas and strengthen ties with this region.



Andrew Holden, CIRSE Fellow and APSCVIR conference convenor



**APSCVIR**  
Asia Pacific Society of Cardiovascular  
& Interventional Radiology





*To sign up for an EBIR examination or to find out more information, please visit [www.cirse.org/ebir](http://www.cirse.org/ebir).*

### EBIR Travels Around the Globe

In late February, candidates took the EBIR exam in Vienna on the occasion of European Congress of Radiology (ECR). One week later, the EBIR flew across the globe to Auckland, New Zealand for another sitting on March 7-8, on the occasion of APSCVIR. Excitingly, this Auckland examination was EBIR's fourth round in Australasia, and was overall the twentieth EBIR exam to have taken place. The Auckland examination also set a new record for the total number of candidates to sit an exam in Australasia, with a total of 21 people having participated. Currently 58 Australasian IRs hold the EBIR certificate – an impressive number that will undoubtedly increase once the analysis of results has been concluded.

EBIR is expanding its reach across the globe, and many have taken note. Despite the fact that the examination is offered in Europe and Australasia, candidates from a total of 45 countries have taken the exam since 2010 when the EBIR examination was first established. Currently, Germany holds the greatest number of candidates to have taken the EBIR, while the United Kingdom is a close second. Out of the non-European countries who have participated, Australia and Saudi Arabia have the highest number of candidates take the EBIR. CIRSE applauds all candidates who have taken the EBIR and invites those who have not yet tried the exam to certify their expertise.

### A High-Quality Examination

As interventional radiology is a rapidly evolving field of medicine, it is essential that the interventional radiologists of the future develop and maintain clinical and technical skills in order to continue carrying out safe and effective treatments for patients. EBIR reflects this objective by providing a certification of training in IR of a high standard, and by constantly working to improve and maintain a high level of quality and validity.

One example of this can be noted with the second edition of the European Curriculum & Syllabus for IR, which underwent extensive review before its release in early 2017. The new curriculum now includes updated and new procedures, a separate section on interventional oncology, as well as an explanation of how candidates can use the syllabus to prepare for the exam (found on page 20-22 of the European Curriculum and Syllabus for Interventional Radiology 2<sup>nd</sup> Edition). By using the syllabus to create balanced examinations, the EBIR exam not only assures a summative assessment but also ensures candidates are tested in key areas of interventional radiology.

Successful candidates who have taken EBIR have reflected that the exam has benefited them by certifying their expertise, helping them revise their knowledge of IR, teaching them new aspects and earning recognition in countries where IR is not yet an official subspecialty.

If you are interested in taking the EBIR exam we recommend registering as soon as possible, as there is a high demand for seats and spots are allocated on a first-come, first-served basis. For further information on how to prepare for the exam, please visit the CIRSE website.

*To sign up for an EBIR examination or to find out more information, please visit [www.cirse.org/ebir](http://www.cirse.org/ebir). For questions regarding the exam, please contact us at [ebir@cirse.org](mailto:ebir@cirse.org).*

Genevieve Schmoeker, CIRSE Office



**Make sure  
to check out  
the European  
Curriculum and  
Syllabus for  
Interventional  
Radiology 2<sup>nd</sup>  
Edition.**



*Join experts and experienced physicians from around the globe for these Clinical Procedure Training courses offered throughout the next year.*

## 5 Clinical Procedure Training Courses for Interventionalists



Florence, Italy



Milan, Italy

Sign up early  
to take  
advantage  
of Early Bird  
prices!

ESIR courses take the brilliant combination of distinguished faculty members, experienced participants and state-of-the-art technology, and mix those together with a selection of hot scientific topics to create an ideal learning experience. The ESIR course programmes consistently provide modern procedural training and practical exercises with tips and tricks from highly skilled course leaders.

### 1. Mechanical Thrombectomy in Acute Ischaemic Stroke

**Florence, Italy  
May 18-19, 2018**

This course, led by Fabrizio Fanelli and Salvatore Mangiafico, will take place in Florence's Careggi University Hospital among a multidisciplinary faculty. Prof. Mangiafico outlines the importance of the course: "Between 2015 and 2017, seven RCTs documented the effectiveness of mechanical thrombectomy in acute ischaemic stroke, leading to important changes in European guidelines. It is necessary to implement stroke training pathways to give interventional radiologists the appropriate endovascular skills to select patients and to perform thrombectomy in acute intracranial large vessel occlusions. This course is aimed to physicians who want dedicate themselves to furthering endovascular stroke therapy."

### 2. Prostate Artery Embolisation

**Milan, Italy  
June 14-15, 2018**

At the start of summer, Milan will host participants of the Prostate Embolisation course, which will be led by Francisco Carnevale and Antonio Rampoldi. Dr. Rampoldi says the course will "allow participants coming from different countries to take an active part in exploring the complex world of the benign pathology of the prostate gland, from urodynamic tests to technical PAE tricks through interactive presentations." Prof. Carnevale adds, "this is a unique opportunity to learn directly from an experienced team of urologists, diagnostic and interventional radiologists working in the field of prostate embolisation. It's an intensive theoretical and practical course with simulators, recorded and live cases of PAE."

### 3. Mastering Liquid Embolics

**Zaragoza, Spain  
October 25-26, 2018**

Moving into autumn, the Mastering Liquid Embolics course will take place from October 25-26 in Zaragoza, hosted by Miguel de Gregorio and José Urbano. Dr. Urbano says that "under the supervision and support of the faculty members, all participants will be able to practice liquid embolics in small groups with the live models,

*Discover new tools and techniques while gaining hands-on experience.*



Zaragoza, Spain

and will listen to short, specific lectures on daily practice and tips and tricks related to liquid embolics." Prof. Gregorio stated that "Zaragoza is a dynamic city which is very well-connected, and the charm of the people will make for a very pleasant stay for participants!"

#### **4. DEB & cTACE in Primary and Secondary Liver Cancer** Villejuif, France December 13-14, 2018

This cutting-edge course will be hosted by Thierry de Baère who will highlight the current practice and future trends of intra-arterial therapies for liver cancer, focusing especially on various types of intra-arterial chemotherapy for the liver, including TACE, TAE and HAIC. Dr. de Baère says



Villejuif, France



Dublin, Ireland

that he is "looking forward to the live cases which will be delivered from the brand new IR rooms including 3D CBCT and 4D CT," and, should you wish to extend your stay in France, "mid-December is the perfect time to visit an illuminated Paris!"

#### **5. DVT/PE Thrombolysis and Thrombectomy** Dublin, Ireland February 15-16, 2019

Hosted by Mick Lee and Gerry O'Sullivan, this course is aimed at experts working in venous interventions. Prof. Lee says that "DVT and PE management is a truly multidisciplinary field with rapidly evolving, potentially life-saving treatments" and he is looking forward to "providing updates on the latest research, devices and clinical management of DVT/PE." Dr. O'Sullivan says that "DVT and thrombo-embolism are common diseases which greatly impact the lives of many patients, and IRs are ideally positioned to help with these procedures," and that this course will offer participants "the opportunity to interact with a world-class faculty in a wonderful venue in the heart of one of Europe's most exciting cities."

*Michelle Weiss, CIRSE Office*

*Learn more about this year's ESIR Clinical Procedure Training courses and register at [www.cirse.org/esir2018](http://www.cirse.org/esir2018)*



E D U C A T I O N

We hope you  
can join us  
for these exciting  
courses around  
Europe!



Cardiovascular and Interventional Radiological Society of Europe

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