

Online election
results are in!

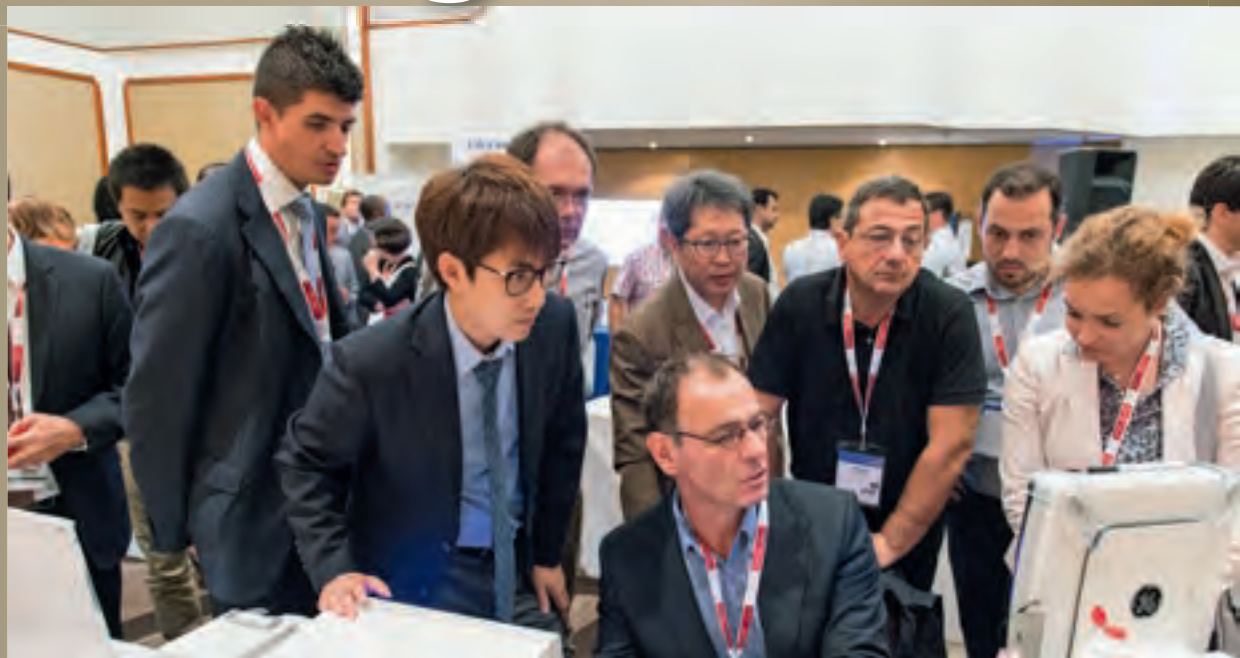
IDEAS 2015
makes its debut

Upcoming
ESIR Courses

news



CIRSE 2015 goes 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

Celebrate our 30th Anniversary with us at the Annual Meeting in Lisbon from September 26-30, 2015!

Cardiovascular and Interventional Radiological Society of Europe

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SOCIETY
MEETING
FOUNDATION

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"I am impressed by the determination and energy I have seen and which has resulted in the development of new initiatives and programmes for training."

Dear colleagues,

CIRSE 2015 is less than two months away, and the society is hard at work to ensure this will be another success and a meeting to remember. Lisbon is becoming a familiar destination but has always proved popular, and this year's Annual Meeting packs several exciting new features.

CIRSE 2015 Highlights

CIRSE 2015 marks the society's 30th anniversary, so the event will include a variety of celebratory specials, including the X-Session, a one-off event highlighting formative moments in the clinical careers of six former CIRSE presidents. IR has progressed in leaps and bounds, so don't miss this opportunity to hear pivotal impressions from well-respected leaders in the field. The presidents of the future will be listening in the audience, and one of them may be you!

Whilst the scientific programme will be split into six tracks covering the main sections in IR, delegates with a particular interest in aortic interventions will benefit from the new Interdisciplinary Endovascular Aortic Symposium (IDEAS) featuring 2.5 days of targeted education. IDEAS will run in the same building as, and parallel to, the Annual Meeting. Delegates who register for CIRSE 2015 will be able to attend IDEAS, which includes a Hot Topic Symposium on aortic intervention and Aortic Round Table sessions on the abdominal and thoracic aorta. But this should also be attractive to other clinicians involved in endovascular aortic therapies who may not wish to attend the rest of the CIRSE congress. The aim is to attract clinicians of all disciplines involved in aortic treatments, to maximise education, stimulate discussion and promote interdisciplinary collaboration. You will find more details inside.

This year's Radiation Protection Pavilion also promises to be particularly engaging. Last year's Pavilion, a major component of the Radiation Protection Subcommittee's efforts to raise awareness of the risk of radiation-induced cataracts, was a great success. The second version of the Pavilion will again feature eye-checks, which were a great attraction last year, and will incorporate new interactive elements designed in close cooperation with industry partners. The importance of radiation protection cannot be over-emphasised.

The Student Programme, which helps medical students from Europe attend our congress to learn what IR has to offer in modern medical management and as a career, has been one of our most popular projects. Too many new medical graduates have no real understanding of IR, which is to the detriment

of patient care. A recent survey amongst past participants confirmed that attending this programme was not only valuable to their knowledge of what IR can offer in terms of patient management, but also in attracting younger generations to IR.

Reaching out to new and broader audiences also includes getting health professionals other than doctors involved in CIRSE's scientific and educational programmes. To that end, this year's meeting will again feature workshops specially targeted at radiographers and nurses. Please be sure to spread the word about this great opportunity in your departments.

The Big 3-0: A Time for Reflection

Anniversaries are an excellent opportunity to revisit the past and take stock of one's achievements. CIRSE is celebrating the big 3-0 milestone with a website specially dedicated to highlighting both the society's and the subspecialty's development over the years. Relive some of your favourite memories by scrolling through photos and anecdotes dating back to 1985!

Although we are very proud of how far the society has come, we have no intention of slowing down, and have several new projects underway. As outlined in this edition of *IR News*, the Oncology Alliance Subcommittee has been working on several initiatives seeking to strengthen the field of interventional oncology. We look forward to presenting the results of these efforts in the months to come.

A Global Discipline

All eyes were on interventional oncology at ECIO 2015 in Nice this past April. The event attracted a record number of participants, with over 1,300 delegates attending. Participants hailed from 68 different countries. Underscoring the increasingly global nature of the congress, a delegation from Japan provided interesting insights into the status of IO in Japan both during a joint session and via the excellent Honorary Lecture, delivered by JSIR President Dr. Yasuaki Arai, which resulted in a standing ovation.

In fact, in the first half of this year, I have had several opportunities to see how IR is progressing around the world with attendance at meetings in Europe, North America, South Africa and Asia. These meetings were uniformly stimulating and well attended and showed that, although there are country-specific problems in ensuring adequate IR provision and development, the IR communities are active in promoting their discipline for the benefit of patient care and safety. Dialogue with all these



S O C I E T Y

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This year's
Annual Meeting
in Lisbon packs
several exciting
new features



LINES FROM THE PRESIDENT

"I look forward to celebrating the many individuals who have shaped CIRSE in the past, and those who will contribute to its continued success in the years to come."

societies results in furthering the discipline and ensuring new generations of IRs undergo appropriate training and expand local IR practice. I am impressed by the determination and energy I have seen and which has resulted in the development of new initiatives and programmes for training. To this end, the CIRSE IR curriculum and examination are proving to be very helpful tools.

Our many interactions with colleagues from around the world also make it clear that strengthening IR's credibility with evidence is a priority. This includes the collection of high-quality outcome data on interventional therapies that have already been certified for use. A new society initiative, the CIRSE Post-Market Partnerships, supports the production of such data by offering professional management services for European-wide registries in IR. The CIRT registry – the first such project – is already off to a great start, and we hope it is just one of many more to come!

Passing the Baton

CIRSE's 30th anniversary isn't the only reason I am feeling reflective whilst writing these words.

The newly elected members of the Executive Board, the Executive Committee, and the standing committees will be officially welcomed at this year's annual General Assembly. This means my two-year tenure as CIRSE President comes to an end this September. It's been a wonderful though intense time. I have had amazing support and I thank each and every one of you who has helped me through this period. Like an elephant – I will never forget! I know that Elias Brountzos as the new president and the many other committed colleagues taking on new roles this autumn will keep this society on the right path.

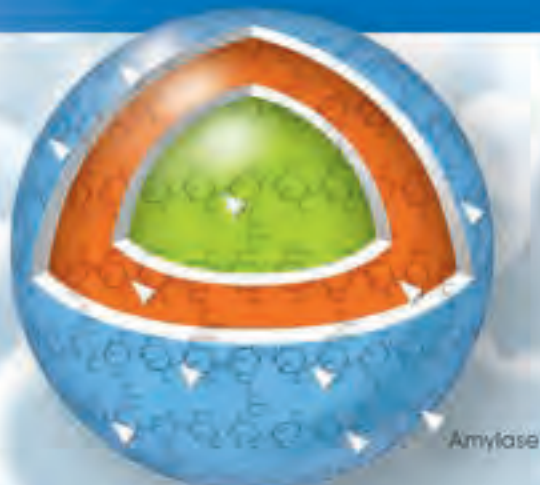
I look forward to celebrating the many individuals who have shaped CIRSE in the past, and those who will contribute to its continued success in the years to come, in Lisbon.

Diolch yn fawr iawn – Grazie mille –
Thank you and see you in Lisbon!

Anna-Maria Belli



SAVE THE DATES FOR CIRSE 2015



Your ideal combination partner
for optimization of locoregional
tumor therapy

- biodegradable (half-life 35 min)
- highly tolerable
- mixable with various substances



▶ Breakfast Symposium:

DSM-TACE (EmboCept® S) in comparison with cTACE and DEB-TACE:

First results of VEGF levels under the treatment

P.L. Pereira, P. Wiggermann

Sunday, September 27, 2015

08:00 – 08:20

Room: 3.A

PharmaCept Participation:

Hands-on-Workshop

„Embolization: materials & tools“

EMT-HoW 5 + 6 /Particulate agents

Experienced support from St. Zangos

Tuesday, September 29, 2015

08:30 – 10:00

11:15 – 12:15

 **PharmaCept**
www.pharmacapt.com

The results are in, and we're happy to announce CIRSE's Committees for 2015-2017!

CIRSE Committee Election Results

The CIRSE Executive Committee would like to thank all members who took part in the 2015 Committee Elections, held from June 8-19. Voter participation again increased, with a total of 840 members casting their vote.

We would also like to thank all members who applied for positions in the Executive Committee and the Standing Committees, and congratulate the newly elected officers. Their terms of office will begin after the 2015 General Assembly.

CIRSE Executive Committee

(term of office: September 2015-2017)

President	Elias Broutzos
Vice-President	Robert Morgan
Past President	Anna-Maria Belli
Treasurer	Afshin Gangi
Scientific Programme Committee Chairperson	Christoph Binkert
Scientific Programme Committee Deputy Chairperson	Fabrizio Fanelli
Membership Committee Chairperson	Michele Rossi
Research Committee Chairperson	Konstantinos Katsanos
Standards of Practice Committee Chairperson	Philippe Pereira

Members of EC by Function

EBIR Committee Chairperson	Otto van Delden
CVIR Editor-in-Chief	Dierk Vorwerk
ESIRonline Editor-in-Chief	Mario Bezzi
CIRSE 2016 Local Host Committee Chairperson	Marta Burrel Samaranch
ECIO 2016 Scientific Programme Committee Chairperson	Thomas Helmlinger
Executive Director	Daniel Waigl

CIRSE Standing Committees

Membership	Giovanni C. Anselmetti Antonio Basile Viktor Bérczi Anthony G. Ryan
Research	Miltiadis Krokidis Christian Stroszczynski Massimo Venturini Thomas Vogl
Standards of Practice	Irene Bargellini Dimitrios K. Filippiadis Olivier Pellerin Thomas Rand

More information on the CIRSE Executive Committee Election 2015 can be found on CIRSE's website.

S O C I E T Y

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We warmly
welcome the
CIRSE Committee
Members for
2015-2017

Multidisciplinary cooperation loomed large at the sixth ECIO meeting, which attracted a truly diverse group of practitioners.

ECIO 2015 in Nice: Bringing Together Leaders in Interventional Oncology



A session on *Best IO Papers* highlighted research shaping the future of cancer care

With interventional oncology expanding at a rapid rate, keeping pace with latest developments can be a challenge in everyday settings. ECIO 2015, held in Nice from April 22-25, provided an excellent opportunity for practitioners engaged in cancer care to get updates on the most recent research results, techniques and technical advances in a structured setting.

The meeting was a huge success, attracting over 1,300 delegates from 68 countries, with Nice providing a beautiful backdrop for the event.



Dr. Thierry de Baère served as Chairperson of this year's Scientific Programme Committee.

Comprehensive Educational Content

ECIO 2015 featured 42 hours of scientific education, including three joint sessions and four hands-on workshops. Core themes included liver cancer, covering both early and intermediate HCC, as well as colorectal liver metastases; lung cancer, focusing on stage I non-small cell lung cancer and pulmonary metastases; and musculoskeletal tumours, addressing techniques for pain management, tumour destruction and bone stabilisation. Sessions covered broad ground, scrutinising both established and experimental applications.

Participants again benefited from Video Learning Sessions, which were introduced last year and were very well-received. These sessions demonstrate how to perform a wide variety of percutaneous treatments by guiding delegates through major interventions step by step. This year, sessions covered the liver, lung and kidney, as well as pain management in diverse contexts.

Highlighting Cutting-Edge Research

The event also highlighted interesting research being carried out in the field, with the *Best IO Papers* session introducing studies that are shaping the future of cancer care. Presented research included studies comparing doxorubicin-eluting

Attendance broke all previous records, with more than 1,300 participants.

beads to conventional chemoembolisation for HCC; exploring the use of sunitinib-eluting beads for chemoembolisation; comparing partial nephrectomy and ablation for cT1 renal masses; comparing survival outcomes of sub-lobar resection and thermal ablation for early stage non-small cell lung cancer in older patients; and a closer look at percutaneous long bone cementoplasty of the limbs.

Promoting Interdisciplinary Cooperation

Patients now benefit from a vast array of specialist knowledge, but effectively pooling that knowledge to optimise care can be challenging. Embracing interdisciplinary collaboration is absolutely vital. The educational programme reflected an appreciation of that reality. Sessions on offer again included several Multidisciplinary Tumour Boards, which brought together groups of experts from different specialties, including hepatology, surgery and interventional radiology, to jointly analyse individual cases. The sessions underscored that experts often agree on how to proceed, but that they are also able to offer unique insights based on their various perspectives.

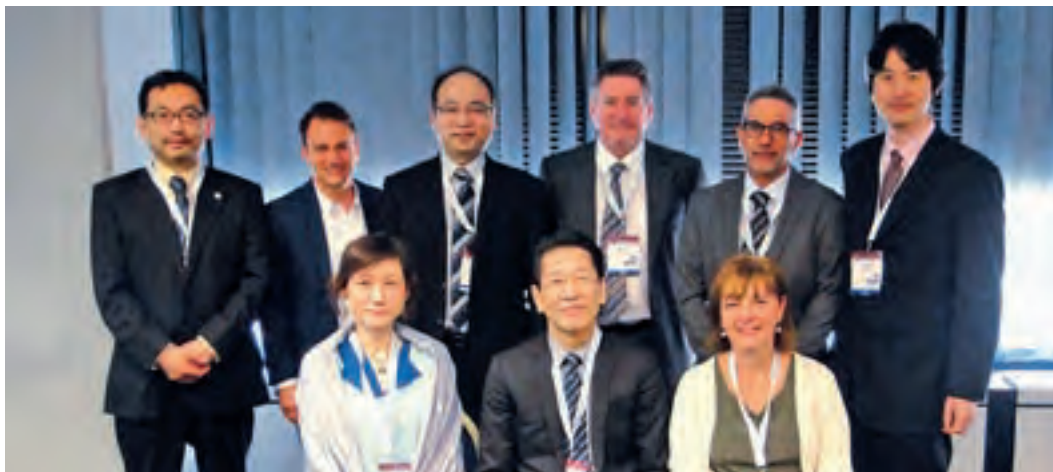
The referring physician programme is another important element of CIRSE's efforts to reach out to other disciplines. We were delighted to again

welcome a diverse group of professionals, including gastroenterologists, oncologists, surgeons, radiation oncologists, as well as nurses and radiographers, to the meeting.

Open cooperation also involves working with diverse partner societies on joint sessions. This year's programme featured sessions organised in collaboration with the Japanese Society of Interventional Radiology (JSIR), the European Society for Medical Oncology (focusing on colorectal liver metastases), and the World Conference on Interventional Oncology (addressing molecular oncology and translation into the clinic).

All Eyes on Japan

Delegates were able to gain important insights into IO in Japan thanks to excellent contributions by their Japanese colleagues. JSIR President Dr. Yasuaki Arai's Honorary Lecture was a particular highlight. Dr. Arai, who has tirelessly pursued the goal of strengthening IR's evidence-base throughout his career, looked *"Beyond the evidence"* and discussed the true goals of interventional oncology, providing valuable perspectives based on his extensive experience on the forefront of the discipline in the Asia-Pacific, especially at the National Cancer Center Hospital in Tokyo.



JSIR President Yasuaki Arai and other JSIR delegates pose with members of CIRSE's Executive Board.

S O C I E T Y

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Experts from different specialties came together to jointly analyse cases

>

The programme featured joint sessions with JSIR, ESMO, and the WCIO.

>

In addition, a joint session entitled "Essence of interventional oncology" featured five presentations from a group of Japanese interventional radiologists. These analysed the concept of TACE in the context of the micro-vasculature of HCC; outlined the background of, and main challenges encountered with, intra-arterial infusion therapy; scrutinised interventional palliative treatment options; discussed combining ablation with other IR techniques; and detailed clinical trials aiming to produce evidence on interventional oncology treatments.

Industry Support

Thirty exhibitors participated in the technical exhibition, presenting the latest products and advances. Sponsors also offered eight satellite symposia, as well as two Learning Centres, providing delegates the opportunity to gain hands-on experience with new equipment.

We are delighted that this year's event attracted both such a large and such a diverse group, and look forward to another successful event in Dublin next year.

Presentations from ECIO 2015 can be accessed at www.esir.org.



Delegates
gained
interesting
insights on
interventional
oncology in
Japan

New initiatives aim to strengthen the quality of minimally invasive cancer care.

Pushing Interventional Oncology

The Oncology Alliance Subcommittee, headed by Prof. Andreas Adam, is working to bolster interventional oncology by developing measures that support the provision of high-quality services.

IO Curriculum

Providing first-rate IO services requires both excellent interventional skills and a solid grounding in the fundamentals of oncology. Reflecting this realisation, the Executive Board recently approved the creation of an IO curriculum, which aims to ensure that interventional radiologists engaged in cancer care understand the main principles of surgical, medical and radiation oncology.

The curriculum will constitute a sub-section of CIRSE's European Curriculum and Syllabus of Interventional Radiology, and will focus on select procedures, such as tumour ablation and radioembolisation. It will address relevant terminology, the histopathology and natural history of certain malignant tumours, physics and engineering principles of the procedures, as well as the main principles of radiotherapy, chemotherapy, hormonal therapy and surgery. The development of the curriculum will require input from medical, surgical and radiation oncologists, and CIRSE is seeking advice from European oncological organisations on how best to collect the relevant information.

CIRSE plans to offer courses in IO tailored to the curriculum, and to develop a certification programme in IO for EBIR holders. Detailed preparations will begin after a review by the Board in September.

Quality Assurance in IO

Quality assurance – the complete set of systematic components required to achieve a treatment result that meets a certain standard – is an essential element of modern medical care, particularly in procedure-oriented disciplines. Radiation oncologists and surgical oncologists already operate within systems that ensure patient safety and encourage good practice, but such guidance is lacking for interventional oncologists. A new initiative seeks to change that reality.

Fortunately, one of the members of the OAS, Dr. Liz Kenny, who is an eminent radiation oncologist in Australia, was closely involved in developing a QA system for her own discipline in her country. Dr. Kenny has generously made this available to the OAS, which is using it as a template to develop a similar framework for IO, under Dr. Kenny's guidance.



CIRSE's new project on Quality Assurance in IO has already greatly benefited from Dr. Kenny's expertise in QA matters.

Dr. Keith Ison, who is the Head of Medical Physics in Prof. Adam's department in London, and also has substantial expertise in QA, has already run several internal workshops on QA in his hospital, assisted by Dr. Shahzad Ilyas, a consultant in interventional radiology with expertise in IO. Dr. Ison will assist Dr. Kenny and Prof. Adam in the development of a comprehensive QA system in IO.

This will be the first such framework in the world, and will play an important role in ensuring the safety of patients, as well as increasing the credibility of IO in the field of oncology. The CIRSE QA document is expected to make its debut at ECIO 2016.

The IO curriculum will provide a solid grounding in the fundamentals of oncology

UNCOVER THE EVIDENCE OF SUCCESS



WHY PARTNER WITH CIRSE?

Conducting your post-market research in partnership with CIRSE offers significant advantages compared to conventional CRO service providers:

- Excellent relationships to key investigators, effective centre enrolment and project management
- High standard, flexible service, specialised in the European image-guided market
- Full endorsement and guarantee of scientific soundness by CIRSE
- Head-start in communication and dissemination of research

To discuss a project idea, please contact our team at **research@cirse.org**.

A new society initiative provides professional management structures and services for observational studies in IR.

CIRSE Post-Market Partnerships uncover the evidence of success

Robert Bauer, CIRSE Office

CIRSE Post-Market Partnerships ensure that the everyday usage of interventional technologies in Europe is accompanied with uniform data collection to improve our understanding of real-world treatment outcomes and secure access for appropriate patient populations.

The post-market assessment of medical devices, in our case continued data collection on interventional technologies that have been certified for use in Europe, is growing in importance. Beyond the legal requirements for continued assessment of high-risk devices, healthcare stakeholders are increasingly insistent on high-quality treatment outcome data. Whether scrutinising your unit's performance or confronted with a sceptical colleague or health insurer, large-scale, multinational outcome data, which may point towards treatment aspects not yet uncovered in heavily controlled trials, can prove a useful evidence-base for clinical decision-making.

CIRSE Post-Market Partnerships, a new society initiative, bring together device manufacturers, medical specialists and top-level scientific project management to ensure that new technologies enjoy a responsible market entry while generating multinational treatment outcome data that can improve patient care.

Specifically, CIRSE's services will focus on providing professional research infrastructures for European-wide, observational studies (registries) in IR. When designed and administered to a high standard, such studies hold great value. CIRSE aims to ensure that all registries are conducted according to the highest scientific and ethical standards, and has invested in training dedicated office staff and acquiring appropriate server and IT solutions for that purpose. All Post-Market Partnerships are handled by qualified and dedicated staff certified to the ISO14155 standard.

Our flagship study, the *CIRSE Registry for SIR-Spheres Therapy (CIRT)*, seeks to further improve our understanding of radioembolisation by enabling robust data collection on the real-life clinical application of SIR-Spheres microspheres. The registry is the first post-market study sponsored exclusively by CIRSE. In just 5 months, CIRT has enrolled hospitals from six different European countries, and patient enrolment continues to progress very smoothly.

We look forward to supporting additional cutting-edge therapies with our scientific project management expertise in the years to come!

Pushing progress
with high-quality
treatment
outcome data



*Do you have an idea for a registry, or would you like to connect with our project management team?
Contact us at research@cirse.org, or reach out to the "CIRSE Research and Analytics" group on LinkedIn.*

For more information on CIRT, please visit www.cirse.org/cirt

CIRSE turns 30!

The society's celebrations include a specially-designed website featuring highlights from the history of both CIRSE and IR.

How It All Began

It was a candid conversation between two leaders in the burgeoning field of interventional radiology that set in motion developments that culminated in the foundation of CIRSE in April of 1985. Riding along the Lido in Venice, Friedrich Olbert responded positively when François Pinet suggested that he should lead a merger of the two societies – the European College of Angiography and the European Society of Cardiovascular and Interventional Radiology – representing interventional radiologists in Europe at the time.

Following energetic lobbying efforts by several practitioners – including Pinet, Ulf Tylene, and Eberhard Zeitler – the merger was finalised at the two societies' joint meeting in Vienna. CIRSE officially emerged on April 24. Its membership totalled about 300.

First Steps

Initial milestones included the first CIRSE congress in Jerusalem in May of 1986 (during a joint meeting held with the American SCVIR), and CVIR becoming the society's official journal in 1991. With interventional radiology steadily expanding, training, education and research increasingly took centre stage; by 2000, the CIRSE Foundation was established, fuelling further investments.

By the time CIRSE celebrated its 20th anniversary in Nice in 2005, membership neared 1,500, and the yearly congress was attracting 3,500 participants. That year, the Executive Committee decided to establish a permanent office in Vienna, prompting a flurry of new initiatives and achievements.

Modern Era

During the past decade, CIRSE has thrived. Membership has topped 6,000, and Annual Meetings now regularly attract around 6,500 delegates. New, specialised conferences are adding depth and focus to an already comprehensive scientific programme, additionally bolstered by outstanding technical exhibitions. The society is also playing an important leadership role in education, training, safety and certification programmes, ensuring continued excellence in the profession.

Taking Stock

From the very first day, our members have been the backbone of our success, contributing both by engaging with the society and by continuously pushing the IR profession forward. We have created a special 30th anniversary website to celebrate this dedication. Join us as we take stock of the incredible progress made by highlighting milestones achieved by our community throughout the years – both in medical centres and in conference halls. Relive some of your best memories by perusing photographs, watching short videos, and enjoying other content commemorating the history of both CIRSE and IR.



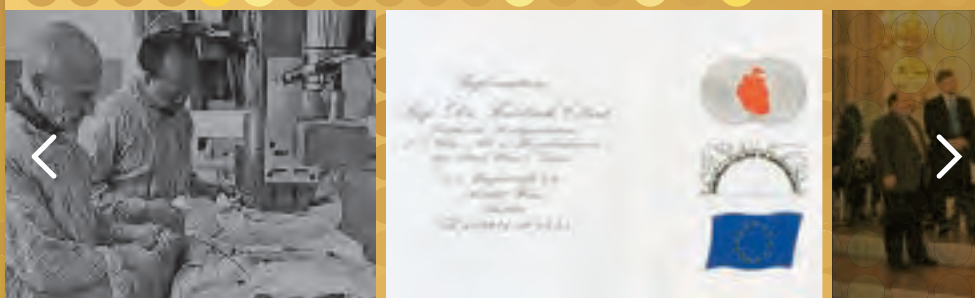
CELEBRATE WITH US!

COMING SOON
STAY TUNED!

Cardiovascular and Interventional Radiological Society of Europe

30 years of CIRSE

INNOVATION | EDUCATION | INTERVENTION



THE EARLY DAYS | THE BIRTH OF CIRSE | FIRST STEPS: 1986-2005 | MODERN ERA
2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015

EARLY DAYS . EARLY



Interventional radiology emerged in 1964, when Charles Dotter defied sceptics and insisted that angiography, until then a purely diagnostic tool, could be used to actively treat patients.

Percutaneous transluminal angioplasty, as it would later be called, was born.



A visit to CSIR 2015 in Dalian and a CIRSE meets China session provide important insights into minimally invasive medicine in the country.

Eye on IR in China

Uta Melzer, CIRSE Office

With a CIRSE delegation attending an IR conference in China, and the *CIRSE meets...* session at CIRSE 2015 dedicated to the country, IR in the Far East looms large this year.

CSIR 2015 in Dalian

Earlier this year, Prof. Anna-Maria Belli and Dr. Robert Morgan travelled to Dalian, China, to represent CIRSE at CSIR 2015. The conference, hosted by the Chinese Society of Interventional Radiology (CSIR), was held at the Dalian International Convention Center from June 11-14.

Dr. Morgan spoke to *IR News* about the conference, and about the importance of maintaining strong ties with colleagues in China:

CIRSE's relationship with CSIR took an important step forward in 2009, when CSIR joined the society as a group member. Ever since then, Chinese colleagues have regularly participated in our events, and CIRSE representatives have attended CSIR conferences. This year, that commitment took us to Dalian, a city of approximately 7 million people a few hundred miles east of Beijing.

There is a tremendous need for modern medicine, and IR in particular, in China, and CIRSE is delighted to support CSIR in any way it can. With our organisations sharing the same common goal – providing excellent minimally invasive care to patients – continuous collaboration efforts are vital. The current exchange of information by way of faculty interaction represents just the first step, and we aim to collaborate more closely in the future, including in areas such as certification and standard setting.

We were pleased to see that the CSIR congress again attracted between 3,000 and 4,000 delegates, and were pleasantly surprised by Dalian, which served as a great back-drop for the event. As usual, the scientific programme encompassed the whole range of topics in interventional radiology.

Anna-Maria Belli gave a lecture on the role of interventional radiology in obstetrics and gynaecology, and I gave a lecture on the current status of drug-eluting balloons and stents in BTK occlusive disease. The presentations were met with great interest.

The CSIR were excellent hosts, and we certainly plan to be back in the region for the next CSIR conference,

as well as for the upcoming Asian Pacific Congress of Interventional Radiology, which will be held in Suzhou, near Shanghai, in June 2016.

CIRSE meets China

Those interested in learning more about IR in the Far East will also have a great opportunity to do so before then. The *CIRSE meets...* programme helps CIRSE strengthen relations with national societies by bringing experts from around the world to Annual Meetings to provide insights into the current status of IR, as well as specific procedures, in their home countries.

At this year's event, a delegation of Chinese interventional radiologists will provide updates on the subspecialty's progress in China. Dr. Hong Shan, President of CSIR, will both moderate the session and deliver a lecture on percutaneous trans-hepatic portosystemic shunts.

Here Dr. Shan provides a summary of the history and current status of IR in the country:

IR was introduced to China during the 1980s in conjunction with China's policy of economic reform and opening up. The first national interventional radiology meeting was held in 1986 in Weifang City, and more than 100 radiologists, residents and graduate students participated. Four years later, CSIR was founded, and Dr. Lin was elected as the first CSIR president at the first national CSIR meeting in Hangzhou in 1990. The national meeting of CSIR was held every 4 years in the early years, and then every 2 years, and will become an annual meeting from 2015 onwards. The most recent CSIR biennial meeting was held in Changsha in 2014, with more than 3,000 IRs participating.

Currently, there are approximately 5,000 full-time interventional radiologists across the country, meaning CSIR has become the third largest IR society in the world, after SIR and CIRSE. Most non-coronary IR procedures are performed by radiologists, including various vascular and non-vascular interventions, neuro-interventions, etc. However, turf battles have become intense since the 1990s. Nevertheless, we have not only survived, but also won the battles in many hospitals. One major reason we manage to hold our ground is that CSIR has been a strong advocate for interventional radiology to be a more clinical specialty. Currently, over 70% of IR departments in

Prof. Belli and
Dr. Morgan
represented
CIRSE at CSIR
2015 in Dalian
this June



CSIR President Dr. Hong Shan will co-moderate the CIRSE meets China session, and Dr. Gao-Jun Teng will be honoured as a Distinguished Fellow.



China have their own dedicated inpatient wards. Some of them have become a hybrid department of interventional radiology with other specialties, such as vascular surgery.

Distinguished Fellow

Contributions by Chinese IRs will also be highlighted during CIRSE 2015's Opening and Awards Ceremony, where Dr. Gao-Jun Teng will be honoured as a Distinguished Fellow. Dr. Teng has developed several new techniques and devices throughout his career, and has influenced standard models of IR practice in China.

We look forward to welcoming such a high-calibre delegation to Lisbon in September!

Tuesday, September 29, 10:00-11:00 CM 2605 CIRSE meets China

*Moderators: A.-M. Belli (London/UK),
H. Shan (Guangzhou/CN)*

- 2605.1 Percutaneous transhepatic portosystemic shunt
H. Shan (Guangzhou/CN)
- 2605.2 Stent loaded with 125I seeds in malignancies – from bench to bedside
G.-J. Teng (Nanjing/CN)
- 2605.3 Hybrid intervention for complex cerebrovascular disease
W.-J. Jiang (Beijing/CN)



The first national interventional radiology meeting in China was held in 1986

New trial enrolments and results in the medical device sector.

Boston Scientific announces trial results on Eluvia™ Drug-Eluting Vascular Stent System

In late April, Boston Scientific announced that results from the MAJESTIC trial, which evaluated its Eluvia™ Drug-Eluting Vascular Stent System, demonstrated a 94.4% primary patency rate at nine months. In addition, results included a target lesion revascularisation rate of 3.6 percent; a major adverse event rate of 3.6 percent; and no deaths or amputations.

The MAJESTIC trial included 57 patients from Europe, Australia and New Zealand, with an average lesion length of 70.8 mm. It offers the first data on the use of the Eluvia Stent in humans. The trial will be followed up by a global pivotal study of the stent later this year.

The Eluvia™ Drug-Eluting Vascular Stent System has specifically been designed to treat peripheral artery disease in the superficial femoral artery,

a particularly challenging environment. It utilises a polymer and paclitaxel combination designed to facilitate a sustained drug release to reduce restenosis. The stent's architecture includes a closed-cell design at each end of the stent for more predictable deployment, and an open-cell design along the stent body for improved flexibility, strength and fracture resistance.

CE approval for the Eluvia Stent System is pending. It is not available for use or sale in the United States.

Boston Scientific will present 12-month data from the MAJESTIC trial at CIRSE 2015 in Lisbon (26-30 Sept).

Drug-eluting stent and renal denervation systems are being put to the test

Boston Scientific enrolls first patient in study on its Vessix™ Renal Denervation System

Boston Scientific in April enrolled its first patient in a study (REDUCE-HTN: REINFORCE) aiming to evaluate its Vessix™ Renal Denervation System, used to treat patients with high blood pressure.

The randomised, sham-controlled, multi-centre study will enrol 100 patients. It has been designed to minimise variability and factors that may have affected previous trial results. Participating patients will stop taking any hypertension medication four weeks before enrolling. The primary efficacy assessment is the mean reduction in average 24-hour ambulatory systolic blood pressure at eight weeks post-randomisation. First results are expected by mid-2016.

The Vessix™ Renal Denervation System uses a multi-electrode bipolar catheter designed to reduce procedural variability. It features a 30-second

treatment time and an over-the-wire, balloon-based approach.

The Vessix system is an investigational device and not available for sale in the United States, but the FDA issued an investigational device exemption for the study. The system does have both CE Mark and Australian Government, Therapeutic Goods Administration approval, and is available for sale in Europe, the Middle East, Australia, New Zealand, and in select markets in Asia.

www.bostonscientific.com



Lisbon, Portugal
September 26-30

CIRSE 2015

**Europe's premier
IR congress takes place in
Lisbon this September –
be sure to join us!**



- 16 Opening and Awards Ceremony**
- 18 Satellite Symposia**
- 21 Charity Evening**
- 22 Venous Interventions**
- 24 IDEAS**
- 26 Radiation Protection Pavilion**
- 27 Transportation in Lisbon**
- 28 Student Programme**

**With CIRSE 2015 fast approaching,
this handy guide covers the event's
essentials.**

**For more detailed information,
please consult:**

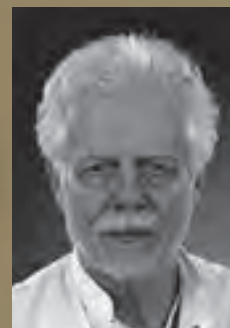
- www.cirse.org/cirse2015
- www.facebook.com/CIRSEsociety
- RSS feeds
- CIRSE 2015 App



Josef Rösch



Gilles Soulez



Jim A. Reekers



CIRSE 2015 Opening and Awards Ceremony Honours Leaders in IR

Join us
in celebrating
excellence and
innovation in the
IR community!

Be sure to join us at the Opening and Awards Ceremony, taking place from 14:30 to 16:00 on Saturday, September 26, at the *Centro de Congressos de Lisboa*.

Seven awards will be presented, including the Award of Excellence and Innovation in IR, kindly sponsored by the R.W. Guenther Foundation; the CVIR Editor's Medal; four Distinguished Fellow awards; and the CIRSE Gold Medal.

CIRSE Gold Medal

This year's Gold Medal goes to Dr. Josef Rösch, for whom Prof. Jan Peregrin will present a laudation. Dr. Rösch will not be able to travel to Lisbon due to health reasons, but a taped statement from him will be presented during the event. Dr. Rösch, a world-renowned pioneer in the field of IR, began his angiographic career in Prague in 1954. He was invited to join Dr. Charles Dotter at Oregon Health & Science University (OHSU) in Portland, Oregon, in 1967, and, other than a two-year stint at UCLA, has remained at OHSU ever since. In the 1980s, he was instrumental in setting up the Dotter Interventional Institute, and served as its Founding Director until 1993.

Retired from clinical practice since 1995, Dr. Rösch has since focused on research and education. He is particularly well-known for developing the TIPS techniques in 1969, and for introducing embolisation of gastrointestinal haemorrhage in 1972. The research produced by Dr. Roesch and his team both helped introduce TIPS to clinical practice and contributed to its wide clinical expansion and durability. His work has been recognised with numerous awards, and one of CIRSE's honorary lectures bears Dr. Rösch's name.

Distinguished Fellows

This year's Distinguished Fellows include Prof. Riccardo Lencioni, who is particularly well-known for his influential work on liver cancer. His laudation will be delivered by Prof. Andreas Adam. Dr. Katerina Malagari, for whom Prof. Elias Broutzos will give a laudation, is also being awarded. Her clinical and research interests centre on embolisation, with a special focus on interventional oncology. Distinguished Fellow Prof. Hannu Manninen, whose laudation will be presented by Prof. Poul Erik Andersen, predominantly performs aortic and neuroradiological interventions. Finally, Dr. Gao-Jun Teng, who has developed several new techniques and devices throughout his career, will also be awarded. Dierk Vorwerk will be delivering his laudation.

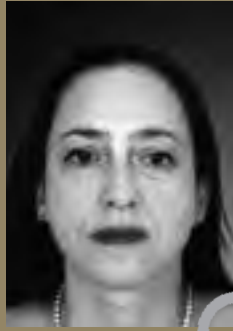
The Award of Excellence and Innovation in IR

The Award of Excellence and Innovation in IR seeks to reward and encourage exceptional research in the field of interventional radiology by bestowing recognition and a €5,000 prize to the best applicant. This year, the award will go to the Leman Research Group from Lausanne, Switzerland, for their research on drug-eluting beads loaded with anti-angiogenic agents for chemoembolisation.

The Leman Research Group consists of Prof. Alban Denys, head of the Digestive and Oncologic Imaging and Interventional Radiology Unit at the University Hospital of Lausanne (CHUV); Dr. Pierre Bize, senior physician, Department of Medical Imaging at CHUV; Prof. Gerrit Borchard, professor in biopharmaceutical sciences at the University of Geneva; Katrin Fuchs, licensed pharmacist and Ph.D. candidate at the University of Geneva; and



Riccardo Lencioni



Katerina Malagari



Hannu I. Manninen



Gao-Jun Teng

M M E E T I N G

Dr. Olivier Jordan, senior lecturer at the University of Geneva.

The Innovation

Transarterial chemoembolisation uses microspheres to both embolise the hepatic artery and block the tumour's blood supply, and to serve as targeted anti-cancer or anti-angiogenic drug-carriers. Drug-eluting beads have become an accepted part of this procedure. However, challenges remain. The suitability of the main drug used for this therapy – Doxorubicin – has been questioned. In addition, the ischaemia induced by the embolisation also contributes to the development of new vessel sprouts near the tumour.

The Leman Research Group has paved the way for overcoming these hurdles by exploring the possibility of combining embolic beads with a multi-targeted tyrosine kinase inhibitor that inhibits tumour vessel growth instead of relying on standard doxorubicin-eluting beads.

The group's investigations have scrutinised different elements of this option, focusing on sunitinib malate, which has been identified as a potent inhibitor. In one study, the group demonstrated that sunitinib could be adequately carried by a widely used, commercially available type of embolic microsphere. The researchers have also compared different in vitro methods to measure the drug released from sunitinib-eluting beads, focusing on the influence of varying hydrodynamic conditions.

In addition, the group has successfully tackled the challenge of loading drug-eluting beads with anti-angiogenic agents of low aqueous solubility, such as sunitinib, developing a novel method for doing so. The new loading method has been patented in Europe.

Be sure to join us for what will surely be a memorable event!

The research explores combining embolic beads with anti-angiogenic agents



Satellite Symposia, organised by various medical companies, feature information on the latest IR devices and techniques.

Satellite Symposia



Saturday, September 26, 2015

13:00-14:00, Auditorium 8

SY 401 BIOTRONIK

Modern day explorers: how technology influences outcomes

13:00-14:00, Auditorium 6

SY 402 Philips

Making the difference with Philips Live Image Guidance: update on live image guidance in interventional oncology

13:00-14:00, Auditorium 2

SY 403 Surefire Medical, Inc.

Precision delivery in cancers of the liver: improved targeting with the Surefire System

11:30-12:30, Auditorium 6

SY 1101 BTG

Evolving patient centric strategies, the role of interventional oncology

11:30-12:30, Auditorium 1

SY 1102 Cordis

The femoral popliteal segment: can we make the final balance?

11:30-12:30, Auditorium 8

SY 1103 Penumbra

Penumbra changing the paradigm of peripheral treatment in embolisation and thrombectomy

13:00-14:00, Auditorium 6

SY 1201 Merit Medical

Transradial approach in interventional radiology

13:00-14:00, Auditorium 2

SY 1202 Straub Medical AG

Mechanical debulking in arteries and its importance in optimisation of endovascular therapy

13:00-14:00, Auditorium 8

SY 1203 Terumo Europe

How I pushed my boundaries in the treatment of...

14:30-15:30, Auditorium 6

SY 1303 Medtronic

Ablation with Thermosphere™ technology: 1 year follow-up

Sunday, September 27, 2015

08:00-08:20, Room 3A

SY 801 PharmaCept

DSM-TACE (EmboCept® S) in comparison with cTACE and DEB-TACE: first results of VEGF levels under the treatment

08:00-08:20, Auditorium 2

SY 802 Bolton Medical

Aortic by design

Satellite Symposia address a wide range of new technologies.

Satellite Symposia



15:40-16:00, Auditorium 8

SY 1304 TVA Medical

Endovascular AVF creation with the everlinQ AVF System

17:30-17:50, Room 3B

SY 1508 Toshiba Medical Systems

Changing IR pathways in Angio-CT using Infinix ^{4D}CT

Monday, September 28, 2015

07:40-08:20, Room 3A

SY 1601 W.L. Gore & Associates GmbH

TIPS for the treatment of portal hypertension complications: refractory ascites, variceal bleeding. A case-based discussion

11:30-12:30, Auditorium 6

SY 1901 Boston Scientific

Peripheral arterial intervention – data, direction and decisions shaping the drug-eluting era

11:30-12:30, Auditorium 1

SY 1902 Cook Medical

The guide to drug elution and how to keep SFA treatment simple

11:30-12:30, Auditorium 8

SY 1903 Sirtex Medical Europe GmbH

SIRFLOX – a new option for colorectal liver metastases

13:00-14:00, Auditorium 2

SY 2001 Cordis

Early experiences in European radiological and vascular surgical departments with INCRAFT® AAA Stent Graft System: a new development in EVAR treatment

13:00-14:00, Auditorium 8

SY 2002 Guerbet

Casting a new light on evidence-based medicine therapy in interventional oncology

13:00-14:00, Auditorium 6

SY 2003 Medtronic

From straightforward to complex: review of IN.PACT Admiral DEB evidence in challenging clinical scenarios

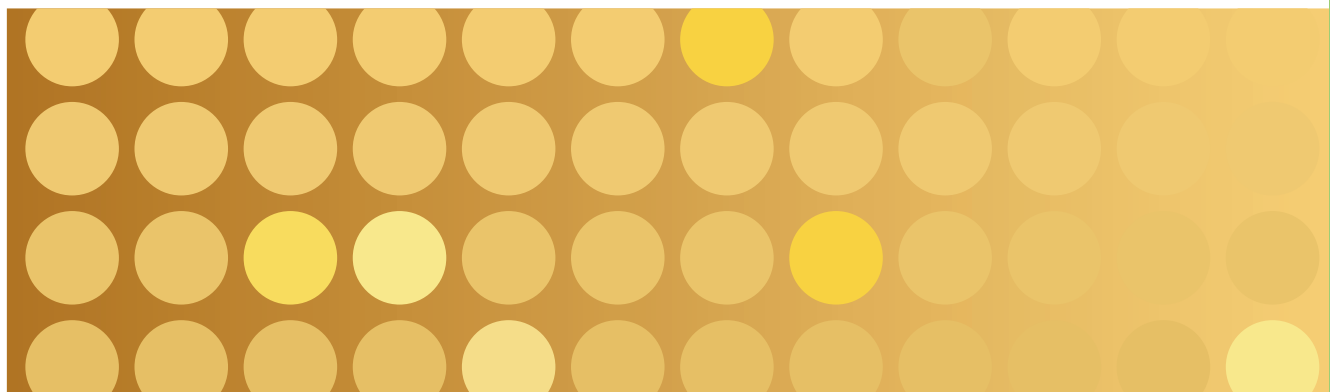
14:30-15:30, Auditorium 8

SY 2104 Terumo Europe

HCC treatment algorithm: selected topics

Satellite Symposia, organised by various medical companies, feature information on the latest IR devices and techniques.

Satellite Symposia



15:30-16:00, Room 5A

SY 2105 Bard

When great filter design meets best practice

17:30-18:10, Room 3B

SY 2307 Aachen Resonance Holding

ELUTAX SV

17:30-18:30, Auditorium 6

SY 2308 Bard

Real world outcomes on the efficacy and safety of LUTONIX® DCB in vascular disease

Tuesday, September 29, 2015

13:00-14:00, Auditorium 1

SY 2801 Medtronic

Endovascular trauma management and endoleak management

13:00-14:00, Auditorium 8

SY 2802 Siemens Healthcare GmbH

Impact of intra-operative cross-modality imaging on patient outcome

13:00-14:00, Auditorium 6

SY 2803 Terumo Europe

From loco-regional therapies in mCRC to recanalisation

**Have fun and do good!
Take part in the**

CHILDREN'S CANCER CHARITY EVENING

**Saturday, September 26 at 19:00
Lisbon University Stadium**

Race your heart out, swing your tennis racket, show off your fancy footwork, or demonstrate your dedication by cheering on your friends from the side lines.

Shuttle buses will take you from the Lisbon Congress Centre to the stadium (journey time approx. 20 minutes) and will drop you off at various central locations after the event. Changing rooms and showers are available on site.

A delicious buffet will be provided from 19:45 until the end of the Football and Tennis Cup.

Joining the fun couldn't be easier!

To sign up, complete the registration form on www.cirse.org and send it to travel@cirse.org, or register directly on site.

The event supports the Portuguese Association "Acreditar", which helps patients and families confronted with childhood cancer. For further information on Acreditar, please visit www.acreditar.org.pt.



CIRSE supports compliance with ethical standards. Therefore, CIRSE emphasises that the present invitation is directed to participants of CIRSE 2015, and recommends that participants who want to take part in the Children's Cancer Charity Evening bear any and all costs in this context (including donations) themselves.

Kindly note that participation in the Children's Cancer Charity Evening is NOT included in the CIRSE 2015 registration fee!

CIRSE



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M E E T I N G

Scrutinising Venous Interventions at CIRSE 2015

Venous interventions loom large in this year's scientific programme

Venous diseases are a major global healthcare problem, affecting a vast number of people and causing grievous social and economic effects. Today's sedentary lifestyle, lack of exercise, smoking and obesity contribute considerably to the emergence of venous conditions. Interventional radiology has for years been at the forefront of tackling these diverse conditions, which include varicose veins, deep vein thrombosis (DVT), pulmonary embolism (PE), portal hypertension and chronic venous insufficiency (CVI).

This year's scientific programme reflects IR's increasing role in treating these conditions, offering a variety of excellent sessions dedicated to venous interventions.

Controversies in venous disease treatment

The *Controversies* sessions provide a forum for spirited discussions on controversial issues that divide the IR community, featuring three sets of debates on a variety of cutting-edge topics. This year's session on venous disease treatment will cover stenosis in dialysis access, IVC filters and Paget Schroetter syndrome.

Managing dialysis access is an important part of treating venous disease. The average durability of a haemodialysis access is limited to three years, which is often followed by the development of a stenosis. Thanks to catheter-based interventions, more than 80% of access sites can be successfully restored. Experts will discuss the pros and cons of pre-emptively dilating these stenoses.

Pulmonary embolism is commonly treated with anti-coagulants, but where anticoagulation is contraindicated, IR offers an alternative treatment option using IVC filters. Filters can be placed permanently or can be retrieved, with high retrieval success rates of 98%. Experts will square off on the use of permanent filters, addressing whether the future lies exclusively in retrievable filters.

Paget Schroetter syndrome is rare, and no consensus has been reached regarding its optimal treatment. Many insist that surgery is required, but others maintain that minimal invasive alternatives suffice. Delegates will hear both sides of the argument from experts in the field.

Saturday, September 26, 11:30-12:30
SS 301 – Controversies in venous disease treatment





Fundamental Course on haemodialysis access maintenance

The programme also features a new Fundamental Course, which will examine the basic principles of haemodialysis treatment. Maintaining a functioning access remains challenging, and carries the risks of complications, including thrombosed grafts, central vein occlusion, and fistulas that fail to mature. The course will review the evidence and indications for failing dialysis access management, and explore possible complications.

Saturday, September 26, 10:00-11:00

FC 201 – Basic principles of haemodialysis access maintenance

Venous Fora

This year's strong emphasis on venous interventions includes a brand new series of sessions, the Venous Fora, which feature expert discussions on a variety of topics relating to the management of venous disorders.

One forum will tackle the topic of varicose veins. These twisted, enlarged veins are not merely a cosmetic concern, but can significantly affect quality of life. Specialists will address different aspects of the condition, covering various treatment techniques, ancillary therapies, as well as patient selection matters.

DVT treatment options will also be scrutinised. Currently, roughly 200,000 new cases of DVT are diagnosed in the United States each year, often with devastating results: DVT is the third biggest

cause of cardiovascular mortality after stroke and heart attack. The forum will provide an update on research efforts, discuss patient selection for, and treatment of, both lower and upper limb DVT, and will also address chronic iliac vein and caval occlusion.

DVT can lead to pulmonary embolism, meaning timely medical treatment is crucial. Anticoagulation is usually the first treatment option, but, where this is contraindicated, IVC placement provides an alternative. In this forum, experts will outline available therapies for PE, address patient assessment and selection, summarise the current evidence on IVC filters, and take a look at particularly challenging placements and retrievals.

Interventional techniques have proved beneficial in alleviating problems associated with portal hypertension, such as ascites and variceal bleeding. The last venous forum will centre on portal hypertension, covering TIPS, BRTO, percutaneous treatment options in portal vein thrombosis, and the minimally invasive management of Budd-Chiari syndrome.

Saturday, September 26, 08:30-09:30

SS 101 – Venous Forum I: Varicose veins

Sunday, September 27, 08:30-09:30

SS 904 – Venous Forum II: Deep vein thrombosis

Monday, September 28, 08:30-09:30

SS 1702 – Venous Forum III: Pulmonary embolism and IVC filters

Wednesday, September 30, 08:30-09:30

SS 3201 – Venous Forum IV: Portal hypertension

The brand new
Venous Fora
feature expert
discussions on
managing venous
disorders

IDEAS

2 0 1 5

Interdisciplinary Endovascular Aortic Symposium

M
M E E T I N G

New multidisciplinary symposium explores endovascular aortic treatments

Ciara Madden, CIRSE Office

HTS 1302
Aortic intervention –
quo vadis?

Sunday, September 27,
15:00-16:00

The growing uptake of endovascular treatment for various aortic pathologies, and the continuing evolution of devices to facilitate it have led to an increased demand for data and discussion. And not just among interventional radiologists – vascular surgeons and cardiologists are actively seeking the least invasive way of treating their patients, and endovascular options offer much promise. But there is much to be done before definitive treatment strategies are agreed upon.

To this end, CIRSE is hosting a new multidisciplinary endovascular symposium, IDEAS, which will offer a forum to all interested medical practitioners to explore and discuss the current status of various aortic interventions, and evaluate where the field is headed. Those attending CIRSE 2015 will have unrestricted access to this exciting new scientific stream.

Hot Topic Symposium

The Hot Topic Symposia are an ideal platform for examining controversial treatment issues, and this year's symposium on aortic interventions will be no different. Four speakers will each give a detailed overview of the current status of a particular clinical issue, before opening the floor to a panel discussion.

Treatment of both thoracic and abdominal pathologies are improving year by year, thanks largely to technological advances. However, there remains a paucity of data to indicate which techniques and devices to use for which manifestations. This session will address key concerns, starting with an examination of thoracic aortic trauma by Hervé Rousseau (Toulouse/FR).

Acute type B dissections continue to raise challenges for the physician. 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. To make things more difficult still, no uniform criteria exist to differentiate between the two, and presenter R.G.J. Gibbs (London/UK) will attempt to bring clarity to this issue.

A key aspect of complicated acute type B dissections is malperfusion syndrome. Clinical signs, such as paresis or pain, can indicate malperfusion, but laboratory markers provide a more sensitive method of detection. The mechanisms and management of malperfusion syndrome will be discussed by J. Beregi (Nîmes/FR).

Finally, abdominal pathologies will be discussed by F.J. Veith (New York, NY/US), who will discuss the management of ruptured abdominal aortic aneurysms, and which patients are suitable for endovascular repair.

Aortic Round Tables

To allow for open discussion of aortic therapies, the IDEAS 2015 programme will feature Aortic Round Table sessions, at which key opinion leaders from both vascular surgery and interventional radiology will outline their views regarding select "hot topics", before engaging in lively discussions with both their fellow speakers and the audience.



Jean-Paul Beregi



Fabrizio Fanelli



Richard G.J. Gibbs



Robert Morgan



Hervé Rousseau



Frank J. Veith



Eric Verhoeven



Abdominal aorta

The first of these innovative sessions will address clinical issues pertaining to the abdominal aorta. Although EVAR is now widely used for treating AAA, there remains a lack of clarity on its value in all patients, and the indications and limitations of EVAR need further discussion.

An ongoing issue with EVAR is long-term durability. Endoleak and device migration remain a challenge, and ongoing surveillance of patients is a must.

The anatomy of the proximal neck is a major deciding factor in selection of both technique and device, and the session will address how best to overcome atypical presentations.

Also under discussion will be endovascular repair of ruptured abdominal aortic aneurysms. Recent randomised controlled trials, such as AJAX and IMPROVE, have brought some clarity, but there is still much debate about which patients are suitable for EVAR, and when to convert to open surgery.

The management of aorto-iliac aneurysms is likewise an area of much debate, and our expert panel will attempt to determine if and when internal iliac artery preservation is necessary, and which patients benefit from aorto-uni-iliac or fenestrated EVAR over standard EVAR.

Thoracic aorta

The second Aortic Round Table in the inaugural IDEAS programme deals with treatment options in the thoracic aorta. Aortic dissection is 2-3 times more common than rupture of AAA, and some categories of type B dissections (those in the

descending aorta, distal to the left subclavian artery) may benefit from endovascular treatment.

The session will open with a discussion of arch aneurysm management. Increasingly, endovascular stent grafts are being employed to treat these complicated aneurysm types, but the curvature, increased pressure and branching arteries of the arch raise specific challenges for endovascular therapies. Can new device innovations, such as fenestrated and branched endografts, overcome these?

Treating this complex zone is not without risk, and practitioners should be aware of the possibility of spinal cord damage, stroke, and other complications, and how these can be best avoid or managed.

Similarly, endovascular treatment of chronic dissection in the descending aorta can give rise to a number of complications. Although newer percutaneous devices entail a smaller entry wound than traditional cut-downs, large introducer systems mean that bleeding complications are an inherent risk in current practice. Practitioners must also beware of converting type B to type A dissections, uncontrolled tearing of the intimal flap, and most especially, aortic rupture.

Finally, endografting for acute aortic dissection will be addressed, and the results of the current studies, ADSORB and INSTEAD, and their implications for patient selection, will be discussed.

For more information on these and other sessions held at IDEAS 2015, please visit:

www.aorticideas.org

ART 1410 Abdominal aorta

Sunday, September 27,
16:15-17:15

ART 2103 Thoracic aorta

Monday, September 28,
14:30-15:30

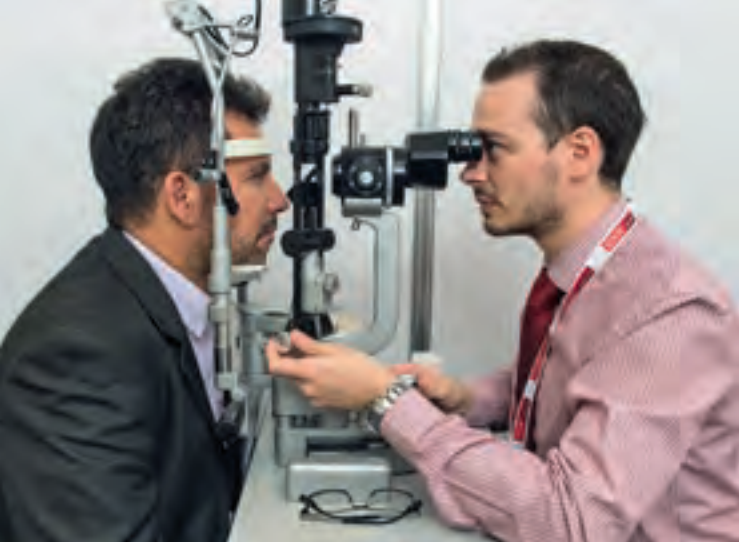
Don't miss the two Satellite Symposia offered by our industry partners:

SY 802 Bolton Medical

"Aortic by design"
Sunday, September 27
08:00-08:20

SY 2001 Cordis

"Early experiences in European radiological and vascular surgical departments with INCRAFT® AAA Stent Graft System: a new development in EVAR treatment"
Monday, September 28
13:00-14:00



The Radiation Protection Pavilion: Can you handle the risk?

Birgit Tkalec-Bekina, CIRSE Office

New interactive features provide a unique educational experience on radiation protection

The Radiation Protection Subcommittee is delighted to announce that the second Radiation Protection Pavilion – CIRSE's unique awareness campaign – will be unveiled in Lisbon. The 2015 instalment will offer an even broader range of practical information and new interactive activities.

Exposure to high levels of ionising radiation makes interventional specialists vulnerable to specific health risks. CIRSE will again set up a radiation safety hub in the exhibition hall at the Annual Meeting to raise awareness of these risks amongst its members. Don't miss out on this unique experience!

We see the risk

To address the risk of radiation-induced cataracts faced by IRs, sub-capsular opacity screening will be offered in two rooms of the Pavilion. This service will be offered free-of-charge to all CIRSE members from Saturday to Tuesday (Sept 26–29). Pre-registered congress delegates will be invited to sign up in advance; depending on availabilities, onsite registration may also be possible.

Can you handle the risk?

In line with this year's new slogan, visitors will have the opportunity to assess their own knowledge about radiation safety and gain important insights into state-of-the-art dose optimisation. Delegates are invited to practice on a radiation safety simulator, interact with a special Kinect tool that visualises scatter radiation, and test their knowledge in a radiation protection quiz.

Learning more about the risk

Select informational material will be on display and available to take home, including recently published guidelines on radiation protection in interventional procedures, as well as new occupational exposure limits and reporting obligations introduced by the updated European Basic Safety Standards Directive.

To allow delegates to directly engage with experts, the Subcommittee is working on an educational programme featuring short expert presentations on hot topics in radiation safety, and practical tips for your day-to-day work. The talks will take place in the Pavilion during breaks in the official scientific programme. Make sure to stop by and listen in!

The Pavilion is again co-sponsored by select industry partners who strongly support CIRSE's mandate of raising radiation protection awareness. Industry partners will be on site to discuss the latest protective equipment and technological developments to help you optimise your dose.

With a broader educational offering, interactive stations encouraging active participation, and even closer collaboration with industry partners, the Radiation Protection Pavilion 2015 is set to be an exciting experience that will translate the knowledge and experience of CIRSE's radiation protection experts into practical advice for members. We hope to see you there!

For more information, please visit:
www.cirse.org/rpp



Getting About in Lisbon

Complimentary shuttles and excellent public transportation make it easy to get around the city



Public Transportation

The metro forms the main skeleton of Lisbon's public transportation network, with buses, trams and funicular services filling in the gaps. The metro runs from 06:30 to 01:00. Buses and trams run from about 05:00 or 06:00 to 01:00.

A daily pass, which allows you to use the metro, bus, trams and trains, can be purchased for €6.00, at various selling points throughout the city. Tickets are issued on rechargeable cards (which cost €0.50), so don't throw them away!

Public transportation is free to those who buy a 'Lisboa Card' city pass, which also grants access to more than 80 museums.



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.

Getting to the Congress Centre

You can access the Congress Centre with the following lines:

- Tram number 15, or Buses number 727 or 756, to R. Junqueira (Centro Congressos)
- Bus 728 to Hospital Egas Moniz/Av. da Índia

Further information

Companhia Carris de Ferro de Lisboa (CARRIS; www.carris.pt) operates all buses and trams. For detailed information and more transportation rates, please refer to the Carris website: <http://carris.transporteslisboa.pt/en/home>.

Shuttle Service

CIRSE will be organising a complimentary shuttle bus service from key hotels to the Congress Centre, with buses leaving pick-up points between 07:00 and 09:00 from Sept 26-30. Returning buses will leave the Congress Centre in the early evening (17:30/17:45 onwards) from Sept 26-29, and starting at 11:45 on Sept 30. For further details, including exact pick-up spots and the complete schedule, please visit: www.cirse.org/shuttles.

Taxis

Taxis will be available in front of the Congress Centre. Trips to the city centre cost approximately €10.00.

Free shuttles
will run between
select hotels
and the
Congress Centre



Taking Stock of CIRSE's Student Programme

Uta Melzer, CIRSE Office

A recent survey underscores the programme's importance and value

The Student Programme, which aims to raise awareness of IR as a career opportunity amongst aspiring doctors, has been bringing medical students to Annual Meetings since 2009. Participation keeps increasing, with almost 400 students attending in 2014. Now a survey asking students about their experiences confirms that the programme is both necessary and successful.

The programme includes travel and accommodation grants, a welcome session tailored to a student audience, as well as a student lounge. In addition, students 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.

With IR a relatively young specialty that is not taught as its own subject at medical universities, such efforts are crucial for attracting bright minds to the field, thereby supporting its future. CIRSE recently conducted a survey of past participants to gauge whether the programme is meeting its goals, and results indicate that the efforts are indeed paying off.

Encouraging Results

Students noted that the programme provided much-needed exposure to IR, with one participant commenting that the Annual Meetings explore "medical subjects that are currently grossly undervalued in my faculty's curriculum." Another student acknowledged previously underestimating how far IR has progressed, stating, "I did not know how advanced the techniques were before CIRSE."

In fact, the programme's effect goes even further, compelling an impressive number of participants to get actively involved in the subspecialty, with 45% of those responding indicating that it was "likely" or "very likely" that they would choose IR as a career; 36% of these budding IRs stated that attending an Annual Meeting was a "deciding" factor in that decision (and 97% noted that the experience played a role in the decision). As one participant exclaimed, "I decided what I really want to do in my life – IR!"

Even those who indicated that they remained undecided on their career path endorsed the information acquired during the Student Programme as valuable for their training (97%). This is consistent with the programme's underlying philosophy that, even if some students do not ultimately pursue the subspecialty, IR as a whole still benefits from educating future practitioners about the broad applicability of minimally invasive medicine.

Such awareness both renders future referrals more likely, and generally fosters respect for IR's contribution to patient care, benefiting cross-disciplinary cooperation. Survey responses reflected this, with one student noting that it was "...useful to know all the possibilities of intervention in order to choose the best option for the patient."

CIRSE is delighted to see that the Student Programme is reaching its objectives, and looks forward to welcoming another group of engaged medical students to Lisbon in September.

For more information on the Student Programme, please visit: www.cirse.org/students

ESIR 2015

Courses

European School of Interventional Radiology

Autumn and winter bring a host of practical courses, targeted at both experts and beginners, and covering diverse clinical areas.

Fundamental Courses

These courses focus on both theory and clinical application, with ample time devoted to hands-on learning. The course content is specifically tailored to reflect the priorities and goals outlined in the European Curriculum and Syllabus for Interventional Radiology.

DVT & Pulmonary Embolus

Dublin/IE, November 27-28

Expert Courses

These are specially designed for experienced practitioners already familiar with theoretical aspects. Sessions include a variety of practical exercises, while lecture times are limited and primarily focused on outlining specific "Tips & Tricks".

Critical Limb Ischaemia – Diagnosis, Treatment and Parameters for Success

Amsterdam/NL, October 16-17

Prostate Embolisation

Milan/IT, October 29-30

Effective Hepatocellular Carcinoma (HCC) Treatments – Advanced Local Therapies

Lausanne/CH, November 13-14

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

Innsbruck/AT, December 11-12

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



"For me, coming from a small radiology department, this was like working for NASA."

Fellowship Grant Report

José Tiago Soares

Thanks to a CIRSE Foundation grant, I was able to spend three months at the University Hospital of Strasbourg, and two months at Basurto Hospital in Bilbao, in 2014.

Strasbourg

I spent August to October 2014 with Prof. Afshin Gangi and his wonderful team, in a department dedicated to oncological and musculoskeletal interventions. My goal was to gain knowledge and experience in musculoskeletal interventional procedures, including oncological interventions and image-guided pain treatments, in both curative and palliative care settings.

I had the opportunity to learn from the best: Prof. Gangi is an exceptional human being; the heart, soul and joy of this unique department, composed of a talented and motivated team – extremely professional, incredibly funny and truly inspiring.

In addition to a recovery area, the modern department consists of four sub-divisions, containing a CT scanner, ultrasound equipment, an angiography suite, and an MRI scanner, respectively (the department is one of the few centres in the world that perform MRI-guided musculoskeletal procedures). The team is comprised of interventional radiologists, an interventional radiology fellow, residents, external rotating staff, anaesthetists, nurses, versatile and dynamic radiology technicians, and dedicated auxiliary personnel.

Combining state-of-the-art facilities with a wonderful, well-organised team, this experience definitely opened my mind, and showed me a glimpse of the future of interventional radiology.

Everything is thought through to the smallest detail, with the aim of achieving perfection in health-care. Every aspect was organised according to the highest standards of care, from the departmental organisation, patient management and treatment planning to the materials, techniques, isolation measures, antiseptic care and radiation protection measures. For me, coming from a small radiology department, this was like working for NASA.

As a music lover, it was pleasant to realise that music was a much appreciated part of the experience, providing an enjoyable set for both staff and patients. It's a detail, but such details make

a big difference. In this kind of environment, the daily working experience in an interventional radiology department can be professional and still actually be fun!

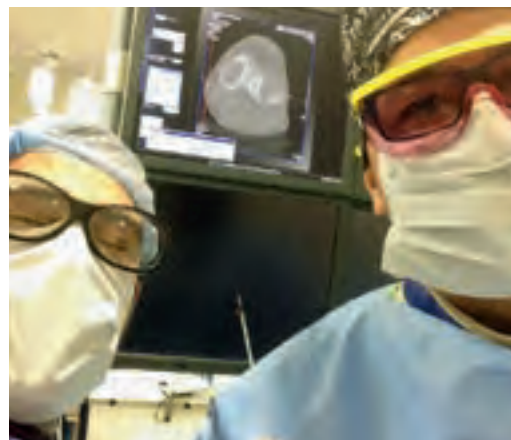
Among the many procedures I had the pleasure to assist and participate in, highlights included the epidural, facet joint and peri-radicular therapy, vertebroplasty, stentoplasty, rhizolysis (both CT- and fluoroscopy-guided), and, thanks to Dr. Morel, infiltrations guided by ultrasound, which taught me a lot about pain management, especially in the palliative setting. In the oncological setting, tumour ablation (with cryotherapy, microwaves, radiofrequency and laser), percutaneous cementoplasty, chemoembolisation and bone biopsies were the main procedures performed.

The care and affection I benefited from in Strasbourg, a charming city with beautiful surroundings, surpassed all my expectations. I would like to express my gratitude to Prof. Gangi, the entire medical staff (especially Dr. Garnon for his patient teaching, creativity and inspiration), as well as to all radiology technicians, nurses and auxiliary personnel. Thank you all for the remarkable hospitality and contagious enthusiasm, possible only in services of excellence.



Hôpitaux Universitaires de Strasbourg

- Comprises 7 individual institutes
- Capacity of 2,540 beds
- Winner among six government-selected University Hospital Institutes in the field of minimally invasive image-guided surgery



Dr. Soares and Prof. Gangi in Strasbourg (from left to right).

"This fruitful experience contributed tremendously to my knowledge, and truly broadened my horizon concerning ultrasound-guided musculoskeletal interventional procedures."



José Soares with Dr. del Cura and his team in Bilbao.

Bilbao

I was also able to spend June and July of 2014 in the interventional unit of Basurto Hospital's radiology department in Bilbao, where my goal was to gain knowledge and experience in musculoskeletal interventional procedures guided by ultrasound.

The unit is equipped with a state-of-the-art ultrasound scan and all the resources suitable for non-vascular interventional procedures. The team is comprised of three interventional radiologists, a resident, two nurses and dedicated auxiliary personnel. During my stay, I had the opportunity to accompany Dr. José Luis del Cura and Dr. Rosa Zabala in their daily work, which included at least ten musculoskeletal interventions per day (amongst other procedures).

I had the pleasure of assisting in a variety of procedures, with a special focus on the percutaneous drainage of haematomas, treating "tennis leg", calcific tendonitis of the shoulder, piriformis syndrome, Morton's neuroma, plantar fibromatosis, epicondylitis, trigger finger, as well as articular infiltration and complex treatments of chronic tendinopathies of the foot and ankle with techniques like tenotomy (for plantar fasciitis), which were preceded by ultrasound-guided regional nerve blocks.

Learning from a legend was a dream come true. Apart from all his talent, knowledge and wisdom that extend way beyond medicine, Dr. del Cura is passionate about musculoskeletal interventions, an extraordinary teacher, and a huge inspiration.

This fruitful experience contributed tremendously to my knowledge, and truly broadened my horizon concerning ultrasound-guided musculoskeletal interventional procedures, especially in the ultrasound-guided selective nerve block technique, which also makes minimally invasive procedures minimally painful and much more effective.

Bilbao and the Basque country are true gems, thanks to the character of the people, the beauty of the landscapes, and the richness of the food; I will never tire of visiting, and truly felt at home during my experience.

I also genuinely appreciated the irreproachable technical expertise and professionalism, as well as the brilliance and dedication, of Dr. del Cura and his entire team, whom I today have the privilege of considering true friends (and would like to express a special salute to Javi, as well).

Finally, I would like to acknowledge the CIRSE Foundation for giving me this wonderful opportunity, which constitutes a vital component of my training as both a professional and as a man.



Basurto Hospital, Bilbao

- Founded in 1908
- One of the busiest hospitals of the Basque Health Service
- Approximately 800 beds



CIRSE FOUNDATION GRANTS

"I benefited greatly from Prof. de Gregorio's instructions, including his advice as to what not to do, as well as how to deal with complications."

Fellowship Grant Report

José Esteban Martínez

I was interested in minimally invasive medicine, especially in the vascular context, from the very beginning of my academic formation in Buenos Aires, Argentina, and this interest grew stronger as years went by. Thanks to the CIRSE Foundation's Fellowship Education Grant, I was able to pursue my professional goal of learning more about this field during a three-month stay at the University Clinical Hospital "Lozano Blesa" in 2014.

The Clinical Hospital, as it is locally referred to, is located in Zaragoza, in central Spain's Aragón region, a community with population of about 700,000. The interventional unit performs between six and ten interventions per day, including both vascular and non-vascular procedures.

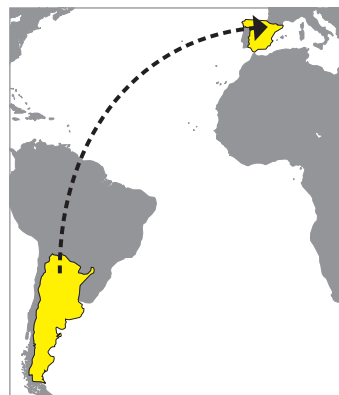
During this time, I benefited greatly from Prof. de Gregorio's instructions, including his advice as to what not to do, as well as how to deal with complications these complex procedures can entail.

I further solidified my knowledge by completing courses during the fellowship. First, I participated in the Master in Minimally Invasive Interventional Techniques, organised by Zaragoza University's Minimally Invasive Techniques Research Group (GITMI), and directed by Prof. de Gregorio. Comprising both theoretical and practical components, this important experience allowed me to learn about, and reinforce my understanding of, interesting new concepts. I also participated in an ESIR course on prostate artery embolisation organised by Prof. de Gregorio and Prof. Francisco Carnevale. The course was a complete success, conveying both interesting and important information, including during practical hands-on sessions.

My experience at the Lozano Blesa Hospital was an unforgettable one, both academically and professionally. Dr. Jokim Medrano, Dr. Antonio Maynar, Dr. Maria Sanchez and Dr. Jordi Bosh were always there to teach me, and to explain to me whatever I needed to know. In addition, all staff members, medical and non-medical alike, were pleasant and friendly.

I am very grateful to the CIRSE Foundation for granting me this opportunity to learn about and experience new concepts in interventional radiology, and to acquire new skills. I would also like to thank Tanja Valentinitich from the CIRSE office for all of her help. I hope other young interventional radiologists from South America will also have the opportunity to access the high level of training on offer at European medical institutions.

I would like to end by thanking the entire staff at University Clinical Hospital "Lozano Blesa" for the chance to broaden my knowledge and experience in the company of such great doctors and people, and, above all, for making my stay so wonderful and memorable.



University Clinical Hospital "Lozano Blesa"

- Founded in 1974
- Leading medical institution in Zaragoza
- Approx. 3,000 staff members
- Over 800 beds

Kindly supported by Cook Medical



The primary aim of my stay was to learn about vascular interventions, given that the medical education in Argentina focuses mainly on non-vascular procedures.

During my stay, I worked with Prof. Miguel de Gregorio's team, helping out with a variety of interesting procedures, such as TACE, pre-surgical portal vein embolisation, GI bleed embolisation, varicocele embolisation, as well as treatments for epistaxis, pulmonary AVM and uterine fibroids. I was also able to participate in a significant number of vascular and non-vascular procedures, including TIPS, PICCS, embolisation of esophageal varices, hepatic RFA, carotid stenting, colonic and biliary stenting, gastrostomy, and others.



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