

2/2017

INFORMATION FOR MEMBERS

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Revised
IR Curriculum
and Syllabus

Three Years
of IDEAS

ECIO 2017
Recap

news

CIRSE 2017

IMPACT THE FUTURE OF IR

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 at the CIRSE Annual Meeting
September 16-20 in Copenhagen, Denmark

Cardiovascular and Interventional Radiological Society of Europe

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IR News is designed to provide information on the activities, congresses and educational ventures of the Cardiovascular and Interventional Radiological Society of Europe (CIRSE). While the information in this publication is believed to be true, neither the Editorial Board nor the Editorial Team can accept any legal responsibility for any errors or omissions made. All contributors are responsible for ensuring that submitted articles are their own original work. Contributed articles do not necessarily reflect the views of the IR News or of CIRSE.

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As we gear up for another CIRSE Congress, President Elias Brountzos welcomes the newly elected CIRSE Executive Board and Committee and gives some tips on what not to miss this year in Copenhagen.

Dear colleagues,

ECIO and GEST Europe have come and gone, and it's already time that we get ready for another excellent CIRSE Annual Congress. This year the Congress will take place in Copenhagen, and we are looking forward to another fantastic event with sessions covering the interests of all IRs.

Highlights in Copenhagen

With a well-rounded programme filled with a variety of sessions, it is always a challenge to choose which to highlight: from Expert Case Discussions to Video Learning Sessions to the Free Papers, there's something to learn in each setting. But here are a few to especially look out for this year:

IDEAS: Running now for the third time, IDEAS has a great line-up planned and will once again offer the popular IDEAS Training Village, giving all delegates the chance to get hands-on practice with the latest thoracic and aortic arch devices.

Radiation Protection Pavilion: Hosting a variety of mini-talks to raise awareness on radiation safety, Copenhagen will see another great year of the RPP, with a particular focus on the new Basic Safety Standards Directive from the European Commission which must be complied with by early 2018.

The IR Gender Gap: Addressing many of the issues relevant for women working in interventional radiology, this session is important for all IRs to gather insights to strengthen the IR community.

Check out the CIRSE Scientific Programme on the website to get a full scope of what will take place this September.

European Trainee Forum

With the first-ever IR Trainee Session (organised by the European Trainee Forum [ETF]) having taken place at last year's CIRSE Meeting, this year will be an exciting one for our younger colleagues as even more activities are planned. The ETF Subcommittee has now expanded to include 20 representatives from different countries around Europe, so the topics this year will speak to the interests of IRs from a wide range of backgrounds. Let your trainees, residents and young IR colleagues know that they should check out the opportunities that will be available at CIRSE this year for them.

Group Members

We are proud to announce that we have added another cohort to the CIRSE Group Members with the addition of JSIR (Japanese Society of Interventional Radiology), SoBRICE (Brazilian Society of Interventional Radiology and Endovascular Surgery) and HKSIR (Hong Kong Society of Interventional Radiology). We look forward to collaborating with these societies and hope to see many of their members at future events.

Keep Educating Yourself!

As in past years, the EBIR Exam will be held prior to the Annual Congress, and I would invite any CIRSE Member who has not yet taken the exam to receive this valuable certification to do so! This is a fantastic opportunity to showcase your knowledge within the specialty and gain credibility by attaining this distinction.

Throughout the year, we also have a collection of European School of Interventional Radiology Clinical Procedure Training courses coming up. If you are looking to gain a deeper understanding on prostate artery embolisation, DVT/PE thrombolysis and thrombectomy or percutaneous tumour ablation, be sure to register for one of these courses!

Taking the Next Step

With all that said, I would like to give my thanks to all of you for assisting me through a fantastic two years serving as CIRSE President. It has been a wonderful adventure, and I could not have done it without the help of so many of you. CIRSE has played a huge role in my professional and personal life and will continue to do so. I am happy to have taken part in the recent successes in these past years and look forward to the achievements that are yet to come. This September during the 2017 General Assembly, the new CIRSE President, Robert Morgan, will officially take over the role, and I am certain that he and the rest of the elected Executive Board and Committee Members will continue on with the excellent work of our Society.

Thank you again, and see you in Copenhagen!

Elias Brountzos



"Thanks to all of you for assisting me through a fantastic two years serving as CIRSE President"

With CIRSE 2017 just around the corner, we contacted this year's CIRSE Gold Medallist, Dierk Vorwerk, to talk about his journey in interventional radiology.



S O C I E T Y

Digging Deeper with CIRSE 2017 Gold Medallist Dierk Vorwerk

"The biggest challenge I've faced was also the time I've loved most in my career"

Each year, CIRSE honours one outstanding interventional radiologist with the CIRSE Gold Medal. This year, that honour is being bestowed on Dierk Vorwerk, a past CIRSE President and, until recently, Editor-in-Chief of CVIR. Prof. Vorwerk has had an accomplished career, from his time working under Rolf Günther in the Department of Radiology at the University of Technology in Aachen, to his appointment as the Chairman of the Department of Diagnostic and Interventional Radiology at the Klinikum Ingolstadt, where he continues to work to the present day. He has published an extensive list of papers and book chapters, and he has received an array of awards and honours for his work, including the Wilhelm Conrad Röntgen Award, the Hermann Holthusen Award and the Mackenzie Davidson Memorial Lecture. Read on to get an overview of Prof. Vorwerk's personal experience as an interventional radiologist.

CIRSE: What or who influenced you to pursue IR as a career?

Vorwerk: Well, I first trained to be a radiologist, so IR was always a major part of my career. When I finished medical school I was unsure of what to do. I liked surgery, but I was afraid of not being able to stand the physical demands of it. Internal medicine with its endless rounds was not my favourite, so I chose radiology. I thought of this as being helpful for everything in a way. Quite early in my training, I rotated into IR and since there was a shortage of seniors I got many opportunities and was supported by my head physician, Rolf Günther, to develop my skills. This was the moment when I fell in love with IR.





Prof. Vorwerk discusses his biggest career challenges, ongoing education as a physician and the future of IR.

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CIRSE: What have been a few of the highlights throughout your time involved in CIRSE?

Vorwerk: CIRSE is a constant highlight. It has always been a pleasure to see CIRSE grow and flourish to become the most prolific IR society worldwide, putting on the largest interventional radiology conference. The key marking point for CIRSE was definitely the set-up of a central office in Vienna.

CIRSE: What have been the biggest challenges you've faced thus far in your career, and how did you overcome these?

Vorwerk: The biggest challenge I've faced was also the time I've loved most in my career. That was when I was setting up a service for uterine fibroid embolisation (UFE); I loved it, not because it was a technical challenge, but because I had to convince gynaecologists that UFE is a beneficial procedure for patients and for them to get involved. Unfortunately, this worked only partially and there's still a long way to go. Another challenge was building up a neurointerventions service, especially for stroke training, with enough people to supply a 24-7 service to our neurological partners.

CIRSE: What do you think are the best ways for IRs to continue educating themselves throughout their career?

Vorwerk: The best training for IRs is hands-on experience to develop their skills. Nevertheless, continuous theoretical education through conferences and reading IR-dedicated journals is

a must in order to stay up to date with modern trends and developments.

CIRSE: What are some of the ways that IRs can further develop their clinical management skills?

Vorwerk: As we move forward, modern clinical management of patients will require an interdisciplinary approach to serve patients best. Monomania is an attitude which is frequently found among doctors but is not helpful for the patient. Shared decision-making is essential and should be required by the regulating bodies.

Interventional radiologists need to be more accessible to patients by doing clinical rounds, and they should offer office hours and outpatient treatment. In almost all European countries these possibilities exist for IR and they should be utilised.

CIRSE: How do you envision the future of IR?

Vorwerk: The future of IR looks strong, but in order to keep its strength, I believe it is important that the speciality stays together: IR is important for radiologists and radiology is important for IR. Artificial intelligence might become a challenge for radiology, but IR is pretty robust as it is the hands-on clinical side of radiology. If IR offers a 24-7 service of excellence, I envision a bright future for the subspecialty as it advances as a key discipline, particularly in emergency cases and treatments.

Michelle Weiss, CIRSE Office

"As we move forward, modern clinical management of patients will require an interdisciplinary approach to serve patients best"

Through cooking and sponsored running, CIRSE's staff in Vienna, Austria, volunteered and fundraised for the local community.

CIRSE Helps in 2017



CIRSE staff raised over 620 Euros for a local children's cancer charity!



The winter months in Vienna can be bitterly cold. It is hard to imagine spending more than a few hours on the city's streets, and impossible to know what it would be like day and night in these conditions. In 2011, the Vienna Social Welfare Report stated that 8,580 people were registered as using services provided for the homeless. Austrian NGOs, however, estimate the number of homeless people – including those who do not use these services – to be much higher.

A considerable number of the services for the homeless of Austria are provided by the charity Caritas, which runs the Gruft, a shelter on Vienna's main shopping street. The shelter offers three meals a day, a place to sleep and the opportunity to take a shower and wash clothes. Along with these basic necessities, there is also counselling, job hunting assistance and access to healthcare.

For those who want to help, Caritas has set up an initiative where businesses or groups can buy ingredients and cook lunch or dinner for around 200 people who are in need of a hot meal. CIRSE staff collectively cooked more than 400 portions of food at the Gruft over two lunchtimes this past



winter. We were extremely happy to be involved in this great cause and hope that the chicken curry and beef goulash went down well!

Frauenlauf Fundraiser

Established in 1988, Kinder-Krebs-Hilfe is an Austrian charity which provides support for children with cancer and their families. Alongside financial support, the charity gives information and advice to affected families, raises awareness about the plight of children living with cancer and funds research into paediatric cancer.

CIRSE thought that the Frauenlauf, an annual women's sporting event in Vienna, would be a great opportunity to dust off our running shoes and fundraise for this fantastic charity. On May 21, a number of staff members from CIRSE got together on a Sunday morning to run the 5 and 10 kilometre races in the heart of Vienna's Prater Park. We are proud to say that we all made it over the finish line and, most importantly, raised 627.78 Euros for the charity!

Helen Hemblade, CIRSE Office



The results are in, and it is our pleasure to announce CIRSE's Committees for 2017-2019!

CIRSE Committee Election Results

The CIRSE Executive Committee would like to thank all members who took part in the 2017 Committee Elections, held from June 12-23. A total of 855 members cast their vote, reflecting a continuous increase in voter participation.

We would 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 commence after the 2017 General Assembly.

CIRSE Executive Committee

(term of office: September 2017-2019)

President	Robert Morgan
Vice-President	Afshin Gangi
Treasurer	Christoph Binkert
Past President	Elias Brountzos
Scientific Programme Committee Chairperson	Fabrizio Fanelli
Scientific Programme Committee Deputy Chairperson	Thomas Kröncke
Standards of Practice Committee Chairperson	Raman Uberoi
Research Committee Chairperson	Philippe Pereira
Membership Committee Chairperson	Peter Reimer
EBIR Committee Chairperson	Otto van Delden
CVIR Editor-in-Chief	Klaus Hausegger
ESIRonline Programme Director	Stefan Müller-Hülsbeck
CIRSE 2018 Local Host Committee Chairperson	Maria José Sousa
ECIO 2018 Scientific Programme Committee Chairperson	Afshin Gangi
Education Programme Coordinator	Patrick Haage
Executive Director	Daniel Waigl

CIRSE Standing Committees

Membership	Hicham Kobeiter Miltiadis Krokidis Gerard O'Sullivan Umberto Rossi
Research	Pierleone Lucatelli Stavros Spiliopoulos Vincent Vidal Thomas Vogl
Standards of Practice	François Cornelis Marco Das Joachim Kettenbach Massimo Venturini



We extend a
warm welcome
to the 2017-2019
CIRSE Committee
Members

More information on the CIRSE Executive Committee Election 2017 can be found on CIRSE's website.

A special Task Force led by Raman Uberoi has recently completed the second edition of the European Curriculum and Syllabus for Interventional Radiology.

The Revised European Curriculum and Syllabus for IR



The first European Curriculum and Syllabus for IR was completed in 2013

Interventional radiology requires highly specialised knowledge and a very specific skill set. Because IR training in Europe differs greatly, this can lead to varying levels of expertise amongst practitioners, and sometimes makes it difficult to clearly define IR in relation to other specialties. Until 2013, there was a lack of European-wide guidelines which could ensure quality control and consistently high competency levels of IRs throughout the continent. It was then that the CIRSE Executive Committee decided to establish a task force to draw up the first European Curriculum and Syllabus for Interventional Radiology. Together with a number of experts, former Task Force Leader Anna-Maria Belli drew up a comprehensive 90-page document detailing the requirements that should be met by all aspiring interventional radiologists before going through summative assessment by means of the European Board of Interventional Radiology (EBIR).

The IR curriculum describes the objectives, learning methods, outcomes, supervision and assessment of IR training and includes a syllabus describing the content of required knowledge and competencies to be covered with the aim of helping to standardise IR training and assessment across Europe.

Due to the ever increasing pace of developments in IR, the Executive Committee felt that the curriculum needed to be updated accordingly and created a dedicated task force in 2016. We talked to Task Force Leader Raman Uberoi to find out more about the recently finished revised version.

CIRSE: Which areas in IR have changed the most and how did you adapt the syllabus accordingly?

Uberoi: IR is a rapidly evolving specialty and there is a greater desire and need to become a much more clinically focused specialty. Therefore, our most important goal when revising the syllabus was ensuring trainees would be more clinically involved in patient care. The syllabus not only has to reflect the most up-to-date techniques and technologies, but also clinical working practice, such as managing clinics, carrying out ward work and performing follow-up.

There has also been a massive increase in the range of treatments being carried out by interventional radiologists in the field of interventional oncology in managing both palliative and curative care. We also introduced new techniques, such as prostate embolisation, which has the potential to revolutionise the way we manage patients with benign prostatic disease.

Since IR is a highly specialised and rapidly evolving field, it requires consistent updates of its training requirements.

CIRSE: Have any procedures become redundant?

Uberoi: Yes, some technologies have died away such as the treatment of hypertension with catheter-based radiofrequency renal artery sympathetic denervation, and these changes are reflected in the updated curriculum.

CIRSE: Do you feel the curriculum has had an influence on how IR is taught and how IRs prepare for certification and exams such as the EBIR?

Uberoi: The main role of the EBIR curriculum is to ensure there are high-quality standards in the training and practice of IR throughout Europe. The curriculum forms the basis for the syllabus and the EBIR examination, which is increasingly being taken throughout Europe with over 500 IRs having achieved this qualification. Together, the curriculum and EBIR examination are making IR training centres in Europe look very carefully at how they train IRs as well as how they assess competencies in IR following completion of their training programmes.

CIRSE: You are the Deputy Chairperson of the EBIR Council and, among many other tasks, share the responsibility for creating and editing examination material based on the curriculum and syllabus. Did your long-time experience with the EBIR examination help with the syllabus revision process?

Uberoi: Having been involved with the EBIR examination since 2011, I have learned a lot about exam theory and techniques, as well as the practicalities of administering the examination. This has allowed me to ensure that the curriculum outlines the skills trainees must have in order to be effective and safe IRs.

Petra Mann, CIRSE Office

For the updated European Curriculum and Syllabus for Interventional Radiology go to www.cirse.org/curriculum



The revised version of the syllabus includes latest techniques and guidelines for more clinical involvement





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This activity is supported by educational grants from Biocompatibles, Inc., Boston Scientific, Guerbet LLC, Healthtronics, and Terumo Interventional Systems.

Stemming from CVIR, this new, open access, multidisciplinary journal will focus on publishing a constant stream of papers on endovascular treatment.

Welcome CVIR Endovascular to the CIRSE Community!

As the endovascular world of medicine is still growing very rapidly, CIRSE has decided to start a new publication offshoot from *CardioVascular and Interventional Radiology (CVIR)* to cater to the number of important endovascular papers and research that are going unnoticed through a lack of publication possibilities. To offer a solution to this and increase the amount of published endovascular work, *CVIR Endovascular* will soon be entering the medical journal scene in autumn 2017, led by Editor-in-Chief Jim Reekers.

CVIR Endovascular will be an online, open access publication, providing the possibility for all interested in reading the published articles to do so for free. By setting it up in this way, *CVIR Endovascular* will allow articles and research on the newest trends and hot topics in endovascular treatment to be easily disseminated and have a further reach in the medical community and amongst the public. The journal will also be the first of Springer's journals to assess the quality of manuscripts using an open peer review system to determine the papers' originality, validity and significance. Through an open peer review system, both the authors and reviewers are given credit for their contribution and a more transparent and communicative relationship is established between all those involved with the publication of the article.

We spoke with Editor-in-Chief Jim Reekers to get his insights on this new initiative.

CIRSE: Why start this open access journal focusing on endovascular treatments?

Reekers: *CVIR Endovascular* has been created as a platform to publish papers focused on endovascular treatment and to communicate to the endovascular community through a constant stream of publications. Currently, the few existing vascular surgery or interventional radiology journals only have limited space for endovascular publications. With this limited space, it is unavoidable that many good papers are rejected. Also, over 90% of case reports and technical notes that are not only interesting, but vital to the work we do, are being rejected. Endovascular treatment is a multidisciplinary profession which is continually producing new technologies and

scientific research, and interventional radiologists, vascular surgeons, cardiologists and angiologists are all active in this field, whether individually or as a team. Developments in endovascular treatment are being presented at an exceptional pace, both through modifications of existing technologies and completely new pathways. Therefore, fast communication without borders and hurdles is needed, and open access is the way forward.

CIRSE: What are you hoping to get more coverage on and offer to those working in the endovascular field?

Reekers: Besides original articles, *CVIR Endovascular* is aimed at publishing case reports, technical notes, reviews and short communications. Comments and ideas can be shared within the scientific community through Editorials and Letters to the Editor. We are confident *CVIR Endovascular* will actively contribute to creating a bridge between different modalities that are in use in endovascular treatment and will facilitate their further application in the scientific community.

CIRSE: Are there any other visions you have for this new initiative?

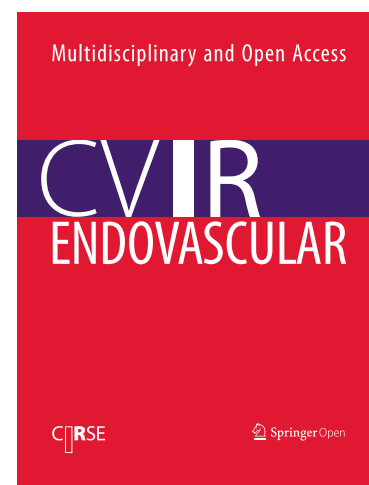
Reekers: Discussions among peers have been fundamental to the development of endovascular treatment. We would like to keep this tradition alive by opening, together with the journal, a discussion platform for the whole endovascular community. *CVIR Endovascular* seeks to facilitate an environment of engaging with, learning from, and questioning your peers.

Michelle Weiss, CIRSE Office

To find out more, visit www.cvirendovascular.org.



Submit to CVIR
Endovascular
starting this
autumn and
get your best
endovascular
work published!



With the advent of the Japanese Society of Interventional Radiology as a CIRSE Group Member, we sat down to talk with past JSIR President Yasuaki Arai.



S O C I E T Y

JSIR Joins CIRSE

"I believe making patients symptom-free through interventional palliative care is a very big field for IO"

On the occasion of ECIO 2017, the Japanese Society of Interventional Radiology (JSIR) officially signed on to join as a CIRSE Group Member. The past President of JSIR, Yasuaki Arai, stated that "now that more young investigators speak English and can discuss important issues, it is the perfect time for JSIR to join CIRSE." We sat down with Prof. Arai to discuss his views on interventional oncology in Japan, how JSIR is spreading the word about interventional radiology and how IR will continue to grow in Japan.

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

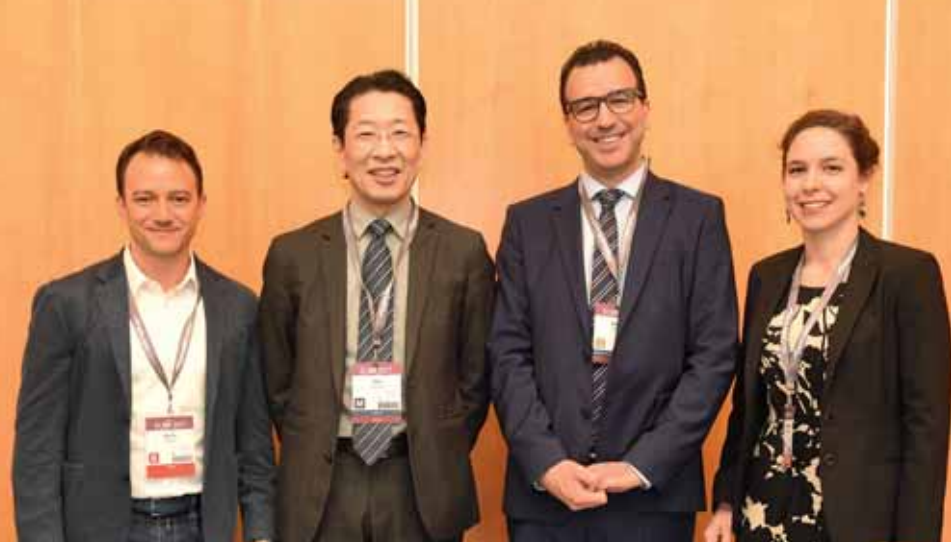
Arai: JSIR and CIRSE, especially in interventional oncology, are doing very similar things. Because of this, it might be possible for us to conduct some studies together. In CIRSE, there are mainly registry trials, which usually have between 400 and 1,000 patients, whereas in Japan, we perform many

high-quality clinical trials, but the number of cases is not so high; usually, there are only between 30 and 100 cases. If we can join our data with the CIRSE registry data, then we would have some very notable evidence.

CIRSE: What training scheme is used in Japan for medical students or radiologists planning to become IRs?

Arai: In Japan, we are always trained in the diagnostic field first, and then we are trained in interventional procedures. But interventional radiologists who only do interventions are very rare. The breakdown of work is generally about 70% interventional radiology and the remaining 30% for diagnostic work. Sometimes it's half and half, and sometimes it's 70% diagnostic, 30% interventions. Also, each hospital and university focuses on a different field. For example, one hospital will have many hepatocellular carcinoma patients and one hospital will focus on





Prof. Arai hopes for future collaboration between JSIR and CIRSE and says that now is the perfect time.

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cryoablation for the kidney. So young investigators cannot do everything in one hospital; they must switch between places. My hospital; is the National Cancer Center where we focus on running oncology interventions.

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

Arai: The main area is hepatocellular carcinoma (HCC). We have a very long history with HCC, and we have now established conventional TACE. Embolisation for the liver is very well-organised and well-established, and ablation on the liver and cryoablation for the kidney is almost established, however we're not quite there yet. One big problem in Japan right now is that radiofrequency ablation is only approved in liver tumours, but not kidney or bone. And cryoablation is approved only in renal cancer; other parts we cannot do yet. For two years, JSIR has been negotiating with the Japanese government, and 2017 will be very important, because, at the end of the year, the government will make a new decision determining whether we can perform radiofrequency ablation and cryoablation in any kind of tumour throughout the body, except of course in the heart and brain. It's a big change and, maybe in the near future, we will be able to perform clinical trials looking at these procedures.

CIRSE: How has JSIR informed patients about IR treatments and promoted them in the medical community?

Arai: JSIR has produced many pamphlets, and, recently, we attended an elementary school fair with young children aged 7-12. While there, we

showed them what an interventional procedure is and how to perform that in simple terms as a type of game using ultrasound guidance with a needle and a balloon. We are always looking for chances to introduce IR to adults as well as children, and to patients and the patient's family by using mass communication like newspapers or magazines.

CIRSE: How do you envision the future of IR in Japan or globally?

Arai: It's common that other fields, medical oncologists included, don't know what IO is. With that said, the goal for the future is to get IO well-recognised by medical oncology and establish our status in cancer care. In order to elevate IR with steady praise in the oncology field, we need some very good supporting evidence. Without it, medical oncologists will never agree with us. It's important to have both registries and clinical trials, not only one. And it's vital that the evidence level is also high across a large number of cases. Both the number of cases and sufficient high-quality data are very important to establish IR in oncology.

On another note, I also believe that with medical cancer treatment, not only in IR, sometimes we are too strongly focused on how to cure the cancer patient. I believe IO has a very high potential to reduce the symptoms for the patient. We may not prolong the survival, but we can make the patients' situation better and reduce pain and symptoms. I believe making patients symptom-free through interventional palliative care is a very big field for IO.

Michelle Weiss, CIRSE Office

"The goal for the future is to get IO well-recognised and establish our status in the oncology field"

The CIRT Registry, which aims to collect data on SIR-Spheres therapies across Europe, is beginning an offshoot of the study, called CIRT-FR, in France.

CIRSE Registry for SIR-Spheres Therapy in France



**CIRT France
will soon
begin enrolling
patients with an
expected study
end of May 2021**

Selective Internal Radiation Therapy (SIRT), also known as radioembolisation, is a minimally invasive, endovascular treatment for primary and secondary liver tumours. Due to the promising results in terms of effectiveness and safety which had been shown in previous studies, the European-wide observational study CIRT (the CIRSE Registry for SIR-Spheres Therapy) was started in 2013 to develop further understanding of the real-life clinical application of radioembolisation with SIR-Spheres.

Because of this expertise and experience through CIRT, CIRSE was designated by the Haute Autorité de Santé (HAS) to initiate the CIRSE Registry for SIR-Spheres Therapy in France (CIRT-FR). CIRT-FR is a national, post-market, prospective, multi-centre, non-randomised, observational study. In France, SIR-Spheres are listed as reimbursable by the national health authorities, but in order to evaluate the reimbursement after five years, all patients treated with SIR-Spheres will be entered into this registry which collects data on the real-life clinical application of SIRT, and this data will be reported to the national authorities.

Steering Committee

CIRT-FR will be governed by the same multi-disciplinary Steering Committee as CIRT, which is chaired by the Coordinating Investigator, Prof. José Ignacio Bilbao (Clínica Universidad de Navarra, Pamplona, Spain). The CIRT Steering Committee includes a Safety Subcommittee, a Publication Subcommittee and a French National Coordinator, Dr. Olivier Pellerin (Hôpital Européen Georges-Pompidou, Paris, France), who will serve as a contact person to the Ethics Committee and the participating medical centres.

Study Objective and Design

The goal of the research is to gain a better understanding of the real-life clinical application of radioembolisation with SIR-Spheres and the impact of the treatment in clinical practice. Secondary objectives will include safety in terms of adverse events, effectiveness based on overall survival, progression-free survival (PFS), hepatic progression-free survival and quality of life. To better understand the palliative aspect of the treatment, the change in quality of life will also be evaluated through a questionnaire.

The study will include all centres that have performed at least one SIR-Spheres treatment or have their expected first treatment within the first month of enrolment. The registry aims to enrol all patients with primary or secondary liver tumours treated with SIRT.

Expected Timeline

The study will proceed for approximately four years from the time that the first patient is enrolled in the registry. The follow-up of patients will continue for at least 24 months, unless data collection ends earlier.

Expected start (first patient enrolled):	August 2017
Expected end of patient enrolment:	August 2019
Expected study end (including follow up):	May 2021

For more information, please contact walk@cirse.org.

Our European-wide observational study on TACE using LifePearl Microspheres has been launched and is enrolling centres!

The Launch of CIREL



Over the last 10 years, new techniques in transcatheter chemoembolisation (TACE) with drug-eluting beads have continually been developed. These developments have led to a relatively novel treatment modality which has been proven safe and efficient: chemoembolisation with irinotecan-eluting beads. Although some studies have been completed, more solid evidence in real-life clinical settings is necessary.

With this in mind, CIRSE is delighted to announce the launch of CIREL, a multi-centre observational study on patients with liver-only or liver dominant metastatic disease being treated with transarterial chemoembolisation (TACE) using LifePearl Microspheres loaded with irinotecan.

This European-wide study aims to observe the real-life use of the device in the context of

patients' cancer treatment and will also collect extensive quality of life data to learn more about the palliative aspect of TACE. So far, the current enrolment progress is off to a great start with 106 hospitals invited across 15 European countries.

CIREL is governed by a multidisciplinary Steering Committee comprised of leading experts from the fields of interventional radiology, oncology, surgery and hepatology. The Committee is co-chaired by the coordinating investigators, Prof. Philippe L. Pereira and Prof. Julien Taieb. In order to capture a broad range of data, the registry aims to enrol 500 patients over an initial period of three years.

For more information, please contact research@cirse.org.



**Straub
Symposium:**
September 17,
2.30 pm
Auditorium 10

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European Society of Radiology



Cardiovascular and Interventional Radiological Society of Europe

September 16-20
Copenhagen, Denmark
CIRSE 2017

Join us this September in Copenhagen for the largest IR congress of the year!

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As we get closer to CIRSE 2017, this guide is intended to give you the essential information on this year's Annual Meeting.

More details can be found on:

- www.cirse.org
- www.facebook.com/CIRSEsociety
- CIRSE 2017 App



Dierk Vorwerk



Yasuaki Arai



Mario Bezzi



Ernst-Peter K. Strecker

Opening and Awards Ceremony

Join us at a newly designed and exciting Opening and Awards Ceremony which will take place from 14:30-16:00 on Saturday, September 16.

**CIRSE 2017 will
commence with
a celebration of
distinction in IR!**

M E E T I N G

This year's Congress proceedings will start off with an Opening and Awards Ceremony that you won't want to miss! A welcome address by CIRSE President Elias Brountzos, Local Host Committee Chairperson Poul Erik Andersen, and Scientific Programme Committee Chairperson Christoph Binkert will set the scene of our 32nd Congress. Following this, guest speaker Prof. Sadek Beloucif will give a fascinating presentation titled "Cure – Care – Coordination: Towards a New Medical Paradigm for Patients?" alongside three interpretive dance pieces exploring these three "C" concepts. The final portion of the programme will be dedicated to presenting six prestigious awards, including the Award of Excellence and Innovation in IR, the CVIR Editor's Medal, three Distinguished Fellow awards, and the CIRSE Gold Medal.

CIRSE Gold Medal

This year's Gold Medallist is Dierk Vorwerk, who is currently the Chairman of the Department of Diagnostic and Interventional Radiology at the Klinikum Ingolstadt. Prof. Vorwerk has served as reviewer, consultant and editorial board member of many radiological and medical journals, including *CVIR*, in which he held the position of Editor-in-Chief from 2003 until this year. Prof. Vorwerk is a past president of CIRSE, having served in that position from 2000-2001. His laudation will be given by Johannes Lammer.

Distinguished Fellows

Distinguished Fellow Dr. Yasuaki Arai has spent several years at the National Cancer Center in Japan as the Chief of the Department of Diagnostic Radiology. Throughout his career,

Dr. Arai has introduced a number of new devices and techniques to interventional radiology, with his latest device being a tip-deflecting microcatheter aiming for easier manipulation. To build a framework for conducting clinical trials, he also established the Japan Interventional Radiology in Oncology Study Group (JIVROSG) and has given lectures related to interventional radiology and clinical trials worldwide. Thierry de Baère will give his laudation.

Distinguished Fellow Prof. Mario Bezzi is currently Chief of the Division of Interventional Radiology and Associate Professor of Radiology at the Sapienza University of Rome. He is an enthusiastic teacher and committed to the training of the next generation of radiologists. Prof. Bezzi has written 15 book chapters and presented more than 430 papers at numerous international conferences. Prof. Bezzi's active involvement with CIRSE has extended most of his career, and he now considers the Society a second family. Fabrizio Fanelli will give his laudation.

Distinguished Fellow Prof. Ernst-Peter K. Strecker devoted 29 years to the Diakonissen-Krankenhaus as Chief Physician of the Department for Medical Imaging, Interventional Radiology and Nuclear Medicine. He was also a Professor of Radiology at the University of Freiburg and contributed to the development of minimally invasive medicine in various fields. Although now retired, Prof. Strecker continues to work on technical developments and is an active reviewer for several IR journals. Prof. Strecker has received several honourable awards, including CIRSE's Andreas Gruntzig Lecturer's Medal and the CVIR Editor's Medal. His laudation will be given by Rolf Günther.

The Award of Excellence and Innovation in IR

Since its establishment in 2012, the Award of Excellence and Innovation in IR has been given to some of the most innovative physicians in the field. Sponsored by the Rolf W. Günther Foundation for Radiological Sciences, the award comes with a €5,000 cash prize and is presented to the winner during the Opening Ceremony of the CIRSE Congress. Every year, applicants from around the world who have published original research in a peer-reviewed scientific journal, invented a registered patent or published data on an innovative device or equipment are evaluated by a review board, with the prize going to the most relevant contribution to the advancement of IR.

This year, two great innovators have been chosen who have paved the way for a completely new strategy in acute ischaemic stroke management with a ground-breaking invention and a high-class clinical trial. Hans Henkes will receive the award for the invention of the Solitaire Stent and Wim H. van Zwaam will be the representative accepting the award for the MR CLEAN trial.

Hans Henkes, for the invention of the Solitaire™ revascularisation device



In 2004, Prof. Henkes invented the Solitaire™ revascularisation device, which was initially designed for the treatment of cerebral aneurysms. Incidentally, he found out that it could also be applied for the removal of intracranial thrombi and performed the first successful intracranial stent thrombectomy in Europe in 2008. This stent retriever represented a considerable improvement in acute ischaemic stroke management

compared to other thrombectomy devices available at the time. The Solitaire™ stent became an international patent in 2004, followed by the US patent in 2014. It has since saved thousands of lives and prevented countless cases of stroke-related handicap.

About the invention

The Solitaire™ device is comprised of a nitinol scaffolding design attached to a guidewire. After being delivered through a microcatheter, it is deployed across a clot and removed along with the clot to enable revascularisation of the occluded intracranial vessel. If applied within 8 hours of symptom onset, the Solitaire™ can remove the thrombus from a large intracranial occlusion and restore blood flow to a degree that will allow nearly 70% relative improvement in functional outcomes at 90 days.

About the inventor

Prof. Hans Henkes has held numerous clinical positions throughout Germany, and, since 2007, has been the Medical Director of the Neuroradiological Clinic at Stuttgart's Katharinenhospital. He has published more than 240 articles, mostly focusing on neuroradiology, neurological diseases, neurodegeneration and intracranial aneurysms. His papers have been cited over 4,000 times.

The MR CLEAN trialists, represented by Wim H. van Zwam



About the trial

The Multicenter Randomized Clinical Trial of Endovascular Treatment for Acute Ischemic Stroke in the Netherlands (MR CLEAN), published to great acclaim in the *New England Journal of Medicine* in 2015, was the first randomised controlled trial (RCT) showing a clear benefit of endovascular treatment in acute ischaemic stroke. The 2-year outcome published in April 2017 confirmed the benefit of endovascular treatment. Designed as an RCT of intra-arterial treatment versus no intra-arterial treatment in patients with a proximal intracranial arterial occlusion, 500 patients were randomised between December 2010 and April 2014 in 16 centres in the Netherlands. Functional outcome at 90 days as well as secondary clinical outcomes showed a clear benefit for the intervention group. Contrary to previous studies which could not demonstrate preferability of endovascular intervention over standard treatment, during the MR CLEAN trial the latest generation of thrombectomy devices (stent retrievers, including the Solitaire Stent) were used, significantly changing the outcome in favour of endovascular treatment. In less than one year, this has resulted in the worldwide adaptation of guidelines incorporating endovascular treatment as standard treatment.

About the MR CLEAN trialists

The MR CLEAN trial is a joint interdisciplinary study comprising neurology, neuroradiology, radiology and interventional/neurointerventional radiology with six principal investigators together with the three (shared) first authors from the Universities of Rotterdam, Amsterdam and Maastricht. They will be represented by Dr. Wim van Zwam, interventional radiologist and head of neurointerventional radiology at Maastricht University Medical Center.



M E E T I N G

IDEAS Intensifies for Its Third Occurrence

With a variety of lectures, workshops, satellite symposia and a special Hot Topic Symposium, the IDEAS programme offers three days of education on key topics.

Sign up online
for special
workshops
taking place
in the IDEAS
Training Village!



IDEAS

Marking its third year, the Interdisciplinary Endovascular Aortic Symposium (IDEAS) will once again take place alongside the CIRSE Annual Meeting. This unique symposium run by CIRSE has established itself as a notable addition to the congress, serving as the aortic endovascular track and offering a multidisciplinary forum to all who are interested in these therapies, including vascular surgeons, cardiologists and interventional radiologists.

Within the past two years, IDEAS has flourished from a small gathering of enthusiastic experts into a collaborative, interdisciplinary event, continuously offering insight into current hot-button issues in the endovascular aortic field.

At CIRSE 2017, IDEAS will once again highlight the hottest topics, and our distinguished faculty will guide congress-goers through an array of enriching discussions and debates in a variety of session types, including lecture sessions, expert round tables, expert case discussions, workshops and the Hot Topic Symposium titled Aorta.

IDEAS Training Village

Corresponding with the IDEAS programme is the popular IDEAS Training Village. The Training Village offers physicians the chance to engage with leading technologies and devices in the field of thoracic and abdominal aortic treatments by giving delegates the opportunity to participate in free hands-on workshops during the meeting. This year, five industry partners will provide exclusive workshops for hands-on practice and give participants the chance to communicate with experts.

Workshops will cover specific devices and techniques in order to provide a thorough understanding of the treatment procedure, preoperative planning, device usage and postoperative management. Workshops will run Sunday-Tuesday, and we recommend registering early since the number of participants will be limited.

With a full Training Village schedule, there will be many fantastic opportunities that you won't want to miss at this year's meeting in Copenhagen.

Check out the detailed IDEAS Programme and the Training Village workshops being offered at www.aorticideas.org.



NEW

angiolite BTK

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Proven drug
release efficacy

Ultrathin
stent strut

Investigation for reaching a complete peripheral portfolio

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NEW Sirolimus eluting stent

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For department leaders in IR looking to expand their clinical knowledge and entrepreneurial thinking, the Successful Strategies for IR Practice workshop will be a welcome addition at CIRSE 2017.

Building Successful Strategies for the Future



Join in this special workshop at CIRSE to learn important clinical strategies for IRs



Interventional radiology is an essential part of modern medicine, delivering minimally invasive patient-focused care, which has been proven to be safe and effective in both elective and emergency settings.

As the times change, the importance of clinical knowledge and entrepreneurial thinking for the future of interventional radiology is increasingly being recognised. In order to account for this, a free workshop called Successful Strategies for Interventional Radiology Practice is being offered at CIRSE 2017 which will provide practical insights and solutions from a variety of case studies.

The sessions are geared towards current and future radiology department heads and IR unit leaders and will be split into four learning modules.

The Breakdown

The first module will focus on building clinical business. In this portion of the workshop, physicians will pick up general business aspects of running a clinic, including relevant vocabulary. Participants will learn the definition of "business case" and "target groups", as well as how to decipher potential partners, competitors and collaborators. The business models currently in action at the Miami Vascular Institute and the Istituto Europeo di Oncologia in Milano will be showcased as examples.

The second module will discuss clinical services. Here, speakers will address the elements of a successful clinical practise as well as how to manage the expectations of prospective patients. Points of discussion will include patient contact time, dedicated office space, follow-up responsibility and the various potential service options, such as stand-alone clinics, multidisciplinary centres or shared services.

Module three will address basic principles of marketing, including segmentation, advantages and disadvantages of communication channels and creating awareness both locally and in a wider context. Marketing strategies in France and the United States will be analysed, and participants will leave with a better understanding of communication strategies for interacting with referring doctors, patients and the general public.

Finally, module four will cover the combination of infrastructure and work flow. Questions such as how infrastructure can support patient comfort, enhance education/teaching, and affect personnel will be discussed. Examples of different infrastructural solutions in IR practice will also be shown.

This workshop is the perfect opportunity for interventional radiologists looking to expand their clinical care and gain substantial practical knowledge. Don't miss out!

More information and pre-registration are available on the CIRSE website.

With talks planned on clinical business creation, establishing clinical services, clinical infrastructure, and marketing and communication, this workshop at CIRSE is not to be missed.



Successful Strategies for Interventional Radiology Practice

Monday, September 18, 2017

10:00-10:45
STRAT 1806 Building clinical business

- 1806.1 Core business planning
M. Noesberger (Solothurn/CH)
- 1806.2 Business model of IR at Miami Cardiac and Vascular Institute
B.T. Katzen (Miami, FL/US)
- 1806.3 Business model at Istituto Europeo di Oncologia in Milano
F. Orsi (Milan/IT)
- 1806.4 Panel discussion

10:45-11:30
STRAT 1807 Clinical services

- 1807.1 Standard requirements for clinical services
O.M. van Delden (Amsterdam/NL)
- 1807.2 Stand-alone
R.A. Baum (Boston, MA/US)
- 1807.3 Multidisciplinary
F. Orsi (Milan/IT)
- 1807.4 Combined
C.A. Binkert (Winterthur/CH)
- 1807.5 Panel discussion

12:30-13:15
STRAT 1905 Marketing

- 1905.1 Effective communication and the use of (social) media
L. Zenk (Vienna/AT)
- 1905.2 To the patient
R.A. Baum (Boston, MA/US)
- 1905.3 To the referrers
A. Gangi (Strasbourg/FR)
- 1905.4 Panel discussion

13:15-14:00
STRAT 1906 Infrastructures

- 1906.1 Architecture and its impact on the patient pathway
I. Degen (Zurich/CH)
- 1906.2 Example from Strasbourg
A. Gangi (Strasbourg/FR)
- 1906.3 Example from Miami
B.T. Katzen (Miami, FL/US)
- 1906.4 Example from Winterthur
C.A. Binkert (Winterthur/CH)
- 1906.5 Panel discussion

A diverse faculty will cover topics such as marketing and infrastructure in IR departments

Organised by various medical companies, Satellite Symposia offer cutting-edge information on IR equipment and techniques.

Satellite Symposia



Attend Satellite Symposia to gather data on a variety of new devices

Saturday, September 16

- 13:00-14:00, Auditorium 3
Bayer AG
SY 401 Extending survival in unresectable HCC: how can I optimize sequencing in my clinic?
- 13:00-14:00, Auditorium 15
Biotronik AG
SY 402 Minimal is optimal in SFA therapy, reducing metal burden
- 13:00-14:00, Auditorium 12
Philips
SY 403 The pivotal role of advanced image guidance in interventional oncology
- 16:15-16:35, Room 20
Biotronik AG
SY 608 Minimal is optimal in SFA therapy, reducing access complications
- 16:15-16:35, Auditorium 12
Merit Medical
SY 609 HEPDOX & HEPIRI: optimise your TACE in HCC and CRC mets to the liver!

Sunday, September 17

- 08:00-08:20, Room 20
Veryan Medical
SY 801 BioMimics 3D, the swirling flow stent: what makes it so different?
- 11:30-12:30, Auditorium 1
Boston Scientific
SY 1102 Strategies for SFA intervention: evidence, controversy and debate
- 11:30-12:30, Auditorium 3
Medtronic
SY 1103 Optimizing treatment outcomes in complex vascular disease with DCB combination therapy
- 11:30-12:30, Auditorium 2
Sirtex Medical Europe GmbH
SY 1104 SIR-Spheres Y-90 resin microspheres – providing the evidence in interventional oncology
- 13:00-14:00, Auditorium 15
BTG
SY 1201 Setting new standards in thrombolysis
- 13:00-14:00, Auditorium 2
Medtronic
SY 1202 Breakthrough technologies in thermal ablation

Satellite Symposia will take place throughout the Congress, discussing a range of new technologies.



Monday, September 18

13:00-14:00, Auditorium 1
Terumo Europe
SY 1203 Critical limb ischaemia – All you need to know in 60'

14:30-15:30, Auditorium 15
Medtronic
SY 1303 Evidence-based treatment decision and innovation in musculoskeletal procedures

14:30-15:30, Auditorium 10
Straub Medical AG
SY 1304 How to successfully treat venous occlusions: from creating a venous service to approaching challenging cases

16:15-16:35, Auditorium 12
Merit Medical
SY 1409

16:15-16:55, Auditorium 11
Medtronic
SY 1410 A time to open, a time to close: discussion on deep venous stenting to embolisation therapies

16:45-17:05, Auditorium 12
Spectranetics
SY 1411 Stellarex drug-coated-balloon: new evidence and new perspectives

08:00-08:20, Room 20
B. Braun Melsungen AG
SY 1601 Spot stenting: it's time to undress the full metal jacket

11:30-12:30, Auditorium 1
Cook Medical
SY 1902 Patient first: leave the right thing behind

11:30-12:30, Auditorium 3
Penumbra
SY 1903 Penumbra embolisation and thrombectomy advanced technology

11:30-12:30, Auditorium 2
Terumo Europe
SY 1904 Pushing boundaries: adding Q to SIRT

13:00-14:00, Auditorium 1
Boston Scientific
SY 2001 Deep venous interventions. Current state, future directions

13:00-14:00, Auditorium 2
Guerbet
SY 2002 Liver cancer, therapy evolutions for patient benefit

13:00-14:00, Auditorium 15
Toshiba Medical
SY 2003 Infinix-i 4D CT: the future of today in interventional radiology

Stop into
 symposia offered
 throughout
 the day

Learn about new updates in devices and technology from industry providing tools in the interventional field.

M E E T I N G

Sit in for one of
the many lunch
symposia!

- 13:30-14:00, Auditorium 3
Endologix
SY 2004 Polymer sealing for AAA: why we need to consider an alternative to traditional EVAR
- 14:30-15:30, Auditorium 15
BTG
SY 2105 See more. Reach further. Treat smarter. Taking tumour ablation to the next level with Galil cryoablation
- 16:15-16:35, Auditorium 12
Merit Medical
SY 2209 RF ablation in the spine: innovation and clinical evidence
- 16:45-17:05, Auditorium 12
TVA Medical
SY 2210 Pioneering a new path for dialysis access creation with the everlinQ endoAVF System
- 17:30-18:00, Auditorium 12
Gore & Associates
SY 2309 Introducing GORE® VIATORR® TIPS Endoprosthesis with controlled expansion: evidence-based discussion

Tuesday, September 19

- 13:00-14:00, Auditorium 15
BTG
SY 2801 DC Bead LUMI™: beyond seeing
- 13:00-14:00, Auditorium 3
Medtronic
SY 2802 Acute ischaemic stroke treatment: state-of-the-art in 2017
- 13:00-14:00, Auditorium 2
Siemens Healthineers
SY 2803 From routine cases to demanding interventions – pushing boundaries with smart imaging approaches
- 14:30-15:30, Auditorium 15
PharmaCept GmbH
SY 2905 New clinical and experimental outcomes of DSM-TACE

INNOVATION | EDUCATION | INTERVENTION

CIRSE 2017

LIVE AND ON DEMAND



LIVE



ON DEMAND

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CIRSE 2017 will see the start of a new session type, led by Anna-Maria Belli, called Women in Interventional Radiology, which will welcome IRs for a conversation on the field's gender gap.



Examining the IR Gender Gap with Anna-Maria Belli

M E E T I N G

"I would like to see more women in key IR positions and as leaders in their radiology departments"

At the 2017 CIRSE Annual Meeting, an important subject will be addressed in a new session type called WIR: Women in Interventional Radiology. The theme of this inaugural session will be the IR gender gap and will welcome a number of renowned interventional radiologists to participate in presentations followed by a round-table discussion on this matter. In order to shed some light on this noteworthy topic ahead of the session in September, we spoke with the Past President of CIRSE, Professor Anna-Maria Belli, to get her insights.

CIRSE: What inspired the new Women in Interventional Radiology (WIR) to begin this year with *The IR gender gap* session? Are there other sessions that you think could stem from this?

Belli: We need to ensure that we continue to attract trainees of the highest calibre into IR. It has been recognised for some time that the proportion of women qualifying in medicine is increasing all over Europe, and, in some countries, more than 50% of newly qualified doctors are women. And yet, the numbers of women coming into IR has remained at a very low level (approximately 10%). We are, therefore, missing out on some of the best young minds and talent. There have been well-publicised debates calling for a certain percentage of female parliamentary members or Board Directors. I do not believe that we should have specific quotas of women in IR and have always maintained that women have to prove themselves equal to a task, just as men should. But I felt that this would be a suitable time – a sort of parting shot as I leave the Executive Board – to raise the issue of this gender gap in IR and see how we can remedy it. I also want to highlight the fact

that, even when women become IRs, they do not position themselves in leadership roles to the same degree as men do. The reasons are multifactorial, but I think many women underestimate their abilities. I would love to see more women stand for election to committees and for office in CIRSE to help shape our future. So perhaps a session on encouraging women to take on leadership roles could follow.

CIRSE: Are there any facts or figures that we should all be aware of when thinking about the challenges faced by women in IR?

Belli: In the UK one-third of all radiologists are women but only 10% of IRs are women. 40% of female radiologists work part-time, but 90% of IRs work full-time. These figures are reflected in the results of a recent European joint survey by ESR and CIRSE which found that in 48% of radiology departments women made up a quarter to half of the department, while 38% of radiology departments said that half to three-quarters of the department was made up of women. Whereas in interventional radiology departments, 52% of departments had less than a quarter women IRs in their department and 28% of departments had no women IRs. CIRSE figures confirm the lack of women entering IR as only 12% of full members are women. There is some hope on the horizon though as 18% of junior members are women.

CIRSE: In your opinion, what are the primary concerns confronting women working in IR? How can IRs attempt to combat these issues?

Belli: IR is not for the faint-hearted. You have to be versatile and decisive. On the spot decisions make



Anna-Maria Belli discusses the concerns facing women working in interventional radiology and her experience as a woman in this field.

M E E T I N G

the difference between success and failure, life or death, and there may be serious complications. It is similar to being a surgeon and not at all like diagnostic radiology. On call work may be onerous, high frequency and cannot be done remotely. Many women entering radiology are likely to do so to achieve what they perceive as a good work-life balance and may not be attracted to IR for the very reasons that make it exciting. The IR trainee survey looked into possible barriers to women entering IR and found that 80% of the female trainees answering the survey felt that the male-dominated environment was the greatest deterrent, while 66% felt that non-family friendly working conditions was the main reason preventing women from choosing IR. 20% thought that the lack of part-time work and training was a problem. Interestingly, exposure to radiation did not feature, but I have been asked by several medical students about the safety of women working with radiation, so this is on their mind. I think we have to address these barriers by challenging these perceptions. As more women enter the field, this should encourage others and allow those who wish to train or work flexibly to do so without detriment. I would also like to see more women in key IR positions and as leaders in their radiology departments, and we need to ensure that the next generation, currently in medical school, learn about IR in their curriculum and see women IRs as role models.

CIRSE: What has your experience been as a woman working in this field?

Belli: Like all female doctors, I have been patronised and mistaken for a technician or secretary (less often as I get older, interestingly!). I have lost count of the number of times I have

been talked over and my opinions dismissed by male clinicians who assumed that I could not be the IR consultant in charge. But this comes with the territory and happens in all walks of life, and a little humility never hurts. I remember only once being discouraged to apply for an IR post, but it just made me more determined. But the good experiences have outweighed these. I have received immense encouragement and support from my male and female IR peers many of whom I count as my best friends, and they have urged me towards higher achievement. In my experience, IRs love talking about their work and gender is irrelevant if you are fuelled by the same enthusiasm.

CIRSE: Are there any reasons or myths that you think have contributed to women not pursuing IR?

Belli: I am sure that the myth that radiation affects your fertility deters a lot of women of childbearing age; otherwise, why would both interventional radiology and interventional cardiology be so poor at attracting women? The other myth is that it is not possible to have a work-life balance in IR. Work is an important part of our lives whether we work full- or part-time. You have to be organised and enjoy your work or there is no balance at all. In my opinion, IR is the most fascinating, constantly evolving specialty in the world. I have not been bored a single day of my 30-year IR career. It is totally suited to women who desire a family/ personal life as well as being excited by their work.

Michelle Weiss, CIRSE Office

"In my opinion, IR is the most fascinating, constantly evolving specialty in the world"

To ensure a pleasant journey and stay during the Congress, this brief overview will help you find your bearings when arriving in Copenhagen.

Congressing in Copenhagen



The Travel
Pass provides
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transportation
throughout
the city

Once you are in Copenhagen, it will be clear you have stepped into one of the world's most livable and innovative cities. From its punctual, driverless public transportation system, to its cycle-only bike lanes, maneuvering through the city will be effortless with these tips CIRSE has compiled for its delegates.

Arriving

Copenhagen Airport is well connected by metro, train and bus from Terminal 3. The Metro line M2 runs every 4-6 minutes from Lufthavnen St. (Metro), and Nørreport Station in the city centre can be reached in 15 minutes.

Regional trains depart every 10 minutes from CPH Lufthavn on platform 2 towards Nivå St. or Helsingør St. and pass both through Ørestad Station (which connects to Metro line M1 that runs to the Bella Center) and Copenhagen Central Station (København H).

Bus line 5A runs to and from central Copenhagen stations. There are also free terminal buses that run from P1 to Terminals 2 and 3 and on to the train station in Terminal 3.

Taxis are available from Terminal 1 and 3, and take approximately 20 minutes to reach downtown Copenhagen for €33-40.

Getting to the Congress Centre

The Bella Center is centrally located in the heart of Ørestad with its own Metro station along the M1. A quick metro ride from downtown Copenhagen will take you directly to the Bella Centre in 10-15 minutes.

Traveling by train is also short and easy. All regional trains passing through Copenhagen Central Station also stop at Ørestad Station. From there, you can transfer to the metro (M1) and travel one stop to the Bella Centre.

Travel Pass

CIRSE is offering all delegates a 70% discount on public transportation through the Copenhagen Travel Pass! The Travel Pass provides unlimited use of public transportation throughout the city (including airport to city transportation), so

plan ahead and purchase yours before arriving in Copenhagen. Once ordered online, you will receive it as an email and SMS ticket on your mobile phone. Tickets do not need to be shown before entering the bus, train, or metro, but do need to be available for potential official checks.

To purchase tickets, visit www.cirse.org/travelpass.



Exploring the City

On your way to and from CIRSE 2017, take advantage of your Travel Pass and explore your surroundings. Copenhagen's public transportation system is reliable and prompt, and will take you everywhere around the city.

Find directions and plan your trips at www.journeyplanner.dk.

If you'd rather go for a spin, a Bycyklen city bike and cruise around this bicycle-friendly city in a designated cycling lane.

Learn more at www.bycyklen.dk.

To find more information on travel and accommodation in Copenhagen, visit the CIRSE website under the CIRSE 2017 event.



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CIRSE 2017

Dinner & Farewell Party

Tuesday, September 19

Doors open at 19:30



To round off another CIRSE Congress, come join us for a spectacular evening with friends and colleagues!

This year's farewell event will be held at the fabulous Copenhagen Circus Building, the oldest building of its kind in Europe. First inaugurated in 1886, the Circus Building has served as a performance space for traveling circus troupes, theatre, pantomime and ballet and is now used by the popular Wallmann's Dinnershow, which offers eclectic entertainment during a fantastic dinner.

The night will begin with a cocktail reception before guests are served a delicious dinner alongside a string of extraordinary entertainment, including acrobatics, circus artistry and unforgettable musical performances. Following dinner and the show, a DJ will open the dance floor for a late-night party with great music.

Don't miss out on this extravagant evening!

Tickets include a cocktail reception, gala dinner and entertainment programme for EUR 100 each.

Reserve online at www.cirse.org/CIRSEparty

CIRSE supports compliance with ethical standards. Therefore, CIRSE emphasises that the present offer (made by KUONI Congress Destination Management) is directed to participants of CIRSE 2016 and recommends that the participants who want to accept the present offer shall bear any and all costs in this context themselves.
Kindly note that entrance to the CIRSE 2016 Party is NOT included in the CIRSE 2016 registration fee!

Cardiovascular and Interventional Radiological Society of Europe

ESIR 2017

Courses

European School of Interventional Radiology

Clinical Procedure Training

ESIR is staying abreast of new developments in IR with this hand-picked selection of hot topics and access to state-of-the-art technology. Taught by distinguished faculty members, these specially designed sessions are aimed at experienced participants who are already familiar with the topic's theoretical aspects and the relevant literature. Alongside tips and tricks, this year's programme will put an emphasis on modern procedural training and practical exercises, with live or recorded cases being used where appropriate.

Prostate Embolisation **Milan (IT), October 11-12, 2017**

Local Host: A. Rampoldi
AIMS Academy



DVT/PE Thrombolysis and Thrombectomy **Dublin (IE), October 27-28, 2017**

Local Host: M.J. Lee
Royal College of Surgeons in Ireland



Reliability in Percutaneous Tumour **Ablation – Fusion, Stereotaxy and Robotics** **Innsbruck (AT), December 14-15, 2017**

Local Host: R. Bale
LKH – Universitätskliniken Innsbruck



For more information, please visit www.cirse.org/esir2017



FOUNDATION

Expert Education in IO

From April 23-26, ECIO 2017 took place in the Basque city of Bilbao, where all participants were invited to learn about the latest devices and developments in interventional oncology.

The 8th ECIO congress welcomed over 1,300 participants from 53 countries

Each year, interventional oncology continues to grow and gain a greater place for itself in the medical oncology community. In support of those efforts in Europe and around the globe, the European Conference on Interventional Oncology provides one of the best opportunities for all medical professionals to increase their knowledge on IO procedures across a broad spectrum of diseases over three and a half days filled with hands-on device trainings, multidisciplinary tumour boards, video learning sessions and clinical as well as technical focus sessions.

This was the eighth occurrence of the ECIO congress and we were proud to welcome over 1,300 participants from 53 countries for over 45 hours of educational content. The strength of the multidisciplinary background of this meeting was seen through the 24% of participants who came from specialties outside of interventional radiology and interventional oncology. This expansive collection of perspectives always helps to make this a unique and revolutionary meeting.

Scientific Focus

This year's programme focused on three main themes: colorectal liver metastases, clinical management and musculoskeletal cancers.

In the Clinical Focus Session *Getting IO into practice* experts discussed a range of important topics surrounding the motive to push interventional oncology further into mainstream medicine through clinical management strategies. Themes aimed to prioritise patients and included: IO curriculum, increasing patient referral, interacting

with other disciplines, promoting IO services to administration, and the patient pathway in IO.

Perfecting Techniques in IO

The Hands-on Device Training (HDT) opportunities offered at this year's meeting served to provide physicians with a detailed overview of the available technologies for tumour ablation in separate practical sessions covering radio-frequency ablation, microwave ablation and alternative techniques, including cryoablation and other image-guided technologies. Each HDT featured a round-table discussion with the coordinators, allowing participants the chance to ask questions and receive feedback.

Innovative Learning

The Video Learning Sessions at ECIO provided a great opportunity for interactive education. Alongside the video, speakers guided viewers through specific cases and interventions, offering their advice and personal experiences. This year, two were offered: one titled *How I do it – liver* and the other *How I do it – lung, kidney, bone*.

Honorary Lecture 2017

Always a highlight of the programme, this year's Honorary Lecture was given by Dr. Jean Palussière and was titled "Metastatic colorectal cancer and percutaneous thermal ablation: a happy marriage?" We were proud to welcome his insights on the issue, and this proved to be another highlight of the programme, touching upon one of the core themes of the congress: metastatic colorectal cancer.



The topics of discussion during this year's congress were spread across the gamut of interventional oncology and were showcased through engaging presentations.



F O U N D A T I O N

Best Papers of 2016

The *Best IO Papers* session was, for the third time, highly influential, showcasing three invited scientific papers published in 2016. From the Netherlands, Charlotte Rosenbaum delivered the paper on "Yttrium-90 radioembolization for colorectal cancer liver metastases: a prospective cohort study on circulating angiogenic factors and treatment response"; Ryan Hickey from the USA presented the paper "Independent analysis of albumin-bilirubin grade in a 765-patient cohort treated with transarterial locoregional therapy for hepatocellular carcinoma"; and Katerina Malagari from Greece concluded with the presentation of "Pharmacokinetics, safety, and efficacy of chemoembolization with doxorubicin-loaded tightly calibrated small microspheres in patients with hepatocellular carcinoma". These top research papers foreground significant clinical research in the subspecialty.

Looking Forward

In 2018, the conference will take place from April 22-25 in Vienna, Austria, and it's one you won't want to miss! This year's Honorary Lecture will be given by Matthew Callstrom from Rochester, MN, US, who will talk about building up IO departments for the future. As we step into a new era for IO, it is vital to be up to date on the best ways to build a strong interventional oncology department. Come join us for three and a half days of education and exchange!

We look forward to seeing you next year in Vienna!

If you would like to view any of the sessions from ECIO 2017, log on to www.esir.org and you can access all presentations and satellite symposia from the congress.

View all sessions
from ECIO 2017
on ESIRonline!



ESIRonline



ECIO 2018

European Conference
on Interventional Oncology

April 22-25
Vienna, Austria

www.ecio.org



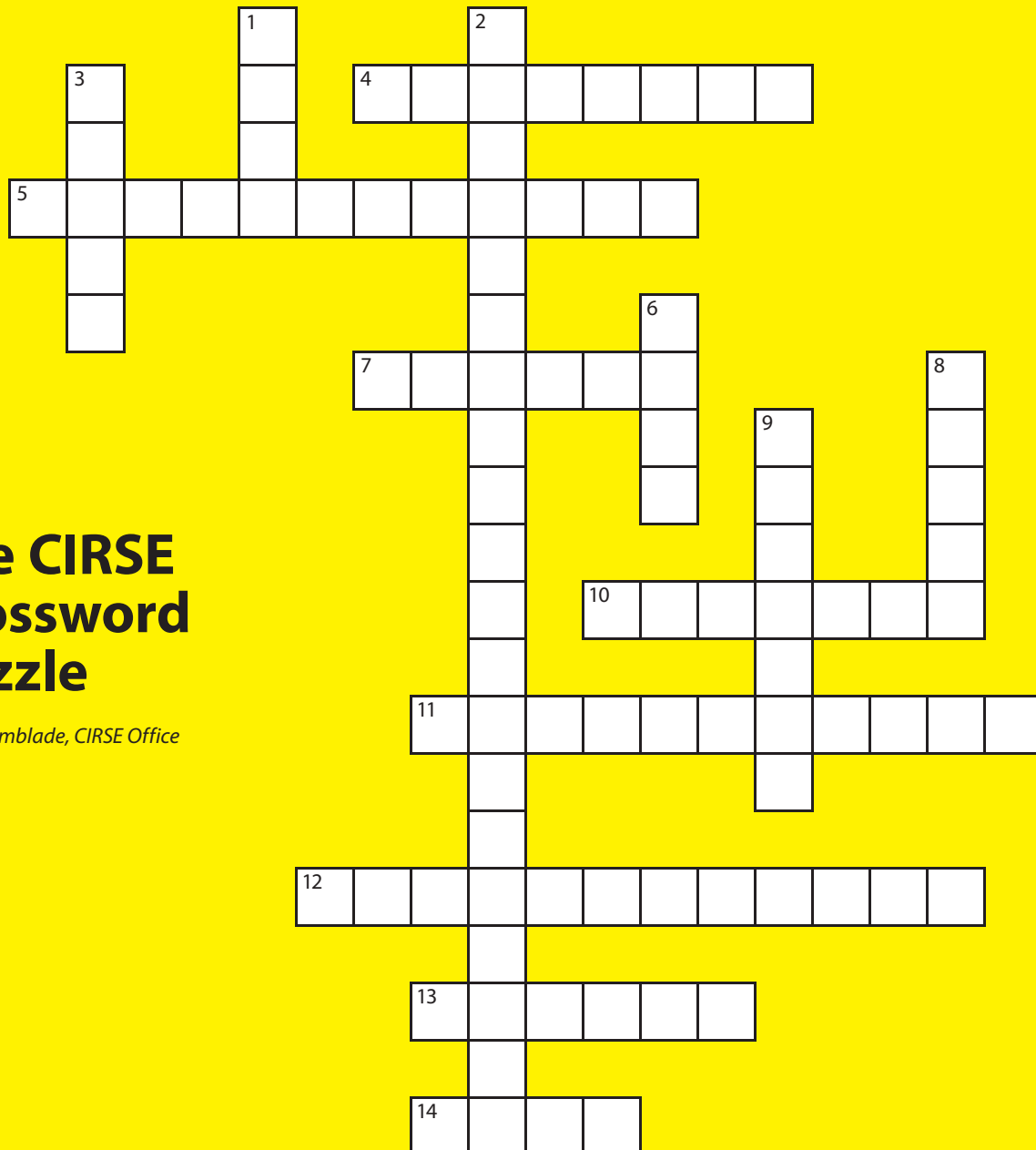
LEADERS IN ONCOLOGIC
INTERVENTIONS

CIRSE

Cardiovascular and Interventional Radiological Society of Europe

The CIRSE Crossword Puzzle

Helen Hemblade, CIRSE Office



Across

4. Hamlet's castle in our 2017 congress city (8)
5. Anagram: gate mountain (12)
7. Pulling out this PAE registry's new data at CIRSE 2017 (6)
10. Japanese city with highest number of Italian restaurants and host to JSIR meeting (7)
11. Treatment for sacral insufficiency fractures (11)
12. New journal: CVIR (12)
13. CIRT registry launched in which western European country (6)
14. Early morning stroke data (4)

Down

1. Treatment observed in CIREL (4)
2. Anagram: true mama photographers (21)
3. Austrian homeless shelter (5)
6. Replacing the 'Posters' on Stage at CIRSE with (4)
8. Getting more IDEAS on this main artery (5)
9. 55% of Copenhageners commute with this method (7)

Answers to the crossword puzzle will be available at www.cirse.org/crossword





FOUNDATION

GEST Europe 2017

Held in Florence this year, GEST Europe welcomed over 1,000 participants to discuss the latest advances in embolotherapy.

Delegates from around the globe came together for this dynamic and educational meeting

Since its creation, the biennial GEST Europe meeting has positioned itself as one of the leading embolotherapy congresses. This year from May 31 – June 3, over 1,000 participants from around the world joined us for another fantastic congress in Florence, Italy.

Scientific Programme

Clinical case-based discussions were a highlight of the programme, covering a wide array of topics from management of complex visceral aneurysms to complex uterine fibroid embolisation. A special Morbidity and Mortality session was also put on and provided excellent insights into IR cases where complications or deaths occurred that could have been avoided. Alongside these sessions, there were also a series of free Hands-on Workshops covering "Coils and plugs", "Liquid embolics", and "Particles and gelfoam". These offered participants the chance to practice technical aspects of embolisation and try out new devices or agents under the guidance of expert interventionalists.

View Sessions on ESIRonline

After another successful GEST conference, all presentations from the congress have now been added to **ESIRonline**! If you weren't able to make it to Florence for this year's meeting, you can catch up online with the advances in embolisation which were presented.

Visit www.esir.org to see all the sessions.



I want choice

I want the most clinically-proven therapies
for my SFA patients

Don't miss our Symposium at
CIRSE Congress 2017!
SUNDAY, SEPTEMBER 17th
from 11:30 to 12:30

Strategies for SFA Intervention:
Evidence, Controversy and Debate

