

2/2018

INFORMATION FOR MEMBERS

S O C I E T Y

M E E T I N G

E D U C A T I O N

CVIR  
Endovascular  
publishes  
first articles!

Conference  
season  
kicks off

Join us for  
an ESIR Course  
in Dublin

IR  
news



# GEST Europe becomes the annual ET Conference

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

Find out more about the newest member of the  
CIRSE conference family, ET 2019, inside!

Cardiovascular and Interventional Radiological Society of Europe

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*In the run up to the Annual Meeting CIRSE President, Dr. Robert Morgan, gives us an update on the Society's numerous activities and events.*

## Dear colleagues,

It is official: conference season is well under way! I had a busy start to summer, travelling across East Asia to attend the annual meetings of the Chinese College of Interventionalists in Nanjing, China, and the Japanese Society of Interventional Radiology (JSIR) in Tokyo, which you can read about on pages 6 and 15. At the start of June I was also part of the faculty at our International Conference on Complications in IR (ICCIIR) in beautiful Pörschach, Austria where, among other esteemed colleagues, Dr. Dimitrios Filippiadis and Dr. Julien Garnon delivered keynote lectures on the popular CIRSE Classification of Complications document and the management of anticoagulant therapies, respectively – read more on pages 5 and 22.

### Are you ready for Lisbon?

Because our aim is to cater for established IR professionals and to inspire young IRs or those wishing to enter the subspecialty, we have added more exciting features to the scientific programme. Catch up with SPC Chair Prof. Fabrizio Fanelli on page 28 where he talks about all the latest highlights and exciting events you can look forward to during this year's Annual Meeting.

With new additions to the programme, I firmly believe that the congress will not only bring together established IR professionals, but also motivate and inspire newcomers to play a role in the many activities of our Society. To bolster these efforts, we have created the IR Trainee Support Programme, which gives free registration to any CIRSE Junior Member who submitted an abstract for CIRSE 2018 as a first or a presenting author. More details on page 31.

### Interventional Oncology in Action

I am delighted to report that this year's ECIO congress in Vienna was the biggest to date, welcoming almost 1,400 participants from across the world. The meeting took place over the course of three and a half days and was filled with an array of interesting sessions. Among others, these included Multidisciplinary Tumour Boards,

Clinical and Technical Focus sessions, Free Paper sessions as well as Hands-on Device Training (HDT) sessions. You can read about the conference, as well as the first in an interview series with participants of our Collaborating Against Cancer Initiative, from page 18.

Next year marks the 10<sup>th</sup> ECIO which will be held in the dynamic city of Amsterdam. I encourage all researchers to submit their abstracts in the autumn!

### ET Conference

I am thrilled to introduce the new European Conference on Embolotherapy, which will kick off on June 26-29, 2019 in Valencia, Spain. ET perfectly complements the CIRSE education portfolio, in addition to our dedicated embolisation track at the Annual Meeting, sessions covering radioembolisation and TACE at ECIO, and our ESIR courses. Catch up with our SPC Chairpersons on pages 18 and 19 for further information.

### CVIR Endovascular

I am deeply passionate about supporting research in a way that encourages talented and ambitious researchers to publish their scientific papers. I am, therefore, very excited to announce that on June 28, the first articles in our new journal, *CVIR Endovascular* were published online. To read more about these exciting developments, please turn to page 12. As the number of submissions increases, our vision of a new, exciting platform for endovascular research begins to take shape.

Looking ahead, one of our key aims is to gather even greater support for the journal and I invite all CIRSE members to not only submit their research, but to also help spread the word about *CVIR Endovascular* in the medical community.

Finally, I would like to once again thank all CIRSE members for their ongoing commitment to the Society.



*“With our Annual Meeting just around the corner, I sincerely look forward to catching up with you all”*

*We caught up with current President, Dr. Alex Tang, and past President, Dr. Jeyaledchumy Mahadevan, to find out more about MYSIR and the current status of IR in Malaysia.*



## Welcoming the Malaysian Society of Interventional Radiology (MYSIR) to CIRSE

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**“MYSIR is making efforts to enhance its presence domestically and internationally”**

**CIRSE: MYSIR recently became a CIRSE Group Member, how would you like to see these two societies working together?**

**Tang:** MYSIR is a young society and we are making efforts to enhance our presence domestically and internationally. CIRSE is a well-established society with large resources and a clearly defined operational framework, which includes its comprehensive guidelines and standards of practice documents.

MYSIR would be grateful to receive assistance from CIRSE in helping it to strengthen and optimise its own operational framework in order to not only help our young IRs and trainees, but also improve the standards and safety of IR treatments in Malaysia. Regular academic support, intersociety collaboration, training workshops and fellowship training for MYSIR's young fellows are also sought after by MYSIR.

**CIRSE: In what ways does MYSIR currently collaborate with other IR societies on a regional and/or global level?**

**Tang:** MYSIR is gearing up its regional collaborations. Being a member of the Asia Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR), the society is looking for a more enhanced presence regionally, as well as more academic exchanges with the regional IR communities. MYSIR is also looking forward to a more fruitful participation in regional exercises, namely the APAITO, APCIO and ACTA. The society has also taken the task of organising the upcoming 6<sup>th</sup> Asia Pacific Conference in Interventional

Oncology (APCIO) in Kuala Lumpur, in October 2019 and has made a substantial contribution to many regional events.

**CIRSE: There is currently a significant gender gap in IR throughout Europe. Is this also true for Malaysia? If so, how is the gap reflected?**

**Mahadevan:** We addressed this topic during the last ASM and AAFITN 2018 meeting, talking about some of the questions that were included in Prof. Anna Belli's questionnaire. The existing gender gap in IR in Europe is clearly not positive and something must be done to eradicate it, because attracting more women to IR is crucial if we want to achieve a continuous expansion of the subspecialty. On a more positive note, Malaysia differs in this respect as we currently do not have a gender gap among IR practitioners. However, some concerns among women who think about entering IR in Malaysia do exist, and are often very similar to those echoed by their European counterparts, including the impact of radiation on fertility and the work/life balance question.

**CIRSE: How does MYSIR inform patients about IR treatments?**

**Mahadevan:** The awareness of IR in Malaysia is still relatively low, not just among the public but also other medical disciplines. MYSIR has been working very hard to change this through actively promoting IR via newspaper articles, the internet and various engagement programmes. We also have other plans to expand the reach and scope of our promotional campaigns, so even more people can discover what IR has to





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offer in terms of treatment options. Additionally, intersociety meetings are also being conducted to raise awareness of MYSIR and encourage multidisciplinary collaboration.

**CIRSE: What can be done to further develop and promote the field of IR in Malaysia?**

**Tang:** IR was established in Malaysia way back in the 80s, largely pioneered by Dr. Abdul Samad Sakijan who was a Professor of Radiology at the National University of Malaysia. He laid a strong groundwork and stimulated the interest among the young fellows in taking up the specialty.

Currently, there are multiple academic training centres in radiology and IR locally, promoting and training new practitioners. MYSIR also organises and collaborates with various local institutions in numerous academic exercises and programmes. MYSIR is also looking forward to a more cohesive collaboration with CIRSE, SIO, APSCVIR, APAITO and ACTA in promoting its services and conducting training workshops for the local IRs and trainees.

**CIRSE: What are the biggest challenges for IR in Malaysia?**

**Mahadevan:** From my perspective, one of the biggest challenges is the lack of support from other medical specialties which makes multidisciplinary collaboration very hard to achieve. Unfortunately, it also means that medical practitioners from other disciplines often find new innovative treatments offered by IRs hard to accept, which in practice results in a lower

patient uptake of such treatments and this really is a shame. The other key challenge is limited funding, which again makes it difficult to actively promote IR in the country.

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

**Tang:** Most IRs in Malaysia practice interventional oncology as their primary service, apart from the general and specific IR procedures. There is some ongoing research locally in IR pertaining to new treatment strategies in large liver cancer, transarterial management of liver metastases, LutonixR Lower Limb Extremity Global (LEG) Registry and the Archimedes Biodegradable Stent Safety and Outcome Study, to name a few.

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

**Tang:** MYSIR envisions a positive growth of IR services in Malaysia and globally. Being a minimally invasive subspecialty, IR offers a safer and less invasive alternative treatment solution in many clinical entities. With more awareness and acceptance of the IR technology in the other clinical fields, IR should grow and should become a part of the clinical management work flow. With the upcoming national healthcare scheme, IR will be stronger and its presence should have more impact in the practice of medicine, locally and globally.

*Kamil Jabarkhel, CIRSE Office*

“We want to achieve greater multidisciplinary collaboration in Malaysia”

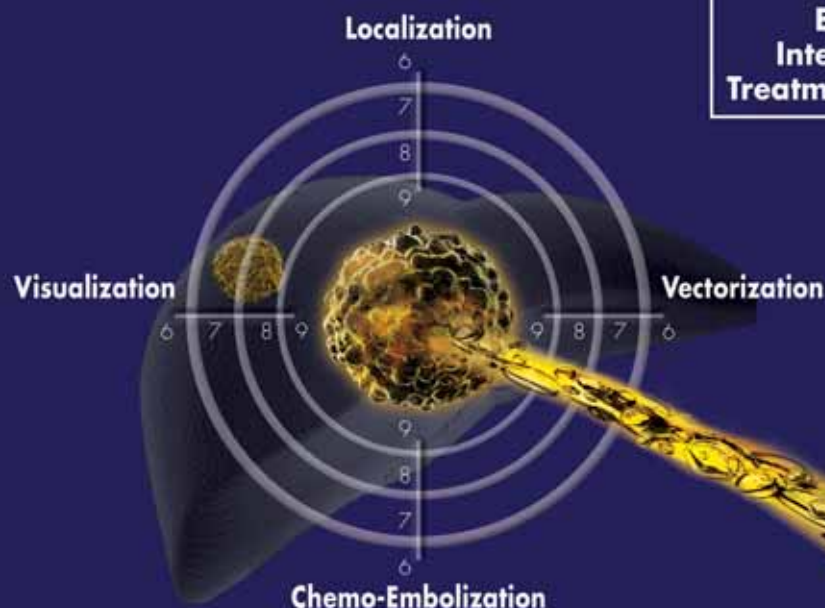


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For a copy of the SPC, please contact a member of Guerbet.

- Ikeda M. et al., Prospective Study of Transcatheter Arterial Chemoembolization for Unresectable Hepatocellular Carcinoma: An Asian Cooperative Study between Japan and Korea J. Vasc. Interv. Radiol. 2013; 24: 490-500
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*A landmark quality assurance paper published in 2017 is helping the IR community to move towards a uniform framework for complication reporting.*

## Quality Assurance – the Calling Card of IR

As interventional radiologists continue to move towards a more explicitly clinical role within their hospitals, the focus of their research is also starting to shift. While it remains as important as ever to ensure that innovative or updated procedures are safe and effective, a more nuanced approach to patient management has crept in – a move most certainly for the better.

CIRSE has been supporting this shift, with the congresses of the last decade featuring increasing numbers of sessions incorporating clinical practice, multidisciplinary decision-making, and complication management and avoidance. A dedicated mini-congress, the International Congress on Complications in IR (ICCIIR) is held every two years, and provides an open forum for the frank discussion of cases that didn't go as expected.

As part of this movement, a CIRSE quality assurance document was published in *CardioVascular and Interventional Radiology* in the summer of 2017: 'Cirse Quality Assurance Document and Standards for Classification of Complications: The Cirse Classification System'. Written by Dr. Dimitrios Filippiadis and other CIRSE colleagues from across mainland Europe, this Standards of Practice document serves as a classification system of medical complications, combining outcome and severity of sequela.

Up until now, there has never been a uniform method for reporting complications within Europe, and this paper thus bridges a big gap in IR literature. It addresses definition and grading, and will be vastly helpful in both improving patient outcomes at a local level as well as providing a robust European data framework.

Outcomes for the diverse spectrum of IR procedures are necessary not only for enhanced care of the individual patient; accurate figures are also crucial for hospitals, insurance companies and government agencies – any body which is committed to implementing a high-quality

health care policy. The information is also hugely valuable for devising reimbursement strategies and cost-effective treatment paradigms. Thus, having uniform data from across a large region will be of major benefit in widening patient access to minimally invasive therapies.

The importance of this paper is plain to see: despite being published midway through the year, the paper made CVIR's 2017 listing for all-time Top 5 Downloads, with an astonishing 1,738 downloads by the end of the year. The paper itself states: "The ultimate challenge will be the adoption of this system by practitioners in different countries and health economies within the European Union and beyond." However, the huge interest already shown would indicate that the IR community, at any rate, are fully behind this decisive move towards quality assurance.

*CIRSE Members enjoy a complimentary subscription to CVIR, and can access the full paper at [www.cvironline.org](http://www.cvironline.org)*

*Ciara Madden, CIRSE Office*



A staggering 1,738 downloads within the first 6 months make this one of the most popular papers ever published in CVIR





CCI 2018

*CIRSE was proud to support the Chinese College of Interventionalists at their annual meeting in Nanjing, China.*

## CCI 2018: Conference Report



*“Dr. Morgan presented at the opening ceremony, delivering his lecture on the outcomes of aortic stent grafts”*

Sharing the same interest in IR and the same goal of advancing IR therapies, more than 6,000 attendees took part in the annual meeting of the Chinese College of Interventionalists (CCI 2018), the largest CCI meeting since its foundation in 2014. This meeting took place on June 14-17, 2018 in Nanjing, China.

With over 15,000 members, the Chinese College of Interventionalists (CCI) has proudly become the society for IR in China. CCI 2018 aimed to create a platform for education, training and standardisation of interventional procedures. Over 600 invited lectures were presented by domestic and international interventionalists. The theme of “Practice Abilities and Standardisation of IR” was well demonstrated through invited lectures, refresher courses, hands-on workshops, video or live demonstrations and satellite symposia for a thoroughly multidisciplinary audience.



During the meeting, 162 sessions, including CCI Meets CIRSE, were carried out in a total of 22 rooms. There were 787 abstracts submitted with 76 oral presentations and 238 e-posters accepted. More than 80 international and domestic industry partners joined the meeting and offered a lot of valuable hands-on workshops and satellite symposia.

CCI realises the importance of global cooperation, and with the support and assistance from experts overseas, CCI keeps growing stronger and stronger. We were excited and honoured to have Dr. Morgan and Mr. Waigl from CIRSE to be part of the meeting's success. Dr. Morgan was given CCI

Honorary membership at the opening ceremony and delivered his lecture on the outcomes of aortic stent grafts, which were based on RCTs of old devices and IDE trials of new devices in the branch venue of aortic interventions. Later, he also presented the topic of “CIRSE Publications and EBIR” during the *CCI Meets CIRSE* session. The Leadership Conference, a round-table aiming at exchanging ideas on different medical systems in different regions of the world and advancing IR from health professionals' perspectives, was held to further enhance cooperation between CCI and other IR societies, including CIRSE.



CCI 2019 will once again be held in Nanjing on April 18-21, 2019. It is believed that with all the experience from CCI 2018, along with the passion and ambition brought by all Chinese interventionalists and international supporters, CCI 2019 will be a highly anticipated meeting in the IR world!

*By Secretary General, Dr. Hai-Dong Zu, President of CCI, Dr. Gao-Jun Teng and Dr. Chu-Hui Zeng.*





*Endeavouring to remain one of the driving forces in interventional radiological research, CIRSE is proud to announce the official start of the CIRSE Emprint Microwave Ablation Registry (CIEMAR).*

## Introducing CIRSE's New European Microwave Ablation Registry

Adding to established registries on radio-embolisation and chemoembolisation, CIEMAR will be the first CIRSE-sponsored study focusing on microwave ablation of liver metastases from colorectal adenocarcinoma. Thermal ablation is an established procedure in the treatment plan of colorectal cancer that has demonstrated its efficiency in multiple prospective studies and is recommended in the current ESMO guidelines. After being used for about 20 years, large scale multinational data on this treatment remains one of the blind spots in the scientific literature.

### Why CIEMAR matters

Colorectal cancer is the second most diagnosed type of cancer in Europe and was the cause of death of 153,000 patients or 11.4% of all cancer – related deaths, in the European Union in 2014 (Source: Eurostat). Up to 70% of patients with colorectal cancer develop liver metastases, and curative treatment of these metastases is limited to surgical resection or thermal ablation.

### CIEMAR Objectives

CIEMAR is an observational study that aims to investigate the real-life application of microwave ablation of colorectal liver metastases in a large European cohort. The study is currently being designed by a multinational and multidisciplinary Steering Committee co-chaired by Prof. Philippe

L. Pereira (SLK Kliniken Heilbronn, Heilbronn, Germany) and Prof. Thierry de Baère (Institut de Cancérologie Gustave Roussy, Villejuif, France). To achieve this goal CIEMAR plans to reach an enrolment of 1,000 patients over the course of two years with a follow-up duration of three years. Local tumour control in the liver will be used as the primary endpoint with the primary objective being to observe the use of microwave ablation in the liver to assess its effectiveness in an everyday clinical setting in Europe. In order to broaden the understanding of thermal ablation of liver metastases CIEMAR will collect extensive data on safety and toxicity, quality of life, survival and economic aspects of the treatment.

### Project Outlook

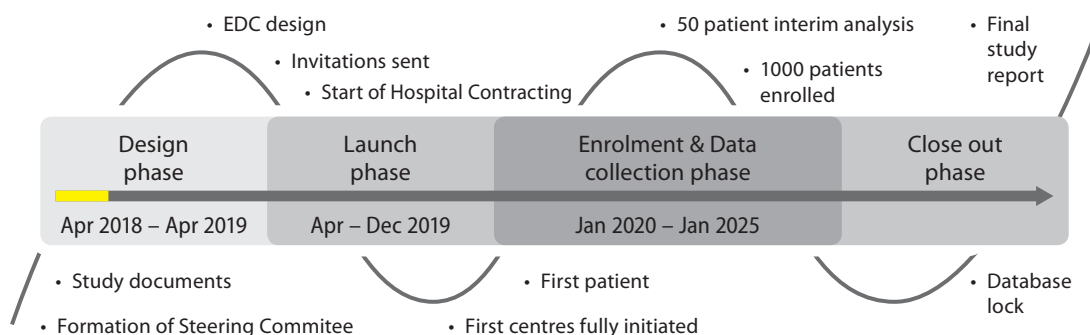
As CIRSE aims to conduct impactful high-quality research, the Steering Committee is in the process of designing a comprehensive registry protocol that is planned to be finalised in April 2019: patient enrolment is projected to begin in early 2020. The study is independently conducted by the Society by means of a research grant provided by Medtronic, the manufacturer of the Emprint microwave ablation system. CIRSE and Medtronic plan to work on this project until 2025 with the aim of improving our understanding of microwave ablation in the liver in Europe.

*Martin Hajek, CIRSE Office*



CIEMAR will collect data on safety and toxicity, quality of life, survival and economic aspects

### CIEMAR Timeline



CIEMAR

*More updates on  
our European-wide  
observational study  
on TACE using LifePearl  
Microspheres*



S O C I E T Y

## CIREL Interview: SLK-Clinics Heilbronn

**“We have an  
efficient system  
in place for  
managing the  
data”**

Prof. Philippe L. Pereira, Co-Chairperson of the CIREL Steering Committee, and Ms. Vera Stähle, the IR department's MTRA and study nurse, chatted to us about their experience with CIREL from SLK-Clinics in Heilbronn, Germany.

**CIRSE: You were among the first centres to enrol in CIREL and have already gained some experience with the registry. Could you briefly describe to us how the process of enrolling a patient in CIREL works at Heilbronn?**

**Pereira:** All cases get discussed in the multidisciplinary tumour board (MDT), which consists of colleagues from radiotherapy, oncology, pathology, surgery and, of course, IR. Once the MDT decides that a patient should be treated with LP-IRI, they are referred to me. Currently most of the patients referred for the treatment are progressive under chemotherapy and LP-IRI is often considered as their last option. These patients are therefore very glad that another treatment option can be offered to them. Upon signing the informed consent form, patients are enrolled in CIREL.

**CIRSE: What is the division of labour with other departments involved in the data collection for CIREL?**

**Pereira:** We mainly collaborate with the oncology department. Required data points, for example with regards to required laboratory values, were communicated to the oncology department before the start of CIREL. This is because all patient blood samples get taken by the oncologists. The oncology department also coordinates all logistics, for example, regarding inpatient

treatment. At the beginning, we had some start-up difficulties of course, but now everything is running very smoothly.

**CIRSE: What are the greatest challenges in collecting data for CIREL?**

**Stähle:** Setting everything up for the study was maybe a bit challenging, but now everything is working pretty well. When we were setting up for CIREL, I created worksheets with the required data points for us. I also coordinated with the oncology department about which patient laboratory values are required for CIREL. Now, the required tests get performed automatically for CIREL patients and I can look all values up in our Hospital Data Management System.

**CIRSE: Could you tell us more about the worksheets you created?**

**Stähle:** I created the worksheets exclusively for our department to streamline data collection for CIREL. There are separate worksheets for Baseline, Treatment and Follow-up, which detail all required data points. I complete the worksheets and then pass them on to Dr. Ducens and Prof. Pereira. After I receive a completed worksheet, I transcribe the data into the electronic CIREL data capture system.

**Pereira:** The worksheets are great and make data collection for CIREL very easy for us. Ms. Stähle usually puts the worksheets that require completion into our hospital internal mailbox and once the worksheet is completed, we put it back into Ms Stähle's mailbox. It's very easy and efficient.



*CIREL will enrol up to 500 patients over an initial period of three years and with a minimum follow-up of 12 months is projected to end in February 2022.*

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**CIRSE: What are the most positive aspects regarding your clinic's participation in CIREL?**

**Pereira:** As the registry will create much-needed data on this treatment, the acceptance for this treatment among my oncologist colleagues is higher. Without the study, they would regard LP-IRI as a therapy lacking evidence – the fact that we are trying to create evidence motivates the oncologists to participate.

**Stähle:** From the patient perspective the most positive aspect is, as Prof. Pereira mentioned before, that there is another treatment we can offer to patients – if that's in the context of a study or not is secondary to patients. However, most patients react very positively to the continuous follow-up examinations conducted in the context of the study.

**CIRSE: How does the workload related to CIREL compare to other oncological studies that you have worked on?**

**Stähle:** At the moment it is hard to tell, as we're still only at the end of the set-up phase for CIREL, which is very labour intensive. Creating the worksheets was a lot of work and I still occasionally improve them a bit. Once we reach a stage where CIREL is routine work for us, it will be very easy. Generally speaking, CIREL does not require a lot of data compared to other studies at our centre.

*Nathalie Kaufmann, CIRSE Office*

CIREL is a European-wide observational study that gathers data on transarterial chemoembolisation (TACE) using LifePearl Microspheres loaded with irinotecan (LP-IRI) in patients with colorectal cancer with liver metastatic disease (CRLM). The registry observes the real-life use of the device in the context of the patients' entire cancer treatment and collects extensive data regarding safety and toxicity, efficacy and health-related quality of life. CIREL aims to create an extensive body of data on how drug-eluting microspheres are administered for CRLM as part of routine treatment across Europe from which conclusions can be drawn about when TACE may be most effective and which patients may benefit from this treatment the most.

CIREL spans the continent and will enrol up to 500 patients over an initial period of three years and with a minimum follow-up of 12 months is projected to end in February 2022. A first exploratory interim analysis will be conducted after collection of 50 full patient datasets.

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

Nathalie Kaufmann, CIRSE, +43 1 904 2003 53, [kaufmann@cirse.org](mailto:kaufmann@cirse.org), or visit [clinicaltrials.gov](https://clinicaltrials.gov) (ID: NCT03086096) via the QR code

“Without the study, oncologists would regard LP-IRI as a therapy lacking evidence”



CIREL



*Information for those seeking financial aid to attend medical conferences.*

## CIRSE Educational Grants – Supporting IRs attending CIRSE 2018



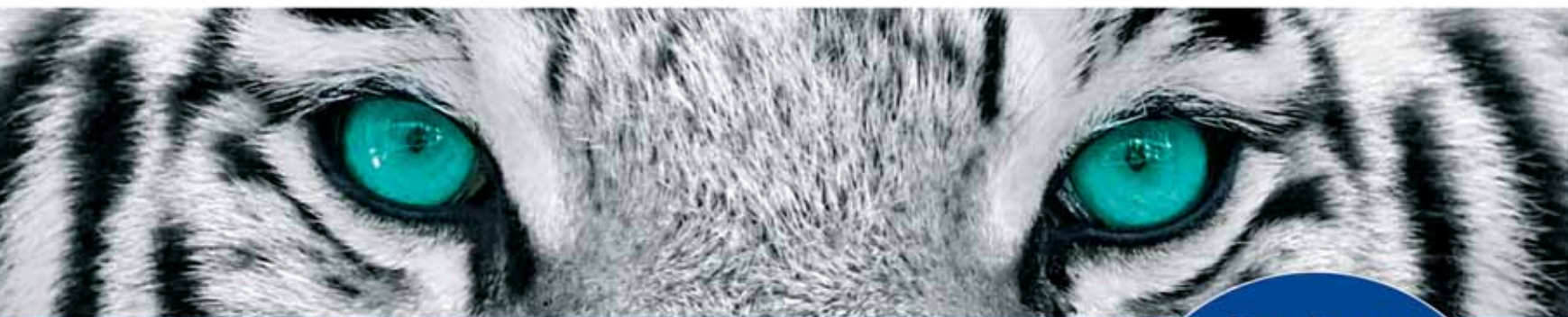
The way physicians can receive financial aid to attend medical congresses has changed significantly since the beginning of 2018 due to the MedTech Code of Ethical Business Practice, a self-regulating guideline introduced by the members of this European association of medical device companies. As determined by these guidelines, MedTech companies no longer providing direct funding to healthcare professionals to attend medical conferences and meetings organised by third parties.

According to the code, however, it is still possible to receive support to attend CIRSE congresses, as MedTech member companies may provide restricted educational grants for the advancement

of medical education through health care organisations such as hospitals or societies such as CIRSE. Several companies have reached out to hospitals offering educational grants for doctors to attend CIRSE 2018 while others are funding educational grants which were offered through CIRSE, an offer that was taken up by many who are happy to receive support in order to be able to attend this important meeting.

If you are interested in receiving funding to attend CIRSE 2018, please reach out to your industry contacts directly, as the deadline to apply for grants through CIRSE has passed.

Find out more on [www.ethicalmedtech.eu](http://www.ethicalmedtech.eu)



**Convince yourself @ CIRSE 2018**

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

**Hands-on  
Device Training:**

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

*One of our past Presidents and Editor-in-Chief of CVIR Endovascular delivered a lecture on CLI at the 99th Röntgen Conference in Leipzig, Germany.*

## Diabetic Foot Perfusion Imaging: The Truth Behind Arterial Tubes

Prof. Jim Reekers, Professor at the Academic Medical Center in Amsterdam and Editor-in-Chief of *CVIR Endovascular*, delivered his talk, titled "Diabetic foot perfusion imaging: The truth behind arterial tubes" for the Röntgen lecture at the German Röntgen Congress in Leipzig in May. In this interview, first published in *RöKo Magazin*, he elaborates on today's challenges for interventional radiology and why he would advise young radiologists to choose this subspecialty for their career.

**RöKo Magazin:** In your Röntgen Lecture you speak about diabetic foot perfusion imaging. What sparked your interest in this topic?

**Reekers:** As a researcher you should always be focused on the things that do not follow the expected pathway. Analysing failure often gives more inside information than analysing success. Why do diabetic patients lose their limb despite optimal visual revascularisation? Why is the 20% rate of failure after endovascular treatment for CLI never reduced? The answer is that these 20% are probably different from the other 80% of successful procedures. Finding this difference will hold the answers to improve our results.

**RöKo Magazin:** Would you advise young radiologists to specialise in interventional radiology?

**Reekers:** I would certainly advise young radiologists to go for IR. This is an optimal combination between imaging, treatment and being a clinician. Image-guided treatment is the future and radiologists should be leading the way. However, the training should change as more clinical experience is needed to be successful.

**RöKo Magazin:** From your point of view, what are the biggest challenges right now for interventional radiology?

**Reekers:** The biggest challenges lie in developing IR to a full clinical specialty with direct referral, admission rights and financial independence from the imaging part of radiology. However, it is good not to leave the house of radiology because imaging is the cornerstone of everything we do.

*Special thanks to the German Society of Radiology for allowing us to feature this interview. For more information on the conference, visit [www.roentgenkongress.de](http://www.roentgenkongress.de)*



*"As a researcher you should always be focused on the things that do not follow the expected pathway"*





*The first edition of CVIR Endovascular, our new open access journal, is now online and accessible to all!*

## First Edition of CVIR Endovascular Now Online!



Help spread the word about CVIR Endovascular!

CVIR  
ENDOVASCULAR



*CVIR Endovascular* is a newly launched open access journal, set up to cater for the rising number of endovascular papers and research. *CVIR Endovascular* entered the medical journal scene in September 2017 in response to the previous lack of publication possibilities for researchers, which was a clear barrier to further development of this field. The journal has been successfully collecting submissions since its introduction, and CIRSE is also very excited to announce that in June 28, the first articles were published online.

### Free for all

Prof. Reekers, the Editor-in-Chief, says the journal being open access is its “greatest advantage” as the unrestricted availability of content makes the journal easily accessible for anyone wishing to explore the latest research in the field of endovascular therapy. In this sense, *CVIR Endovascular* allows new articles and research to be easily disseminated in the medical community. Most importantly, the journal is not limited to page budgets or print issues, which enables authors to achieve an unparalleled distribution of their work. The key aim is to make *CVIR Endovascular* an important and internationally recognised podium for scientific and educational publications.

### Open peer review system

The journal is also the first of Springer’s open access journals to use the open peer review system to assess the quality of manuscripts and determine the paper’s originality, validity and significance. The clear advantage of this system is that both the author and reviewer are given credit for their contributions, creating a platform for constructive discussion and open dissemination of ideas and knowledge. This is also reflected by Prof. Reekers, who claims that “the reviewer will now become somebody who helps to improve the manuscript” as opposed to only being the judge.

### Looking forward...

As the journal gains momentum, CIRSE’s vision of a new, exciting platform for endovascular science and education is starting to materialise. Looking forward, one of the key future aims is to gather even greater support for the journal and to achieve an impact factor. Alongside *CVIR*, CIRSE wants this journal to become the next important forum for manuscripts published by members of the society and all other specialists involved in endovascular therapy. All CIRSE members are invited to submit their contributions, and to spread the word about *CVIR Endovascular*.

*Kamil Jabarkhel, CIRSE Office*



*The CVIR journal is celebrating its 40th Anniversary in 2018.  
Join us at the annual CIRSE conference in Lisbon to celebrate  
this impressive milestone!*

## Four Decades of Commitment to IR

CIRSE is very excited to announce that 2018 marks the 40th anniversary of *CVIR*, the biggest journal in interventional radiology. Since its establishment in 1978, the journal has been continuously supporting the growth of interventional radiology through publishing new research in this field. The success of *CVIR* is strengthened by the fact that the number of submissions from authors has nearly tripled over the last two decades, enabling the journal to further expand its scope and influence in the IR community. The geographical distribution of authors has also significantly diversified over the years, with authors from over 50 countries submitting their papers in 2017 alone. The Editorial Board represents a similar trend, as its current members originate from more than 20 countries, constituting a truly dynamic international environment.

Thanks to all the editorial teams that have managed the journal over the years, *CVIR* was able to meet all its key objectives, including the original aim, which was to act as the primary vehicle for scientific communication from all over the world in the field of interventional radiology.

### Join us to celebrate CVIR's 40th Anniversary!

To commemorate this special milestone, an online anniversary issue will be published this year, containing a selection of some of the best articles published since the journal's inception forty years ago. A special reception at CIRSE 2018 will also be held to celebrate this milestone, during which the CVIR Editor-in-Chief, Prof. Klaus Hausegger, will give a presentation about the development of the journal throughout the years. Complimentary drinks and a buffet menu will be available to all attendees.

### The future of CVIR

The future growth and success of *CVIR* depends primarily on the excellent contributions from all our authors. Only their hard work and quality papers will insure that the journal remains the first choice for researchers and medical professionals wishing to submit their work in the field of IR. All CIRSE members are, therefore, cordially invited by the Editor-in-Chief Prof. Hausegger and the rest of his team to continue submitting their work to *CVIR*.



Join us at the  
40<sup>th</sup> Anniversary  
celebrations at  
CIRSE 2018 in  
Lisbon!

CVIR

# squidperi

the largest EVOH liquid  
embolic agent family



SQUIDPERI is intended to the embolization of lesions in the peripheral vasculature, including arteriovenous malformations and hypervascular tumors. Class IIb CE0297 in compliance with Medical Device Directive (MDD 93/42/EEC amended by 2007/47/EC). Manufactured by EMBO-FLÜSSIGKEITEN A.G. Carefully read the instructions for use before use. First CE marking: 2013. The content of this document, in particular data, information, trademarks and logos are BALT SAS's sole property © 2018 BALT and its affiliates, all rights reserved. All representation and/or reproduction, whether in part or in full, is forbidden and would be considered a violation of BALT SAS and its affiliates' copyrights and other intellectual proprietary rights. Any complete or partial reproduction, representation, modification, publication, transmission or distortion of the services or the contents of this document, whoever owns it, is forbidden, to the exception of a single copy on a computer reserved to the exclusive use of the copier. This document with associated pictures are non-contractual and are solely dedicated to healthcare professionals and BALT's distributors (BALT's supplier's distributors). The products commercialized by BALT SAS shall exclusively be used in accordance with the instructions for use included in the boxes.

 **balt**  
inspiring innovation

*Several members of CIRSE's Executive Committee travelled to the annual meeting of the JSIR for a fruitful continuation of the two societies' cooperation.*

## Big in Japan

For years CIRSE and the Japanese Society of Interventional Radiology (JSIR) have maintained a strong bond. This partnership is, among other things, heavily based on a strong participation in the societies' respective meetings. JSIR members have been some of the most active at the CIRSE congresses, ranking among the top countries in both abstract submission and attendance every year. In turn, members of the CIRSE Executive Committee have been more than happy to travel to the annual JSIR meeting, giving lectures and moderating various sessions. In addition, the two societies meet regularly to discuss ways to deepen their cooperation.



In this spirit, CIRSE was thrilled to take part in JSIR's 47<sup>th</sup> annual meeting in combination with the 13<sup>th</sup> International Symposium of Interventional Radiology (ISIR). A delegation, including CIRSE President Rob Morgan, Vice-President Afshin Gangi and CVIR Editor-in-Chief, Klaus Hausegger, travelled to Tokyo where, from May 31 to June 2, more than 1,600 participants flocked to the Grand Nikko Daiba to discuss IR's hot topics and participate in numerous workshops.

Dr. Morgan gave a special honorary lecture on "The outcomes of aortic stent-grafts: Old and

New Devices" as well as a key note lecture on the management of TASC C and D aorto-iliac disease. In addition, a joint JSEMSG session examined the current status and future of aortic endovascular interventions.

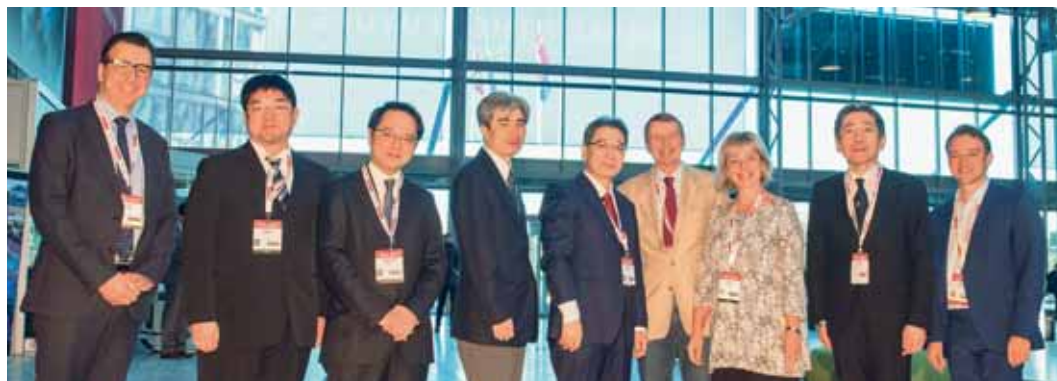
Further continuing the longstanding cooperation and scientific exchange between CIRSE and JSIR, Prof. Gangi spoke about MSK tumour ablation and served as commentator for a Featured Abstract session.

Prof. Hausegger, who has been CVIR's Editor-in-Chief since last September, spoke on several topics, including the endovascular treatment of acute ischaemic stroke and pEVAR. In addition, he gave interesting insights on how to publish scientific work in a high-ranking international journal in a dedicated session.



Other special sessions at JSIR 2018 included an ethics training session and a medical staff symposium with a nurses' session on risk management in IVR nursing, a radiographers' session on "Ingenuity and navigation in IVR" and a joint session for the two groups.

*Petra Mann, CIRSE Office*



*JSIR at CIRSE 2017*



The JSIR joined  
CIRSE as a Group  
Member in 2017



*Following the success of GEST Europe, CIRSE is excited to welcome a new member to its family of annual conferences: ET – the European Conference on Embolotherapy!*

## GEST Europe becomes ET



Between 2009 and 2017, CIRSE successfully organised the biennial GEST Europe Meeting in cooperation with the GEST founders. However, this partnership contract has now come to an end, and both parties have agreed to establish annual meetings of their own. In the USA, the meeting will be organised by Jafar Golzarian and Marc Sapoval and in Europe, CIRSE will organise the new European Conference of Embolotherapy, which will be held annually. CIRSE continues to work closely with the GEST Founders and is already planning an 'ET meets GEST' meeting in 2020.

### All about Embolotherapy

Due to the rapid growth in embolisation, it is important that regular education is available to support the many IRs who provide embolotherapy in its numerous applications. This annual

meeting will perfectly complement our existing education portfolio, which includes our dedicated embolisation track at the CIRSE Annual Meeting, the range of sessions at the European Conference on Interventional Oncology (ECIO) and the ESIR Clinical Procedure Training Courses.

The new European Conference on Embolotherapy features a number of exciting sessions that are designed to give delegates a comprehensive overview of this rapidly expanding area of interventional radiology. The conference will cover the many areas of embolotherapy, including trauma management, vascular and lymphatic malformations, GI haemorrhage, UAE and PAE as well as embolotherapy in cancer care, which will make up around 20% of the programme.

## A conference for IRs, by IRs

### Sessions at ET 2019

#### Case Remedy Sessions

In the Case Remedy Sessions, four panellists will present their cases, which will focus on a number of elements, including the personalised approach, other therapy options, technical aspects, outcome and follow-up. These sessions will be highly interactive and include videos to demonstrate specific tips and tricks, as well as audience voting.

#### Technical Focus Sessions

The sessions will contain four talks, highlighting the latest trends in a specific embolic material or in the delivery systems (microcatheter and wire) as well as advanced guiding modality (CBCT).

#### Special Topic Sessions

Special Topic Sessions aim to cover new areas and developments in embolotherapy. They are designed to impart the latest knowledge on topics important to daily practice, with current evidence being their central focus.

#### Established Therapy Sessions

Established Therapy Sessions will focus on the most popular topics in embolisation. Each talk will feature a different aspect, from patient selection, procedural aspects, peri-procedural care to the latest literature and study results. Sufficient time for questions and discussions will again be allocated.

#### Morbidity and Mortality Conferences

In the Morbidity and Mortality – Bad Day session, experts will present complicated cases which had a negative outcome and each speaker will have ten minutes, presentation time plus five minutes, discussion time per presented case. Using the same format, the Morbidity and Mortality – Good Day session will feature a panel of IRs presenting cases that involved a disastrous complication but had a positive outcome.

*The conference will take place in June 2019, in the magnificent city of Valencia.*



#### ET in Valencia

Alongside Christoph Binkert and Patrick Haage as Chairperson and Deputy Chairperson, respectively, our Scientific Programme Committee is made up of highly experienced physicians who have a deep understanding of the field as well as bountiful experience in organising educational medical conferences.

The European Conference on Embolotherapy will take place on June 26-29, 2019 in Valencia, Spain. This south-eastern Spanish city is a cultural hotspot and an ideal location for a medical congress, largely because of its magnificent conference centre, which is not only aesthetically pleasing but also offers an excellent range of facilities and layout.

**We look forward to welcoming you in Valencia!**



#### ET 2019 Scientific Programme Committee

Christoph Binkert  
*Chairperson*

Patrick Haage  
*Deputy Chairperson*

Thierry de Baere  
Otto van Delden  
Enrique Esteban  
Fabrizio Fanelli  
Tarun Sabharwal  
Marc Sapoval

Stay tuned  
for updates on  
registration  
and travel for  
ET 2019!



## ECIO Conference Report

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Join us  
next year  
in Amsterdam  
for the  
10<sup>th</sup> ECIO  
meeting!

### ECIO 2018: Interventional Oncology in Action

As more and more evidence is accrued, interventional oncology continues to develop its presence in cancer care. To further facilitate the development of this subspecialty, the European Conference on Interventional Oncology (ECIO) provides a platform which can be used by physicians to not only educate themselves about the latest developments in the field, but also to disseminate their work to major stakeholders in the field.

The ninth ECIO gathering took place over the course of three and a half days and was filled with an array of interesting sessions. Among others, these included Multidisciplinary Tumour Boards, Clinical and Technical Focus sessions, Free Paper sessions as well as Hands-on Device Training (HDT) sessions. ECIO 2018 was also the biggest conference to date, welcoming almost 1,400 participants from across the world. The diversity among participants created a truly international atmosphere throughout the entire duration of the conference.

### A new addition

This year's ECIO conference featured a new addition in the form of the Basic Course, which is aimed at those wanting to have a comprehensive introduction to new techniques or therapies. The Basic Course series focuses on a different organ each year, and at ECIO 2018, the topic of this six-hour course was MSK in oncology. The course featured three distinct sessions and was structured according to the material included in the CIRSE European Curriculum and Syllabus for

IR. Participants were able to gain a comprehensive overview of key topics in the field of MSK, including percutaneous ablation of bone and soft tissue, spinal intervention and palliative treatment.

### Scientific Focus

Clinical Focus sessions covered a broad spectrum of themes relating to interventional oncology, ranging from the role of loco-regional therapies in colorectal cancer to neuroendocrine liver metastasis, lung metastases and palliative treatment. Clinical Focus sessions were attended in large numbers by physicians from a range of different backgrounds, giving them a truly multidisciplinary feel.

### Honorary Lecture

The highlight of this year's congress was undoubtedly Dr. Matthew Callstrom's Honorary Lecture, titled 'Building the IO department for the future', which was well-received by participants. The lecture provided a comprehensive overview of what future IO departments should look like in terms of infrastructure, technology and organisational management to keep up with the continuous developments in the subspecialty. As we step into a new era of IO, it is vital to stay up to date on the best ways to build a strong interventional oncology department in order to provide the highest possible standard of care for patients.

### Free Paper Sessions

For the very first time at ECIO, researchers from a range of medical disciplines were invited to





*Held in the beautiful city of Vienna and with a record number of participants, ECIO 2018 was a roaring success.*

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send in their papers for inclusion in the scientific programme. Selected papers were included in the Free Paper sessions. Abstract submission will open again for ECIO 2019 in September – make sure to stay tuned! Alongside the Free Paper sessions, a large part of the programme at ECIO 2018 focused on guidelines and trials as well as real-world evidence. An example of this were sessions which included: 'Follow-up imaging after intervention: towards consensus', 'Understanding tumour biology' and 'Tips and tricks: case-based discussion'.

#### **Practical Education**

There were many Hands-on Device Training (HDT) sessions offered to physicians at ECIO 2018, all of which focused on tumour ablation. Following a kick-off presentation by the HDT coordinators, participants had the opportunity to learn about the safe and effective use of the technology in a hands-on setting. The sessions covered radiofrequency, microwave, cryo and laser tumour ablation as well as image guidance during ablation procedures. To further enhance the experience, each training session featured a roundtable discussion with the coordinators, allowing participants the chance to interact with the speakers.

#### **Innovative Learning**

The Video Learning session at ECIO 2018 was a great opportunity for participants to enhance their technical expertise with the use of interactive tools. An interesting array of topics were covered, including 'Anaesthesia and positioning during lung ablation', 'Liver radioembolisation in

central tumours', 'Tricky bone biopsy' as well as 'Pancreatic electroporation'.

#### **Looking Forward**

In 2019, the conference will take place in Amsterdam, Netherlands. With the city's unique feel, impressive culture and infamous architecture, it is the ideal location for Europe's largest conference on interventional oncology.

Following our successful launch of the Live and On Demand service last year, we are happy to announce that all the ECIO 2018 sessions are once again available to view online on [library.cirse.org](http://library.cirse.org)

*Kamil Jabarkhel, CIRSE Office*

**Don't forget  
to submit your  
abstracts by  
October 29 for  
ECIO 2019!**



*As part of a new interview series, we spoke with a number of pairs from around the world who took part in the Collaborating Against Cancer Initiative during ECIO 2018.*

# M E E T I N G

## Collaborating Against Cancer Initiative

“The initiative encourages open-minded and collaborative learning”

Thanks to CIRSE’s popular Collaborating Against Cancer Initiative, hundreds of non-radiologist colleagues have received a travel grant and attended ECIO free of charge over the years. This grant option allows the colleague to see the variety of interventional oncology options available and for positive interdisciplinary relationships to be fostered.

We caught up with recipients of the initiative Dr. Carmen Ayuso, ECIO Faculty Member, and her gastroenterologist colleague, Dr. Alvaro Diaz-Gonzalez from the Hospital Clinic of Barcelona in Spain.

**CIRSE: How does multidisciplinary teamwork function in your hospital?**

**Diaz-Gonzalez:** It is not only about having a meeting every single week and talking about important issues, it’s about having the same philosophy. We don’t discuss every single case because we do 800-100 follow-up visits every week and we cannot discuss every single patient but we take time to discuss all the difficult cases.

**CIRSE: Can you talk about the treatment pathway in your hospital?**

**Diaz-Gonzalez:** At the first visit we have a complete review of the patient situation, not only the current situation but also the previous history about the liver disease and other comorbidities.

Then, after a complete visit we do an ultrasound to make a first diagnosis and treatment plan. We also act as a referral centre. We receive many patients from other hospitals and so we, therefore, usually ask them to bring the images with them. We then review the case, despite the fact that they may have already been diagnosed, because we like to confirm it in order to offer the patient the best treatment option.

**CIRSE: Why did you take part in the Collaborating Against Cancer Initiative?**

**Diaz-Gonzalez:** It has allowed someone like me to attend these radiological meetings and to be open minded. I mean that in the sense of listening to other people’s opinions. If we just go to the liver and oncological meetings and IRs just go to their own meetings, we cannot work as effectively in our daily practice. I think that different societies should be working together on an international level towards this effort.



*We caught up with recipients of the initiative, Dr. Carmen Ayuso and Dr. Alvaro Diaz-Gonzalez from the Hospital Clinic of Barcelona, Spain.*



*Find more about this initiative and our other oncology related projects on **www.ecio.org**.*



M E E T I N G

**CIRSE: Are there any particular highlights for you at ECIO?**

**Ayuso:** I like to see the sessions on clinical management as well as new technologies being presented – ECIO provides a great platform for this. The conference is an ideal space to see how colleagues are using new techniques and what results they are achieving for patients.

**CIRSE: What do you think interventional oncology needs to do to further evolve?**

**Ayuso:** We need to continue working on new therapies and imaging techniques. What we originally thought we knew about liver cancer, for example, has now been broken. We, therefore, have to learn all together how to manage patients under systemic therapies, immunotherapies and anti-angiogenic therapies because there is a role to improve in the clinical scenario. It's a very interesting time for IO.

**Diaz-Gonzalez:** I'm with Carmen on this. This should be true for all medical fields. We have to see the patient as a whole and know that everything we work on, such as developing a device, is for the sake of the patient and improving their survival time. We have to work together, not for fame or to be well known in the scientific field, but for every single patient that is suffering. They are the people who our work is devoted to; this is something that frequently is forgotten in medicine.



*"It's a very interesting time for IO"*





## EXPERT INTERVIEW

*During ICCIR 2018 we spoke with Dr. Julien Garnon of Strasbourg University Hospital about his keynote lecture on managing anticoagulation therapies.*



# ICCIR 2018 Keynote Lecturer: Dr. Julien Garnon



*“You learn more from complications than from good cases”*

Since 2010, physicians have been meeting every two years in Pörtlach, Austria to discuss interventional radiological procedures that did not go as planned. Taking stock of complications and failures in any medical field is important, even more so in a fast-growing field such as interventional radiology. Honing techniques and improving patient management are vital to upholding a high standard of care.

A wide range of cases from the fantastic faculty were presented at ICCIR 2018, providing a springboard for many laudable discussions. Among the impressive presentations, Dr. Julien Garnon, interventional radiologist at Strasbourg University Hospital in France, delivered his keynote lecture on managing anticoagulation therapies.

**CIRSE: What are the main factors to consider when employing anticoagulation?**

**Garnon:** It really depends on the type of procedure you are about to do. A bleeding risk is not the same between a superficial biopsy and kidney ablation so you have to take this into account. The other point is to evaluate the thromboembolic risk when you stop the anticoagulation therapies. These are the key features when managing anticoagulant therapies around an intervention. The issue is that many IRs are not well aware of anticoagulation therapies, which was actually my case before preparing this talk. After studying which therapies are available in preparation for this lecture, I now feel more comfortable managing them.

**CIRSE: Can you tell us a bit about your keynote lecture?**

**Garnon:** I spoke about when to stop the anticoagulation, when to resume it and also which medications require switching to another anticoagulation therapy. There are three major classes of medications: the anti-vitamin K, which limits the production of clotting factors; the second class is represented by the group heparins, with the unfractionated heparin and the low molecular weighted heparin; the third class is direct anticoagulation, which was released in 2008.





*Make sure to join the Morbidity and Mortality Conference, moderated by Dr. Garnon and Prof. Jahnke, at CIRSE 2018!*

# M E E T I N G

**CIRSE: Would you say that the risk associated with using anticoagulation therapies in a peri-operative setting has decreased over the past ten years?**

**Garnon:** Very hard to tell. I don't think there is any evidence about that in the literature, especially for radiological interventions. There are a couple of specific IR papers dealing with that topic but data is still limited so I cannot answer definitively. This topic actually outlines the critical role of the interventional radiologist who has to chase any anomaly that might result in an increased bleeding risk during or after the procedure – that's particularly important with the new oral anticoagulants which cannot be biologically traced.

**CIRSE: What do you believe the role of the IR is in management of anticoagulation therapy?**

**Garnon:** One point is that most of the time it is another practitioner who prescribes the anticoagulation so our role is more based around when to stop, when to switch and when to resume. You cannot learn all the medication by heart but you should at least be able to identify a risky situation.

IRs should have a better overview, they should know the basic medications, the basic rules of the management of these medications and each time you don't know or it's really a specific situation, for example, a patient with a high bleeding risk procedure and a patient that has a mechanical valve which is at high risk of thromboembolic event, you should consult a colleague who is specialised in that area.

**CIRSE: What are the main benefits of coming to ICCIR? Any highlights for you?**

**Garnon:** Aside from the amazing lake, it's really interesting to see so many different types of complications. I also have to say it's brave of the speakers to share the complications because it is never easy! You want to share the good cases and it's more difficult to share bad experiences. But, you learn more from complications than from good cases.

I've enjoyed seeing everything that is in my field of expertise, which is non-vascular interventions, but I was also interested in attending vascular complications as this would help me if I go into this area.

**CIRSE: How do you deal with complications in your team?**

**Garnon:** First of all, you have to assess if the complication is life-threatening and requires specific treatment. Seeking advice or help from a colleague is usually the best way to manage a complication in the case of adverse events. Furthermore, it is really important to follow up on the patient as their doctor. For example, if nerve palsy occurs during a bone ablation, there is not much you can do but you should take the time to explain the situation to the patient.

*Alongside Prof. Thomas Jahnke, Dr. Garnon will also be co-organising the Morbidity and Mortality Conference at CIRSE 2018 in Lisbon, which will be taking place on Tuesday, September 25 at 15:00.*

*“We need more evidence for oral anticoagulation therapies”*

*Published in CVIR in May 2018, this paper by Prof. Anna-Maria Belli and Dr. Meridith Englander explores how the gender gap is a great obstacle to the expansion of the subspecialty.*



## The Female Threat

**“It is incumbent on our male colleagues to act as allies for women”**

CVIR

It has only been 100 years or less since women earned the right to vote throughout Europe and in the USA. Since that time, women have entered the workforce and joined the professions. Whereas once they were barred from professional medical practice, the percentage of medical school graduates that were women rose from approximately 10% in the 1960s to over 50% in the early part of this century. The number of women physicians is also increasing. This past year, for the first time ever, the province of Quebec reported more female physicians in practice than male. This changing demographic has implications for medical practice as women are needed in all the specialties to ensure equitable availability of services for patients.

According to the 2016 UK Radiology workforce census, 35% of consultant radiologists and 39% of trainees are female, but only 10% of the current consultant IR body is female. At both CIRSE and SIR, only 12% of full members are women. Although precise figures vary between countries and continents, this phenomenon is repeated globally. Interventional radiology (IR) is under threat, not just by competing specialties, but by its apparent lack of attraction to women. Unless IR is able to reverse this and attract more women, it will be missing out on some of the most talented medical graduates and may have trouble filling all the jobs. In the UK, there is already a crisis of not enough interventional radiologists to meet the need.

In 2009, the Royal College of Physicians of the UK published research into the implications of the rapidly increasing share of female doctors

on the medical profession. The two major findings from this report were that women doctors had a far greater preference for flexible working arrangements with scheduled work hours and they preferred specialties offering greater patient interaction. There are many aspects of IR which should appeal to women. It offers patient interaction and longitudinal care and the opportunity to make a real difference to patients' lives using innovative, minimally invasive procedures. It is constantly progressing and evolving and consequently, never boring. IR is inclusive of almost every body system, and there is the opportunity to develop a subspecialty interest in areas including interventional oncology, vascular disease, women's health, neurovascular and paediatrics, to name but a few.

So why aren't women flocking to IR? Assuming they learn about IR in medical school (and that is an issue in itself), the fact that radiation is involved is a big deterrent. This is despite the fact that nowadays occupational radiation exposure to IRs is similar to the natural background dose and most female IRs who continue to work through their pregnancy have foetal radiation doses well below recommended guidelines.

Medical graduates choosing their career need to know these facts, but some of those practising IR inadvertently perpetuate misinformation by excluding or discouraging women who are pregnant from performing fluoroscopically guided interventions. This gives the message that occupational radiation exposure is dangerous. The result is that women's training is derailed and the pregnant woman is perceived as a burden to





*Join us for the second Women in IR session at CIRSE 2018 in Lisbon!*

# M E E T I N G

her IR colleagues who have to cover the work and on-call responsibilities. Nobody would argue that it is a woman's choice to avoid radiation exposure during pregnancy, but it should be made clear that this is a choice with two valid alternatives.

Some will prefer to select a specialty offering a different work-life balance, with less emergency work. This is true for both genders and applies to many specialties. There is no doubt that women will and can work hard and long, just look at the number of female obstetricians. Perhaps most of IR has not applied itself to imagining flexible work schedules which allow staff to have more predictable working hours. This may be a consequence of insufficient numbers of IRs to allow flexibility. Or perhaps, there is no perceived need for change by a currently male-dominated specialty.

The lack of female role models is also a problem. If women do not see other women flourishing in a specialty, they are likely to think it is an unsuitable career choice for them. After all, if it were a great field for women, wouldn't there be more women? It is imperative that female IRs show themselves and speak up by taking leadership roles in their departments and at the society level. It is also incumbent on our male colleagues to act as allies for women. We need to work together to assure that women in IR are given the same opportunities to succeed as men.

These two authors have had stimulating and satisfying careers in IR, have achieved international recognition, received great support from male and female colleagues alike and have enjoyed

successful family lives. We are not exceptional but dedicated to the specialty that we love and to the patients that we treat. And, we are not alone.

Many IR societies throughout the world are awakening to the threat that attracting insufficient numbers of women to IR poses and are encouraging women to get involved. We owe it to our patients that this specialty should continue to thrive and innovate. That can only be done by continuing to inspire and attract the brightest graduates who are increasingly women. The workforce needs to reflect the population, allowing patients' choice not only in how they are treated, but also by whom they are treated.

If we fail in this, IR will fail too. If we succeed, then we will have a well-balanced, intelligent and expanding workforce with a successful future.

**"We owe it to our patients that this specialty should continue to thrive and innovate"**

**Belli, AM. & Englander, M. Cardiovasc Intervent Radiol (2018) 41: 673.**  
**<https://doi.org/10.1007/s00270-018-1915-2>**

*Prof. Anna Belli is an interventional radiologist at St. George's Hospital in London.*

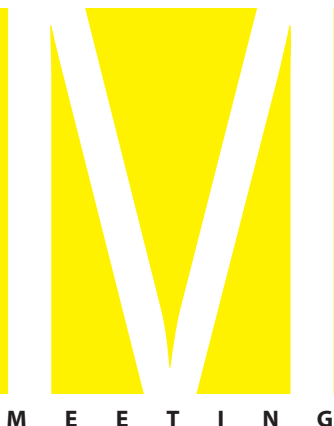
*Dr. Meridith Englander is an interventional radiologist at Albany Medical Centre Hospital in New York State.*





## EXPERT INTERVIEW

*We sat down with Prof. Werner Jaschke to discuss the EU directive on radiation protection which came into effect in 2018.*



## Radiating Awareness: Prof. Werner Jaschke

**“In the past, I myself advised young female doctors who wanted to get pregnant to stay out of interventional radiology because I was uninformed”**

**CIRSE: What effect has the new directive had on radiation protection on daily practice?**

**Jaschke:** The new directive has had a great impact on every department in terms of working styles and documenting. I think what became obvious to the public very rapidly was the lowering of the threshold for the dose of the lens. Initially, there was a big concern among the interventional radiology community on how to achieve this goal but there were a lot of indicators that interventionalists stay below the annual threshold if they use lead shields and protecting eyewear. If you keep up with radiation protection recommendations, it's not a problem; even if you do very demanding, long-lasting interventions.

**CIRSE: What kind of myths exist surrounding radiation protection among the medical community?**

**Jaschke:** I think there are two myths: one is the risk is irrelevant, so don't bother too much with radiation protection and the other one is, radiation is so dangerous, you better stay away from it! As an instructor, you come across both. There are then people who are neglecting the risks entirely, so we always recommend personal dosimetry. Because as soon as physicians get direct feedback on how to protect themselves, they see that the dose can be decreased by ninety percent without interfering with image quality or handling catheters.

**CIRSE: Is there any overview of training in radiation protection and level of implementation of the directive in the EU?**

**Jaschke:** Diagnostic reference levels (DRL) for interventional procedures will hopefully help to harmonise standards of radiation protection and medical practice in the different member states. It has a lot to do with the equipment you use: if you have sophisticated or new equipment, it's much easier to lower the dose for the patient and the staff. If you have, for example, an image intensifier instead of a flat panel system, it's much harder to stay in the range. It also has to do with the training: if you are well trained and have experience with a lot of procedures, it's much easier to fulfil all criteria but if you are in institutions where you don't have support from well-trained interventionalists, it's a different story.

**CIRSE: You've recently released a paper with Prof. Anna Belli on radiation myths and how it affects the gender gap in IR. Can you talk to us about this?**

**Jaschke:** Well, first of all, you have national legislation which forces you more or less to do some things. Let's say in Austria, when a woman gets pregnant, usually the recommendation is that she should not perform fluoroscopy or any procedure in which she would be directly exposed to radiation. The risk is handled very differently, for



*The Radiation Protection Pavilion (RPP) will once again take place during the Annual Meeting. See you there!*

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example in Switzerland, the US or UK, where there is no legislation that the woman has to stay away from the radiation during her pregnancy.

What is very important for us is not only the pregnant interventionalists, but younger females who are concerned that by working in interventional radiology, they might increase the potential risk for genetic abnormalities, cancer or anything like that and I think we have to inform them that, according to our current knowledge, this risk is not higher than the natural risk if you respect certain rules. I myself, for a long time, advised young female doctors that if they wanted to get pregnant, they'd better stay out of interventional radiology because I was uninformed. Now, I always encourage young females to enter interventional radiology. If they get pregnant then we have to deal with the fact that they are out of the field for one year, perhaps a little bit longer.

**CIRSE: The Radiation Protection Pavilion (RPP) has been a hit at CIRSE since its establishment, what more can we do to campaign for radiation awareness in the field?**

**Jaschke:** The RPP is a great way of promoting radiation protection issues but we also need to reach the general audience, not only the ones who voluntarily step up to the RPP, listen to talks and gather information. I think that radiation

protection issues should be an integral part of every session, either via the speakers themselves or handout materials. We really have to inform the entire community, especially the younger interventional radiologists, if you have a teacher who doesn't take care of radiation protection at all, there is the likelihood that you will neglect all these vital steps.

The nice thing about radiation is you can measure it; you have very sensitive tools, like for no other chemical or physical hazard. It's very easy to gain high quality information on the radiation dose during each procedure. Good indicators of radiation dose are provided by the DICOM dose report which is automatically generated by the angiographic equipment at the end of each procedure. Interventionalists should evaluate it routinely!

Personal real time dosimetry is very helpful to optimise radiation protection of the staff. If you see your personal dose in real time you can, for example, directly see the protective effect of lead shields, undertable lead shields or the decrease of dose if you change from high resolution and frame fluoro to lower resolution and frame fluoro. Personal real time dosimetry helps to increase the acceptance of radiation protection measures.

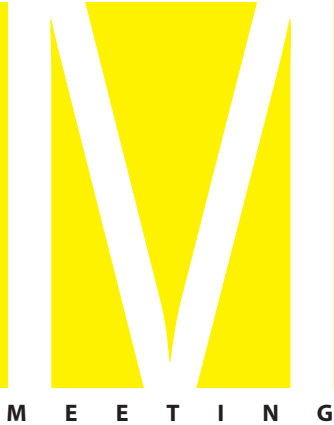
*Prof. Werner Jaschke is the Director of Radiology at the Medical University of Innsbruck in Tirol, Austria.*

**"I think that radiation protection issues should be an integral part of every session at CIRSE"**



## EXPERT INTERVIEW

*We chatted with Prof. Fabrizio Fanelli to find out what attendees can look forward to at CIRSE 2018.*



## What to Expect at CIRSE 2018

**“I’m really looking forward to the new Clinical Evaluation Courses!”**

**CIRSE: What were your main aims when creating the scientific programme?**

**Fanelli:** This question is a little tricky because the programme for CIRSE is always wide but also very high level from a scientific point of view. It is therefore quite difficult to introduce new sessions that grab the attention of delegates. The other reason why it’s difficult is because we have to think about the different levels of knowledge that attendees have as there are some delegates who only have a basic understanding of IR and so you have to give them information about performing procedures and so on. Then there are the experts who would like to have a more high level discussion in terms of new data, results and clinical practice. To give both groups the same content would be counterproductive.

**CIRSE: Can you tell us a bit more about the new Clinical Evaluation Courses at CIRSE?**

**Fanelli:** We were looking to create a new session which could encourage multidisciplinary discussions and we were aiming to base this session on the things that IRs experience in daily clinical setting, such as discussing treatment plans with clinicians from different specialties. This is why we have invited different speakers to the course that are not IRs, including surgeons and oncologists so they can give us information from a different perspective. I think this session will be interesting for all attendees because it will give a very multidisciplinary overview of patient treatment.

**CIRSE: What are you personally most looking forward to at CIRSE 2018?**

**Fanelli:** As the Programme Chairperson, I very much look forward to people learning new things and hope that they will return to their individual practices, with the feeling that they have learned something new, even if they do not use this on a daily basis. I am also looking forward to delegates sharing their research with the rest of the IR community and hopefully I will learn something new from them too!



In terms of sessions, I look forward to ones that are related to embolisation because this is one of my favourite topics. We have also created sessions for newly released data, where studies that have not been discussed or published before will be unveiled and this is something that I am also very much looking forward to.



*Don't miss new and exciting additions to this year's scientific programme!*

M E E T I N G

**CIRSE: Talking about IDEAS, how has this symposium developed since it was introduced in 2015?**

**Fanelli:** IDEAS was designed to create a special platform that promotes multidisciplinary discussion in the field of aortic treatment. Nowadays, the popularity of this symposium is increasing which is clearly a great sign which encourages us to continually work hard and deliver an event that all delegates will enjoy, and IDEAS 2018 is no exception. Also, the great thing is that IDEAS runs parallel to CIRSE which is very convenient for all delegates as they can move around different sessions easily.

**CIRSE: Why do you think that the IR community needs to bring more women into the subspecialty and why is this important?**

**Fanelli:** This is an interesting topic because if you have a look at the number of women attending medical school, it's increasing every year. Just to give you an idea, a couple of years ago, in 2015 in Italy, there were approximately as twice as many female students in medical schools compared to their male counterparts. This trend clearly demonstrates that the profession is no longer being perceived as only confined to men.

There are some concerns regarding IR because of things like nightshifts which are difficult to combine with family life. Despite this, the number of women in IR is gradually increasing and I am

very happy to see this trend as it demonstrates that the traditional limitations and misconceptions about women in IR are diminishing.

**CIRSE: How does CIRSE give students an insight into IR?**

**Fanelli:** Our dedicated Student Programme offers a comprehensive insight into the world of interventional radiology through hands-on learning, fun activities and specialised sessions. I think the Student Programme is great, because it allows us to show the students what working in IR is all about. This way, we can draw in young talent that will continue to grow and develop the subspecialty.

**CIRSE: Why is lifelong learning important for any medical professional?**

**Fanelli:** It is important because as an IR practitioner, you never stop learning and that's why I think that being an interventional radiologist is a very dynamic job. We have novel procedures and techniques being introduced on a monthly basis and it is therefore very important to update yourself on these developments. This is also crucial from a patient perspective, as you do not want to perform an outdated procedure on a patient and you want to give them only the best possible treatment.

*"Our dedicated Student Programme offers a comprehensive insight into the world of interventional radiology"*



# ACCESS SYSTEMS

Comfort, Speed and Stability



## IR PLATFORM for Femoral Access

The IR Platform is a stable and secure over-patient work surface for Interventional Radiology, Neuroradiology and Interventional Cardiology. It offers a radiolucent, adjustable height and length appropriate solution for your femoral artery access procedures. It is the ultimate product for catheter /

guide wire manipulation offering a large work area for equipment. The IR Platform is ideal for restless patients as it can also be locked, ensuring patient movement will not dislodge the platform.



## ARMSURE for Arm Immobilisation

The ideal system for arm immobilisation, protecting the sterile field, with the added benefit of reducing scatter radiation. Particularly useful in the increasing number of procedures performed under conscious sedation where patient restlessness can be an issue. The ArmSure gently secures both arms of a supine patient in a comfortable adducted position with soft,

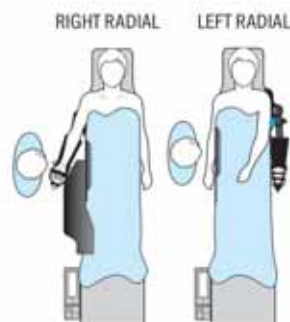
easy to install, adjustable straps. The unique design allows the straps to be loose while maintaining arm security and patient comfort. The Shield slots into the Arm Support and can be simply adjusted to the optimum position for operator protection from scatter radiation.



## STARSYSTEM for Radial Access

The Adept Medical STARSystem is a complete, clinically engineered solution for radial access procedures. The STARBoard provides fully articulated support for the patient's arm, with a wrist hyperextension mechanism to provide optimal radial artery access. The wrist can then be placed in a relaxed position at the patient's side for the remainder of the procedure. A relaxed patient can help reduce the risk of spasm which will complicate a procedure, particularly if the patient is stressed. Adjustments can be made at any point during the procedure beneath the sterile drapes.

The STARTable not only provides operators with an adjustable work surface for catheters, wires and other equipment, the vertical shield reduces X-Ray scatter for the operator. The STARSupport facilitates left arm access by supporting the arm over the patient's torso allowing the operator to work comfortably from the right side.





*Many IR trainees and residents will benefit from free congress registration this year, thanks to the kind support of Guerbet.*

## IR Trainee Support Programme for CIRSE 2018: Helping IR's Next Generation



Supporting the next generation of IRs has long been an important issue for CIRSE. Our dedicated congress grant programme for medical students has been running since 2010; an updated edition of the IR Curriculum & Syllabus was recently launched; and in 2015, the European Trainee Forum (ETF) was established, to bridge the gap between undergraduates and fully-fledged IRs.

The ETF is an open forum, where young CIRSE Members can raise issues that affect the newly qualified and those still in training. Its main purpose is to enhance the participation of young doctors in international scientific and educational activities and to create a space within CIRSE to further their careers through networking opportunities.

### Financial support

But however attractive these opportunities are, attending medical congresses can be financially difficult for those still in training or at the beginning of their career. To make this year's congress more accessible, the IR Trainee Support Programme was created, with the generous support of Guerbet.

Under this initiative, any CIRSE Junior Member who submitted an abstract for CIRSE 2018 as a first or a presenting author was eligible to receive complimentary congress registration, regardless of whether it was accepted for inclusion in the programme.

Yet again, the response was overwhelmingly enthusiastic: more than 170 Junior Members will have their registration fees waived for CIRSE 2018. These represent a wide sample of our membership, with those attending free of charge travelling from 22 European and 12 non-European countries.

The scheme has also had the additional benefits of encouraging abstract authorship and submission among up-and-coming IRs, and has also inspired 110 trainees and residents to join CIRSE as Junior Members, bolstering the network still further.

### What's happening in Lisbon

This year, Junior Members can look forward to three Trainee Sessions (on future IR technologies, building an IR career, and clinical practice, respectively), a number of Short Talks held during lunchtime that will touch on various aspects of training, grants, careers and certification, another fun quiz night as well as a new Networking Brunch! There will also be dedicated time slots for Junior Members at various industry partner Learning Centres, as well as the long-running CIRSE Fundamental Courses.

CIRSE warmly thanks Guerbet for their generous support of the sponsorship initiative, and looks forward to welcoming our trainees and residents to Lisbon for the educational event of the year!

*Ciara Madden, CIRSE Office*

ETF

M E E T I N G

CIRSE would like to thank Guerbet for helping us waive registration fees for over 170 Junior Members!

*Book your hotel with CIRSE's official travel partner, Buzz DMC in cooperation with Kuoni Congress, to get the best deals and extra benefits.*

## Have you booked for CIRSE 2018?



Choose from the broad selection of hotels for CIRSE 2018 offered by our trusted travel partner!

**KUONI** Congress



The beautiful city of Lisbon, rich in history, culture and arts, is an ideal choice for the CIRSE 2018 congress. Hosted in the well-appointed Centro de Congressos de Lisboa on the banks of River Tagus in what is deemed to be the 'sunshine capital of Europe', the location is truly captivating. CIRSE has a long-standing commitment to providing all conference delegates with a good space for education and interaction.

In order to get the most out of your time in Lisbon and to guarantee high quality service, we advise all delegates coming to CIRSE 2018 to book their accommodation with CIRSE's official travel partner, Buzz DMC in cooperation with Kuoni Congress. Together they have secured a very broad selection of hotel rooms throughout Lisbon, ensuring that all congress goers will find precisely what they are looking for.

### **Benefits of booking with Buzz DMC in cooperation with Kuoni Congress:**

1. Easy-to-use booking system
2. Price match guarantee: if you find one of our featured hotels for a cheaper price than what we advertise, we will match their price and conditions
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5. Free shuttle service from the hotel to the conference venue and back

Booking hotel rooms through other companies is not recommended. We urge all delegates to be cautious when receiving unsolicited offers for the provision of hotel rooms and other services for CIRSE 2018, as these can be fraudulent and CIRSE cannot accept any responsibility for adverse bookings made through unofficial websites.

*Kamil Jabarkhel, CIRSE Office*



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*Host of the 2019 course in Dublin, Prof. Mick Lee, tells us why his hometown is the ideal location for an ESIR course.*



## Treating One of the Biggest Causes of Death Worldwide: How IR Can Help

E D U C A T I O N

*“The course will take place in a historic yet state-of-the-art medical centre”*

**CIRSE: Why is venous thromboembolism an important focus for IR?**

**Lee:** Venous thromboembolism is probably one of the biggest causes of death and morbidity in the world and healthcare spending on VTE is enormous and rising year to year. There is a novel treatment for patients who have certain types of venous thromboembolism and this is where interventional radiology fits in. IR treatments of DVT and PE are generating a lot of excitement in the worldwide community.

A great example of the interest in VTE is the fact that our biggest ESIR course ever, in terms of attendance, was on this topic. Furthermore, interest in venous thromboembolism also comes from other disciplines, not just interventional radiology.

**CIRSE: Is there any other upcoming evidence that we should look forward to in this field?**

**Lee:** Yes, the first trial in this area was the CAVENT trial which demonstrated a significant benefit from thrombolysis over anticoagulation alone, at five years in terms of the post-thrombotic syndrome. Currently, we are waiting on the Dutch trial, CAVA, which is supposed to be reporting either at the end of this year or perhaps next year. It is a study looking purely at patients with iliofemoral DVT.

**CIRSE: What can attendees expect to learn from the ESIR course hosted in Dublin?**

**Lee:** This time we are going to have a lot more clinical input in terms of pulmonologists, intensivists and A&E physicians who are going to talk about anticoagulation treatment of DVT and pulmonary embolism. We are also going to provide input into the appropriate treatment in terms of anticoagulation post-stenting and I think that this is an exciting addition.

We will also have many hands-on sessions and there will be a faculty member at each station to explain the use of particular devices to attendees. On top of this, there will be a complications session where the experts are going to show their complications, which should be a valuable learning experience.





*Don't miss this highly anticipated course on Thrombolysis and Thrombectomy hosted in Dublin!*



E D U C A T I O N

**CIRSE: What is your personal highlight of next year's course?**

**Lee:** The exciting thing for me is learning what the clinicians have to say about modern anticoagulation treatment for pulmonary embolism and deep venous thrombosis, including the length of treatment, what kind of anti-coagulation we should put patients on and for how long. These are all questions that are difficult to reach a conclusion on but it's great having experts who might give us some guidance in that area.

**CIRSE: Why is Dublin a good place to host this course?**

**Lee:** The meeting is going to take place in the Royal College of Surgeons which is on St. Stephen's Green in the centre of Dublin. It has easy access to all the hotels in the region and it's a very historic building (taken over by rebels during the uprising in 1916) with a new state-of-the-art medical school and worldclass postgraduate simulation labs. Then there is Dublin itself, a thriving, multicultural city which offers a lot in terms of culture and history, so I am sure attendees will certainly not be disappointed.

**CIRSE: How has IR developed since you started your career as a trainee in this field?**

**Lee:** The subspecialty has progressed extensively in terms of breadth and depth of IR treatments and the acceptance of these treatments into daily practice. IRs are also shifting toward a clinical

practice model which I think could be much better because there are a lot of places that are still not providing 24/7 cover and that are still not doing clinics. The latter are important for the future of interventional radiology.

**CIRSE: In what ways do you think that the CIRSE community has grown?**

**Lee:** It has grown enormously and I attribute this to three main factors. Firstly, things really started to take off when we got the permanent secretariat in Vienna and that was really important in terms of running the day to day business of CIRSE. Secondly, there has been a big improvement in the quality of speakers and presentations at our meetings. Thirdly, CIRSE reached out to other interventional societies in terms of group membership, but you can only do that if you've got the basics right and there's a meeting worth going to. On that note, I actually think that the annual CIRSE meeting is now a premier IR meeting with a global audience.

**CIRSE: Are there any highlights that you have from your time at CIRSE?**

**Lee:** Being the President of CIRSE was definitely a highlight for me. It is always something that I have aspired to and then when it happened it was a fantastic two years. It went by in a flash! I travelled to some great places and met some wonderful people who remain my friends to this day.

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*Dr. Robert Allen, recent recipient of the APSCVIR Gold Medal and EBIR certification, talks about his career and achievements within interventional radiology.*

## Words from an APSCVIR Gold Medallist: Dr. Robert Allen



E D U C A T I O N

“EBIR gives weight to the specialty, facilitating the distribution of ideas and practice standards”



**I lost my left hand making a bomb at the age of 14** – this was not to hurt anyone but to make a big bang. I think if I had had two hands I would have chosen surgery but in 1971 I chose radiology because of the limited number of imaging procedures involved. For me, IR fitted with my manual skills and it also promised the challenge of discovery by presenting many “what if” questions. It has been personally rewarding for me to develop new concepts and design many devices useful in the practise of IR throughout my working life.

**It is always good to back a winning horse** and in IR I saw the opportunity. It is gratifying that what I was doing 40 years ago has now been consolidated into routine practice. Industry, partnered with clinicians, has been inventive in the design and manufacture of a huge range of high quality catheters, wires and many other tools. Today, I work exclusively in IR with a practice covering vascular, oncology, renal and other pathologies with new devices and techniques emerging in all areas.

**It was a surprise and great honour** to find out that my colleagues nominated me for consideration. However, I do not see this award as just mine as I have been supported and inspired by many of my colleagues over the years.



**In this connected world it is useful to have a standard**, such as the EBIR, that gives weight to the specialty, facilitates the distribution of ideas and practice standards that will hopefully be transferable and recognised worldwide. I took the exam myself because I wanted to encourage our young IRs to get up to speed in their Fellowship year in IR with a view to sitting the exam.

**There is a lot to learn now and the discipline is maturing.** That said, there is enormous scope for improvement in existing practice and in devising and implementing new ideas. Look back and learn from those that have gone before but do not be afraid to explore new paths.

*Megan Leahy, CIRSE Office*

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





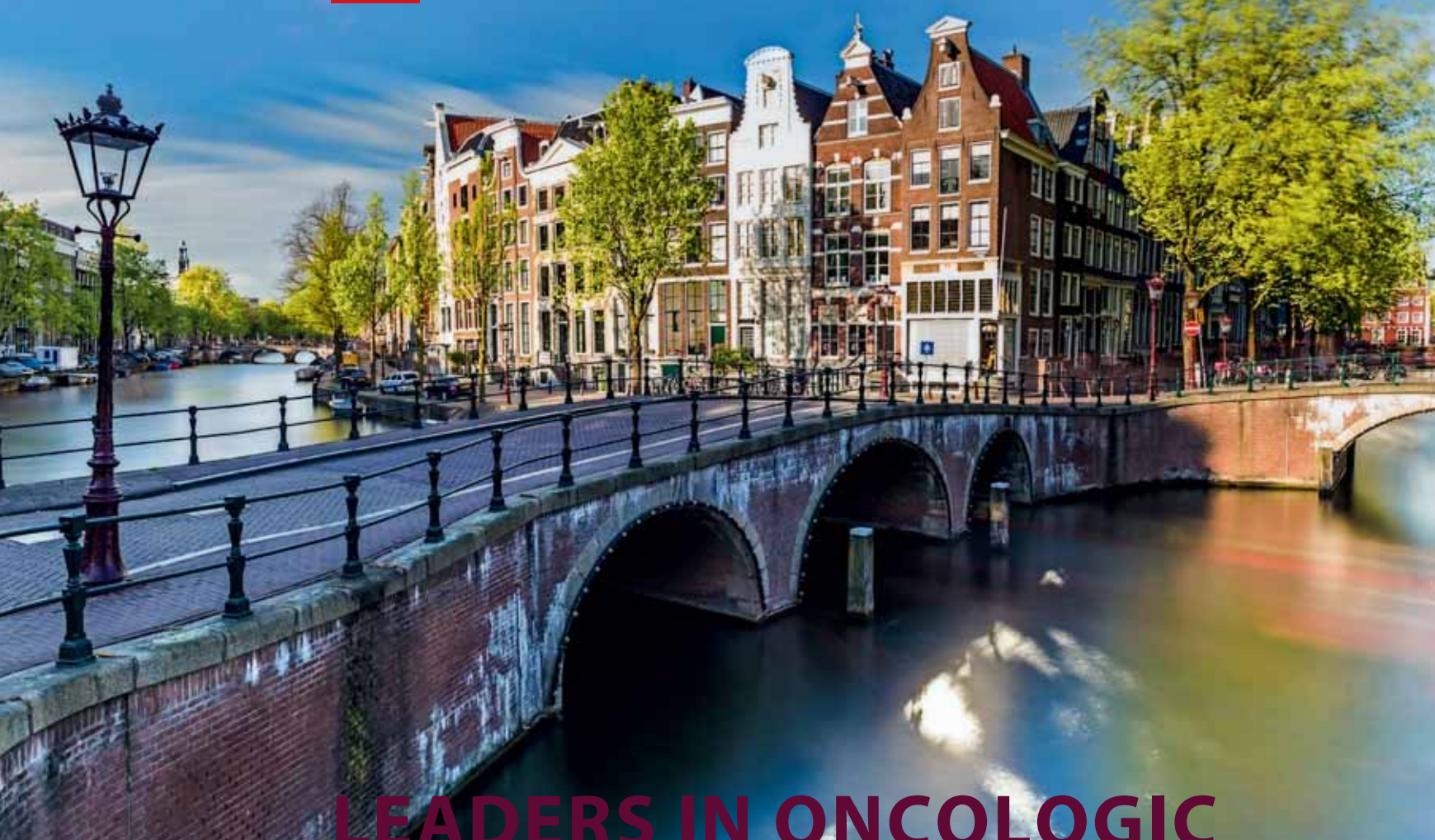
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