3/2017
INFORMATION FOR MEMBERS

SOCIETY

Endovascular

Submissions

Now Accepting

CVIR

M E E T I N G

Updates from CIRSE Annual Meeting

Start Planning for Next Year's ESIR Courses

E D U C A T I O N

Cardiovascular and Interventional Radiological Society of Europe

nev CIRSE 2017
Another Fantastic Congress

INNOVATION EDUCATION INTERVENTION

The Annual Meeting saw nearly 7,000 experts come together to impact the future of interventional radiology

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Editorial Board: CIRSE Executive Committee | Managing Editor: Michelle Weiss, CIRSE Office Graphics: LOOP.ENTERPRISES media, www.loop-enterprises.com







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

Photo Credits

page 3: ESR – European Society of Radiology page 29: Messe Wien, David Faber "I am looking forward to spending the next two years working for you, upholding the CIRSE legacy and supporting the next generation of IRs."

Dear colleagues,

I am really very happy to write this epistle as your new CIRSE President and would like to thank you and CIRSE for all of the support over these past years. I am deeply honoured to become President of this Society, which has done so much for me and many others, and I am looking forward to spending the next two years working for you, upholding the CIRSE legacy and supporting the next generation of IRs.

CIRSE Annual Meeting

CIRSE 2017 was another fantastic event put on by our dedicated Scientific Programme Committee, who created an educational programme with a vast range of topics and session types. From the new Women in IR session to the interactive News on Stage talks, there was much to be heard and much to be learned!

The IDEAS component of the CIRSE Congress was again highly lauded this year for its exciting controversy sessions and enriching discussions, and this will continue in the same vein next year. You can read more about the new Chairperson of the IDEAS SPC, Goetz Richter, and his plans for next year's meeting in his interview on pages 18-19.

The focus on clinical management in IR has been steadily increasing in recent years. This was emphasised with the new **Successful Strategies in IR workshop**, which saw several experts discuss practical tips on building one's own practice, including marketing, developing a clinical business, infrastructures and clinical service. More details on how this session went can be found on pages 24-25.

Continuing medical education at CIRSE is the primary goal of our Society, which is why we were pleased to have **another successful EBIR Exam** taking place during the Congress. For their dedication to learning and furthering the subspecialty of IR, it is my pleasure to congratulate the 20 new EBIR Holders! They clearly went that extra moonlight mile to successfully acquire this increasingly sought-after qualification.

CIRSE 2018

We are already hard at work planning next year's Congress, and as abstract submission opens in December, I would like to raise your attention to a new feature we're incorporating. In an effort to give more young doctors the possibility to attend our Annual Meeting, we have decided to launch an initiative to help IRs who have recently started their careers. The IR Trainee Support Programme allows CIRSE Junior Members who are the first or presenting author of an abstract which is submitted for CIRSE 2018 to apply for free congress registration. Be sure to inform your young colleagues and support them with their submissions since this is a great opportunity to learn from experts and peers.

CVIR Endovascular

Another brand new enterprise that I would like to focus on is our new society journal, an offshoot from *CVIR* called *CVIR Endovascular*. This journal, headed by Editor-in-Chief Jim Reekers, commenced strongly with an inaugural event at CIRSE 2017 and has now started accepting submissions. So, get those papers polished and start submitting!

ECIO 2018

The next CIRSE event that we can look forward to is ECIO 2018, which will be taking place this year in Vienna from April 22-25. Highlights of the programme can be found on pages 28-29. Registration is already open, so sign up today!

I look forward to seeing you there!

Robert Morgan



"It is my pleasure to congratulate the 20 new EBIR Holders!" During the CIRSE Annual Meeting, all members were invited to discuss important updates as well as officially welcome the new Executive Board and Committees into office.

The 2017 General Assembly



The next General Assembly will take place in Lisbon during CIRSE 2018 This year's General Assembly at the Annual Meeting in Copenhagen offered the chance for Society members to review updates that have occurred over the last year and implement changes as well as bring up topics of interest.

The General Assembly began with a welcome and introduction from now Past President Elias Brountzos, who thanked participants for attending. He expressed his gratitude to CIRSE and, in particular, the Executive Committee and all officers for the support during his two-year presidency, highlighting the positive developments that occurred during that time. One of the developments he noted was the introduction of several new CIRSE Group Members, including the Hong Kong Society of Interventional Radiology (HKSIR), the Brazilian Society of Interventional Radiology and Endovascular Surgery (SoBRICE) and the Japanese Society of Interventional Radiology (JSIR), with more expected to join soon. He also pointed out that great progress has been made in regards to the programmes for IR's next generation: the European Trainee Forum and the CIRSE Student Programme. CIRSE also stepped up its activities in the area of interventional oncology, with the ECIO Congress, the creation of a Task Force to draft an IO Curriculum (supplementing the IR Curriculum and Syllabus), two IO registries (CIREL, CIRT) and the International Accreditation Scheme for Interventional Oncology Services (IASIOS), which is planned to be launched in 2018.

CIRSE 2017

Poul Erik Andersen, Chairperson of the Local Host Committee 2017, thanked CIRSE for the excellent cooperation and the smooth preparation of the Annual Congress, noting that it was again a great experience to be part of this project, following CIRSE 2008. He emphasised that CIRSE was an extremely professional and much appreciated partner and that the choice of location for CIRSE 2017 was highly valued by the Danish Society, noting that the Congress helps to create awareness of IR in Denmark and attracts political and medical attention. Arindam Bharadwaz, SPC Representative of the Local Host Committee, thanked CIRSE for spreading information and knowledge of IR around the world. He highlighted that the Danish Society of Interventional Radiology will celebrate its 20th anniversary in 2018 and has formed a coordination committee for all interventional radiologists in Scandinavia.

CVIR

The new Editor-in-Chief of *CVIR*, Klaus Hausegger delivered a report on the journal and President Brountzos thanked Dierk Vorwerk for his commitment and work over the last 14 years. Jim Reekers was also congratulated for the launch of the new open access journal *CVIR Endovascular*, which is now open for submissions.

Amendments to the Articles of Association

In a unanimous approval, the Articles of Association were amended to reflect an important change to Junior Membership. This change will serve to better reflect the realities of, and differences between, medical specialty training across Europe and to make Junior Membership more accessible to young physicians planning a career in IR. This will also serve to offer them a place to get involved in the European Trainee Forum (ETF). And most notably, the Executive Committee agreed that every Junior Member who submits an abstract for CIRSE 2018 as first or presenting author will be awarded free registration for the Congress, whether or not the abstract is accepted.



To end the General Assembly, the newly elected members of the Executive Committee and the Standing Committees were introduced and Robert Morgan was passed the Ceremonial President's Chain to begin his term as CIRSE President.

The next General Assembly will take place during CIRSE 2018 in Lisbon, Portugal. All CIRSE members are invited to take part and express their views at this meeting.

The European Society of Radiology again coordinated a successful IDOR campaign with events, lectures and new projects, including a website and book on this year's theme.

6th International Day of Radiology



On November 8, the International Day of Radiology (IDOR) was once again celebrated globally to increase awareness of radiology's valuable contribution to medical care. This day, meant to commemorate the invention of the X-ray by Wilhelm Conrad Röntgen in 1895, began as a European initiative and was then embraced by the Radiological Society of North America (RSNA) and the American College of Radiologists (ACR) as well as other organisations around the globe. This year, more than 160 radiology-related professional societies joined in celebrating IDOR through a series of lectures, press coverage and national media appearances as well as other

In Vienna's ESR office, Prof. Michael Fuchsjäger, Chair of the ESR Communication and External Affairs Committee welcomed all those who had convened to celebrate IDOR together and gave a brief explanation of the history of the day along with a summary of this year's campaign achievements.

Urgent, Urgent, Emergency

The thematic focus for this year's IDOR celebration was emergency radiology. Emergency radiology

is a subspecialty of the field and is used extensively to efficiently treat trauma cases, which has resulted in lower morbidity and mortality rates in emergency units. To show the importance and impact that this subspecialty has in the treatment of patients, ESR set up an "online emergency room" website, where interested individuals can view a variety of emergency cases in the regions of the abdomen, chest, head & neck and limbs in order to learn more about how radiologists use their skills to solve situations such as these. In addition to the website, a touchscreen window was also placed on the ground floor of the ESR office in Vienna so that those walking by are drawn to stop and learn a bit more about emergency radiology. On top of this, ESR published a new IDOR book called HELP - Emergency Medical Imaging with contributions from authors all over the world and conducted 30 interviews with emergency radiology specialists throughout Europe, Latin America and the United States. To view these interviews or download the book, visit www.internationaldayofradiology.com.



Looking forward a few months, this year at ESR's annual congress, interventional radiology will play a much bigger role, as the European Congress of Radiology (ECR) is introducing an interactive exhibition dedicated to IR. This exhibition, called The Cube, will provide a hands-on introduction into the world of IR for young physicians or those interested in transitioning into this field. Reflecting the theme of IDOR, activities, such as dedicated challenges, quizzes, training and more, will focus on IR in emergencies and will include topics on aorta, oncology, peripherals and stroke.

ECR 2018 February 28-March 4, Austria Center Vienna www.myesr.org/congress



This year's IDOR celebration brought emergency radiology to the forefront



INTERNATIONAL DAYOFRADIOLOGY2017

As CVIR gears up with a new editorial team, we sat down with new Editor-in-Chief Klaus Hausegger to gain an insight into his plans for the journal.



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CVIR's Editor-in-Chief Klaus Hausegger: Starting a New Chapter

"I see CVIR as the official voice of IR in Europe and globally"

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At this year's CIRSE Congress, a successful social media campaign drew attention to the newly welcomed Editor-in-Chief of *CVIR*, Klaus Hausegger. This campaign, which our young delegates were especially fond of, called for Congress attendees to take a selfie with a life-size cut-out of the new Editor-in-Chief and post it on Facebook or Twitter for a chance to win tickets to the CIRSE Farewell Party and vouchers for Springer, the online publisher of *CVIR*. Alongside this excitement, we were able to sit down with the *real* Klaus Hausegger and get our questions answered.

CIRSE: What motivated you to become the Editor-in-Chief of CVIR?

Hausegger: *CVIR* is one of the most prominent journals in the field, and, now that I've been in the field for nearly 30 years, I thought that it would be an exciting challenge. My motivation was both from a scientific interest and from the desire to support interventional radiology on an evidence basis; it will be fascinating to get a global overview of what's happening in the field and then select the most important topics for the IR community to foster further development.

CIRSE: What are your hopes for the journal? Is there anything you want to change or do differently?

Hausegger: I have taken this journal over from Dierk Vorwerk in very good shape, and there's nothing that should be changed radically, because it's been successful thus far. My main goal is to continue receiving good, scientifically sound manuscripts. One of my hopes is that we will be able to further promote the journal and make

it even more attractive and competitive with other journals. Many of CIRSE's 7,000 members are publishing papers, and the primary place for their scientific work should be CVIR. I think we can accomplish that by offering the best service for our authors, for example, by providing a guick response time from submission to first reaction. Right now, we average around 26 days, which is really good, but I hope that with my new team, we can lower this time to three weeks; that would be perfect. We also want to maintain a fair reviewing process and have high-quality reviews. Good reviews mean good information for the authors, and most of them are happy to hear about how they can improve their manuscripts. I would also like us to start providing CME credits in order to focus more on education. Continued education is very important for our discipline, and we want to train young doctors to become certified interventional radiologists in conjunction with the EBIR examination.

CIRSE: Do you think that CVIR appeals to younger doctors and a younger audience right now?

Hausegger: Yes, I think we do. If you look at our social media, you can see that there's quite a good discussion on Twitter and on Facebook, and I think that this is where we should work to attract young readers. The distribution of information has changed through the years, and younger doctors communicate in different ways now. We have to recognise that and react to it. Our Advisor for Public Affairs, Miltiadis Krokidis, will take charge of that by managing our social media networks.





Prof. Hausegger discusses his vision for the future of CVIR, his scientific interests and his thoughts on the possible advances in IR.



CIRSE: How do you see *CVIR's* role in the IR community?

Hausegger: I see *CVIR* as an independent, scientific journal content-wise, but I also see *CVIR* as the official voice of IR in Europe and globally. Therefore, I think it's vital to have all our guidelines and documents published in the journal. It will be my responsibility to make sure that all these documents and standards of practice, which go through a very rigorous reviewing process, are really the official statements in our field.

CIRSE: Are you looking for any specific scientific content? What are your interests?

Hausegger: In my hospital, we cover all types of IR procedures from head to toe as well as neurointerventions, so I have a good overview of different procedures, and I'm interested in many different types of manuscripts. I've noticed lately that there has been an increase in oncological papers, which is good, since interventional oncology is an advancing force in IR. I also strongly believe that CVIR will continue to be an important platform for vascular work, which is why I have appointed a Vascular Section Editor, Gunnar Tepe, who has accepted the invitation to collaborate with me on the journal. We have also expanded our Editorial Board by adding additional Section Editors Thierry de Baère, José Ignacio Bilbao and Laura Crocetti to cover the themes of non-vascular. embolisation and oncological interventions. With my Deputy Editor-in-Chief, Raman Uberoi, and my new editorial team, I'm certain the journal's first-class scientific content will continue to push forward.

CIRSE: With your busy schedule and now taking on this role with *CVIR*, what do you do to relax in your free time?

Hausegger: I like to stay very active, and I love sports: mountaineering, hiking, skiing, of course, and I'm an enthusiastic cycler. With my sons, who are 30 and 32, we have a slogan "never stop riding," and, for the time being, I can still keep up with them!

CIRSE: What advances do you think will occur for IR in the future?

Hausegger: If we look at the whole discipline of radiology globally, I think there will be a huge change in the future, due to information we're receiving from big data and advances in artificial intelligence. I can imagine that many things we do now on our reporting consoles will be more and more supported by computers. Because of this, I think it is more important than ever to turn IR and radiology into a clinical specialty where we are in contact with patients and where we deliver much more to the treatment than only providing image interpretation. There are certain expert skills that an IR provides which can never be replaced by a computer, and even the most expensive software can't provide the care of an experienced and welltrained physician. Therefore, I believe that IR will remain a very important discipline, and CVIR will contribute its share to support the field.

Michelle Weiss, CIRSE Office

"Even the most expensive software can't provide the care of an experienced and well-trained physician"



CVIR

GROUP MEMBERS

With Iran recently joining CIRSE as a Group Member, we reached out to several prominent Iranian IRs to tell us about their history in the field and future plans.

CIRSE Group Members: An Introduction from Iran





"Many specialists visit our centre in Tehran to learn more, as we provide CME programmes and short-term courses in IR"

On behalf of all Iranian interventional radiologists, we would like to show our appreciation to CIRSE for our new group membership. Informal interventional radiology has a long history in Iran but, as in other parts of the world, it has only been streamlined in the last few decades. These days, we have more than 70 active radiologists in diagnostic procedures and 45 therapeutic IRs, of which 31 are formally trained. Annually, we have six general IR Fellows and two Neurointervention Fellows, selected by the health ministry through national exams.

Our Facilities

The Imam Khomeini Medical Center, affiliated with the Tehran University of Medical Sciences, has more than 2,000 beds with many different departments and research centres and is one of the most modern and equipped centres in the Middle East. Many patients from neighbouring countries are referred to the hospital to receive medical care and health services. The Imaging Center within the Imam Khomeini Medical Center was established in 1995, while the Interventional Radiology Department was established in 2001 and started with procedures such as photocoagulation therapy of osteoid osteoma, laser therapy of varices of the lower extremities, percutaneous laser disc decompression (PLDD) and peri-root therapy (PRT).

Following this, the Advanced Diagnostic and Interventional Radiology Research Center was founded in the Medical Imaging Center in 2009.

As the leading centre in interventional radiology in Iran with the highest number of patients being referred to our centre, it was necessary to establish this so that data could be collected and analysed in an organised way. Additionally, there was a need to design prospective studies with defined endpoints. Shortly after the Research Center was established, with the support of our staff and faculty members, the Iranian Journal of Radiology was also created to disperse scientific findings with the world and report on the most recent discoveries in medical imaging. Nowadays, we have multiple ongoing research projects, one of the most prominent ones being the study of uterine artery embolisation in patients with fibromas and pregnancy-related issues after embolisation.

With advanced equipment such as ultrasonography, multi-detector 64-slice CT scan, 3 Tesla MRI, 1.5 Tesla MRI, three angiography suites, as well as skilled and dedicated staff and physicians, our centre is very unique in Iran.

The Day-to-Day

Because of the high rate of road accidents in Iran, more than 300 patients with carotid cavernous fistulas have been managed by coiling or ballooning the fistula in Imam Khomeini Medical Center. In the Center, vascular aneurysms are treated by coiling, stent-assistant coiling, balloonassistant coiling, flow diversion techniques and web techniques.

IRs from the Tehran University of Medical Sciences detail the work and training currently being done in Iran.

There are also outpatient clinics for the management of different diseases, such as our lower back pain clinic, which, over the past 18 years, has treated more than 5,000 patients suffering from lower back pain with interventional techniques. We also work collaboratively with all other medical centres and research centres in Tehran and travel to cities throughout the country to supervise and help interventionalists who are performing routine interventional procedures. Many specialists visit our centre in Tehran to learn more, as we provide continuous medical education (CME) programmes and short-term courses in interventional radiology in order to keep our graduated interventionalists updated in this field.

Iran is one of the leading countries for piloting stem cell injection via the hepatic arteries for treatment of decompensated, cirrhotic patients. Our team is very skilled at performing radiofrequency ablation (RFA), transarterial chemoembolisation (TACE), portal vein embolisation and cementoplasty. We also have several projects related to stem cell research. Our centre is the referral centre for chemoembolisation of patients with hepatocellular carcinoma (HCC) and for neurointerventions throughout Iran, with more than 1,500 patients with AVMs and over 2,000 patients with brain aneurysms treated through endovascular interventions. We collaborate with the Stroke Centre and Neurovascular Department and are also members of the multidisciplinary tumour board of Imam Khomeini Medical Center, so we are actively involved in decision-making for patients.

We have established formal fellowship programmes in interventional radiology, and we have advanced training offers and the leading fellowship programme in Iran. The development of a fellowship programme for neurointerventions was another objective that we have now accomplished. Through meeting and collaborating with interventional radiologists from other countries and academic centres, we have learned a lot about the field of minimally invasive interventions.

In our centre, we have ongoing research projects on patients with many different diseases. Many papers have been written regarding the more than 2,500 patients who have undergone uterine artery embolisation at our centre. Vascular interventions such as chemoembolisation, aneurysm coiling, and endovascular treatment of brain arteriovenous malformations (AVM) have been some of our other procedural milestones, and treatments such as aortic stenting and infra-popliteal angioplasty are performed regularly in our centre.

Looking Ahead

In the future, we hope to develop new techniques and devices for interventional procedures and develop more specific and defined criteria for better patient care and outcomes. We are planning to modify some processes according to regional health policies and insurance conditions to make interventional techniques more affordable for patients. Our rapid development in the past 18 years owes itself to our dedicated, hardworking team, the support of The Ministry of Health in Iran, development of advanced tools and instruments, and the help of other academic centres worldwide.

Hossein Ghanaati, Kavous Firouznia, Babak Rafiee and Amir Hossein Jalali

Advanced Diagnostic and Interventional Radiology Research Center

Tehran University of Medical Sciences, Iran





"In the future, we hope to develop more specific and defined criteria for better patient care and outcomes"

CVIR ENDOVASCULAR

Following the official launch of CVIR Endovascular at CIRSE 2017 in Copenhagen, the new journal is now welcoming articles for submission.

CVIR Endovascular Is Now Open for Submissions!





Reach more readers through this new open access journal!

CVIR Endovascular is CIRSE's new, online, open access journal and the first open peer-review journal in the field of endovascular interventions. CVIR Endovascular has been set up with a multidisciplinary and international Editorial Board of leading experts in the field of endovascular treatment and aims to connect young and firsttime authors. The Editor-in-Chief, Jim Reekers (Professor of Radiology and Interventional Radiology at the University of Amsterdam) is welcoming manuscripts in the areas of venous and arterial interventions, including vascular malformations, non-oncological embolisation, peripheral vascular interventions, aortic interventions, emergency medicine and carotid interventions. The journal will publish several types of articles, including clinical investigations, systematic reviews, case reports, technical reports and video cases. If you want to maximise dissemination and the global impact of your work, then submit your work to CVIR Endovascular!

Why Publish Open Access?

Following the huge success of *PLOS Medicine*, the first open access journal, many other journals have followed suit, including *The Lancet* and *Circulation*, which now both have a series of offshoot open access journals.

By publishing in an open access journal, you have the opportunity for your research to reach readers around the world. It also means that your paper will be freely available for everyone immediately upon publication. Of course, open access also means that authors will need to pay a small price (Article Processing Charges [APCs]) after publication as a handling fee to the publisher.

Like all new things, this might be seen as a major change and need some adjusting to, but there are many advantages to publishing in an open access journal.

Advantages of Open Access Publications:

- Visibility and impact of your work is enhanced as open access articles are downloaded and cited more frequently
- Published papers are freely available for everyone immediately after publication
- · Works are permanently available online
- No subscription fees means more people read your work
- New ideas can be disseminated more rapidly and widely, furthering the development of research
- Papers can be used without permission, as long as the author is properly attributed – the authors keep the copyright
- Unlimited publication space means good papers will never be rejected because of a lack of space and supplementary materials, such as pictures, graphics and videos are welcomed

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Martha Banegas, CIRSE Office

To find out more visit www.cvirendovascular.org.

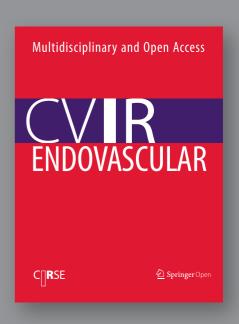




Come on in, we are OPEN!*

access peer-reviewed minded publication for submission

* We are CVIR Endovascular, an open access journal featuring the open peer-review model: an unbiased and transparent system which makes reviewer and author names visible to each other.



www.cvirendovascular.org

At the Oregon Health and Science University (OHSU), the Dotter Interventional Institute, named after the famous IR Charles Dotter, has now achieved full department status.

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I E

The OHSU Does Doctor Dotter Proud

"Achieving departmental status recognises the legitimacy of the discipline and its essential function in diagnosis and care"

Charles Theodore Dotter (1920 –1985) was a pioneering American vascular radiologist and one of the founders of interventional radiology. In many ways, Charles Dotter was ahead of his time. Towards the end of the 50s, when invasive approaches using X-rays to enhance their ability to diagnose diseases were only just being developed, he was already thinking beyond the diagnosis and actively working towards directly treating them. Credited with the first transluminal angioplasty in 1964, he fought hard to open colleagues' minds to the vast potential of interventional radiology, recognising the potential for both the patient and the future of medicine in general, and today, his vision lives on in the daily work of IRs worldwide.

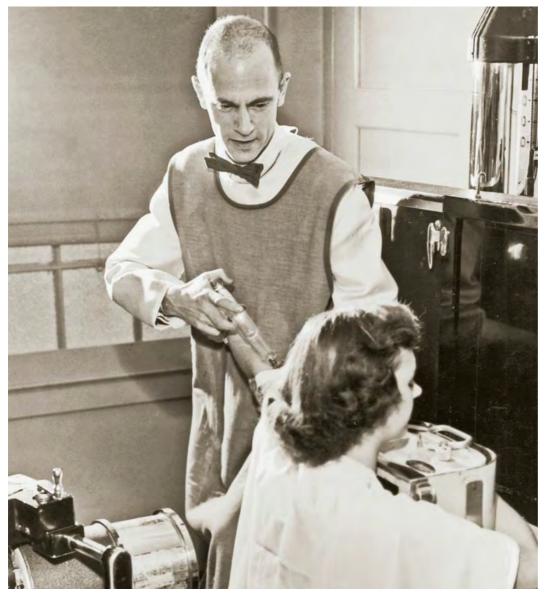
Charles Dotter was a pioneer in every sense of the word, not only inventing procedures but sometimes also crafting the tools for them. His techniques and methods were embraced by Eberhard Zeitler and Andreas Grüntzig, whose work was instrumental in kick-starting the success story that IR has embraced ever since. Their work also helped open the minds of the American medical community. This story also highlights the close cooperation of the IR communities on both sides of the Atlantic, which has its roots in the earliest days of IR and has been a pillar in the development of our specialty.

Thus, it is exciting to report that at the OHSU, where Charles Dotter spent most of his pioneering career and was the Chairman of the School of Medicine's Department of Diagnostic Radiology for 33 years, the Dotter Interventional Institute has achieved full departmental status as of July 1, 2017.

"Creating a new department is a big decision. And, in the case of interventional radiology, I could not be more thrilled to bring the Dotter Interventional Institute's new status across the finish line," Interim Dean John Hunter stated in a press release, "Its departmental status recognises not only the legitimacy of the discipline and its essential function in diagnosis and cure, but also honours the legacy of OHSU and Charles Dotter as a birthplace for work that has transformed medicine."



Dr. John Kaufman, the Institute's inaugural Chair.





Dr. Charles Dotter treating a patient.

The Dotter Interventional Institute, a freestanding division in the OHSU School of Medicine, separate from the Department of Radiology, was founded a few years after Dr. Dotter's passing and has since remained an important centre for interventional radiology with many influential minds working there. The late IR pioneer Josef Rösch, credited with developing TIPS, was also a colleague of Dotter at OHSU and then went on to be the first director of the Institute.

In 2012, when the American Board of Medical Specialties recognised interventional radiology as a primary specialty of medicine, the Oregon Health and Science University began to take steps to elevate the Dotter Interventional Institute to departmental status. Five years later, the Institute, which proudly bears the name of one of IRs most influential and visionary minds, has officially gained the status of an IR department, with CIRSE Distinguished Fellow and 2017 Faculty Member Dr. John Kaufman serving as inaugural Chair.

The Institute's new status further reinforces its position as one of the leading centres of IR, boasting a unique legacy which is closely tied to the history of our specialty and some of its most brilliant minds. Without a doubt, the Dotter Interventional Institute will also remain a strong part of the transatlantic ties that have contributed to the development and success of IR.

Helen Hemblade, CIRSE Office

Congratulations to CIRSE Fellow Dr. John Kaufman, inaugural Chair of the Dotter Institute IR Department!

STANDARDS OF PRACTICE

The newly elected CIRSE Standards of Practice Committee will continue its work to optimise patient care.

Meet the New Standards of Practice Committee Members



During this year's CIRSE Annual Meeting in Copenhagen, the new Standards of Practice Committee (SoPC) Members officially commenced their term of office for the next two years.

We welcome the 2017-2019 SoPC Members:

Raman Uberoi, Chairperson François Cornelis Marco Das Joachim Kettenbach Massimo Venturini

The Committee Members will work together to fulfil the important task of creating quality assurance guidelines and standards that assist IRs in their daily practice. At their first meeting in Copenhagen, the SoPC agreed on the importance

of having up-to-date guidelines and decided to revise relevant guidelines older than 3-4 years. However, the priority of the Committee is to continue working rigorously on the production of new guidelines for topics that have not been handled yet and are crucial for the fast development of IR techniques. The documents produced by the SoPC are meant for experienced and novice IRs, who reference these guidelines in their daily practice.

New documents soon-to-be completed:

CIRSE Guidelines on Pulmonary AVMs
CIRSE Guidelines on Radioembolisation

To review all Standards of Practice documents, please visit www.cirse.org/standards.



In case you missed our Symposium at CIRSE 2017 about:

"How to successfully treat venous occlusions"

Find it here



www.straubmedical.com







Calling All IRs to Copenhagen

The Annual Congress once again captured the attention of medical professionals around the globe with many professionals making strides to impact the future of IR.

View all the CIRSE 2017 presentations on www.esir.org

From September 16-20, the interventional radiological world had its eyes on Copenhagen for CIRSE's 32nd Annual Congress. It was here that fresh data was revealed, best methods were shared, new medical journals and devices were launched and deep debates and intriguing conversations were had. Through it all, some pieces of the programme truly stood out as highlights.

Opening and Awards Ceremony

The Congress was officially kicked off with a welcome ceremony like no other. President Elias Brountzos and Local Host Chairperson Poul Erik Andersen greeted the delegates and then turned to present this year's awards. The 2017 **CVIR Editor's Medal** went to Francisco Carnevale for his paper "Transurethral Resection of the Prostate (TURP) Versus Original and PErFecTED Prostate Artery Embolization (PAE) Due to Benign Prostatic Hyperplasic (BPH): Preliminary Results of a Single Center, Prospective, Urodynamic-Controlled Analysis".

The Award of Excellence and Innovation in IR was given to two worthy prize winners: Hans Henkes for the invention of the Solitaire Stent and the MR CLEAN Trialists, both having accomplished great feats in the work of stroke treatment. The three Distinguished Fellows this year were Yasuaki Arai, Mario Bezzi and Ernst-Peter Strecker. Each received a thoughtful and kind laudation, noting their substantial contributions to the interventional community.

The **Gold Medal** was given to Dierk Vorwerk, who was selected due to his dedication to education and his 14 years of work as the past Editor-in-Chief of *CVIR*.

Super Tuesday

Begun in 2016, the Super Tuesday Free Paper Session was designed with the goal of bringing high-class and influential research to the foreground. This year, presentation topics included the results from the UK-ROPE study on prostate embolisation, mid- to long-term data from the BEAT obesity study, four year results from the IN.PACT SFA trial, 6-month outcomes from the BATTLE trial, safety and performance of the Shockwave Medical Lithoplasty System, and updates on the BEST liver access trial. These topics were selected due to their importance in the daily work of IRs.



Film Interpretation Quiz

The Film Interpretation Quiz was a light-hearted session in the Congress that presented delegates with three different possible answers to case questions posed by the moderators. As a last-manstanding quiz, those who chose correctly could stay up, while those who answered incorrectly had to sit down. The final few standing were then invited on stage for a tie-breaker question about



ESIRonline





A fantastic new approach to the Opening and Awards Ceremony drew in record numbers to start the Congress off in an exciting way.



M E E T I N G

Copenhagen's famed Hans Christian Andersen. This year's winner was Enio Ziemiecki Jr. from São Paulo, Brazil.

News on Stage

Renamed from last year's Posters on Stage sessions, this year News on Stage really captured the attention of delegates by showcasing some fascinating research in an open and interactive environment. News on Stage occurred each afternoon and was split into four sections: endovascular interventions, embolisation, non-vascular and interventional oncology. All posters are now available to view on ESIRonline.



The IR Gender Gap

One of the new sessions introduced this year was Women in IR. In the inaugural session, titled The IR gender gap, a panel of speakers shared insights into the challenges of being a woman working in the field of interventional radiology. Subjects included working while pregnant, running for higher positions both within hospitals and in societies, such as CIRSE, and the need

for more women mentors in order to assist and encourage other women to pursue careers in the field.

CIRSE Meets EWMA

This year's "CIRSE meets..." session showed the important connection between the European Wound Management Association (EWMA) and interventionalists. Members of the EWMA presented on "Clinical and imaging assessment of wounds of the lower extremity", "Basics of wound care for IR", "Arterial perfusion to optimise arterial ulcer healing", and "Surgical coverage of non-healing ulcers." Watch the full session on www.esir.org.

Student Programme

Nearly 200 students attended CIRSE 2017 and were happy to have a full programme on offer to fit their needs. Some of the events that were put on included an introduction lecture, a fun and engaging students' quiz, and a mentoring breakfast, which allowed students to talk with IR professionals from their respective countries. A designated Students' Lounge was available on-site for students to meet peers and read through Congress News which included a "Student Corner" spread for each daily edition. Two handson device trainings and two simulation sessions were planned for students as well as a successful and enjoyable Students' Evening out in Copenhagen.

With all of this on offer, CIRSE 2017 was another highly successful Congress, and we are already looking forward to next year in Lisbon!

Top 5 Best Attended Scientific Sessions

- Hot Topic Symposium: Prostate artery embolisation: ready for prime time?
- Fundamental Course: Therapy of arterial GI bleeding (embolisation)
- Hot Topic Symposium: Aorta
- · Amazing Interventions
- Controversy Special Session: Controversies in endovascular therapy

OPENING AND AWARDS CEREMONY

At this year's Opening and Awards Ceremony we welcomed Sadek Beloucif, anaesthesiologist and devoted ambassador for clinical empathy, as our keynote speaker.

Clinical Care: Impact the Future





"There must be a democratic process in regulating the balance of power in medicine" "Medical practice is a lifelong learning experience, it is not simply a technical job...patients want, deserve and need attention. Medicine implies a humane response and we need to learn it." This statement was the focal point of the presentation made by Professor Sadek Beloucif, President of the Ethics Subcommittee for the European Society of Anaesthesiology, at the CIRSE 2017 Opening and Awards Ceremony. The presentation, entitled "Cure – Care – Coordination: Towards a New Medical Paradigm for Patients?" explored several themes related to working as a medical professional, all of which are central to maintaining a good doctor-patient relationship and lifelong learning.



Education through Interaction

During his presentation, Prof. Beloucif highlighted the importance of conferences for medical professionals to actively engage in learning and education and to stay in control of, and be responsible for, their medical education. He touched upon the fluctuating balance between medical professionals, patients, industry and regulatory authorities and how there must be a democratic process in regulating this power. Congresses such as CIRSE are essential in encouraging interaction and partnerships among medical professionals, which, in turn, result in better care for the patient. Likewise, Chairperson of the CIRSE 2017 Scientific Programme Committee, Prof. Christoph Binkert, emphasised the meeting's motto, "discuss and learn," to encourage delegates to converse with each other in order to better facilitate not only learning but also communicating with colleagues.

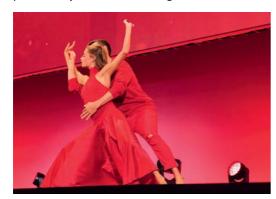
Caring is Part of the Cure

The term "medical ethics" was first coined in 1803 by English author and physician Thomas Percival when he published the first Code of Ethics, which described the requirements and expectations of medical professionals. However, moral and balanced thinking in medicine dates back to the fifth century, when the ancient Greek physician

"Medical practice is a lifelong learning experience, it is not simply a technical job...patients want, deserve and need attention. Medicine implies a humane response and we need to learn it."

Hippocrates produced the Hippocratic Oath for scientists to uphold specific ethical standards, claiming that "wherever the art of medicine is loved, there is also a love of humanity." Despite being hundreds of years old, the Oath is still highly significant today, with students in many countries still swearing on a modified form of it in order to graduate. In his presentation, Prof. Beloucif drew attention to the importance of ethics in medicine, particularly in training, and suggested that, even with little experience, anyone working in medicine should be able to discuss ethical anecdotes. He also encouraged doctors to read about or attend a course on medical ethics, review ethical issues in their own practice, join a committee, write on the subject and teach ethics to medical students.

Prof. Beloucif stressed the importance of ethical decision-making in clinical medicine, which should include the patient's preferences and social context, alongside the medical indications and quality of life outcomes. This kind of decision-making should and could, according to Prof. Beloucif, be applied in both the curing and caring acts of patients. For the latter, he affirmed that the act of "caring" (in the sense of feeling compassion and empathy), was an essential part of being a doctor and, as such, should also feature more prominently in medical training.



A Reflection of the Times

The Opening and Awards Ceremony really is a key moment of the Annual Meeting: the official kick-off, a celebration of our members' achievements and a chance to enjoy some artistic entertainment. For the latter, we've seen water glass harmonies, Scottish folk dancing, an Italian orchestra and Greek Olympic Games drummers, among many fantastic performances over the years. This year

we welcomed the Danish dance group, Pivot, who performed three emotive dances on the themes of cure, care and coordination to go along with Prof. Beloucif's insightful keynote speech. CIRSE 2017's Opening and Awards Ceremony aimed to reflect the growing importance of interventional radiologists as practitioners who take full responsibility for their patients.

We look forward to what's in store next year at CIRSE 2018 in Lisbon!



Sadek Beloucif is Head of Anaesthesiology at Avicenne Hospital and Professor at the Sorbonne Paris-Cité University in Paris, France. He is currently President of the Ethics Subcommittee for the European Society of Anaesthesiology and was President of the French Biomedicine Agency from 2008-11. In 2016, he was appointed President of the Committee of the Foundation for Islam in France.

Helen Hemblade, CIRSE Office

If you would like to watch this presentation online, log on to ESIR.org.





"Hippocrates claimed that 'Wherever the art of medicine is loved, there is also a love of humanity"

EXPERT INTERVIEW

We sat down with next year's IDEAS Chairperson, Goetz Richter, to get his insights on the IDEAS programme thus far and what changes can be expected for 2018.



M E E T I N

Goetz Richter Takes on IDEAS

"When we try to capture the concept behind IDEAS, it's really all about multidisciplinary teamwork" This year, the Interdisciplinary Endovascular Aortic Symposium (IDEAS) took place for the third time and was another great success with a range of exciting features, including the Industry Training Village, which offered delegates handson experience with thoracic and abdominal aortic devices in free, interactive workshops as well as the chance to try out new tools for their practice. Next year, as the figurative baton gets passed to Goetz Richter to take over as the IDEAS Scientific Programme Committee Chairperson, those features are planned to be developed even further. During the Congress, we were able to meet with Prof. Richter to hear about his plans for next year's IDEAS and what the best parts of the programme have been for him thus far.

CIRSE: What inspired you to take on the role of IDEAS Chairperson for next year?

Richter: I think when we try to capture the concept behind IDEAS, it's really all about multidisciplinary teamwork. At my hospital in Stuttgart, I have a very good collaborative relationship with our vascular surgeon. It's truly a combined effort between vascular surgery and interventional radiology, and this is really the inspiration for me to take over the role. I've also been involved in endovascular aortic aneurysm repair now for almost 25 years, and it has always been a big interest of mine.

CIRSE: Are there any sessions or changes that you want to see in the programme next year?

Richter: I think what has been achieved so far has been great, and I wouldn't say that we have

to revolutionise things. I would like to continue with what we've done already and try to get the audience involved even more, perhaps by inviting them to bring their own cases or something similar. We could probably also add a few more video-recorded cases, possibly bringing more severe problems to the stage which we tried to resolve. It's always helpful to see how people solve problems, and that's easier to observe through recordings rather than by seeing slides.

We'll see!

CIRSE: What's been the highlight of IDEAS for you?

Richter: I really enjoy the controversy sessions where we have pros and cons that are discussed, for example, if you have conservative surgeons that still believe more in open surgery compared to surgeons who believe more in an endoluminal approach. We see the same thing on the radiology side as well: the interaction between those who still believe that open surgery is the right choice and those who don't. It's fascinating to see the development of new material trying to address all those debated issues.

CIRSE: Is there some controversy that you really want to focus on?

Richter: A very specific focus would be the so-called "hostile neck." Should we still assign the patient either to open surgery or should we try to look for more complex solutions. This was a controversy addressed this year. We have to focus on how we can improve the late failures of EVAR, and it is still unclear whether these are a result of



Prof. Richter discusses hot topics, multidisciplinary teamwork and his aims for next year's meeting.



MEETING

design failure, device failure, concept failure or lack of skills. It's uncertain, but we know that we have this unfortunate cross-over at eight years; this is what the studies are telling us. We have to make the right decisions, so that's going to be an ongoing discussion for next year, and I hope that IDEAS will help to elucidate these issues.

CIRSE: Is that a hot topic right now?

Richter: Yes, it's a real hot topic! To give you an example, let's say you have a 60-year-old who is just at the edge of being considered a young or an old patient, who has a sort of hostile neck which could be operated on without a problem, but the question then rises: would you assign this patient to a fenestrated stent graft? to an open repair? would you try to do chimney? would you try to use newer concepts with traditional stent grafts? We probably have the choice between four options, and that is something that we have to work through and discuss next year.

CIRSE: Do you think enough vascular surgeons are attending IDEAS?

Richter: This year has had a very positive turn out! There are many IRs and vascular surgeons attending, which is clearly a result of the good multidisciplinary work of Fabrizio Fanelli, Eric Verhoeven and the rest of the Scientific Programme Committee. I've heard that everyone was extremely pleased with the size of the crowd, with the type of feedback they got and with the way all delegates are perceived as specialists and no one felt like an outsider; that's really important. The vascular surgeon who I am working with is

here at the Congress as well, and we really get a lot out of it; we had time to talk together and were even invited to speak in some of the same sessions.

CIRSE: Outside of planning IDEAS and your work at the hospital, what do you do in your free time?

Richter: I love sports: running and skiing, especially. I also have a kind of second profession growing olive oil in Spain. We try to make the best olive oil possible and then sell it to friends and customers. It's quite a different world from IR!

CIRSE: Do you have any overarching aims for next year's IDEAS meeting?

Richter: One of my specific aims is to make the exchange between vascular surgery and radiology as fruitful and as lively as possible. When we initiated the FEVAR fenestrated programme, it was easy to see that radiologic interventional skills add a lot to surgical skills, and it's my strong belief that a good endoluminal team needs surgery and IR. So my main goal is to work actively on combining forces.

Michelle Weiss, CIRSE Office

"It's my strong belief that a good endoluminal team needs surgery and IR"



IDEAS

RADIATION PROTECTION PAVILION

The 2017 Radiation Protection Pavilion once again featured a comprehensive programme of mini-talks on hot topics in radiation safety.

Raising Awareness in Radiation Protection





Pregnant women are at no greater risk of radiation exposure as long as regular precautions are taken!

Over the last four years, CIRSE's interactive awareness campaign for radiation protection and dose management, the Radiation Protection Pavilion (RPP), has been a great success. This year the RPP hosted 25 mini-talks by world leading experts and welcomed 10 industry partners who supported the initiative. Although eyechecks were no longer included as a part of this year's programme, CIRSE was able to draw significant attention to the often neglected issue of lens opacities, and, out of the 248 eye-checks completed in the last three years, we discovered that 45 participants had opacities – that's 18.2%! So remember to get your eyes checked regularly!

Radiation Protection Sessions at CIRSE 2017

This year at the Annual Meeting, beyond the Radiation Protection Pavilion, two other sessions featured radiation protection as a key focus, including the Hot Topic Symposium *Radiation Protection: burning issue* and Women in IR *The IR gender gap.* In the latter, Prof. Werner Jaschke addressed "Radiation facts and fiction" and pointed out that the belief that women should not continue working when they are pregnant due to risks to the foetus is, in fact, a myth. If women take proper precaution when working with radiation, as all IRs are required to, then there is no harm done to the mother or child.

During the Hot Topic Symposium, a number of topics were addressed, including radiation awareness in paediatric patients, how to select the best protective gear and detailed information on how to prepare for the new legislation on

basic safety standards in radiation protection, which is being enacted in February 2018. This topic was also covered in several of the mini-talks at the Pavilion and was a primary aim of this year's RPP. Congress delegates need to know about the health hazards linked to high levels of occupational exposure to radiation and be ready for the EU's new radiation safety directive [Basic Safety Standards Directive 2013/59/EURATOM], which will have to be implemented in all EU member states in early 2018.

Learn more!

At CIRSE 2018, an expert video was made highlighting radiation protection and the changes which are planned to occur through the new Basic Safety Standards Directive. This can be viewed online through the CIRSEsociety YouTube Channel.



Prof. Werner Jaschke Raising Awareness in Radiation Protection

To learn more about radiation protection and access further resources, please visit www.cirse.org/rpp.

Keep yourself in the know by reading about the changes that are coming with the Basic Safety Standards in Radiation Protection as of February 2018.

New Radiation Safety Legislation in 2018 – Are You Ready?

European Directive 2013/59/Euratom

The updated European Directive 2013/59/Euratom provides new requirements and regulations for Member States in the justification, optimisation and dose limitations for a variety of medical exposure situations.

The following changes will be enacted as of February 2018:

- Education and Training: The provision of radiation protection education and training (initial and continuing throughout their career) for medical doctors and dentists, and support of the introduction of a course on radiation protection in the basic curriculum of medical and dental schools.
- Responsibilities: Requirements concerning
 patient information, including the benefits
 and risks associated with the radiation dose,
 wherever practicable and prior to the exposure
 taking place.
- Optimisation: The use and regular review
 of diagnostic reference levels (including
 interventional procedures). Local reviews
 should be initiated whenever diagnostic
 reference levels are consistently exceeded and
 corresponding corrective action should be taken
 without undue delay.

- **Equipment:** Dosimetric information in imaging systems and its transfer to the examination record. This information shall also be available to the practitioner during the procedures for interventional systems. Use of fluoroscopy equipment without AEC is prohibited.
- Medical Physics Experts: Improved role and support of the Medical Physics Experts (MPE) in imaging. MPEs shall be involved in the optimisation process and in the preparation of technical specifications for equipment and installation design.
- Accidental and unintended exposures:
 A new set of requirements for the registration and analysis of accidental and unintended medical exposures.
- New occupational dose limit: A new occupational dose limit will be set for the lens of the eyes: 20 mSv in a single year or 100 mSv in any 5 consecutive years subject to a maximum dose of 50 mSv in a single year.

These adaptations and additions to previous directives will require Member States, the radiology community and industry to adapt their regulations, procedures and equipment to the new high standards of radiation safety.



Make sure you implement the changes from the new Basic Safety Standards Directive by February 2018









In September 2017, almost 10 years after we first set foot in Copenhagen for a CIRSE Annual Meeting, we returned for one of our most successful congresses yet. Our 32nd meeting was truly international; out of nearly 7,000 attendees, almost 20% came from the Asia-Pacific region and 13% of the attendees travelled from the Americas.

Exciting developments in clinical management were well-reflected in this year's programme from the new Successful Strategies in IR workshop, which was aimed at IRs looking to set up or streamline their own practice, to the Women in IR session, which discussed the subspecialty's gender gap. Radiation protection was also a core theme and featured a Hot Topic Symposium and, as in the years before, the popular Radiation Protection Pavilion. Hands-on Device Trainings, the IDEAS Training Village and Industry Learning Centres provided intimate and practical educational experiences. Interactive sessions such as the News on Stage, Expert Round Tables and Expert Case Discussions covered the full gamut of IR topics including embolisation, venous, aortic and arterial interventions, interventional oncology, non-vascular interventions and neurointerventions. These sessions were a big hit, resulting in dynamic, multidisciplinary discussion and will be developed further for next year's Congress.

CIRSE Lands in Lisbon

For CIRSE 2018, we will be returning to the Lisbon Congress Center, located on the River Tagus in the thriving and internationally connected Portuguese capital. Lisbon has hosted several CIRSE congresses, and we are looking forward to another spectacular stay in this welcoming city. Once again bound to be a hot-spot for multidisciplinary discussion and learning opportunities for IRs of all experience levels, CIRSE 2018 is an event you will not want to miss. While registration will not open until the New Year, we would like to remind you that abstract submission will open on December 6. With a large number of global experts coming together for Europe's biggest IR congress, this is the ideal opportunity to present your research.

IR Trainee Support Programme

As part of our drive to support young IRs, we have widened the eligibility criteria for Junior Membership to include everyone who has completed their undergraduate training within the last eight years and is currently enrolled in post-graduate training. Furthermore, we will be offering free registration to all Junior Members who submit a first or presenting author abstract to the conference, regardless of whether it is chosen for inclusion in the programme, so spread the word!

New for 2018

In consideration for increasingly limited hospital leave time, CIRSE 2018 will change its usual schedule and conclude on Tuesday evening instead of Wednesday at noon. There will, nonetheless, be the same amount of education hours, again providing you with a high-quality and comprehensive programme.

One new addition to the programme will include the Clinical Evaluation Course, comprised of eight different thematic sessions. Each session will include multidisciplinary faculty members looking at the diagnostic evaluation of the patient, interventional and non-interventional treatment options, state-of-the-art technology with regards to advanced image guidance and devices as well as the required patient follow-up after treatment.

Stay tuned for more details on the scientific programme and travel information.

We look forward to welcoming you in sunny Lisbon!

EXPERT INTERVIEW

Following the Successful Strategies in IR workshop taking place for the first time at CIRSE 2017, we sat down with two of the session moderators Christoph Binkert and Richard Baum.





Clinical Management: Discuss and Learn at CIRSE 2017

"Your whole team needs to be involved in the planning and improving of your practice" The importance of clinical knowledge and entrepreneurial thinking for the future of interventional radiology is increasingly being recognised. In order to account for this, the new Successful Strategies in IR workshop at CIRSE 2017 aimed to provide practical insights and solutions from a variety of clinical examples. We caught up with moderators Christoph Binkert and Richard Baum to find out how the workshop went and how IRs can get more involved in clinical management.

CIRSE: Why is clinical management so important for IRs?

Binkert: I think the clinical part of an interventional radiologist's work is very important because nowadays the patient wants to meet

and talk with the doctor who performed the procedure, and that's a really vital part of the job. Furthermore, it has a very positive effect on both the patient and the practitioner. It's what modern medicine is all about.

CIRSE: Can you tell us a bit about the Successful Strategies in IR workshop?

Baum: The workshop was terrific, and it was really well organised. We started by addressing the business model of IR and then moved on to the clinical model, meaning how to take care of patients, and thirdly, how to market your practice to get patients into the room. We finished up by talking about the design and infrastructure of an IR practice.





Christoph Binkert and Richard Baum talk about the importance of clinical management and increasing patient awareness of IR.



M E E T I N G

Binkert: This workshop was aimed at IRs who are building up a practice. I think that most IRs now know that clinical care is absolutely important, but, to deliver appropriate clinical care, you really need the right facilities. You need to make sure things are in place, like marketing and infrastructure. Furthermore, your whole team needs to be involved in the planning and improving of your practice.

CIRSE: What was the highlight of the workshop for you?

Baum: I loved hearing about how other practices are organised. We usually only see how our place is working but in a session like this, I got to see several different groups around the world. It was fantastic! These details are not something we talk about at the majority of medical conferences and IR meetings. They are usually all about procedures, but this is all the extra stuff that is equally as important to know.

CIRSE: The motto of this year's Congress was "discuss and learn"; Christoph, can you tell us why you chose this?

Binkert: "Discuss and learn" is the way modern education should be done. It means you don't just passively listen and learn but also get engaged! It's more fun that way, and if you are engaged with the topic, what you learned will stay with you. The same is true for clinical work. I think everyone in the team should be able to ask questions and discuss problems in order to ultimately improve care for the patient.

CIRSE: What do you think can be done to increase patient awareness of IR?

Baum: Interventionalists need to take clinical responsibility and provide longitudinal care: not only during a procedure. You need to see a patient beforehand, during the procedure and take care of the patient afterwards. I think this is the only way that IRs will gain recognition to the point where someone on the street will know what an interventional radiologist is.

Dr. Baum is the Herbert L. Abrams Director of Interventional Radiology at the Brigham and Women's Hospital and Associate Professor of Radiology at Harvard Medical School. In addition to his work at Brigham, he created one of the first freestanding IR practices in the country in 2004 and has since opened an additional four centres.

Prof. Binkert is the current Director of the Institute of Radiology and Nuclear Medicine at Kantonsspital Winterthur. He puts a large focus on the clinical aspect of radiology and interventional radiology in particular. He is active in clinical research and served as the CIRSE 2017 Chairperson of the Scientific Programme Committee.

Helen Hemblade, CIRSE Office

"IRs need to take clinical responsibility and provide longitudinal care"



The winners of the 2017 Poster Awards represent a variety of important research being done in the interventional field.

Poster Awards 2017

SCIENTIFIC POSTERS

Magna Cum Laude

Idarubicin-loaded DC Bead® for chemoembolization of HCC: interim analysis of IDASPHERE II (FFCD 1307) multicenter single-arm phase II trial

B. Guiu¹, P. Chevallier², P. Merle³, M.-A. Pierredon Foulongne¹, A. Rode³, A. Bouvier⁴, O. Guillaud³, P.-J. Valette⁵, J. Dumortier³, J.-P. Joly⁶, E. Nguyen Khac⁶, T. Yzet⁶, M. Lartournerie⁷, J.-C. Barbare⁶, M. Boulin⁷, S. Manfredi⁷; ¹Montpellier/FR, ²Nice/FR, ³Lyon/FR, ⁴Angers/FR, ⁵Pierre Benite/FR, ⁶Amiens/FR, ⁷Dijon/FR

Cum Laude

Randomized clinical trial to compare ultrasound-enhanced delivery of paclitaxel and DEB in patients with critical limb ischemia and femoral-popliteal disease: outcome of the PACUS trial after 18 months

R. Gandini¹, <u>C. Del Giudice</u>²; ¹Rome/IT, ²Paris/FR

Proof of concept of a gene-directed enzyme prodrug therapy with intra-arterial delivery of mesenchymal stem cells in a rabbit VX2 hepatic tumor model

O. Pellerin, I. Amara, P. Beaune, I. de Waziers, C. Déan, M.R. Sapoval; Paris/FR

Certificate of Merit

Preoperative portal vein embolization and percutaneous intrahepatic split by ablation: feasibility and safety of radiological stage 1 ALPPS

<u>A. Lunardi</u>, R. Cervelli, C. Lombardo, I. Bargellini, L. Crocetti, U. Boggi, D. Caramella, R. Cioni; Pisa/IT

Concurrent N-butyl cyanoacrylate embolization and endovascular aneurysm repair (EVAR) can reduce the risk of endoleak and reintervention compared with conventional EVAR

<u>Y. Watanabe</u>, T. Fukuda, H. Matsuda, A. Kono, K. Kiso, Y. Morita; Suita, Osaka/JP

The origin of the last normal branch from the feeding artery of pulmonary arteriovenous malformations

M. Maruno, H. Kiyosue, S. Tanoue, N. Hongo, S. Matsumoto, H. Mori; Yufu/JP

Supervised exercise therapy versus percutaneous angioplasty versus combined angioplasty and exercise for intermittent claudication: systematic review and Bayesian network meta-analysis of randomized controlled trials

M. Pantelidou¹, K.N. Katsanos², R. Brar¹, S. Patel¹, A. Diamantopoulos¹, H. Zayed¹; ¹London/GB, ²Patras/GR

Two-year results from the IN.PACT global studies and outcomes in patients with diabetes

M. Brodmann¹, G. Ansel², T. Zeller³, A. Micari⁴, P. Peeters⁵, G. Tepe⁶; ¹Graz/AT, ²Columbus, OH/US, ³Bad Krozingen/DE, ⁴Cotignola/IT, ⁵Bonheiden/BE, ⁶Rosenheim/DE

Percutaneous deep venous arterialisation (limflow procedure) for end-stage critical limb ischaemia: early experience from 2 European

<u>C. Del Giudice</u>¹, D.A. van den Heuvel², M.R. Sapoval¹, S. Kum³; ¹Paris/FR, ²Nieuwegein/NL, ³Singapore/SG



EDUCATIONAL POSTERS

Magna Cum Laude

Modified balloon-occluded retrograde transvenous obliteration (BRTO) techniques for the treatment of gastric varices: balloon-occluded antegrade transvenous obliteration (BATO)/vascular plug-assisted retrograde transvenous obliteration (PARTO)/coil-assisted retrograde transvenous obliteration (CARTO) S.K. Kim¹, N.B. Mani¹, M.D. Darcy¹, A.W. Park²; ¹St. Louis, MO/US, ²Charlottesville, VA/US

Cum Laude

Approaches for percutaneous vertebroplasty of the upper cervical spine

<u>I. Genah</u>, B. Hamze, C. Parlier, V. Bousson, J.-D. Laredo; Paris/FR

Certificate of Merit

Transarterial radioembolization of hepatocellular carcinoma: how to interpret post-treatment imaging

<u>P. Scalise</u>, G. Lorenzoni, I. Bargellini, L. Crocetti, F. Turini, R. Cioni, D. Caramella; Pisa/IT





THANK YOU!

More than
1000 healthcare
professionals
attended our
two symposia at
CIRSE CONGRESS
IN COPENHAGEN!

Recordings are available on our website:

Deep Vein Intervention:
http://www.bostonscientific.com/dvt

Strategies for SFA Intervention: http://www.bostonscientific.com/sfa





Join us at ECIO 2018

As we look forward to the start of a new year, we are already anticipating the European Conference on Interventional Oncology taking place in Vienna from April 22-25.

Bring your non-radiologist colleague to the conference for free with our Collaborating Against Cancer Initiative Interventional oncology continues to stack up more evidence and pave new roads for the treatment of cancer patients, and each year at the European Conference on Interventional Oncology, these innovative developments take centre stage.

A Comprehensive Programme

This year's conference will focus on a wide range of clinical topics, from genomics and immunotherapy to HCC and musculoskeletal cancer. The Scientific Programme Committee will be headed by Afshin Gangi and Alban Denys, who have been hard at work creating a high-quality programme with a variety of sessions. Clinical and Technical Focus sessions will highlight the latest advances in popular and novel therapies while a Video Learning session will feature front-seat insight into how experienced practitioners are performing specific procedures, such as multipolar liver ablation, chemosaturation, pancreatic electroporation and bone biopsy. With a session scheduled on avoiding complications and Multidisciplinary Tumour Boards planned on kidney cancer and primary lung cancer and metastases, there is bound to be a subject of interest for everyone working in the oncologic field. This year's Honorary Lecture will be given by Matthew Callstrom from Rochester, MN, US, who will discuss the topic of "Building the IO department for the future". As we step into a new era for IO, it is vital to be up to date on the best ways to build a strong interventional oncology department.

Collaborating Against Cancer

As in past years, ECIO will continue to increase its multidisciplinary influence by inviting faculty from a range of fields to participate in sessions

and discussions. We will also continue with the Collaborating Against Cancer Initiative, which allows interventional radiologists who are attending ECIO to bring their non-radiologist colleague with them at no extra cost and with up to €1,000 travel support! This is an ideal opportunity to let your colleagues learn about the potential benefits of image-guided oncological therapies first-hand. Grants are allocated on a first come, first served basis, so apply today on the ECIO website!

Vienna in View

In 2018, the conference will take place from April 22-25 in Vienna, Austria, and it's one you won't want to miss! Nestled along the Danube in the heart of Europe, Vienna has long been considered a crossroads for international affairs. The city's imperial architecture, classical music and high quality of life complement its global mindset, green spirit and innovative edge, making it the most livable city worldwide. All congress participants will receive a 4-day travel pass for use on public transport during the conference.

Congress Centre

Housing this year's conference, the Messe Wien Exhibition & Congress Centre is centrally located on the outskirts of Vienna's famous Prater Park and a short stroll away from the new Vienna University of Economics and Business as well as the Sigmund Freud Private University.

Come join us for three and a half days of education and exchange!

We look forward to seeing you in Vienna!



Taking place for the 9^{th} year, check out our 9 reasons to attend ECIO 2018 in Vienna.



MEETING

1 Video Learning Session

During this session, delegates get the rare opportunity to not only view how certain procedures are being performed but also to hear the presenter give advice and talk about potential challenges. Not to be missed!

2 Multidisciplinary Tumour Boards

These highly popular sessions gather experts from different disciplines to discuss a range of cases, promising dynamic audience participation. Sessions this year will focus on primary lung cancer and metastases, and kidney cancer.

3 Free Paper Sessions

For the very first time at ECIO, researchers from a range of medical disciplines have been invited to send in their abstracts. These new sessions will feature presentations on the chosen papers.

4 Promoting IO evidence

Alongside the Free Paper sessions, a large part of the programme will focus on guidelines and trials and some sessions, such as the *Follow-up imaging after intervention: towards consensus* session, will focus purely on evidence. Scientific papers will once again be presented throughout the Clinical Focus sessions.

5 Basic Course

This newly introduced format aims to offer a basic course series for beginners, focusing on a different organ each year. At ECIO 2018, the topic of this six-hour course will be MSK

in oncology and will feature three distinct sessions, allowing a limited number of participants to receive a comprehensive overview on the topic.

6 Comprehensive education with experts in the field

The success of ECIO lends itself largely to the fantastic faculty moderating and delivering presentations from the field of IR and beyond!

7 Hands-on Device Training

The Hands-on Device Training (HDT) sessions aim to provide an overview of available technologies. Separate sessions will look at radiofrequency ablation, microwave ablation, cryoablation and laser ablation, as well as image guidance. Pre-registration is required.

8 Biggest technical exhibition of interventional oncological devices

ECIO's technical exhibition offers delegates a unique opportunity to interact with device manufacturers. It is the largest IO device exposition focusing on cancer diagnosis and treatment.

9 Vienna

With its fantastic public transport system and international accessibility, this historical Central European city is the ideal setting for our 9th IO conference. From coffeehouses and world-famous art, to contemporary and traditional architecture around every corner, it certainly is a city worth exploring!

A variety of favourite session types will be offered this year featuring the latest IO news



ECIO 2018





International Conference on Complications in Interventional Radiology

June 7-9 Poertschach | Austria

www.iccir.eu

CRSE foundation

Five ESIR courses planned for next year will offer experienced IRs a chance to improve their skills in specific procedures.

ESIR 2018 Clinical Procedure Training Courses





EDUCATION

Expand your knowledge in these courses designed to provide a collaborative environment for IRs who are already familiar with the topic's theory and literature. Each course will include case discussions, practical hands-on exercises, and "tips and tricks" from distinguished faculty on performing the procedure and preferred devices.

Mechanical Thrombectomy in Acute Ischaemic Stroke

May 18-19 Florence, Italy *Local Host: Fabrizio Fanelli*

Prostate Embolisation

June 14-15 Milan, Italy Local Hosts: Francisco Carnevale & Antonio Rampoldi

DEB & cTACE in Primary and Secondary Liver Cancer

Local Hosts: Michael Lee & Gerard O'Sullivan

December 13-14 Villejuif, France Local Host: Thierry de Baère

DVT/PE Thrombolysis

and Thrombectomy

November 22-24

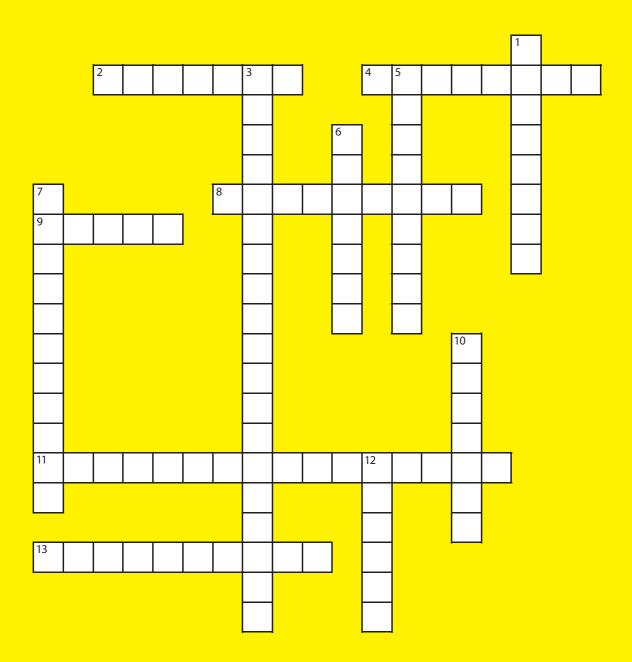
Dublin, Ireland

Save the dates for these Clinical Procedure Training courses being offered next year!

Mastering Liquid Embolics

October 25-26 Zaragoza, Spain Local Hosts: Jose Urbano & Miguel A. De Gregorio

For more information, please visit www.cirse.org/esir2018



The CIRSE Crossword Puzzle

Helen Hemblade, CIRSE Office

Across

- 2. Corneal (7)
- 4. Month of new legislation in radiation protection (8)
- 8. Scandinavian catheter technique (9)
- 9. Gathering of experts in Pörtschach (5)
- 11. Anagram: Nohedonistic pear (16)
- 13. Location of ECIO 2018 (5,4)

Down

- 1. The sound of IROS in this city for 2018 (8)
- 3. You'll find this in Meckel's cave (10,8)
- 5. Theme of Interventional Day of Radiology 2017 (9)
- 6. German IR who spread news of PTA in the seventies (7)
- 7. Ancient Greek physician (11)
- 10. European trade association setting ethical business standards (7)
- 12. Location of the Imam Khomeini Medical Center (6)

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





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