

3/2018

INFORMATION FOR MEMBERS

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M E E T I N G

E D U C A T I O N

CIRSE-FRI joint
session at
JFR 2018

10th Edition
of ECIO in
Amsterdam!

Launch of the
new CIRSE
Academy

Cardiovascular and Interventional Radiological Society of Europe

news

CIRSE 2018

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

I N N O V A T I O N E D U C A T I O N I N T E R V E N T I O N

Catch up on what went on at our
33rd Annual Meeting in Lisbon!

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"CIRSE 2018 welcomed 6,725 delegates from all over the world for 250 hours of education and hosted an impressive technical exhibition"

Dear colleagues,

One year ago, I took on the role of President of CIRSE and am pleased to report that it has been a very enjoyable experience! I would like to thank my colleagues and the Society for their continued support. One year has flown by and I am very much looking forward to another year of working together with you all.

MEET SHARE CONNECT in Lisbon

At the end of September, we returned to Lisbon for the fourth time to host our 33rd Annual Meeting and once again the city did not fail to deliver, with its excellent infrastructure and congress centre. CIRSE 2018 welcomed 6,725 delegates from all over the world for 250 hours of education and hosted an impressive technical exhibition. Among the wide range of sessions offered, particular highlights included the newly introduced FIRST@CIRSE session which showcased new data from PAD trials and studies, and the Clinical Evaluation Courses, which offered a step-by-step guide through the management of a variety of different conditions. We also celebrated 40 years of CVIR, the longest-running journal in the field of interventional radiology. For photos and a full overview of the congress, take a look at pages 17-27.

French Connection

The Society places great importance on our collaboration with our 38 national society group members. On the occasion of Les Journées Francophones de Radiologie in Paris, CIRSE was honoured to have a joint session, titled "Interventional radiology: training and accreditation centres in France and Europe," with la Fédération de Radiologie Interventionnelle (FRI) of la Société Française de Radiologie (SFR). Faculty included among others Raman Uberoi, Thierry de Baère, Jean Michel Bartoli and Pascal Chabrot. Read about the dynamic discussion on page 5.

10th Edition of ECIO

I am very much looking forward to seeing you all in Amsterdam for the 10th edition of the European Conference on Interventional Oncology (ECIO). Not only will we be celebrating a milestone in the occurrence of this fantastic annual meeting for IO but we will also be branching out further than ever into topics such as immuno-oncology, localised prostate cancer and SBRT. For a full overview, turn to pages 11-15 for an interview with Scientific Programme Committee Chairpersons, Afshin Gangi and Alban Denys; a discussion with Brazilian recipients of the Collaborating Against Cancer Initiative and a guide to Amsterdam.

The CIRSE Academy

It's been an exciting time for our online learning initiatives. ESIRonline has become the new and improved CIRSE Library and an online platform called the CIRSE Academy which offers members and non-members the opportunity to take CME accredited, peer-reviewed courses on a range of IR topics has been created. These initiatives, driven by our Online Education Committee, aim to reinforce the education and training received at medical conferences and institutions. Find out more on page 29 and 32.

As the year draws to a close, we look forward to the many events in 2019, among which include the European Conference on Embolotherapy (ET) in Valencia, ESIR 2019 courses and our Annual Meeting in Barcelona.

I look forward to seeing you all soon and wish you an excellent start in the new year!



"Online education aims to reinforce the training received at medical conferences and institutions"



CIRSE meets SOBRICE in São Paulo

CIRSE President and Vice-President presented at the Brazilian Society of Interventional Radiology and Endovascular Surgery (SOBRICE) Annual Meeting in August.

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“SOBRICE is Latin America's biggest IR meeting”

In 2017, CIRSE was delighted to welcome the Brazilian Society of Interventional Radiology and Endovascular Surgery (SOBRICE) to the CIRSE family, and to launch into this promising trans-Atlantic cooperation.

In this spirit, a first liaison meeting was organised at CIRSE 2017 in Copenhagen, on which occasion the idea of a “CIRSE meets SOBRICE” session, to be organised at the next SOBRICE congress in Brazil, was born.

CIRSE in Brazil

A few months later, a CIRSE Delegation headed by President Robert Morgan and Vice-President Afshin Gangi, was more than happy to accept SOBRICE's invitation to travel to this year's congress, which took place from August 9-11, 2018 in São Paulo, Brazil. In the centre of Brazil's vibrant economic and financial capital, the Brazilian society organised its 21st congress, with more than 120 hours of scientific sessions and a new record of attendance, making it the biggest IR meeting in Latin America.

Afshin Gangi had the honour to give the keynote lecture on “Multimodal Interventions in Oncology” during the opening ceremony, as well as several talks in the scientific programme. In these presentations, he shared insights into his interventional oncology practice, with a lecture on percutaneous ablation of kidney tumours, as well as a presentation on the essence of skeletal muscle interventional radiology.

CIRSE President Robert Morgan spoke on several topics throughout the scientific programme, including the lessons learned from randomised controlled trials in EVAR, percutaneous AV fistula creation and management options for thoracoabdominal and juxtarenal aneurysm.

A “CIRSE meets SOBRICE” session was moderated by Rodrigo Garcia Gobbo and Gustavo Andrade from SOBRICE, and included presentations by Robert Morgan, Afshin Gangi and CIRSE's Executive Director, Daniel Waigl. This session was also an opportunity for the CIRSE delegation to present the Society's new online education offer, certification and publication activities as well as CIRSE's strong support to the next generation of IRs. A detailed overview of the numerous benefits of CIRSE membership – including the enhanced online portfolio and live and on demand services for members overseas – was available in Portuguese language at the CIRSE Society Booth in the exhibition area.

The great hospitality of the congress organisers and the high quality of sessions, which were simultaneously translated into English, made the SOBRICE congress an excellent experience for the CIRSE Delegation. The leadership of the two societies further exchanged ideas about future collaboration projects during two liaison meetings, in São Paulo and at CIRSE 2018 in Lisbon – another wonderful lusophone congress destination.



CIRSE now counts 38 Group Members from all over the world.

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S O C I E T Y

The CIRSE meets... Session in Lisbon

In recent years the "CIRSE meets..." sessions have become one of the programme's highlights. At CIRSE 2018 in Lisbon, alongside another session with the SIDI (Sociedad Iberoamericana de Intervencionismo), there was a dedicated SOBRICE session featuring the following talks:

- What have we learned in 10 years of prostate artery embolisation
J.M. da Motta Leal Filho (São Paulo/BR)
- Does Vascular Lake Phenomenon indicate improved tumor response in DEB-TACE for HCC?
R.N. Cavalcante (São Paulo/BR)
- 10 year-experience with renal cancer thermoablation: lessons from the past and future perspectives
M.R. de Menezes (São Paulo/BR)



CIRSE was delighted to return the invitation for SOBRICE to present at the Annual Meeting



The session was moderated by the Director of SOBRICE, Dr. Daniel Giansante Abud, and President of CIRSE, Dr. Robert Morgan, and provided a valuable insight into clinical management of the above topics in Brazil. We thank the speakers and all who attended this valuable session for their active participation.

CIRSE very much looks forward to continuing this fruitful collaboration with our Brazilian colleagues!

Birgit Slijepčević, CIRSE Office



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■ Optional Extension



■ Fits all lab tables

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CIRSE was proud to attend and be included in the programme of les Journées Francophones de Radiologie (JFR) 2018.



The French Connection: CIRSE at JFR 2018

CIRSE endeavours to maintain and further develop on relations with its Group Members through regular meetings and various collaborations. Following the establishment of a new structure within the French Society of Radiology (SFR), called the Interventional Radiology Federation (Fédération de Radiologie Interventionnelle or FRI), the SFR became group members of CIRSE. SFR members are now able to enjoy membership to CIRSE at a reduced rate.

In October 2018, CIRSE again had the great pleasure of taking part in les Journées Francophones de Radiologie, the largest French-speaking meeting in radiology. As part of this, CIRSE hosted a society booth in the 'Interventional Village', which features industry and organisations involved in the field of IR.

SFR-FRI and CIRSE Session

During the congress, there was a special joint session hosted by the two societies, entitled "Interventional radiology: training and accreditation centres in France and Europe" (Radiologie interventionnelle : formation et accréditation des centres en France et en Europe). Prof. Afshin Gangi, member of SFR-FRI and the first French member to join the CIRSE Executive Board, moderated the session with Prof. Jean-Michel Bartoli, former head of the FRI. They were later joined by Prof. Hélène Vernhet-Kovacsik, current head of the Fédération de Radiologie Interventionnelle.

Dr. Raman Uberoi, Deputy Chairperson of the EBIR Council and member of the CIRSE Executive Committee, kicked off proceedings with an informative lecture on the aims and development of CIRSE's European Curriculum and Syllabus for Interventional Radiology, which released its second edition last year. He later also presented on the EBIR exam and its growing importance in certifying IR across the globe.

Dr. Thierry de Baère, member of SFR-FRI and the Chairperson of the IO Curriculum Task Force and member of CIRSE's Oncology Alliance Subcommittee, spoke about establishing more in-depth curriculum on interventional oncology to serve as a complementary document to the

European Curriculum and Syllabus for IR. On the topic of standardising interventional oncology, CIRSE Executive Director Daniel Waigl, presented on the CIRSE International Accreditation Scheme for Interventional Oncology Services (IASIOS), which is currently being piloted throughout Europe. The goal of IASIOS is to appraise medical facilities' IO service lines by granting formal accreditation, as well as encourage and support the development of recognisable standards in IO. In order to achieve this objective, CIRSE has developed the Standards of Quality Assurance in Interventional Oncology, that offer quantifiable benchmarks for quality and patient safety in IO practice.



Reviewing the current situation of training and accreditation of IR in France, Prof. Bartoli presented about the new French residency programme of radiology and new regulations for interventional departments while Dr. Pascal Chabrot spoke about the "interventional radiology option" as part of the current radiology curriculum in France.

Following the presentations, there was a question-answer session with the audience, resulting in a very positive and dynamic exchange. French physicians were particularly keen to get Raman Uberoi's perspective on training and accreditation of interventional radiology in the UK and learn about how standards and definitions vary throughout the rest of Europe. It was very much appreciated that, for the benefit of Dr. Uberoi, all discussions and presentations were conducted in English.

We look forward to continuing this flourishing collaboration with our French colleagues!

Helen Hemblade, CIRSE Office



"Attendees were keen to gain insight on IR training and accreditation in other European countries"

We spoke with new CIREL Steering Committee member, Dr. Roberto Iezzi, on the prospects of the registry in Italy.



CIREL Expert Interview: Dr. Roberto Iezzi

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“Interventional radiology is my pasta!”

CIRSE is conducting the CIRSE Registry for LifePearl Microspheres (CIREL), which included its first patient in February 2018 and is currently collecting data in seven European countries. The CIREL registry observes the real-life use of transarterial chemoembolisation using LifePearl Microspheres loaded with irinotecan (LP-IRI) in patients with colorectal cancer with liver metastatic disease. CIREL will cover 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 these drug-eluting microspheres are administered for CRLM as part of routine treatment across Europe, from which conclusions can be drawn about when LP-IRI TACE may be most effective and which patients may benefit from this treatment the most.

We caught up with newest CIREL Steering Committee member, Roberto Iezzi from Fondazione Policlinico Universitario A. Gemelli – IRCCS, Università Cattolica del Sacro Cuore Rome, Italy

CIRSE: You joined the CIREL Steering Committee recently as a later entry, what was your key motivation to join the Steering Committee?

Iezzi: It was a great honour to receive the invitation to join the CIREL Steering Committee. I accepted as I would like to offer my professional expertise and my enthusiasm to support and promote the CIRSE registry in Italy and Europe. I hope that CIREL will ultimately help optimise

TACE treatments and standardise the procedures to benefit our patients. CIREL could potentially be helpful in knowing the appropriate moment to use drug-eluting beads (DEB-TACE) loaded with irinotecan (DEB-IRI) and avoiding unnecessary standard chemotherapy where possible.

CIRSE: What is your expectation in terms of patient enrolment in Italy? What is the status of CRLM TACE in Italy?

Iezzi: Many clinicians in Italy have started to use DEB-TACE loaded with irinotecan (DEB-IRI), shifting from conventional TACE, to treat metastatic liver tumours, so I have great expectations for patient enrolment. In Italy, DEB-IRI is mainly considered as a palliative option for patients who have preserved liver function and performance status with unresectable chemotherapy-resistant lesions, liver-only or liver-dominant metastases, beyond second-line treatment.

CIRSE: CIREL aims to prospectively enrol every patient treated with LifePearl Microspheres in participating hospitals. In terms of scientific impact, how important do you judge enrolling a large cohort of patients?

Iezzi: Registries are an essential part of our work in interventional radiology as it allows us to show what we do in practice and produce scientific evidence at the same time. The data we provide may support the development of guidelines and help the multidisciplinary interaction with other medical and surgical specialties. To provide strong data on indication, efficacy and safety profiles of



CIREL is a European-wide observational study that gathers data on TACE using LifePearl Microspheres loaded with LP-IRI in patients with colorectal cancer with CRLM.

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this particular device, it is essential to enrol a large cohort of patients. This also gives some insight into how DEB-TACE can fit into the established lines of standard clinical practice in Europe.

CIRSE: Which endpoints/data points captured in CIREL are you most interested in?

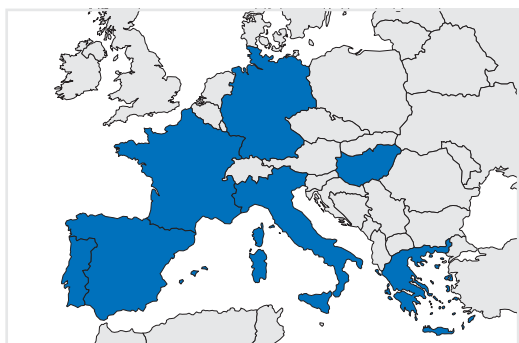
lezzi: It is quite obvious that data on safety and efficacy will be what we are principally looking for. However, as DEB-IRI is offered as a palliative option for patients with colorectal metastases, I am also interested in impact of the procedure on patients' quality of life: essential knowledge for validating our role in the palliation of cancer patients. Due to technological innovations, new drugs, new techniques, we can obtain disease control for most cancers with an increase in terms of overall survival, highlighting the importance of health-related quality of life as an important endpoint in studies of outcomes in oncology. In my opinion, information provided by cancer patients via quality-of-life measures is also very helpful

for clinical decision-making and better patient management.

CIRSE: If you could only pick one Italian dish to take to your IR practice on Mars, what would it be and why?

lezzi: As an Italian, I am obsessed with pasta. Furthermore, as a pasta addict, with time I have also become a hunter of unique tools to make fresh hand-made pasta. Making pasta is quite similar to the IR procedures: simple ingredients – flour and eggs – can produce amazing results depending on how you mix them and what you do with those two ingredients. You can really have endless amounts of results, depending on how stiff you make the dough, how long you knead it, what shapes you make, what thickness. I have just started to really know about that aspect of it, and the more I learn, the more I want to learn... interventional radiology is my pasta!

Nathalie Kaufmann, CIRSE Office



For further information on the CIREL study, please contact:

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CIRSE Clinical Research Department,
+43 1 904 2003 53, kaufmann@cirse.org,
or visit clinicaltrials.gov
(ID: NCT03086096)
via the QR code

**CIREL is now
collecting data
in 7 European
countries**



CIREL

We caught up Dr. Fabrice Deprez, representing the French-speaking community of Belgian IRs, and Dr. Tom de Beule, representing the Flemish-speaking community.



Welcoming the Belgian Society of Radiology to CIRSE!



**“The BSR
have endorsed
and actively
support
the EBIR”**

In 2017, the CIRSE family acquired several new group members, bringing the number of national and regional societies under the CIRSE umbrella to 38: 25 European Group Member Societies and 13 Group Members from South America, the Middle East and the Asia-Pacific region makes CIRSE membership truly international: over 7,000 academic members with a near complete, yet further expanding European base and one quarter of CIRSE members practising IR outside of Europe. Amongst these new members, an important partner is the Belgian Society of Radiology, who help close one of the few remaining gaps in the European network of IRs. The society has an active IR section, headed by two energetic young interventionalists: Dr. Fabrice Deprez, representing the French-speaking community of Belgian IRs, and Dr. Tom de Beule, representing the Flemish-speaking community. CIRSE spoke with both to find out how IR is currently faring in Belgium, and how they hope to advance the specialty further.

CIRSE: The Belgian Society of Radiology (BSR) has recently become a CIRSE Group Member; how would you like to see these two societies working together?

BSR: The IR section is a very active and growing section of the BSR. We are trying to develop close relations with the other European IR societies (especially with the French and the Dutch societies), and consequently, we want to be an active and innovating member of CIRSE. One of our major goals is to improve IR networking, enhance IR's visibility and recognition in terms of public and politics, and increase professional defence. For this reason, we endorsed and actively support the European Board of Interventional Radiology (EBIR).

CIRSE: How big is the Belgian IR community? Is there a robust network, and if not, what are the hurdles?

BSR: The Belgian IR community is quite small. Probably only half of IRs have a non-vascular daily practice. The main problem is that we still don't have IR title recognition. Consequently, we don't have a specific IR nomenclature, specific IR suites and equipment recognition, or a coherent identified nationwide IR service. The main consequence (and cause) is a noticeable lack of awareness at the government level. The initial problem is probably a relative lack of interest from the general radiological community, and probably a lack of united action by interventional radiologists. Moreover, with this situation, Belgian IR suffers from a fierce competition with other medical specialties: mainly vascular surgery, but also interventional cardiology, gastroenterology, urology, orthopaedics... Lastly, Belgian IR is largely underfunded, which is why it is difficult to maintain high levels of activity in smaller hospitals.

CIRSE: How is professional IR accreditation handled in Belgium? Is there professional interest in the EBIR certification?

BSR: As mentioned, we don't actually have any IR title recognition in Belgium yet. Consequently, EBIR certification doesn't have any legal value in our country. However, we are fighting for the creation of a Belgian IR title, based on the European Curriculum and Syllabus for Interventional Radiology, and the IR section actively encourages all our members, especially the youngest, to obtain the EBIR certification.

CIRSE is very excited to welcome the Belgian Society of Radiology as its new Group Member.



CIRSE: A radiology training curriculum was recently introduced under Belgian law: how is IR addressed under this curriculum?

BSR: We don't yet have any specific IR curriculum in Belgium. The first step of the Belgian Society of Radiology was to modernise the general title of radiologist (the last Belgian definition was written in 1979!), and we included basic IR skills in the new radiology curriculum. However, this new global title is still not published under Belgian law.

CIRSE: Quality assurance is a topic of interest for the Belgian Society of Radiology: what progress is being made? Are any IR-specific measures being discussed?

BSR: These last years, quality measures promoted by the BSR were essentially about radioprotection. For the Belgian IR, future challenges will concern IR title and curriculum legal recognition, and can be based on the European Curriculum and Syllabus for Interventional Radiology. One major concern will be integrating IR in global healthcare missions: for example, everyone actually agrees that a stroke centre cannot exist without an IR unit; it should be the same for an oncology centre, or a trauma centre...

CIRSE: Is IR represented in the recently finalised coordinated stroke units? What impact is this having on patient pathways?

BSR: In Belgium, neurointerventions are a part of general IR activities, and we don't have a specific neurointerventionist title, as we don't have IR title legal recognition. Most of the interventional radiologists who perform neuro IR (stroke or

embolisation) also perform a wide spectrum of IR activities (e.g. vascular IR or interventional oncology). As recognised by EBIR, stroke management is a specific competence of IR, and we have appropriate IR units offering stroke endovascular therapies in all the main cities of the country.

CIRSE: In your opinion, what are the key things that IRs globally could learn from their Belgian colleagues? Conversely, what could Belgian IRs improve?

BSR: Belgian interventional radiologists should really be more federated, in order to promote IR recognition with more efficiency. Belgian general radiologists should understand that IR is an essential part of radiology spectrum, and must be defended. However, as we work in a very competitive and underfunded healthcare environment, we think that Belgian IRs have developed a lot of adaptive skills and some ingenuity that we would be pleased to share!

Group membership offers many mutual benefits: strong alliances between CIRSE and national societies help IRs, in Europe and beyond, to connect and face challenges together as a global network. It enables CIRSE to better foster the growth of IR at a regional level, and lend its resources, expertise and support in a tailored manner.

Ciara Madden, CIRSE Office



"Belgian IRs have developed a lot of adaptive skills"

CIRSE ELECTIONS

Every two years, Members are able to fill important roles on the next CIRSE Committees – don't miss your chance to participate!

CIRSE Committee Elections 2019 – Get involved



European CIRSE members will receive a call for applications in January 2019. Vacancies include chairmanship and membership in the three Standing Committees of the Society (Research, Membership, Standards of Practice), as well as the positions of the Scientific Programme Committee Deputy Chair, the Treasurer and the Vice-President.

Following the decision of the 2017 General Assembly, please note that Executive Committee positions will only be open for CIRSE Fellows as of the upcoming elections. If you are a longstanding, European-based CIRSE member with a proven record in research and publication activities and tempted to join CIRSE's leadership, you are strongly encouraged to apply for CIRSE Fellowship in time for the elections.

Who can be a CIRSE Fellow?

CIRSE Fellowship honours physicians and scientists who have made a significant contribution to interventional radiology. Applicants must be CIRSE members in good standing for at least three years, have finished their medical specialty training at least five years ago, and either have successfully passed EBIR, or be endorsed by two CIRSE Fellows. Details on how to apply for Fellowship can be found on the CIRSE website.

CIRSE particularly encourages eligible female members to apply for CIRSE Fellowship and present themselves at the 2019 elections.

Patricia Treppo-Kezer, CIRSE Office



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(**) Indications, volumes and presentations may differ from country to country.

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

We caught up with recipients of the initiative, Dr. Lucas Monsignore and his surgeon colleague, Dr. Guilherme Rosa from the University of São Paulo at ECIO 2018.



Collaborating Against Cancer Initiative: Brazil

Thanks to CIRSE's popular Collaborating Against Cancer Initiative, hundreds of interventional oncologists and their 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.

CIRSE: What are your areas of specialisation in cancer care?

Monsignore: I am currently an interventional radiologist. Prior to that I worked as a radiologist. I carry out all procedures other than aortic interventions and limb angioplasties. I do chemoembolisations, ablations and also portal and neurological interventions. I would say about 40-50% of my work is oncological, mainly in the liver.

Rosa: I am a surgeon and most of my work is in the liver. 80-90% of the surgical liver procedures I do are oncological, including HCC treatments.

CIRSE: How does multidisciplinary teamwork function in your hospital?

Rosa: It functions very well for HCC as we already have a team working together on it. Tumour boards for other cancers are already being introduced. However, the changes are happening very slowly and on a small scale, especially when compared to big hospitals in other countries.

Monsignore: We only have tumour boards for HCC but not for the other forms of cancer. The main reason for this is because the board is actually for liver transplantations and as HCC is the most common cancer where liver transplantations can be used, it is discussed in this board. Of course, it would be better to also have tumour boards for other cancers.

CIRSE: What does the treatment pathway for cancer patients look like in your hospital and when in the process does the oncologist get involved?

Monsignore: Cancer patients can enter the hospital through various clinics but for HCC patients there is a specific outpatient clinic that they will go to, where they will be seen mainly by surgeons. There is no specific cancer clinic, treatment is spread through the whole hospital.

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

Monsignore: Interventional radiology is still very new in Brazil, much more so than in Europe. We still need to work on letting other disciplines know that we exist and can help. This is why I think initiatives like this are important to let other disciplines know what we can do to help them and, most of all, their patients.

CIRSE: Which sessions or topics are you most interested in at ECIO?

Monsignore: The liver therapy sessions are the most important for me because I do a lot of them but I also want to do more procedures outside of the liver. I am also interested in lung and kidney interventions as I feel they are areas I would enjoy working on. The only form of ablation I do in Brazil is radiofrequency ablation so I would like to learn more about microwave ablation and cryoablation. The hands-on sessions have been very helpful for learning more about these procedures.

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



Sign up for the Collaborating Against Cancer Initiative at ECIO 2019 in Amsterdam!

ECIO

ECIO Scientific Chairperson, Prof. Afshin Gangi and Deputy Chairperson, Prof. Alban Denys discuss the 10th ECIO and how cancer care is evolving for interventionalists.



ECIO 2019: Joining Forces in the War Against Cancer

M E E T I N G

“Cancer is a very aggressive disease; one weapon is not enough”

CIRSE: What were your main aims when creating the Scientific Programme for ECIO 2019?

Denys: Alongside covering all topics in IO, this year there will be a different perspective on immunotherapy. I think it is time for us to develop on this as a research topic and view it in terms of its implementation in clinical practice.

Interventional oncologists are more integrated within different oncology treatments and we try to define where our treatments fit best. ECIO is patient oriented and we aim for the participants to not only understand interventional oncology techniques, but also what the role of surgery, radiotherapy and oncology is in parallel to our techniques. Over the past 10 years, the

programme has expanded a lot to reflect this – we now run three rooms parallel to each other.

CIRSE: How does ECIO support education in patient management?

Gangi: The Basic Course, which was introduced at ECIO 2018, offers not only the opportunity to learn about treating a specific organ in depth but also how to interact with other cancer specialists and to speak the same “language” as them. We are, as such, delivering a message to people who may not have understood the importance of clinical management. This means being there from A to Z and always being available for the patient – not just carrying out the procedure. Essentially the message is: you should be responsible for the patient.





Make sure to snap up Early Bird Rates and register by December 13!

M E E T I N G

CIRSE: What are you personally looking forward to at ECIO 2019?

Denys: We have developed a special session on SBRT because it is a hot topic in the oncological world and we need to understand how it works, what the results are for this technique (both for lung and liver) and the limitations as well as whether we can play a role in synergy with radiotherapy.

We have also organised a localised prostate cancer session, which is something new for us. There are a lot of different techniques that we can explore. This will be presented by experts coming from England, Germany and all over Europe just to cover that specific topic.

CIRSE: How is multidisciplinary team work reflected in your hospital?

Gangi: In our hospital, we are an essential part of the oncology department and we are considered that way, too. They know we deliver clinical results and good patient care. This is not always the case in other hospitals and so the conference provides a great example from those of us who have had over 20 years of experience in establishing ourselves and working very closely with all cancer specialists. It is not easy in the beginning.

The way I see it is this: cancer is a very aggressive disease – no one weapon can work – that's why we need to use all we have, the Air Force, the marines, the army and the navy. We cannot just send two soldiers, this is a multifocal disease. Everything should be available and even then,

you're not winning all the time. Sometimes we are only prolonging life or improving quality of life.

CIRSE: How does ECIO support interventional oncology as the fourth pillar of cancer care?

Denys: Oncology is a fast-moving speciality with a lot of new options coming every two three months a lot of changes and trends. I think our role is already there; we are good partners for other cancer specialists. It is, however, a speciality which is evidence driven and learning about the recent trials that are performed either in Europe, the US or Asia will help all the participants to defend their practice in the field. You must, therefore, know about the key trials and their results, how to analyse them and how it would help clinical practice in your centre.

CIRSE: Where does the future of cancer care lie?

Gangi: The future is to examine the biology more to understand what is happening with our treatments and how we can potentially develop them further. If you look at what we have done a lot until now, it was mainly mechanical, such as cutting, ablating, embolising and delivering drugs from the vessel, which is great but if we can get a better understanding of the disease, we can be more effective. Oncologists have understood this very well. I think the future is to go to more into biology and then attract the pharmacological companies and say "we can help". We can do the research, we can publish what we are doing and we can be part of it.

Helen Hemblade, CIRSE Office

Join us in
Amsterdam for
the 10th ECIO!

ECIO

Book your flights and accommodation for Amsterdam through our official travel partners to get the best deals!

Amsterdam: A City of Straight Talking



**Early Bird
registration fees
available until
December 13
and up to 15%
off flights!**



ECIO

The tenth European Conference on Interventional Oncology heads to laid-back Amsterdam, a city known for its open yet no-nonsense attitude. It is an important cultural and commercial hub (crowned European Capital of Innovation in 2016), yet despite this, still manages to maintain a cosy, welcoming charm.

Amsterdam's easy living starts with ease of access: its central location offers great connections with the rest of Europe, and has been a key factor in Schiphol International Airport becoming a major transport hub, with flights to 323 destinations and many awards for excellence. These excellent flight connections are complemented by high-speed rail services to Paris, London, Berlin and Brussels.

Our venue

The RAI Amsterdam convention centre is conveniently located a mere eight minutes from the city centre, and 15 minutes from Schiphol airport. What started out as a bicycle (and later, car) industry association over 100 years ago has grown and transformed into one of the world's busiest convention centres, which has welcomed more than 100 million visitors since the current exhibition centre opened in 1961.

The congress centre prides itself on its innovation and far-sightedness, and is currently investing heavily in sustainable development and connecting 'virtual' and 'physical' meetings – a forward-thinking philosophy that sits comfortably with the innovation on display at ECIO meetings. The stage is set for some very frank and productive

discussions about best practice and current trends in interventional oncology.

Travel

Get up to 15% off a wide range of public fares on all Air France, KLM and their code-shared flights worldwide! Full details can be found on www.ecio.org. Together with our partner, Kuoni DMC, we have reserved the best located and most suitable conference hotels and encourage all delegates to book accommodation via our official travel partners. Please visit the ECIO website for more details.

The RAI railway station will be undergoing renovation until May 2019, so visitors are advised to use the city's excellent metro and tram facilities instead. The M52 metro will take you from Amsterdam Centraal Station or Zuid Station – get out at Europaplein and you'll find yourself right on the doorstep of the RAI complex. For those coming from less central locations, the M50 (Amsterdam Sloterdijk-Gein) and M51 (from Amstel Station) will get you to the RAI, or take the 62 (to Europaplein) or 65 bus (get off at Scheldeplein).

See you in Amsterdam!

The laid-back atmosphere and leafy canals of Amsterdam provide a perfect backdrop for practical problem solving, pragmatic decision making and frank discussion. Join us this springtime to continue the conversation on how to advance interventional oncology!

Ciara Madden, CIRSE Office

CIRSE 2018

Congress Report



6,725	Participants
84	Countries
1,804	Online Attendees
1,529	Abstracts
250	Hours of Education
126	Exhibitors
6,000 m ²	of exhibition space
8	Product Launches
30	Industry Satellite Symposia
10	Learning Centres
46	Hands-on Device Training, Simulation and Safe Sedation Training sessions
4	successful initiatives:
	• News on Stage
	• European Trainee Forum
	• Medical Student Programme
	• Radiation Protection Pavilion



M M E E T I N G

CIRSE 2018: Meet. Share. Connect.

The 33rd CIRSE Annual Congress was held in Lisbon, Portugal and invited its over 6,700 attendees to explore the conference motto "Meet, Share and Connect".

Watch all sessions from the congress in the CIRSE Library!

From September 22-25, 2018, the city of Lisbon was, once again, abuzz with various stakeholders from the world of interventional radiology – renowned IR experts, curious medical students, specialists from other medical fields as well as members of the medical and media industries.

MEET

CIRSE 2018 attracted delegates from all four corners of the globe with over 80 countries represented at the congress. Numerous international representatives from the medical industry were also present and used the congress' technical exhibition, the biggest yet at over 6,000m² as a backdrop for presenting their insights into the latest technologies being developed and eight new products were also launched.

CIRSE meets...

This important session has become a staple in CIRSE's congress programme and play a key role in establishing and strengthening relations between CIRSE and other societies in the field of interventional and vascular therapies. Both the Sociedade Brasileira de Radiologia Intervencionista e Cirurgia Endovascular (SoBRICE) and the Sociedad Iberoamericana de Intervencionismo (SIDI) were guests at this year's congress, offering interesting insights into IR in some of the world's rising economies.

News on Stage

Following its successful introduction at last year's congress, the News on Stage format was revisited at CIRSE 2018, with sessions dedicated to a different topic each day. The aim of this session format is to allow physicians to showcase their

research in an informal atmosphere encouraging open debate and the exchange of ideas with their international colleagues. The series explored various topics ranging from embolisation techniques to interventional oncological treatments.

SHARE

Researchers at CIRSE 2018 were provided with an important platform for presenting their most cutting-edge studies and findings to an enthusiastic and pertinent crowd. Newly introduced sessions helped place the focus on the different kinds of research being carried out and allowed presenters to showcase their work in new and interesting ways.

FIRST@CIRSE

First@CIRSE was newly introduced at this year's meeting to provide a platform for the release of the latest evidence from trials and studies on peripheral arterial disease (PAD). The hour-long session included presentations by the authors on the primary outcomes of the DISRUPT PAD II trial, three-year results from the IN.PACT global study and twelve month results of the IMPERIAL randomised trial.

Clinical Evaluation Sessions

Another newly introduced session format at CIRSE, the Clinical Evaluation Sessions offered step-by-step guides through the disease management of a range of different illnesses. Multidisciplinary teams were on hand to discuss the pros and cons of different treatment options and the best ways of designing a patient's clinical pathway. Topics covered in the series included HCC, osteoporosis, femoropopliteal disease and prostate artery embolisation.



Next year's congress will be held in Barcelona – abstract submission will take place between December and February.

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Video learning sessions

Video learning sessions were also newly introduced at CIRSE 2018 and featured stand-alone video presentations of live interventions. The aim of the sessions was to teach various IR techniques using live cases, highlighting the various technical aspects of the specific interventions and allowing the audience to ask any burning questions.

CONNECT

A key tenet of CIRSE's annual congress has always been the various opportunities provided for delegates to meet and discuss important topics with their peers. These networking and social events not only allow for the healthy exchange ideas, they also give rise to professional friendships that transcend national borders.

Awards and honours

At the Opening and Awards Ceremony, some of the most outstanding interventionists were honoured for their achievements, including Dr. Poul Erik Andersen, Dr. Gabriel Bartal and Dr. Scott Trerotola who all received distinguished fellowships. The prestigious CVIR Editors' Medal was awarded to Chinese research team Qi-Feng Chen, Zhen-Yu Jia, Zheng-Qiang Yang, Wen-Long Fan and Hai-Bin Shi. For the 2018 Award of Excellence and Innovation in IR, the R.W. Günther Foundation chose to honour Dr. Maxim Itkin for his pioneering work in the development of imaging and treating techniques for disorders related to the lymphatic system. The prestigious CIRSE Gold Medal was awarded to none other than former CIRSE President Prof. Anna-Maria Belli. As one of IR's most distinguished representatives, Prof. Belli has dedicated her life to furthering the specialty through research, teaching

and, perhaps most importantly, being a role model and mentor to female physicians in the field. Prof. Belli once again moderated the Women in IR session debuted at CIRSE 2017, which addresses the gender gap in the subspecialty.

CVIR turned 40!

To celebrate CVIR journal's 40th birthday, a special reception was held to celebrate this milestone, during which the CVIR Editor-in-Chief, Prof. Klaus Hausegger, gave a presentation about the development of the journal throughout the years and awards for "Outstanding service to the journal" were distributed.



IDEAS 2018

CIRSE was again accompanied by the Interdisciplinary Endovascular Aortic Symposium (IDEAS), bringing together surgeons and interventionalists working in this progressive and demanding field to discuss and consolidate their work in an annual meeting. This year's symposium was yet another roaring success with packed out rooms and numerous intense discussions. In addition, the Industry Training Village gave delegates the chance to get hands-on with the newest technologies in aortic interventions.

**The Gold Medal
was awarded to
one of IR's most
distinguished
representatives,
Prof. Anna-Maria
Belli**



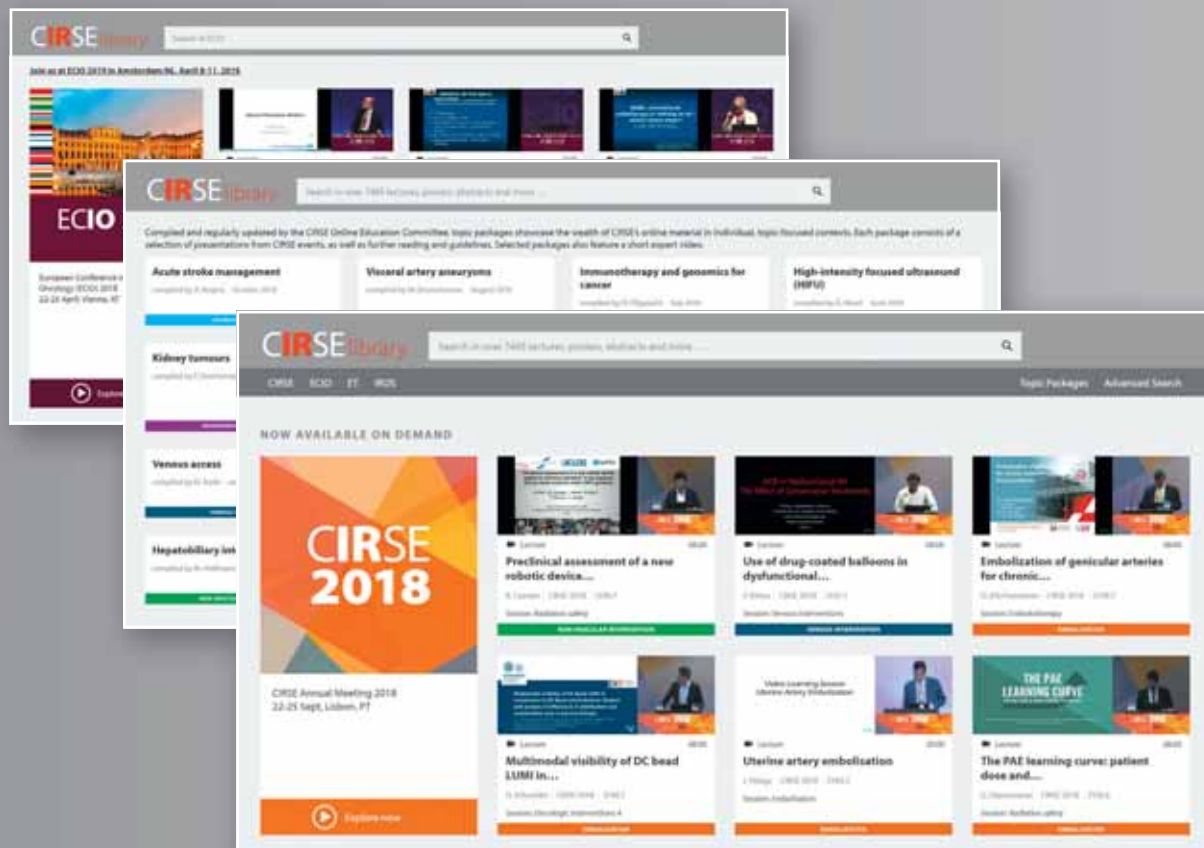
- 1 CIRSE met with the committee of SOBRICE.
- 2 CIRSE met with Group Member, the Japanese Society of Interventional Radiology (JSIR).
- 3 The Russian Association of Young IRs (YIRES) held a special session.
- 4 Prof. Mick Lee delivered this year's Gruentzig lecture.
- 5 Prof. Antonin Krajina gave the Josef Roesch lecture.
- 6 We were thrilled to invite SIDI (Sociedad Iberoamericana de Intervencionismo) to the CIRSE meets... session.
- 7 CVIR hosted its 40th anniversary bash, including an award ceremony for the journal's most prolific contributors!





CIRSElibrary

The new home for
congress presentations
and topic packages!



library.cirse.org

Check out the updated platform for webcasts, presentations and posters from CIRSE congresses starting in 2014.

ESIRonline becomes the CIRSE Library

Launched at CIRSE 2018 as a new and improved replacement for ESIRonline, the CIRSE Library has already become an invaluable resource for IRs from a range of specialities. The Library provides a rich archive of resources and allows physicians to access valuable information when they want, where they want.

The new changes were carried out under the auspices of the Online Education Committee. The Committee oversees the creation of all new e-learning material, including the CIRSE Library and newly launched CIRSE Academy.

New features

Comprehensive – with over 6,000 webcasts, posters and presentations recorded at various CIRSE congresses and symposia, Library users have a wealth of cutting-edge information at their fingertips. Users can browse content stretching back as far as 2014, reliving past sessions and discovering the latest ones.

Valuable – specially tailored topic packages allow users to access exactly the information they need and automatic recommendations on related

content mean users are able to make the most of the resources available. A special feature for EBIR candidates also helps them to find content flagged as appropriate for exam preparation.

User-friendly – as a new and improved version of ESIRonline, the CIRSE Library has also been made more user-friendly. Special attention was paid to improving the search and filter functions and it is now possible to search across the entire archive, within an individual congress or within a specific session.

High-quality – With content for the Library constantly updated and curated by experts, users can be sure that everything they view is both accurate and of the highest quality. Visual quality is also ensured with all webcasts available in HD quality.

As a CIRSE Member, you can access content in the Library free-of-charge via your myCIRSE area. Have a look at the Library and make use of the most extensive online educational resource in interventional radiology!

Tochi Ugbor-Jovičević, CIRSE Office



The Library is a rich archive, allowing IRs to access info whenever they want, wherever they want



Prof. Stefan Müller-Hülsbeck, Chairperson of the Online Education Committee, presents on the new e-learning developments at CIRSE 2018 in Lisbon.

The winners of the 2018 Poster Awards represent a variety of important research being done in the interventional field.

Poster Awards 2018

SCIENTIFIC POSTERS

Magna Cum Laude

EW-7197 eluting nano-fiber covered self-expandable metallic stent to prevent granulation tissue formation in a canine urethral model

J.-H. Park, H.-Y. Song, S.H. Yoon, J. Choi, N.G. Bekheet, J.M. Kang, D.S. Ryu; Seoul/KR

Cum Laude

Contrast clearance following hepatic transarterial embolization with radio-opaque and non-radio-opaque micro beads in swine

A.S. Mikhail¹, W. Pritchard¹, Q.M.B. De Ruiter¹, I. Bakhtashvili¹, J. Esparza-Trujillo¹, D.L. Woods¹, A.L. Lewis², J.W. Karanian¹, B.J. Wood¹; ¹Bethesda, MD/US, ²Camberley/UK

Nonsurgical placement of a balloon-expandable metallic stent: human cadaver study of the Eustachian tube

J.-H. Park, H.-Y. Song, K.Y. Kim, J. Choi, S.H. Yoon, J.M. Kang, D.S. Ryu; Seoul/KR

Certificate of Merit

Image fusion guidance with pre-procedural CT with real-time fluoroscopy for adrenal venous sampling

S. Morita, H. Yamazaki, K. Endo, S. Suzuki, K. Kamoshida, K. Suzuki, S. Sakai; Tokyo/JP

The usefulness of liver parenchymal perfusion simulation using commercial 3-dimensional workstation and simulation software in conventional transcatheter arterial chemoembolization for hepatocellular carcinoma

M. Kinoshita¹, K. Takechi¹, Y. Arai¹, R. Shirono¹, Y. Nagao¹, S. Izumi¹, S. Noda¹, S. Takao², S. Iwamoto², M. Harada²; ¹Komatsushima/JP, ²Tokushima/JP

EDUCATIONAL POSTERS

Magna Cum Laude

Variant arterial anatomy related to prostate artery embolization

S. Nirmalarajan¹, G. Schlaphoff²; ¹Randwick, NSW/AU, ²Liverpool, NSW/AU

Cum Laude

Cryoablation of large iliac bone metastasis using augmented reality: enhanced ablation planning using 3D holographic models, virtual probe trajectories, and virtual ablation zones

B. Park, M. Sheng, C. Jiang, G.J. Nadolski, T. Gade, S. Hunt; Philadelphia, PA/US

Effectiveness of automated tumor-feeder detection software (ATDS) using CT arteriography images in super-selective transarterial chemoembolization for hepatocellular carcinoma

T. Kubo, Y. Arai, M. Sone, S. Sugawara, C. Itoh, S. Wada, T. Hasegawa, N. Umakoshi, H. Kuwamura; Tokyo/JP

Certificate of Merit

A primer on the management of pleural effusions

W. Bremer, C.E. Ray, Jr.; Chicago, IL/US

Diagnosis and techniques to improve the clinical success of the transarterial embolization of type II endoleaks after endovascular aneurysm repair

R. Kawasaki¹, M. Yamaguchi², T. Okada², T. Gentsu¹, M. Kinoshita¹, S. Shohei¹, H. Horinouchi², K. Sasaki², K. Sugimoto²; ¹Himeji/JP, ²Kobe/JP

Management of difficult cases of balloon-occluded retrograde transvenous obliteration for gastric varices

S. Takenaga¹, K. Masuda¹, K. Morikawa¹, K. Michimoto², Y. Matsui¹, S. Yamazoe³, H. Ashida¹; ¹Tokyo/JP, ²Shizuoka/JP, ³Chiba/JP

Scientific and educational posters highlight ongoing and new research in IR

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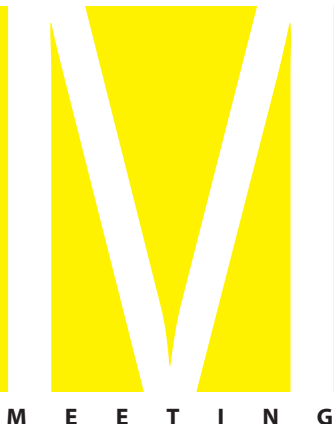
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EXPERT INTERVIEW

During CIRSE 2018, we caught up with Prof. Gabriel Bartal to talk about the new diagnostic reference levels in Europe in the context of IR.



Diagnostic Reference Levels – Setting Standards for Radiation Protection

“It is now up to us to collect the data and create meaningful DRLs for our daily practice”

At the beginning of 2018, the EU introduced diagnostic reference levels (DLR) in its pursuit to create common standards in patient care. However, DRLs in IR still have a long way to go. We spoke with CIRSE Radiation Protection Subcommittee Member, Gabriel Bartal, one of the initiators of CIRSE's Radiation Protection Pavilion and an outspoken advocate of promoting radiation safety.

CIRSE: What are diagnostic reference levels?

Bartal: DRLs tell us what the average radiation for the average patient should be during a procedure. DRLs can be created and therefore apply to a specific hospital, a city, country or the entire EU. Of course, the further you go up on that scale, the more inaccurate they get, as equipment varies greatly from site to site. You cannot expect to have the same reference levels in a hospital with 10-year-old equipment as you do in one with brand new machines. It is, as such, much more meaningful to create reference levels for each institution. It is, however, very important to bear in mind that DRLs are not dose limitations. They only provide a margin which allows the head of the department or medical physicists to see if there has been a deviation from the average. In such a case, an inquiry can be made to see what caused this deviation.

CIRSE: Who calculates the DRLs?

Bartal: DRLs are calculated automatically by the system. There are several companies who provide such programmes and there are institutions who have created their own systems. The collected data shows how much radiation was delivered

to the patient which, of course, must be analysed by taking into account the patient's body mass index.

CIRSE: How important are medical physicists for analysing the data?

Bartal: I think that medical physicists have a major role in this process. I am referring to medical physicists who are dedicated to diagnostic and interventional radiology specifically and not only to radiotherapy or nuclear medicine. People with this very specific training should be the ones evaluating the DRLs, as they are able to analyse the data in ways we as IRs cannot. However, as desirable as having a medical physicist on your team is, it is not absolutely necessary. Many specialists provide their services remotely.

CIRSE: Is procedure complexity also considered when calculating DRLs, if for example the patient has a very complex anatomy?

Bartal: If there has been a deviation from the DRL, there will be an internal investigation and factors such as complex anatomy will be considered. However, as most cases are performed following a CT or MRI, whoever does the procedure already knows about the patient's anatomy and problems that may arise. Therefore, specific preparations can be made, such as choosing the safest angio suite for the procedure in order to minimise radiation exposure. Another way to keep radiation exposure down is, of course, to have very complicated cases done by the most experienced team members or run these cases in a simulator beforehand. The simulators' software will let you predict exposure levels.



The RPP at CIRSE 2018 featured numerous Mini-Talks from experts in radiation protection.

M E E T I N G

CIRSE: What effects has the new EU directive had on radiation protection in daily practice? What has changed for IRs?

Bartal: The European Union introduced DRLs in February 2018 as a regulation that should be used in any medical practice within the EU. Most of these directives are levelled at diagnostic radiology. Since IR forms part of diagnostic radiology, we must comply. However, there simply are not enough diagnostic reference levels for IR procedures yet. It is now up to us to create DRLs for all IR procedures by collecting data with the help of the available software, and properly analysing it. I believe that in order to make the resulting DRLs user-friendly and reliable, this process, which has already started in many places, should be monitored by CIRSE or the European Society of Radiology. It will, naturally, take some time. I hope that at CIRSE 2019 we will be able to say that we are well on our way.

CIRSE: Why are there only very few DRLs available for IR so far and what reference levels can IRs refer to for procedures which do not have established DRLs yet?

Bartal: It is up to every country and every hospital to create their DRLs. At the same time, the companies providing the systems calculating DRLs are all of a sudden meeting with much greater demand. Until reference levels have been created for every institution, physicians now can refer to other reference margins, such as papers on the topic which can provide a good starting point. In addition, physicians can carry out procedures on a phantom patient, that is imitate a procedure and measure the radiation with the help of a

medical physicist. The resulting data will then be a good basis for creating the DRL for this particular procedure at that hospital.

CIRSE: How does CIRSE help to create more awareness for radiation safety in general and DRLs in particular?

Bartal: CIRSE has been paying great attention to radiation protection through its very active Radiation Protection Subcommittee. The annual meeting has featured hot topic sessions, workshops and scientific sessions regarding radiation protection and the RPP has been an important feature of the congress since 2015. However, no matter how much we do, we must always remember: radiation protection is not a destination; it is a journey.

Petra Mann, CIRSE Office

Watch the
EU Basic Safety
Standards
Directive session
from CIRSE 2018
in the Library!





The Future of IR at CIRSE 2018

The Annual Meeting provided an excellent opportunity for medical students and young IRs to learn more about the subspecialty.

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Over 250
students from
over 20 European
countries
attended

Investing in young medical students today means investing in the quality of medicine of tomorrow. This is particularly important for IR, which requires high-quality training to ensure that practitioners are competent in both procedures as well as clinical management. CIRSE is committed to providing young medical students across Europe with the educational opportunities they need to succeed in a career as interventional radiologists, in turn providing patients with the best possible care. Each year, the CIRSE Annual Congress opens its doors not only to the experts of the discipline but also to its novices. CIRSE 2018 was no exception, with numerous specially tailored sessions held for the next generation of IRs.

Providing insPIration – CIRSE's Student Programme

At CIRSE 2018, a select number of undergraduate medical students were offered free registration to enable them to participate in the congress. This programme has been on offer since 2011 and as in previous years, more students applied for the meeting than were able to participate. Over 250 students from over 20 European countries attended, taking advantage of the specially tailored sessions and events. An introductory session provided the students with all-important basic information on the discipline and they could also get an impression of IR in practice at dedicated hands-on and simulation sessions. Students also had access to all scientific sessions and were given the opportunity to speak to renowned international IRs at a special Mentoring Breakfast. Various quizzes and social events gave

the students the opportunity to put their new knowledge to the test and also share it with their peers. With the success of the CIRSE 2018 Student Programme, plans are already being made for CIRSE 2019 in Barcelona and undergraduate attendance is expected to be at an all-time high.



Providing Stepping Stones – European Trainee Forum

IR trainees and residents were invited to attend sessions and events organised by the European Trainee Forum at CIRSE 2018 in a programme that has been on offer since 2016. This year saw a marked increase in attendance compared to 2017 – 366 trainees and residents attended the congress, about 50% more than in the previous year. This was partly due to the IR Trainee Support Programme whereby any CIRSE Junior Member who submitted an abstract for CIRSE 2018 as a first or a presenting author was eligible to receive free congress registration, regardless of whether it was accepted for inclusion in the programme.



CIRSE is committed to providing young medical students across Europe with the educational opportunities they need to succeed in a career as interventional radiologists.

M E E T I N G

The sessions on offer for trainees and residents provided key advice on clinical practice and valuable insights into new technologies. One session entitled “Future IR Technologies” proved particularly popular with over 300 trainees and residents attending. Valuable career stepping stones were provided for the trainees in sessions that offered guidance on building a successful career in IR. Trainees also had plenty of opportunities to network with prominent experts as well as their peers at the newly introduced ETF Networking Brunch. Post-congress feedback was overwhelmingly positive and will be put towards planning the sessions for CIRSE 2019.



Attendance from trainees and residents was up by 50% from last year!

CIRSE Student Programme

The popular CIRSE Student Programme acts as an introduction to the dynamic, innovative and rapidly growing field of interventional radiology by welcoming undergraduate medical students to attend the CIRSE Annual Congresses free of charge. When attending the CIRSE Student Programme, students are guided through their congress experience, allowing for maximal insight into the medical field as well as opportunities to connect with peers and IR professionals from around Europe.

European Trainee Forum

The European Trainee Forum (ETF) was officially formed as a CIRSE Subcommittee in 2015. With its establishment, CIRSE aims to increase its support for the next generation of interventional radiologists, ensuring the future of IR as a discipline. The ETF is set to become a driving force in CIRSE over the next few years and openly encourages input and ideas by all young CIRSE Members with regards to all issues and concerns facing young interventional radiologists and those still in training.

Tochi Ugbor-Jovičević, CIRSE Office

EXPERT INTERVIEW

CIRSE 2018 Faculty, Dr. Erika Kashef and Dr. Colin Nice, talk about the current landscape of IR in treating pelvic trauma cases.



In Conversation: Embolisation for the Pelvic Trauma Patient

M E E T I N G

The topic package on embolisation for abdominopelvic trauma will be available in the Library soon!

As IR continues to expand its impact on the future of medicine, it is vital that interventionalists truly are involved in each step of a patient's treatment pathway. This is why CIRSE's 2018 Scientific Programme Committee, headed by Fabrizio Fanelli and Thomas Kroencke, developed the Clinical Evaluation Courses, which were designed to offer a step-by-step guide from a multidisciplinary team for various clinical cases.

At CIRSE 2018, the Clinical Evaluation Course on Embolisation of the poly-traumatised patient, resulted in dynamic discussion on patient management and techniques. After the session, speakers Dr. Erika Kashef of Imperial College NHS Trust in London and Dr. Colin Nice of Freeman Hospital in Newcastle upon Tyne, discussed challenges, training and research in embolotherapy for abdominopelvic trauma patients during filming for a new expert video, as part of a CIRSE Library topic package.



Erika Kashef: What are the main unresolved issues in interventional radiology and pelvic trauma cases?

Colin Nice: Pelvic trauma remains a very dangerous problem and we've got some additional work to do in raising the awareness of referrals, so that they refer immediately because left untreated, or even with a short delay, this becomes a lethal problem. We need to know the long term sequelae far better: I don't think we've quite got to the stage yet where we know the role of some of the more invasive techniques, such as REBOA. It will be interesting to see whether this benefits the most severely injured trauma patients.

We could do a better job of systematically applying the evidence that's already known and standardise our techniques better. I think there's an emerging pattern of evidence that shows the best way of treating splenic injuries and we haven't fully realised the advantages of that. We could also further refine our imaging protocols and work out when is the optimal time for follow-up and the time when we can safely discharge these patients.

Colin Nice: In the Clinical Evaluation Course session, there was some discussion about the most appropriate indications for splenic artery embolisation, what criteria are you using in your centre?

Erika Kashef: The topic has become more controversial, with more and more publications covering it. At our centre, if we have an appearance of abnormal contrast enhancement



At CIRSE 2018, one of the new Clinical Evaluation Courses covered embolisation for treating the polytraumatised patient.



so that is pseudoaneurysm, AV fistulas, frank bleeding or extravasation, those are indications for us to treat. However, there is an incidence of spontaneous thrombosis of pseudoaneurysms and splenic trauma. We don't know how that happens and when that happens so we can't ever leave an abnormal finding on the spleen, if we find any sort aneurysms and we don't treat it, there is a 20 time fold increased risk of splenectomy. We tend to be more aggressive with those. But if that we see the pseudoaneurysm and then we don't see the bleeding on the angio that's when the controversy comes in. Do you embolise empirically or not? I personally believe once you're there, you should, because potentially worst-case scenario, it can be an appendage that's removed, as opposed to, you know, blocking the main artery in the liver.

Colin Nice: How do you manage giving appropriate experience and exposure to trauma patients for your IR trainees?

Elika Kashef: It essentially depends on the level of training. I wouldn't let someone in a training position start doing a trauma embolisation unless they've had the baseline access and canalisation of "up and over". You have to gauge it. We scrub up together and we do it in the speed that I would have done it, and if there's any kind of slowing down, I would intervene. But basically, we do it in parallel with each other. I think that's the only way to learn and certainly when you start working through your elective cases, you've got your routine and your system then you are ready to go and adapt that.

Elika Kashef: Earlier you mentioned REBOA, what are your thoughts on this and how do you think we can get better research and data for trauma interventions?

Colin Nice: Our centre is just starting with the REBOA trial, led by the emergency department physicians. They've got fairly well-developed research structure and the study is also well supported by the manufacturers.

In general, randomised control trials for trauma cases are challenging. You're dealing with a time-critical situation in traumatised patients. There is often an element of alcohol or drugs involved and a lot of stress amongst the managing teams as well, but it can be overcome. For example, you look at some of the stroke trials, they've managed the consent process. If you look at the IMPROVE trial for ruptured AAA, there are methodologies for getting valid consent. The difficulty will then be recruiting sufficient numbers to draw properly powered trials and make meaningful conclusions.

Helen Hemblade, CIRSE Office

Watch all lectures in the CIRSE Library and check out the expert video interview with Dr. Kashef, Dr. Nice and Prof. Karnabaditis on the CIRSE Youtube channel.

Registration is now open for the European Conference on Embolotherapy, which features sessions on embolisation for trauma and many other topics.

For more education on embolisation, join us in Valencia for ET 2019



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 **balt**
inspiring innovation

We are excited to announce the launch of the CIRSE Academy, a comprehensive series of online CME courses based on the European Curriculum and Syllabus for IR.

CIRSE Academy – from Curriculum to Career

While the value of continued medical education (CME) in interventional radiology cannot be understated, fitting a CME course into an already busy work schedule can prove a challenging endeavour. The newly launched CIRSE Academy offers learners the benefits of high-quality and accredited CME activity combined with the flexibility and personalisation options that only online courses can provide.

What is the CIRSE Academy?

The CIRSE Academy is an e-learning platform that provides comprehensive courses tailored to match the sections of the European Curriculum and Syllabus for IR. Courses cover a range of topics and learners can mix and match as they see fit. All courses provided are authored and peer-reviewed by leading experts.

Who is it for?

The courses are ideal for IR trainees aiming to gain fundamental knowledge of a topic, particularly when preparing to sit the EBIR exam. However, experts can also find the courses a useful tool for helping to expand their knowledge of different interventional topics. Advanced courses are planned for the near future.

How does it work?

The content offers comprehensive information on various aspects ranging from anatomy and

pathophysiology to techniques for treatment and post procedural management. These are detailed through a combination of informative texts, graphics, videos and interactive multiple-choice quizzes. Learners must attain marks above 70% to complete the course and also answer some mandatory feedback questions. Courses are fully accredited by the UEMS and awarded with one or two CME points on successful completion of a course. The CME certificate can be downloaded immediately or saved in the myCIRSE area.

The CIRSE Academy in a nutshell:

- Courses available on: interventional oncology, embolisation, venous interventions, arterial interventions and non-vascular interventions, aortic interventions, neurointerventions and IR management.
- 25 Euro for members | 55 Euros for non-members
- Tailored to the European Curriculum and Syllabus used for the EBIR exam
- CME accredited (1-2 points)
- Each course takes 1-2 hours to complete

Please visit the CIRSE website www.cirse.org/education/cirse-academy/ or learn more about the benefits of the courses by watching our video on the CIRSE YouTube channel.

Tochi Ugbor-Jovičević, CIRSE Office



Courses are available on a range of topics



Tobias Jakobs chats to us about the upcoming ESIR course on therapies for liver cancers in Munich in June of 2019.



HCC from A-Z: Expert Training in Munich

E D U C A T I O N

Villejuif is fully booked – secure your place at the Munich course now!

The ESIR Clinical Procedure Training courses have long offered IR professionals targeted, hands-on learning opportunities, with renowned experts guiding small groups through the latest data and technologies. Liver cancer will be addressed at a winter course in Villejuif (fully booked) and a summer course in Munich. We spoke to faculty member and host of the Munich Clinical Procedure Training course, Tobias Jakobs, about the field's relevance for IR and what to expect at the course.

CIRSE: CIRSE has two upcoming liver cancer courses planned – why is this such an important clinical topic for IRs right now?

Jakobs: One of the most rapidly expanding areas in the field of radiology today is image-guided tumour treatment. Indeed, minimally invasive IR procedures have evolved from experimental procedures performed in limited patient populations with no surgical options to well-recognised clinical procedures that are now being performed routinely in virtually all major academic hospitals and tertiary medical centres worldwide. Yet, on the basis of the extensive nature of this rapid growth, there is now a strong need for a systematic review encompassing advanced imaging techniques (e.g. cone-beam CT) and treatment options, with a focus on transarterial chemoembolisation.

CIRSE: Is there any new evidence or guidelines in this field that we should be paying attention to?

Jakobs: The maturing field of interventional oncology has garnered substantial worldwide interest and enthusiasm. This interest is reflective

of the utility of the methods and the continuing, and dramatic, technical advances and refinements in image-guided tumour therapy, as well as the marked expansion of techniques to allow treatment of disease in more tumour types. Recently, the American and European guidelines for the treatment of hepatocellular cancer have been updated and revised, strengthening the role of transarterial chemoembolisation in HCC, even in the era of emerging systemic treatment options with tyrosine-kinase and multi-kinase inhibitors.



CIRSE: What can attendees expect to learn at the course?

Jakobs: The workshop is intended for physicians who currently have some basic proficiency in interventional oncology or for those who want to update their knowledge of dedicated, minimally



Sign up for Early Bird Rates for the course DEB and cTACE in Primary and Secondary Liver Cancer – June 6-7, Munich!



E D U C A T I O N

invasive cancer care. The workshop incorporates live cases of transarterial chemoembolisation (including the two most widely used techniques of conventional Lipiodol®-based TACE and TACE with the drug-eluting bead platform) and didactic instructions with practical, hands-on training. In different presentations, the armamentarium of minimally invasive, transarterial treatment options for liver tumours will be addressed. Clinical application will be emphasised through lectures, with a special focus on potential complications.

CIRSE: Complication cases feature prominently on this year's programme – why is this?

Jakobs: At all the meetings in the field of interventional oncology, you see experts showing fantastic cases with great patient outcomes. I frequently meet colleagues who wonder how they could potentially achieve comparable results. During this workshop we would also like to share "complex situations" we had to deal with while treating our patients and how we managed the situation. From my perspective, you can learn much more from cases which didn't run smoothly as well as take home valuable information and the confidence that, when faced with a difficult situation, you are trained and skilled to cope with it.

CIRSE: What is your personal highlight from this year's course?

Jakobs: There are many topics I like about this year's course. First of all, I love to see that key opinion leaders from various European countries will gather together to share their views on

transarterial treatment options, and secondly, I am really curious about the session focusing on complications. I am quite sure that we will all benefit greatly from the presenters' expertise and learn how to deal with complications in our daily practise, which will ultimately increase patients' safety and outcomes.

CIRSE: What are you looking forward to the most at June's HCC course in Munich?

Jakobs: The most striking feature of next year's course will be, in my opinion, the combination of the latest scientific data with information on how to transfer this into routine daily care. I am excited about hosting a diversified case presentation during an extensive tumour board, where the audience can actively participate and contribute their thoughts on how they would recommend treating these patients.

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

Jakobs: As you might know, Munich is often called "the biggest village in the world". This makes it a great place to host a workshop, and we can expect a relaxed, familiar atmosphere with plenty of opportunities for vivid discussion and exchange of ideas, thus building a skilled community for dedicated, minimally invasive patient care. We are looking forward to welcoming you to Munich for this unique workshop on minimally invasive transarterial cancer care!

Find out more at www.cirse.org/esir.

Ciara Madden, CIRSE Office

"The course will combine the latest scientific data with information on how to transfer this into routine daily care"

Scientific Programme Committee Chairperson, Prof. Christoph Binkert, and deputy Chairperson, Prof. Patrick Haage, look forward to welcoming delegates to ET 2019!

Join us in Valencia!



Dear Colleagues,

Embolotherapy has become an indispensable treatment for a variety of medical conditions and an integral part of interventional radiology practice. Without a doubt the dynamic development of this field will continue to thrive in the years to come.

It is, therefore, more important than ever for interventional radiologists to receive the latest and continuous education on these procedures and their numerous applications.

You are cordially invited to join us at ET 2019, the European Conference on Embolotherapy, which will take place June 26-29 in Valencia and provide a comprehensive overview of the many areas of embolotherapy, including trauma management, vascular and lymphatic malformations, GI haemorrhage, UFE, PAE, TACE, and many more.

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.

Join and support this embolotherapy-focused conference. Register now for ET 2019 and benefit from our highly reduced registration fees!

Find out more on www.ETconference.org

We look forward to welcoming you to Valencia!

Register by
March 21 for
early bird rates!



Christoph A. Binkert
Chairperson



Patrick Haage
Deputy Chairperson

A new addition to the CIRSE conference family

ET2019

EUROPEAN CONFERENCE ON EMBOLOTHERAPY



EMBOLOTHERAPY

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View the preliminary scientific programme online at www.ETconference.org

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