

1/2020

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**IR**  
*news*

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Cardiovascular and Interventional Radiological Society of Europe

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*In the face of difficult times, CIRSE is offering an online congress, an expanded online portfolio, and is planning confidently for the future.*

## Dear colleagues,

The start of 2020 has challenged us all. The spread of COVID-19 has significantly impacted our personal and professional lives. Medical and paramedical staff around the globe have been remarkable in this crisis. We as a medical community have once again proven that we can, in a very short period of time, change our work flows and patient pathways and further increase levels of safety and hygiene.

However, Europe was not prepared for this pandemic and sadly, even with our immediate measures it was impossible to avoid that some colleagues got infected, and to my deepest regret, some have lost their lives. My thoughts are with their colleagues and families.

As an organisation CIRSE has reacted very quickly and already took measures in February by postponing clinical courses of the European School of Interventional Radiology (ESIR), followed by the postponement of ECIO, ET and ICCIR.

And we have not stopped there! We have expanded and extended our online portfolio, adding a COVID-19 resource centre, a joint CIRSE/APSCVIR preparation checklist, new articles in CVIR, and are hosting a series of free webinars dedicated to learning more about how the COVID-19 pandemic is affecting the daily work of IRs around the world. Additionally, nearly 200 lectures from CIRSE congresses have been made available free of charge through the CIRSE Library, and the CIRSE Academy is currently offering six fully CME accredited courses at no cost.

As in all things, we are ever grateful for the support, understanding, and contributions of our community.

### CIRSE 2020

As governments struggle to find ways to prevent a second wave of COVID-19 infections, the global situation continues to be uncertain. For this reason, the CIRSE Executive Committee has decided to hold CIRSE 2020 as an online event instead of the physical meeting originally planned to take place in Munich from September 12-15. By offering an online event, CIRSE will provide a safe and reliable platform for knowledge exchange to IRs around the world, regardless of the situation in their country or their ability to travel.

We look forward to offering the usual high-quality sessions featuring the field's top experts and the latest research further enhancing the evidence-base of our specialty. I invite all of you to access the CIRSE website, read our e-communications and join the CIRSE social media channels to stay up-to-date as we continue to plan an outstanding CIRSE 2020. Though we cannot be together in person, this year nonetheless marks the 35<sup>th</sup> annual CIRSE meeting; a small look back at the history of CIRSE is included in the following pages.

### IASIOS

IASIOS, the International Accreditation System for Interventional Oncology Services, is nearing the completion of a successful pilot phase. In September 2019, Guy's and St. Thomas' NHS Foundation Trust in London was the first facility to be awarded the status of IASIOS Accredited Centre.

### Research

CIRT, the CIRSE Registry for SIR-Spheres Therapy, has ended data collection, with the first presentations of the data to take place at CIRSE 2020. Patient enrolment for CIRT-FR, the CIRSE registry for SIR-Spheres therapy in France, will close in August after three years of data collection. The interim data will also be presented at CIRSE 2020, as will interim data from CIREL.

### Education

Several ESIR courses have new dates – in the following pages, Milan local host Giovanni Mauri gives us an overview of the ESIR course on thyroid thermal ablation.

Let me conclude that, despite us living in difficult times, being confronted with a pandemic that is unprecedented, I strongly believe that we shall continue and support the exchange of information. We must all share newly gained knowledge as quickly as possible, each of us adding a piece of the puzzle on how to respond to and defeat this dreadful disease. It is a great challenge, but I am confident that we will get through this together, emerging stronger as physicians and a community.

I hope that we will be able to meet again soon!

*Afshin Gangi, CIRSE President*



S O C I E T Y

**I hope that we will soon be able to meet again to learn and exchange information on how to best treat our patients.**

*The interim data from CIREL will be presented in a Hot Topic Symposium at CIRSE 2020.*

## CIREL: First European results



*"So far, all of my patients were happy to participate in a well-organised international registry."*

**On behalf of Prof. Philippe L. Pereira and Prof. Julien Taieb, Co-Chairpersons of CIREL, it is our pleasure to announce the publication and presentation of the project's first data in September 2020 at CIRSE.**

Last year the CIRSE Registry for LifePearl Microspheres loaded with irinotecan (CIREL) focused heavily on promotion and centre enrolment. CIREL has been promoted at several interventional radiology and oncology congresses where we could connect and stay in touch with investigators in order to foster collaborations aiming to generate high-quality data on the real-life use of irinotecan-eluting beads in colorectal cancer patients with liver metastases. On the basis of these effort and thanks to all participating centres, CIREL has enrolled over 100 patients and is on trajectory to become one of the biggest prospective observational studies on this treatment approach in colorectal cancer liver metastases patients.

This year, in 2020, CIREL will focus on scientific publications.

Following the submission of a publication regarding the study methodology, CIREL is now preparing its first results publication, which will be a 50-patient interim analysis focusing on baseline characteristics, safety and toxicity, as well as quality of life from the first 50 patients.

**This interim analysis will be submitted for publication in CVIR and presented in a Hot Topic Symposium at CIRSE 2020 by Dr. Roberto Iezzi (Policlinico Universitario Fondazione Agostino Gemelli – Roma), a dedicated member of the CIREL Steering Committee and CIREL investigator.**

*"CIREL will greatly contribute to the collection of scientific knowledge and clinical data in one of interventional radiology's most dynamic and promising fields and help us understand better what could be the potential indications to treat patients with TACE."*

Philippe Pereira  
Coordinating Investigator

### CIREL at a glance



**More than 100 patients enrolled**



**11 countries participating**



**23 sites recruited**

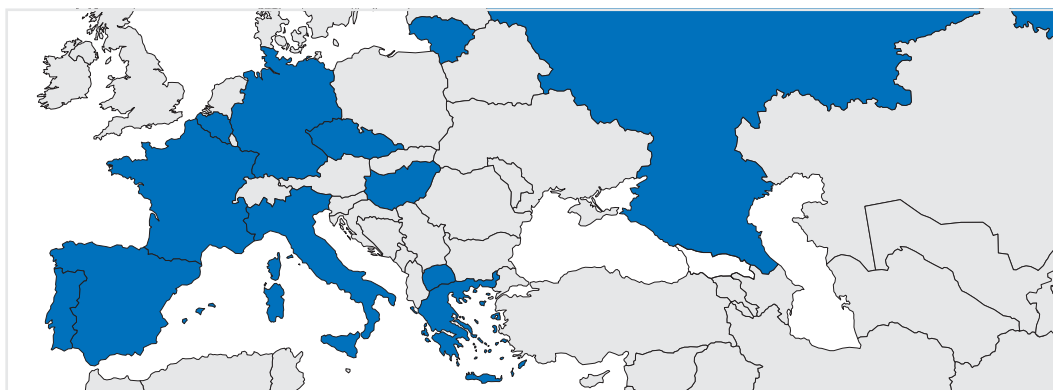
### Primary endpoints

The primary objective of CIREL is to improve the understanding of the real-life clinical application of LifePearl Microspheres loaded with irinotecan in patients with colorectal cancer with liver metastatic disease.

### Secondary endpoints

The secondary objectives of CIREL are to assess the observed treatment outcomes in terms of quality of life, safety and toxicity and effectiveness as well as to explore predictive response factors.

*The data from the 50 patient interim analysis will be published in CVIR later this year.*



S O C I E T Y

## CIRSE Interview: Semmelweis University, Hungary

We interviewed **Dr. Zoltán Bánsághi**, head of the Interventional Unit of the Medical Imaging Department at Semmelweis University in Hungary, on his experiences with CIREL.

**CIRSE: Are your patients generally aware of minimally invasive therapies and their status compared to chemotherapy? How do your patients react to CIREL?**

**Bánsághi:** Our patients are coming from all parts of Hungary. About half of them are sent for evaluation of locoregional treatment options by oncologists. All of our patients have a long history with chemotherapy, in general about two years. Because of disappointing experiences with chemotherapy, many patients are open for any locoregional or local treatment options. So far, all of my patients were happy to participate in a well-organised international registry aiming at generating data about their treatment.



**CIRSE: What are the biggest challenges for projects like CIREL in your opinion?**

**Bánsághi:** My biggest challenge while working on CIREL is contributing to the study without the support of my local oncologist partners. Although they accept that I participate in CIREL and they are not against it, I receive no support from them. All the patient management, all the lab tests, imaging, logistics and data collection are done by my nurse, Zsuzsanna Mocsári, and me.

**CIRSE: What is your personal motivation to participate in CIREL?**

**Bánsághi:** I have been performing DEB-TACE since 2008, and for me it has proven that it is an extremely powerful tool. However, there are still many open questions regarding this treatment. I therefore feel a pressing responsibility to understand more about the treatment and eventually maybe even do it better!

**If you would like to receive further information on the research project, please contact:**

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[Read more information](#)

**“I have been performing DEB-TACE since 2008 and for me it has proven that it is an extremely powerful tool, though there are still many open questions.”**

**CIRSEL**





“KSIR looks forward to more opportunities to collaborate with CIRSE in the future, opportunities that are not only beneficial to KSIR, but reciprocally fruitful for CIRSE and its international members.”

## CIRSE MEETS...

*In advance of the CIRSE meets KSIR session at CIRSE 2020, KSIR president Jin Wook Chung spoke with us on the Korean IR society, collaboration, and his thoughts on the future of IR internationally and at home.*

# CIRSE meets... The Korean Society of Interventional Radiology

**CIRSE: Korea is an exciting place to be an interventional radiologist at the moment – could you tell us a little about the current status of IR and KSIR in Korea?**

**CHUNG:** KSIR (The Korean Society of Interventional Radiology) now consists of 324 members working in 76 hospitals. It has five regional groups: Seoul-Gyeonggi [Seoul and its suburbs]; Choongchung [central region]; Honam [south-west region]; Youngnam [south-east region]; and West Gyeongin (western suburb of Seoul). Each regional group holds monthly case conferences where members actively participate in open discussions. KSIR holds its two-day annual meeting every spring and a morbidity & mortality conference at the end of each year. The Image-guided Endovascular Treatment (IGET) Live Symposium and Endovascular School are yearly events that provide our society members with the opportunity to enhance their knowledge and skill in peripheral vascular interventions. Furthermore, the International Intensive Course for Interventional Radiology (IICIR), which is structured around lectures, hands-on workshops, and animal laboratory training, takes place every year in Seoul. Since its birth in 2002, more than 720 trainees, mainly from Asia, have participated in IICIR. The purpose of IICIR goes beyond delivery of knowledge and aims to provide an opportunity for young interventional radiologists to socialise and exchange their experiences, and to ultimately develop new friendships. IICIR continues to collaborate with international societies in all areas, including academic interests and training programs.

**CIRSE: KSIR has been a CIRSE group member for many years, and Korean IRs have always been very active within CIRSE– what has this collaboration brought to KSIR so far, and how do you envision the future of our collaboration?**

**CHUNG:** Members of KSIR recognise CIRSE as one of the largest IR events in the world where participants are exposed to a vast amount of scientific information provided by international

peers and leading experts around the globe. Ever since becoming a group member of CIRSE, we have enjoyed a steady growth in the participation of KSIR members at CIRSE annual meetings. The recent introduction of free discussions around electronic poster presenters from South Korea has provided KSIR with the opportunity to promote our academic potential and to socialise with a larger IR community. KSIR looks forward to more opportunities to collaborate with CIRSE in the future, opportunities that are not only beneficial to KSIR, but reciprocally fruitful for CIRSE and its international members. I hope we may have a joint session of CIRSE and KSIR focused on topics of common interest.

**CIRSE: What are some factors that you think are unique to IR practice in Korea?**

**CHUNG:** KSIR is a relatively small society in South Korea due to the limited number of applicants who come from the pool of radiology trainees each year. KSIR's small size allows its members to interact closely with each other, a tradition that goes back to our roots, where a small group of radiologists formed a group to pursue their common interest in what was then called “active” radiology. Since that day, members of KSIR frequently hold small meetings and IR case clubs where members share their experience and expertise with each other. Such intimacy among peers is shown in daily clinical practice, where members are willing to collaborate with each other, whether it be for clinical or academic purposes.

With regard to the field of expertise, KSIR holds on to its roots as an Asian IR society; procedures that were either developed in or are widely performed in Asia are of common interest to our members. For example, conventional TACE is widely performed over DEB-TACE and SIRT. PARTO, which was developed in South Korea, is widely performed in South Korea along with BRTO – another Asian-born procedure – to treat variceal bleeding. KSIR is a fast adopter of recent trends, such as lymphatic intervention, PAE, and TAME. Recently, private IR practice has gained attention among younger interventional radiologists and

*In addition to the annual meeting, KSIR's regional groups each hold a monthly case conference where members participate in open discussions.*

UFE, PAE, TAME, and PTA for failing hemodialysis accesses are considered to suit such a practice model. There is growing emphasis on the role of IR in the frontline of treatment through which IR may flourish in both academic and non-academic centers.

**CIRSE: What are the main areas of IR research being conducted in Korea?**

**CHUNG:** Traditionally, interventional oncology has been the mainstay of IR in South Korea and there are ongoing trials in this field, ranging from liver and thyroid ablation to boosted radioembolisation. There are ongoing clinical and animal experiments focused on obstetric/gynecological embolisation and a new field, musculoskeletal embolisation. Animal and clinical studies on the treatment of lymphatic leakage and basic research on the management of lymphedema are also currently being carried out.

**CIRSE: What are the biggest challenges for IR in Korea? What can be done to further promote the field?**

As in many other countries, there is a turf battle between IR and other specialties – mainly with interventional cardiology and vascular surgery –

in the field of vascular intervention. We believe that this will be one of the biggest hurdles for our society, and is likely to be overcome through continuous pursuit of academic and clinical interests together with collaboration with other specialties whenever needed. Moreover, strengthening our ties with international IR societies such as CIRSE will undoubtedly help to maintain our position in the medical society. Meanwhile, on a domestic scale, KSIR will continue to reinforce our educational programs to train our young interventional radiologists to excel in today's ever competitive environment. KSIR is currently holding discussions with the Korean Society of Radiology (KSR) to develop dedicated training programs for radiology residents where the trainees will be encouraged to acquire clinical expertise in primary patient care.

**CIRSE: What are your current professional interests; what are you excited for at CIRSE 2020?**

**CHUNG:** Currently, I am specifically interested in improving and optimising intraarterial treatment for hepatocellular carcinoma. At CIRSE 2020, I look forward to watching and enjoying the frontline of knowledge and technology about interventional radiology from all around the world.



Korean Society of  
Interventional Radiology



*“KSIR holds on to its roots as an Asian IR society; procedures that were either developed in or are widely performed in Asia are of common interest to our members.”*



*CIRSE has met KSIR before! Dr. Jin Wook Chung and his colleagues presented at the “CIRSE meets KSIR” session during CIRSE 2005 in Nice.*

*CIRT-FR, the CIRSE Registry for SIR-Spheres treatment in France is currently four months away from ending patient enrolment.*

## The countdown has started for CIRT-FR



2020 will be a remarkable year for CIRT-FR, the CIRSE Registry for SIR-Spheres in France. Following three years of data collection, patient enrolment close-out will take place in August, and CIRT-FR interim data will be presented in a Hot Topic Symposium at CIRSE 2020.

These preliminary results will focus on baseline characteristics and safety data from 200 patients, giving an insight into feasibility, patient characteristics, treatment considerations, adverse events and quality of life within six months after treatment.

Following the data presentation by Professor Romaric Loffroy in a Hot Topic Symposium at CIRSE 2020, the interim CIRT-FR results will also be presented at Journées Francophones de Radiologie (JFR), which will take place the first week of October in Paris.

These preliminary results are expected to provide an understanding of the real-life clinical application of radioembolisation in France and will set the stage for any future and final data analyses, aimed to be published in 2023.

### CIRT-FR Interview

We had the opportunity to chat with **Professor Thomas Helmberger (Klinikum München, Department of Radiology), Co-Chairperson of the CIRT-FR Steering Committee**, at IROS in Salzburg.

**CIRSE: What is your personal motivation to participate in CIRT-FR and also serve as the Co-Chairperson, alongside Prof. Valérie Vilgrain?**

**Helmberger:** CIRT-FR is the offspring of the European registry CIRT, with a slightly different goal. With CIRT-FR we evaluate the real-life clinical practice of radioembolisation using SIR-Spheres loaded with yttrium-90 in France. This will help the French national authority of health (HAS) to assess the renewal of reimbursement of SIR-Spheres for the treatment of patients with CRC and HCC. As the chairperson of CIRT and co-chairperson of CIRT-FR, it is a personal concern to make CIRT-FR a success story like CIRT for the sake of our patients. Prof. Vilgrain was already running the largest studies on yttrium-90 therapies in

#### CIRT-FR timeline

- **August 2017:**  
Start of patient enrolment
- **Now**
- **August 2020:**  
End of patient enrolment
- **September 2020:**  
Hot topic symposium at CIRSE
- **October 2020:**  
Interim data presentation at JFR
- **August 2021:**  
Submission to HAS
- **February 2022:**  
Evaluation of reimbursement of SIR-Spheres
- **August 2022:**  
End of follow-up inclusion

#### CIRT-FR at a glance



**Patients enrolled to date: 270**



**Number of enrolling centres: 12**

#### Primary endpoints

Categorise different treatment approaches of SIRT; as a first-line treatment, second or subsequent treatment, with or without concomitant systematic therapy or in addition to any other treatment.

#### Secondary endpoints

Safety in terms of adverse events, effectiveness, quality of life as well as technical considerations and diagnosis-and treatment-related considerations.



*"A scientific society offers, in my opinion, the ideal platform for independent clinical research."*

France and has the most experience in this field. Therefore, she is the ideal person to chair CIRT-FR and it is a great pleasure to collaborate with her.

**CIRSE: What did you learn from your participation in several CIRSE study Steering Committees and from serving as the Chairperson for CIRT and CIRT-FR?**

**Helmberger:** I gained understanding on the various health care systems and approaches to clinical practice, as well as the benefits of understanding the diverse needs in these different systems. Furthermore, I learned how properly designed observational cohort studies may help to improve health care services.

**CIRSE: The first CIRT-FR publications are planned for 2020. What are you hoping to learn from data collected by CIRT-FR? Which data points captured in CIRT-FR are you most interested in?**

**Helmberger:** We will get a reflection of how radioembolisation is practiced in France. It will be very interesting to see how the French data compares to the countries participating in CIRT. The objectives we are going to analyse will be an important component for the French national authority of health (HAS) to understand indications, effectiveness, safety and quality of life related to radioembolisation in the clinical practice. This will ultimately help inform the decision of HAS on the continued reimbursement of SIR-Spheres in France.

**CIRSE: What are the biggest challenges for projects like CIRT-FR in your opinion?**

**Helmberger:** In this context, CIRT was a lot more challenging than CIRT-FR, as we had to deal with very diverse regulatory bodies and local regulations. Since we are focused on France only, this is easier in CIRT-FR. Furthermore, quite

basic local limitations in an institution (e.g. lack of personnel), can hinder patient recruitment and data collection.

**CIRSE: What are the most positive and rewarding aspects regarding your participation in CIRT-FR?**

**Helmberger:** Getting real life data from an oncological key-player country like France and hopefully to successfully support the IO community in providing study results which will enable a renewal of reimbursement of radioembolisation in France.

**CIRSE: Where do you see the value in scientific societies, like CIRSE, conducting independent clinical research?**

**Helmberger:** A scientific society offers, in my opinion, the ideal platform for independent clinical research. Due to the nature of an international society, many researchers and their knowledge are gathered under one hat. Also, the infrastructure of such a society as CIRSE with a Clinical Research department allows constructing and conducting studies in a very efficient way, making it possible to collect data independently of the industry, which prevents unintended biases.

**If you would like to receive further information on the research project, please contact:**

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[Learn more!](#)



*"As the chairperson of CIRT and co-chairperson of CIRT-FR it is a personal concern to make CIRT-FR a successful story like CIRT for the sake of our patients."*

**CIRT-FR**

*Early this year, CIRSE Past President Robert Morgan travelled to Myanmar for a second time to participate in APSCVIR's international outreach programme.*

## 2020 APSCVIR international outreach programme



Outreach programmes enable CIRSE to bring interventional radiology education to IRs and other doctors in countries with very limited access to overseas meetings.

[www.apscvir.com](http://www.apscvir.com)

For the second year running, CIRSE sent a representative to participate in the outreach programme organised by the Asian Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR). Somewhat by chance, it was again my good fortune to attend this meeting as the CIRSE representative this past January.

This was the 5<sup>th</sup> meeting to take place in Myanmar in collaboration with the local hosts, the Myanmar Interventional Radiology Society, which was organised locally by Prof Kyaw Zeya and Dr Taryi Wint.

The meeting took place in major hospitals in Myanmar, with a two-day programme in Yangon and a one-day programme in Mandalay. Both hospitals had very good meeting room facilities for the lectures and the remainder of the outreach scientific programme.

Apart from myself, the international faculty consisted of Dr. Tan Bien Soo (Singapore), Dr. Yasuaki Arai (Japan), Dr. Joseph Kim (Korea), Dr. Je Hwan Won (Korea), Dr. Tan Bien Peng (Singapore), Dr. Laura Findeiss (USA) and Dr. Charles Ray (USA).

The scientific programme comprised a wide range of interventional radiology topics, including embolisation of gastrointestinal haemorrhage, management of peripheral arterial and venous disease, treatment of hepatocellular carcinoma and liver metastases, biopsy and drainage procedures, and genitourinary embolisation. These topics and many more were delivered in a series of lectures by the international faculty and also by members of the local faculty. All lectures were of a very high standard.

There were also three live cases that were performed by Dr. Arai (a challenging TACE), Dr. Hwan Won (a fiendishly challenging haemodialysis occlusion) and by myself (a total SFA occlusion). Practical hands-on demonstrations on several aspects of IR were also covered in separate breakout sessions.

All sessions were very well attended by trainee interventional radiologists and faculty from Myanmar. There was also delegate attendee representation by radiographic technologists and interventional radiology nurses, as well as

from many doctors and staff from other clinical specialties, who were evidently interested to learn how interventional radiologists could help their patients in their practice. This is one of the major achievements of the meetings; promoting the uptake of IR in these hospitals in Myanmar.

Myanmar is richly endowed with cultural attractions, and no visit to Yangon is complete without visiting the Shwedagon Pagoda, which is a truly exceptional sight. Additionally, outside Yangon there are many sites of cultural and natural beauty. The local population is extremely welcoming and the local cuisine is excellent with a wide variety of spicy curries, rice and noodle dishes reflecting Myanmar's location at the crossroads between the Indian subcontinent and Southeast Asia.

It was a personal pleasure to spend time with my Myanmar hosts and the eminent international faculty. Valuable new links were forged between European interventional radiologists and this corner of the world.



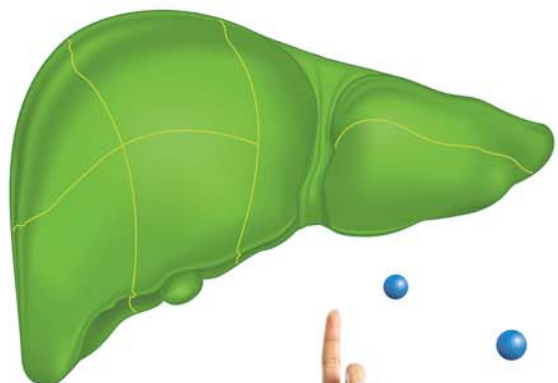
In summary, once again, I found my experience at the Myanmar outreach programme to be highly rewarding for the local population. I believe that this is an excellent collaborative programme between major international interventional radiology societies. These outreach programmes enable APSCVIR, SIR and CIRSE to bring interventional radiology education to interventional radiologists and other doctors in countries with very limited access to funding to attend overseas live educational meetings, such as the CIRSE congress.

I sincerely hope that CIRSE will continue to support these and many other similar ventures in coming years.

*Robert Morgan, CIRSE past president*

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### Now indexed in PubMed Central

We are pleased to announce that CVIR Endovascular articles are now indexed in PubMed Central (PMC) – giving articles published in the journal wider reach and visibility.

Indexing in PMC is an acknowledgement of the quality of a journal. To be accepted for indexing, a journal must undergo a review of the scientific, editorial and technical quality of its articles. Thanks to the work of our editors, reviewers and, of course, our authors, CVIR Endovascular has been assessed as meeting these quality standards.

### 15% APC discount for CIRSE members

More good news! To celebrate CVIR Endovascular's success and encourage more authors to publish in the journal, CIRSE now offers a 15% discount on the article processing charges (APC) for the journal to CIRSE members in good standing.

In order to apply for this discount, please contact CVIR Endovascular's editorial team at [info@cvirendovascular.org](mailto:info@cvirendovascular.org).

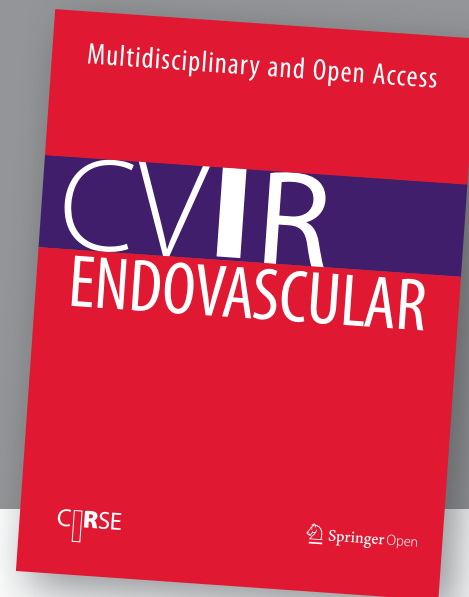
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### **CIRSE Standards of Practice on Prostatic Artery Embolisation**

F.H. Cornelis, T. Bilhim, N. Hacking, M. Sapoval, C.R. Tapping, F.C. Carnevale  
*CardioVasc Intervent Radiol, February 2020, Volume 43, Issue 2*

### **CIRSE Standards of Practice on Diagnosis and Treatment of Pulmonary Arteriovenous Malformations**

S. Müller-Hülsbeck, L. Marques, G. Maleux, K. Osuga, J.P. Pelage,  
W.A. Wohlgemuth, P.E. Andersen  
*CardioVasc Intervent Radiol, March 2020, Volume 43, Issue 3*

### **CIRSE Standards of Practice on Thermal Ablation of Primary and Secondary Lung Tumours**

M. Venturini, M. Cariatì, P. Marra, S. Masala, P.L. Pereira, G. Carrafiello  
*CardioVasc Intervent Radiol, May 2020, Volume 43, Issue 5*

[www.cirse.org/standards-of-practice](http://www.cirse.org/standards-of-practice)





*Each year, the Italian College of Interventional Radiology (ICIR) presents one of Europe's biggest events designed for IR trainees and residents starting out in their career.*

## IR Campus in Pisa



This year, the sixteenth edition of the IR campus in Pisa welcomed twelve motivated CIRSE junior members currently in their residencies. These attendees were specifically selected by CIRSE and were provided with travel and accommodation grants in order to learn, network, and gain experience throughout the three-day programme.

session speakers and provided a brief introduction about CIRSE before giving a presentation on the topic of chronic benign biliary disease. The attendees also had the chance to take part in hands-on workshops supported by industry partners, and attend a faculty dinner with a view of the Pisa tower as well as a farewell party which was organised for all campus participants.

Twelve motivated CIRSE Junior members attended the three-day programme.

A variety of topics were covered, including IR in emergency, pelvic, aortic aneurysms and TIPS, as well as live cases that were transmitted directly from the University hospital of Pisa. Prof. Adam Hatzidakis, current deputy chairperson of CIRSE's Scientific Programme Committee, was one of the

*"It is important to interact with trainees and IRs from other countries to exchange ideas, learn from their experience and why not establish new friendships with working possibilities in the future" – Maria-Cristina Craciunoiu, campus attendee from Romania.*



## Experience at eye-level

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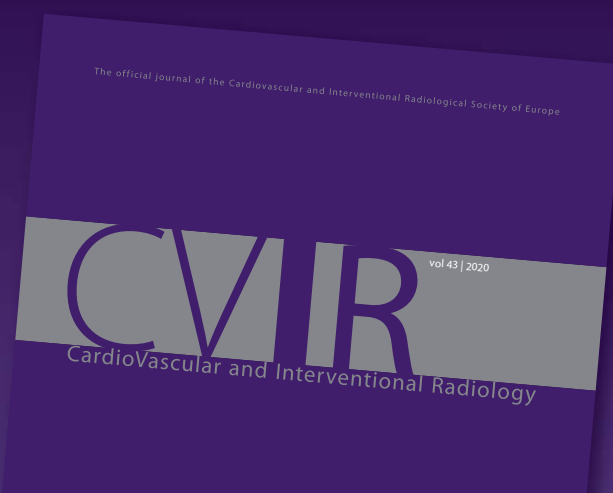
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## IASIOS

*The International Accreditation System for Interventional Oncology Services is nearing the completion of a successful pilot phase.*

# IASIOS moves forward



The public launch of IASIOS is planned for 2021.

CIRSE recognises that with the expanding importance and recognition of interventional oncology (IO) among physicians; it is imperative for patient safety and satisfaction that interventional oncologists have the ability and means to officially prove their value and expertise, not as technicians, but rather as primary clinical providers to patients and hospital administrators. This was the foundation for developing an accreditation system for IO services that can be used to standardise the level of care for IO services on a global scale.

### The blueprint

The International Accreditation System for Interventional Oncology Services (IASIOS) offers facilities the unique opportunity to achieve a seal of quality and recognition for their IO services, delivered in keeping with the CIRSE Standards of Quality Assurance in Interventional Oncology – a comprehensive document published in 2018 that lays out the standards required to safeguard patient safety and encourage good practice. The document does not focus on the interventional procedures involved in the management of cancer patients, but rather looks at the whole process of patient care and treatment, and what is required to deliver IO services as part of a patient-focused treatment plan. This publication has been well received and is supported by over 25 national IR and radiology societies from around the world.

### IASIOS enrolment

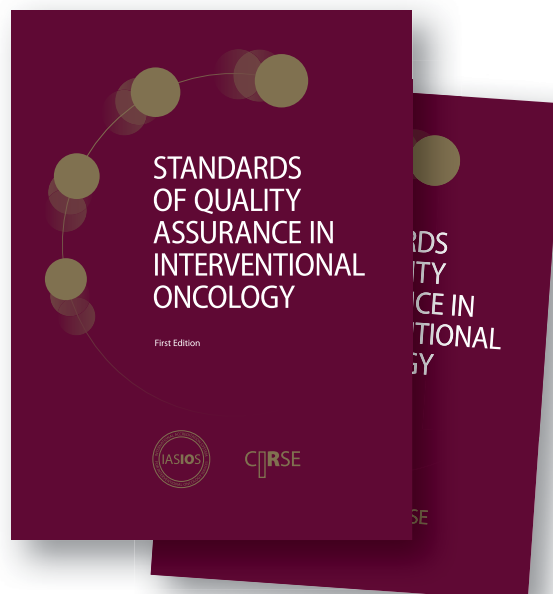
In addition to certifying established centres, IASIOS is designed to help developing oncology facilities plan and improve their services in a way that ultimately benefits the patient. Acquiring the IASIOS seals enables hospitals to certify their commitment to optimising patient care with quantifiable benchmarks. Centres that are enrolled in the IASIOS system can utilise the support provided by the IASIOS office and optional consultancy while they are in the process of improving their IO service lines and preparing their IASIOS application. Following the standards, and with the support of the IASIOS office, hospitals can determine what changes and improvements have to be made in their services in order to achieve the main goal of IASIOS: receiving accreditation for high-quality IO care.

### Pilot phase success

The pilot phase of IASIOS was launched in the middle of 2018. In 2019, the first full year of a two-year pilot phase, there were seven top IO centres enrolled in the IASIOS accreditation programme. These were based in the United Kingdom, France, Australia, Turkey and Switzerland. In early 2020, four more facilities from around the world (the Netherlands, Italy, Singapore and Germany) joined the enrolled centres and are among the group of pioneering facilities helping to set the standard of quality assurance in IO services.

In 2019, Guy's and St Thomas NHS Foundation Trust was the first facility to successfully go through the IASIOS application process and be awarded the status of IASIOS Accredited Centre. Strasbourg University Hospitals, HUS recently became the second Accredited Centre.

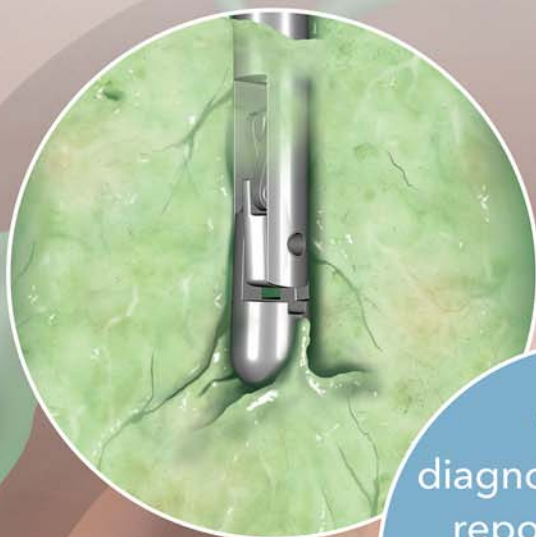
Eligibility for IASIOS accreditation is not dependent on the size or location of facilities. The public launch of IASIOS is planned for 2021, at which time all facilities worldwide that are offering IO services can apply for IASIOS accreditation.



[www.iasios.org](http://www.iasios.org)

# 1 out of 5

patients with suspected primary malignant biliary strictures is misdiagnosed.\*



**94.2%\***

diagnostic accuracy reported from a histological sample taken during the PTC procedure.



## TRANSLUMINAL BILIARY BIOPSY FORCEPS SET

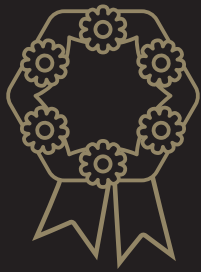


[cookmedical.eu](http://cookmedical.eu)

\*Patel P, Rangarajan B, Mangat K. Improved accuracy of percutaneous biopsy using "cross and push" technique for patients suspected with malignant biliary strictures. *Cardiovasc Intervent Radiol*. 2015;38(4):1005-1010.

*Remembering a friend and colleague.*

## In memoriam – Dr. Kurt Amplatz (1924-2019)



S O C I E T Y

Dr. Amplatz  
trained  
generations of  
cardiologists and  
interventional  
radiologists who  
hold him in the  
highest esteem.

Born and raised in Weistrach, Lower Austria, in 1924, Dr. Kurt A. Amplatz obtained his medical degree from the University of Innsbruck in 1951. After completing his internship in St. Pölten, Dr. Amplatz immigrated to the United States. Following another internship in Brooklyn and residency at the Wayne State University Medical School in Detroit, MI, Dr. Amplatz joined the faculty at the University of Minnesota, where he continued to work until his retirement in 1999.

A review of his 630 peer-reviewed scientific publications in PubMed gives a testimony to his impact on the diagnosis and treatment of cardiovascular disease. Many of the devices used in the management of cardiovascular disease today reflect an evolution of devices he conceived. He was a pioneer for the development of techniques for accurate visualisation of blood vessels.

He developed one of the first vascular injectors in 1960. He described the modified Seldinger technique used routinely today, and developed the Amplatz coronary artery catheters. He developed a host of guidewires, and a temporary IVC filter as well as a method for the percutaneous placement of inferior vena cava filters. His concern with radiation exposure and image quality led to the development of Slot Radiography, and he made major contributions to the angiographic diagnosis of complex congenital heart diseases utilizing his rapid film changer, which allowed rapid image acquisition and visualisation of the image during film recording.

He explored and showed the feasibility of angioplasty for non-coronary applications in the aorta and peripheral vessels, including the 'kissing balloon' technique for the management of bifurcation lesions, and described the mechanism of angioplasty, debunking the myth of "redistribution of the atherosclerotic material along the wall" as described by Dotter and Grüntzig.

In the field of paediatric cardiology, he was among the first to describe angioplasty in branch pulmonary arteries in patients with pulmonary

artery stenosis and a technique to percutaneously occlude the patent ductus arteriosus. He also did seminal work in shunt quantification and measurement of myocardial blood flow.

More recently, he developed the Amplatz Goose Neck Snare, which is routinely used for foreign body retrieval in the cardiovascular system. Currently, he is best known for the invention of the Amplatzer Septal Occluder and the Amplatzer Vascular Plug. He also developed numerous other devices for use outside the vascular system. Little known is his work in the field of neuroradiology, in which he developed various techniques.

Throughout his career span, he garnered over 30 prestigious awards, among which are the Gold Medal from the American College of Radiology (1988), the 29<sup>th</sup> C. Valentine award of the New York Academy of Medicine (1989), The Outstanding Research Award of the Radiological Society of North American (1999), and the American Roentgen Ray Society Gold Medal for Distinguished Service to Radiology (2000). In 2012, he received the AHA Award of Meritorious Achievement and The Life Achievement Award of the Latin American Society of Interventional Radiology in 2013.

After retiring from the University of Minnesota, Dr. Amplatz founded the AGA Medical Corporation where he developed and brought to the market a device for the percutaneous closure of atrial septal defects and a device to occlude blood vessels. After the sale of the AGA, Dr. Amplatz continued his scientific work with new devices development with a new company called KA Medical, concentrating on the development of a device for the percutaneous closure of ventricular septal defects and vascular occlusive devices.

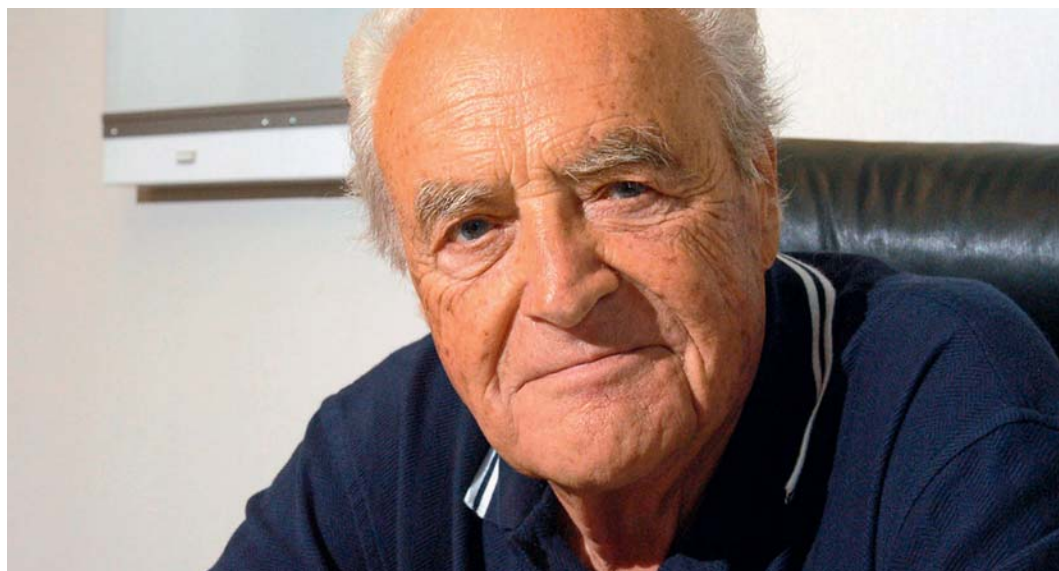
He trained generations of cardiologists and interventional radiologists who hold him in the highest esteem and learned the importance of seeking novel solutions to diagnostic and therapeutic problems from him.

As representatives of the hundreds of physicians trained by Kurt, we would like to add a few personal memories of our time with him. Kurt



## OBITUARY

*Dr. Amplatz was truly one of the great pioneers in cardiology and interventional radiology.*



© Craig Lassig



was a teacher, mentor, coach and friend. He not only taught us the minutia of the different disease processes that we treated, but he made sure that we understood the basic scientific facts and, most importantly, that being a good physician meant treating our patients as a whole being, kindly and to the best of our abilities.

As a mentor and coach, he was brutally honest, disassembling and restructuring our manuscript drafts while explaining his reasons for doing so; all of this, thankfully, done over a glass of wine at his kitchen table. He had the ability to help us convey our concepts in a manner that would make sense to the reader, while allowing us to maintain our unique voice. We who knew him and trained or worked alongside him will always treasure his words for how to not only be the best physician, but to live a life of purpose and fulfilment.

Kurt is survived by his four children, Curtis, Maria, Grace and Caroline, his grandchildren Alexandra, Nicolas and Anton Gougeon, and his long-term partner Mariana Schulze.

Dr. Amplatz helped lay the foundation of interventional cardiology and radiology and facilitated the translation of this knowledge into

practical products and techniques. The scope of his contributions is overwhelming when one examines the breadth of his work. His creativity and thirst to contribute to the medical community at large and the patient specifically never waned.

Wilfrido R. Castaneda MD  
Professor Emeritus Louisiana State University,  
LA, USA

Antoinette S. Gomes, MD  
Professor Radiology and Medicine  
David Geffen School of Medicine at UCLA, CA, USA

Carol Coleman Steenson, MD  
Professor of Radiology University of Minnesota,  
MD, USA

Christoph L. Zollikofer, MD  
Professor of Radiology  
Kantonsspital Baden, Switzerland

The scope of his contributions to IR cannot be overstated; throughout his life, his creativity never waned.

*CIEMAR is CIRSE's Europe-wide registry for emprint microwave ablation.*

## CIEMAR – First experiences



### CIEMAR Interview: Attikon University Hospital, Athens

We caught up with the first centre to be enrolled in CIEMAR.

**Prof. Dimitri Filippiadis** is assistant professor of diagnostic and interventional radiology at the **University Hospital Attikon in Athens**. He and his colleague, **Dr. Evgenia Efthymiou**, are very happy with their participation in the study so far.

#### **CIRSE: Why did you think it was important to take part in CIEMAR?**

**Filippiadis:** I believe that microwave ablation (MWA) for treating colorectal metastatic disease has been shown to have a good safety profile and efficacy, but needs to be established in a larger sample to confirm its effectiveness in clinical practice. I think this will also help more patients that could benefit from the therapy get access to it.

#### **CIRSE: Which of the results are you most interested in and why?**

**Filippiadis:** The primary outcome measure of tumour response is the most interesting of course. We understand the therapy from a technical point of view and know about the correlation between ablation margins and tumour response, but this has not yet been confirmed in a large sample.

#### **CIRSE: How are you experiencing data collection at your centre? Is it a burden?**

**Filippiadis:** No, it's no huge burden. Myself and Dr. Efthymiou are entering the data, so we have two people working on it and it is usually done quite quickly.

#### **CIRSE: Do you feel participation in CIEMAR is helping to raise the profile of MWA for colorectal metastases?**

**Filippiadis:** In my hospital this is certainly the case. It makes a difference if I approach the tumour board with a case that I intend to enter into the study. It definitely raises the profile within the hospital and therefore also for other medical specialties and patients.

#### **CIRSE: So, you have noticed that the collaboration with your oncological colleagues has benefitted from your participation in CIEMAR?**

**Filippiadis:** Absolutely. CIEMAR has really had an impact on my practice and how it is viewed by my colleagues; I am now regularly receiving cases for other ablations, especially lung. I did not necessarily receive these before presenting CIEMAR cases.

#### **CIRSE: One final – very serious – question: if you had to move your IR practice to Mars and there was one Greek food you could take with you, which one would it be?**

**Filippiadis:** That's easy to answer, it would be the Greek salad. It has all the ingredients to be the perfect prophylaxis for colorectal cancer!

#### **If you are interested in taking part or receiving more information about CIEMAR, please contact:**

Robert Bauer  
CIRSE Office  
+43 1 904 2003 37  
bauer@cirse.org

Learn more about CIEMAR



“CIEMAR has really had a beneficial impact on my practice and how it is viewed by my colleagues.”

CIEMAR

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## POSTPONED TO NOVEMBER 2-5 NICE, FRANCE



Cardiovascular and Interventional Radiological Society of Europe

[www.ecio.org](http://www.ecio.org)



*From January 16-18, IRs from Germany, Austria and Switzerland came together once again at the annual Interventional Radiology Olbert Symposium in Salzburg.*

## The start of the interventional year: IROS 2020



IROS provided everything from introduction symposia to expert level presentations.

[www.irosonline.org](http://www.irosonline.org)

This year's Interventional Radiology Olbert Symposium, better known as IROS, offered plenty of space for meeting, discussion and education. With a variety of lecture formats at different levels of complexity, IROS provided everything from introductory symposia to expert level presentations.

The 39<sup>th</sup> IROS kicked off with the Opening and Awards Ceremony, where Prof. Peter E. Huppert, head of the radiology centre Max Grundig Klinik Bühlerhöhe, and Prof. Julio C. Palmaz, inventor of the balloon expandable vascular stent, were awarded honorary DeGIR membership. Subsequently, Dr. Johannes Trenkler, chief physician at the Radiology Institute Neuromed Campus of the Kepler Universitätsklinikum in Linz, and Prof. Götz M. Richter, head of the diagnostics centre at the Klinikum Stuttgart, were presented with ÖGIR honorary memberships.

Prof. Thomas K. Helmberger received the Eberhard-Zeitler medal for his outstanding, innovative contributions to the field. The award was named after the German radiologist who was the first to successfully perform a TIPS procedure in 1988, and is given every year to pioneers in German IR.



This year's honorary lecture was delivered by Prof. Werner Jaschke, president of the Universitäts Klinik Innsbruck. He spoke about the important role of radiation protection and how it is the core competence of every interventional radiologist; that it is a given to improve and maximise radiation protection at all times, as it is a topic relevant to patients, IRs, nurses and generally all healthcare workers active within the field of IR.



After their successful introduction in 2019, Focus Courses remained at the core of the symposium in 2020, often in combination with Live-In-Box presentations, an innovative format that showcases theoretical foundations visualised as pre-recorded case videos.

Sessions like "A case that wouldn't let me sleep", where highly complex cases or procedures that took unusual measures were discussed, showed how problems can be solved with the help of tricks and experience. The popular Hands-on-Workshops set the focus on peripheral thrombectomy, closure systems and sedation safety in IR. In addition, several simulation trainings gave advanced IRs the chance to practice special procedures on electronic simulators. Attendees were also able to check out new medical ideas and concepts at the Poster Top Ten session. Meanwhile, companies showcased new products and medical devices at the Satellite Symposia.

After starting a new decade with lots of learning and sharing in Salzburg, the IROS programme planning committee is already hard at work preparing for IROS's return to Salzburg in 2021 and looking forward to another year full of innovation and intervention.

*Lilou Waigl, CIRSE Office*

*Due to the spread of COVID-19, it has been necessary to postpone ET meets GEST.*

## ET meets GEST – see you in December!

Due to the spread of COVID-19, ET has been postponed and will take place from December 16-19 in Vienna.

The CIRSE leadership and our community continues as committed as ever to furthering education in embolotherapy, which is already well-established as a fundamental part of interventional radiology. While its established therapies are essential, it is also an amazingly versatile field, innovative and ever changing. CIRSE strives to support improvements in tools, materials, and treatments through ET, the European Conference on Embolotherapy.



Prof. Christoph Binkert, chairperson of the Scientific Programme Committee, explained the importance of the meeting; “Embolotherapy is a field which is pretty much covered entirely by interventional radiology. So, you can really consider it to be the core of IR, and I think it's important that we focus on that and we really develop this dynamic field. I really expect a lot of changes in the next years. Some of them bigger, some of them smaller; I expect some new materials but also combination of materials we already have. This is sure to make this and all future ET meetings very interesting.”

Deputy Chairperson Prof. Patrick Haage continued “Material and techniques are advancing all the time, and we do have very good material at hand for most of the diseases that we have to treat. However, if you look into the past, we've been driving cars for 100 years – and we're still improving. We can still use the material has been around for 40 years, but we can also look at the improved material. The developments in embolotherapy are extremely exciting. IR is growing constantly, and embolotherapy is a part of IR. That means that we also have to grow constantly in the field of embolotherapy. The key is knowledge: knowledge, education and information.



ET meets GEST 2020 will build on the success of its first year, challenging the IR community to take embolotherapy even further. The Scientific Programme Committee is excited for a fruitful collaboration with our friends from the GEST congress, which is sure to guarantee an enriching and comprehensive scientific programme.



“Embolotherapy is a core component of IR; I think it's important that we focus on that and we really develop this dynamic field.”

[www.etconference.org](http://www.etconference.org)



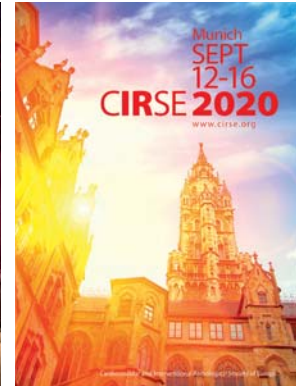
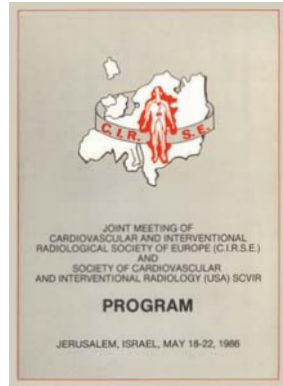
*This year, we celebrate 35 years of innovation,  
education and intervention.*

# 35 years of CIRSE



Every aspect of  
CIRSE has grown  
exponentially –  
from the topics  
presented to  
the number  
of countries  
represented.

Please visit  
[www.cirse.org](http://www.cirse.org)  
for all updates  
regarding the  
CIRSE 2020 Summit



Two societies initially represented interventional radiologists in Europe: The European College of Angiography and the European Society of Radiology. On April 24, 1985, the societies were officially merged during a joint Annual Meeting and postgraduate course in Vienna, and the Cardiovascular and Interventional Radiological Society of Europe – CIRSE – came into existence.

The very first CIRSE congress was held in in Jerusalem in 1986 and hosted around 300 attendees from a handful of countries. Following meetings in Porto Cervo, Berlin, Paris, Brussels and Oslo saw attendance numbers rising steadily as the fledgling society gained momentum. With membership increasing and IR procedures impacting a growing range of medical conditions, CIRSE shifted focus, intensifying training, education, and research programmes.

CVIR became the official journal of CIRSE in 1991. As the 90s and early 2000s flew by, The CIRSE Foundation was established, headquarters with permanent staff opened in Vienna, and robust congress attendance reflected the society's increasing investments in education and clinical research.

Membership grew rapidly throughout the 2000s, thanks in part to investments in member services and the addition of group membership.

But mere numbers don't tell the full story. Drawing on the expertise of several committees, including one dedicated entirely to programme planning, the scientific programme has become increasingly multi-faceted, comprehensive and clearly structured, with sessions split into eight separate tracks. The society has also introduced additional, specialised conferences, including ECIO, ET, ICCIR, and the IDEAS Symposium that takes place during the CIRSE congress.

Every aspect of CIRSE has grown exponentially – from the topics presented to the number of countries represented. CIRSE has continued to place a priority on educational programmes while also committing to representing the IR community as a whole in diverse contexts, from guidelines to research to collaboration with other organisations.

CIRSE 2019 in Barcelona saw more than 7,000 participants from 96 countries across the globe, plus many more who were able to watch the sessions from home via the CIRSE Library.

CIRSE's history would not have been possible without our members' dedication and professionalism. Thanks to visionary leadership and contributions by a committed membership, CIRSE has been able to grow successfully and continuously, bringing us to where we are today.

*The CIRSE 2020 Summit will feature content from the originally planned PAD Day throughout the programme.*

## Spotlight on PAD



PAD Day coordinators, Profs. Fabrizio Fanelli and Stefan Müller-Hülsbeck, spoke to us about the importance of highlighting this topic.

### **CIRSE: Why is it important for PAD to be in the spotlight at CIRSE 2020?**

**Müller-Hülsbeck:** CIRSE's annual meeting covers all facets of interventional radiology; but arterial intervention is a field CIRSE has been involved in from the very beginning, as well as one the most often covered and widespread fields of treatments worldwide. In order to highlight the importance of arterial interventions for treatment of PAD, it seems somewhat self-explanatory that PAD should be put in the spotlight during the world's leading and international interventional conference.

**Fanelli:** Throughout the summit, participants will be able to watch different sessions based on several subjects about the vascular peripheral field. This congress-within-a-congress is a unique opportunity, one of its kind.

### **CIRSE: The first PAD Day was held at CIRSE 2019 – what were your takeaways? What do you hope to see accomplished by continuing to focus on this topic?**

**Fanelli:** The first edition of the PAD Day was undoubtedly a success, as participants and companies testified. This year we will address new themes, always linked to our daily practice. Its multidisciplinary structure and the participation of international key opinion leaders will give attendees the opportunity to improve their knowledge and experience.

**Müller-Hülsbeck:** The first PAD Day was a gamechanger; one day, three focus sessions, one hot topic symposium and a First@CIRSE session featuring an international panel of key opinion leaders from different disciplines, and an exceptional attendance of more than 2,000 for the day. The First@CIRSE session included presentations of data released for the first time at CIRSE, then published in CVIR the next working day, highlighting the latest information on future trends for PAD treatment. My personal hope

is that a PAD focus becomes established as a fundamental element during the broader CIRSE conference programme.

### **CIRSE: What can participants expect to gain from attending PAD sessions at the CIRSE 2020 Summit?**

**Müller-Hülsbeck:** With CIRSE'S 2020 PAD programme, Fabrizio and I tried to compile a mix of of-the-moment PAD topics. Focus sessions entitled "Management of claudication", "Deep dive into CLI", "Innovative forum" and a hot topic symposium on complex femoro-popliteal lesions will be included. Watching all PAD sessions or even a couple of them will guaranty an up-to-date refresher on the latest and future interventional PAD treatment topics.

**Fanelli:** In addition, in the First@Cirse session participants will be given the unique chance to learn about results coming from the most recent studies, including already published data, published but also new, never-before released data. It must be highlighted that the multidisciplinary design allows comparison among specialists with a different background, thus assuring patients receive the best therapeutic option available.

### **CIRSE: Is there anything specific you would like to highlight?**

**Fanelli:** These sessions highlighting PAD are a great opportunity offered by CIRSE to participants, allowing them to plunge into the vascular peripheral world where the interventional radiologist deserves a first-class role. I sincerely hope that our scientific programme ensures that our IR colleagues are absolutely aware that it is worth working in this field in spite of the hard competition.

**Müller-Hülsbeck:** We're excited to build upon the successes of the first year; the compilation will allow for an in-depth look at some of the most of-the-moment questions on the topic, and participants will surely end the day having expanded their expertise and knowledge.



The PAD sessions will address new themes, always linked to daily practice.

*The CIRSE Registry for SIR-Spheres Therapy (CIRT) has finished data collection. More than 1,000 cases of patients treated with SIR-Spheres for primary and secondary liver tumours have been included in this observational study and their outcomes have been observed for a minimum of 24 months.*

## CIRT finishes data collection



CIRSE is proud to announce that their first sponsored registry, the CIRSE Registry for SIR-Spheres Therapy (CIRT) has finished data collection. More than 1,000 patients have been included and were followed up for a minimum of 24 months. The observational study, which was launched by CIRSE in January 2015, is the largest European-wide registry on radioembolisation with SIR-Spheres in primary and secondary liver tumours. The primary objective of this prospective, multicentre observational study is to observe the implementation of radioembolisation with SIR-Spheres and its impact in clinical practice. Secondary objectives will assess the observed treatment outcomes of radioembolisation in terms of safety, effectiveness, and change in quality of life from baseline. Further objectives will focus on the technical considerations related to the radioembolisation treatment.



### Primary objective:

To observe the real-life clinical application of radioembolisation and the impact of the treatment in clinical practice. This is described by: type of liver cancer, intention of treatment, prior hepatic procedures, associated systemic therapy, and postradioembolization hepatic procedures.

### Secondary objectives:

#### Effectiveness endpoints

- Overall survival
- Progression-free survival
- Hepatic progression-free survival (i.e. liver-specific progression-free survival)
- Imaging response

#### Safety endpoints

- Day-of-treatment complications
- Adverse events
- Laboratory values

#### Technical considerations endpoints

- Patient-related characteristics
- Treatment-related characteristics
- Treatment administration
- Procedure-related outcomes

#### Patient reported outcome endpoints

- Quality of life questionnaire C30
- Additional hepatocellular carcinoma module for patients with hepatocellular carcinoma

The first results from CIRT will be presented in a Hot-Topic Symposium during CIRSE 2020!

**CIRT**

[Learn more about CIRT](#)

*CIRT has met its primary end point: to observe the real-life clinical application of radioembolisation and the impact of the treatment in clinical practice.*

### **A multinational, multilingual, and multidisciplinary effort**

In good CIRSE tradition, CIRT was set up to be as inclusive as possible. A total of 27 sites from eight countries in the EU, Switzerland, Israel and Turkey submitted patient data into the database. More than 70 people were involved in this study, ranging from principal investigators to local research staff to the multidisciplinary steering committee that decided on the scientific aspects of the study. Input from disciplines other than IR, such as hepatology, nuclear medicine, medical oncology and surgery were indispensable to the robustness of the study. Chaired initially by Prof. José Ignacio “Nacho” Bilbao (Clínica Universidad de Navarra) and recently by Prof. Thomas Helmberger (Klinikum Bogenhausen Munchen) following Nacho’s retirement, the steering committee was responsible for the scientific development of the study. Day-to-day management was in the hands of the CIRSE Clinical Research Department at the CIRSE office in Vienna.

### **What comes next?**

With the finalisation of data collection, the data will be analysed by an independent statistician according to the CIRT statistical analysis plan.

This plan and the CIRT methodology were recently published in JMIR Research Protocols under DOI 10.2196/16296. The steering committee will now review the data and submit the manuscript for the main results to CIRSE’s own journal, CVIR. The manuscript is planned to be published during the CIRSE 2020 Hot Topic Symposium on the value of observational studies in relation to randomised controlled trials, where CIRT data will be presented alongside interim data from ongoing CIRSE studies CIREL (LifePearls) and CIRT-FR (SIR-Spheres in France). Be sure to attend this Hot Topic Symposium and participate in the discussion on the importance of observational studies for IR and to witness the results from the first ever CIRSE sponsored study!

Of course, this study could not have been successful without the continuous efforts of all the site staff involved in the collection and entry of data. On behalf of the CIRT steering committee and CIRSE leadership we would want to thank all the principal investigators and research nurses that have worked tirelessly for the last five years to ensure an impressive patient representation and high data completion and data quality!



**CIRT was set up to be as inclusive as possible, with 27 sites from 8 different countries.**



*The CIRT Steering Committee (not pictured: D. Arnold, B. Sangro, O. Pellerin)*



*CIRSE 2020 will include an expert round table on the new EU medical device regulations and their impact on interventional radiology.*

## CIRSE 2020 Expert Roundtable: The New MDR



EU regulation 2017/747 on medical devices (MDR) has caused quite a stir in the medical world, being one of the most controversial pieces of legislature to hit the medical industry in many years. While proponents hope that the revised regulation will increase patient safety and transparency, others worry that it will put a shutter on innovation.

Regardless, once in full force, the new MDR will drastically change how devices enter the market and how data must be collected thereafter.

This timely expert round table will present attendees on varying perspectives on the new MDR. Participants will learn the differences between old and new legislation, understand the debate surrounding the new regulations, and learn more about the effects the MDR might have on interventional radiology.

Visit [www.cirse.org](http://www.cirse.org) for the most up-to-date information regarding all aspects of the CIRSE 2020 Summit.

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*CIRSE's biennial congress on complications in IR, the International Conference on Complications in Interventional Radiology, has been postponed to December.*

## ICCIR 2020

Due to regulations regarding gatherings in Austria during COVID-19, ICCIR has been postponed until December 16-18, 2020, and will take place in Vienna concurrently with ET.

This conference is a unique event that gives IRs the unique opportunity for frank discussions and exchanges regarding the matter of complications. Meticulously selected case reports and limited overall participation ensure an environment in which this delicate subject can be examined in order to learn from the experiences of others. A record breaking 235 cases were submitted for ICCIR 2020, a 70% increase in compared to ICCIR 2018, promising a particularly enlightening meeting.

Headed by Chairperson Klaus Hausegger the Scientific Programme Committee has carefully selected the faculty and reviewed which cases will be presented at the congress.

"While the ICCIR attracts interventional radiologists with diverse backgrounds, participants are united in their dedication to refining the subspecialty by scrutinising cases that did not go as planned. The congress exposes participants to a wide range of possible complications and gives them the opportunity to join distinguished faculty presenters in exploring how these can be avoided or best managed." – Klaus Hausegger, Scientific Programme Committee Chairperson

[www.cirse.org/events/iccir](http://www.cirse.org/events/iccir)



*In spite of the necessary postponement, ECIO 2020 promises to be a fantastic meeting!*

## ECIO 2020 – postponed to November 2-5

Due to the spread of COVID-19, ECIO has been postponed until November 2-5, 2020, and will still take place in Nice, France.

For those who are already registered for ECIO 2020, all registrations have automatically been moved to the new date. If you have booked your hotel room through CIRSE's travel partner, Kuoni, your booking has already been automatically moved to the new dates.



Please refer to your carrier to rebook your flight; if you used the Lufthansa Group discount code for ECIO 2020 registrants, indicating this will make you eligible for free rescheduling.

An official letter of postponement is available at [ecio.org](http://ecio.org). If you have any questions regarding your registration, please contact us at [registration@ecio.org](mailto:registration@ecio.org).

As early fees have been extended, there is still time for new registrants to attend the congress at the lowest possible cost.

### Moving forward – a record number of submissions

The postponement of the congress will not affect the quality of the content; the scientific programme's focus on curative treatments will still provide an excellent platform for leading experts to discuss interventional oncology's role as the fourth pillar of cancer care. Participants can look forward to a comprehensive learning experience.

Of particular note this year, ECIO 2020 has received a higher number of submissions than ever before, with an impressive total of 236 abstracts submitted to this year's congress. The Scientific

Programme Committee was particularly impressed with the quality of work submitted, which promises an interesting array of topics for the Free Papers sessions.

### Collaborating Against Cancer Initiative

The Collaborating Cancer Initiative will still take place at ECIO 2020, allowing IRs who are already registered for the congress to bring a non-radiologist colleague to ECIO free of charge, with additional eligibility to receive €1,000 in travel support. This programme aims to increase awareness about the benefits of IO to referring physicians and other specialists on tumour boards.

If you have any questions in regards to CACI and the congress's postponement, please contact [registration@ecio.org](mailto:registration@ecio.org)

### With many thanks to our community

In these challenging times, we are very grateful for the understanding and support we have received from our community. We hope to see you at ECIO in November and look forward to welcoming you in Nice!



ECIO 2020 has received a higher number of submissions than ever before, with an impressive total of 236 abstracts submitted to this year's congress.

[www.ecio.org](http://www.ecio.org)



# S

S U M M I T

## Medical students – at CIRSE and beyond

*Education is always at the forefront of CIRSE's student activities, helping to ensure that the next generation of IRs are more informed and connected than ever before!*



In order to promote IR education and awareness, students can attend all CIRSE congresses free of charge!

### The new video about the Student Programme is out!

CIRSE's video crew talked to some of the 2019 CIRSE Student Programme participants during the congress in order to find out what students like about the CIRSE Student Programme and what advantages participation brings them. Watch the video to learn more about all Student Programme features and listen to the interesting statements given by students as well as young IRs at the beginning of their careers at [www.cirse.org/students/](http://www.cirse.org/students/).

### What can medical students expect in 2020?

As in previous years, students can gain access to all CIRSE congresses free of charge and enjoy all the educational activities and scientific sessions to their fullest. Additionally, by applying for CIRSE student membership, introduced in early 2019, students can become part of the CIRSE community and enjoy free access to CVIR, CIRSE's official journal, as well as to the CIRSE Library, enabling them to freely stream presentations from all past CIRSE events. Another advantage of being a CIRSE member is the opportunity to purchase online CIRSE Academy courses at reduced fees.

### CIRSE educates...

The film crew travelled to Strasbourg earlier this year to get some on-site footage; a new CIRSE video for medical students is underway! Big thanks go to the doctors in action - CIRSE President, Prof. Afshin Gangi and his colleague Dr. Julien Garnon.

### Students and IO

ECIO is the perfect opportunity for students to learn more about interventional oncology – and students can attend the congress for free! During the congress, the European Trainee Forum invites all students to join its ETF networking event in order to connect with other medical students and young IRs who can share some hints on how to succeed in an IR career!



*Over the past 10 years, nearly 1000 students have taken part in the CIRSE Student programme!*

More information about CIRSE's initiatives for students can be found at [www.cirse.org/students](http://www.cirse.org/students) or by following CIRSEstudents on Facebook.





# The European Trainee Forum

*The ETF has been busy this year, from participating in an IR Campus in Pisa to publishing an enlightening survey.*

# S

S U M M I T

The ETF Subcommittee is expanding! This group of young, motivated IRs-to-be, chaired by Dr. Greg Makris and co-chaired by Dr. Sara Protto, recently welcomed new members who will represent Bulgaria, Germany, Switzerland and the UK.

On the success and growth of the ETF, Dr. Protto says, "The ETF was born from the need of a better and more efficient network between young IRs. I decided to become involved because I really believed in it and I wanted to contribute in the creation and development of a network between young IR colleagues who could help each other and learn from each other. Moreover, I think it is important to promote IR between young residents and medical students, and ETF gives me this possibility.

## Status of vascular and interventional radiology training in Europe – A survey of 24 European countries

For the first time ever, CIRSE has published a report conducted by the ETF Subcommittee. Members of the subcommittee, representatives of their respective national IR societies, provided valuable input concerning the status of IR training in their countries. ETF Subcommittee Chairperson Gregory Makris explained the reasoning behind the survey:

### CIRSE: What motivated you to begin this survey?

**Makris:** My participation in the CIRSE European Trainee Forum (ETF) allowed me to meet many IR trainees from all over Europe. During our multiple discussions the last few years, we realised how different our training pathways can be. This was

not a big surprise since we are talking about many different countries with different traditions and cultures when it comes to medical training. We wanted to put all this on paper and show for the first time how heterogeneous IR training in Europe is. Obviously, there has been progress in the last few years, but we needed to know where exactly we stand in terms of training and work to improve things via homogenisation and standardisation of training. This report will hopefully provide a reference point for this as well as a rough guide for what needs to be changed. I hope that 10 years from now we will be able to look back into this report and feel like we have changed things for the better.

### CIRSE: What was your biggest take-away from the survey?

**Makris:** I think the main take-away message is how heterogeneous IR training in most EU countries can be. We need to standardise our training both in terms of duration as well as in terms of curriculum in order to remain competitive and protect the future of our specialty.

In addition, another key takeaway is that despite the fact the trainee committees such as the ETF or BSIRT (the British equivalent) have shown the value of involving IR trainees in the function of IR societies, we still see a very poor adoption of this idea by the national IR societies of Europe, with only three societies actually having a trainee subcommittee. These subcommittees are particularly important in order to allow trainees to engage with their local IR society and contribute to its functions and objectives, while at the same time developing their very own leadership and teamworking skills.

The ETF welcomed several new members throughout the year!

# ETF

*For the first time ever, the European School of Interventional Radiology will feature a course on thyroid thermal ablation.*



## ESIR – expert training in Milan

E D U C A T I O N

**“In the near future, we will face an increasing request for thyroid thermal ablation.”**

**CIRSE: This is the first time that there will be an ESIR course on thyroid thermal ablation – why is this such an important clinical topic for IRs right now?**

**Mauri:** Image-guided thermal ablation is gaining increasing importance and diffusion in the management of patients with thyroid nodules. With the increase in experience and evidence in the literature, these techniques have been included as a feasible, safe and effective treatment for thyroid nodules in several recommendations. So, in the near future we will face an increasing request for such procedures, and IRs should be ready to offer this treatment to their patients. Furthermore, other specialists, such as endocrinologists and endocrine surgeons, are approaching this treatment. Thanks to their specific training, IRs should be ready to lead the group of physicians offering these treatments.

**CIRSE: Is there any new evidence or guidelines in this field that IRs should be aware of at the moment?**

**Mauri:** Recently, some new recommendations have been published on this topic. The Korean Society of Thyroid Radiology, published specific guidelines on thyroid radiofrequency ablation in 2018. In 2019, with the Italian minimally invasive treatments of the thyroid (MITT) group, we published a consensus paper on the topic. In this document, for the first time, image-guided

ablations are proposed as a first line option for the treatment of benign thyroid nodules, to be proposed to patients as an alternative to surgical resection. Also, a recent meta-analysis provided the highest level of evidence regarding results over time of both radiofrequency and laser ablation.

**CIRSE: Not a lot of centres in Europe provide thyroid ablation treatments at the moment. Why is this? Do you feel that this is something that will change in the near future?**

**Mauri:** Not a lot of IRs have dedicated their practice to the treatment of thyroid nodules, and in several countries, endocrinologists are starting to perform thyroid thermal ablations on their own as they lack a referral option for their patients. As the evidence about the efficacy of thermal ablation for thyroid nodules is strong, and there is a relevant clinical need, I envision a scenario where image-guided thermal ablation of the thyroid will rapidly increase in popularity in Europe. Also, as these procedures achieve FDA approval in the US, I will expect an increase in cases performed in that country, and a flourishing of literature on the topic. I think it is crucial for the European IR community to dedicate higher attention to this topic, so as not to lose the leadership in this particular field.

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





*Local host, Dr. Giovanni Mauri, shared his thoughts on why this increasingly important topic needs to be in the spotlight.*



**Mauri:** During the course, the basic knowledge about image-guided thermal ablation of the thyroid will be illustrated. There will be a specific focus on clinical aspects of nodular disease of the thyroid, and indication to image-guided thermal ablation treatment. Also, live cases performed with different techniques will be shown, and it will be possible to study the different technologies available on the market in depth. A large space will be left to hands-on practice, where participants can practice thermal ablation with different technologies on dedicated models.

**CIRSE:** There are a few different ablation systems and devices being featured at the course – why is it important for doctors to have first-hand experience with these different options?

**Mauri:** A few different technologies are present on the market for performing image-guided thermal ablation of thyroid nodules, including laser, radiofrequency and microwave. At the present, no technology has been demonstrated superior in achieving clinically successful ablation, while each one has different and specific features. Having the opportunity to evaluate each technology in depth, also performing ablation according to different techniques, will allow the participants to gain a detailed knowledge to start performing image-guided thyroid ablation, or to improve their usual practice.

**CIRSE:** What would you personally like to highlight from this course?

**Mauri:** The course has a relevant practical focus, with presentation of live cases, and a large portion dedicated to simulation and hands-on. Also, the limited number of participants will allow for the course to be very interactive and informal. A lot of space will be left to discussion and interaction among faculty and participants.

#### UPCOMING ESIR COURSES

**Prostate embolisation**  
Milan (IT), Date TBA, 2021

**Thyroid thermal ablation**  
Milan (IT), February 18-19, 2021

**DEB & cTACE in primary and secondary liver cancer**  
Munich (DE), March 18-19, 2021

**Advanced critical limb ischaemia**  
Florence (IT), April 15-16, 2021

[www.cirse.org/events/esir-courses](http://www.cirse.org/events/esir-courses)

“Having the opportunity to evaluate technology in depth will allow the participants to improve their practice.”

*In just over a year, the CIRSE Academy has grown exponentially, now offering courses covering the full spectrum of IR.*

## The CIRSE Academy – one year later



In November 2018, the first 14 CIRSE Academy courses were launched after nearly two years of planning and development. Since this time, the Academy offerings have expanded to 41 courses covering 8 topics, ranging from basic to specialist level content.

The courses have been curated by over 90 experts in their respective fields, acting as authors and reviewers. Each course is created through a threefold review process, video recording at the annual CIRSE conference and finally granting of CME accreditation by the UEMS. The Online Education Committee supervises each step of the process to provide cohesive and comprehensive education of a high standard.

This standard is reflected in the accreditation of each course by UEMS, as well as by the reviews from users.

### A high standard of medical education

During their first year of availability, over 1,600 courses were purchased, with the most popular topics being Venous Intervention, Interventional Oncology and Non-Vascular Intervention. This is also reflected in the top five most-purchased courses for 2019:

1. Hepatocellular carcinoma
2. Biliary drainage and stenting
3. Management of the failing haemodialysis access (AV fistula or graft)
4. Fundamentals of PTA and stenting for peripheral arterial disease
5. Stroke

Additionally, of all courses purchased during this period, over 54% of courses have been completed. This has translated to over 1,000 CME credits earned over the course of the first year.

In order to fully complete a course, a short feedback form is submitted by learners. Feedback has been excellent across the board, with the vast majority of users stating that their course was well suited to their level of knowledge (82%) and covered some or all of the topics that they were expecting (96%).

Additionally, learners indicated that the courses aligned well with the European Curriculum and Syllabus for IR, with over 43% of completed courses having been for the purpose of studying for the EBIR exam. As CIRSE Academy courses have become an increasingly important part of studying for the exam, we are now happy to offer an additional 20% discount on the first purchase of CIRSE Academy courses for all EBIR examinees.

### Specialist courses

From user feedback, the need for more advanced level courses has also been recognised. As of November 2019, additional specialist level courses are now available on the CIRSE Academy. The currently available courses focus on endo-vascular topics, and are specially tailored for specialist learners with advanced knowledge in IR.

Currently, additional specialist courses on the topics of interventional oncology and arterial intervention are in production for release after CIRSE 2020.



Courses are available to all learners and come at a reduced fee for CIRSE Members. To promote continuing remote education, six courses are currently available free of charge!

*Lindley Mayrhofer, CIRSE office*

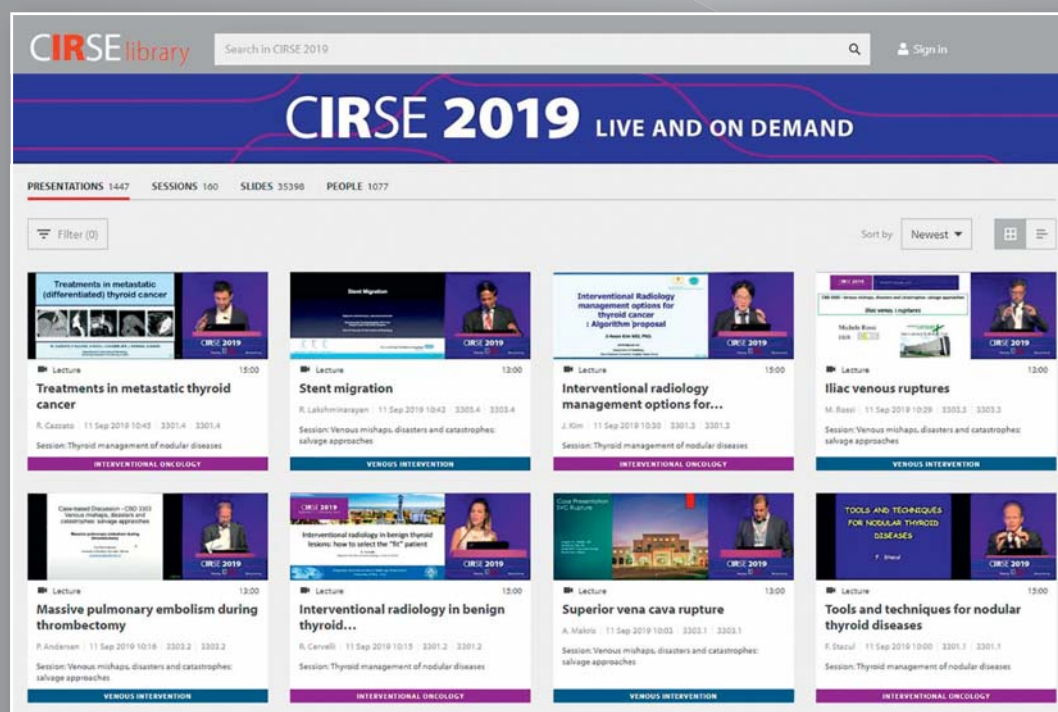
Over the course of the first year, CIRSE Academy users have earned more than 1,000 CME credits.

**CIRSE**academy

# CIRSE library

## Access the CIRSE Library for a wealth of IR knowledge

- Content from CIRSE, ECIO, ET/GEST Europe and IROS congresses
- 3,300+ posters
- More than 5,000 presentations
- More than 3,000 speakers from around the world
- 8 core topics



Tailor your searches with flexible search filters, browse individual slides, stay up to date with monthly **topic packages** and **prepare for the EBIR** with specially selected presentations.

## CIRSE members have free access!

Join now, or choose from our range of access options!

To promote continuing education, several highlights from past CIRSE congresses are now available to watch free of charge!

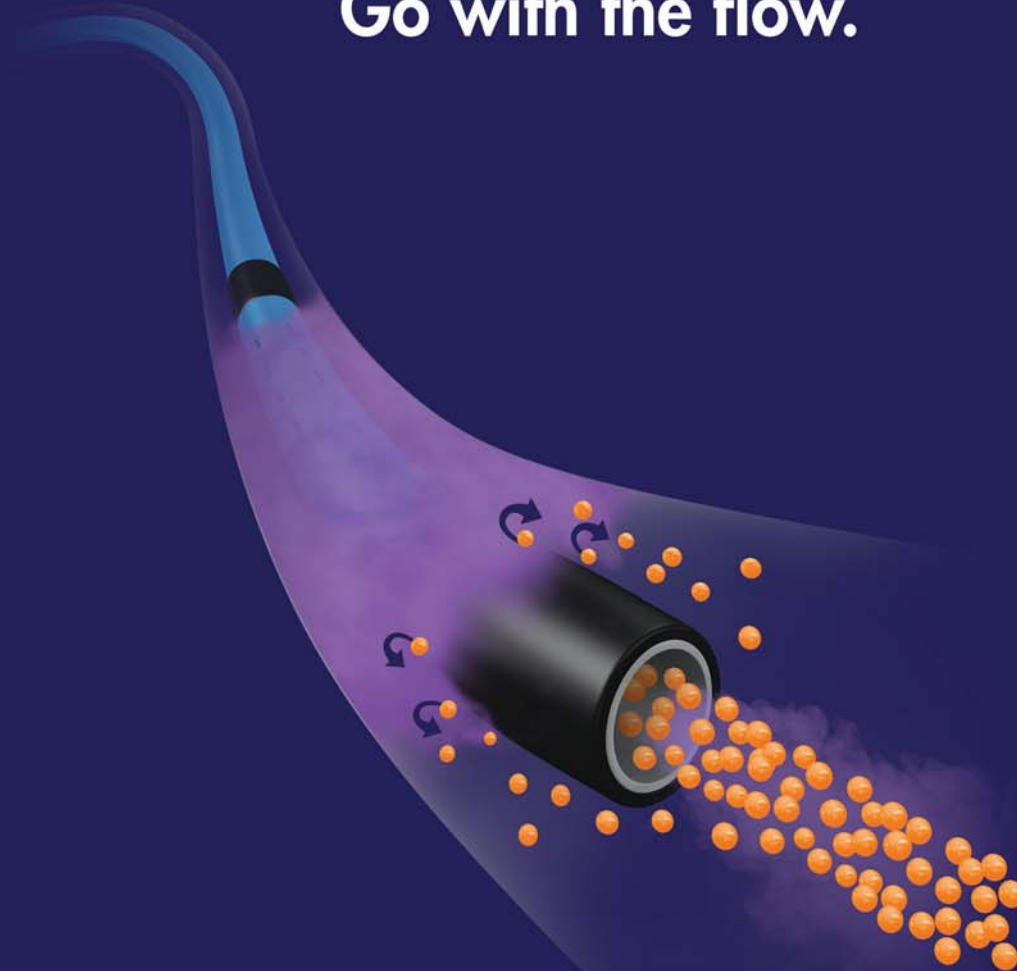
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<sup>1</sup>. Vessel Flow Dynamic Indication (Beads Reflux) Bench Test report TR-002.

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