

3/2019

INFORMATION FOR MEMBERS

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M E E T I N G

E D U C A T I O N


Welcoming
the new EC!

CIRSE Annual
Congress
Review

Start planning
for next year's
ESIR courses

Cardiovascular and Interventional Radiological Society of Europe

news



CIRSE 2019

P A S S I O N C U L T U R E C A R E

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

From September 7-11, the world of IR
met in Barcelona for the 34th CIRSE Annual
Congress

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CIRSE 2019 broke all records, including hosting more than 7,000 participants for the first time ever.

Dear colleagues and friends,

Two months ago in Barcelona, Robert Morgan handed over the presidency of CIRSE to me. It's a great honour, and I would like first to thank all my colleagues and the society for their immense support.

CIRSE 2019 was a great success, with more than 7,000 participants in attendance for a lively mix of science, research, and education. It's not always easy for physicians to get to a congress; with new MedTech codes in place since last year and the increasingly present problems of getting funding, avoiding conflicts of interest, or even getting enough leave time to attend, this record-breaking attendance stands as a testament to how important our meeting is to our community. It is essential that IRs continue to receive current, unbiased information on our constantly evolving field.

The official recognition of our discipline has been a big step in many countries. CIRSE now has 43 group member societies from across the globe, all working tirelessly to increase the visibility of IR, as well as ensure proper training and access to information. The Executive Committee and Executive Board have been hard at work, traveling around the world to meet, share, and build alliances. At the same time, they've worked in conjunction with so many members of the CIRSE community to oversee the new IO curriculum, the launch of the very successful ET meeting, ESIR courses, the CIRSE Library, the CIRSE Academy, and the new fully digital EBIR. There are many exciting developments taking place, not only in technology, but in the perception of IR as a whole.

The next generation

To ensure that there will be enough IRs to keep up with the growing demand, we need to attract the next generation to our ranks – training is crucial. Many medical students have still not been exposed to IR, and our experiences show us that this contact is vitally important. Our future depends on attracting students to IR programmes as well as on closing the gender gap in the discipline.

That's why our CIRSE Student Programme is so important, and will be continued and expanded. Once a student has decided to become an IR,

the European Trainee Forum can then provide an indispensable next step, helping trainees, residents, and young IRs stay connected and engaged on an international level.

In support of furthering education, 2019 saw the publication of the second edition of the *Interventional Radiology Curriculum for Medical Students*. The CIRSE Library is available to all members, students and experts alike, with more than 9,000 titles available. For EBIR examination candidates, or anyone wishing to further their knowledge, the CIRSE Academy comprehensively covers the *European Curriculum and Syllabus for IR*.

Improving IO Care

The International Accreditation System for Interventional Oncology Services (IASIOS) is a voluntary exercise to achieve a seal of quality and recognition for interventional oncology services. Ten hospitals are enrolled in the pilot phase of the programme, which enables IO facilities to prove their compliance with the CIRSE IO Standards and their commitment to providing high quality care to cancer patients. The pilot phase is very promising, and we are looking forward to the official launch of IASIOS, planned for 2021.

Building evidence

The research department of CIRSE is growing and now supports multiple registries, including CIRT, CIRT France, CIREL, and CIEMAR. Supporting the standardisation of thermal ablation is a key point for the recognition, reproducibility and acceptance of ablation. We look forward to a future in which ablation is personalised within a set protocol, with dose calculation and needle positing modified according to different tissue types and differences between individual patients, perhaps with the help of artificial intelligence. Supporting this research and development through collaboration with industry is part of our mission.

IR is growing fast and has a bright future. To keep up the pace at this speed, we need to increase our stature and stability. I look forward to seeing you soon at ECIO, ET, ICCIR, and CIRSE 2020!

Afshin Gangi, CIRSE President



S O C I E T Y

It is essential
that IRs continue
to receive current,
unbiased
information on
our constantly
evolving field.

This year's General Assembly provided an important opportunity to review our society's progress over the course of the last 12 months, discuss updates and changes, and to prepare for the coming year.

The 2019 General Assembly



The terms of the newly elected Executive and Standing Committee members commenced at the end of the 2019 General Assembly.

Looking back over a successful year

CIRSE President Robert Morgan opened the assembly in Barcelona, greeting attendees with words of thanks and welcome. He thanked the Executive Committee in particular for all of their dedication and hard work over the past year.

He then highlighted some of the achievements of 2019, focusing in particular on the society's continued growth. Several new group members joined CIRSE in 2019, including the Philippines, Portugal, Romania, Russia and AAFIR (a coalition of several African and Asian national societies). This brings CIRSE to a high point in group membership and reflects positively on a cooperative, more connected future for IR.

Continuing the theme of hopeful notes for the future, he also spoke on the success of the Student Programme and European Trainee Forum, which both enjoyed their most successful, well attended years to date. Education was also touched upon – of particular note, that the EBIR exam was held in a fully digital format for the first time at CIRSE 2019, which allowed significantly more candidates to participate than was previously possible. There are currently 679 EBIR holders worldwide from 48 countries. As demand is only increasing, the new format will help greatly in keeping up.

President Morgan continued to speak about other victories for the year, including CIRSE's growing interventional oncology initiatives, the four clinical registries currently in place and the publication of the *European Curriculum and Syllabus for IO*.

Local host Committee Representative Fernando López Zárraga then took the stage to welcome all participants to the congress and to Spain. He spoke a bit on the importance of the recognition of interventional radiology as a subspecialty – official recognition formally acknowledges the importance of the field, lending strength and credibility to those who practice it. Many European countries as well as the UK, Australia, Canada and the US already recognise IR as a subspecialty, and he expressed hope that Spain will soon follow in their footsteps.

CVIR Editor-in-Chief Klaus Hausegger summarised the journal's past year and spoke briefly on the successful CVIR Reviewer Workshop that was held on the previous day in order to keep both existing and potentially new reviewers up-to-date on best reviewing practices. He also announced that the journal will soon be switching to a digital-only format, though subscribers can still order a print copy in the myCIRSE area of the CIRSE website.

CVIR Endovascular Editor-in-Chief Jim Reekers updated the assembly on the first two years of CIRSE's newest journal, emphasising that the open-access, open-peer review format of the journal means that the reviews are published alongside the articles. He also spoke on the increased acceptance rate for the second year, noting that submissions were received from all around the world, making CVIR Endovascular a truly global journal.



Welcoming the new EC

Robert Morgan introduced the newly elected members of the CIRSE Executive Committee and the Standing Committees, whose terms of office commenced with the end of the CIRSE 2019 General Assembly. The new committees were elected via online election in June of this year, with a record number of members casting their votes. He then passed the ceremonial president's chain over to Afshin Gangi, officially beginning President Gangi's term as CIRSE's new president.

The next General Assembly will take place during CIRSE 2020 in Munich, Germany. All CIRSE Members are invited to take part and express their views at this meeting.

As CIREL continues to collect extensive data, medical specialists across Europe are eagerly awaiting the results.

Updates on CIREL – the CIRSE Registry for LifePearl Microspheres

CIREL is a Europe-wide observational study on transarterial chemoembolisation (TACE) using LifePearl Microspheres loaded with irinotecan (LP-IRI) in patients with colorectal cancer with liver metastatic disease (CRLM). As the first patient was included in February 2018, and as CIREL continues to collect extensive data, medical specialists across Europe are eagerly awaiting data publications; CIREL will be one of the biggest cohorts of CRLM patients treated with chemoembolisation yet.

In addition to a publication focusing on the methodology of CIREL, an interim data publication focusing on feasibility, safety, toxicity and health-related quality of life is expected to be published in 2020.

We talked to Prof. Dirk Arnold, an oncologist at the Asklepios Klinik Altona in Hamburg, Germany, and a dedicated member of the CIREL Steering Committee about the importance of CIREL publications.

CIRSE: The CIREL Steering Committee, yourself included, is currently working on an interim data publication – what impact do you hope CIREL data will have on treatment guidelines?

Arnold: Modern treatment approaches for CRLM need to include local ablative treatment strategies, such as chemoembolisation. However, when treating patients, it is important to evaluate the chances and risks of an approach. For this evaluation, the CIREL registry will provide information on a high qualitative level by collecting data from centres all over Europe and analysing the data in a controlled way. CIREL data will be substantial for further evaluation of this treatment approach.

CIRSE: How do you see chemoembolisation in CRLM and its position in treatment guidelines developing in the next years?

Arnold: In the next years, we will see a distinct change from using chemoembolisation as a last-line treatment to applying this procedure as an earlier treatment approach and for a broader number of patients. We will also use chemoembolisation as a combination treatment for consolidation after inductive or immunological therapy.

CIRSE: What knowledge do you hope to gain from CIREL publications?

Arnold: I am most interested in which patients will benefit from this therapy based on clinical factors and the molecular make-up of the patient. On the basis of molecular characterisation of the patient population in CIREL, we could find out which composition offers the best chances and the longest survival in this approach.

Nathalie Kaufmann, CIRSE Office

If you are interested in participating in CIREL or would like to receive further information on the research project, please contact:

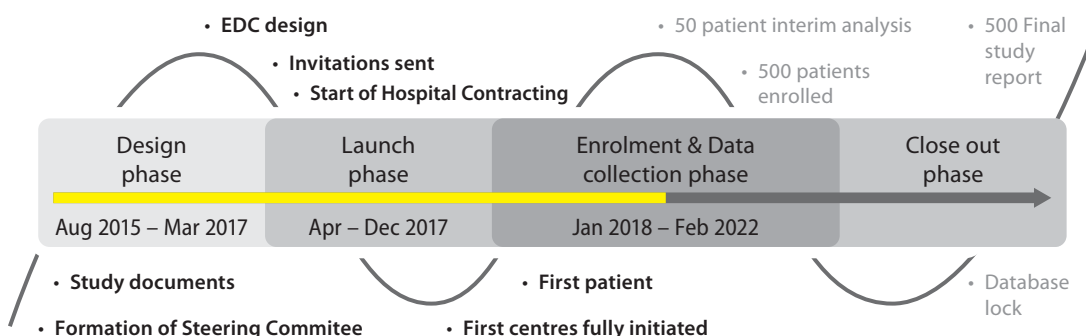
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(ID: NCT03086096)
via the QR code.



S O C I E T Y

CIREL will be one of the biggest cohorts of CRLM patients treated with chemo-embolisation yet.

CIREL Timeline



CIEMAR, the CIRSE Registry for Emprint Microwave Ablation, has opened data collection nearly three months ahead of schedule.

Ahead of the curve: CIEMAR data collection opens early



CIEMAR is expecting to enrol around 50 sites from at least seven European countries.

CIEMAR, the CIRSE Registry for Emprint Microwave Ablation, is the latest addition to CIRSE's ever-growing clinical research agenda. To date, it is the most sophisticated and ambitious project sponsored by the society, aiming to observe the microwave ablation (MWA) treatment of colorectal cancer patients with liver metastatic disease. The project, which aims to collect a cross-border, multicentric sample of unprecedented size, is off to a great start. The first centre to complete an ethics committee review and sign the study contract was initiated at the beginning of September, marking the formal opening of CIEMAR data collection almost three months ahead of schedule.

The CIEMAR Study

CIEMAR is designed as a Europe-wide observational cohort study looking into the application of microwave ablation to treat colorectal liver metastases. The primary endpoint is the status of local tumour control of treated lesions at 12 months after the microwave ablation on a per lesion basis. Secondary endpoints will look at safety, efficacy and economic aspects of the treatment. A target population of 1,000 patients is planned for CIEMAR. Patient enrolment has recently opened and is planned to run until January 2022 with a follow-up period of three years.

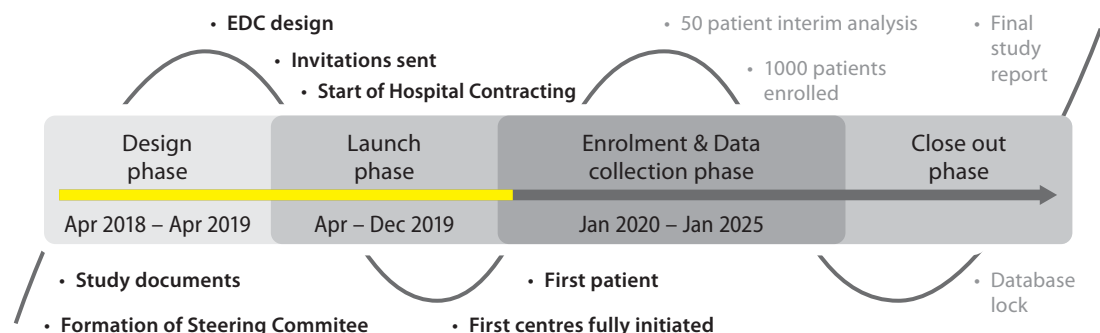
The study is sponsored by CIRSE and autonomously managed by the CIRSE Clinical Research Department, in conjunction with the CIEMAR Steering Committee, and supported financially through a research grant by Medtronic, the manufacturer of the Emprint Microwave Ablation System. CIRSE and Medtronic plan to work on this project until 2025 with the aim of improving our understanding, and subsequently our application, of MWA for colorectal liver metastases.

Where are we now?

Thanks to a tremendous effort by the CIEMAR Steering Committee and the study management team, the project opened data collection early, at the beginning of September 2019. This was preceded by an efficient process of drafting and editing the study protocol, which was finally ratified in early April. Once this was completed, the crucial tasks of programming and user-testing the electronic data capture system were coordinated by the CIRSE Office.

Dr. Alice Gillams (London Clinic) and Prof. Martijn Meijerink (Amsterdam University Medical Center) were the Steering Committee members who performed the testing together with the CIEMAR study team. Dr. Gillams felt it had been a thorough process: "We went through all the case report forms carefully, checking the functionality and if it

CIEMAR Timeline



CIRSE and Medtronic plan to work on this project until 2025 with the aim of improving our understanding and application of MWA for colorectal liver metastases.

was intuitive to fill out when imagined in a routine clinical workflow. We were able to identify and correct some errors, further shorten the forms and altogether improve the 'flow' of the system." Prof. Meijerink, looking ahead, noted "We'll undoubtedly discover a few more things when data collection commences in all these different centres across Europe, but for now I'm convinced we've done everything we can to ensure we collect good data without putting an unnecessary burden on hospitals."

After user testing, the completed list of target centres to invite to the study was drawn up, supported by the necessary calculations for projected patient inclusion and drop-out. CIEMAR is expecting to enrol around 50 sites from at least seven European countries. Enrolment in CIEMAR will be possible throughout the data collection phase of the study.

Looking ahead

Some final tweaks are presently being made to the study design – comorbidity measurements at baseline are being increased and surgical risk scores added – and the study is looking forward to a successful 2020. Current efforts are concentrating on maximising the efficiency of site enrolment processes and providing the invited centres/departments all the support CIRSE can offer in order to facilitate their participation in the study.

Prof. Phillipe Pereira (SLK Kliniken Heilbronn) is confident this early start will help the study achieve its objectives: "We are happy to report that currently there is no reason to doubt that CIEMAR will achieve its enrolment target and succeed in presenting the largest prospective observation of colorectal liver metastases cases performed with the technology." Prof. Thierry de Baere (Gustave Roussy, Paris) adds: "Most importantly, we won't rest on our laurels, but continue to improve and promote the study. Our message to all colleagues and hospitals invited to the study is a clear one – let's be stronger together – get involved!"

Robert Bauer, CIRSE Office

Can my centre take part in CIEMAR?

Centres wishing to participate in CIEMAR require previous experience with thermal ablation in the liver. A total number of 80 ablations of liver metastases using any thermal ablation method over the last four years is required to meet the centre selection criteria in CIEMAR. Participant centres should be specialised in the treatment of colorectal cancer. Treatment decisions need to be made in a multidisciplinary tumour board. Should you fulfil these criteria, please don't hesitate to get in touch.

For further information on the CIEMAR study, please contact:

Robert Bauer
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+43 1 904 2003 37
bauer@cirse.org
or visit clinicaltrials.gov
(ID: NCT03775980)
Via the QR code.



www.cirse.org/research/ciemar



Enrolment
in CIEMAR
will be possible
throughout the
data collection
phase of the
study.



CIRSE is happy to announce that patient enrolment in CIRT-FR has been extended for another year.

CIRT-FR extends patient enrolment until August 2020

CIRT-FR is a post-market, observational study that aims to collect real-life clinical data on all patients treated with radioembolisation using SIR-Spheres resin microspheres loaded with yttrium-90 in France. Data collected by CIRT-FR will be used by the French National Authority for Health (HAS) to evaluate the renewal of SIR-Spheres reimbursement for patients with colorectal liver metastases and hepatocellular carcinoma.

Following two successful years of patient recruitment and over 200 patients enrolled in CIRT-FR, CIRSE is happy to announce that patient enrolment has been extended for another year until August 2020.

CIRT-FR at JFR

While promoting CIRT-FR at Journées Francophones de Radiologie (JFR) in Paris, we caught up with Prof. Valérie Vilgrain from AP-HP Hôpital Beaujon (Clichy, France), Co-Chairperson of the CIRT-FR Steering Committee.

CIRSE: What is your personal motivation to participate in CIRT-FR and also serve as the co-chairperson, alongside Prof. Thomas Helmberger?

Vilgrain: First of all, radioembolisation is an important treatment modality for malignant liver tumours, and secondly, registries represent an important addition to the currently available evidence for SIR-Spheres therapy. At the moment, evidence for SIR-Spheres is available from retrospective studies as well as prospective randomised controlled trials, both of which are

very far removed from real-life situations. Gaining this additional evidence reflecting clinical reality through CIRT-FR will, therefore, be very interesting.

CIRSE: In your opinion, what are the biggest challenges for projects like CIRT-FR?

Vilgrain: I think the biggest challenge is to have a comprehensive overview of patient coverage and to know how big the proportion of enrolled versus all treated patients is. Of course, getting good quality follow-up data is also a challenge, even in randomised controlled trials.

CIRSE: The first CIRT-FR publications are planned for 2020. What are you hoping to learn from data collected by CIRT-FR?

Vilgrain: I am looking forward to getting an overall picture of national-level information regarding indications, effectiveness and quality of life reflecting real-life clinical practice in France.

CIRT-FR objectives

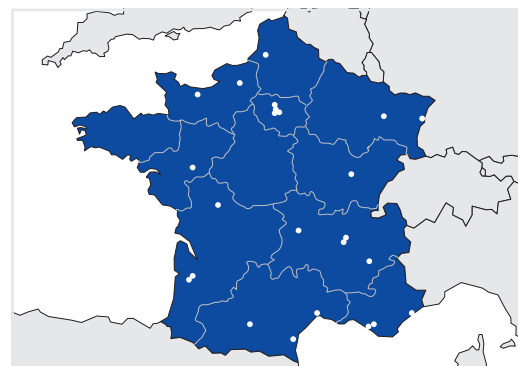
The primary objective is to observe the real-life clinical application of SIR-Spheres therapy and the impact of the treatment in clinical practice.

Secondary objectives of CIRT-FR will be to assess the observed treatment outcomes in terms of safety, effectiveness and quality of life as well as treatment-related and technical considerations.

Nathalie Kaufmann, CIRSE Office

If you are interested in participating in CIRT-FR or would like to receive further information on the research project, please contact:

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or visit clinicaltrials.gov
(ID: NCT03256994)
Via the QR code.



“CIRT-FR represents an important addition to the currently available evidence for SIR-Spheres therapy.”

CIRT-FR

CVIR Endovascular is CIRSE's new and rapidly growing IR journal for fast communication of new ideas, new developments and pivotal research.

Great opportunities for authors!

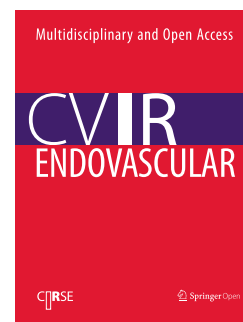
As an integral part of the CIRSE research community, CVIR Endovascular offers fast-track publishing to qualified, experienced authors and research groups who would like to contribute to endovascular research by writing on topics that are important for daily IR practice. CVIR Endovascular will give priority to articles (research, reports on latest trends, short communications or opinion pieces) on:

- New devices and technologies
- Patient safety
- Long-term outcome
- Venous interventions
- Meta-analysis
- Drug eluting technologies
- Aortic interventions
- Critical limb ischemia
- Management in IR

If you would like to sign up to produce an article on one of these topics, please email a short abstract to the editor-in-chief at **info@cvirendovascular.org**. Please include your affiliation with your abstract.

Please note that being accepted for fast track publishing does not guarantee publication. All articles will go through peer-review and subsequently a final decision for publication will be made.

Visit **cvirendovascular.org/open-commissioning** for more details!



CIRSE academy

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Cardiovascular and Interventional Radiological Society of Europe





CVIR REVIEWER WORKSHOP

To support CVIR reviewers in staying up to date on best reviewing practices, Editor-in-Chief Klaus Hausegger and Deputy Editor-in-Chief Raman Uberoi held a workshop at CIRSE 2019.

CVIR reviewer workshop at CIRSE 2019



The ultimate goal of this workshop was to bring the journal forward by streamlining review processes; open dialogue on how to best achieve this was encouraged.

The CIRSE Annual Congress once again provided many wonderful opportunities for the CVIR community to come together to meet, connect and learn more about the journal. For the first time, the programme included a CVIR reviewer workshop, facilitated by Editor-in-Chief Klaus Hausegger and Deputy Editor-in-Chief Raman Uberoi, to ensure that all reviewers are aware and up to date on best reviewing practices. With more than 70 professionals in attendance, the workshop was a great success, providing an optimal space for participants to share perspectives, ask questions and bounce around ideas for future improvement.



Fruitful discussion

The ultimate goal of this workshop was to bring the journal forward by streamlining review processes, and open dialogue on how to best achieve this was encouraged. Many important topics were discussed, such as CVIR's impact factor and other relevant statistics (e.g. submission rates and article processing times), the peer

review process and types of peer-reviews, ethical considerations for reviewing, the new CVIR reviewer template, and tips for best reviewing practice, to name a few.

Biggest take-away points

With such a large audience of active participants, the workshop led to an interesting and interactive discourse with lots of food for thought for both the reviewers and CVIR leadership alike.

Some of the most significant take-home messages for participants included:

1. **Critically consider the invitation:** Reviewers should always ensure that they look at the invitation to review carefully, read the abstract, and consider the type of paper before accepting the invitation to review.
2. **Try to respond quickly to the invitation:** While everyone has a busy schedule, reviewers should do their best to reply to an invitation in a timely manner so that the CVIR leadership knows whether or not they should move forward with asking someone else.
3. **Ask for an extension when needed:** If the deadline is too tight for you to meet, simply ask for an extension. Editors are willing to grant deadline extensions; at the same time this helps them know when to expect review comments and authors can be informed, if needed.
4. **Decline when appropriate:** If you are not available, do not have time or the topic discussed in the paper does not correspond with your area of expertise, please decline the invitation so the editor-in-chief can ask someone who can provide a timely, quality review.
5. **Recommend a colleague:** When you need to decline an invitation, but know of someone else who might be well-suited to conduct the review, feel free to recommend them! This streamlines processes by ensuring that the next invitation is sent out to someone who will accept it and move forward with the review.

The CVIR leadership would like to extend a big thank you to everyone who joined and provided invaluable feedback.

6. Check out the new reviewer template:

Launched in June 2019, the new reviewer template helps reviewers complete a comprehensive review, ensures that detailed and quality feedback is provided and gives editors a better assessment on the quality of the paper. Using this template improves the experience for both the reviewer and the editor, ultimately enhancing the journal as a whole.

7. Communicate about your schedule:

Reviewers should make known in advance any vacations or time periods that you know you will not be able to accept a review. This will help streamline the reviewing processes and ensure invitations are only going out to those who are available.

8. Encourage others to review for CVIR!

More reviewers mean quicker processing times and more specialised reviews. Feel free to direct mentors and colleagues to cvironline.org to learn more about the journal and see if they would be a good fit for reviewing.

Thank you to all participants!

The CVIR leadership would like to extend a big thank you to everyone who joined and who provided invaluable feedback and ideas in order to improve CVIR. Based on the success of this first workshop, more are planned for 2020 – stay tuned! For more information on reviewing for CVIR or to learn how you can become a reviewer, go to cvironline.org/reviewers.

Emily Beaven, CIRSE Office



NEW

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WELCOMING PSVIR TO CIRSE

The Philippine Society of Vascular and Interventional Radiology recently became a CIRSE group member. We spoke with PSVIR President Dr. Dennis Villanueva about the outlook for IR in the Philippines and what he hopes to gain from CIRSE membership.

Welcoming the Philippines to CIRSE



“IR has the potential to grow locally as a leader in minimally-invasive interventions.”

CIRSE: PSVIR has recently decided to become a CIRSE Group Member. How would you like to see these two societies working together?

Villanueva: We hope to have a very fruitful exchange of knowledge and experience between the two societies. As a developing nation, we aspire to attain the standard of care for patients that our European counterparts have achieved in the field of interventional radiology. As a member of CIRSE, PSVIR will be more empowered to enrich the practice of minimally-invasive and image-guided interventions among our active IR consultants. This will, of course, extend to our budding fellows-in-training as well as residents or even medical students who show an interest in pursuing interventional radiology. With the engagement of the two groups, PSVIR members and other trainees gain access to updates and advances in IR technology that European nations have the privilege of applying in their day to day practice.

CIRSE: Could you tell us about clinical guidelines and undergraduate training for IR in the Philippines?

Villanueva: Generally, IR focuses on minimally-invasive, image-guided interventions that aim to provide one of the safest approaches to manage a patient, whether they may be diagnostic or therapeutic in nature. As diplomates in the Philippine College of Radiology, IR fellows in the Philippines are expected to be adept in the field of imaging across all modalities. From the basics of x-ray and ultrasound to the finer complexities of CT and MRI, IR fellows are able to coordinate the various imaging options available for each patient and plan the appropriate perioperative approach to each patient. This, of course, entails a discourse between the different members of the medical team for a specific patient. Evaluation of a patient's condition is of paramount importance, as patient safety is always an integral part of management. Treatment of each patient's illness is tailored accordingly, and it is the job of the interventional radiologist to assess whether a specific procedure is safe to perform and would

provide the necessary clinical benefit for the patient. Communication is the key to providing proper care for our patients. We talk to members of the medical team and recommend the most appropriate management for each patient accordingly.

CIRSE: How are students in the Philippines encouraged to pursue IR as a career?

Villanueva: In spite of IR being a novel subspecialty that provides cutting-edge, minimally-invasive treatment to patients, the dissemination of knowledge on IR is not symmetric across medical schools. There are only a handful of medical schools that have specific lectures tackling IR as a main topic; most of the time, lectures only mention IR in passing. Moreover, only the medical institutions with the capacity to provide the facilities needed by IRs have the ability to expose trainees to our procedures. There needs to be a more aggressive campaign to give more visibility to IR in training institutions. This could start with small lectures, or even small group discussions in medical schools, that would give students the chance to have a discourse on IR and pique their interest in this innovative field of medicine.

CIRSE: How does PSVIR inform patients about IR treatments? How aware of IR is the general population in the Philippines?

Villanueva: Each medical institution has their own means to inform patients about available IR treatments, which vary according to the level of awareness of the clinicians affiliated to the hospital as well. As a specialty that heavily relies on the referral system, patient knowledge of IR procedures ultimately falls on the clinician's recommendation and referral to their IR of choice. Needless to say, the general population in the Philippines is largely unaware of IR as specialty, even in this digital age where any layperson can simply research a disease just by swiping on their smartphone. This is an avenue for IR to grow and reach out to people for awareness. We just need to give people the information in a way that they

PSVIR currently has around 70 active members, and the number of IRs in the Philippines is slowly but steadily growing.

can access and understand easily. That's what the internet and multimedia are for. They're very powerful tools that can help all of our patients learn more about IR and what we can do for them.

CIRSE: How many IRs are there in the Philippines? Have the numbers changed in recent years?

Villanueva: Currently there are around 70 active members in the PSVIR and, yes, the number of IRs in the Philippines is slowly but steadily growing with time.

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

Villanueva: Active PSVIR members usually attend multinational conventions, lecture symposiums, etc. locally and abroad. This allows us to share our knowledge and experience with foreign physicians and vice versa.

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

Villanueva: The biggest challenge for IR in the Philippines is funding. IR procedures, namely major cases that require a catheterisation laboratory and the necessary materials, when available, are quite expensive. Not all patients can afford such interventions, especially our indigent brethren in the provinces. Another problem that IR faces is the lack of active members, which in turn, decreases the visibility of IR as a whole across the country. The sheer size of our nation's population shockingly dwarfs the number of our active members in PSVIR. An effort to make IR more accessible to patients may be to petition budget allocations for our patients who are suitable for IR procedures. The membership of PSVIR is gradually growing, but may still not be enough to accommodate the needs of the country. Greater awareness is needed to entice trainees to pick up the mantle of IR and spread our society across the nation and beyond.

CIRSE: From an IR perspective, what does multidisciplinary teamwork look like in the Philippines?

Villanueva: IR has mostly been a specialty that relies on the referral system of clinicians. In turn, the responsibility to discuss the imaging and other appropriate interventions falls on the IR. This creates a discussion amongst the medical team on board until a plan is laid out for the patient and the necessary interventions are performed. The team then reassesses the patient's response to treatment and the management plan of the team is tweaked accordingly.

CIRSE: How do you envision the future of IR in the Philippines?

Villanueva: IR has the potential to grow locally as a leader in minimally-invasive interventions. Working with our foreign partners, we hope to achieve that status and strive to attain the international standards of care for all of our patients.

Elizabeth Wenzel, CIRSE Office



“Greater awareness is needed to entice trainees to pick up the mantle of IR and spread our society across the nation and beyond.”



WELCOMING AAFIR TO CIRSE

The Asian-African Forum for IR (AAFIR), a group representing national societies from seven countries, became a CIRSE Group Member earlier this year. Nigerian representative, Dr. Anas Ismail, updated us on the status of IR in Nigeria.

The status of IR in Nigeria



With CIRSE group membership for AAFIR, there are great expectations for multinational cooperation and mentorship with IRs around the world.

With about 200 million people, Nigeria is the most populous nation in Africa. Though the medical manpower is still small, the younger generation of radiologists are making individual efforts to be trained and practice interventional radiology within the country and abroad.

Currently, there are both private and public angiography catheter laboratories located in the cities of Lagos, Abuja, Ibadan and Maiduguri. Many public and private institutions also perform ultrasound-guided aspirations, injections, drainages and biopsies. As a result of interactions between Nigerian radiologists and their peers at international meetings as well as increasing challenges for clinicians, there have long been individual interests in increasing awareness about IR amongst radiologists and medical practitioners in Nigeria.

The 49th annual scientific conference of the Association of Radiologists of West Africa (ARAWA) held in Kano, Nigeria (July 2011) focused on IR for the first time, featuring "IR in West Africa: Prospects and Challenges". During this conference, the first Nigerian reports of percutaneous transluminal angioplasty (PTA) and uterine artery embolisation for the treatment of uterine fibroids were presented by Prof. Ahmed Ahidjo, who later became the president of NiSIR. This was followed by the 50th conference of ARAWA (Ibadan, Nigeria), where pioneer cases of IVC Filter placements and catheter-directed thrombolysis for the treatment of pulmonary thrombo-embolism were presented by Prof. AM Tabari, who later became the Vice President of NiSIR.

The birth of the Nigerian Society of Interventional Radiology

The first meeting of NiSIR was held at the University of Ibadan in 2016. At that meeting, the constitution of the society was approved and the first set of executives and members of trustees were elected. Though still in its infancy, NiSIR is now fully registered with the corporate affairs commission of Nigeria and has obtained a registered affiliation with the Nigerian Medical Association, the Association of Radiologists in Nigeria (ARIN) and recently with CIRSE (as part of the Asian-African Forum for Interventional Radiology). NiSIR has hosted two successful annual conferences to-date.

IR training in Nigeria and future prospects

IR training still depends on personal efforts and available resources, with many Nigerian radiologists training abroad. The federal government gave support to the specialty when they began equipping some teaching hospitals with angiography machines in 2007, and the National Postgraduate Medical College of Nigeria and the West African College of Surgeons have incorporated IR into their training syllabus.

In addition, some hospitals such as Aminu Kano Teaching Hospital, University of Lagos Teaching Hospital and University College Hospital Ibadan, do organise workshops on diagnostic vascular imaging and non-vascular interventions. We are looking forward to having a dedicated IR programme through the accredited training institutions in the future.

With the new development of CIRSE group membership through AAFIR, there are great expectations for multinational cooperation and mentorship with experienced IRs in Europe, Asia and other parts of the world. The NiSIR is now in a better position to collaborate in confronting developmental challenges; especially in doing better to teach and mentor young radiologists in IR, because they are the future of radiology and the hope for patients' care. Furthermore, the society is planning to grow the academic and service delivery aspects of IR in Nigeria and the west African sub-region because there is a lot of potential – for community services, research, training and industry development – resulting from the large population of needy patients.

Anas Ismail

Secretary, NiSIR

AAFIR group leader for Nigeria



Dr. Indra Lekamge and Dr. Jeevani Udupihille spoke to us about the progress IR is making in Sri Lanka, and what CIRSE membership through AAFIR means for them.



Interventional radiology in Sri Lanka

Sri Lanka is a beautiful island in the Indian Ocean, in which live about 21 million friendly, smiling Sri Lankans. High literacy rates, low mortality rates and declining population growth are indications of the country's progress in social development.

Therapeutic endovascular procedures started with percutaneous angioplasty procedures done using serial dilators at the National Hospital of Sri Lanka in Colombo during the 1980s. Radiologists at many other hospitals in the country were also doing sporadic cases, purely because of their interest and determination. A major breakthrough came when the Health Ministry appointed the first interventional radiologist of the country to NHSL in 2003. Now, there are six designated interventional radiologists serving in Health Ministry hospitals. In addition, IR work is done at a few other state sector and private sector hospitals by radiologists practising IR.

Dedicated angiography machines are installed at only three government hospitals, and a similar number exist in the private sector. Hospitals without angiography machines carry out feasible IR procedures using fluoroscopy machines with C arms. Diagnostic angiograms of all body regions, excepting coronary angiograms, and a variety of vascular and non-vascular interventions are done in these hospitals. Interventional neuroradiology is practiced only in Colombo at the present.

A leap in progress for IR in Sri Lanka was starting the post MD subspecialty training programme in IR at the Postgraduate Institute of Medicine, University of Colombo, in January 2017. This comprehensive three-year training programme includes 12 months of overseas training. Currently, seven trainees are in the programme.

It is encouraging to note the growing interest shown by the Ministry of Health and the government of Sri Lanka in promoting IR practice. Plans are made to purchase and install about six dedicated angiography machines in major state sector hospitals, and further expansion is in progress to recruit more interventional radiologists to staff these hospitals. The major limitation for the practice of IR in our country is the lack of continuous supply of devices and other items essential for an uninterrupted, efficient IR care for patients.



Neuro Interventional Workshop with SIGT members: IR Unit, Neuro Trauma Centre, NHSL, Colombo, May 2018

Streamlining this process is our primary need, and this is best done by IR practitioners in close collaboration with officers from the Ministry of Health.

The Sri Lankan Forum for Interventional Radiology (SLFIR) was started in 2015 by a few enthusiastic radiologists practising IR. Though small in number, this dynamic group has done lot of work to improve IR in Sri Lanka. We conducted many well-received, successful academic programmes, with two main meetings held in 2016 and 2018, and annual CME programmes in 2017, 2018 and 2019. We have not forgotten the support staff – a workshop for nursing officers on 'Nursing care related to practice of interventional radiology' was held in August 2019 in Colombo.

The creation of the AAFIR group and obtaining CIRSE group membership for the benefit of IR practitioners in Asian and African countries was the brain child of Prof. Sanjiv Sharma. This vision has already borne many fruits – CIRSE group membership has opened new vistas for us. We have access to numerous excellent academic programmes and content which was hard to get before. Our costs for attending international IR meetings are considerably reduced, making these more accessible. Being a part of the large family of CIRSE feels great!

Indra Lekamge
President, SLFIR

Jeevani Udupihille
AAFIR Group leader for Sri Lanka



It is encouraging to note the growing interest shown by the Ministry of Health and the government of Sri Lanka in promoting IR practice.

Florida International University's Herbert Wertheim College of Medicine has established a dedicated Department of Interventional Radiology – the third of its kind in the United States.

Forwarding IR education – FIU's new Department of IR



The establishment of a dedicated IR department emphasises that IR is a specialty that needs thorough thought at the medical student level.

Over the past 40-50 years, interventional radiology in the United States has grown from a renegade, disruptive group of physicians with a vision directed towards less invasive, image guided solutions to medical problems, into a Society (currently the Society of Interventional Radiology). This led to the development of scientific journals devoted to the field, and recognition as a subspecialty of medicine with board examinations and certification. Most recently, IR has received recognition as a specialty of medicine in the United States, with board certification and, importantly, a defined post-graduate residency training pathway. Along the way, the emphasis on becoming a clinical, rather than technical, discipline has become part of the vision and educational process.

For over a decade, interventional radiology has provided educational activities at multiple levels, but it has been recognised that education at the medical school level, where future IRs will be coming from, has been sorely lacking. Additionally, career advice for medical students which has been available to other disciplines has not been provided for IR.

The establishment of the Department of Interventional Radiology at Florida International University's Herbert Wertheim College of Medicine, the third such department in the United States,

is a true milestone for IR. We now have a department that includes a chairman, a vice chairman (Dr. James Benenati), and twenty members from the IR community in South Florida committed to the education of IRs at the medical school level. With the support of the Dean of the medical school regarding the importance of IR to the future of medicine, there is great enthusiasm about the new department. We currently have nearly 30 medical students that have joined an interventional radiology interest group, which with a faculty advisor, organises meetings amongst themselves and with faculty to discuss areas of interest in IR, including career development.

For me personally, the establishment of the new department is another step in establishing IR as a true discipline, but it is also an important endorsement of IR as a specialty that needs thorough thought at the medical student level. As someone who has spent their career in trying to change health care, develop a new field and convey to others the importance of IR, this ranks as one of our very important achievements and is imperative for sustaining the future of the field.

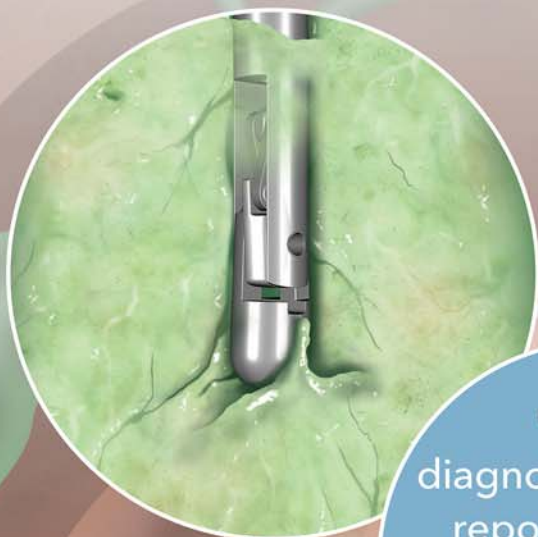
Dr. Barry Katzen

*Chair and professor of the Department of Interventional Radiology
FIU Herbert Wertheim College of Medicine*



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



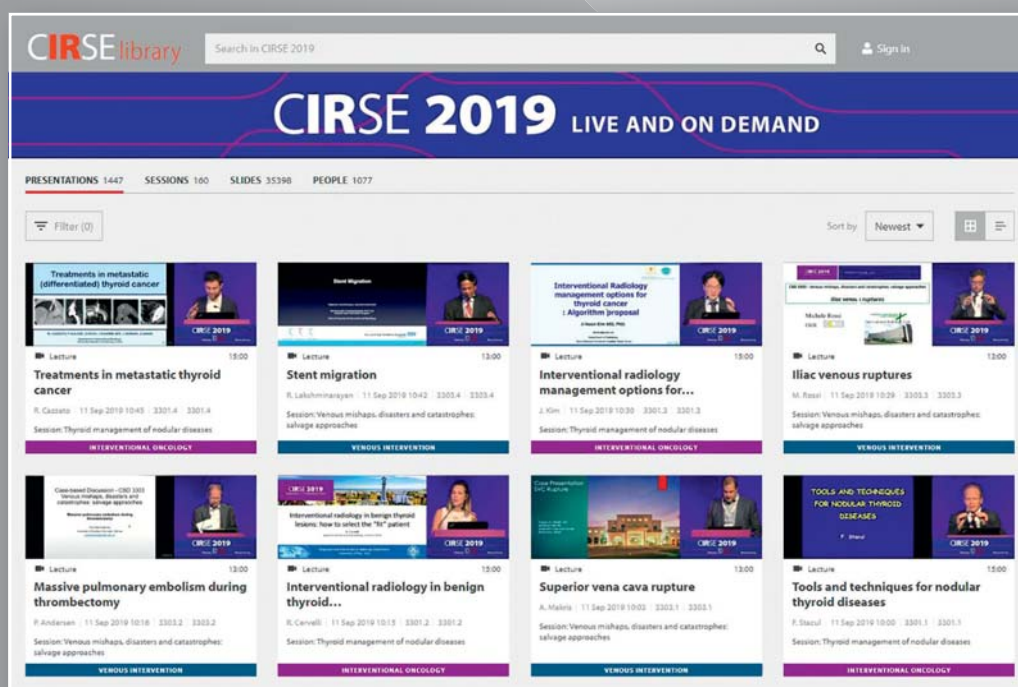
cookmedical.eu

*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.

CIRSE library

Access the CIRSE Library for a wealth of IR knowledge:

- Content from CIRSE, ECIO, ET/GEST Europe and IROS congresses
- 3,500+ posters
- 5,729 presentations
- More than 3,000 speakers from around the world
- 8 core topics



Missed a session at CIRSE? All CIRSE 2019 presentations and posters are now available on demand!

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Keeping up with the world of IR has never been so easy.

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CIRSE 2019

Congress Report



- 7,102** Participants
- 96** Countries
- 1,256** Online attendees
- 1,705** Abstracts
- 250** Hours of education
- 130** Exhibitors
- 6,000 m²** of exhibition space
- 5** Product launches
- 31** Industry Satellite Symposia
- 6** Learning Centres
- 48** Hands-on Device Training, Simulation and Safe Sedation Training sessions
- 5** Successful initiatives:
 - News on Stage
 - European Trainee Forum
 - Medical Student Programme
 - Radiation Protection Pavilion
 - FIRST@CIRSE



M E E T I N G

CIRSE 2019: Passion. Culture. Care.

The 34th CIRSE Annual Congress returned to Barcelona this year, bringing 7,102 attendees together to connect, exchange and learn.

The educational programme for 2019 focused on delivering the most up-to-date information on both novel and established minimally-invasive therapies.

Participants from every facet of the world of interventional radiology congregated in Barcelona, Spain, from September 7-11 for this year's CIRSE Annual Congress. From renowned IR experts to curious medical students and all those in between, there was something for everyone where the world of IR meets.

The educational programme for 2019 focused on delivering the most up-to-date information on both novel and established minimally-invasive therapies, featuring a faculty comprised of leading experts in IR as well as other specialties giving attendees a chance to gain insights from various factions of the medical world. The eight separate clinical tracks allowed delegates to choose the topics and focuses that were most relevant to their interests and daily practice.

Passion

The Opening and Awards Ceremony, which featured performances from guitarists and flamenco dancers, showcased the dedication, commitment, and passion of several prominent minds in the field. The Gold Medal was awarded to Prof. Thierry de Baère, with Prof. Viktor Bérczi, Prof. Ricardo García-Mónaco, and Prof. James E. Jackson recognised as Distinguished Fellows.

Prof. Boris Guiu and Prof. Mathieu Boulin were awarded the Award of Excellence and Innovation in Interventional Radiology for their decade of tireless work on optimising the anticancer agent idarubicin for TACE of HCC.

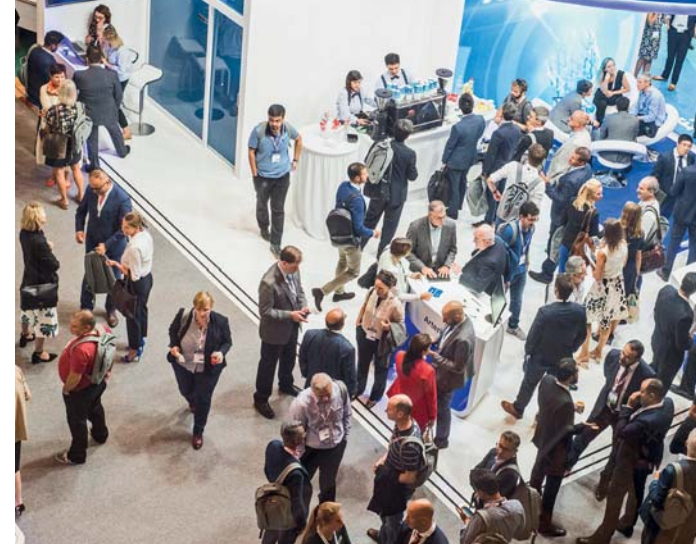
Of-the-moment topics

The scientific programming committee, lead by Chairperson Fabrizio Fanelli and Deputy Chairperson Thomas Kröncke, insured that the programme showcased the innovative, ever-evolving nature of IR and IRs, from Amazing Intervention sessions with experts sharing the innovative ways they've solved difficult problems, to Free Papers and News on Stage sessions which allowed physicians to showcase their research.

Alongside old favourites, new formats were introduced – the arterial track featured some particular highlights in 2019, notably a new peripheral arterial disease micro-track held on the opening day of the congress. PAD day focused in on technical and safety issues in PAD, and included a First@CIRSE session, wherein the latest evidence from trials and studies on PAD was presented. Additionally, three Expert Round Tables delved into unsolved questions in below-the-knee, SFA and aorto-iliac stenosis. As a whole, the programme shed light on real-world applications, current technologies and controversies in PAD management.

The Hot Topic Symposia, which addressed controversial topics in IR, were a reflection of how quickly the IR world reacts to new information, as well as a call to action for continued research. Of particular note was this year's HTS, *Hot debates on drug-eluting technologies*, which gathered several opinions on Dr. K. Katsanos's 2018 paper revealing safety concerns about paclitaxel-coated balloons and stents.

Prof. A. Holden, one of the session's moderators, opened the session with comments on how the



With a diverse scientific programme, CIRSE 2019 featured something for everyone, from students to experts.



study has shaken the IR world. “Obviously, it’s something that really has changed the practice in the last 9 or 10 months since the Journal of the American Heart Association meta-analysis was published, and there’s been a huge amount of discussion and debate since that time.”

Dr. Katsanos was on hand to defend his research, concluding “Can we actually make any decisions? How can we put into context this sort of conflicting evidence? This has to be an important part of the debate. In the meantime, first, we need to do no harm, and in my eyes, Paclitaxel is guilty until proven innocent.”

Fellow presenter Dr. W. Gray presented his views on the topic, and also gave a pertinent breakdown of what evidence would be needed to prove safety concerns with drug-eluting technologies versus what is actually feasible at this time, asking “What is doable and what is utopian?” The final slide of Dr. P. Jüni’s presentation represented perhaps the only constant in medical research, stating “What’s a standard error? Expecting an easy answer.”



Culture

CIRSE attracted delegates from 96 countries this year, making this meeting one of the most diverse IR gatherings in the world. This offered an unparalleled opportunity for exchange and provided a space for face-to-face interactions that simply cannot be replicated electronically. Additionally, numerous international representatives from the medical industry were present at the technical exhibition, presenting their insights into the latest technologies.

The “CIRSE meets...” sessions play a pivotal role in establishing and strengthening relations between CIRSE and other societies in the field of interventional and vascular therapy. In 2019, CIRSE’s guests included the Asia Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR) and the Canadian Association for Interventional Radiology (CAIR). Both of these societies are dedicated to raising awareness about the benefits of IR in their respective regions, as well as advocating for better access to IR treatment for patients. APSCVIR President A. Holden and CAIR President J.K. Wong were present, moderating their respective “CIRSE meets...” sessions alongside President R. Morgan.

Prof. K. Zay Ya’s presentation on his experience developing an IR practice in Myanmar (delivered by Dr. B. Tan due to travel delays) began with a general history of IR in Myanmar and wound its way through the current steps that are being taken to forward the specialty throughout the country. He detailed many of the

The arterial track featured some particular highlights in 2019, notably a new peripheral arterial disease micro-track.





M E E T I N G

The city of Barcelona provided an animated backdrop to the congress, fostering the environment of learning, teamwork and progress.

CIRSE attracted delegates from 96 countries this year, making this meeting one of the most diverse IR gatherings in the world.

> difficulties that are still faced in the developing world, including a lack of the necessary basic knowledge and training as well as struggles in obtaining the proper equipment and supplies.

Dr. R. Abraham presented on the evolution of IR in Canada, and the struggles that arose from IRs not being considered clinical specialists when the organisation was founded. His talk detailed their society's strategic, thoughtful plan to increase IR's visibility, which finally resulted in the official Canadian recognition of IR as a subspecialty in 2013. He ended on a forward looking, collaboratively encouraging note, mentioning how group membership with CIRSE has enriched CAIR by connecting them to an international network.

The city of Barcelona itself added the final angle in the many cultural sides of CIRSE, providing an animated backdrop to the congress with sea, sand, tapas, and a certain Catalan spirit that doubtlessly fostered the environment of learning, teamwork, and progress.



Care

Hands-On Device Training sessions allowed attendees to learn about the safe and effective use of both new and established technologies, giving participants the opportunity to apply new knowledge in a simulated environment. Each session featured a round-table discussion with coordinators, allowing participants to ask questions and provide feedback. Delegates had the opportunity to gain first-hand experience with closure devices, central lines and ports, and different embolisation materials and tools, among many other options allowing attendees to learn valuable techniques to provide optimal care for patients.

The Interdisciplinary Endovascular Aortic Symposium (IDEAS) ran alongside CIRSE, bringing together surgeons and interventionalists working in this progressive field. In spite of the prerequisites of strong teamwork and multidisciplinary collaboration being implemented during aortic interventions, definitive management strategies have not been solidified, and there is still much to discuss. IDEAS, now in its fifth year, reflects the growing interest in endovascular treatment for various aortic pathologies and the continuing evolution of devices to facilitate it.

Hot topics, lively discussions

During the Focus Session entitled *The NICE guidelines: Nice or not so Nice*, Dr. C. Hammond, member of the NICE development committee, spoke on the reasoning for the NICE guidelines, as well as the contexts in which NICE makes



The programming committee is already hard at work planning CIRSE 2020 – abstract submission will be open in December!

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decisions. While conceding that it wouldn't make him popular, he stood by the guideline's stance that EVAR should be avoided where open surgical repair is possible, due to cost effectiveness.



Dr. M. Jenkins took a tone of compromise, stating that, while the guidelines had a lot of sensible advice with regard to the management of patients with AAA, there were several points of contingency. He pointed out that it's difficult to translate a population-based philosophy to an individual patient, and that as patients are more aware of their options, it will be difficult to take EVAR off the table.

A theme throughout EVAR-focused sessions was durability of EVAR, as well as proper patient selection. Prof. A. Holden concluded the NICE guidelines session on that point, stating "There remain considerable challenges and limitations for conventional EVAR; There are some promising developments that address these challenges."

Another particularly timely Hot Topic Session addressed the results of the ATTRACT trial.

As Dr. W. Saad explained, ATTRACT was meant to answer whether or not pharma-mechanical catheter-directed fibrinolysis reduced the risk of post-thrombotic syndrome in patients with proximal lower extremity DVT. The trial concluded that the risk was not reduced, however, there were a considerable number of missing assessments and a large number of patients excluded during enrolment, so many of which self-excluded that Dr. Saad felt the trial could not reflect daily practice.

Dr. G. O'Sullivan further expanded on the problems with the ATTRACT trial, mentioning flawed recruitment, the lack of dedicated imaging and non-mandated post-ultrasounds, and the inclusion of femoro-popliteal DVT patients, among others, concluding that "There's been a whole lot of changes in how venous work has evolved over the last 15 years... I would suggest to you, that: in the real world, the ATTRACT trial does not impact on our practice."

Looking ahead

Next year's CIRSE will take place from September 12-16 in Munich, Germany. The programming committee is already hard at work ensuring an exciting, educational line-up for what promises to be another record-breaking meeting!

Abstract submission for CIRSE 2020 will be open from December 4, 2019, until February 17, 2020.

Log on to library.cirse.org to watch all sessions from CIRSE 2019!

Elizabeth Wenzel, CIRSE Office

Next year's
CIRSE will take
place from
September 12-16
in Munich,
Germany!

This year's Student Programme at CIRSE 2019 saw a record number of participants and activities.

Medical students at CIRSE 2019



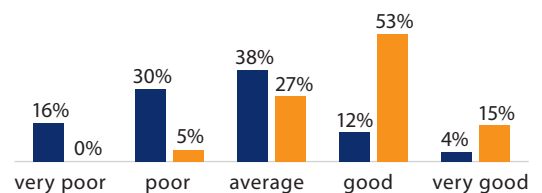
Educating young doctors-to-be and allowing them to connect with their future IR colleagues is the aim of the CIRSE Student Programme, "be inspIRed," which offers not only free congress registration, but also activities and events dedicated especially to medical students who are interested in the field of interventional radiology. Enabling students gain insights into this thriving subspecialty and advising them on how to build their future career within this field is one of the ways that CIRSE supports the next generation of IRs.

This year's congress welcomed the highest number of students since the Student Programme was launched. In total, 348 medical students from 25 European and 5 non-European countries attended the congress and enjoyed the Student Programme to its utmost. To make the trip to Barcelona even more convenient, more than 250 students studying and residing in EU or EFTA countries received a €200 travel support grant.

The post-congress survey results showed that 92% of medical students who participated in the survey right after CIRSE 2019 find IR more or much more attractive as a career choice than they did before they attended the congress. In the table, you can see how students judged their knowledge of IR before and after CIRSE 2019. Seeing such positive results assures CIRSE that the initiative for medical students is doing its trick and accomplishing the goals the society is aiming for.

A broad portfolio of activities and dedicated sessions for students was offered through the 2019 Student Programme, including the recommendation to join activities organised for young IRs and IRs-to-be by the European Trainee Forum. Student Programme participants could learn more about IR and its applications in modern medicine by attending the introductory lecture scheduled on the very first day of the congress. In order for students to ask questions related to IR practice in their countries of interest, the Mentoring Breakfast was organised, with about 25 young IRs in attendance to act as mentors. To give students the chance to get to know each other better outside the congress venue, a students' night was held on one of the evenings during the congress.

Since CIRSE received many excellent abstracts for this year's congress submitted by medical students, a new session, "Students on Stage" was organised, allowing six students to share their research and present their work in front of their peers.



How students judged their IR knowledge before (blue) and after (orange) CIRSE 2019

348 medical students from 25 European and 5 non-European countries took part in this year's Student Programme.

be inspIRed...



A broad portfolio of activities and dedicated sessions for students was offered throughout the programme.



Last but not least, CIRSE scheduled four Hands-On Training and four Simulation Sessions which, in total, accommodated 240 students. In addition to this, industry partners such as Terumo, Philips, Cook Medical, Boston Scientific, Straub and Merit Medical, who were present at the congress, collaborated on the initiative to provide student programme participants with Hands-On Workshops, enabling 154 students to attend sessions which took place at their learning centres.

In order to make the congress atmosphere a bit competitive and let students show off the knowledge they gained at CIRSE 2019, a Students' Quiz was organised. More than 100 students joined this fun event and tried their luck in the endeavour to leave the congress with a trophy. Quiz questions based on sessions which were recommended to students were answered by teams composed

of six students, competing under names such as MAD MEDS, ANGIO BEASTS or FEELIN' TIPSy. All quiz winners, as well as the Congress News contest winners, were awarded a voucher allowing them to choose up to four CIRSE Academy online courses.

CIRSE would like to thank all students who were part of this year's congress and cannot wait to welcome other motivated students, longing to learn more about IR and be inspired at the upcoming CIRSE congress.

Romana Šumpichová, CIRSE Office

**JOIN US FOR CIRSE 2020
AND CELEBRATE THE
10TH ANNIVERSARY OF THE
STUDENT PROGRAMME
WITH US!**



92% of Student Programme participants found IR more or much more attractive as a career choice than they did before they attended the congress.

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apply for membership and join
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- Online access to CVIR, CIRSE's official journal
- Free access to CIRSE Library
- Reduced fees for CIRSE Academy courses
- Free congress registration for CIRSE, ECIO, ET and IROS



M E E T I N G

Supporting young IRs – the ETF

CIRSE's European Trainee Forum enjoyed a successful fourth year in action at the annual CIRSE congress.

The ETF represents a European network of residents, trainees and young IRs.

The European Trainee Forum

With interventional radiology playing a vital role in the future of medicine, CIRSE supports young interventional radiologists who are currently in training to further their careers by organising dedicated sessions and networking events at CIRSE annual congresses. The European Trainee Forum, CIRSE's initiative launched in 2015, represents a European network of residents, trainees and young IRs and aims to increase CIRSE's understanding of national differences and particularities in IR training around Europe.

The ETF programme, with activities tailored especially for young IRs, is built by the ETF Subcommittee, which is currently represented by 26 members coming from major European countries. The Subcommittee (pictured above) is engaged throughout the whole year and collaborates on different projects, establishing IR trainee communities in their own countries as well as good relations with other IR societies.

Trainees and residents at CIRSE 2019

CIRSE was delighted to see the high number of trainees and residents joining this year's congress. In total, 460 trainees coming from 54 countries attended CIRSE 2019, of which 123 were given free congress registration through the 2019 IR Trainee Support Programme. Congress attendance amongst trainees and residents increased about 21% in comparison to CIRSE 2018. According to the survey conducted right after CIRSE 2019,

the most important factors motivating trainees to attend the congress were the desire to get training and further education, network and learn more about career opportunities.

The attendance number was not the only thing that increased this year; the amount of sessions organised by the European Trainee Forum was significantly higher. Congress participants were offered four IR Trainee Sessions with focuses on topics including future IR technologies, building an IR career and clinical practice, working with medical devices and building a start-up as an IR. Alongside these sessions, the ETF organised 13 short talks which were held at the News on Stage area from Saturday through Monday. These short talks, given by experts and young IRs, provided information about clinical and academic opportunities in and outside the EU, and gave practical career advice for young IRs as well as insights on how to use social media to promote IR globally.

In addition to the educational sessions, young IRs were also invited to enjoy a bit of informal networking with their peers at the ETF quiz, a fun event allowing them to prove their knowledge of IR.

The ETF has already started to work on a programme for next year's CIRSE, and we can assure you that it will be just as inspiring as this year's!

Romana Šumpichová, CIRSE Office



The IR Trainee Support Programme helps make the congress more affordable for residents and trainees.



Will you be enrolled in training at the time of CIRSE 2020? Get involved and join us in Munich for free!

CIRSE is planning to repeat the **IR Trainee Support Programme** in order to help make the congress more affordable for residents and trainees. In order to be eligible to apply for this support, please note that three steps are required. You must:

- 1) Submit an abstract for CIRSE 2020 as a first or presenting author
 - The submission period is from December until February – don't miss the deadline!
- 2) Be a CIRSE junior member
 - If you are not a CIRSE member yet, you can join CIRSE through your national IR society or apply as an individual
- 3) Apply for the 2020 IR Trainee Support Programme
 - The application link will then be available in your myCIRSE area

Please note that only 200 places are available and will be allocated on a first come, first served basis.



Argon Medical Devices: A proud supporter of the next generation of IR

Argon Medical Devices, a global manufacturer of specialty medical products offering a broad range of single-use medical devices for interventional radiology, vascular surgery and oncology, became a proud supporter of the CIRSE 2019 IR Trainee Support Programme. In order to establish a potential future collaboration between Argon Medical Devices and CIRSE regarding the support of young IRs, a meeting with Argon Medical Devices and the European Trainee Forum representatives was held at CIRSE 2019. During this meeting, the European Trainee Forum activities, which are tailored especially to trainees, residents and young IRs coming to CIRSE Annual meetings, were introduced and further means of possible support by Argon were discussed.



*From left to right:
C. Chilcott, G. Makris, S. Protto, P. Stibbs*

Since 2018, hundreds of trainees and residents have benefited from free congress registration.

The winners of the 2019 Poster Awards represent a variety of important research being done in the interventional field.

Poster Awards 2019

SCIENTIFIC POSTERS

MAGNA CUM LAUDE

NIR-absorbing gold nanoparticle-coated stent-mediated photothermal therapy suppresses stent-induced tissue hyperplasia
J.-H. Park, K.Y. Kim, N.G. Bekheet, H.-Y. Song, J.S. Kim; Seoul, KR

CUM LAUDE

Iradubicin-loaded superabsorbent polymer microsphere: in vivo analysis using rabbit VX2 liver tumor model
Y. Kimura, K. Osuga, K. Nagai, H. Hongyo, K. Tanaka, Y. Ono, H. Higashihara, N. Tomiyama; Suita, JP

A phase 1 study using autologous natural killer cells in advanced HCC patients with hepatic arterial infusion chemotherapy
Y.J. Kang¹, B.C. Lee¹, N.Y. Yim², H.-O. Kim², J.K. Kim²; ¹Jeollanam-do, KR, ²Gwangju, KR

Development of radiopaque drug-eluting beads based on lipiodol/biodegradable-polymer for transarterial chemoembolization
T. Hasebe¹, T. Matsumoto¹, Y. Okamoto², K. Yano², K. Bito², K. Tomita¹, S. Maegawa², S. Kamei¹, E. Matsuoka¹, Y. Imai¹, A. Hotta²; ¹Tokyo, JP, ²Yokohama, JP

CERTIFICATE OF MERIT

Cadaveric classification of geniculate artery anatomy
M. Sighary, A. Sajan, J.P. Walsh, S. Marquez; New York, NY, US

EDUCATIONAL POSTERS

MAGNA CUM LAUDE

The essential role of iodized oil-based CT-lymphangiography for dedicated treatment planning of specific lymphatic second-line interventions in patients with complex postoperative therapy-refractory lymphatic fistula (LF) in different locations
C.M. Sommer¹, E. Pan¹, M. Loos¹, T. Hackert¹, H.U. Kauczor¹, A. Hatopp², G.M. Richter², C. Goerig², H. Killguss², T.D. Do¹; ¹Heidelberg, DE, ²Stuttgart, DE

CUM LAUDE

Management of transcatheter arterial embolization for frozen shoulder: focus on anatomical findings
A. Kuhara, M. Koganemaru, T. Kugiyama, Y. Shinjo, S. Tanoue, N. Tanaka, T. Abe; Kurume, JP

Mixed reality for interventional radiology: an intuitive real-time radiation visualization system
T. Takata¹, H. Kondo², M. Yamamoto², S. Furu², T. Kobayashi¹, K. Shiraishi², H. Oba², J. Kotoku¹; ¹Itabashi-ku, JP, ²Tokyo, JP

CERTIFICATE OF MERIT

Duodenal varices: a review of porto-systemic collateral pathways and endovascular interventions
M. Tsurusaki, I. Numoto, T. Oda, A. Suzuki, T. Kadoba, Y. Yagyu, N. Kashiwagi; Osakasayama, JP

The phrenic nerve: you can use it or abuse it
J.S. Kriegshauser¹, C.D. Czaplicki¹, J.H. Schildmeyer², N.R. Langley³, M.-G. Knuttinen¹, S.G. Naidu¹, S.J. Alzubaidi¹, I.J. Patel¹, R. Oklu¹; ¹Phoenix, AZ, US, ²Rochester, MN, US, ³Scottsdale, AZ, US

Scientific and educational posters highlight ongoing and new research in IR.

ECIO will return to Nice for a second time in 2020.

Returning to the captivating city of Nice

CIRSE is excited to bring the eleventh European Conference on Interventional Oncology back to beautiful Nice, which will undoubtedly once again provide an idyllic and enriching backdrop to the congress. Located along the French Riviera on the Mediterranean Sea, Nice is one of France's top destinations for both business and leisure travel. With a vibrant yet compact city centre, a wealth of history dating back to its foundation by ancient Greeks, and what seems to be never-endingly pleasant weather, Nice is nicknamed "Nice la Belle" – Nice the Beautiful.

Travel and accommodation

With direct service to 90 cities in 40 countries, Nice is easy to access from across the globe. As a special promotion, Lufthansa Group Partner Airlines will offer special prices and conditions for all ECIO 2020 participants. With a comprehensive global route network linking most major cities, these airlines provide a plethora of easy and affordable options for getting to Nice. Visit ecio.org/attend/flight-discounts for more information and to access the special booking code.

Once you've made it to Nice, you'll find getting around the city to be very easy. By the end of 2019, the city will have finished expanding the T2 tram line which will allow passengers to conveniently travel from the airport directly to the city centre for €1.50. Travellers can also take a taxi from the airport to the city centre for a regulated-rate of €32. Ubers are also available in Nice.

CIRSE's official travel partner, Kuoni Congress, will ensure a comfortable and convenient stay during your time in this lovely city. Kuoni has pre-selected and secured a wide range of hotel rooms, all with easy access to the congress centre. Their easy-to-use booking tool makes it stress-free to find and select the best hotel option for you with the most competitive rates and conditions in just a few clicks! For more information and to access the booking tool, please visit ecio.org/attend/accommodation.

Nice Acropolis Convention Centre

ECIO 2020 will take place in the Nice Acropolis Convention Centre, which is conveniently connected to the city centre via the main T1 tram line and is located only 15 minutes away from the airport.

Designed by Buzzi, Bernasconi and Bapiste, this renowned space features carefully designed gardens, fountains and modular configurations, ensuring both a picturesque and functional convention space. Boasting large auditoria, ample meeting rooms, state-of-the-art equipment and a 26,000 m² exhibition hall, this venue will provide an excellent space for presentations, meetings and networking at ECIO 2020.



Looking forward to seeing you in Nice!

With its delectable local cuisine, picturesque beaches and abundant nightlife, Nice will provide the perfect location for delegates to unwind after the hustle and bustle of this jam-packed congress. So, what are you waiting for? Join us in this fabulous city for another excellent and impactful congress exploring one of the fields most promising sub-specialties.

Emily Beaven, CIRSE Office



Enjoy special deals on flights and accommodation when booking your trip through our official travel partners.



Join us for the 11th annual European Conference
on Interventional Oncology (ECIO) in Nice, France from April 26-29.

ECIO 2020: Furthering innovation in IO care



The field of interventional oncology is evolving rapidly, continuously branching into new areas and advancing treatments and technology to improve patient care. The European Conference on Interventional Oncology (ECIO) provides an ideal and comprehensive forum for experts to share and learn about the field's latest developments in order to facilitate conversation and push the envelope for innovation even further.

Bigger and better than ever

Since its premier in 2008, ECIO has evolved from a small, yet significant biennial meeting of IRs into the leading annual congress in the field of interventional oncology, bringing a multidisciplinary group of nearly 1,500 healthcare professionals from 65 countries together to learn and discuss the latest topics and future advancements in IO. The upcoming congress in Nice, France, hopes to expand on this success, creating a space for professionals across a broad range of disciplines to meet and work toward innovations in cancer care.



Jam-packed scientific programme

ECIO 2020's comprehensive scientific programme boasts a full range of topics, including a focus on curative treatments, encouraging IO's leaders to recognise the expanding role of minimally-invasive treatments in tackling cancer head on. Clinical Focus Sessions examining HCC procedures, such as *Hepatocarcinoma: from classification to treatment*, will provide an excellent model for how interventional oncology can achieve quality outcomes in cancer care. Other sessions, such as *Nuclear medicine and interventional oncology – present and future*, will explore new data and expert advice on some of the field's latest and most promising treatment possibilities

which continue to enhance the overall impact of interventional oncology for patients.

Another exciting highlight of ECIO 2020's programme is a Clinical Focus Session titled *Upcoming European Research*, which will provide the opportunity for young researchers to present their latest work, delving into timely topics such as intratumoral immunotherapy, cryo-priming in immunoresponse and endothelial antibody capture. This session will help us look forward, both examining the implications of current developments and the future possibilities of the field at large.

Emphasis on technology

ECIO 2020 boasts a strong focus on devices, bringing key players together to share the newest developments in IO technology. Along with an expansive exhibition, Hands-on Device Training sessions on tumour ablation, Safe Sedation workshops and various Satellite Symposia will allow participants to refine technical skills and take a closer look at the field's latest devices.



Collaborating Against Cancer Initiative

Acknowledging the importance of interdisciplinarity teamwork and the need to increase awareness of interventional oncology, CIRSE's Collaborating Against Cancer Initiative provides an opportunity for participants to bring along a non-radiologist colleague free of charge. The first 100 referring IRs will also receive free registration and up to €1,000 in travel support! For more information or to register, visit ecio.org/attend/collaborating-against-cancer-initiative/.

We look forward to welcoming you in Nice!

Emily Beaven, CIRSE Office

Bringing
together the
field's key
players to share
the newest IO
developments.

ECIO offers a focused look at the fourth pillar of cancer care.

10 reasons why you can't miss ECIO 2020

1 Offering a strong focus

ECIO offers a uniquely focused look at the fourth pillar of cancer care, providing a platform for experts in interventional radiology and other medical specialties to come together and discuss minimally invasive IO treatments for a wide range of malignancies.

2 Creating solid knowledge

With 18 Clinical and Technical Focus Sessions, ECIO 2020 attendees will have the opportunity to widen their knowledge on every aspect of IO treatment, receiving pointers on the nitty-gritty of various procedures, tips and tricks on tools and materials, and learning from their colleague's experience in case-based discussions.

3 Providing hands-on experience

For those itching to try out their newly acquired knowledge, ECIO 2020 will offer numerous opportunities to gain practical experience in device training sessions. Topics will include image guidance, microwave ablation, RFA, and cryo- and laser ablation.

4 Exploring immuno-oncology

In IO 4 IO, a dedicated session on immuno-oncology in IO, a panel of experts will examine the ideal drugs and routes for immunotherapy, and will scrutinise the results that have been gained in this relatively new field of interventional oncology.

5 Examining curative treatments

Recognising the expanding role of minimally invasive treatments in curative cancer treatments, a Clinical Focus Session will delve into curative treatment in oligometastatic bone disease, examining the ideal candidate for local treatment, the right tools, avoiding complications and potential challenges in follow-up.

6 Sharing research

As the leading platform for scientific exchange in interventional oncology, ECIO will offer a keen look at the available data, with numerous clinical focus sessions examining the latest study and trial results. In the dedicated session on upcoming European research, attendees will get a first glimpse at where IO research is heading on the continent in the years to come.

7 Offering a variety of session formats

ECIO offers a variety of formats, each geared at optimally encouraging learning and knowledge exchange. Session types include Clinical and Technical Focus Sessions, Basic Courses, and Free Paper Sessions, as well as a Video Learning Session.

8 Stimulating interaction

ECIO attendees are strongly encouraged to engage in the programme by asking the faculty questions in person or via the app for a lively debate at the end of each session.

9 Creating strong allies

The Collaborating against Cancer Initiative (CACI) allows interventional radiologists attending ECIO to bring a colleague from their tumour board to the congress free of charge. It is the perfect opportunity for IOs to show their colleagues what interventional oncology has to offer, creating strong allies to advance minimally invasive approaches in the fight against cancer.

10 Showing you all that's new

Boasting the world's largest IO exhibition, ECIO offers a unique look at everything device and materials manufacturers have to offer and a great opportunity to liaise with the industry through dedicated learning centres.



The Collaborating Against Cancer Initiative enables IRs to bring a non-radiologist colleague to the congress for free.

*The second European Conference on Embolotherapy –
ET meets GEST 2020 – will build upon the successes of the first year.*

ET meets GEST 2020 – Join us in Vienna!



ET meets GEST 2020 will take place in Vienna, Austria from June 24-27, 2020. Embolisation has long been an important part of CIRSE's educational profile, but ET shifts embolotherapy directly into the spotlight. ET meets GEST 2020 will build and expand upon the congress's 2019 debut, giving us a specialised annual embolisation meeting that will enable IRs to learn about the field's most up-to-date advances and technologies.

Diverse session formats

The session formats at ET are cleanly structured to facilitate targeted learning. Amongst the session types are the interactive Case Remedy Sessions, which will explore four separate cases through interactive learning materials, allowing participants to acquire tips and tricks for successful intervention.

Special Topic Sessions examine new and controversial developments in embolotherapy, with each session addressing a particular procedure or procedure type. Widely pertinent topics, such as trauma, will be discussed, as well as emerging areas such as lymphatics. Current evidence will be the central focus point of these sessions.

There is always something valuable to learn from complications, and ET meets GEST will offer the opportunity to attend two Morbidity and Mortality Sessions focusing on them. A "bad day" session will address difficult cases with negative outcomes, while a "good day" session will feature cases that had a positive outcome in spite of serious or unusual complications.

A focus on technology

The congress gives interventional radiologists the chance to experience a specialised exhibition focusing on embolisation. ET meets GEST will feature a large array of industry representatives sharing their state-of-the-art technology. Technical Focus Sessions will also serve to highlight the latest trends in specific embolic materials and delivery systems. This focus on tools and devices will provide ample occasions for information exchange and hands-on learning, and it is this mix of educational opportunities and technological exploration that makes this congress so valuable to attend in person.



© Messe Wien, David Faber

Vienna

ET meets GEST will be held in the conveniently located, spacious Messe Wien exhibition and congress centre. With its historic grandeur, modern accents and pleasant weather, Vienna will supply an inspiring and idyllic location for education and exchange.

We look forward to seeing you in Vienna!

Elizabeth Wenzel, CIRSE Office

It is the
combination
of information
exchange and
hands-on
learning that
makes this
congress
so valuable.



Munich, Germany
September 12-16

CIRSE 2020

www.cirse.org

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Cardiovascular and Interventional Radiological Society of Europe



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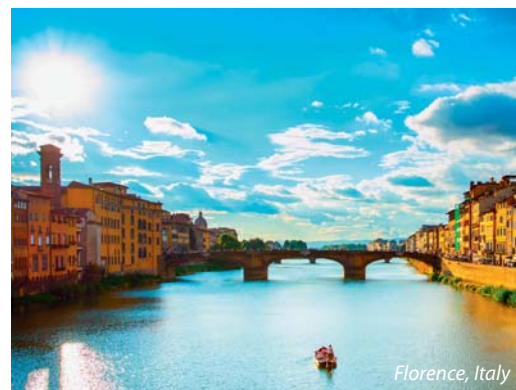
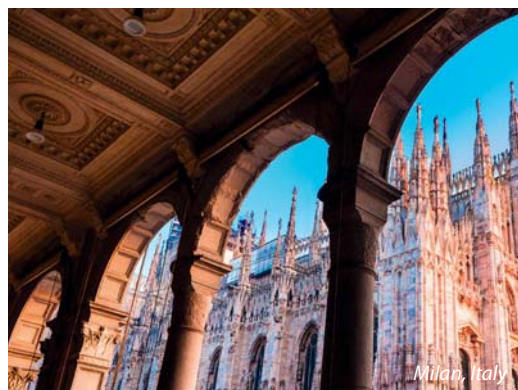
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Join us next year at one of four ESIR Clinical Procedure Training Courses in Italy and Germany!

ESIR 2020 Clinical Procedure Training Courses



Clinical Procedure Training Courses are advanced courses specially designed for experienced interventional radiologists already familiar with the theoretical aspects of the topics who seek to fine-tune their practical skills and undergo valuable procedural training. With prior knowledge of the different treatments and techniques, participants will be able to engage in productive discussions and deepen their knowledge through the shared experience of highly skilled course leaders.

Hands-on training sessions will be a central feature in all of the upcoming courses, allowing participants to get their hands on both well-established and up-and-coming devices in order to familiarise themselves with these essential tools.

The ESIR 2020 educational year will kick off with a prostate embolisation course in Milan.

Kick-off event

Prostate Embolisation

AIMS Academy –
Niguarda Ca'Granda Hospital, Milan (IT)
April 7-8, 2020

Local hosts: F.C. Carnevale & A.G. Rampoldi

The ESIR 2020 educational year will kick off with a prostate embolisation course organised by Prof. Carnevale and Dr. Rampoldi. After another successful edition of this clinical procedure training course with 43 participants from 13 countries in Paris this year, we return in 2020 to the picturesque city of Milan. Taking a closer look at this ever-important procedure, the course will not only consist of expert lectures and interactive discussions, it will also feature live cases and simulator training sessions for participants to practice their hands-on skills.

Rebirth in Firenze

Advanced Critical Limb Ischaemia

“Careggi” University Hospital,
Florence (IT)
Date TBA

Local host: F. Fanelli

Still an extremely prevalent disease, critical limb ischaemia (CLI) is associated with a high rate of major amputation and mortality. The goals of treating patients with CLI include pain relief and an improved quality of life, while preventing limb loss or death. Held in 2020 in the city of Florence, the cradle of Italian Renaissance, participants can engage and learn about the various treatment options for the disease. The course will offer a variety of lectures, case discussions, and hands-on device training sessions, providing all interventional radiologists in attendance with an excellent opportunity to exchange ideas with experts in the field.

These advanced courses allow experienced IRs to fine-tune their practical skills.



Munich, Germany



Milan, Italy



A dish best served thrice

DEB & cTACE in Primary and Secondary Liver Cancer

**Hospital Barmherzige Brüder,
Munich (DE)**

November 5-6, 2020

Local host: T.F. Jakobs

Autumn will find us in the deep south of Germany, where image-guided tumour treatment will be the topic of the moment. Following positive feedback from the 2018 course in Villejuif and 2019 course in Munich, this edition will explore the possibilities of minimally invasive cancer care. Focusing on liver cancer and the available TACE treatments, participants will be immersed in two days of lectures, case discussions, live cases, simulator/flow model training, and hands-on workshops. Led by highly experienced members of the tumour board, the course will offer ample opportunity for learning, exchanging ideas, and practicing the skills required for treating this disease.

Same same but different

Thyroid Thermal Ablation

**European Institute of Oncology,
Milan (IT)**

November 19-20, 2020

Local host: G. Mauri

As we go back to Milan for the second time in 2020, we are excited about the very first course on thyroid thermal ablation, hosted by Dr. Mauri at one of the leading cancer centres in this field. As the efficacy of thyroid ablation is increasing in importance, there is high demand from clinicians for this kind of treatment. The course will include lectures, live cases, and hands-on workshops on the topics of laser, radiofrequency, and microwave ablation. Participants of the course will learn the most important techniques for the procedures, as well as have the opportunity to test out the newest medical devices.

Hands-on training sessions will be a central feature in all of the upcoming courses.



Newly appointed EBIR Council Chairperson Raman Uberoi and Deputy Chairperson Colin Nice spoke with us about the recent changes to the EBIR examination and shared their thoughts on the first digital exam.

The success of the fully digital EBIR examination



With their ardent focus on ensuring that the European Board of Interventional Radiology examination strives to achieve the highest quality and status in the field of IR worldwide, the EBIR Committee is pleased to share the success of the first fully digital examination, which was held on September 6 in Barcelona.

"I look forward to leading the EBIR Council and guiding the future of this valuable examination to support the development of interventional radiology practice worldwide. Improving the accessibility of the EBIR and highlighting the recognition and opportunities it can provide IRs is at the heart of our work."

Raman Uberoi
Chairperson of the EBIR

CIRSE: Could you start by introducing the new EBIR Examination Council?

Raman Uberoi: I recently took over as chairperson of the council from Prof. Otto van Delden. We have both shared the aspiration of making the EBIR an internationally recognised and widely accessible examination that IRs all over the world can benefit from, and we have been working closely on planning and implementing the new examination format. Together with Dr. Colin Nice, deputy chairperson, and Prof. Laura Crocetti and Prof. Joachim Kettenbach, our editors-in-chief for examination material, I am confident that not only will we continue to produce reliable and valid examinations, but that the examination will go from strength to strength. The council is also supported by associate editors and EBIR ambassadors who produce high quality questions and make sure that the EBIR extends its reach all over the world. Before talking about the exam itself, I would like to say a big thank you to all of our previous chairs, not least Otto van Delden, and to all of our IRs for their hard work in enhancing the reputation of the EBIR, as well as contributing examination material. It is a pleasure to be able to support IRs in their career development and in the recognition and development of their skills.

CIRSE: What is the council focusing on currently?

Uberoi: Due to the new digital examination format, the council has been involved in extensive

training in question writing from an educational assessment perspective. The committee is also finalising upcoming examinations and ensuring that they fully cover the breadth of the *European Curriculum and Syllabus for Interventional Radiology*, as well as supporting the training of experienced IRs to become future examination content contributors.

Could you tell us a little about the first fully digital examination?

Uberoi: The first fully digital EBIR examination was held on the occasion of CIRSE 2019. A total of 70 candidates were registered for the exam, all prepared to demonstrate their IR knowledge by answering 100 select-response questions. The examination was divided into two parts, with the first part focusing on clinical case scenarios and the second part assessing general clinical IR practice.

CIRSE: Colin Nice, you have acted as chief examination supervisor. Can you tell us about the examination day?

Colin Nice: I am pleased to say that the first sitting of the examination in the new format was a real success. It was a big step for us to go fully digital. Developing the appropriate questions for this format required a lot of planning, hard work, and a total development time of almost two years. We received a great deal of encouraging comments from candidates about the exam, the application process, and the ease and accessibility of the examination software, which was very rewarding. The number of IRs that were able to take the exam on this occasion was the largest yet.

CIRSE: Could you describe the examination setup?

Nice: Each candidate was assigned a workstation with a laptop. When it was time to start the assessment, they were instructed to sign into the application and answer the questions. Expert IRs functioned as supervisors and responded to candidate questions. Plenty of support staff were on hand to provide assistance in case of any technical difficulties.

CIRSE: Why did the committee decide to use digital examination software?

A total of 70 candidates registered for the exam, the largest number for any one exam to-date.

The first fully digital EBIR examination was held on the occasion of CIRSE 2019.



From left to right: Otto van Delden, Laura Crocetti, Colin Nice, Raman Uberoi, Joachim Kettenbach. For full details on the EBIR Council visit the EBIR section of the CIRSE website

Uberoi: The EBIR has developed in line with leading educational assessment research and technological advancements, so the fully digital examination has now become a highly accessible format. The software is easy to use, and candidates completed two software tutorials, so they were able to fully utilise the software features. The software underwent thorough testing by several members of the EBIR Council before the examination day, and we all thought the digital format was fantastic. We even tested the software by trying to cheat, but it was not possible!

CIRSE: How does this new format benefit candidates taking the examination?

Nice: The new format has a lot of benefits. The number of IRs wishing to take the exam has increased substantially over the years, which resulted in long waiting lists for candidates. The digital format allows more professionals to sit the examination at one time. This reflects the development of IR as a specialty which is particularly inspiring as we aim to fully support the recognition of IRs throughout the world. The examination itself is also highly effective in testing candidates on the clinical and technical knowledge necessary to perform safe and effective treatments for patients.

Uberoi: On our path to the format change we often encountered the prevalent view that oral examinations are superior to written

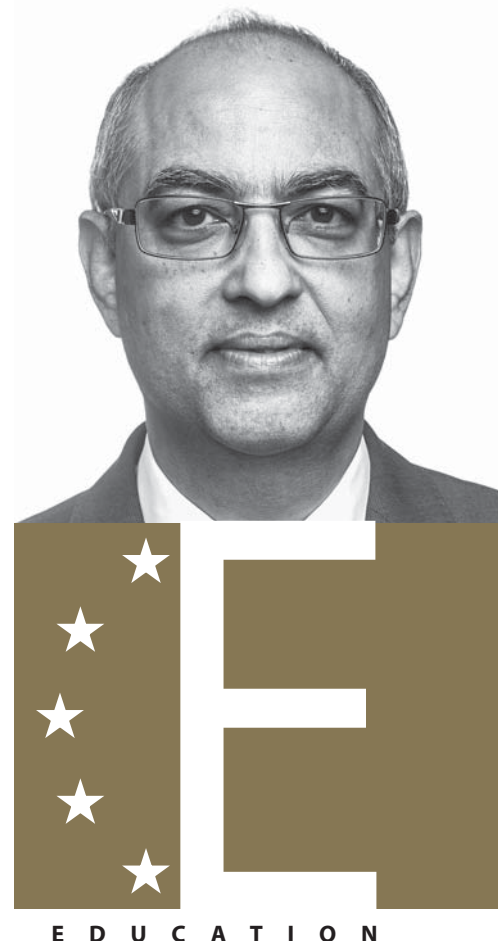
assessments. However, contrary to this belief, research has shown that it is quite possible not only to formulate sophisticated, select-response questions that match oral examinations, but that these can even exceed the quality of viva format examinations. It has been very interesting to work closely with our educationalist, who is able to help ensure the questions and examination tests candidates' higher-cognitive functions. In terms of assessment theory, the EBIR is an extremely valid and credible examination, testing IR expertise through the accessible digital format.

CIRSE: You have mentioned the increase in the number of professionals applying to sit the EBIR. Could you tell us a little more about the type of candidates who take the examination?

Nice: Before being allocated a seat in the exam, candidates are required to provide details of their IR training and experience. This ensures that all of our examinees are appropriately experienced and verified as having the key professional behaviours that our patients would expect. We have a large number of young IRs taking the EBIR as an 'exit' examination to coincide with the end of their specialty training. We are now better able to match the examination availability to their needs. We also have candidates further on in their careers, these are experienced and passionate IRs who wish to challenge themselves and ensure that their practice remains up to date. Most often candidates explain that they wish to take the examination in order to develop their career, to support the recognition and unity of IR, and to develop their own knowledge. The EBIR is unique in encompassing practice throughout Europe, being based on the *European Curriculum and Syllabus for Interventional Radiology*, so candidates spend months studying and preparing for the day. It is clear from speaking with examinees that the EBIR also encourages them to develop as professionals, which is fantastic to hear!

Visit the CIRSE website at www.cirse.org/ebir to submit your application for an upcoming examination scheduled for:

- March 11, 2020 | Vienna, AT | ECR 2020
- August 10, 2020 | Queenstown, NZ | IRSA 2020
- September 2020 | Munich, DE | CIRSE 2020



The software underwent thorough testing by several members of the EBIR Council before examination day.

From courses to congresses, the CIRSE Academy and CIRSE Library bring IR education directly to your screen.

CIRSE online education – the world of IR at your fingertips



Upcoming topic packages include peripheral AVMs, stroke management and the latest developments in EVAR.

CIRSE Academy

With the release of the latest CIRSE Academy course on uterine fibroid embolisation, the CIRSE Academy now offers a total of 27 courses across 7 topics, based on the *European Curriculum and Syllabus for IR*. All courses come at a reduced fee for CIRSE members, and registered EBIR candidates are eligible for an additional 20% reduction.

Authors, reviewers and the Online Education Committee work diligently to further expand and improve online education in the field of IR. With their combined efforts, the CIRSE Academy is continuously updating and increasing its course offerings, with even more courses planned for release within the next six months. At this year's CIRSE conference, another 15 learning videos were filmed, covering both basic and expert IR courses. The international experts presented on techniques for treatment using diagrams, images and videos from their practice in their designated IR fields.



Dr. Sara Protto and Dr. Lakshmi Ratnam present their course on postpartum haemorrhage

To celebrate the great achievements of the CIRSE Academy and thank authors for their dedication, the Online Education Committee was happy to host the CIRSE Academy Authors and Reviewers reception at CIRSE 2019. This was an opportunity to gather all collaborators together to update them on the progress of the Academy, clink champagne glasses and nibble snacks.

CIRSE Library

The CIRSE Library is CIRSE's online educational resource and the home for all recordings from the CIRSE, ECIO, ET/GEST Europe and IROS congresses.

The CIRSE Library provided essential online access to the CIRSE 2019 conference through Live and On Demand streaming. Over 1,200 viewers tuned in to follow more than 150 sessions live, and a further 1,600 re-watched these sessions as they became available on demand. With over 9,000 lectures, posters and abstracts, the CIRSE Library provides a wealth of material, covering content from several conferences of ET/GEST Europe, ECIO and CIRSE from the last five years. If you weren't able to attend the congress, visit the CIRSE Library today to see international expert speakers and the newest research. CIRSE members have free and unlimited access to all content.



Additionally, the CIRSE Library offers monthly topic packages, highlighting pressing themes in IR. Upcoming topics include peripheral AVMs, stroke management and the latest developments in EVAR. Visit the CIRSE website for more information on the CIRSE Academy and CIRSE Library, as well as on becoming a member of the society.

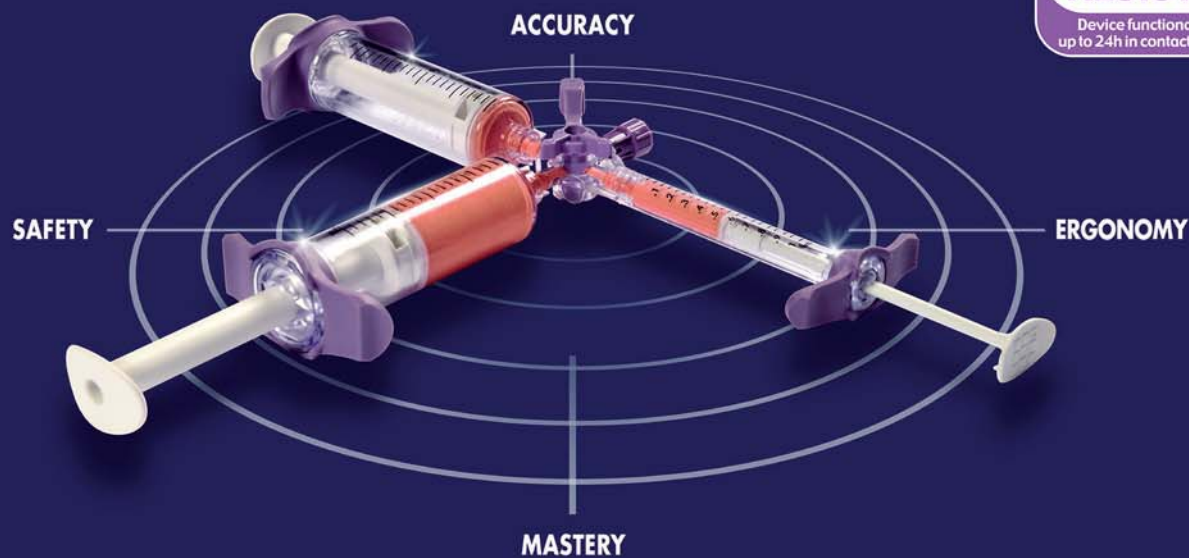
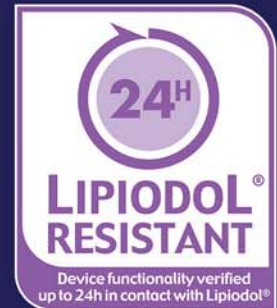
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They can be immediate (occurring within 60 min) or delayed (not occurring until up to 7 days later). Anaphylactic reactions are immediate and can be fatal. They are dose-independent, can occur right from the first administration of the product, and are often unpredictable: avoid use in patients with a history of sensitivity to other iodinated contrast agents, bronchial asthma or allergic disorders because of an increased risk of a hypersensitivity reaction to LIPIODOL ULTRA-FLUID. **Thyroid:** can cause hyperthyroidism in predisposed patients. Lymphography saturates the thyroid with iodine for several months and thyroid exploration should be performed before radiological examination. **Chemo-Embolization:** Trans-Arterial Chemo-Embolization is not recommended in patients with decompensated liver cirrhosis (Child-Pugh ≥8), advanced liver dysfunction, macroscopic invasion and/or extra-hepatic spread of the tumour. Renal insufficiency must be prevented by correct rehydration before and after the procedure. Oesophageal varices must be carefully monitored. Hepatic intra-arterial treatment can progressively cause an irreversible liver insufficiency in patients with serious liver malfunction and/or undergoing close multiple sessions. The risk of superinfection in the treated area is normally prevented by administration of antibiotics. **Embolization with glue:** An early polymerisation reaction may exceptionally occur between LIPIODOL ULTRA-FLUID and certain surgical glues, or even certain batches of glue. Before using new batches of LIPIODOL ULTRA-FLUID or surgical glue, the compatibility of LIPIODOL ULTRA-FLUID and the glue must be tested in vitro. **Interaction with other medicinal products and other forms of interaction (*):** Mefloquine, Beta blockers, vasoactive substances, angiotensin-converting enzyme inhibitors, angiotensin-receptor antagonists, Diuretics, Interleukin II. **Fertility, pregnancy and lactation (*):** LIPIODOL ULTRA-FLUID must only be used in pregnant women if absolutely necessary and under strict medical supervision. Breastfeeding should be discontinued if LIPIODOL ULTRA-FLUID must be used. **Effects on ability to drive and use machines:** The effects on ability to drive and to use machines have not been investigated. **Undesirable effects (*):** Most adverse effects are dose-related and dosage should therefore be kept as low as possible: hypersensitivity, anaphylactic reaction, anaphylactoid reaction, vomiting, diarrhea, nausea, fever, pain, dyspnea, cough, hypothyroidism, hyperthyroidism, thyroiditis, pulmonary embolism, cerebral embolism, retinal vein thrombosis, lymphoedema aggravation, hepatic vein thrombosis, granuloma. **Overdose (*):** The total dose of LIPIODOL ULTRA-FLUID administered must not exceed 20 mL. **Pharmacodynamic properties (*):** Pharmacotherapeutic group: X-ray contrast media, iodinated; ATC code: V08A D01. Water-insoluble iodinated contrast medium. **Presentation (**):** 10 mL glass ampoule. **Marketing authorization holder (*):** Guerbet - BP 57400 - F-95943 Roissy CdG cedex - FRANCE. Information: tel: 33 (0) 1 45 91 50 00. **Revision:** April 24th, 2018.

(*) For complete information please refer to the local Summary of Product Characteristics (SPC).

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

Reporting of suspected adverse reactions is important as it helps to continuously assess the benefit-risk balance. Therefore, Guerbet encourages you to report any adverse reactions to your health authorities or to our local Guerbet representative.

VECTORIO® is a medical device of Class Is (CE 0459) intended to be used by healthcare professionals only. Manufacturer: Medex, a Guerbet Group company. **Intended use: Lipiodol® Resistant Mixing & Injection System for conventional Trans-Arterial Chemo-Embolization (cTACE).**

For complete information please refer to country's local Package Information Leaflet & Vectorio® Instruction For Use (IFU).

Countries in which cTACE indication is registered: Austria, Argentina, Belgium, Brazil, Cambodia, Czech Republic, France, Hong Kong, Hungary, Luxembourg, Ireland, India, Iran, Mexico, Mongolia, New Zealand, Peru, Portugal, Philippines, South Korea, Switzerland, Turkey, The Netherlands, Thailand, Taiwan, Tunisia, Vietnam

Country in which adjustment of drugs or medical devices is registered: Japan.

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

