2/2020
INFORMATION FOR MEMBERS

IR news

Cardiovascular and Interventional Radiological Society of Europe

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Take a first look at the Summit!

A W A R D S

Congratulations to this year's winners!

CIRSE 2020 SUMMIT

SEPTEMBER 12-15
ONLINE

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The CIRSE 2020 Summit will be the largest ever online meeting of IRs.

Dear colleagues,

The CIRSE 2020 Summit is almost upon us!

It goes without saying that we will miss being together in person this year; instead of focusing on this, it is now the time to focus on the unique opportunity before us.

Never before in CIRSE's history has an annual meeting been so accessible; with no tough decisions about who stays behind to mind the department and who goes to the congress, without the challenges of international travel and taking time away from the family, this virtual meeting allows all of us equal access to these four vital days of education. This will be the largest online gathering of IRs to ever take place, and I'm very much looking forward to discussing, debating, and catching up with all of you online.

With this short introductory booklet, we hope to give you a small peek at what's to come in the congress, and to shine a spotlight on this year's award winners.

I look forward to seeing you at the Summit!

Afshin Gangi, *CIRSE President*

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Never before in CIRSE's history has a meeting been so accessible!

Participate, engage, and interact at the Summit!

The CIRSE 2020 Summit – so much more than a webinar

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The CIRSE 2020 Summit will provide a unique platform bringing together interactive live sessions, on-demand content and a vibrant virtual exhibition for a seamless congress experience. In addition, numerous features enabling you to interact with other congress goers will provide you with truly enriching educational opportunities.

The CIRSE 2020 Summit will provide many opportunities to connect and interact with IRs and with industry. Celebrating 35 years of CIRSE and featuring IDEAS and the second PAD Day, the summit will feature four days of live interaction, including Q&A opportunities in scientific sessions, virtual meeting rooms, and 1:1 interaction.

More than 1,000 on-demand presentations will be made available during the lead-up to the summit, including poster presentations, free papers, fundamental courses, and a selection of focus sessions.

Live material will be available from September 12 to 15. The summit will feature many of the session types you've come to enjoy at the CIRSE congress, presented in an interactive online format. Hot topic symposia, expert round tables, case-based discussions, interactive workshops, video learning sessions and satellite symposia will all take place by means of the the approximately 420 presentations which will be broadcast during the four live days.

More than 1,000 on-demand presentations will be made available during the lead-up to the summit.

IDEAS is back for it's sixth year at CIRSE, while PAD builds upon the success of its 2019 debut.

Summit Sneak Peek – IDEAS and PAD Day

At IDEAS 2020, key opinion leaders in the field of aortic interventions will engage in open discussion on a number of highly interesting topics. The symposium will thoroughly explore advances in aortic arch interventions and the latest measures for stroke prevention during thoracic aortic procedures. Attendees will receive practical lessons supported by current evidence to advance knowledge in treating and improving long-term outcomes for patients with complex pararenal AAA and complex thoraco-abdominal aneurysms.

IDEAS 2020 Chairs Prof. Mohamad Hamady and Prof. Eric Verhoeven discussed some of the highlights of this year's meeting as well as what they are especially looking forward to. Don't miss these two full days of interdisciplinary exchange!

CIRSE 2020 will feature a second PAD Day in order to examine all aspects of the disease and its treatment. As PAD remains a wide-spread condition across the globe, this day-long micro-track will feature sessions and a symposium based on a multidisciplinary, multinational discussion by leaders in the field.

Dr. Bhavna Pitrola spoke to PAD Chairperson Prof. Fabrizio Fanelli on the importance of PAD and the FIRSE@CIRSE session.

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Check out these sneak peeks to learn more about what you can expect at the Summit!

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With CIRT finishing data collection and CIREL and CIRT-FR both presenting interim data, this session will be a must see.

HTS 1801 – This hot topic symposium is not to be missed!

2020 has been an exciting year for CIRSE's observational studies. CIRSE's first sponsored registry, the CIRSE Registry for SIR-Spheres Therapy (CIRT) has finished data collection. Additionally, the first results of the CIRSE Registry for LifePearl Microspheres loaded with irinotecan (CIREL) are in, as is interim data from CIRT-FR, the CIRSE Registry for SIR-Spheres in France.

The study results from CIRT and the interim analyses for CIREL and CIRT-FR will all be presented at HTS 1801, "Clinical research in IR: first results from CIRSE's observational studies".

"I am extremely proud of the incredible achievement of the investigators and site staff of the CIRT study, and I am very keen to present this data during the CIRSE Summit."

Thomas Helmberger
CIRT Steering Committee Chairperson

Institute for Radiology, Neuroradiology and Minimally-Invasive Therapy, München Klinik Bogenhausen, Germany

"CIRSE is in the perfect position to answer the call for data on IR procedures. The CIRSE studies show that IRs can generate high-quality data on their procedures. I am excited to see this data presented at the CIRSE Summit."

Philippe L. Pereira
CIREL Steering Committee Chairperson

SLK Heilbronn, Germany

"I am very excited about this session at the CIRSE Summit, because I am convinced that observational studies are at least as important as randomized studies since they report real-life data. It is our responsibility as physicians to show that we are able to treat patients, and collect and publish safety/outcomes data."

Romaric Loffroy
CIRT-FR investigator and CIRT-FR Steering Committee member

CHU Dijon Bourgogne, Department of Vascular and Interventional Radiology, France

"Independent clinical research conducted by scientific societies like CIRSE are of great importance for establishing our treatment options among other clinicians."

Aleksandar Gjoreski
CIREL investigator

Department for Diagnostic and Interventional Radiology, City General Hospital, 8th September, Skopje, Macedonia

HTS 1801 – Clinical research in IR: first results from CIRSE's observational studies

1801.1 The importance of observational studies and the position of medical societies
S. Evrard (Bordeaux, FR)
1801.2 CIRT study results
T. K. Helmberger (Munich, DE)
1801.3 CIREL interim analysis
R. Iezzi (Rome, IT)
1801.4 CIRT-FR interim analysis
R. Loffroy (Dijon, FR)

S U M M I T

"CIRSE is in the perfect position to answer the call for data on IR procedures."

S U M M I T

Prof. Fransisco Cesar Carnevale gave us a first look into his upcoming presentation at the CIRSE 2020 Summit.

Prostate artery embolisation

CIRSE: What are the biggest challenges in the treatment of benign prostatic hyperplasia (BPH)?

Carnevale: BPH, a common condition related to ageing, involves histologic changes associated with unregulated but benign proliferations of glandular and stromal prostate tissue leading to increased prostate volume and smooth muscle tone. Increased prostate volume (the static component) or stromal smooth muscle tone (the dynamic component) may cause physical compression of the urethra and mechanical bladder outlet obstruction (BOO). BOO may produce a number of lower urinary tract symptoms (LUTS). However, there may be other causes, such as prostatitis, bladder stones or prostate cancer leading to LUTS, so identifying the best candidates for PAE is one of the main challenges for physicians.

From a technical perspective, PAE is a challenging procedure, as the patient is usually elderly and presenting several comorbidities, mainly related to atherosclerosis. The IR usually has to deal with tiny arteries with several different shunts and anastomoses, most of them with high risk of complications. In addition, identifying and catheterising the prostatic arteries can be very difficult. Working with angio-3D and cone-beam CT is therefore recommended.

CIRSE: Can you give us a brief overview of the most important PAE studies every IR should be aware of?

Carnevale: Since the first publication of PAE for BPH in CVIR 2008[1], the PAE literature has increased rapidly, leaving no doubt[2] that PAE is safe and effective and with lower complication rates than surgical procedures. In addition, it does not lead to urinary incontinence and erectile dysfunction. Recent studies[3] have shown that PAE is better than placebo. Also, some randomised controlled trials[4] have shown that PAE provides a clinically and statistically significant improvement in LUTS and quality of life, although some of these improvements are greater after surgery (TURP).

The use of MRI has shown that patients with increased central gland (mainly when >45% compared to the total gland) and with adenomatous-dominant benign prostatic hyperplasia have better clinical and imaging results.

Regarding the PAE technique, some authors and publications[5] have shown that the PErFecTED (Proximal Embolization First, Then Embolize Distal) technique has presented better results and lower LUTS recurrence rates. PAE studies[6] have also shown that different types and sizes of embolic particles can be used safely and with good results. However, smaller particles have the chance of higher complication rates.

CIRSE: What further research is required to advance PAE?

Carnevale: The UK-ROPE multicentric study (BJU Int 2018) concluded that PAE should be placed in the patient pathway between drugs and surgery, allowing the clinician to tailor treatment to the patient's symptoms. However, no studies measuring the benefits of PAE over medication have been concluded, although centres all over the world are working on collecting data to this end.

We also need further research comparing different endpoint techniques (like the PErFecTED) with different materials (microcatheters with different mechanisms of particle injection to avoid reflux and get additional embolic agents into the prostate) and different embolic agents (particles, microspheres, others) alone or in combination of sizes and different mechanism of action with the aim of improving PAE results.

CIRSE: What are the biggest challenges for the further development of PAE?

Carnevale: PAE has been performed for more than a decade around the world. It is safe and effective, relieving symptoms and improving quality of life without the risk of urinary incontinence, ejaculatory disorders and/or erectile dysfunction. However, IRs and medical companies must work to improve PAE's long-term outcome reducing symptom recurrence. Another important topic is that LUTS often result from multifactorial causes, not only BPH. This is why IRs must work closely with urologists to achieve the best possible patient care.

"IRs and medical companies must work to improve PAE's long-term outcome, reducing symptom recurrence."

Don't miss FS 2602, Prostate artery embolisation, Tuesday, Sept. 15 at 16:00.

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Don't miss ERT 1201 on Sunday, Sept. 13 at 16:00!

Dr. Darren Klass spoke to us on his upcoming presentation during CIRSE 2020 Summit.

Snuffbox access

Transradial access (TRA) has been increasingly applied in interventional radiology since the first descriptions of its use and benefits in 2014. One of its potential complications is radial artery occlusion (RAO). Strategies to decrease its occurrence have been described, including adequate heparinisation, sizing sheaths and catheters correctly and appropriate haemostasis.

Using the distal branch of the radial artery in the snuffbox was first introduced as an alternative to TRA in 2016. Its use, however, predates this and a small number of operators have experience in excess of 5,000 cases. The predominant finding from these operators has been the seemingly lower RAO rate at both the access site and the radial artery in the forearm.

In addition, utilising the snuffbox for access allows for a variety of room setups which adds to its attraction. The left arm can be positioned across the body, thus accessing the snuffbox artery from the patient's right side, allowing for the same setup as for femoral access. In addition, the forearm is positioned in pronation, which is more comfortable for the patient.

From a scientific and academic perspective, the most exciting aspect of dTRA is that each endovascular specialty; IR, IC and INR are exploring its benefits, clinical feasibility, complications and limitations simultaneously. Ultrasound is being seen as an important instrument in the angio-suite amongst ICs and INRs, as the site of puncture is more important than with conventional radial access. Extensor tendons must be avoided, puncture must be within the snuffbox, as haemostasis has proved to be problematic outside of the snuffbox.

Publications have mainly concentrated on the technical feasibility of completing the same procedures from the hand that can be done from the wrist. The majority of cases can be done with either approach. However, both in INR and IR the loss of 3-5 cm must be considered, especially for procedures below the aortic bifurcation. We do have longer 4 and 5 Fr diagnostic catheters (135-150 cm), but guide catheters are still limited in length (100-115 cm) and not every patient requires a long 6Fr guide sheath. Still, microcatheter length remains limited and this can be an issue in PAE and distal GI bleeds.

In my practice, dTRA has become my default access as the haemostasis is significantly shorter than conventional access, an experience we hope will be published soon. The vessel is more superficial and therefore if the puncture is appropriate, haemostasis is much more rapid.

The research on dTRA is growing; a question that has been raised is the difference in size of the conventional radial artery and the artery in the snuffbox. A group in Japan explored this and found a significant difference of 0.5 mm between the two vessel diameters[1]. We have conducted a similar study, with a larger patient cohort, and found only a 0.2 mm difference, which never translated into a sheath down-size necessity. This too, has been submitted for publication.

Another concern amongst operators has been the possibility of hand dysfunction with dTRA. A randomised multicentre trial is underway to evaluate hand function and compare any changes in function after dTRA and TRA procedures. A recent announcement of the DISCO RADIAL study is timely. This randomised study aims to compare RAO rates at discharge between dTRA and TRA. The study design is to accrue 1,300 patients from 13 centres across Japan and Europe.

I do not think we will see the dramatic differences in bleeding between dTRA and RA as we saw in RA compared to femoral access, but this access site is another option for potentially safer access, as we strive to improve patient outcomes.

Reference

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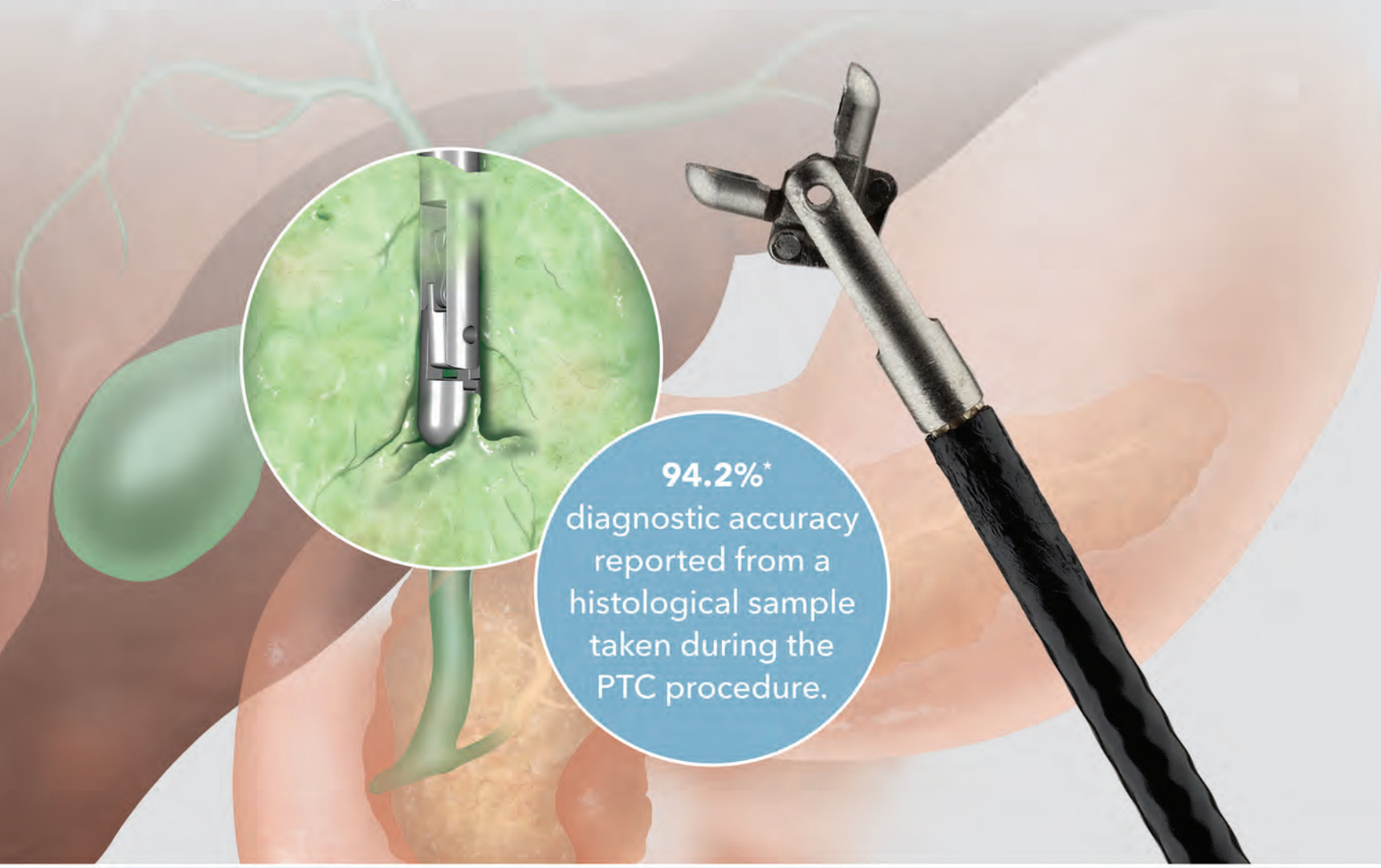
1 out of 5

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



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*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.

S U M M I T

Be there at 14:30 on Sunday, Sept. 13!

Dr. Panagiotis M. Kitrou gave us a preview of what we can expect from his presentation during HTS 1101 at the Summit.

RF-based arteriovenous fistula creation

Arterio-venous fistulas (AVFs) created surgically constitute a valid option for haemodialysis (HD) in end-stage renal disease (ESRD) patients. However, they are characterised by maturation failure rates as high as 53%[1] while access thrombosis will occur at a rate of 0.2 to 0.5 times per year[2].

Percutaneous endovascular (endo) AVF creation provides two additional options for fistula anastomosis together with potentially improved maturation and longevity outcomes. Radiofrequency (RF)-based endo AVF using the WavelinQ™ system (BD, Tempe, USA) is created by using the deep vascular system of the forearm, i.e. the radial artery and vein (radio-radial) or the ulnar artery and vein (ulno-ulnar). In addition to the prerequisites for surgically created AVFs, the perforator vein at the site of the elbow is needed to transfer blood from the deep venous system, where the anastomosis is created, to the superficial venous system (basilic or cephalic vein), where cannulation will take place. A possible coiling of one of the brachial veins maybe needed, and is advised, to further support flow to the superficial venous system. Furthermore, the downsizing of the device from 6 Fr to 4 Fr has offered additional options for accessing the vessels of interest; not only from the brachial vessels (going down), but also from the wrist (going up).

Data from the post-market multi-centre study of the WavelinQ™ device of 100 cases in Europe announced earlier this year (LINC 2020, First Time Data Release: EU & Canada Post-Market Multi-Centre Experience of WavelinQ™ EndoAVF, Rob Jones) showed a 91% (95% CI: 83-96%) maturation of these AVFs and a 95%±3% functional patency at 6 months. Being the biggest study on the specific method so far, it provides additional data to a previous meta-analysis of 6 studies on 300 cases on endo AVFs showing 92% patency at 6 months and 89.27% maturation rates at 90 days[3].

With two additional options to create an AVF and data so far supporting increased maturation and patency rates, percutaneous endovascular AVF creation should be considered an important tool in the hands of physicians dealing with HD patients with an aim to provide better healthcare and quality of life.

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A

A W A R D S

The Award of Excellence and Innovation in IR
Frédéric Deschamps

We have a winner! Congratulations!

The Award of Excellence and Innovation in Interventional Radiology, sponsored by the Rolf. W. Günther Foundation for Radiological Sciences, is awarded on a yearly basis for outstanding contributions to the advancement of interventional radiology. Since its establishment in 2012, this distinction has been granted to some of the most innovative physicians in the field. The recipient of the award will receive a certificate of merit as well as a cash prize of €6,000.

This year, the honour will go to Dr. Frédéric Deschamps for his innovative work on percutaneous fixation by internal cemented-screw in bone cancer patients, which included developing the ground-breaking FISC technique, several publications as well as many lectures and oral presentations on the topic.

The innovative technique

Noticing some of the existing challenges of cementoplasty for palliation and consolidation of bone metastases, Dr. Deschamps developed a new percutaneous treatment approach for bone metastases located in the pelvis or proximal femur. He named the technique "Fixation by Internal Cemented Screw" (FISC), which aimed to improve resistance to torque and tension stresses caused by cement augmentation.

Dr. Deschamps originally developed this approach for bone metastases located in the proximal femur, which he demonstrated had better consolidation compared to cementoplasty alone. Based on these promising results, he expanded to consider pelvic indications. Dr. Deschamps then published a full review of the technique to describe the procedure's steps as well as the different possible tracks and complications. In 2019, he published a study with the largest worldwide cohort of cancer patients who were treated by percutaneous FICS for pathological fracture pain palliation with a long-term follow up.

His published papers appeared in several prominent journals including the *Journal of Vascular and Interventional Radiology, Cardiovascular and Interventional Radiology, European Radiology,* Seminars in *Interventional Radiology* and *Radiology.* He has also presented his findings at a multitude of well-respected international congresses, including ECIO and CIRSE.

About the winner

Dr. Deschamps began his medical studies at the Paris V University in Paris, France, where he acquired a degree in biological and medical sciences in 2002. He then completed his residency at various hospitals in Paris, followed by a fellowship in interventional radiology at Gustave Roussy in Villejuif, France. He received his PhD in 2018 from Paris XI University, for which he also conducted research at Northwestern University in Chicago, IL/USA. Dr. Deschamps is currently an assistant in interventional radiology at Gustave Roussy in Villejuif, France.

Dr. Deschamps will receive his award at the CIRSE 2021 Opening and Awards Ceremony.

RWG Rolf W. Günther Foundation for Radiological Sciences

Elias Brountzos
Gold Medallist
2020

Gold Medallist Elias Brountzos

AWARDS

Prof. Brountzos will receive his medal at the CIRSE 2021 Opening and Awards Ceremony.

Elias Brountzos was born in Piraeus in 1956. He graduated from the Medical School of NKUA with high honours in 1981, and then went on to receive a Ph.D. with high honours in 1986 from the Medical School of NTUA. He received his medical license in 1982, and then worked as a general practioner in Greece.

Prof. Brountzos began a surgical residency in the Patras Medical School University Hospital in 1983. It was here that he gained exposure to interventional radiology, and he found himself attracted to the discipline. Prof. Brountzos completed his residency in 1988.

He received a grant from the Greek government to spend six months as a research fellow at Massachusetts General Hospital through Harvard Medical School in 1992. In 1998, he received an educational grant from CIRSE and spent one month as a Clinical Fellow at University Hospital Zurich's Institute of Diagnostic Radiology to learn about endovascular abdominal aortic aneurysm therapy from the late Prof. Ulrich Blum. Prof. Brountzos also worked for six months as a visiting research professor at the Dotter Interventional Institute at Oregon Health Sciences University with a fellowship support from the Hellenic C ollege of Radiology in 2002.

From 1990-1999, he worked in Metaxa Cancer Hospital in Piraeus, as a radiologist consultant for the Greek National Health System; during this time, he devoted his work fully to IR. In order to get involved with vascular IR, Prof. Brountzos accepted an offer from Prof. Dimitrios Kelekis to work part time in his newly founded Department of Radiology in Eugenidion Hospital in Athens. He practiced a wide variety of vascular interventions including EVAR.

In 2000, he became an assistant professor of interventional radiology at the National and Kaposistrian University of Athens [NKUA] Medical School at the Attikon University Hospital. In 2009, he was promoted to an associate professor, and in 2012 became a professor. Prof. Brountzos is currently both a professor of interventional radiology and the head of the Interventional Radiology Division of the 2nd Department of Radiology at NKUA.

In his career, Prof. Brountzos has led an elective course of IR for medical students, taught several post-graduate programs, supervised IR related Ph.D. dissertations, lectured in various ESIR courses, and contributed to a CIRSE Academy course. Many of his residents and post-graduate students now enjoy distinguished IR careers.

Prof. Brountzos is also a member of several Greek medical societies, including: Hellenic Radiologic Society; Greek Society for Interventional Radiology and Neuroradiology (GSIR), where he currently sits as president; Hellenic Surgical Society for Hepatobiliary; and Pancreatic Diseases. Outside Greece, he is a member of CIRSE [Fellow since 2000] and the ESR, and is an honorary member of the Seldinger Society.

He has worked within CIRSE in various roles, including: member of the Standards of Practice Committee (2004-2005), member of the Scientific Programme Committee (2006-2007), member of the Executive Committee (2007-2019), Annual Congress Local Chairman (2007), Deputy Chair of the Scientific Program Committee (2008-2009), and Chairman of the Scientific Programme Committee (2010-2011). In 2012, he was elected as CIRSE's treasurer; and in 2014, he was elected as the vice president. He subsequently served as CIRSE's president from 2016-2017 and as the working past president from 2018-2019.

Prof. Brountzos was a member of the Editorial Board of Cardiovascular and Interventional Radiology (CVIR), and he regularly reviews for CVIR, and CVIR Endovascular, European Journal of Radiology, Lung, European Journal of Neurology, Kidney International, European Journal of Vascular and Endovascular Surgery, and Journal of Postgraduate Medicine.

His research has focused more on vascular IR, but also explores oncologic IR, TIPS, and recently radiation protection. He has authored or co-authored 165 PubMed publications. He has also given more than 200 invited lectures in international meetings and more than 100 in domestic meetings.

He is married to Rena, and is the father of two daughters, Eva and Irene. Outside of medicine, he is a great lover of the outdoors; and recently became interested in human history, anthropology, politics, economy, and religion, among other subjects.

AWARDS

Distinguished Fellow
Antonin Krajina

Antonin Krajina earned his medical degree in 1983 and completed his radiology residency under the leadership of Prof. Leo Steinhart at the Charles University Faculty of Medicine in Hradec Králové (CZ) in 1991. In 1989, after Czechoslovakia's Velvet Revolution, Prof. Krajina strived for training in interventional radiology outside his country to continue his experimental work on portal hypertension. In 1992 he completed his IR fellowship under the supervision of Prof. Josef Roesch and Prof. Frederick Keller at the Charles Dotter Institute in Portland, Oregon. Upon returning to his native country, he started implementing numerous new interventional radiology techniques at his hospital.

Prof. Krajina has headed the Department of Radiology at the Charles University Hospital in Hradec Králové since 2013. His research has covered diverse aspects of vascular and interventional radiology. His Ph.D. study focused on superselective catheterisation and embolisation in intracranial arteries. He received research grants on stents for TIPS, endovascular embolisation of intracranial aneurysms and CO_2 angiography in early 90´s. He also cooperated on the experimental development of the first stent-grafts in the mid 90's. Together with hepatologist Petr Hulek, he introduced TIPS into clinical practice in Czechoslovakia in 1992. As only a minimal number of tools were available in this part of Europe at the time, many devices such as stents for TIPS and detachable balloons had to be produced in the laboratory. Moreover, physicians had to make due with outdated imaging equipment.

Today Prof. Krajina's research focuses on endovascular therapy of ischaemic and haemorrhagic stroke. As a professor of radiology, he has been strongly involved in undergraduate and postgraduate teaching. He has mentored numerous students over the past 25 years, including thirteen Ph.D. programmes as well as many international visiting fellows from Eastern Europe and Asia. He has organised 13 international workshops on TIPS which were visited by young doctors from 17 countries.

Prof. Krajina has edited four textbooks and written a Czech textbook of angiography. In addition, he has authored 21 book chapters on vascular interventional and neurointerventional radiology. He has published 256 scientific papers and presented invited lectures in 25 countries.

Prof. Krajina has been a CIRSE member since 1995, becoming fellow in 1999. Since 2002, he has been an invited speaker at numerous CIRSE annual congresses and GEST meetings. He served as a member of the CIRSE Scientific Programme Planning Committee from 2014 to 2017, chaired the oral part of the EBIR exam, served as an EBIR examiner from 2013-2015 and was a member of the CIRSE Stroke Task Force from 2015-2018.

Prof. Krajina was a CVIR Editorial Board Member from 2009-2017. He served as a member, and in 2014 as the chairperson of the IR subcommittee of European Congress of Radiology in Vienna. In 2018, Prof. Krajina gave the prestigious Josef Roesch lecture at the CIRSE Annual Congress. He currently serves as a member of the CIRSE Online Education Committee.

Prof. Krajina has been a member of the ESMINT executive committee, and he is a cofounder of the Middle East European Interventional Neuroradiology Club (MENC) which has been holding annual meetings since 2004. He is a director of the ESMINT stroke course – EXMINT, which has been taking place in Prague every year since 2018. Prof. Krajina has been a neurointerventional fellow (EBNI) since 2018 and serves as an examiner for the ESMINT and ESNR diplomas. He is a reviewer for eight international scientific journals, a member of the editorial board of *Neuroradiology,* and works on various committees of several national neuroradiological and radiological societies.

A W A R D S

Distinguished Fellow
Sanjiv Sharma

Sanjiv Sharma was born in 1956 in India. He completed his medical degree in 1977 and his radiology residency in 1982. Dr. Sharma's interest in IR was sparked in 1980 when he was asked to explore the possibility of embolising an inoperable renal cell carcinoma with uncontrolled hematuria. Inspired by successfully assisting his teacher with the procedure, Dr. Sharma went on to perform many more, improvising with hardware that included a single teflon wire with many kinks, some KIFA tubing length to serve as catheters (reshaped on a table with a steaming kettle) and a single Seldinger needle for access.

The occasionally dramatic clinical outcomes had a profound impact on Dr. Sharma's career choice, prompting him to become a full-time lecturer in cardiovascular and interventional radiology at the All India Institute of Medical Sciences, New Delhi in 1986 after stints as a registrar and research officer. Today, Prof. Sharma continues his work at the institute as a professor and heads what was India's first dedicated department for CVIR.

Over time, the institute further expanded, remaining at the forefront of education, research and clinical care with many unique firsts to its credit, including pioneering the technique of creating steel coils for embolisation in 1986; establishing protocols and algorithms for detecting disease activity and endovascular treatment of vasculitis that have been extensively published and cited since 1987; endovascular treatment for Budd Chiari syndrome in 1988 (including the IVC stent in 1991 – a prototype oesophageal wallstent); uterine fibroid embolisation in 1991; endovascular repair of an abdominal aortic aneurysm with a straight tube design in 1993; investigating immune response after palliative embolisation in advanced cancer cervix in 1994; and developing an active endovascular repair programme for aortic aneurysms and dissections since 1995, as well as many more.

Some of Prof. Sharma's more recent research interests include pioneering the concept of local intra-arterial delivery of autologous stem cells in various disease states, including first in-human double-blind placebo controlled RCT in critical limb ischaemia as well as a project on local intra-arterial delivery in control of diabetes.

From 2003-2006 Prof. Sharma served as the president of the Indian Society of Vascular and Interventional Radiology (ISVIR), greatly contributing to making it the thriving and active society it is today. Prof. Sharma is also a founding member of the Asia-Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR) of which he was president from 2004-2006.

In 2009 Prof. Sharma initiated the ISVIR Research and Educational Foundation which he chaired until 2015. Prof. Sharma has been awarded the Gold Medals from the ISVIR (2013) and the APSCVIR (2014) as well as the ISVIR Lifetime Achievement Award (2014).

Prof. Sharma continues to be passionate about an initiative dedicated to building IR capacities and skills in emerging countries, which has trained physicians and technologists from eight developing countries over the last four years in his department.

Prof. Sharma is an avid clinical and experimental researcher, having completed over 300 research projects, published 268 papers in peer reviewed journals and 61 chapters in books. He has delivered 566 lectures within India and across the globe. For his commitment to the specialty, Prof. Sharma has received honorary memberships and fellowships from the Italian Society of Vascular Surgery and the Chinese Society of Interventional Radiology, as well as a visiting professorship from various universities in India, China, Sri Lanka and Oman, among others.

Prof. Sharma serves as a reviewer for various journals, is the regional editor for CVIR and an associate editor for JVIR. He has also served as the technical expert for various national and international societies and bodies, including the International Atomic Energy Agency (IAEA) for which he edited the white paper on "Needs for IR in the emerging world countries".

A W A R D S

Distinguished Fellow
Brian F. Stainken

Brian Stainken was born in 1957 in New York City. He completed his undergraduate studies at Boston College followed by medical school at Georgetown University, the latter on a scholarship from the US Navy. After a surgery internship in San Diego, Dr. Stainken practiced in the Emergency Department at the Naval Hospital in Agana, Guam for two years. He then returned to California for Residency and fellowship in Cardiovascular and Interventional Radiology at UCLA.

In 1993, he joined the faculty at UCSD during the early days of tumor ablation where he performed over one hundred ultrasound guided prostate and open liver cryo-ablation procedures. He then returned to New York joining the faculty at Albany Medical College. At Albany he continued to focus on local tumour therapy as well as clinical research on mechanical thrombectomy and early homemade/prototype manufactured aortic endoprostheses. In 1995 he published on a novel collaboration with midlevel providers for the placement of image-guided venous access devices. In the late nineties his group published the first series on outpatient uterine artery embolisation. In 2001 Dr. Stainken joined the University of Maryland as IR division chief. While at Maryland he was active in trauma IR as well as the initial US clinical trial site for radio-embolisation. In 2004, he accepted a private practice Department Chair position in Rhode Island where he focused on radio-embolisation and began the SIR Y 90 educational program.

In addition to research and clinical practice, Dr. Stainken has served in a variety of capacities for the Society of Interventional Radiology (SIR). In 1994 he was editor of the then SCVIR newsletter. He joined the board as member division councilor, then Annual Scientific Meeting Chair in 2004, and Society president in 2009. Within SIR he inaugurated the Leadership Academy, the Service Line concept and the International Division. He currently serves on the society board as Councilor for the International Division.

In 1998, he participated in the development of a new publication ultimately called Interventional News which remains focused on informing the 'global IR community'. He continues to serve as co-Editor of this publication.

Dr. Stainken has long believed that IR is uniquely poised to benefit from strong international collaborative efforts. As a relatively small specialty, our voice is amplified through collaboration. As a diverse field not constrained by the infrastructural needs of conventional surgery we can benefit patients in a wide variety of environments with flexibility to conform to local needs. To harness this opportunity he believes that IR must be the validated masters of our field everywhere we practice. To this end, since the late 1990s he has worked to build relationships between international IR societies and develop educational exchanges, standardised training, and national certification.

Dr. Stainken has been honoured with fellowships from SIR, CIRSE, and the American College of Radiology. He has also been granted honorary membership in both the Chinese and Asia Pacific Interventional Radiology Societies.

When not traveling, Dr. Stainken is a practicing interventional radiologist and Chair of the Radiology Department at The Stamford Hospital in Connecticut. He is the proud father of three adult children, and enjoys all water sports including scuba diving, boating, and skiing.

A W A R D S

Distinguished Fellow
Josef Tacke †

Prof. Josef August Franz Tacke was born on January 24, 1964 in Rheine, Germany and attended school in nearby Neuenkirchen, where he was a member of the Society of the Devine Word (SVD). Upon graduation in 1983, he began his military service as part of the air force in Münster.

After his military service, he began his medical studies in 1984 at the University of Ulm, then later at the University of Düsseldorf. He completed his doctoral theses, "The influence of beta-blockers with intrinsic sympathomimetic activity on the pressure tolerance of the optic nerve and ocular perfusion pressures" under the advisement of Prof. Lutz Pillunat in the early 90s.

After graduation, Prof. Tacke moved to Switzerland to work in the diagnostics department of the Institute of Radiology at Kantonspital Winterthur alongside Prof. Christoph L. Zollikofer. Returning to Germany in 1993, he became the research assistant at the Clinic for Diagnostic Radiology at the Rheinisch-Westfälische Technical University of Aachen. While there, he also acted as an assistant doctor in the brain surgery clinic, sparking a lifelong interest in the combination of radiology and surgery.

Prof. Tacke completed his specialty training in diagnostic radiology in 1997 and later received further qualifications in neuroradiology. He received his qualification as a full professor in 2000, after which he stayed on as a senior doctor at RWTH in Aachen. In 2004 he became the head of the Institute for Diagnostic and Interventional Radiology/Neuroradiology at the Passau Clinic, a position he held for the rest of his life. That same year, the faculty of the RWTH recognised him as an extraordinary professor.

Prof. Tacke authored more than 100 papers and was an adviser to several journals, including Investigative Radiology, Fortschritte auf dem Gebiet der Röntgenstrahlen und der neuen bildgebenden Verfahren, Journal of Magnetic Resonance Imaging, European Radiology, and he was on the advisory board for Onkologie Aktuell.

Prof. Tacke was an active CIRSE member and served as the local host for CIRSE 2012 in Munich. Additionally, he maintained memberships in the Deutsche Röntgengesellschaft, the International Society for Magnetic Resonance in Medicine, the Deutsche Gesellschaft für Ultraschall in der Medizin, and the European Society of Radiology. He was a founding member and secretary of the Deutsche Gesellschaft für Interventionelle Radiologie, the German IR society.

Prof. Tacke was a driving force of interventional radiology, further developing his already renowned department to become one of the largest and most modern in all of Germany. Described as a "new generation of radiologist", he was fascinated by interventions and instrumental in the establishment of numerous minimally invasive treatments for tumours and vascular disease in Germany.

Prof. Tacke passed away unexpectedly on May 18, 2019. He is survived by his wife Dr. Christine Tacke and their sons, Julius and Paul. He loved sailing, skiing, and hiking. He played the piano and sang in a choir, loved Bach and was a supporter of the arts. He bettered the lives of countless patients, and is sorely missed by family, friends and colleagues who remember him fondly as a kind, humorous and innovative man.

The honorees will receive their distinctions at the CIRSE 2021 Opening and Awards Ceremony

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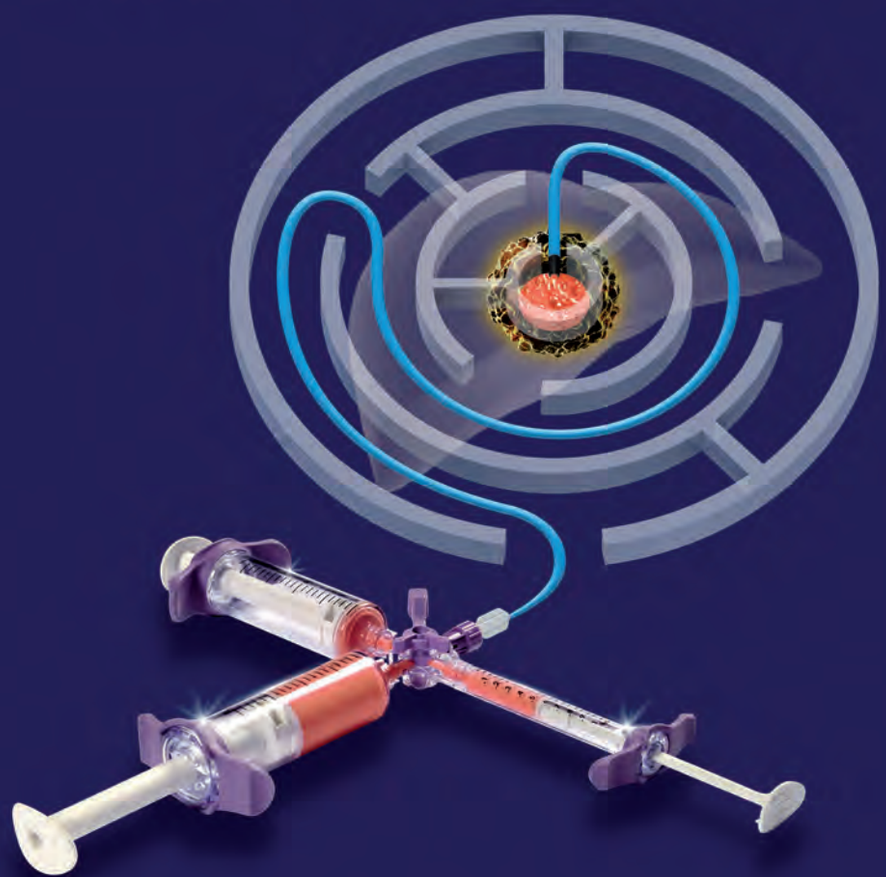

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