

3/2020

INFORMATION FOR MEMBERS

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Welcoming
LIRA and TSVIR

CIRSE 2020
Summit review

EBIR goes
online

IR *news*

CIRSE 2020 SUMMIT



CIRSE 2020

THANK YOU FOR ATTENDING!

Cardiovascular and Interventional Radiological Society of Europe

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2020 brought many challenges for CIRSE, but also many bright points.

Dear colleagues,

This has been an unusual year, to say the least. Over the last months, we've been challenged both personally and professionally by hurdles that would not have been imaginable at the beginning of 2020. With COVID-19 vaccines on the horizon, the light at the end of the tunnel has finally appeared; nevertheless, as we enter 2021, there are still challenges to face before we return to normal.

One thing is for certain: all three CIRSE congresses will take place in 2021. We are prepared to host them in any way we can, be it online, in person, or a combination of the two. ECIO is already planned to take place as an online meeting, building upon all that we have learned about hosting an online congress in the run-up to the CIRSE 2020 Summit. You can read more about ECIO 2021 on page 33. As for ET and CIRSE, they are still planned to take place in person in Nice and Lisbon, respectively, but we will monitor the situation carefully and follow the advisements of local and international governments as we go forward.

Challenges aside, 2020 has certainly seen some bright points for CIRSE, the details of which you can read in the coming pages.

Words from our community

A particular highlight of this edition is getting to hear directly from several of our member societies – The Thai Society of Vascular & Interventional Radiology (TSVIR) and the Lithuanian Association of Interventional Radiology (LIRA) both became CIRSE group members this year. Enlightening interviews with their respective presidents are included on pages 2 and 4.

Prof. Anthony Ryan, Chairperson of the Patient Information Brochure Revision Task Force, also gave us a very thoughtful interview on the creation of the new CIRSE Patient Information Leaflets. The leaflets were released during the CIRSE Summit in September, and we can see from our online data that they are being shared

throughout the community as they ought to be. You can read the interview and learn more about the leaflets on page 14.

Education moves forward online

This edition also contains a review of the CIRSE 2020 Summit, which we were thrilled to (virtually) see so many of you at last September. Another highpoint of this year was certainly the presentation of data from three of CIRSE's clinical registries. CIRT has finished data collection, while both CIREL and CIRT-FR have interim data, all of which was presented during a hot topic symposium during the Summit. More information and links to the presentations are included on page 28.

CIRSE also created ECIO Virtual this fall – a four-part series of webinars to provide interventional oncologists from around the world with the latest information and education in the exciting and fast-growing field of interventional oncology. The first two live webinars are behind us, with more than 150 presentations now available on demand. Read more about these and the upcoming webinars on page 30.

Finally, the end of this edition covers some exciting news for the European Board of Interventional Radiology. With the digitisation of the EBIR, it became possible for double the number of IRs to sit for the exam in person in 2019 as compared to 2018. Due to the current circumstances preventing in-person exams, this digital exam has been transformed once more; going forward, applicants will have the option of a remote proctored exam.

I hope you enjoy this edition of our newsletter, wish you a happy holiday season, and hope very much to be able to see you all again in person next year!

Afshin Gangi
CIRSE President



S O C I E T Y

One thing is for certain: all three CIRSE congresses will take place in 2021.



CIRSE GROUP MEMBERS

Assoc. Prof. Rytis Stasys Kaupas, president of LIRA, spoke to us on IR in Lithuania and his hopes for the future.

New group member: The Lithuanian Association of Interventional Radiology

CIRSE: Can you tell us a little bit about LIRA and how it was created?

Kaupas: As you may know, Lithuania is a small country with a population of just over 2.8 million people. Accordingly, there are not many physicians performing interventional radiology procedures. Interventional radiologists had a section in the Lithuanian Association of Radiology (LRA) for many years, but a few years ago, as a result of the evolution of IR, more potential members turned up and we decided to form an organisation of our own. The idea to register an official organisation for IR was postponed for several years – but the necessity of formally representing the Lithuanian IR community was the impulse for establishing LIRA. The organisation was finally founded in July of 2019, and one of the main objectives was to become a group member and active participant of CIRSE as soon as possible.

CIRSE: LIRA recently became a CIRSE group member – how would you like to see the two societies working together?

Kaupas: CIRSE promotes IR values and leads the whole of IR society, LIRA is happy to be part of it. LIRA is looking forward to support and guidance from CIRSE in academic and clinical fields. Also, we are hoping for assistance in establishing IR residencies according to CIRSE standards. As our members are actively organising events in all Baltic states, we are hoping for contributions from CIRSE in the organisation of future events. Meanwhile, we are prepared to participate in CIRSE activities as much as our resources allow.

CIRSE: How big is the community of IRs within Lithuania? Have the numbers changed noticeably in recent years?

Kaupas: The IR community in Lithuania is not large, but it is very friendly and supportive – it started with only 16 members in 2019, and has grown to 20 members in 2020, including one honorary member. Unfortunately, we currently don't have any female members, but we hope this will change in the near future. IR procedures

are performed in only six hospitals countrywide. Only two university hospitals provide full range of IR procedures, and only four hospitals have 24/7 on-call duties. This results in such small number of interventional radiologists in our country. We are proud that we have a significant number of young specialists who decided to specialise in IR and are actively seeking professional heights.

CIRSE: What training scheme is used in Lithuania for medical students or radiologists who plan to become IRs?

Kaupas: There is no specialised scheme for IR training in Lithuania yet. Officially, all radiologists can perform IR procedures after a four-year radiology residency. In practice, training of IRs begins during the last years (3-4) of a radiology residency as extra practice and goes on after residency. We are working hard on establishing a tertiary IR residency – this is one of the main objectives of our organisation.

CIRSE: How do you encourage students to specialise in IR?

Kaupas: Every medical student gets a basic understanding of IR in various clinical situations. Radiology residents gain more detailed knowledge during an IR course. The popularity of radiology residencies and interventional radiology in Lithuania is growing. LIRA supports fellows who are interested in future IR careers and promotes their participation in international events (conferences, congresses, etc.) as well as scientific research in interventional radiology.

CIRSE: How does Lithuania inform patients about IR treatments?

Kaupas: Interventional radiologists in Lithuania don't have direct contact with patients, so they are mostly informed about IR treatment possibilities by referring physicians. Sadly, sometimes patients do not receive all the necessary information, but that happens less and less. Our goal is to collaborate with various

“The IR community in Lithuania is not large, but it is very friendly and supportive”

Lithuanian IRs face challenges similar to those faced by IRs Europe wide – namely, establishing IR residencies and getting information to patients.



specialty societies in Lithuania, participate in their events and spread word about IR treatment possibilities. LIRA plans to launch a website with dedicated pages for both medical specialists and patients. Also, we are planning to provide day hospital and outpatient IR services in Lithuania, which, I believe, will provide patients with better knowledge about interventional radiology and all the possibilities of minimally invasive treatments for various diseases.

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

Kaupas: The closest relationship we have is with the other Baltic states, especially Latvia's interventional radiologists. There are IR sessions in the biannual Baltic Congress of Radiology (BCR). We have been actively communicating with Nordic countries, especially Sweden, in the field of interventional neuroradiology for many years.

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

Kaupas: We regularly have multidisciplinary teamwork sessions in which we represent possibilities and outcomes of IR treatment for specific cases and together with other specialists decide on the best course of action. Interventional radiologists most often communicate with oncologists, vascular surgeons, neurosurgeons, neurologists and surgeons about specific cases (IRs participate in some clinical rounds). Communication with physicians depends on the centre and its traditions, and unfortunately interventional radiologists cannot attend many multidisciplinary teamwork sessions because there are just a few IRs in every centre and most of the time they are too busy in cath labs.

CIRSE: In your opinion, what is something that the world of IR could learn from Lithuania? Conversely, what challenges do Lithuanian IRs face?

Kaupas: We have had well-organised ischaemic stroke treatment in Lithuania for more than six years already. Many mechanical thrombectomies are performed mainly by interventional radiologists. We would be happy to share our experience establishing efficient workflows for the treatment especially with regions which would like to involve interventional radiologists due to lack of interventional neuroradiologists. We also have good training in using interventional neuroradiological methods of treatment such as glue, thrombectomy and coiling in peripheral fields. We use these techniques for treatment of aneurysms of peripheral arteries, peripheral AVM's and other conditions. There is also a well organised treatment of urgent visceral vascular pathology, such as visceral bleeding embolisation and acute SMA occlusion thrombectomy in Lithuania. Despite all this, the most common procedures performed in all IR centres to-date are for the treatment of peripheral artery disease.

Challenges faced by Lithuanian IRs are similar to the ones all over Europe. First of all, it is important for us to establish an IR residency programme and to improve patients' knowledge of IR procedures. This leads to establishing better relationships with other specialists (vascular and abdominal surgeons, neurosurgeons etc.) who would eventually manage to perform some of the IR procedures. Fortunately, we already have pretty good relations between different medical specialties in Lithuania.

CIRSE: How do you envision the future of IR in Lithuania and around the globe?

Kaupas: Globally the future of IR is very promising. Minimally invasive treatment of various conditions has more and more indications and methods involved. I see interventional radiology in Lithuania and worldwide as a widely acknowledged area of medicine which can provide patients with the best possible outcomes.



“We are working hard on establishing a tertiary IR residency – this is one the main objectives of our organisation.”



“TSVIR arranges scientific and educational meetings regularly during the year, including the annual congress.”

CIRSE GROUP MEMBERS

We spoke with TSVIR President Dr. Akkawat Janchai about his society and about the status of IR in Thailand.

New group member: The Thai Society of Vascular and Interventional Radiology

CIRSE: Can you tell us a little bit about TSVIR and how it was created?

Janchai: The Thai Society of Vascular and Interventional Radiology (TSVIR) is a scientific and educational association dedicated to advancing the specialty of interventional radiology through sharing knowledge and practice advice, setting standards, continuing education, research and advocacy in order to provide a high quality of patient care in Thailand.

TSVIR was organised by a pioneer group of Thai interventional radiologists in 2002, led by Prof. Nara Vaewsorn, MD., who was also the first president. The society has been prospering and expanding with a diverse membership including radiologists, technologists, physicians from neighboring specialties, nurses, scientists and industry representatives.



TSVIR's first president, Prof. Nara Vaewsorn

CIRSE: How big is the community of IRs within Thailand? Have the numbers changed noticeably in recent years?

Janchai: Currently we have 390 members comprised of 199 radiologists and physicians, 42 technologists, 27 nurses and another 122 corresponding members. The numbers have been significantly increasing, especially in the past five years, as we have been promoting and encouraging membership application.

CIRSE: What training scheme is used in Thailand for medical students or radiologists who plan to become IRs? How do you encourage students to specialise in IR?

Janchai: The Thai medical student programme is a six-year curriculum. If the graduated medical student wants to be an interventional radiologist, then they have to complete an obligatory three-year training in diagnostic radiology as a requirement for the further two-year fellowship training in interventional radiology.

In the curriculum programme for medical students, there is a schedule or rotation for interventional radiology that will introduce IR to all medical students. All IR units in university hospitals have the elective visiting option for medical students who are interested in IR.

CIRSE: How does Thailand inform patients about IR treatments?

Janchai: We have an official TSVIR website and a Facebook page which provide patients access to public information, options and details about IR treatments.

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

Janchai: TSVIR is a member of APSCVIR. Some TSVIR members have attended or participated as invited speakers in regional IR meetings and the SIR meeting.

TSVIR arranges scientific and educational meetings regularly during the year, including the annual congress, monthly inter-hospital conferences and several comprehensive practice workshops which attract lots of participants. We also collaborate with the Royal College of Radiologists of Thailand, the Radiological Society of Thailand, the Thai Medical Physicist Society and the Thai Society of Radiological Technologists.

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

Janchai: For interventional oncology, we have a good collaboration between IRs, hepatologists and oncologists. However, for endovascular interventions, only a few hospitals have good collaboration between IRs and vascular surgeons.

The number of IRs in Thailand has increase dramatically in the last years, largely thanks to TSVIR's promotional and educational efforts.



CIRSE: In your opinion, what is something that the world of IR could learn from Thailand? Conversely, what challenges do IRs in Thailand currently face?

Janchai: As a diverse country, Thailand has some distinct characteristics. For example we can share with Europe how we treat patients who have hepatoma or cholangiocarcinoma, how we have adapted the practice in the current pandemic era

and how we manage socioeconomic difficulties. Currently, the main area of practice and research in Thailand is interventional oncology, especially the treatment of hepatoma.

As a developing country, as well as due to restrictions we are facing during the COVID-19 pandemic, adaptation of training, communicating and IR social gatherings are major challenging issues that hamper our progression.

CIRSE: TSVIR recently became a CIRSE group member – how would you like to see the two societies working together?

Janchai: We would like to see international collaboration between CIRSE and TSVIR in education programmes, the establishment of standards of practice and research. We have had some great invited lecturers from Europe during our TSVIR annual meetings and we would like to continue our cooperation in the future.



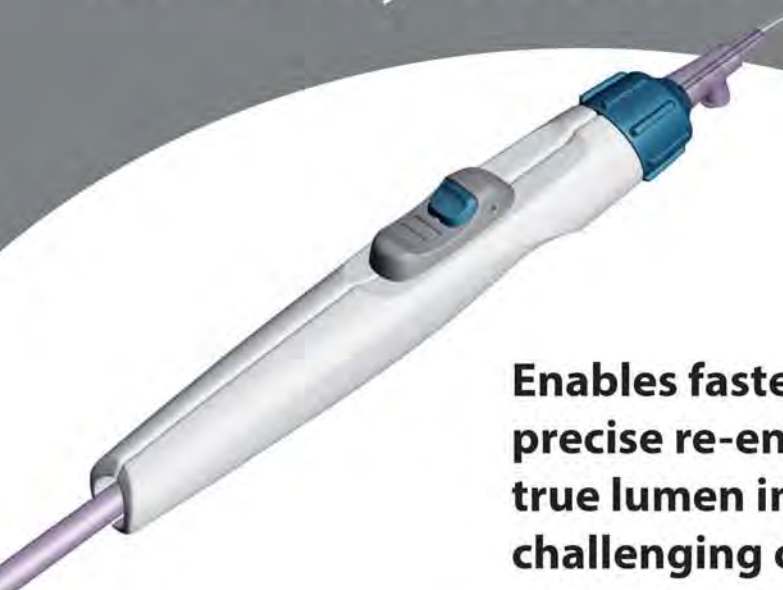
“We would like to see international collaboration between CIRSE and TSVIR.”

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1. Gandini, R., Fabiano, S., Spano, S., Volpi, T., Morosetti, D., Chiaravalloti, A., Nano, G. and Simonetti, G. (2013), Randomized control study of the OUTBACK™ LTD™ Re-Entry Catheter versus manual reentry for the treatment of chronic total occlusions in the superficial femoral artery. *Cathet. Cardiovasc. Intervent.*, 82: 485–492. doi: 10.1002/ccd.24742.

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CardioVascular and Interventional Radiology



The section aims to provide readers with a state-of-the-art overview of the topic and features 11 articles written by renowned international voices in the field.

CVIR

We are happy to announce the release of this year's CVIR special section, edited by guest editor Prof. Ajay Chavan!

CVIR: Special section on aortic interventions

Special sections are collections of papers in specific subject areas identified by the editors as being some of the most interesting for our readers. At CVIR, we believe it's vital to recognise these areas to help further the advancement of IR. With this in mind, in 2019 Prof. Klaus Hausegger, CVIR editor-in-chief, together with the associate editors identified aortic interventions as a relevant topic and invited a world leading expert in the field to serve as a guest editor – Prof. Ajay Chavan (Department of Diagnostic and Interventional Radiology, Christliches Krankenhaus Quakenbrück, Germany).

For the last 18 months, Prof. Chavan led the production of the special section with unmeasured dedication and hard work, and we are pleased to announce that this year's December issue of CVIR features this unique collection.

The section aims to provide readers with a state-of-the-art overview of aortic interventions and features 11 articles written by renowned international voices in the field.

We hope you enjoy diving into this exciting topic!

.....
"A major goal of the issue will have been achieved if, after going through it, the interdisciplinarity necessary for optimally managing aortic disease becomes apparent to the reader."

Ajay Chavan

Department of Diagnostic and Interventional Radiology,
Christliches Krankenhaus Quakenbrück, Germany.

Next special section

The next guest editor, Prof. Werner Jaschke (Medical University Innsbruck, Austria) is working with a group of authors on a special section on radiation protection, which will be published in the first half of 2021.

Introduction to the CVIR Special Section on Aorta

Ajay Chavan

State-of-the-Art Imaging of the Aorta with Respect to Endoluminal Intervention

Goetz Martin Richter

Various Endoluminal Approaches Available for Treating Pathologies of the Aortic Arch

Muzaffar A. Anwar & Mohammad Hamady

Current Status of Endoluminal Treatment of Descending Thoracic Aortic Aneurysms

A. Claire Watkins, Alex Dalal, Jason T. Lee & Michael D. Dake

Increasing Role of Fenestrated and Branched Endoluminal Techniques in the Thoracoabdominal Segment Including Supra- and Pararenal AAA

Eric L. G. Verhoeven, Pablo Marques de Marino & Athanasios Katsargyris

Endoluminal Management of Infra-renal Aortic and Aorto-iliac Aneurysms

Andrew Holden & Andrew Hill

Role of Endoluminal Techniques in the Management of Acute Type B Aortic Dissection and Intramural Haematoma

Ajay Chavan, Osama Eldergash & Rohit Philip Thomas

Role of Endoluminal Techniques in the Management of Chronic Type B Aortic Dissection

Konstantinos Spanos & Tilo Kölbel

Etiology, Diagnosis and Management of Aortitis

Sanjiv Sharma, Niraj Nirmal Pandey, Mumun Sinha & S. H. Chandrashekhara

Secondary Endoleak Management Following TEVAR and EVAR

Seyed Ameli-Renani, Vyzantios Pavlidis & Robert A. Morgan

Late Open Conversion Following Failure of EVAR and TEVAR: "State of the Art"

Enrico Rinaldi, Andrea Kahlberg, Niccolò Carta, Daniele Mascia, Luca Bertoglio & Roberto Chiesa

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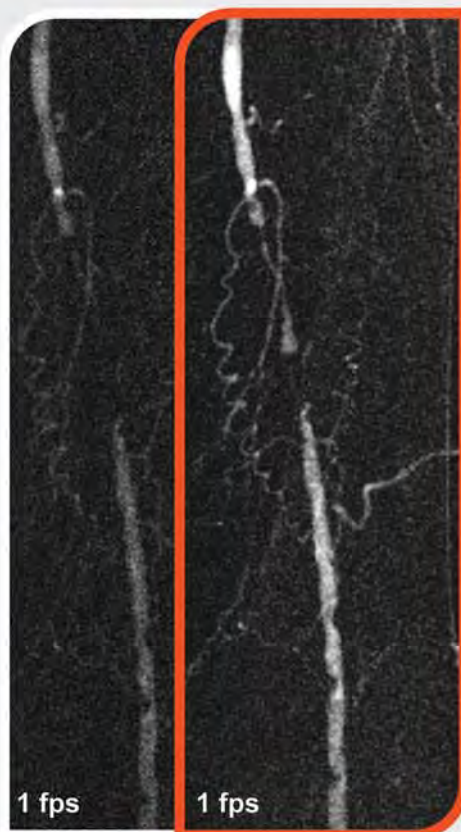
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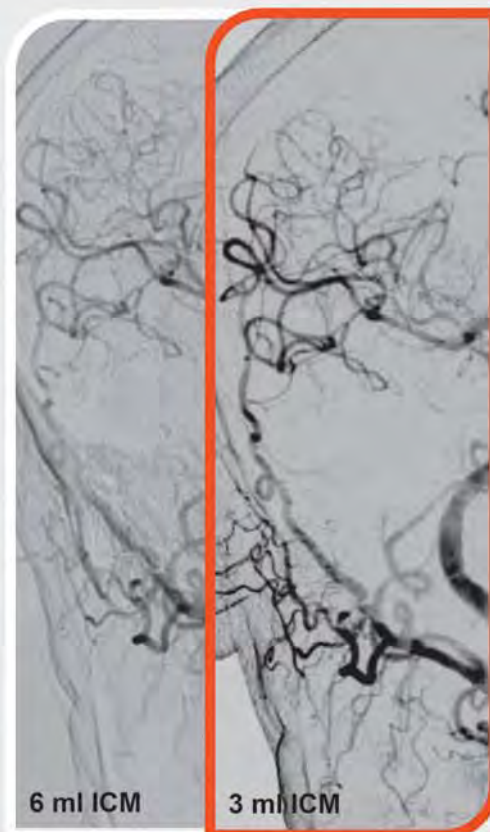
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CIRSE clinical research – contributing to IR's evidence base



Research is a key building stone of any medical specialty, and the fast pace of change within interventional radiology makes it doubly important. Starting in 2013, CIRSE has been gradually redefining its role in research. Beyond pursuing its conventional role of disseminator and supporter of information, the society has now become a primary collector of clinical data: over the past seven years the CIRSE Clinical Research Department has been developed as an in-house research infrastructure. The team recently celebrated the publication of the results of CIRSE's first fully administered study and has big plans for the future.

Guided by an overarching quality system, the department has grown to six permanent research staff that can offer the full spectrum of contract research services from drafting protocols to submitting publications. The successful conclusion of CIRT, the first ever clinical study to be sponsored by CIRSE, marked a milestone in the development of the department, demonstrating that CIRSE can autonomously design and conduct high-quality clinical research.

CIRSE clinical research in numbers

Clinical studies sponsored	4
Total patients enrolled in CIRSE studies	1,624
Hospitals contributing to CIRSE studies	112
Nations with active CIRSE studies	20
Medical specialties included in steering committees	6
Peer-reviewed publications	5

With one study under their belt, our research team is hungry for more and is currently hard at work reviewing the past experiences and current challenges in the field to assess how the demand for high quality research in IR may be even better addressed in future. It is also being considered how the infrastructure may expand its applications into pre-clinical research designs and fields in which IRs play an important role in multidisciplinary teams; immuno-oncology currently being looked at specifically.

In line with the rising expectations following the first successful study, the department will continue to develop its processes to ensure it can meet the high demand for clinical data for minimally-invasive, image-guided therapies and provide CIRSE members with the best possible evidence base. Stay tuned for updates on CIRSE's research activities in 2021 and keep an eye out for us at CIRSE congresses!

CIRSE's clinical studies

CIRT: CIRSE Registry for SIR-Spheres Therapy (NCT02305459)
CIRT-FR: CIRSE Registry for SIR-Spheres in France (NCT03256994)
CIREL: CIRSE Registry for LifePearl Microspheres (NCT03086096)
CIEMAR: CIRSE Registry for Emprint Microwave Ablation (NCT03775980)

Getting in touch with CIRSE clinical research

If you have a research idea you would like to realise, we would love to hear from you! Contact us at research@cirse.org

For more information on CIRSE's research agenda and the clinical studies that CIRSE is currently sponsoring, visit cirse.org/research.



Nations with active
CIRSE-sponsored studies



Dr. Maria Antonella Ruffino
Turin, Italy



Prof. Jos C. van den Berg
Lugano, Switzerland

Proven and expanding role of covered stents in endovascular work

Long used for emergency work only, these days, balloon-expandable covered stents also lend themselves to a range of peripheral endovascular cases. With a wide size matrix as well as a lower profile, covered stents have become more versatile resulting in better deliverability and trackability.

“Covered stents definitively have a place in the vascular department, but also in the interventional cardiology department,” said Dr. Maria Antonella Ruffino, interventional radiologist from the University Hospital, Turin, Italy. “All endovascular specialists dealing with emergencies or elective endovascular procedures should have covered stents on their shelf.”

The past 20 years has seen a revolution in the field of covered stents. However, it was not until 2015, with the second generation of the BeGraft stent that physicians finally had a device available in a lower profile and built from a superior material (cobalt chromium). “This made the stent very flexible and allowed smaller access sites and better trackability,” says Dr. Ruffino.

She notes that the introduction of low-profile balloon expandable covered stents, and in particular the BeGraft peripheral, definitely contributed to the greater uptake of these devices. “These low-profile devices can be implanted through small caliber introducers guaranteeing excellent trackability and deliverability, even in the case of tortuous anatomies, which at one time were not susceptible to endovascular treatment with covered stents. They started to be used for recanalisation procedures, especially when the risk of rupture of chronically obstructed vessels following recanalisation might be high,” added Dr. Ruffino.

Prof. Jos C. van den Berg, Lugano, Switzerland, commented on the use of covered stents for indications other than emergency procedures: “As the use in complex aortic procedures such as Ch-EVAR/BEVAR/FEVAR and IBD grew, it led to a further increase in the use of covered stents as bridging stents for visceral branches, although off-label currently. Also the availability of

published results for application of balloon-expandable covered stents in the aorto-iliac region.”

“This means patients treated with covered stents need less revascularisations over time, and this is very important when we think about the cost of a reintervention,” Dr. Ruffino pointed out.

Emergency procedures – shift from open to endovascular approach

Covered stents are widely used in emergency and life-threatening procedures such as bleeding, pseudoaneurysms, dissections or fistulas and there has been a remarkable shift from open surgery towards the endovascular approach. However, evidence from randomised controlled trials (RCTs) is not available due to the nature of emergency pathologies, but data regarding small series of patients or case reports is available, said Prof. van den Berg.

Dr. Ruffino has a preference for covered stents in emergency procedures. “In emergencies, in the presence of adequate anatomy, I always prefer a covered stent in order to avoid to sacrificing the target artery.”

In emergency work, there is no ‘golden standard’, agree the experts. Asked about his preferences, Prof. van den Berg said he did not believe there was a ‘one-size fits all’ approach. “I think that the general approach should be more and more, to try to preserve perfusion now that we have the devices that allow us to do so.”

Adding to Prof. van den Berg’s comments, Dr. Ruffino concurred: “The most important thing in those cases is to be effective as quickly as possible. Every endovascular specialist has a favorite technique to deal with an emergency case, acquired over many years.”

She shared a personal experience about emergencies procedures: “I remember more than one case where I had to use coils or to perform stent-assisted embolisation since the available covered stents, at that time, would not do the job because of their lack of flexibility or trackability. Most of them could have been treated today using the BeGraft stents with a good result”.

“All endovascular specialists dealing with emergencies or elective endovascular procedures should have covered stents on their shelf.”

Dr. Maria Antonella Ruffino,
Turin, Italy

CVIR Endovascular authors Drs. Deepsha Agrawal, Osman Ahmed and Tajana Turk answered our questions about what it was like to publish with the journal.

A Q&A for CVIR Endovascular authors



Dr. Deepsha Agrawal



"CVIR Endovascular has a reputation of a fair and open peer review process, making it a great journal for young scientists hoping to publish their first papers."

CIRSE: Can you tell us a little bit about your paper that was published in CVIR Endovascular?

Agrawal: The central theme of my paper was exploring the knowledge and awareness of interventional radiology among medical students. Our survey-based study examined this in an Indian university and found students report limited and inconsistent teaching in IR.

Ahmed: My paper was a "case report" type of submission that described the novelty of combining DIPS with portal vein recanalisation to re-establish portal flow in a patient in consideration for liver transplantation.

Turk: With of group of colleagues, I have recently published a case report in CVIR Endovascular. To our knowledge, this was the first reported case of dialysis-requiring acute kidney injury after percutaneous mechanical thrombectomy for peripheral arterial thrombosis.

CIRSE: Do you think there are currently enough easily accessible interventional radiology publication possibilities for case reports, short communications, technical notes etc.?

Agrawal: IR being a novel specialty, the scope of practice is increasing every day. Because this discipline is relatively new, it is also very dynamic. There is a lot of new and exciting work happening, but unfortunately there are not many journals that publish case reports and short communications. These can be great learning instruments and should find space alongside original research articles.

Ahmed: I personally feel that there is a greater need for more IR/endovascular related journals that encourage these types of submissions. The strength of IR lies in the innovative nature of the specialty and how even seemingly "minor" case submissions have the potential to push the field forward significantly. As flagship journals like CVIR and JVIR naturally progress to focus on higher quality of evidence studies, this creates less opportunity for these other smaller submissions.

Turk: I think that most interventional radiology publications nowadays focus on original research, big studies and meta-analysis. However, many of us in IR do not have the resources or the opportunity to participate in such studies. Publishing case reports, short communications and technical notes is becoming problematic since many journals tend not to accept them. Yet, I believe that such papers, although of "less importance" can actually be of huge impact in everyday work. Not once have I had a problematic clinical situation for which I had not found a solution in someone else's published case report or technical note.

CIRSE: What is your experience with open access? Was your paper in CVIR Endovascular your first open access publication? How did you find the editorial handling experience?

Agrawal: The spirit of research has always been learning and teaching. Open and accessible research aligns perfectly with this and has the greatest impact on learning. There are challenges like competitive disadvantages, however, there is slow yet significant progress in open access publications. My first open access publication with CVIR Endovascular was very smooth and I am totally for open access.

Ahmed: This was my first experience with an open access publication. I found the process with CVIR Endovascular to be pleasant and organised. I particularly enjoyed the short turnaround time and the opportunity for processing fee waivers for authors (like myself) who do not have funding to support their submission.

Turk: I have used open access service before publishing in CVIR Endovascular, and although the cost is sometimes not negligible, the benefit makes it worth it. Open access journals are mostly online and therefore can accept more articles and provide much faster service. The CVIR Endovascular editorial service makes communication and the publishing process easy with clear instructions and prompt service. What I also like in CVIR Endovascular is the fact that the

CVIR Endovascular accepts case reports, short communications and technical notes for publication – a valuable resource for IRs at all stages of their career.



Dr. Osman Ahmed



Dr. Tajana Turk

editorial comments stay visible for all the readers – a huge help for future writing and publishing.

CIRSE: Impact factor is still an important scientific parameter in many institutions, although other factors like citation index are becoming more important. What is the attitude in your institution and what is your opinion about this?

Agrawal: Impact factor and citation index all are objective measures of how a paper stimulates learning. I believe that publication choice should encompass multiple indices as opposed to a single index like impact factor.

Ahmed: I am fortunate that these scientific parameters are not heavily weighted in my institution, which affords me the opportunity to be flexible in my academic endeavours. It is, however, nice to see that there are other citation metrics that are gaining popularity, as there are advantages/disadvantages to all scoring classifications.

Turk: My institution uses the h-index as a measure of scholarly significance. Since h-index combines an assessment of both quantity (number of publications) and quality (references to those publications), one must not only have published papers, but that work must also be cited to be counted for the h-index. Since open access journals provide a much greater audience for your work, the chances of being cited are also substantially bigger.

CIRSE: Young scientists find it more and more difficult to get their first papers published. Do you think that CVIR Endovascular can play a role in alleviating the situation?

Agrawal: CVIR Endovascular has a reputation of a fair and open peer review process which makes it a great journal for young scientists hoping to publish their first papers.

Ahmed: I absolutely think CVIR Endovascular can have a lead role in this scenario, as junior researchers typically have less experience (both research and clinical) to rely on when submitting

studies. This may potentially discourage scientists if they focus on journals that are very stringent or have low acceptance rates. Given CVIR Endovascular's focus and acceptance of smaller case studies and reports, this presents a great opportunity for authors to choose this journal to get their "foot in the door" when it comes to publishing.

Turk: All young researchers know that the chances for publishing your own work in high IF journals are not favourable. I believe that the best strategy is to aim for open access journals which accept case reports and technical notes and then build your way up. CVIR Endovascular can play a great role in alleviating the situation with its publishing policies. Being a part of CIRSE makes the journal well respected in the IR community.

CIRSE: Would you consider submitting your scientific work to CVIR Endovascular again and if so, why?

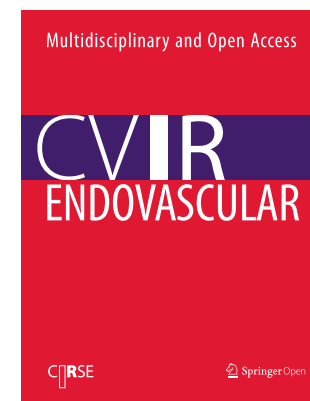
Agrawal: I had a very positive experience with the processing and publication of my last paper with CVIR Endovascular. The dissemination of my study among IR colleagues was also very impactful, which is something that makes me consider this journal for my future papers.

Ahmed: I would definitely consider submitting more work to CVIR Endovascular, and in fact already have. This is the ideal journal to display endovascular research to the IR community, given it carries the prestige and reputation of its parent journal, CVIR, with a similar scientific rigor and review. Additionally, the submission process is very smooth and straightforward, which limits formatting delays, along with a relatively quick turnaround time to decision.

Turk: I will definitely submit my future work to CVIR Endovascular again. The user-friendly manuscript submission system, clear and concise instructions for authors, fast response and publication rates as well as open access policy which makes the articles available to the whole IR community, makes CVIR Endovascular a great and obvious choice.



"I found the publication process with CVIR Endovascular to be pleasant and organised."





“The goal was to set patients at ease by describing the procedure in language that they could easily understand.”

CVIR

We spoke to Prof. Anthony Ryan, chairperson of the Patient Information Brochure Revision Task Force, on the challenges and importance of creating materials for patients.

The new CIRSE patient information leaflets

CIRSE: In your own words – can you tell us what the patient information leaflets do and why they are important?

Ryan: The leaflets briefly outline the steps involved in a number of frequently performed IR procedures. The goal is to set patients at ease by describing the procedure in language that they can easily understand, and to provide an overview of what to expect before and after the procedure.

The minimally invasive nature of our procedures lends itself to allaying patients' fears; however, prior to a clear explanation, patients are frequently very anxious and really need a lot of reassurance. We must remember that what is simple and routine to us as practitioners may sound terrifying to our vulnerable patients. As patients are frequently referred by physicians who themselves do not have a good understanding of what is involved in these procedures, it is important to be as clear as possible so as to reassure patients and remove the 'fear of the unknown'.

Good quality, simple illustrations are key to transmitting some of this information. Having the leaflets easily viewable in their online format was a prime consideration in their composition.

CIRSE: How are these leaflets different from the earlier patient information brochures that CIRSE circulated back in 2011?

Ryan: These leaflets represent an evolution of the patient information brochures previously produced by CIRSE, which were quite detailed multipage guides. These were expensive to produce and had to be printed and distributed by CIRSE to requesting IRs and hospitals. In addition to keeping up with intervening changes in technique etc, we wished to produce a shorter, single sheet guide in a pleasing format that could be viewed easily online and printed by IRs when a patient attended an Interventional Radiology Outpatient Clinic (IROC) for instance.

CIRSE: What do you think the relationship is between patient awareness and the growth of IR as a whole?

Ryan: I think it is key to the growth of interventional radiology as a clinical specialty, as patients often become aware of an interventional pro-

cedure as a possible IR solution to their problems via their own research online, social media or by word of mouth from a friend or relative who has benefited. As a result, they will then be proactive in asking for a referral to an IR from their family physician, who may not have been aware of the potential procedure.

Even in the hospital setting, it is an unfortunate truth that hysterectomy is still recommended by gynaecologists to many women with fibroids, without discussion of the option of uterine artery embolisation. In these circumstances, it may be the woman herself who raises the possibility of UAE in the gynaecology clinic. Many of us have received referrals from gynaecologists on the basis that the patient is 'refusing' hysterectomy – reading between the lines, it is often apparent that UAE was not part of their initial suggested treatments.

Patients can be our greatest advocates in this way by introducing a possible procedure into the discussion with their own doctors, or, having had an IR procedure, reporting favourably to their physician and family members/friends. The latter can frequently be far-reaching via social-media.

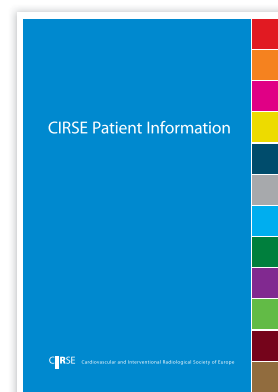
CIRSE: How was the Patient Information Brochure task force created?

Ryan: CIRSE sought expressions of interest from all society members and was heartened by the large number who volunteered their time and expertise. The large number of applicants made the final selection challenging, and unfortunately, given a relatively small number of places on the task force, many excellent members could not be invited to participate. The final members were selected on the basis of their expertise and a clear expression of patient welfare at the core of their application. The resulting task force represented a diverse group of practitioners from a broad range of member nations.

I would like to express my gratitude to all the members of the task force; having such a committed group of experts was crucial to the creation of a clear, understandable and accurate final product. Their willingness to contribute speaks to the generosity and dedication of the IR community as a whole.

CIRSE: As doctors, were there any special considerations to think about when writing for patients, rather than for other doctors?

The patient information leaflets are available for downloading, sharing and printing at cirse.org/patients



Ryan: One of the most challenging aspects of the task was to compose the leaflets in language that a majority of patients could understand. One has to tread a fine line between translating medical into lay language so that is understandable and reassuring, but not patronising, and I think the task force members achieved this superbly. As practitioners we are so submerged in our everyday medical jargon, it is a challenge to step back and remember that words we take for granted are not widely understood in society at large, and particularly not by those with limited education/reading abilities. In addition, we had to constantly remind ourselves that we were not writing for our peers in IR, and thus not feel as if we had to include every single detail of the procedure, while still including the key components that a patient would wish to know.

The leaflets may be viewed as a 'starting point' for conversations with the IR in an IROC, facilitating further discussion on specific fears and possible complications.

CIRSE: Have the ways we get information to patients changed in the last years? What do you ideally envision for the future of patient information?

Ryan: We are now obviously living in the information age and the proportion of 'digital natives' in the population is steadily growing. It is thus inevitable that many patients' first port of call for medical information is 'Dr. Google'. We can use this to our advantage by making the leaflets easily available online, helping to disseminate widely both reassurance and information to patients and practitioners alike. Publicising the patient section of the CIRSE website will facilitate further dissemination.

Whilst a great number of our patients are now tech-savvy, we must not forget those who have not yet made the transition online and who would still much rather have a hard copy that they could read at their leisure. In one of our meetings, Dr. Dave Maudgil described vividly the look of terror coming over one of his elderly patients' faces after he suggested following a link to some online information. Having easy access to printable leaflets in one's office or clinic meets this need. We must also be cognisant that, although some may be comfortable accessing information online,

as highlighted by the pandemic, many of our less well-off patients cannot afford home internet and do not have smartphones to view information with ease.

A possible future development could include audio versions of the leaflets for the visually impaired. These audio versions could also be used for those with limited reading ability in conjunction with the illustrations, the number of which could be expanded and which could be supplemented by short videos.

CIRSE: What are your hopes for how the leaflets will be shared?

Ryan: We hope that the leaflets will be shared as often, and in as many healthcare settings, as possible. Handing the leaflets directly to a patient in an IROC is the most obvious setting, but other in-hospital settings are potential targets such as oncology, urology and gynaecology clinics to name just a few. Some family practitioners may be glad to have some to distribute to their patients (and hopefully in the process gain a greater understanding and awareness of the capabilities of IR as a specialty). Although initially composed in English, it is envisaged that these leaflets will be translated into many European languages for greater distribution.

Patient Information Brochure Revision Task Force

Anthony Ryan | *Chairperson*

Diego Catania, EFRS representative
Katerina Koulia
Aina Kratovska
Christian Loewe
Pierleone Lucatelli
Marion Maher | *EFRS representative*
David Maudgil
Sonyia McFadden | *EFRS representative*
Aneeta Parthipun
Sapna Puppala
Maria Tsitskari

CIRSE is very grateful for the efforts of the Patient Information Brochure Revision Task Force in creating the leaflets.



"The leaflets may be viewed as a 'starting point' for conversations with the IR in an IROC, facilitating further discussion."

Find your IR dream job or get access to the prime candidates you've been looking for!

Check out the IR vacancy finder on the CIRSE website!



As one of the largest interventional radiology societies in the world, CIRSE prides itself on bringing IRs from across the globe together to advance our field. One way to do this is connecting talented candidates with prestigious career opportunities through our online IR vacancy finder.

Search for openings

For those looking for a job, this streamlined search tool lists all job postings according to various criteria, including placement city, position type and primary focus, making it easy to browse all available openings and find the one that's right for you!

Submit your vacancy

Institutions looking to hire interventional radiologists, research fellows, radiographers or IR nurses are invited to submit their job opening to reach an audience of 30,000 visitors who browse the CIRSE website every month. This service is free of charge for the IR community and is a great opportunity to reach high-quality candidates while also giving back to fellow IRs by expanding opportunities, so be sure to get the word out about openings at your hospital today!

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in your hospital!

Cardiovascular and Interventional Radiological Society of Europe

Trainees Students Fellows IR vacancies

CIRSE SOCIETY > EVENTS > EDUCATION > RESEARCH > MEDIA > Q myCIRSE

IR Vacancies

IR VACANCY FINDER

Please note that CIRSE cannot take responsibility or be held liable for the content of these job announcements.

[Submit new vacancy](#)

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Luzern, Switzerland
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Primary focus on Vascular procedures, Non-vascular procedures, Interventional oncology, Neurointerventions, Other

RESEARCH ASSOCIATE OR FELLOW
Memorial Sloan Kettering Cancer Center
New York, NY, United States
Duration: 12 months
Primary focus on Interventional oncology

CONSULTANT INTERVENTIONAL RADIOLOGIST
Barking, Havering and Redbridge University Hospitals NHS Trust
London, United Kingdom
Duration: 12 months
Primary focus on Vascular procedures, Non-vascular procedures

Country
Select Country

City
Select City

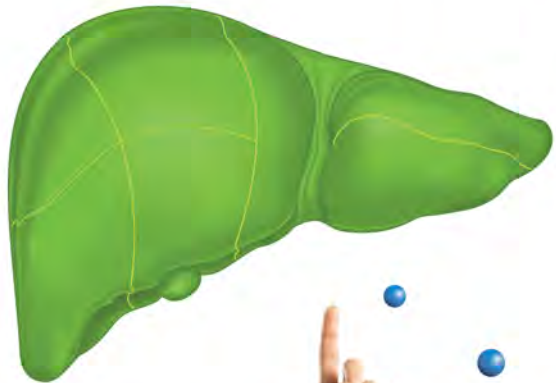
Position Type
☐ Research fellowship
☐ Clinical fellowship
☐ Radiographer/Nurse
☐ Interventional radiologist
☐ Consultant
☐ Academic
☐ Research
☐ Other

Primary Focus
☐ Vascular procedures
☐ Non-vascular procedures
☐ Interventional oncology
☐ Neurointerventions
☐ Other

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APM-EMEA-003-10-20

CIEMAR, the CIRSE Registry for Emprint Microwave Ablation, is currently enrolling.

CIEMAR passes 100 patient milestone



CIEMAR is CIRSE'S latest prospective, multi-centre observational study that aims to observe the "real-life use" of MWA treatment for colorectal liver metastases in Europe, which is about to complete its first year of data collection.

At the time of print the study had just passed the 100-patient milestone, which also marked the activation of its 25th contributing site. The number of actively enrolling sites and their geographical spread (see info box) mean that CIEMAR is on a good path to collecting the robust, impactful cohort it set out to collect. The speed of enrolment did stay behind expectations, this chiefly being attributed to the COVID-19 pandemic which left few clinical studies unscathed.

Check out the interview with CIEMAR Chairpersons Phillipe Pereira and Thierry de Baere on the next page to get a more personal look at CIEMAR's first year.

CIEMAR is sponsored by the CIRSE society and independently managed by the CIRSE Clinical Research Department in conjunction with the CIEMAR Steering Committee. The financial support is provided by Medtronic by means of a research grant.

Ethics votes received:

Croatia, Denmark, Germany, Greece, France, Italy, the Netherlands, Northern Macedonia, Norway, Portugal, Spain

Ethics votes pending:

Switzerland, Turkey, UK

CIEMAR INFO BOX

Study timeline

Patient enrolment opened: Jan. 2020

Patient enrolment close: Jan. 2022

Patient follow-up (3 years min) close: Jan. 2025

Study objective

To assess the effectiveness of microwave ablation performed with the Emprint device in controlling colorectal metastatic tumours in the liver.

Primary endpoint

Local tumour control at 12 months after treatment on a per lesion basis

Patient population

- Colorectal liver metastases
- Intention to treat all liver mets with MWA
- Patient referred by tumour board
- max tumours: 9
- max tumour size: 3cm:
- life expectancy > 6 months

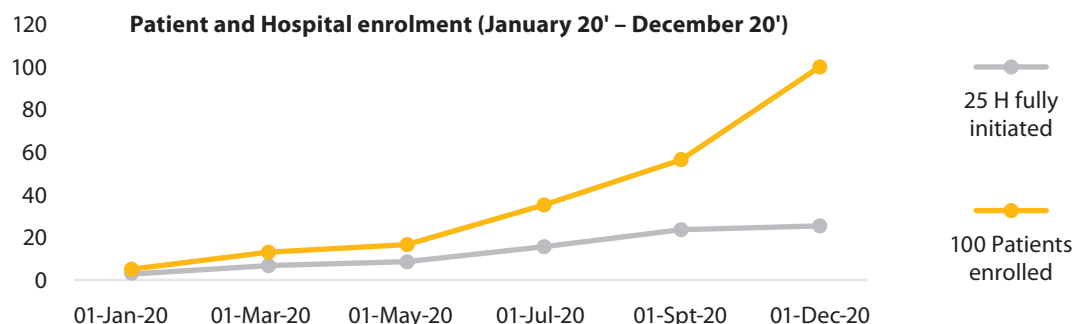
Secondary endpoints

- Overall survival
- Quality of life
- Overall disease-free survival
- Systemic cancer therapy vacation
- Hepatic disease-free survival
- Time to untreatable progression by thermal ablation
- Adverse events and toxicity
- Economic aspects



CIEMAR enrolling nations: CIEMAR is a truly European study

CIEMAR



*We recently spoke with CIEMAR
Chairpersons Prof. Philippe
L. Pereira and Prof. Thierry de Baère*

CIEMAR expert interview



We recently spoke with the Chairpersons of CIEMAR Prof. Philippe L. Pereira and Prof. Thierry de Baère.

CIRSE: Prof. Pereira, your hospital was the second to be enrolled in CIEMAR and has now completed a full year of data collection. How was your experience with CIEMAR in the first year?

Pereira: Until now we have had very good experiences with the clearly designed and written e-CRF and study protocol. A very positive experience is that presenting a patient to be included in CIEMAR increases the acceptance of my oncological and surgical colleagues.

CIRSE: What were your biggest challenges in collecting data for CIEMAR so far?

Pereira: The software for including data could work a little faster but the questions are clear and easy to understand. There are no redundant questions and it is easy to collect data, especially with increasing experience.

CIRSE: What impact did the COVID-19 pandemic have onsite?

Pereira: Some patients still do not want to come to the hospital. Our hospital was a focal site for COVID patients, which may put some people off. Many patients did not reach a doctor or oncologist, which I believe will be reflected in my and other sites' enrolment numbers.

CIRSE: How does the CIEMAR workload compare to other oncological studies that you have worked on?

Pereira: The workload for the CIEMAR registry is really acceptable compared to other studies. For example there are only very few laboratory values required, which are usually time-demanding to collect and then often aren't even analysed. In CIEMAR we decided to reduce this burden to focus on points essential to assessing the effectiveness of the microwave ablation of colorectal metastases.

CIRSE: Prof. de Baère, what insights do you hope to gain from the CIEMAR registry?

de Baère: CIEMAR will give us a "real life" evaluation of the use of MWA on patients with

CRLM with a maximum diameter of 3 cm. These findings will help us in demonstrating the differences between MWA and surgery for CRLM. It will be relevant information to help decide between those two treatment forms in a well-defined patient population.

CIRSE: Why do you think participating in CIEMAR is important, what is the significance of the study in France?

de Baère: The envisaged goal for CIEMAR is to enrol a very large number of patients from many nations and a variety of hospitals, so what the knowledge that we gain will be applicable to all sites. I don't think the situation in France is much different from the rest of Europe, where this data is greatly needed to help us understand the effectiveness of local tumour ablation using microwave energy.

CIRSE: How has the experience of leading this multidisciplinary and multinational steering committee been for you so far?

de Baère: Being part of this multidisciplinary steering committee with colleagues from many other European countries has been a very positive and educational experience. The discussion with colleagues from all these different nations and disciplines was key to designing a study that could provide data that is useful in clinics throughout the country and will hopefully improve patient care across the continent.

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

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



*"Discussion
with colleagues
from different
nations and
disciplines was
key in designing
the study."*

The 2020 CIRSE General Assembly took place online this year on November 23

The 2020 General Assembly



The next
General Assembly
will take place
at CIRSE 2021
in Lisbon!

Though the assembly usually takes place on the occasion of the CIRSE congress, the conditions of the COVID-19 pandemic leading to an online congress meant that this year's assembly took place via an online meeting, with members able to comfortably and safely join from their own homes.

CIRSE President A. Gangi opened the meeting with a thank you to those present. He spoke on the successes that CIRSE achieved in 2019, in particular

- CIRSE reached over 8,000 members, making it the largest IR network in the world.
- The 2nd edition of the Interventional Radiology Curriculum for Medical Students was published.
- The European Curriculum and Syllabus for Interventional Oncology was published.
- The successful debut of CIRSE's newest congress, the European Conference on Embolotherapy (ET).
- The record number of abstract submissions for ECIO 2019.
- The creation of PAD Day at CIRSE.
- The debut of the European Board of Interventional Radiology (EBIR) as a fully digital examination.
- The pilot phase for IASIOS, the International Accreditation System for Interventional Oncology, was successfully launched.

Prof. Gangi then spoke about the challenges of 2020 and the manner in which CIRSE has reacted – creating a COVID-19 resource centre, a COVID checklist in cooperation with APSCVIR, and the transformation of the CIRSE 2020 into a successful online meeting.

He also touched on the successes of the CIRSE 2020 Summit, which attracted over 5,000 logged-in attendees from 115 countries. Combined, these attendees watched 12,614 hours of online IR education.

Moving forward, the outlook for 2021 was presented. It was stressed that the expansion of online meetings and conference capabilities will

remain vitally important going forward, as the pandemic will continue to impact events into the new year. Though there can be no certainty in planning for the new year, all contingency plans will ensure that ECIO, ET and CIRSE will all take place during 2021 either online or in person.

CIRSE's online educational activities were also touched upon, including the CIRSE Academy, CIRSE Library and webinars. More webinars and Academy courses are planned for 2021.

CVIR Editor-in-Chief K. Hausegger then presented, reporting that the journal is available either online or as printed on-demand and currently has an impact factor of 2.034. He highlighted new editors and new editorial board members, and the upcoming special sections in the journal. He spoke on the efforts of the editorial team in making the journal more user friendly, and thanked all members and reviewers for their hard work throughout the year and the resulting increase in submissions.

J. Reekers, editor-in-chief of CVIR Endovascular, then presented on his publication, which has been an open access journal since its debut in 2017. He spoke on the many benefits of open access, and reported that CVIR Endovascular articles are now indexed in both PubMed Central and Scopes, making them more accessible than ever. He also presented the editorial board, new editors, and the rapid increase in submission numbers that the journal has enjoyed over the past year – an increase of 87% as compared to 2019.

The assembly then voted on changes to the CIRSE Articles of Association. Of note, the motion to postpone the CIRSE elections from 2021 to 2022 in response to the ongoing COVID-19 pandemic was approved.

Finally, President Gangi thanked everyone for their attendance and expressed the wish of seeing everyone in person in 2021 before closing the meeting.

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Undergoing the application process has already proven a rewarding exercise for three hospitals, who now proudly carry the seal of IASIOS Accredited Centre.

IASIOS – a worthwhile goal for hospitals

Introducing the system

The International Accreditation System for Interventional Oncology (IASIOS) offers IO facilities the opportunity to prove their compliance with CIRSE's Standards of Quality Assurance for Interventional Oncology and their commitment to providing high quality care to cancer patients, as well as to continually improving and expanding their services. In addition to certifying established centres, IASIOS is designed to help developing oncology facilities plan and improve their services in a way that ultimately benefits the patient. Acquiring the IASIOS seals enables hospitals to certify their commitment to optimising patient care with quantifiable benchmarks.

Centres that are enrolled in the IASIOS system become part of a greater worldwide community of top IO centres, and can utilise the support provided by the IASIOS office and optional consultancy while they are in the process of improving their IO service lines and preparing their IASIOS application. Following the standards, and with the support of the IASIOS office, hospitals can determine what changes and improvements have to be made in their services in order to achieve the main goal of IASIOS: receiving accreditation for high-quality IO care.

Standards of Quality Assurance in Interventional Oncology

With the continued growth and recognition of IO as an independent clinical discipline, facilities providing IO therapies must follow appropriate guidelines if the relevant treatments are to be used safely and appropriately. In 2018 CIRSE developed the first international standards for the practice of IO. These have been very well received, and are endorsed by 26 national and international societies, including the European Cancer Organisation (ECCO). This comprehensive document emphasises the whole process of patient care and treatment and provides the framework for the gold standard of IO services.

It is likewise essential for patient safety and satisfaction that IOs have the ability and means to

officially prove their value and expertise, not as technicians, but rather as primary clinical providers to patients and hospital administrators. In order to achieve exactly that, the Standards of Quality Assurance were used as a blueprint and set the foundation for developing an accreditation system that can be used to standardise the level of care for IO services on a global scale.

IASIOS pilot phase

The pilot phase of IASIOS was launched in the middle of 2018. In the first year, there were seven top IO centres enrolled in the IASIOS accreditation programme, based in the United Kingdom, France, Australia, Turkey and Switzerland. In September 2019, Guy's and St. Thomas's NHS Foundation Trust in London was the first facility to go through the complete IASIOS application process and be awarded the status of IASIOS Accredited Centre.

In 2020 there were a total of twelve facilities worldwide participating in the pilot phase of IASIOS. These include hospitals in Italy, Germany, Singapore and two in the Netherlands. IASIOS is thrilled to announce that, despite unprecedented circumstances due to the pandemic, another two hospitals successfully achieved IASIOS Accredited Centre status. These include the Strasbourg University Hospital in France and the Anadolu Medical Center in Turkey.

CIRSE and the IASIOS team applauds the group of pioneering facilities that joined the pilot phase and are working together in providing invaluable feedback for fine-tuning the system in order to bring forward a unique and far-reaching accreditation programme in the field of IO.

The public launch of IASIOS is planned for 2021, at which time all facilities worldwide that offer IO services can apply for IASIOS accreditation, regardless of size or location.

For more information, visit www.iasios.org



Centres that are enrolled in the IASIOS system become part of a greater worldwide community of top IO centres.

The public launch of IASIOS is planned for 2021, at which time all facilities worldwide that offer IO services can apply for IASIOS accreditation, regardless of size or location.

Guy's and St. Thomas's Hospital:



We at Guy's and St. Thomas's are delighted to be among the first IO facilities to apply for this important and worthwhile accreditation! Completing the IASIOS application process was a challenging experience but the IASIOS office was on hand to support our team and clarify any questions that arose. Ultimately, applying for IASIOS has led to the advancement of our IO facility by helping us analyse our service line and determine how to improve our delivery of high-quality IO care in accordance with the Standards of Quality Assurance document.



Strasbourg University Hospital:

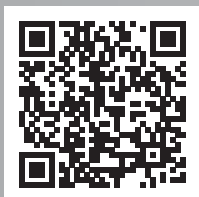


We at the University Hospital of Strasbourg are thrilled to be the first centre in France to be awarded this internationally renowned quality assurance seal in interventional oncology, as well as being the second centre in the world to be certified! In the IR department, we are all highly committed to providing each patient with a high-standard clinical service. With IASIOS's focus on traceability, the Strasbourg team has increased the monitoring of several different clinical practices with the intent of improving the quality and safety of the provided clinical services. Our team is very proud of this recognition, which rewards many years of hard work spent monitoring the quality of their clinical services.



IASIOS is thrilled to announce that another two hospitals successfully achieved IASIOS Accredited Centre status in 2020.

Don't miss out - read the newest CIRSE standards of practice in CVIR!



Scan to read!

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

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

CIRSE Standards of Practice on Thermal Ablation of Liver Tumours

L. Crocetti, T. de Baére, P. L. Pereira, F. P. Tarantino
CardioVasc Intervent Radiol, July 2020, Volume 43, Issue 7

CIRSE Standards of Practice on Analgesia and Sedation for Interventional Radiology in Adults

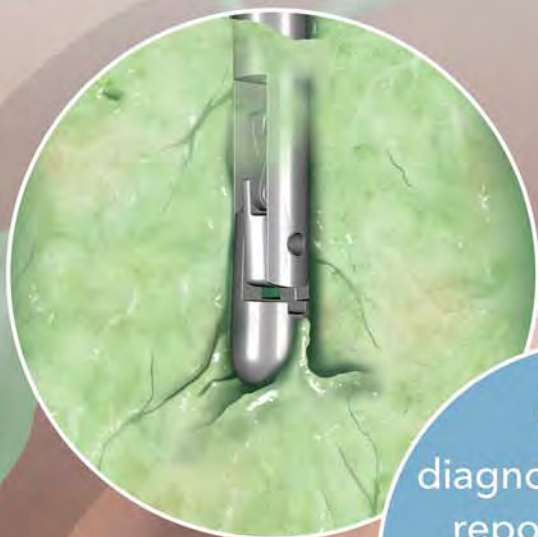
S. Romagnoli, F. Fanelli, F. Barbani, R. Uberoi, E. Esteban, M. J. Lee,
P. T. Nielsen, A. H. Mahnken, R. Morgan
CardioVasc Intervent Radiol, September 2020, Volume 43, Issue 9

www.cirse.org/standards-of-practice



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TRANSLUMINAL BILIARY BIOPSY FORCEPS SET



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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.

From September 12-15, CIRSE hosted the very first online IR meeting of its kind – the CIRSE Summit.

The CIRSE 2020 Summit



As the COVID-19 pandemic worsened in the spring of 2020, it was imperative that CIRSE act quickly in order to ensure that education could continue throughout the year, and that CIRSE could still take place in September as it has for the past 35 years. Though hopes for an in-person congress remained high at first, it quickly became clear that a call to move the congress online had to be made.

Throughout the summer, the CIRSE community came together in order to help create the world's biggest online IR congress. The Scientific Programme Committee, headed by Prof. Thomas Kröncke and Prof. Adam Hatzidakis, undertook the monumental task of converting their already wonderfully planned programme into an online format. Faculty members rose to the challenge, submitting recorded lectures and reaffirming their commitments to act as moderators from afar. The CIRSE office worked tirelessly to ensure the creation of a platform that could allow everyone to meet virtually in the best possible way.

The CIRSE 2020 Summit provided a unique platform, bringing together interactive live sessions, on-demand content and a vibrant virtual exhibition for a seamless congress experience. Numerous features enabled interaction with other congress goers, providing truly enriching educational opportunities.

The platform

Participants landed on a Summit homepage, their entry into the world's largest IR meeting. A dynamic newsfeed kept summit-goers up to date on upcoming sessions, interesting on-demand content and industry announcements. Convenient navigation bars allowed for easy movement between all educational and scientific content with a single sign in.



Beginning on September 1, 1,300 on-demand presentations were made available during the lead-up to the Summit, including poster presentations, free papers, fundamental courses and a selection of focus sessions.

Live content was broadcast from September 12 to 15, 2020. All live scientific content was easily visible at the top of the screen, and detailed search functions made it easy for medical professionals to find the sessions most relevant to them.

The CIRSE 2020 Summit provided many opportunities to connect and interact with IRs and with industry. Celebrating 35 years of CIRSE and featuring IDEAS and the 2nd PAD Day, the Summit provided four days of live interaction, including Q&A opportunities in scientific sessions, virtual meeting rooms, and 1:1 interaction through unique chat functions.



The second PAD Day

CIRSE 2019 in Barcelona hosted the very first PAD Day, a full-day focusing on the treatment of peripheral artery disease. Following this successful introduction, a second edition of the event was planned for 2020. Under the direction of PAD Day Chairpersons Fabrizio Fanelli and Stefan Müller-Hülsbeck, this micro-track during the first day of the Summit shed light on the current technologies, real-world applications, and controversies in PAD management.

Highlights included a Hot Topic Symposium featuring prominent speakers focusing on complex femoro-popliteal lesions, and a FIRST@CIRSE session presenting the most up-to-date research.

Throughout the summer, the community came together to help create the world's biggest online IR congress.

Celebrating 35 years of CIRSE and featuring IDEAS and the 2nd PAD Day, the Summit included four days of live interaction

IDEAS

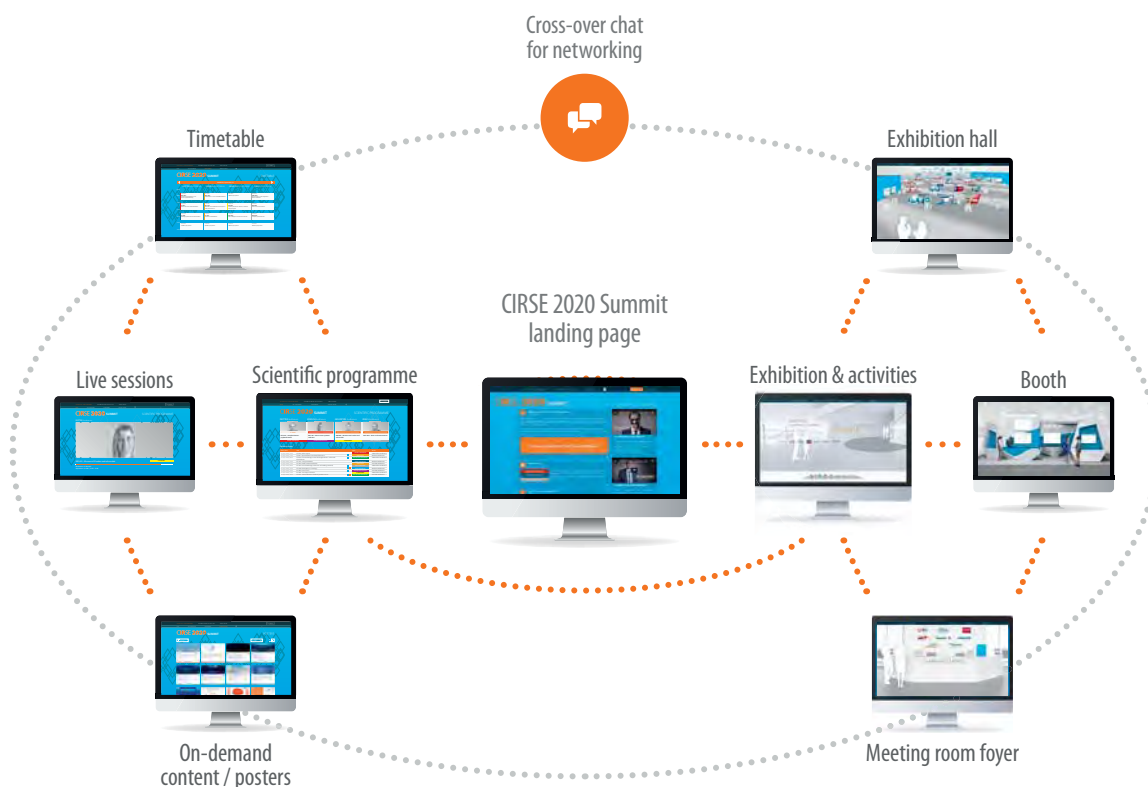
The Interdisciplinary Endovascular Aortic Symposium – IDEAS – has been a part of CIRSE for the past six years with the goals of advancing technology, striving for best medical practice, and creating an environment for learning. IDEAS 2020, chaired by Mohamad Hamady and Eric Verhoeven, brought together experts to enrich medical evidence, foster collaboration, and promote cutting-edge innovations.

Highlights included Expert Round Tables on aortic arch interventions, complex pararenal AAA, and on durability issues of endovascular interventions in complex thoracoabdominal aneurysms. Case-based Discussions on the topic of “My worst day in the angiosuite - lessons learned” and a workshop on TEVAR also took place. IDEAS also hosted a video learning session – “Complex endovascular aortic interventions: how I do it.”

The virtual exhibition

The CIRSE 2020 Summit exhibition was a highly interactive online experience, allowing participants to browse product information, view demos, and talk to industry representatives at any time that was convenient from them.

Summit-goers were also able to visit virtual meeting rooms in order to take advantage of industry learning centres and participate in group or individual discussions with industry partners. As during in-person congresses, live satellite symposia were featured in the programme during the lunch hours each day.



All Summit content is now available through the CIRSE Library!



The first results from CIRSE's observational studies were presented at a Hot Topic Symposium.

> CIRSE registries

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. In a hot topic symposium moderated by P. Pereira, the results of these three studies were presented during the summit.

After the opening from moderator P. Pereira, S. Evrard spoke on the importance of observational studies and the position of medical societies. His points included information about what observational studies can bring that RCTs cannot, how these studies are essential to IR, and the potential of medical societies to sponsor observational studies.

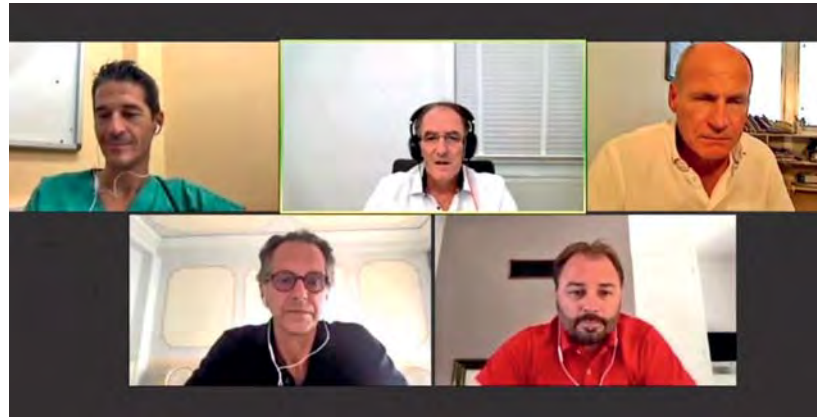
therapies. Various European medical centres already use this therapy to treat liver tumours. The registry aims to investigate the real-life application of SIR-Spheres microspheres on a multinational scale.

Data collection was completed as of December 31, 2019. 1,036 patients have been included in the study, representing 8 countries and 27 hospitals, making it the largest prospective multicentre observational study on TARE.

CIREL

CIREL is a European-wide prospective observational (non-interventional) study that gathers data on transarterial chemoembolisation (TACE) using LifePearl Microspheres loaded with irinotecan (LP-IRI) in patients with colorectal cancer (CRC) with liver metastatic disease.

CIRT is the first of CIRSE's registries to finish data collection.



CIRSE 2020
SUMMIT

CIRT

CIRT Chairperson T. Helmberger presented the registry's results during the summit in a lecture covering the objectives and study design of CIRT, the main results, and the strengths and limitations. He presented the study's key findings – that in a real clinical setting, TARE is considered as part of a palliative treatment strategy across indications and provides an excellent safety profile.

CIRT is a European-wide registry that aims to prospectively collect data on SIR-Spheres

The registry observes the real-life use of the device in the context of the patients' entire cancer treatment and collects extensive data regarding safety and toxicity, efficacy and treatment-related quality of life. CIREL spans the continent and aims to enrol up to 150 patients over an initial period of two and a half years and with a minimum follow-up of 12 months is projected to end in February 2022.

R. Iezzi presented the first results - the interim analysis confirms in a prospective analysis the feasibility of the study, with an acceptable toxicity profile.

Some of CIRSE's leadership was able to be on-site for a live studio in Vienna.

CIRT-FR

R. Loffroy presented the interim analysis from CIRT-FR.

In France, SIR-Spheres are listed as reimbursable by the national health authorities (Haute Autorité de Santé [HAS]). In order to evaluate the reimbursement after five years, all patients treated with SIR-Spheres will be entered into a registry that collects data on the real-life clinical application of SIRT and reports to the national authorities.

This interim analysis demonstrates that data regarding safety and quality of life generated by randomised controlled trials is reflected when assessing the real-world application of TARE.



Online congress, live studio – a toast to 35 years!

Though it wasn't possible for us all to meet in person, favourable conditions in the summer allowed some of CIRSE's leadership to be on-site in Vienna to provide commentary on the Summit from a live studio. CIRSE President A. Gangi, Vice-President C. Binkert, Treasurer P. Pereira, Scientific Programme Committee Chairpersons T. Kröncke and A. Hatzidakis, and IDEAS Co-Chairperson Eric Verhoeven were on hand to welcome, commentate and discuss during the live days of the summit.

All videos from the summit studio may be viewed here.

During the opening ceremony, several of CIRSE's former presidents joined us remotely for a toast to 35 years of CIRSE.



[Click here to read more about the last three and a half decades of our society.](#)

Looking forward

Summit registrants have exclusive access to all CIRSE 2020 content until March 2021 – if you missed out the Summit, [click here to sign up for post-summit registration](#) including access to all CIRSE 2020 content through the CIRSE Library.

The Scientific Programme Committee is already hard at work planning and preparing for CIRSE 2021 in Lisbon – we look forward to seeing you there!



We hope
to see you
in Lisbon for
CIRSE 2021!

ECIO VIRTUAL

This unique online event has already engaged more than 1,200 oncological professionals on the latest developments in interventional oncology.

ECIO Virtual

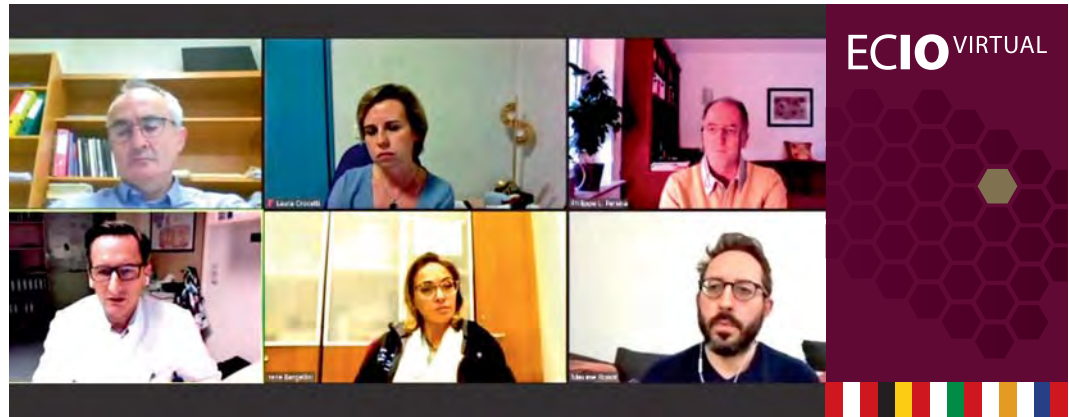


After making the decision to first postpone, and then eventually cancel ECIO 2020 due to the continuing uncertainty surrounding the COVID-19 pandemic, the ECIO Scientific Programme Committee, led by Alban Denys and Phillippe L. Pereira, knew they still needed to provide the interventional oncology community with high quality education for the ever-evolving field. As a result, they initiated the ECIO Virtual webinar series which streams live on four separate dates to share the field's latest information with oncology professionals from around the world. In addition to the live events, specially designed on-demand content is also made available to registrants.

The series started in November 2020 and will continue until February 2021, with each webinar featuring live sessions as well as exclusive on-demand content. Each of the instalments has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 3 European CME credits (ECMEC®s) for live participants.

With more than 1,200 attendees already registered, this unique initiative continues to expand its reach with every live stream!

The series will continue through February 2021.



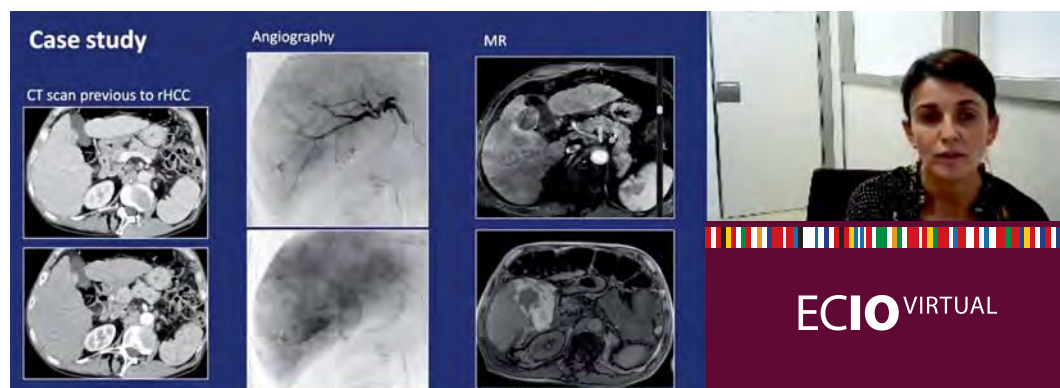
TOPICS ALREADY EXPLORED

Hepatocellular carcinoma

The first webinar focusing on hepatocellular carcinoma aired on November 4, 2020 and featured discussions led by an international, expert faculty. All sessions concluded with a live panel discussion, giving the attendees the opportunity to ask questions and interact with the presenters on the spot, providing optimal learning opportunities for both attendees and faculty alike.

Moderators L. Crocetti (Pisa/IT) and M. Fuchs (Munich/DE) guided participants through the first session which covered everything from classification to treatment of hepatocarcinoma. As part of this session, A. Vogel (Hanover/DE) discussed the latest data related to HCC and systemic treatments in 2020, emphasising the importance of identifying patients for curative therapies, recognising when to switch from local to systemic therapies and the promising future of IO based combinations.

More than 150 presentations are already available on-demand!



The second session moderated by R. Lencioni (Pisa/IT) and K. Malagari (Athens/GR) explored patient management. A lecture led by M. Burrel (Barcelona/ES) discussed management and outcomes first using a case study example and then going into some of the latest data on the topic.

Colorectal cancer and cholangiocarcinoma

Airing on December 2, 2020, the second instalment of the ECIO Virtual series took a deep dive into the current therapies and techniques for treating colorectal cancer and cholangiocarcinoma.

Moderated by field experts D. Arnold (Hamburg/DE) and P.L. Pereira (Heilbronn/DE), the first session focusing on metastatic colorectal cancer featured many discussions between key

leaders in the field, as well as participants who were invited to interact and ask questions. One lecture facilitated by A. Denys (Lausanne/CH) discussed the latest research on the role of combined approaches in extend curative treatment options for patients.

P.L. Pereira and T.K. Helmberger led the second session on cholangiocarcinoma, exploring imaging, staging and the latest treatments for the disease. In one such lecture, K.P. van Lienden (Amsterdam/NL) gave an overview of percutaneous ablative treatments of PCC and mass forming cholangiocarcinoma.

If you missed these sessions, be sure to check them out on demand!
More than 150 presentations are already available in the CIRSE Library.



Registration
is free for
CIRSE members!



Don't miss these upcoming events!

> Instalments still to come

Lung and renal tumours

January 27, 2021, 15:00-19:30 CET

The third instalment of this webinar series will hone in on two important areas in interventional oncology, primary lung tumours and renal cancer ablation. T. Kröncke (Augsburg/DE) and J. Palussière (Bordeaux/FR) joined by an international faculty will facilitate the first session, discussing:

- Biopsies of lung tumours
J.-Y. Gaubert (Marseille/FR)
- Stage I surgery: sub lobar, VATS, robotics and results
C. Wimmer (Heidelberg/DE)
- Early-stage tumours: indications & limitations of SBRT
S. Heymann (Strasbourg/FR)
- Early-stage tumours: results of thermal ablation
R.D. Suh (Los Angeles, CA/US)
- Oligometastatic lung cancer: optimal management
C. Sofocleous (New York, NY/US)
- New concepts in lung cancer
C. Ottensmeier (Southampton/GB)

The second session within this webinar, moderated by D. Breen (Southampton/GB) and A. Bex (Amsterdam/NL) will explore both surgical and interventional approaches to some of these ever-important topics in renal cancer ablation:

- T1 renal disease: scope of the problem
E. de Kerviler (Paris/FR)
- How to manage renal cancer syndromes
E. Woodward (Manchester/GB)
- Ablation and surgery: functional impact?
O. Graumann (Odense/DK)
- Surgery for T1 renal tumours: current trends
A. Bex (Southampton/GB)
- Optimising renal tumour ablation
D.J. Breen (Southampton/GB)
- Renal tumour ablation: avoiding complications
G.D. Schmit (Rochester, MN/US)

Musculoskeletal – curative and palliation therapies

February 24, 2021 15:00-19:30 CET

The last but certainly not least important ECIO Virtual webinar will focus on curative and palliation therapies for musculoskeletal cancers. The first session moderated by A. Gangi (Strasbourg/FR) and M. Callstrom (Rochester, MN/US) will explore the latest in curative treatments for oligometastatic bone disease with a number of key speakers.

- Who is the ideal candidate for local treatment?
M. Callstrom (Rochester, MN/US)
- SBRT – results for complete local remission
S. Heymann (Strasbourg/FR)
- Ablation tools and how to use them
J. Jennings (St. Louis, MO/US)
- Avoiding complications: tips and tricks
R. Cazzato (Strasbourg/FR)
- Results of ablation
R.-T. Hoffmann (Dresden/DE)
- Challenges in imaging follow-up: ablation vs. SBRT
A. Kelekis (Athens/GR)

In the second session, moderators J. Jennings (St. Louis, MO/US) and A. Kelekis (Athens/GR) will take us through some important discussions on MSK palliation in the pelvic bone:

- Biomechanics and anatomy of the pelvic bone
J. Garnon (Strasbourg/FR)
- Clinical and radiological evaluation
S. Bauones (Montreal, QC/CA)
- Surgery: what is feasible and what is reasonable?
M. Jayankura (Brussels/BE)
- Percutaneous cementoplasty
A. Kurup (Rochester, MN/US)
- Percutaneous screw fixation
F. Deschamps (Villejuif/FR)
- When and how to ablate
D. Filippiadis (Athens/GR)

Be part of the live events!

As always, the sessions will conclude with a live Q&A, so be sure to be there live and ready to participate! Not yet registered? Click here to browse the full programme and get yourself registered today!

In order to ensure the safety of our members, ECIO 2021 will take place as an online event.

ECIO 2021: IO goes online



The European Conference on Interventional Oncology 2021, will take place online from April 10-13, providing the same high-quality sessions and global platform for research exchange that have come to be expected of the meeting.

In spite of the challenges of this year, the ECIO leadership is proud to say that interventional oncology has still managed to prosper. IRs worked to further trials and registries, to increase interdisciplinary cooperation, and to continue providing minimally invasive solutions to cancer patients.

The ECIO Scientific Programme Committee has been hard at work planning an extensive programme encompassing the full scope of interventional oncology in a convenient, interactive format. Included topics will range from clinical subjects and well-established therapies all the way to experimental approaches and the latest study results.

All currently available therapies for colorectal cancer and interventional treatments for metastatic CRC will be examined. Treatment of renal and adrenal disease will be discussed in two basic courses and a clinical focus session. A dedicated AI in IO session will scrutinise how artificial intelligence can help in diagnostics and response prediction, as well as many other aspects of robotics and AI systems.

One of interventional oncology's hottest topics, immune-oncology, will also be prominently featured in our programming, with a "What's new" session looking at various aspects of this

promising field. Also of particular note is the "How I do it" video learning session, which will feature six outstanding cases giving insight into experienced operators' tips and tricks, and the very topical "Interventional oncology and COVID-19" session.

An added focus on technology innovations will complement the scientific programme, with all major manufacturers hosting industry symposia and presenting the latest data on the devices and materials we use every day. All sessions and industry symposia will feature plenty of time for an interactive discussion between lecturers and viewers, who are encouraged to submit their questions and contribute to the debate.

Make sure to also let your tumour board colleagues know about this great opportunity to better get to know what interventional radiology can do and how we can better work together for the benefit of our patients! With all content conveniently online, there has never been a better opportunity to easily include your colleagues.

Abstract submission is open!

Accepted formats for submissions include scientific abstracts, educational abstracts, and case reports. This will be the second year that the congress will allow attendees to submit abstracts in the form of case reports in order to encourage a wide variety of submissions. Abstract submissions for ECIO 2021 will be open until January 11. Submit your work now!

We look forward to seeing you online in April!

**Make sure
to invite your
tumour board
colleagues!**

CIRSE maintains longstanding partnerships with many publishers and media outlets who work to disseminate the latest news and information to the medical community through their online platforms and journals.

CIRSE Media Partners



Diagnostic Imaging



DIEurope is the pan-European resource for news, analysis and trends in diagnostic and interventional radiology and technical developments in medical imaging. The publication reaches a combined print and digital audience of 21,000 EMEA radiologists.

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touchONCOLOGY is proud to be at the forefront of on-demand and virtual formats, pushing the boundaries for online medical education. Watch highlights and coverage from leading international ONCOLOGY congresses and read the latest articles from our peer-reviewed therapy journals and unique expert insights developed for touchONCOLOGY.

Endovascular Today Europe



Endovascular Today Europe is the premier publication for all specialists engaged in endovascular therapies. Published 7 times a year with a weekly e-news, each issue of Endovascular Today Europe features timely articles on new techniques, clinical trial results, case studies, and advances in technology for endovascular practitioners.

Thieme



Thieme offers several journals in the field of interventional radiology including Seminars in Interventional Radiology, Digestive Disease Interventions, Journal of Clinical Interventional Radiology. We publish peer reviewed topic-specific reviews, original research, guidelines, and brief reports. We also welcome submissions for Open Access publication.

Browse some
of our partners
to find out more.

Interventional News



Interventional News is an independent, global news source for interventionalists, covering late-breaking trials, industry updates, and commentaries from leading physicians. Steered by editors-in-chief Andy Adams and Brian Stainken, the publication exists as a quarterly print issue and online (interventionalnews.com), where you can find video interviews and live coverage of the biggest IR congresses. Stay informed with fortnightly e-newsletters direct to your inbox.

EUROPEAN CONFERENCE ON EMBOLOTHERAPY

A blue circular graphic with a dotted white border. Inside the circle, the words "SAVE THE DATE!" are written in a white, bold, sans-serif font, arranged in three lines and slightly tilted.

CIRSE 2020 SUMMIT

CIRSE Library topic packages



These topic packages showcase the wealth of CIRSE's online material in individual contexts.

Compiled and regularly updated by the CIRSE Online Education Committee, CIRSE Library packages showcase the wealth of CIRSE's online material in individual, topic-focused contexts. Each package consists of a selection of presentations from CIRSE events, as guidelines and further reading.

Lymphatic interventions

Compiled by A. Basile, this topic package includes some of the most interesting sessions on lymphatic intervention from the Summit to demonstrate how interventional techniques for the lymphatic system can provide new and effective treatment options for existing and sometimes not very well-known medical conditions.

Ruptured abdominal aortic aneurysms

Ruptured abdominal aortic aneurysms represent a challenging vascular emergency with high mortality rates. This package includes up-to-date knowledge on the outcomes of both open and endovascular interventions, exploring the advantages of EVAR and also the challenges for performing EVAR in emergent cases. Presentations also discuss technical and logistical considerations, organisational issues, safety measures and top tips on maximising technical success – compiled by M. Hamady, this is a must-see package for anyone conducting aortic interventions!

Aortic arch interventions

Due to its complexity, the aortic arch poses a challenging environment to TEVAR durability. With the durability of endovascular aortic repair under continuous scrutiny, it is more important than ever to be aware of all relevant data, guidelines and the continuously evolving intervention solutions in order to be able to provide the best possible care for patients suffering from aortic pathologies.

The presentations and scientific debate included in this topic package compiled by M. Hamady are a rich source of information to help practitioners choose the best intervention tailored to their patient's needs.

Update on DCB therapies

In 2018, Katsanos et al. signalled an increased risk of death following the application of paclitaxel-coated balloons. However, real-world data with long-term follow-up do not confirm this increased mortality signal with paclitaxel-based devices. New fields of investigation continue to open, examining both coating drugs other than paclitaxel and surface dose.

This topic package, compiled by M. Rossi, combines a selection of the best presentations on this topic from the CIRSE 2020 Summit to stay up-to-date in the changing landscape of DCB treatments!

Prostate cancer

Local therapies for prostate cancer, including percutaneous ablation (mainly cryoablation), HIFU and trans-arterial chemoembolisation, constitute a rapidly expanding field of interventional radiology. In well selected patients, the aforementioned techniques can delay the need for radical treatment, providing therapy associated with improved quality of life in terms of sexual, urinary and rectal function.

This topic package compiled by D. Filippiadis should be enlightening and educational for any IR working in this area.

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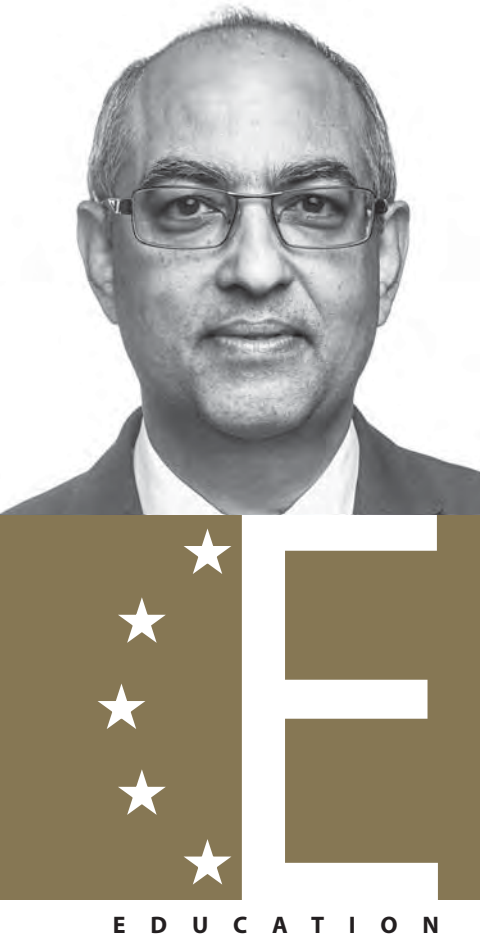
¹Peters et al. (2012) Trends Biomater Artif Organ, 26(2), 110-11. ²Pósa et al. (2010) Catheterization and Cardiovascular Interventions, 76(3), 395-403. ³Kinstner et al. (2016) JACC: Cardiovascular Interventions, 9(13), 1386-1392. ⁴Tacke et al. (2019) Cardiovascular and interventional radiology, 42(11), 1513-1521. ⁵Cildag et al. (2016) JPN J RADIOL, 34(10), 700-704. ⁶Troisi et al. (2018) Minerva cardioangiologica, 66(3), 233-237. ⁷Yildiz (2019) Cardiovasc Intervent Radiol, 42(5), 685-692.

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 Eurocor

From January 2021, the EBIR will be offered in a new remote format!



IRs can take the remote, online-proctored EBIR examination on their own laptop or desktop computer anywhere in the world.

Meeting challenges with progress – EBIR remote examinations

The EBIR exam has always adapted to keep up with the rapid advancements in IR. Now, due to the situation surrounding the COVID-19 pandemic, the EBIR is taking even greater strides to ensure the exam remains accessible to IRs worldwide by offering the exam in a new, online-proctored format! In January 2021, the first fully remote examination will take place. Learn more about this new set up.

What is a remote, online-proctored exam?

IRs can take the remote, online-proctored EBIR examination on their own laptop or desktop computer anywhere in the world. Candidates take the exam alone in a closed room and are supervised remotely using online proctoring software for the duration of the exam. Online proctoring is a form of digital supervision of exams during which no invigilator is present. Candidates are monitored during the examination via webcam and microphone on their own devices. After the exam, the recorded images, audio and screen activity are reviewed to provide a countermeasure against any possible violations during the exam.

.....
"In 2019, the EBIR exam became a fully digital format examination to further enhance the overall quality of the examination, and to also significantly improve access to this prestigious examination for candidates throughout the world. This year, we've focussed our resources on sourcing a state-of-the-art pathway to offer this valuable credential to IRs around the globe. Now, thanks to the new remote, online-proctored format, IRs can certify their experience from remote venues, including the comfort of their own home."

R. Uberoï
 EBIR Chairperson

What will candidates need in order to take a remote, online-proctored EBIR exam?

Candidates will need a laptop or a desktop computer as well as a smartphone or tablet device. Their computer and smartphone (or tablet) will need to have a functioning camera and microphone. A steady internet connection is an essential prerequisite for the entirety of the exam. Before the examination takes place, candidates will have to complete a system check to can troubleshoot any issues beforehand and ensure they are prepared for the exam.

During the exam

Candidates will be given clear, step-by-step instructions on how to begin the proctoring process before they begin their exam. An identification check is done, as well as a scan of the candidate's environment using their smartphone or tablet before the start of the exam. Once this is completed, the candidate is given access to the exam. If any issues arise with the proctoring software during the exam, candidates have access to a live chat support.

To learn more about the remote, online-proctored EBIR examination format and eligibility criteria, visit the CIRSE website at www.cirse.org/ebir

Upcoming remote examinations:

- March 3 | 08:00 CET (Central European Time)
- September 24 | 08:00 WEST (Western European Standard Time)

Plenty of online learning resources are available at the CIRSE Academy or the CIRSE Library to help you prepare for the examination. To find out more, go to academy.cirse.org and visit library.cirse.org

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