1/2021



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An update from KSIR MEETING

Get ready for ECIO

EDUCATION

The new ETF leadership

# WELCOME TO ECIO 2021

Cardiovascular and Interventional Radiological Society of Europe

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Editorial Board: CIRSE Executive Committee | Managing Editor: Elizabeth Wenzel, CIRSE Office Graphics: LOOP.ENTERPRISES media, www.loop-enterprises.com

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IR News is designed to provide information on the activities, congresses and educational ventures of the Cardiovascular and Interventional Radiological Society of Europe (CIRSE). While the information in this publication is believed to be true, neither the Editorial Board nor the Editorial Team can accept any legal responsibility for any errors or omissions made. All contributors are responsible for ensuring that submitted articles are their own original work. Contributed articles do not necessarily reflect the views of the IR News or of CIRSE.

CIRSE has started 2021 strong with more educational offerings and opportunities than ever before!

### Dear colleagues,



We are already several months into 2021 and the interventional year is well underway. As happy as we are to be able to put 2020 behind us, the now-too-familiar challenges of last year persist and continue to shape our lives in both our personal and professional realms. Nevertheless, the light at the end of the tunnel has appeared! With more and more vaccinations every day, we eagerly anticipate the day that we can all meet again.

#### See you online - for now!

The end of the pandemic is in sight, but we still must proceed with caution. Many countries still have not been able to open their boarders, hotels remain closed, and travel remains uncertain. With these things in mind, both ECIO 2021 and ET 2021 will take place online. We have taken all that we learned though the CIRSE Summit and improved the platform even further to ensure the very best online educational event possible, bringing you all of the formats and knowledge you expect in a convenient online platform. Flip to page 14 to learn more about ECIO 2021, and to watch several videos giving you a sneak preview.

CIRSE has continued to expand its online offerings throughout the previous year as well, and the coming pages also detail the CIRSE webinar series, ECIO virtual, and exciting new webinars for trainees and students. I encourage you to visit the CIRSE Library to further explore state-of-the-art IR online education.

The CIRSE All-Access Pass is still available! This pass includes the entirety of CIRSE's 2021 congresses, courses, webinars, and online learning tools, including the CIRSE Academy and the CIRSE Library, to ensure that your year in IR will be worry-free.

#### Updates from our community

Of particular note, this edition contains interviews with several of our esteemed members from around the

world. In advance of the CIRSE meets KSIR session in September, Dr. Je Hwan Won, president of the Korean Society of Interventional Radiology, gave us an update on the status of IR in South Korea and what we can look forward to from KSIR in the near future. You can read the interview on page 2.

On page 16, Dr. Dr. Yasuaki Arai, former president of the Japanese Society of Interventional Radiology and moderator of the upcoming ECIO meets JSIR session at ECIO 2021, spoke to us on the triumphs and challenges of IO in Japan and his hopes for the future.

We also spoke to several presenters in advance of CIRSE 2021 to get a preview of what we can look forward to in September. Some of these interviews can be found on page 20 – look for more from this series both in the summer edition of IR News and on our social media platforms.

#### **Education**, innovation

The pandemic has necessitated quick actions and innovations to ensure that IR education never stops. One such innovation: the EBIR held its first fully remote exam in January! This new remote format not only ensured that the EBIR could take place, but made it more accessible than ever. Flip to page 23 to read more.

At the forefront of advocacy and education for European IR Trainees, the European Trainee Forum passes the leadership torch on to new members every three years. A detailed interview on the history of the ETF and the new leadership's ambitious plans for the future can be found on page 24.

I hope you enjoy this edition of our newsletter and look forward to learning, collaborating, and sharing with all of you in the coming months.

Afshin Gangi CIRSE President

#### **CIRSE GROUP MEMBERS**

We caught up with Dr. Je Hwan Won, president of the Korean Society of Interventional Radiology, to learn more about KSIR and the status of IR in Korea.

## CIRSE meets KSIR – The Korean Society of Interventional Radiology

## CIRSE: Can you tell us a little bit about the history of your society?

**Won:** The origin of interventional radiology in Korea traces back to 1958 when the National Medical Centre first performed cardiac angiography, aortography and splenoportography with the assistance of medical practitioners from Scandinavia. Dr. Man Chung Han of the Seoul National University Hospital introduced cardiovascular angiography to Korea in 1971 after his return from a stay in the United States. In 1978, Dr. Han also introduced the concept of IR in the Journal of the Korean Society of Radiology under the name of "active radiology", presenting new procedures such as biliary stone removal, biliary drainage, Gl bleeding control and hepatic artery embolisation.



KSIR is one of CIRSE's longest-standing group members. The first CIRSE meets KSIR session was in Nice in 2005!

In 1988, 25 radiologists founded the Korean Society of Interventional Radiology (KSIR). We started performing various interventions for liver cancer in the 1980s, and the outcomes were reported in the Journal of the Korean Society of Radiology. Innovations in stent technology were made by Korean IRs as they developed gastrointestinal stents in the 1990s. Extensive research activities and clinical experiences related to GI stents led to the establishment of the Society of Gastrointestinal Intervention in Korea in 2007, allowing physicians, radiologists and surgeons to exchange views and information on digestive and biliary disease.

The Asian-Pacific Society of Cardiovascular and Interventional Radiology was established in Singapore in 1991, and its first congress (APSCVIR) was held in Seoul, Korea, in 1993. Dr. Man Chung Han chaired the inaugural congress, which brought together participants from 22 countries (mostly from the Asia-Pacific region) and greatly contributed to the advancement of interventional radiology in the region. Currently, KSIR consists of 340 active members working at over 120 hospitals across the country.

#### CIRSE: What's new for KSIR this year and in the coming years? Is there anything particularly exciting you'd like to share with us?

Won: Since 2002, we've held an International Intensive Course for IR (IICIR) which provides practical, hands-on education in the Asia-Pacific region. Since then, more than 720 trainees, mainly from Asia, have participated. The purpose of IICIR goes beyond delivering knowledge and aims to provide an opportunity for young interventional radiologists to socialise, exchange their experiences and ultimately develop new friendships. We had a virtual meeting this year due to the COVID-19 pandemic, but in-person meetings will resume next year as usual.

KSIR also holds the Image-Guided Endovascular Therapy (IGET) meeting annually. It contains live demonstrations and lectures on vascular intervention by interventional radiologists, providing our society members with the opportunity to enhance their knowledge and skills in peripheral vascular intervention. From next year, we plan to transform IGET into an international meeting by increasing the number of meeting days and inviting renowned speakers from around the world. We hope that IGET will become an Asian vascular meeting operated by IRs, focusing on IR topics. Eventually, we hope to make a network of Asian IR vascular specialists.

APSCVIR will be held again in Korea in 2023, returning for the third time since it was first held in Seoul 20 years ago. KSIR would like to use this as an opportunity for APSCVIR to experience qualitative improvements based on close solidarity and participation from Asian countries. I hope that APSCVIR can establish itself as a globally recognised international conference beyond Asia.

CIRSE: The last year has been challenging for all of us – can you tell us about the response of Korean IRs with regards to the pandemic?



Won: Routine clinical work has not been changed. It's been an opportunity to learn and exercise stricter infection control measures. However, academic meetings were substantially restricted over the last year, with some of our conferences being cancelled or held on a smaller scale. As a result, interactions among KSIR members have been significantly reduced. In particular, it's been very unfortunate that new IR fellows could not participate in various educational programmes and that opportunities to acquire the most up-to-date knowledge have been limited. In response, KSIR is building a virtual platform for online educational programmes and has established small study groups for various fields, including lymphatic intervention, PAE, and TAME. Each study group plans to host webinars and practical workshops to share knowledge and interesting cases.

## CIRSE: What do you feel that IRs around the world can learn from Korean IRs?

**Won:** KSIR is a relatively small society – but its small size allows us to interact more closely with each other, which has been a KSIR tradition dating back to when a small number of radiologists formed a group to practice interventional procedures under the name of "active radiology". Since that day, KSIR has held small meetings and IR case clubs where members share their experiences and expertise. Such intimacy among peers is shown in daily clinical practice, where members are willing to collaborate for both clinical or academical purposes.

KSIR holds on to its roots as an Asian IR society where procedures that were either developed in or are widely performed in Asia are of common interest to our members. For example, conventional TACE is more commonly performed than DEB-TACE or SIRT. Plug-assisted retrograde transvenous obliteration (PARTO), which was developed in South Korea, is widely performed along with balloon-occluded transvenous obliteration (BRTO) – another Asia-born procedure – to treat variceal bleeding. KSIR is fast to adapt to current trends, such as lymphatic intervention, PAE, and TAME. Recently, private IR practice has gained attention among younger interventional radiologists and UFE, PAE, TAME, and PTA for failing haemodialysis accesses are considered suitable for such a practice model. There is a growing emphasis on the role of IR as a frontline treatment, which will hopefully allow IR to flourish in both academic and non-academic centres.

CIRSE: KSIR has been a CIRSE member for many years – for you, what have been the highlights so far? How do you envision this inter-society collaboration in the future?

Won: Members of KSIR recognise CIRSE as one of the largest IR events in the world, where participants are exposed to a vast amount of scientific information provided by international peers and leading experts from around the globe. Since we became a CIRSE group member, we have enjoyed a steady growth in the participation of KSIR members at CIRSE annual meetings. To date, a total of 128 KSIR members have registered for CIRSE membership. The recent introduction of free discussions around electronic poster presenters from South Korea has provided KSIR with the opportunity to promote our academic potential and to socialise with a larger IR community. KSIR looks forward to more opportunities to collaborate with CIRSE in the future, opportunities that are not only beneficial to KSIR but reciprocally fruitful for CIRSE and its international members. I'm looking forward to a joint session between CIRSE and KSIR focused on topics of common interest.

## CIRSE: What are your current professional interests; and what are you most excited about at CIRSE 2021?

**Won:** Currently, I am specifically interested in improving and optimising peripheral vascular intervention. Many countries see a lot of turf battles in the field of vascular intervention - I think CIRSE has handled many such issues about peripheral vascular and aortic intervention in its annual meetings. At CIRSE 2021, I look forward to watching and enjoying the frontline of IR knowledge and technology as told by experts from all around the world.



Korean Society of Interventional Radiology



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Equipped with a new podcast and a thematic series on paediatric IR, CVIR Endovascular has started the year with enthusiasm.

## Thematic series on paediatric IR

As part of his efforts to raise the profile of paediatric interventional radiology, CVIR Endovascular Editor-in-Chief Prof. Jim Reekers invited Dr. Alex Barnacle and Dr. Anne Marie Cahill to participate as guest editors for the journal's first thematic series dedicated to the important topic of paediatric IR.

As guest editors, they commissioned four articles inviting world-renowned PIR experts to share their knowledge with the IR community. The articles detail the latest evidence for a range of complex interventions in children, demonstrating current best practices in this highly specialised field.

In an editorial for the thematic series, both guest editors make a call for action: "It is imperative that we strive to eliminate the inequality that means the vast majority of children even in developed countries are denied modern, minimally-invasive, safe, and highly effective IR procedures that are routinely offered to adults. Significant progress has been made in recent years by a small, highly dedicated PIR workforce, but there is still much more to be done."

Find out more about this exciting project in one of the episodes of the CVIR Endovascular Podcast.



#### Dr. Alex Barnacle

Dr. Alex Barnacle is a paediatric interventional radiologist at Great Ormond Street Hospital for Children in London. Her clinical interests include the diagnosis and treatment of vascular malformations and renal stone disease in children.



#### Dr. Anne Marie Cahill

Dr. Anne Marie Cahill is currently at The Children's Hospital of Philadelphia and serves as the Division Chief of IR and Director of Image-Based Therapy for Vascular Anomalies. Her areas of focus include vascular malformation therapy, endovascular therapy of renovascular hypertension and venous thrombolysis. Enjoy browsing through this collection, and feel free to share with your colleagues.

#### EDITORIAL

**Paediatric IR: the evidence for best practice is growing** *Alex M. Barnacle and Anne Marie Cahill* 

#### **REVIEW ARTICLE**

**Vascular anomalies: special considerations in children** *Craig R. Gibson and Alex M. Barnacle* 

#### **REVIEW ARTICLE**

**Renovascular hypertension in children** *Premal Amrishkumar Patel and Anne Marie Cahill* 

#### **REVIEW ARTICLE**

Managing systemic venous occlusions in children Anne E. Gill and Giridhar M. Shivaram

#### **REVIEW ARTICLE**

**Endovascular approaches in pediatric interventional oncology** *Raja Shaikh and Fernando Gomez Munoz* 

#### Listen to the CVIR Endovascular podcast!

Launched in December 2020, the purpose of this podcast is to discuss endovascular and vascular interventions, and promote CVIR Endovascular - CIRSE's open access journal. This will be achieved by highlighting the articles published in the journal, and through interviewing many of the authors and a number of leaders in the field of endovascular interventions.

The podcast, hosted by CVIR Endovascular Editor-in-Chief Prof. Jim Reekers, will published a new episode every other month.

Never miss an episode! Subscribe to the CVIR Endovascular Podcast on Apple Podcasts and Spotify to automatically receive new episodes.



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After a successful interim results publication in 2020, CIRT-FR is already looking forward to the next crucial milestone.

## An exciting year for CIRT-FR



The first interim results from CIRT-FR were published in 2020, and the next steps are underway. Data collected in CIRT-FR will be submitted to the French National Health Authority, HAS, in August 2021 to evaluate if the reimbursement of SIR-Spheres therapy should be extended.

Patient recruitment closed with 333 patients from 14 enrolling centres, and the follow-up period will continue until August 2022.

We spoke to Marine Faure, who is responsible for data entry at CHU Grenoble Alpes.

## CIRSE: Could you please briefly describe your hospital and your position?

**Faure:** The Grenoble Alpes University Hospital is a public health institution that offers highly specialised care and is the first trauma centre in France. It has over 2,000 beds and 9,000 dedicated professionals, including 2,000 doctors and more than 200 non-medical clinical research professionals.

My hospital has a very strong focus on research activities, so it is a great place for me as a clinical studies technician. I have been working here for seven years, and our main mission is to ensure high-quality clinical research by creating protocols and supporting other services, mainly the imaging service.

## CIRSE: How does the workflow for CIRT-FR look at your centre?

**Faure:** The patient enrolment rate usually ranges from 1 to 5 patients per month. If our tumour board decided to treat with radioembolisation, before patients can be enrolled the nuclear medicine physician and radiologist first determine what type of spheres should be used. Then, the nuclear medicine physician and the clinical research associate (CRA) suggest participation in CIRT-FR and explain the study to the patient. Should the patient agree to participate, the CRA first collects the quality-oflife questionnaire and the physician prepares a report collecting all information required for the study.

## CIRSE: What are the greatest challenges in collecting data for CIRT-FR?

**Faure:** While coordinating different disciplines can often be a challenge, here in Grenoble it is not the main aspect I would underline as arduous. We are used to inter-department cooperation in our studies, and usually joining forces works very well for us. However, patient follow-up can sometimes be complicated, especially when patients continue their follow-ups at a different site or leave the country. From my experience, these are the greatest challenges when it comes to data collection.



## If you would like to receive further information on CIRT-FR, please contact:

María Urdániz +43 1 904 2003 52 urdaniz@cirse.org



#### **CIRSE CLINICAL REGISTRY**

We caught up with one North Macedonian centre participating in CIREL

## **CIREL** investigator interview



We spoke with Dr. Aleksandar Gjoreski, CIREL investigator and interventional radiologist at the Department for Diagnostics and Interventional Radiology, City General Hospital "8<sup>th</sup> September", North Macedonia, on his participation in CIREL and expectations for the results.

## CIRSE: Could you tell us a bit about your hospital and IR department?

**Gjoreski:** With 400 beds, my hospital is the second biggest in Skopje, the capital of North Macedonia. Our IR division is part of the Department for Diagnostic and Interventional Radiology and consists of a well-coordinated team.

#### CIRSE: The CIREL interim results have shown that irinotecan-eluting TACE was not only used as a salvage therapy. Can you explain your centre's patient selection and enrolment process?

**Gjoreski:** We usually have an MDT meeting on treatment options for colorectal cancer patients every two weeks with our colleagues from clinical oncology, digestive surgery and gastroenterology. Most of the patients have previously been treated with at least two different lines of systemic chemotherapy and were then referred to us for irinotecan-eluting TACE, whether as a consolidation therapy or simply to enable a "chemo holiday". We perform LP-IRI as a first-line treatment only in a few exceptional cases. Our oncologists are quite enthusiastic regarding any kind of clinical investigation and were more than happy when we entered CIREL.

## CIRSE: What are your expectations for the final results?

**Gjoreski:** My expectations are high in terms of gaining additional information about this treatment and its effectiveness in a large, Europe-wide sample.

As an intra-arterial option, irinotecan-eluting TACE has struggled from the beginning to find its proper place among many other treatments for colorectal cancer liver metastases. Several studies have shown that it is a safe and effective technique in well-selected cases, and CIREL will have a large impact on the future of this treatment modality in both clinical and procedural aspects.

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



**Gjoreski:** In my opinion, societies like CIRSE are the most appropriate source of professionals who can create a study with great scientific value. Independent clinical research conducted by scientific societies is of great importance for establishing our treatment options among other clinicians and helps us incorporate our strategies in their guidelines.

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

**Gjoreski:** This is the most difficult question, because we have many great dishes. If I had to pick only one then it would be fish, a trout from the lake of Ohrid, simply because it is very delicious, healthy and easy to cook at the same time. Maybe a bottle of nice Macedonian wine as well...

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

Bleranda Zeka | CIRSE Office +43 1 904 2003 98 zeka@cirse.org or visit **clinicaltrials.gov**  Following seven years of work, real-life clinical results from three of the CIRSE-sponsored studies were presented to the medical community for the first time in 2020.

## CIRSE-sponsored research outcomes make a splash in the medical community

CIRSE was hard at work in 2020 ensuring a timely and effective dissemination of the clinical outcomes to the IR community. The CIRSE sponsored prospective observational studies CIRT (CIRSE Registry for SIR-Spheres Therapy), CIRT-FR (CIRSE Registry for SIR-Spheres Therapy in France) and CIREL (CIRSE Registry for LifePearl Microspheres) all published and presented their longanticipated results, painting a compelling picture of the real-life clinical application of radioembolisation and chemoembolisation in Europe.

The hallmark presentation was the Hot Topic Symposium, "Clinical Research in IR" at CIRSE 2020, where the final data from CIRT was presented alongside interim analyses from CIREL and CIRT-FR. Prof. Serge Evrard (surgical oncology, Institut Bergonié, Bordeaux, FR) provided the audience with valuable insights on the importance of observational studies by drawing parallels between surgical experiences and the challenges IRs experience in persuit of clinical research.

CIRSE is also proud to report that the efforts that interventional radiologists put into these studies were recognised by the broader international medical community: subgroup analyses on the intrahepatic cholangiocarcinoma cohort were well-received by the American ASCO-GI and SIO congresses, where the results were presented as a poster and an oral presentation, respectively. The cohort of neuroendocrine liver metastases was successfully submitted to ENETS, and ESMO Breast has accepted our data on the use of SIR-Spheres in breast cancer liver metastases. Finally, CIRSE members were able to discuss the data from CIRT and CIREL at MIO-Live 2021, alongside a presentation of the currently enrolling CIEMAR (CIRSE Empring Microwave Ablation Registry). We trust that our ongoing submissions of our hepatocellular carcinoma and metastatic colorectal cancer cohorts will be just as successful.

Finally, we are very excited for the presentation of the use of TARE in uncommon pathologies at ECIO 2021. Using the CIRT data, Prof. Thomas Helmberger (Klinikum Bogenhausen, Munich, DE) will explore the use of TARE in indications that are rarely treated with TARE, providing a unique insight into the clinical context and outcomes of this treatment in these rare contexts. In addition, we are keen to see the poster detailing the CIREL data on periprocedural medication and quality of life. Don't miss this poster!

#### ECIO 2021

#### Sunday, April 11, 2021, 10:15-11:00 CEST FP 701 Free papers

701.5 Application of trans-arterial radioembolization in uncommon pathologies: exploratory outcomes from the CIRSE Registry for SIR-Spheres Therapy (CIRT)

Find a complete overview of presentations and abstracts on the website.



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

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IASIOS offers IO facilities the opportunity to demonstrate their fulfilment of the CIRSE Standards of Quality Assurance in IO.

## IASIOS – Public launch in April 2021!



The first accreditation system for interventional oncology services is concluding its pilot phase with flying colours and ready for public launch. A fully digital system, tested and optimised over the past two years, stands ready for facilities who are eager to showcase their commitment to providing high-quality care to cancer patients, as well as to continually improving and expanding their services.

The International Accreditation System for Interventional Oncology (IASIOS) offers IO facilities the opportunity to demonstrate their fulfilment of the CIRSE Standards of Quality Assurance in IO. These standards 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. It is 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, 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.

#### **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 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 three hospitals successfully achieved IASIOS Accredited Centre status. These include the Strasbourg University Hospital in France, Anadolu Medical Center in Turkey and Institute Bergonié in France. An additional three facilities are on track to be accredited before the public launch in the end of April, resulting in an impressive completion rate of nearly 60% during the pilot phase.

The group of pioneering facilities that joined the pilot phase have been pivotal in the development and finetuning of this unique and far-reaching accreditation programme in the field of IO.

#### **IASIOS public launch and open enrolment**

The public launch of IASIOS is planned for April 26, 2021, at which time all facilities worldwide that offer IO services can apply for IASIOS accreditation, regardless of size or location.

Centres that enrol 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.

For more information, visit www.iasios.org

#### INTERNATIONAL ACCREDITATION SYSTEM FOR INTERVENTIONAL ONCOLOGY SERVICES

Peer-review is undeniably the essence of scientific publishing, especially for medical journals.

## **Reviewing for CVIR**



We rely on the information provided to us in medical journals, in part because we know it has been through the scrutiny of peer-review before any decision about publication is made.

Each year, all of us seem to have more work and more extracurricular commitments; time has become a scarcity, and its trickier than ever to dedicate time for journal reviewing. However, scientific publishing cannot thrive without this component, and it's vital to think about the connection between authors and reviewers as a reciprocal one: If I am an author, I should be a reviewer, too.

IR needs this reciprocal relationship between reviewers and authors in order to continue producing excellent scientific content which readers can rely on.

CVIR and IR research as a whole depend on the expertise of our reviewers, and the CVIR's editors extend their sincere thanks to all of you who contributed to the journal, whether you are an author, reviewer, reader or critic. 2020 was not easy, but we have managed it together, as a community, and there have been more manuscripts to review than ever!

#### Claim your CME credits as a CVIR reviewer

If you are a CVIR reviewer and you carried out at least two reviews within a year, you can request your certificate for reviews carried out in current or previous years. The certificate can be used to claim CME credits from the UEMS or your corresponding national accreditation body.

Request your certificate from the CVIR Editorial Office at info@cvironline.org or at www.cvionline.org/contact.

#### 2020 in peer-review

Review invitations sent: 3,309 Accepted to review: 1,688 Reviewers utilised: 581 Completed review reports: 1,508 Declined to review: 1,097 Accepted to review, but (probably) forgot about it: 646 Average time needed to complete a report: 9.2 days

#### Apply to become a reviewer!

If you would like to join the ranks of CVIR reviewers, send your CV to the CVIR editorial office, indicating your area of expertise and interest. Please note that you need to have completed your interventional radiology training in order to apply.

## Review articles on artificial intelligence and deep learning

The journal is receiving a growing number of manuscripts on the application of artificial intelligence (AI) and deep learning in IR and is in need of competent reviewers in this field. The journal editors are calling for colleagues with knowledge on the topic who are willing to review articles to contact the Editorial Office.

#### Contact the CVIR Editorial Office at:

info@cvironline.org

#### Follow CVIR for the latest updates!



#### **Top reviewers**

- 1. Ali Alsafi, Imperial College Healthcare NHS Trust, UK
- 2. Marco Das, Helios Kliniken Duisburg, Germany
- 3. Yasuaki Arai, National Cancer Center Hospital, Japan
- 4. Kyung Cho, University of Michigan, USA
- 5. Michael Lee, Beaumont Hospital, Ireland

## NEW FRONT CLOSURE VEST





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## Get ready for ECIO 2021!

## ECIO

Catering to the ever-increasing importance of interventional oncology (IO) within interventional radiology, CIRSE has been organising the annual European Conference on Interventional Oncology since 2008. ECIO 2021 will take place online from April 10-13.

2020 was a difficult year for everyone, affecting nearly every aspect of life and having a huge impact on the medical field. In spite of the challenges, interventional oncology has managed to adapt quickly to the new circumstances.



In this spirit of adaptability, ECIO 2021 has moved online, providing the same educational sessions and platform for research and exchange in a format that is accessible to IOs and their colleagues around the globe.

#### The full spectrum of IO

The ECIO 2021 programme will cover the entire spectrum of treatments interventional oncology can offer to cancer patients, including well-established therapies, such as local ablation for liver tumours, to newer clinical areas, such as immunotherapy.

All currently available therapies for colorectal cancer and interventional treatments for metastatic CRS will be closely examined. A dedicated AI in IO session will focus on how artificial intelligence can help with response prediction, diagnostics, and many other aspects of AI systems and robotics in IO. Additionally, two basic courses and a clinical focus session will discuss the treatment of renal and adrenal disease.

One of IO's hottest topics, immuno-oncology, will be featured through a "what's new" session that will cover several aspects of this promising field. Of particular note, the "How I do it" video learning session will shine a spotlight on six different cases so that viewers may gain insights into expert operator's methods.

A robust industry symposia will complement the scientific programme, placing an additional focus on technology innovations.

#### 50 hours of live programming

140 internationally renowned interventional radiologists, oncologists and surgeons will guide us through this year's programme, providing attendees with 50 hours of live sessions. The programme will stream on two parallel channels throughout the four congress days, making ECIO 2021 the world's most comprehensive platform for interventional oncology education and knowledge exchange.

The online format will allow for many more interventional radiology experts from around the world to join ECIO 2021, add their knowledge, and enhance everyone's learning experience.

#### Taking part has never been easier!

Taking place online, ECIO 2021 will make it easier than ever to introduce your MDT colleagues to what interventional oncology can do for cancer patients. To further increase multidisciplinary cooperation, the Collaborating against Cancer Initiative will make it possible for interventional radiologists to bring their oncologists, gastroenterologists, hepatologists, symposia, and radiation oncologist colleagues to the congress free of charge.

For a different access option, the IO Technology Pass ticket will give all interested parties the opportunity to learn about the latest innovations in IO technology. The ticket will include free access to the virtual exhibition, as well as all satellite symposia, the dedicated technology innovation channel, and the product category search on the ECIO 2021 platform.

#### ECIO sneak peeks

We sat down with some of the leading experts from ECIO to chat a bit about what we can expect from these exciting upcoming sessions.



Saturday, April 10, 2021, 9:30-11:00 CEST CF 101 Metastatic colorectal cancer: when a cure is possible

> Moderators: D. Arnold (Hamburg, DE) J. K. Bell (Manchester, GB)

- 101.1 ESMO guidelines: understanding the principles D. Arnold (Hamburg, DE)
- 101.2 Metastatic CRC: how tumour biology and immunology are impacting curative management *G. Argilés (New York, NY/US)*
- 101.3 Evaluating the background liver: function tests, liver scintigraphy, hepatocyte-specific contrast MRI *R. Duran (Lausanne, CH)*
- 101.4 Liver surgery: new concepts, liver-first approach, LVD and others *N. Demartines (Lausanne, CH)*
- 101.5 Percutaneous ablation: patient selection and quality control are keyA. Denys (Lausanne, CH)
- 101.6 Shrinking and vanishing metastases: problems and solutions D. Goéré (Paris, FR)



#### We look forward to welcoming you to ECIO 2021!



#### Saturday, April 10, 2021, 14:30-16:00 CEST CF 402 HCC: patient management

Moderators: J. Ricke (Munich, DE) B. Sangro (Pamplona, ES

- 402.1 Biology of HCC as a driver for decision making *P. Schirmacher (Heidelberg, DE)*
- 402.2 Ablation: pushing the frontiers L. Crocetti (Pisa, IT)
- 402.3 Bridging to transplantation: what are the best solutions?*R. García-Mónaco (Buenos Aires, AR)*
- 402.4 What could be the role of SBRT and proton in HCC? J. Debus (Heidelberg, DE)
- 402.5 When to switch from local to systemic therapy A. Vogel (Hannover, DE)
- 402.6 The role of IR in advanced HCC. T. De Baère (Villejuif, FR)

#### Sunday, April 11, 2021, 14:30-16:00 CEST

CF 1002 Renal cancer ablation: moving forward

Moderators: T. Bryant (Southampton, GB) F. Cornelis (Paris, FR)

- 1002.1 Epidemiology and case selection issues E. De Kerviler (Paris, FR)
- 1002.2 Robotic partial: always best? A. Volpe (Novara, IT)
- 1002.3 Microwave ablation: the way to go? J. L. Hinshaw (Madison, WI/US)
- 1002.4 Cryoablation: the way to go? D. J. Breen (Southampton, GB)
- 1002.5 SABR for RCC: current status? *M. Bischof (Heilbronn, DE)*
- 1002.6 Guidelines: level one evidence for T1 a and b? A. Bex (Amsterdam, NL)
- 1002.7 Panel discussion

We spoke with Dr. Yasuaki Arai, former president of JSIR, CIRSE Distinguished fellow, and moderator of the upcoming ECIO meets JSIR session.

## ECIO meets JSIR – The Japanese Society of Interventional Radiology

## CIRSE: Can you tell us a little bit about the history of JSIR?

**Arai:** A group of interventional radiologists who would become the predecessors JSIR started meeting together in 1982. The Japanese Society of Interventional Radiology (JSIR) was at last established as our official society in 1996. This society works closely with the Japanese Society of Radiology (JSR) and currently includes 3203 members, 1149 of whom are certified interventional radiologists.



CIRSE: What is the status of interventional oncology in Japan?

Arai: Although IO is recognised to some extent by medical professionals, unfortunately interventional radiology, and therefore also interventional oncology, are not currently well-known within the general population. The status of interventional oncology varies greatly from one institution to another. Some institutions have strong interventional oncologists who are included as tumour board members, but this is not yet the case for most hospitals. For the most part, IOs are contacted by tumour boards when they need additional advice or suggestions. So, it is possible but not common that patients have direct access to interventional oncologists. JSIR is engaged in various activities designed to inform both the medical community and the general public about IR as a whole. Additionally, JSIR publishes the names of institutions that offer IR procedures on its website so that the patients and doctors from other hospitals can find the resources they need.

## CIRSE: What are some things that you feel IOs around the world could learn from IOs in Japan?

**Arai:** Japanese IOs have particularly progressive techniques and knowledge in the field of liver tumour treatment, including palliative care, etc. Also, many IOs in Japan have advanced knowledge of the Angio-CT system, as our major institutions have used this system since the 1990s. We have done various clinical trials and published their results – for example, the use of Lipiodol in TACE for HCC has been approved in Japan by a clinical trial completed in cooperation with Korea, then spread worldwide.

On a more observational note, I personally believe that Japanese people are characteristically good at performing detailed work carefully, it's something we value. But on the other hand, as a whole, we are not good at integrating and systematising the knowledge and techniques that we are so meticulously detailed about on an individual level. If overseas interventional oncologists can learn about and understand Japanese IOs, in the future I hope for their kind assistance in the generalisation and standardisation of IO in Japan.

## CIRSE: Are there any particular challenges that IOs in Japan must face?

#### Arai: There are three.

First is that the approval of devices and drugs is very strict in Japan, so there are various IO devices and drugs that we cannot use even though they are widely used overseas. Examples include radioembolisation, RFA for tumours other than liver tumours, Cryo-ablation for tumours other than small renal tumours, intraarterial administration of MAA, CPT-11, Oxaliplatin and quite a few more. JSIR is, of course, actively endeavouring to improve this situation, but it's still very tough.

The second challenge is that IO is not well known in general, and not well recognised by physicians from other fields, as mentioned above. As a result, there are many patients who should be treated with IO but cannot receive IO treatment. The small number of patients receiving IO in turn results in limited training options for young interventional oncologists.





CIRSE meets JSIR at 2008 in Copenhagen - CIRSE has met JSIR many times before!

Third is the wall of medical oncologists. This is more of a global challenge, and breaking through this wall with a finite amount of evidence is challenging. To combat this, we must continue doing clinical trials to produce evidence that will be widely recognised by medical oncologists.

#### CIRSE: JSIR has been a CIRSE member for many years – for you, what have the highlights of this intra-society collaboration been so far? What do you hope for in the future?

**Arai:** I am very pleased that CIRSE warmly welcomed JSIR as a group member. The goal of IO is to provide better medical care to patients, and that's the same in Europe as it is in Japan and anywhere else in the world. However, the specifics of where, why, and in what form IO is needed vary from region to region. It is strongly influenced by not only the physical differences between people but also by economic conditions, medical systems, insurance options, lifestyle, culture and so on.

As a result, IO develops and evolves uniquely in each region and country, and a so-called "global standard" is not always the best for every individual. So, I think it's of great importance for IO doctors to know and learn about how IO is practiced and thought of in other regions, and to take this knowledge home to improve how they practice IO for their own patients. In particular, there is a big difference in the background between Europe and Asia, so I think there is a lot to learn from each other. I hope that the collaboration between CIRSE and JSIR will establish an attitude of accepting and learning from each other so that we can integrate the most useful, innovative aspects of our collective knowledge.

## CIRSE: What can attendees of the ECIO meets JSIR session expect to learn?

**Arai:** In the ECIO Meets JSIR session, three distinguished JSIR members will talk about the technical innovation of TACE, RFA for lung metastasis, and challenges in clinical trials of palliative IO. Of course, the backgrounds and situations of these Japanese IOs are quite different from those of their European counterparts. Happily, because of these differences, attendees may find new information in their talks that they can take home and apply for their own patients. I would be very happy if you could get to better know JSIR through this session!

#### Sunday, Apr 11, 2021, 09:30 - 10:15 EM 700 ECIO Meets JSIR

Moderators: Y. Arai (Tokyo, JP) A. Denys (Lausanne, CH)

- 700.1 Technical innovation of TACE in Japan *T. Tanaka (Kashihara, JP)*
- 700.2 RFA for lung metastasis K. Yamakado (Nishinomioya, Hyogo, JP)
- 700.3 Challenges in clinical trials of palliative IO: Japanese perspective *M. Sone (Tokyo, JP)*



ET 2021, online from June 17-19, will provide the highest possible quality of educational content, safely accessible for participants all across the globe.

## ET 2021 online



Once it became clear that the European Conference on Embolotherapy (ET) would not be able to take place as planned this year, reconfiguring the in-person event into an online meeting was an obvious choice for ET Scientific Programme Chairs Christoph Binkert and Patrick Haage. Embolotherapy remains one of the core components of the field of interventional radiology, continuously pushing the boundaries of innovation and embracing new clinical applications from year to year.

This year's scientific programme features a wide range of topics presented by renowned faculty, exploring both fundamental and controversial topics, investigating the most recent data as well as real cases, and offering a wealth of knowledge and experience to a diverse group of participants.

#### **Established therapy sessions**

Established therapy sessions will cover the latest updates in some of embolotherapy's most essential topics. Highlights include explorations into PAE and UAE, two of embolotherapy's most recognised treatments, discussing procedural tips, complications, the next developments and much more! This year's programme will also delve into the world of interventional oncology, discussing TACE for primary liver cancer and TARE for colorectal liver metastases. With expert faculty leading these critical discussions, these sessions provide a great opportunity to ask questions and learn from the best.

#### **Special topic sessions**

Special topic sessions will investigate some of the most avant-garde embolotherapy treatments. An especially interesting session will discuss the role embolotherapy can play in treating haemorrhoids, featuring lectures on clinical presentation and treatment options, when to approach the middle rectal artery, the various embolic agents and the current data. This is just one of many special topic sessions, so be sure to check out the full programme to see what's in store!

#### **Case remedy sessions**

Case remedy sessions are another key feature of the programme, engaging in a thorough discussion on some of the most difficult procedures in a variety of areas.

Topics covered this year include thorax/ENT, GI bleeding, venous embolisation before liver surgery and much more. Presented live, these sessions will be highly interactive!

#### **Technical focus sessions**

Harnessing ET's focus on technological innovations, technical focus sessions will investigate both new and established devices and materials. This year's programme will explore the latest in coils and plugs, temporary agents, particles, liquids, microcatheters and microwires, covering the full gamut of technology essential for the field of embolotherapy.



#### Morbidity and mortality conferences

In the Morbidity and Mortality – Bad Day session, experts will present complicated cases which had a negative outcome. The Morbidity and Mortality – Good Day session will feature a panel of IRs presenting cases that involved a serious complication but had a positive outcome.

#### Be sure to join us live!

In addition to the scientific programme, ET 2021 online will also feature a dedicated channel where leading industry partners can present the field's most recent solutions and technologies.

ET 2021's mixture of advanced educational opportunities and in-depth exploration of new technology is what will push the field of embolotherapy even further, bringing embolisation experts from around the globe together to advance this ever-growing field.

We look forward to seeing you online!

#### Browse the programme to find out more!

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\*Cordis Internal Data on File: 2020 Bench Testing Results comparing SABER .035 to Mustang, Armada, EverCross, Dorado, and Ultraverse For Healthcare Professionals Only. Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, suggested procedure, warnings and precautions. As part of its continuous product development policy, Cordis reserves the right to change product specifications without prior notification. CORDIS, Cordis LOGO and SABER are trademarks of Cardinal Health and may be registered in the US and/or in other countries. All other marks are the property of their respective owners. © 2021 Cardinal Health. All Rights Reserved. 100575749 01/2021



#### **CIRSE 2021**

*Preparations are already well underway for CIRSE 2021, taking place September 25-29.* 

## CIRSE 2021: take a first look!

In advance of CIRSE 2021, we've interviewed several presenters to get a glimpse of what we can expect from some of the congress's most interesting sessions. Read on to hear from Dr. Raghuram Lakshminarayan and Dr. Daniel van den Heuvel about what they'll be speaking about in September. Be sure to check out the summer edition of IR News and to watch our social media channels for more interviews!

Focus session: Infrarenal aneurysms: real-life challenges and solutions An interview with Dr. Raghuram Lakshminarayan

## CIRSE: What are some of the most common challenges encountered when treating Infrarenal aneurysms?

Lakshminarayan: The treatment of infrarenal aneurysms should go through a proper MDT discussion. The presence of a team with open surgical and endovascular IR expertise provides the best option for the patient. With endovascular repair, a good seal at the neck, iliacs, and lack of migration in the long term are key factors making the endovascular repair durable. The two common challenges that one encounters are in relation to access vessels and the presence of good sealing zones, especially at the neck.

#### CIRSE: What must be kept in mind during the decisionmaking process between endo and open repair?

Lakshminarayan: The success of endovascular treatment of infrarenal aneurysms is dependent on a combination of factors including aneurysm morphology, patient fitness and device conformability. Long-term durability is impacted by aneurysm morphology and device choice, and these implications need to be considered during the decision to provide an endo or open repair. Undoubtedly, open operation is more physiologically stressful, and relative lack of fitness is a key factor swaying the physician towards an endo option. Patient preference is also important in the decision-making process.

## CIRSE: How do anatomy and stent characteristics affect outcomes?



Lakshminarayan: The durability of EVAR depends on the presence of a suitable anatomy for the appropriate stent graft. Many clinical situations have prompted relaxing these overriding principles and using stent grafts outside their instructions for use (IFU). Whenever the anatomic criteria to suit stent characteristics is relaxed, it is at the cost of long-term durability.

## CIRSE: What difficulties can occur when using stent grafts outside of IFU?

**Lakshminarayan:** Relaxation of the IFU is unfortunately associated with a higher rate of device related problems. The presence of more than one adverse anatomical issue increase the risk of device failure. The options of use of devices outside IFU should involve patient consent and a clear discussion of all available options in an MDT.

## CIRSE: What are some alternative treatment strategies to avoid using stent grafts outside IFU?

Lakshminarayan: The most common reason to use a graft outside the IFU is related to issues around the sealing zone in the aneurysm neck. You can compromise on a lot of issues with EVAR but not with the sealing zones! With better technologies available, an extension to seal above the visceral vessels with fenestrations or branched grafts should be considered. Similar solutions are available with the iliac seal zone too with branched or fenestrated options. The risk of cord ischaemia due to increased aortic coverage and risk to visceral vessels from FEVAR or BEVAR should be balanced against long term durability of infrarenal grafts placed outside the IFU.

#### Focus session: Deep venous arterialisation for no-option CLTI patients An interview with Dr. Daniel van den Heuvel

## CIRSE: What benefits does percutaneous deep venous arterialisation (pDVA) offer for patients?

**van den Heuvel:** At the moment, this treatment is currently being performed in patients who have no other revascularisation treatment possibilities, typically

due to the absence of target vessels to revascularise either endovascularly or with a surgical bypass. Without treatment, a large percentage of these no-option patients will suffer from chronic wounds, pain and likely undergo a major amputation. We have seen that pDVA can resolve ischaemic pain almost immediately after the procedure and over time provide the necessary perfusion to heal wounds. Even in cases where it is not possible to save the toes and a trans-metatarsal amputation is required, patients are offered a last resort treatment, potentially saving the limb, keeping them ambulatory with healed wounds and thereby contributing to an improved quality of life.

## CIRSE: How do you think this technique will change current treatment algorithms?

van den Heuvel: As mentioned, this treatment is currently performed in patients with no other options to revascularise the limb. In my practice, these patients are now all screened for pDVA before considering a primary major amputation. We initially started treating only patients with Rutherford 5 and 6, however due to the success of these treatments, we have now expanded to also treat Rutherford 4 patients. It is possible that in the next years we'll be treating patients in an even earlier stage, before the no-option situation arises.

## CIRSE: What does the latest data suggest regarding pDVA's efficacy?

**van den Heuvel:** The multicentre ALPS<sup>1</sup> and PROMISE I<sup>2</sup> studies that have been presented and published in the last year have shown consistent limb salvage rates over

75% and survival over 80% at 12 months. These are impressive outcomes given the end-stage condition of the patients treated. We have learned that the procedure itself is well tolerated and has a high technical success rate exceeding 90%, but that the postprocedural care is actually the most critical part. With a better understanding of the postprocedural maturation of the pDVA circuit and appropriate timing of wound debridement and minor amputations, we are able to standardise the overall treatment and are continuously improving the results.

## CIRSE: What further studies are required to fully prove the treatment's value?

van den Heuvel: The ongoing PROMISE II study for FDA approval in the US and the PROMISE International post-market study in several countries should provide significantly more evidence on the safety and efficacy of pDVA which will be important to establishing the procedure as the standard of care for no-option patients. It would be very interesting to focus the next phase of research on high-risk CLTI patients that have not yet reached the no-option stage, and also understand which underlying conditions, such as significant pedal medial artery calcification or chronic kidney disease, can be potential indications for this treatment.

- <sup>1</sup> Schmidt A, et al. Midterm Outcomes of Percutaneous Deep Venous Arterialization With a Dedicated System for Patients With No-Option Chronic Limb-Threatening Ischemia: The ALPS Multicenter Study. JEVT 2020; 1-8
- <sup>2</sup> PROMISE I Study outcomes at 12 months, Clair D. VIVA 2020 Late-breaking Trials Session



Percutaneous Deep Venous Arterialisation with the LimFlow system.

#### ECIO VIRTUAL

ECIO Virtual provided top-notch education on the latest data and developments in interventional oncology to nearly 1,500 oncological professionals!

## **ECIO** Virtual

The field of interventional oncology continues to evolve, innovate and offer more treatment options for cancer patients each year. That's why after the cancellation of ECIO 2020, the ECIO Scientific Programme Committee Chairs Alban Denys and Philippe L. Pereira acted quickly to ensure the interventional oncology community had access to the latest information on the field's developments through a series of webinars called ECIO Virtual.

ECIO Virtual streamed on four separate dates from November 2020 to February 2021, each webinar featuring two live sessions as well as exclusive on-demand content.

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.

#### Hepatocellular carcinoma

The first webinar focusing on hepatocellular carcinoma aired on November 4 and featured discussions led by an international expert faculty. Sessions covered everything from classification to treatment of hepatocarcinoma, patient management, clinical results for cancer immunotherapy and much more.

#### Colorectal cancer and cholangiocarcinoma

Airing on December 2, the second instalment of the ECIO Virtual series took a deep dive into the current therapies and techniques for treating colorectal cancer and cholangiocarcinoma. On-demand sessions featured discussions on ways to optimise liver surgery, IO4IO and a case-based discussion on image guidance.

#### Lung and renal tumours

The third instalment honed in on two important areas in interventional oncology, primary lung tumours and renal cancer ablation. Live sessions investigated topics such as biopsies, surgical options, early-stage tumours, optimising ablative strategies and much more.

#### Musculoskeletal - curative and palliation therapies

The last ECIO Virtual webinar focused on curative and palliation therapies for musculoskeletal cancers. Sessions explored curative treatments for oligometastatic bone disease, MSK palliation in the pelvic bone, robotics and AI and challenges in interventional oncology.

#### Be sure to check this series out on demand!

All sessions are now available in the CIRSE Library and are free for CIRSE members, so be sure to check them out!



In spite of the pandemic, EBIR candidates were still able to sit the exam in January from the convenience of their own homes.

## EBIR successfully conducts its first ever fully digital online examination

As we informed our readers in December, the EBIR is now offering a new remote, online-proctored format for IRs across the globe! IRs can now take the examination anywhere in the world using their own computer. The increasing accessibility of the EBIR examination was not only accomplished through the full digitisation of the examination, but also through the new offer of an additional language option.

## First ever remote, online-proctored examination breaks record

In January 2021, over 110 candidates took the fully digital online EBIR examination, breaking the record for the most candidates to take the examination in one sitting! Another sitting earlier this month was also fully booked with candidates from 27 different countries.

Throughout the exam duration, candidates were monitored via their webcams and microphone using online proctoring software. Candidates took the entire examination in one day, with 100 questions split into two parts and a break in between.

With the new online format, IRs can look forward to decreased waiting times, a streamlined examination process, and a fair and secure examination to test their knowledge of the key clinical and technical skills necessary to deliver safe and efficient IR care. As application numbers continue to rise, the EBIR is ready to provide this international service to our colleagues.

## CIRSE collaborates with DeGIR and ÖGIR to deliver first German-language examination

The January examination was not only made accessible to IRs from across the globe, but was also offered in the German language. This innovation was the result of a collaboration with the national IR societies of Germany and Austria - the Deutsche Gesellschaft für Interventionelle Radiologie (DeGIR) and the Österreichische Gesellschaft für Interventionelle Radiologie (ÖGIR). The EBIR examination now complements the German certification pathway and is offered on an annual basis. Over 30 candidates already made use of the opportunity this past January!



"Offering the EBIR examination in the German language is a further step towards a broad acceptance of EBIR. We are proud that this collaborative effort in offering the EBIR in the German language has made it accessible to yet more IRs."

Peter Reimer (Past president, DeGIR)

With the success of the January examination, the EBIR is looking forward to additional collaborations with national IR Societies to further expand the reach of IR.

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

## Upcoming examinations:

- Examination dates 2021 • October 21, 9:00 CEST | English
- Examination dates 2022
- March 17 | English | German
- October 20 | English

Plenty of online learning resources are also 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.** 

#### **EUROPEAN TRAINEE FORUM**

An exciting new year with many ambitious projects lies ahead for the ETF!

### The new ETF leadership

Six months into their tenure, ETF Subcommittee Chairperson Roberto Cazzato and Deputy Chairperson Rok Dežman wrote us on their thoughts for the future and their experiences so far.

We had a few things in mind as we took over the ETF leadership. Both of us pursued a career in IR because we felt that its dynamic spirit is highly beneficial for patients. However, we rapidly figured out that there are very few interventional radiologists, and with the rapidly increasing demand for IR procedures we definitively need more young IRs. Unfortunately, there is a significant lack of IR knowledge among medical students and radiology trainees. For this reason, we aim that all of the ETF's actions and projects should significantly contribute to the spread of the IR culture among medical students and young radiology trainees, thus attracting talented young physicians to our discipline.

#### **Building on solid foundations**

The ETF was established in 2006 by Greg Makris and five other members from Czechia, Croatia, Poland, Spain and Switzerland. During the first years the leadership, led by Dr. Makris, faced a great challenge in creating this committee, and put forth a massive amount of effort to achieve their goals. In spite of the challenges, Dr. Makris and his former team were nevertheless able to complete several different successful projects. At the end of his mandate, which was shared with Dr. Sara Protto for the last two years, we took over the leadership of a subcommittee that now numbers 48 members from 28 different European countries. This is amazing!

We have a lot of gratitude towards the past leadership and the founding members of the subcommittee. Now, with this huge inheritance, our main goal is to use all this young energy from our subcommittee members as a vehicle for as many successful projects as possible. We aim to spread knowledge of and passion for IR among the next generations of physicians and future interventional radiologists.



#### The expansion of the subcommittee

As of September 2020, the CIRSE Executive Board mandated that the ETF Subcommittee should now have two representatives from each European country. This allows us to significantly increase the number of projects we can take on, since we have several different specialised working groups and task forces within the ETF. Increasing the number of members in the ETF Subcommittee directly means expanding our field of action. At the same time, we want to put more emphasis on gender equality. Having two representatives from all major European countries, one woman and one man, gives us a great opportunity to meet this goal.

ETF Subcommittee members share a friendship and a great passion for IR, since all of us are truly convinced that IR is likely to change medicine in the near future! Accordingly, putting friendship and passion together significantly increases the quality and the chance of success for each of our projects.

#### New projects, new targets

Currently, several projects are in the works. We have conducted and are regularly conducting several different surveys aiming at providing a clear knowledge of our audience (students and radiology trainees). We're trying to provide some practical answers based on the results we receive from these investigations and have recently launched several different projects, including a large ETF campaign on social media (led by Dr. András Bibok), a 12-month series of webinars on the basics of IR for medical students and young IRs (led by Dr. K. Pyra), and the promotion of national trainee committees in continuation with the work started by Drs. G. Makris and S. Protto.

Furthermore, several other projects are currently being prepared, including a survey on international mobility for IR trainees that will help us understand the interest of IR trainees in performing their rotations abroad. The results of this survey will lead our future actions in this realm.



At the beginning of 2021, the ETS Subcommittee was also asked to help with translation of the CIRSE patient information leaflets into as many European languages as possible at the beginning of 2021. This idea was very well received by the subcommittee members and by the end of April 2021, the ETF will be able to provide translations into at least 20 European languages.

#### **Collaboration with other societies**

The ETF has also started collaborating on initiatives with other IR trainee groups from around the globe. Europe has the oldest IR culture in the world, and connecting with other societies (SIR, PAIRS and ESR) will allow us to share a tradition of which we are very proud. Establishing connections with all our partners will give us the chance to unify our forces, with the final intent being reaching the largest number of medical students and trainees worldwide. We see the collaboration with our partners as mutually beneficial since we can promote each other's projects to reach a broader audience and promote IR.

It's wonderful that the other societies have decided to join some of our ongoing projects, and we will host the representatives from all three societies as guest-presenters at some of our webinars. This will enable European trainees to get insights into IR from all over the world.

As an end goal, we are working on the opportunity to share student/resident internships/observerships, and to increase trainee interest and worldwide collaboration in the field of IR research.

#### **Encouraging the next generation**

It's a privilege to have the platform to talk to students. For this reason, many of our projects are tailored to them, including a recent survey we conducted to understand their knowledge of and perspectives on IR. The findings from this survey allowed us to understand that there is a huge number of students interested in pursuing an IR career; nevertheless, they have little chance to get in touch with IRs, which is why we decided to massively increase our social media output and to establish webinars that would help them gain at least the basic knowledge of interventional radiology. In order to help students to learn more about what working as an IR is like, we have also established the student internships programme. With this initiative, we provide students with contacts to several medical institutions across Europe that have an IR department willing to offer an internship to students. Currently, we have 25 centres from 13 countries involved in the programme and we're working to further expand our list.

Moreover, we have recently started a collaboration with IFMSA, the International Federation of Medical Students' Associations, which is one of the largest associations of medical students worldwide. We will provide them with free access to our main educational channels and create a logbook on interventional radiology for medical students that will guide them throughout their IR internship and assess their training and skills. In return, IFMSA will provide us with the unique chance to regularly talk to their members about the fabulous IR world.

#### Looking forward

What else can young IRs and medical students look forward to in 2021? For sure our great ETF programme at the next CIRSE congress in September 2021, that we hope will be on-site in Lisbon! The COVID pandemic has stolen many chances to the generation of young medics, but it has not stolen the ETF passion for progress! So, either live or remotely, we will continue our actions for medical students, trainees (and patients!) with passion and determination!



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<sup>1</sup> M Bosiers et al. EVOLUTION Study: 12-month results. 2019 Aug;60(4):490-495. www.ivascular.global

PP

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CIRSE is currently offering a webinar series designed to offer IRs continuing, of-the-moment education from the comfort of their homes.

## **CIRSE** Webinars

CIRSE is offering a series of webinars focusing on various aspects of interventional radiology practice throughout 2020/2021. The live sessions include presentations from top experts in the respective field, followed by a lively debate among the speakers and the audience which is warmly invited to submit their questions and comments.



#### **UP NEXT:**



#### DEB & cTACE in primary and secondary liver cancer

HCC is a common type of cancer with increasing incidence, and intra-arterial therapies are often part of the treatment algorithm with several intra-arterial treatment options available today, including c-TACE, DEB-TACE, balloon TACE, radiopaque DEB-TACE and TARE. Presentations and prerecorded cases will be organised to allow participants to understand the staging and treatment algorithm of HCC and metastatic liver disease, including immunotherapy.

Registration will open soon; Save the date to attend the session live on May 4, 2021 from 09:00-17:00 CEST.

## US-guided thermal ablations of benign thyroid nodules

As more evidence emerges in favour of its efficacy, the demand for thyroid thermal ablation of benign thyroid nodules has increased in recent years. In spite of this, very few centres in Europe currently provide such treatments. To help ensure that physicians are able to educate themselves on this topic, CIRSE and ETA have joined forces and organised the very first webinar focusing on thyroid thermal ablation.

Save the date to attend on May 18, 2021, 16:00-18:00 CEST.

#### WATCH ON DEMAND:

Ambulatory care:

Moderated by M. Lee, this webinar includes nine separate sessions, including two panel discussions that feature a Q&A that was conducted live during the session. Other topics included are patient and procedure selection, patient benefit and healthcare economics, and a view of the patient care pathway from a nurse's perspective.



Critical limb ischaemia treatment strategies

This ever-topical subject was addressed in a live session last December, moderated by S. Müller-Hülsbeck and featuring seven presentations from experts around the globe. Topics include setting up a modern IR vascular service, challenging pathologies, considerations to optimise acute outcomes and more. There's never been a more exciting time to be a CIRSE student!

## Students @ CIRSE... and beyond.

## CIRSE student membership... now offering new benefits!

CIRSE added a few more benefits to the student membership category at the start of this year, including free participation in the CIRSE Academy's CME certified online courses and fast-track registration for any event that CIRSE organises. Additionally, CIRSE student members can enjoy full access to CIRSE's official journal, CVIR, and to the CIRSE library where they can stream videos and presentations from past CIRSE events. Make sure to spread this news among medical students and engage them in becoming part of the CIRSE community!

#### Student internships at IR departments in Europe? Why not!

We are happy to introduce the new project from the European Trainee Forum that helps facilitate medical students in finding an internship at one of the dozens of IR departments located across Europe. Medical students should definitely take this opportunity to find out what it takes to work as an interventional radiologist.

**Click here** for more information about the centers that are part of this project.

## A special chance for medical students to learn more about basics in IR

A great chance for medical students to learn more about basic procedures in interventional radiology! Every month, CIRSE's European Trainee Forum conducts a webinar with basic or intermediate content in order to help medical students get familiar with different fields of IR. Sign up for these webinars and let our expert speakers explain the treatments that interventional radiologists can perform. Students can sign up or watch the past webinars here **https://library.cirse.org/packages/next-generation.** 

#### **Students and IO**

ECIO 2021 is approaching and medical students are more than welcome to join this event (free of charge) to get the chance to get a sneak peek into the field of interventional oncology! Don't miss this chance and learn more from the comfort of your home! More information about CIRSE's initiatives for students can be found at **www.cirse.org/students/** or by following CIRSEstudents on **Facebook.** 

## Medical students' perspectives on IR – interesting findings!

Interested in learning more about how medical students around the world perceive interventional radiology and what their thoughts are when it comes to the future of IR and their careers in general? Check out this summary!

In summer 2020, CIRSE's European Trainee Forum performed a survey of medical students with more than 2,700 respondents coming from various countries. The aim of the survey was to better understand their degree of IR knowledge; their level of interest in pursuing an IR career, and their preferences regarding learning platforms and formats.

#### Formal exposure to IR at an undergraduate level

As for formal exposure to IR at an undergraduate level, the survey results showed that two thirds of respondents had not received any formal exposure to interventional radiology during their studies. In most cases, and as stated by 54% of respondents, the first time they had heard about this speciality was during radiology teaching/ attachment. Others reported that their first contact with interventional radiology was provided by a mentor or a senior colleague (15%) or while studying for radiology exams (10%). 10% of medical students who participated in the survey stated that they had never heard of interventional radiology before taking this survey. 65% of respondents have not yet had a chance to attend any IRrelated lecture or workshop while being enrolled in their undergraduate medical education.

#### How is the future of IR perceived by medical students?

As per the survey results, 95% of medical students who participated in the survey think that the future of IR is bright. The reasons supporting this statement were because it is minimally invasive (82% of respondents) and it is ideal to combine with other treatments (65%). Nearly 1 in 5 stated that they are likely or very likely to pursue a career in IR. With regard to the reasons for not choosing IR



The pie chart above shows medical student's responses when asked how they had heard about IR for the first time.

as a future career, the respondents chose a lack of patient contact, risk of radiation exposure, or they find it difficult to get the necessary training to perform IR.

## Are medical students interested in learning more about IR?

More than more than 80% of the medical students asked stated that they are willing to gain more knowledge about this field. With regards to their preferred means of learning, most of them stated that they would like to learn more about IR by partaking in internships/traineeships, attending university lectures, watching YouTube videos, participating in online webinars or attending case-based workshops.



The chart above shows medical student's responses when asked what means of further education they would prioritise in order to gain more knowledge about IR.

## How is the ETF is planning to response to these findings?

The European Trainee Forum has proposed several initiatives in response to these findings in its call to action. These include more formal teaching in IR, the introduction of medical student webinars, helping medical students facilitate internships at IR departments in Europe, and steps to encourage gender equality in IR.

#### Please click here to see the full report.

