

In advance of CIRSE 2021, we've spoken to presenters from some of the most interesting sessions in order to give you a sneak peek at what you can expect from the congress!

Frontiers in embolotherapy: what is the evidence?



CIRSE: What evidence currently exists to support the use of embolotherapy for osteoarthritis?

Little: There is a growing body of evidence supporting the role of GAE in the treatment of patients with knee OA. All studies to-date have reported the embolotherapy to be technically achievable, with a good safety profile. The cohort studies have all shown a consistent signal that GAE is potentially efficacious in treating the symptoms of knee OA at early follow-up.

CIRSE: What is the importance of the evidence created by IR in establishing new techniques, such as embolotherapy for osteoarthritis?

Little: Evidence-based medicine has to be central to IR clinical practice. Interventional radiologists have always been great innovators, but we need to ensure that our enthusiasm for new techniques and equipment is grounded in sound scientific methodology and clinical trials.

CIRSE: What evidence is still needed to continue to enhance novel techniques, such as those for osteoarthritis?

Little: For any treatment that attempts to reduce a patient's pain, the placebo effect must be considered. Controlled trials of GAE against a sham procedure, or best medical therapy are needed to address this issue. We eagerly await the GAE sham RCT trial data from the USA, and my research group have ethical approval and funding for the first European GAE sham RCT, which we hope to commence as soon as possible. It is an extremely exciting time for GAE data!

CIRSE: What is the importance of continually gaining new evidence for matured techniques such as PAE?

Little: Knowledge acquisition never ends, which is one of the fantastic things about research! I think that PAE is a success story for evidence-based practice in IR.

From the first serendipitous report by DeMerritt, the IR community has worked collaboratively to produce a body of level 1 evidence, showing PAE to be a safe and effective treatment for men with BPH. In the UK, ROPE was a national registry that provided real world data on the technique, which ultimately led to NICE recommending its use in the NHS, highlighting how evidence-based medicine can alter clinical practice.

CIRSE: What evidence is still needed to advance PAE treatment?

Little: This is a question that has been debated lots recently, particularly in light of the exclusion of PAE from the AUA guidelines. Many advocate controlled trials of PAE vs HoLEP, however I believe that equipoise will be extremely challenging to achieve. We need to continue to strive to optimise clinical outcomes, and minimise re-intervention rates. From my own research into adenomatous-dominant BPH, I am interested in imaging correlates of clinical success. I also believe that future research will study drug-loaded technologies, such as finasteride-loaded particles, to optimise clinical success. The future of PAE remains bright!

CIRSE 2021 SUMMIT SEPTEMBER 25-28 ONLINE

Tuesday, Sep 28, 2021, 08:30-09:30 CEST

FS 2103 Frontiers in embolotherapy: what is the evidence?

- 2103.1 Embolisation for hypersplenism
T. Tanaka (Kashihara/JP)
- 2103.2 Osteo-arthritis embolisation
M. W. Little (Reading/GB)
- 2103.3 Haemorrhoid embolisation
V. Vidal (Marseille/FR)
- 2103.4 Prostate embolisation
F. C. Carnevale (São Paulo/BR)