

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!



Robotic and stereotactic approaches in IR

CIRSE: Why is it important to shine a spotlight on this topic at CIRSE 2021?

Bale: This topic, together with digitalisation and automation, is one of the key drivers in achieving consistently high-quality outcomes, as well as increasing the number of candidates for treatments. Excellent results should be the standard, not exceptional.

CIRSE: This is fast evolving subject – can you tell us briefly what has changed over the past 5-10 years as far as robotics in IR?

On the one hand, the industry seems much more interested in bringing solutions to the market, in fact, they are betting heavily on it. So, we could say that this is going from the academic/start-up realm to the mainstream, and that's great for patients and IRs alike.

CIRSE: What is the current status of stereotactic systems?

Bale: Many players in the navigation space seem to be more interested in expanding from static neuro-interventions to the more challenging abdominal field. Most industry leaders have, to some extent, applications for this in their angiography products, like Philips's ablation guidance, or Siemens with their needle guidance. I also know that some big companies are integrating this into CT. There's still room for further development in the planning side, in my opinion, as this is one of the key challenges.

Image fusion for treatment planning and intraprocedural treatment verification has always been a key and an integral part of the stereotactic workflow. It is great to see that this technique is increasingly integrated into conventional CT- or US-guided approaches.

CIRSE: What are the advantages and limits of stereotactic guidance?

Bale: It allows you to tailor thermal ablation to any tumour of any size, and to deliver it in a consistent way, helping to achieve consistently good results for a larger number of patients than conventionally guided ablation can. This is

what happened in our institution, and we are now treating almost four times more patients with curative intent than what the hospital was doing when we started. By the way, it is important to note that surgeons have not lost patients at all in our institution, they just get more complex cases now, which I think is more interesting for them too.

CIRSE: Where do you ideally see robotics and stereotactic approaches in IR 10 years from now? What needs to happen to make the ideal a reality?

Bale: In 10 years, we will likely have clinical evidence from more institutions, which would also bring the reimbursement support to make this approach feasible to more people. At the same time, technological advances will bring automation in planning and probably also in the delivery; this will make it possible to offer these approaches everywhere. Access to the best outcomes should not depend on where you live or on having resources to go to a leading institution.

CIRSE: What key points can participants in this session look forward to taking home?

Bale: Participants can take home thoughts on how we can use existing technologies to overcome the limitations of thermal ablation, helping us offer curative intent treatments to more patients. Also, that this is not a competition with the other curative treatments, like surgery, but rather a multiplier for institutions.

CIRSE 2021 SUMMIT SEPTEMBER 25-28 ONLINE

Tuesday, Sep 23, 2021, 17:00-18:00

FS 32 Robotic and stereotactic approaches in IR

- 32.1 Endovascular robotics: current status
R. H. Kassamali (Doha, QA)
- 32.2 Simulation in IR
L. Lönn (Copenhagen, DK)
- 32.3 Robotic ablation
L. Beyer (Potsdam, DE)
- 32.4 Stereotactic guidance systems in IR
R. Bale (Innsbruck, AT)