



Barcelona, Spain
September 10-14
CIRSE 2016

PRELIMINARY PROGRAMME
ANNUAL MEETING AND POSTGRADUATE COURSE

including

IDEAS Interdisciplinary
Endovascular
Aortic Symposium
September 11-13

Cardiovascular and Interventional Radiological Society of Europe

CIRSE 2015 Facts & Figures:

6,629 Participants

85 Countries

1,324 Abstracts

250 Hours of Education

105 Exhibitors

5,800 m² of Technical Exhibition

521 Unique Live-Stream Viewers

www.cirse.org

31st ANNUAL MEETING AND POSTGRADUATE COURSE

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The Preliminary Programme CIRSE 2016

If you have any queries or comments,
please contact us at info@cirse.org

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Marta Burrel
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CIRSE 2016 Local
Host Committee
SPC Representative

Dear Colleagues,

The most recent CIRSE meeting in Lisbon was another record-breaker: over 6,600 delegates travelled to Europe's most westerly capital to join us for 4.5 days of science, education and innovation. The unique programme offered by CIRSE allows participants to stay abreast of technological advances and new indications for image-guided therapies, and exchange high-level scientific information in an international setting.

New Endovascular Programme

Last year featured both an expansion of the venous intervention sessions on offer, and the introduction of a parallel multidisciplinary EVAR/TEVAR programme, the Interdisciplinary Endovascular Aortic Symposium (IDEAS). Based on the enthusiastic response of those participating, the SPC has decided to repackage the vascular sessions into a comprehensive **Endovascular Programme**, which will be clearly stratified into three distinct categories: **arterial interventions**, **venous interventions** and **aortic interventions**, with the latter being presented within the framework of IDEAS 2016.

Core themes

Another prominent feature of the meeting will be **interventional oncology**, which is rapidly gaining the recognition of other specialists, and accruing valuable efficacy data. A special Hot Topic Symposium will examine the paradigm shift in clinical treatment of colorectal liver metastases, and the new ESMO guidelines that have recently been published.

One of the fastest-growing areas of IR practice is **embolisation**. Alongside robust educational coverage of long-standing therapeutic applications such as trauma or uterine fibroid embolisation, newer clinical areas such as prostate embolisation will be prominently featured, and a *Controversies in embolisation* session will debate bariatric embolisation, haemorrhoid therapies and the transradial approach for visceral interventions.

Clinical involvement is something that CIRSE has been strongly advocating for. As ever, the CIRSE 2016 programme will feature a large number of clinical management talks, not just within the **IR Management** track itself, but as an integral component of all sessions generally: vascular specialists should be sure to attend *The patient's perspective in PAD*!

Stroke therapy will also be a highlight of the 2016 programme. Recent trial data, such as the MR CLEAN results, have thrown new light on this important field, and several sessions, including a Hot Topic Symposium, will examine current evidence, treatment options, collaboration, and how to optimise service provision and ensure that the treatment window is not missed.

Of course, ample time will also be devoted to **non-vascular interventions**, which remain an important foundation stone of the specialty. Biliary interventions, drainage, vertebroplasty and more will all be rigorously examined.

Back to Barcelona

Barcelona has continually ranked among the five best conference destinations in Europe, and offers excellent facilities, exceptional flight connections and a wealth of quality accommodation. The International Convention Centre Barcelona (CCIB) is ideal for our needs, boasting ample lecture space and an easy-to-navigate layout. It is easily reached by metro, tram and bus services, and has four hotels in the immediate vicinity.

The versatile design of the CCIB will be put to good use: to improve delegate flow and ensure a convenient floor-plan, the technical exhibition will be centrally located between the two main lecture rooms. The poster exhibition will also be expanded, to ensure as much cutting-edge research as possible is available to our congress delegates.

We are delighted to announce our Scientific Programme for 2016 and are confident that it will meet the educational needs of all who perform image-guided therapies. Congress registration is now open, and we remind everyone that reduced early-bird fees are available until June 2.

We look forward to welcoming you to CIRSE 2016 in Barcelona!

Excellence in Interventional Radiology

CIRSE Gold Medallists

| | |
|-------------|---|
| 2016 | M.J. Lee |
| 2015 | J. Roesch |
| 2014 | J.H. Peregrin |
| 2013 | J.I. Bilbao |
| 2012 | P.R. Mueller |
| 2011 | J.A. Reekers |
| 2010 | F.S. Keller |
| 2009 | J. Lammer |
| 2008 | J.E. Abele, B. Cook |
| 2007 | A. Adam |
| 2006 | B.T. Katzen |
| 2005 | J.F. Reidy |
| 2004 | J.L. Struyven |
| 2003 | C.L. Zollikofer |
| 2002 | J.H. Göthlin, J.-J. Merland, E.P. Zeitler |
| 2001 | E. Boijesen, F. Olbert, F. Pinet |
| 2000 | P. Rossi |
| 1999 | A.M. Lunderquist |
| 1998 | D.J. Allison |
| 1997 | R.W. Günther |

CIRSE Distinguished Fellows

| | |
|-------------|---|
| 2016 | P.A. Gaines, L.M. Kenny, M. Maynar |
| 2015 | R. Lencioni, K. Malagari, H.I. Manninen, G.-J. Teng |
| 2014 | M.D. Dake, J.G. Moss, D. Siablis |
| 2013 | J.B. Spies, B.S. Tan, P.R. Taylor |
| 2012 | G.M. Richter, M. Szczerbo-Trojanowska, K.R. Thomson |
| 2011 | J.A. Kaufman, L. Machan, A.F. Watkinson |
| 2010 | O. Akhan, W.P.T.M. Mali |
| 2009 | A.A. Nicholson, A.C. Roberts |
| 2008 | K. Mathias, H.P. Rousseau |
| 2007 | K.H. Barth, D.A. Kelekis |
| 2006 | A. Rosenberger, G. Simonetti |
| 2005 | F.S. Keller, A.J. Roche |
| 2004 | A. Besim, B. Läubli, P.R. Mueller, R. Yamada |
| 2003 | K. Hiramatsu, F. Joffre, H. Uchida |
| 2002 | C. L'Herminé, J.-M. Rius, M.R. Dean |
| 2001 | J.-M. Bigot, J. Edgren |
| 2000 | J.-C. Gaux, L. Horváth |
| 1999 | U. Tylén |
| 1998 | A.R. Essinger |
| 1997 | J.H. Göthlin, J.L. Struyven |
| 1996 | M.J. Amiel, P. Rossi |
| 1995 | U. Erikson |
| 1994 | D.J. Allison |
| 1993 | E.P. Zeitler |
| 1992 | I.P. Enge, A.M. Lunderquist, F. Olbert |
| 1991 | A. Pinet, F. Pinet |
| 1990 | A. Baert, L. Di Guglielmo, G. Van Andel |
| 1989 | J.-L.M. Lamarque, R. Passariello |
| 1988 | E. Boijesen, C.B.A.J. Puylaert, E. Voegeli |

Gruentzig Lecture

| | |
|-------------|------------------|
| 2016 | J. Lammer |
| 2015 | G. Soulez |
| 2014 | P.L. Pereira |
| 2013 | A. Holden |
| 2012 | A. Gangi |
| 2011 | J.G. Moss |
| 2010 | D. Vorwerk |
| 2009 | R. Lencioni |
| 2008 | C. Becker |
| 2007 | J.C. Palmaz |
| 2006 | L. Solbiati |
| 2005 | A.C. Roberts |
| 2004 | E.P.K. Strecker |
| 2003 | K.R. Thomson |
| 2002 | P.A. Gaines |
| 2001 | B.T. Katzen |
| 2000 | J.L. Struyven |
| 1999 | S. Wallace |
| 1998 | R.W. Günther |
| 1997 | P. Rossi |
| 1996 | J. Roesch |
| 1995 | D.J. Allison |
| 1994 | E.P. Zeitler |

Roesch Lecture

| | |
|-------------|-------------------------|
| 2016 | T. de Baère |
| 2015 | J.A. Reekers |
| 2014 | F.C. Carnevale |
| 2013 | M. Bezzi |
| 2012 | D. Pavčnik |
| 2011 | M. Szczerbo-Trojanowska |
| 2010 | J.I. Bilbao |
| 2009 | M.D. Dake |
| 2008 | J.A. Kaufman |
| 2007 | K. Ivancev |
| 2006 | L. Machan |
| 2005 | H.P. Rousseau |
| 2004 | F.S. Keller |
| 2003 | J. Roesch |

Award of Excellence and Innovation in IR

| | |
|------|---|
| 2015 | P. Bize, G. Borchard, A. Denys, K. Fuchs, O. Jordan |
| 2014 | M.G.E.H. Lam, J.F.W. Nijsen, M.A.A.J. van den Bosch |
| 2013 | S. Lerouge, G. Soulez |
| 2012 | A. Bolia, J.A. Reekers |

The Award of Excellence and Innovation in IR



Innovative Spirit

During CIRSE 2015, the R.W. Günther Foundation honoured the Leman Research Group from Lausanne, Switzerland, for their research on drug-eluting beads loaded with anti-angiogenic agents for chemoembolisation.

Development

The continuous development and refinement of new agents, devices and techniques by resourceful interventional radiologists will further expand the remarkable spectrum of treatments offered by our specialty.

Recognition

Innumerable patients are grateful for the wide range of minimally invasive alternatives to open surgery from which they can now benefit. Furthermore, CIRSE also wishes to honour your dedication and excellence in IR and present your innovation to the IR community during the opening ceremony of CIRSE 2016.

Recipients of this distinction will be awarded with a certificate of merit for their contributions to the field, as well as a cash prize of €5,000.

How to apply

Send us your groundbreaking research results, details of a novel technique you developed, or the cutting-edge equipment you have just patented. Our board of reviewers welcomes all your innovations and looks forward to the advances they may bring to IR.

R.W. Günther Foundation

We warmly thank the R.W. Günther Foundation for kindly sponsoring the award. The Foundation is based in Aachen, Germany and aims to promote science and research, especially in the field of radiological sciences and diagnostic and interventional radiology, as well as to support national and international co-operation.



Please note that all applications must be submitted with a relevant CV or, in the case of research groups, a description of the members involved.

All applications must be submitted by May 19, 2016 to hofmann@cirse.org. For more information, please visit the CIRSE website.



CURSE

Michael J. Lee
Gold Medallist
2016



Gold Medallist

Michael J. Lee

Professor Mick Lee is currently a Fellow of the Royal College of Physicians in Ireland. He graduated from medical school at University College Dublin in 1982 and completed three years of medical training, passing the Board of Internal Medicine in 1985. While completing his medical training, he came across a patient who was having an angioplasty procedure, which sparked his interest in radiology and IR. He successfully entered the Irish radiology programme in 1985 and passed the Boards of Radiology in both Ireland FFR (RCSI) and the UK (FRCR) in 1989.

During his radiology training he also completed an M.Sc. in Radiological Sciences, and published his first IR paper on lower limb angioplasty in the *Irish Journal of Medical Science* in 1988. Later that year, he attended the Armed Forces Institute of Pathology course in Washington DC and while there, interviewed for fellowships in the US, opting for Massachusetts General Hospital (MGH) and Harvard Medical School. Arriving at MGH in 1989, he spent two years as a Fellow in IR and abdominal imaging and was promoted to staff for a further four years, as Assistant Professor at Harvard. During this time, he became very interested in research at MGH, publishing widely on IR and abdominal imaging. He returned to Ireland in 1995 as Professor of Radiology at the medical school of the Royal College of Surgeons in Ireland and as a consultant interventional radiologist at Beaumont Hospital in Dublin.

Professor Lee has held positions in many national and international societies. One of the original founders and first President of the Irish Society of Interventional Radiology, he was elected to the board of the Faculty of Radiologists in Ireland from 1996-2001. He was also president of the International Society of Hepato-Biliary and Pancreatic Diseases. Professor Lee has held many positions in CIRSE including the Presidency in 2011-2013 and is currently a Fellow of both CIRSE and SIR. As well as being honorary fellow of the Chinese Society of Interventional Radiology (CSIR), the Interventional Radiology Society of Australasia (IRSA), the Hellenic Society of IR and the Czech Society of IR, he is also the secretary of

the IR division at UEMS. During his tenure with CIRSE, he was instrumental in shifting the patient safety agenda into focus for the IR community. Having obtained the EBIR in 2010, he brought his experience to the board and negotiated the acceptance of the EBIR and IR curriculum with both the IRSA and RANZCR in Australia and New Zealand respectively.

Professor Lee has published widely on interventional radiology topics with almost 200 peer-reviewed publications and 80 chapters and reviews. He has also co-edited the textbook *Interventional Radiology: The Requisites*, now in its second edition, and is co-editor for six books on *Techniques in Interventional Radiology*. He is currently completing a book on IR for medical students. He is on the editorial board of many journals, including CVIR and is the European editor of *Seminars in Interventional Radiology*.

Professor Lee has many research interests, which include endovascular intervention for peripheral arterial disease, foot perfusion studies pre- and post-angioplasty for BTK lesions, subintimal angioplasty, embolisation procedures to control haemorrhage, patient safety, enteral nutrition, IVC filters and venous thrombectomy for iliofemoral DVT. He has received various awards for his research from RSNA, BSIR, ESGAR and CIRSE, as well as the Prix de L'APERR (L'Association pour L'Etude et la Recherche en Radiologie) in 1986. He also received the Editor's Medal for the best paper published in *Clinical Radiology* in 2008.

He has given over 200 lectures around the world on IR techniques and was chosen to give the eponymous Wattie Fletcher lecture at BSIR and the Tesla lecture at RCR.

A committed educator, Professor Lee also introduced an eight-hour IR teaching curriculum to the RCSI (Royal College of Surgeons Ireland) three years ago, meaning that medical students are now taught about IR at an early stage in their careers. He is likewise a strong advocate for clinical practice in IR.

CIRSE Opening and Awards Ceremony

Michael J. Lee will be awarded on

Saturday, September 10, 14:30-16:00

2016 is CVIR's "Year of Innovation"!



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NEW monthly journal issues.

NEW simplified guidelines for authors.

NEW format planned for CVIR Reception at CIRSE 2016.

Make the most of this momentum
by submitting your manuscript to CVIR –
the international platform for Interventional Radiology.

The official journal of the Cardiovascular and Interventional Radiological Society of Europe

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CVIR

CardioVascular and Interventional Radiology

Distinguished Fellow

Peter A. Gaines



Born a proud Yorkshireman, Professor Gaines attended medical school in Manchester before pursuing clinical training around the UK. It was in 1981 whilst working as a medical registrar in London that he recognised the advances being made in medical imaging and the potential for image-guided intervention. He was initially trained in both diagnostic and interventional radiology at Guy's Hospital under the inspirational guidance of Dr. Hugh Saxton and Dr. John Reidy.

During the 1980s in Sheffield, Professor David Cumberland developed a world-leading interventional vascular radiology unit with the view to expanding the role of contemporary procedures and researching new techniques. Professor Gaines joined this team as a trainee in 1986. Following a year spent developing his imaging skills in Hong Kong in 1989, he returned to Sheffield Hospital as a consultant, where he remained until leaving the NHS in 2014.

Working with his surgical colleagues, Professor Gaines developed the Sheffield Vascular Institute as the first autonomous combined surgical and IR unit, and which was awarded the UK Surgical Team of the Year in 1997, just two years after its establishment. The appointment of outstanding colleagues

has allowed him time to research, write, teach and pursue other medical interests. He has contributed 125 peer-reviewed original scientific publications, and his textbook, *Vascular and Endovascular Surgery*, is in its fourth edition. He has also worked with MHRA, NICE and the National Imaging Board to develop image guidance, and with the Department of Health to establish coding and reimbursement systems for IR. At CIRSE 2002, he delivered the Andreas Gruentzig Lecture. In 2006, he was made Honorary Professor at Sheffield Hallam University before becoming President of the British Society of Interventional Radiology from 2007 to 2009 and receiving their Gold Medal in 2013.

Professor Gaines has worked as a device entrepreneur for the last ten years. Having developed the Emboshield carotid protection system with MedNova, he is now Chief Medical Officer with Veryan and Novate, developing novel stent and IVC filter devices.

Away from work, Professor Gaines enjoys spending time with his family and dog, fly-fishing, golf, music, literature, food and any half-decent wine.

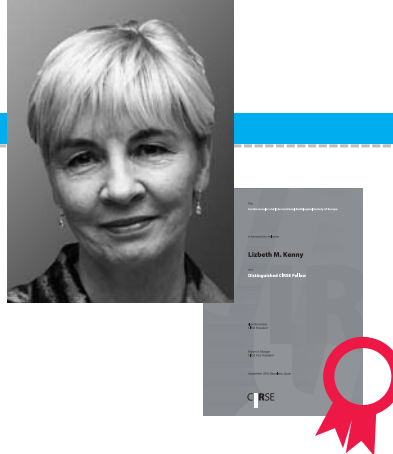
CIRSE Opening and Awards Ceremony

Peter A. Gaines will be awarded on

Saturday, September 10, 14:30-16:00

Distinguished Fellow

Lizbeth M. Kenny



Professor Liz Kenny is a Senior Radiation Oncologist at the Royal Brisbane and Women's Hospital, and has demonstrated a strong commitment to improving cancer services in Queensland throughout her career. In 2005 she was appointed Medical Director of the Central Integrated Regional Cancer Service. Prof. Kenny has been a champion for team development, understanding the need for not just technical expertise in teams but also the critical importance of interpersonal relationships. Her regional team has been very successful in attracting more than \$80 million in funding to expand regional cancer services in Queensland.

In 2015, she was also appointed Medical Director for the Herston Imaging Research Facility, which aims to connect the clinicians of the Royal Brisbane and Women's Hospital to the universities and the Queensland Institute of Medical Research, all with a focus on advanced imaging with PET-CT, PET-MRI and highly sophisticated MRI.

That same year, Prof. Kenny was appointed as chairperson of the medical staff association of the Royal Brisbane and Women's Hospital. Her main interest areas are head and neck cancer and breast cancer. Liz Kenny is a senior member of the Royal Brisbane Head and Neck team, one of the busiest teams in Australia. She also chairs the Herston Head and Neck Cancer Research Collaborative.

Prof. Kenny and her team have undertaken the planning and review of many cancer services, including a radiation oncology plan for the country of Cyprus. She is a member of the Medical School Governing Council, University of Cyprus Medical School and currently serves as the Chair of the Queensland Statewide Cancer Clinical Network.

Liz Kenny serves as Vice-Chair of the Asia/Oceania Regional Committee for the RSNA. She is also a member of CIRSE, providing advice regarding the acquisition of evidence for interventional oncology procedures and the development of a quality assurance framework.

She has served as the President of the Clinical Oncology Society of Australia, Dean of the Faculty of Radiation Oncology for the Royal Australian and New Zealand College of Radiologists and the President of the Royal Australian and New Zealand College of Radiologists – the youngest and longest serving President in its history.

Prof. Kenny has been awarded Honorary Memberships of the European Society of Radiology and the Radiological Society of North America and has been awarded Honorary Fellowships of the American College of Radiology, British Institute of Radiology and the Royal College of Radiologists. In 2016, she was made an adjunct Professor of the University of Queensland.

CIRSE Opening and Awards Ceremony

Lizbeth M. Kenny will be awarded on

Saturday, September 10, 14:30-16:00

Distinguished Fellow

Manuel Maynar



Professor Manuel Maynar completed his medical education at the University of Zaragoza, Spain, in 1973, after which he specialised in paediatrics and electroradiology. In 1975, he started working in the area of minimally invasive surgery, completing residencies in radiodiagnostics in Zaragoza and in interventional radiology in Barcelona with Prof. José María Rius. He completed his Ph.D. on the study of the aortic trunk with Prof. Sarraat at the University of Zaragoza in 1985.

During his formative years, he trained as a fellow in Zurich, Miami and Minneapolis. A milestone in his education was training under Prof. Andreas Grüntzig for three months in 1980. Having had the opportunity to learn from several pioneers of endovascular surgery, he went back to Spain, performing the country's first peripheral angioplasties in 1980 in Oviedo and the first endovascular repair of abdominal aortic aneurysm in Spain in 1994.

In 1988, Prof. Maynar became a pioneer in the introduction of live transmissions from the angio-suite, broadcasting to local congress centres and, later, through satellite to Latin America.

The objective of Prof. Maynar's clinical and investigative work has always been to remain innovative in the medical field, with the patient's needs always foremost. With this goal in mind, he has collaborated in multidisciplinary teams to introduce new techniques to Spain, including TIPS and fenestrated aortic grafting.

In 1990, he was a professor at the Louisiana State University (LSU) in New Orleans, and in 1991 became an associate professor at Portland Oregon University. Between 1994 and 1997 he was again a professor at LSU, and has continued as a gratis faculty since 2000.

Since 1997, Prof. Maynar has been a professor at the University of Gran Canaria, in Spain. Professor Maynar remains Head of the Department of Minimally Invasive Surgery in Hospiten Rambla, Spain, and Head of the Endovascular Department of the Minimally Invasive Surgery Centre's Animal Lab in Cáceres, where he has led many investigative projects in the area of minimally invasive therapy with animal models. Prof. Maynar is also Director of MOTIVA, a research project of the Canarian Agency of Investigation, Innovation and Information Society (ACIISI) "Minimally Invasive and Reconstructive Surgery".

In 2004, having become one of the most experienced specialists in the country, he was named Local Host Committee Chairperson of the 2004 CIRSE Congress in Spain.

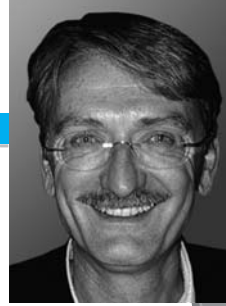
With over 100 indexed papers (more than 200 in total) and more than 1,000 international presentations, Prof. Maynar is an active contributor in the continuing education of IRs. He also directs training programmes on endovascular, endoluminal and interventional radiology for specialists from all around the world. He remains a member of many scientific societies and boards, and reviews journals such as *Stroke*, *JVIR* and *CVIR*.

At present, Prof. Maynar continues to investigate in the area of technology and medicine to improve diagnostics and therapeutics, focusing on training with simulators in the area of minimally invasive surgery.

CIRSE Opening and Awards Ceremony

Manuel Maynar will be awarded on

Saturday, September 10, 14:30-16:00



Gruentzig Lecturer

Johannes Lammer

Johannes Lammer completed medical school in his birthplace of Vienna in 1975. Following a two-year surgery internship in Bregenz, he moved to Styria where he completed his residency in radiology at the University of Graz. Having experienced the workflow of various Austrian hospitals, he decided to move to the United States where he spent a visiting fellowship at the Department of Radiology at the University of Pennsylvania Hospital, the Tumor Institute of the University of Texas System Cancer Center and the neuroradiology section of the University of California, San Francisco in 1982.

Upon his return to Austria, Dr. Lammer assumed the position of Assistant Professor at the Department of Radiology at the University of Graz where he was promoted to Associate Professor one year later. In 1986, he received the Höchste Prize for medical research before returning to the United States for another visiting fellowship at the University of California, San Francisco and to lecture at Harvard Medical School, Massachusetts General Hospital and the University of Pennsylvania, Philadelphia in 1987. Back home in Austria, he was promoted to Section Head of Interventional Radiology at Graz University Hospital in 1988.

Combining his love for teaching and North America, Johannes Lammer accepted visiting professorships at the University of British Columbia and MacMaster University in Hamilton, Canada, in 1989 and at the University of Ottawa in 1990. From his strong involvement in the radiological communities on both sides of the Atlantic, he soon realised the necessity for international associations to provide better exchange of information and experience. He consequently co-founded the International Society of Biliary Radiology together with Joachim Burhenne, Andy Adam, Peter Mueller and others. Furthermore, he chaired the International Society of Hepato-Biliary-Pancreatic Radiology in addition to his commitments within the Austrian radiological community, including chairing the Austrian Society of Angiology and co-chairing the Austrian Roentgen Ray Society.

He founded the annual Olbert Symposium for Interventional Radiology which was later adopted by the German, Austrian and Swiss IR societies as their annual meeting, IROS (the Interventional Radiology Olbert Symposium).

Prof. Lammer has been strongly involved in CIRSE since its beginnings, and has held various positions within the society and the CIRSE Foundation, including that of President. He was made a CIRSE Fellow in 1990 and was very much involved in the relocation and set-up of the CIRSE office in Vienna as well as the development of various educational activities at the Annual Meeting and for the CIRSE Foundation.

From 1992 to 2004, Johannes Lammer headed the Department of Angiography and Interventional Radiology at the University of Vienna 2004. Following this, he was director of Cardiovascular and Interventional Radiology and Vice-Chairperson of the Department of Radiology at the Medical University Vienna, Austria until his retirement in 2015.

The BSIR honoured him with an honorary fellowship, and he is Honorary Member of the Austrian, German and Hungarian Societies of Interventional Radiology, and has received the Eberhard Zeidler Medal of DeGIR. He is also an Honorary Member of the Austrian and Turkish Societies of Radiology and has received the Gold Medal of CIRSE, ECR and SIR.

Johannes Lammer has been a member of the editorial board of several journals, including *CardioVascular and Interventional Radiology*, *Seminars of Interventional Radiology*, *Röntgen Fortschritte*, *European Journal of Vascular and Endovascular Surgery*, *Gefäßchirurgie* and the *Journal of Endovascular Therapy*, and has published more than 300 peer-reviewed scientific papers in various international journals such as *Radiology*, *JACC*, *Circulation*, *The Lancet* and *NEJM*.

He is married to Annette, with whom he has two sons and a granddaughter. Despite retiring, he is still involved in research and medical meetings but primarily enjoys family life, visiting friends on both sides of the Atlantic, sailing, hiking, skiing and playing the piano.

Andreas Gruentzig Lecture

Vascular IR and sailing the ocean

Sunday, September 11, 14:30-15:00

Roesch Lecturer

Thierry de Baère

Professor Thierry de Baère was born in 1962 in Paris. He graduated in medicine from the Université Paris-Sud. Following medical school, he was resident at the Université de Caen Basse in Normandy, gaining vital experience in interventional radiology under supervision of Prof. Jacques Theron, and in oncology. Early on in his studies, he showed a clear interest in radiology, writing his medical thesis on evaluation of tumour response of osteosarcoma using dynamic enhanced MRI.

During his residency, Dr. de Baère spent half a year gaining more experience in radiology in Nouméa, New Caledonia in 1990 before joining the Gustave Roussy Cancer Center in Villejuif, France under the direction of Prof. Alain Roche. He has remained at Gustave Roussy ever since. This cancer institute is considered to be one of the world leaders in cancer care and the largest health centre dedicated to oncology in France. It is also the first cancer centre to have its own dedicated IR department, headed by Thierry de Baère since 2003.

Prof. de Baère's special research interests are tumour ablation, portal vein embolisation and intra-arterial therapies for liver cancer. His clinical work has been dedicated to the minimally invasive treatment of liver, lung and kidney tumours. He carried out his first radiofrequency ablation in 1996 and has since headed many significant studies and contributed publications on the treatment. Moreover, Thierry de Baère has contributed over 200 peer-reviewed scientific publications. He is on the editorial board for *European Radiology* and *CVIR* and is a reviewer for *JVIR*, *European Journal of Cancer* and *Journal of Hepatology*.



Prof. de Baère has been guest speaker and lecturer at a number of universities and conferences across Europe, the US and the Middle East throughout his career. He has been a member of the Board of Directors for the World Congress on Interventional Oncology and a member of the Programme Committee at ECR 2013.

Prof. de Baère has been a valuable and active member of CIRSE since 1993. He served as Chairperson of the Standards of Practice Committee from 2007-2009 and as Deputy Chairperson of the European Conference on Interventional Oncology (ECIO) in 2012 and 2013, before chairing the conference in 2014 and 2015. He was also a member of the Scientific Committee for GEST and GEST Europe from 2008 to 2011. He has served as a member of the CIRSE Foundation Advisory Council and member of the Oncology Alliance Task Subcommittee of CIRSE.

Thierry de Baère is married with two children and lives in Paris. In his youth, he played ice hockey for France and is a certified paraglider and kite surfer with the Fédération Française de Vol Libre. He demonstrates his creative mind not only through being an exceptional interventional oncologist but also as an exhibiting scrap metal sculptor.

Josef Roesch Lecture

The IR evolution in oncology: tools, treatments, guidelines

Tuesday, September 13, 14:30-15:00

Preliminary Faculty

as per printing date – subject to change

| | | | |
|---------------------|------------------|---------------------|------------------------|
| Abadal, J.M. | Madrid/ES | De Boo, D.W. * | Amsterdam/NL |
| Abt, D. | St. Gallen/CH | de Graaf, R. | Maastricht/NL |
| Adam, A. * | London/UK | de Haan, M.W. * | Maastricht/NL |
| Åkesson, M. | Malmo/SE | de Vries, J.P.P.M. | Nieuwegein/NL |
| Akhan, O. | Ankara/TR | Denys, A. * | Lausanne/CH |
| Andersson, T. | Stockholm/SE | Desender, L. | Ghent/BE |
| Anselmetti, G.C. | Turin/IT | Donas, K.P. | Munster/DE |
| Arsava, E.M. | Ankara/TR | Ducassee, E. | Bordeaux/FR |
| Bachelier, P. | Strasbourg/FR | Fanelli, F. * | Rome/IT |
| Baek, J.H. | Seoul/KR | Filippiadis, D.K. * | Athens/GR |
| Bale, R. | Innsbruck/AT | Fischman, A. | New York, NY/US |
| Bargellini, I. | Pisa/IT | Foley, S. | Dublin/IE |
| Barranco Pons, R. * | Barcelona/ES | Funaki, B.S. | Chicago, IL/US |
| Bartal, G. | Kfar-Saba/IL | Funovics, M.A. * | Vienna/AT |
| Basile, A. * | Catania/IT | Gangi, A. * | Strasbourg/FR |
| Becquemin, J.-P. | Créteil/FR | Garnon, J. | Strasbourg/FR |
| Belli, A.-M. * | London/UK | Gebauer, B. | Berlin/DE |
| Benenati, J.F. | Miami, FL/US | Gibbs, R.G.J. | London/UK |
| Beregi, J.-P. | Nîmes/FR | Gillams, A. * | London/UK |
| Bezzi, M. * | Rome/IT | Golzarian, J. | Minneapolis, MN/US |
| Bilbao, J.I. * | Pamplona/ES | Gonçalves, B. | Porto/PT |
| Bilhim, T. * | Lisbon/PT | Grasso, R.F. | Rome/IT |
| Binkert, C.A. * | Winterthur/CH | Greenhalgh, R.M. | London/UK |
| Blessing, E. | Karlsbad/DE | Grosso, M. | Cuneo/IT |
| Breen, D.J. | Southampton/UK | Grunwald, I.Q. | Southend-on-Sea/UK |
| Brookes, J.A. | London/UK | Guimaraes, M. | Charleston, SC/US |
| Brountzos, E. * | Athens/GR | Haage, P. * | Wuppertal/DE |
| Buecker, A. * | Homburg/DE | Hacking, N. | Southampton/UK |
| Burgmans, M.C. * | Leiden/NL | Hamady, M.S. * | London/UK |
| Burrell, M. | Barcelona/ES | Haslam, P.J. * | Newcastle-upon-Tyne/UK |
| Callstrom, M.R. | Rochester, MN/US | Hatzidakis, A. * | Iraklion/GR |
| Carnevale, F.C. | São Paulo/BR | Haulon, S. | Lille/FR |
| Carrafiello, G. * | Varese/IT | Hausegger, K.A. * | Klagenfurt/AT |
| Černá, M. * | Olomouc/CZ | Hechelhammer, L. * | St. Gallen/CH |
| Chavan, A. | Oldenburg/DE | Helmberger, T.K. * | Munich/DE |
| Cioni, R. | Pisa/IT | Heuss, L.T. | Zollikerberg/CH |
| Clark, W.A. * | Ramsgate, NSW/AU | Hoffman, A. | Haifa/IL |
| Cleveland, T.J. | Sheffield/UK | Hoffmann, R.-T. * | Dresden/DE |
| Crocetti, L. * | Pisa/IT | Holden, A. * | Auckland/NZ |
| Crowe, P.M. | Birmingham/UK | Huppert, P.E. | Darmstadt/DE |
| Dake, M.D. | Stanford, CA/US | Iezzi, R. | Rome/IT |
| Darcy, M. | St. Louis, MO/US | Irani, F.G. | Singapore/SG |
| Das, M. | Maastricht/NL | Jae, H.J. | Seoul/KR |
| de Baère, T. * | Villejuif/FR | Jaschke, W. * | Innsbruck/AT |

| | | | |
|---------------------------|-------------------|-----------------------|-------------------------------|
| Jenkins, M.P. | London/UK | Meyer, B.C. | Hannover/DE |
| Kakisis, J.D. | Athens/GR | Midulla, M. * | Valenciennes/FR |
| Kamper, L. | Wuppertal/DE | Minko, P. | Homburg/DE |
| Karnabatidis, D. * | Patras/GR | Morgan, R.A. * | London/UK |
| Kasthuri, R. * | Glasgow/UK | Müller-Hülsbeck, S. * | Flensburg/DE |
| Katsanos, K.N. * | London/UK | Napoli, A. | Rome/IT |
| Katzen, B.T. | Miami, FL/US | Nienaber, C. | London/UK |
| Kaufman, J.A. | Portland, OR/US | Oguzkurt, L. * | Istanbul/TR |
| Kenny, L.M. | Brisbane, QLD/AU | Okuno, Y. | Tokyo/JP |
| Kettenbach, J. * | St. Pölten/AT | Orsi, F. * | Milan/IT |
| Kobeiter, H. | Créteil/FR | O'Hara, L. | Dublin/IE |
| Koch, G. | Strasbourg/FR | O'Sullivan, G.J. * | Galway/IE |
| Köcher, M. * | Olomouc/CZ | Palena, L.M. | Abano Terme/IT |
| Koelemay, M.J.W. | Amsterdam/NL | Palussiere, J. | Bordeaux/FR |
| Kölbel, T. | Hamburg/DE | Patel, J.V. * | Leeds/UK |
| Kovatcheva, R. | Sofia/BG | Patel, R. | Oxford/UK |
| Krajina, A. * | Hradec Králové/CZ | Paulo, G. | Coimbra/PT |
| Krishnan, P. | New York, NY/US | Pedicini, V. | Rozzano/IT |
| Krokidis, M.E. * | Cambridge/UK | Pelage, J.-P. | Caen/FR |
| Kuhelj, D. | Ljubljana/SI | Pellerin, O. | Paris/FR |
| Laasch, H.-U. | Manchester/UK | Peregrin, J.H. * | Prague/CZ |
| Lammer, J. * | Vienna/AT | Pereira, P.L. * | Heilbronn/DE |
| Lee, M.J. * | Dublin/IE | Pfammatter, T. * | Zurich/CH |
| Lencioni, R. * | Miami, FL/US | Phillips-Hughes, J. * | Oxford/UK |
| Lewandowski, R.J. | Chicago, IL/US | Prevoo, W. | Amsterdam/NL |
| Loffroy, R. | Dijon/FR | Puippe, G. * | Zurich/CH |
| Loftus, I. | London/UK | Pulido-Duque, J.M. | Las Palmas de Gran Canaria/ES |
| Lohle, P.N.M. | Tilburg/NL | Punamiya, S. | Singapore/SG |
| Lönn, L.B. * | Copenhagen/DK | Qanadli, S.D. | Lausanne/CH |
| Lookstein, R.A. | New York, NY/US | Rand, T. * | Vienna/AT |
| Loose, R.W.R. | Nuremberg/DE | Rathmann, N. | Mannheim/DE |
| Lucatelli, P. * | Siena/IT | Raupach, J. | Hradec Králové/CZ |
| Mahnken, A.H. * | Marburg/DE | Reekers, J.A. * | Amsterdam/NL |
| Malagari, K. * | Athens/GR | Reimer, P. * | Karlsruhe/DE |
| Maleux, G.A. * | Leuven/BE | Renc, O. | Hradec Králové/CZ |
| Manzi, M.G. | Abano Terme/IT | Riambau, V. | Barcelona/ES |
| Marcello, R. | Rome/IT | Richter, G.M. * | Stuttgart/DE |
| Martínez de la Cuesta, A. | Pamplona/ES | Rilling, W.S. | Milwaukee, WI/US |
| Massmann, A. | Homburg/DE | Ritter, W. | Nuremberg/DE |
| Mathias, K. | Hamburg/DE | Roberts, A.C. | La Jolla, CA/US |
| McCafferty, I.J. | Birmingham/UK | Robertson, I. * | Glasgow/UK |
| McPherson, S.J. * | Leeds/UK | Robinson, G.J. | Hull/UK |
| McWilliams, R.G. * | Liverpool/UK | Roček, M. * | Prague/CZ |
| Meijerink, M.R. | Amsterdam/NL | Rousseau, H. | Toulouse/FR |

* EBIR Diploma holders

**European Board of Interventional Radiology**

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| Ruffino, M.A. * | Turin/IT | van Delden, O.M. * | Amsterdam/NL |
| Ruiz Santiago, F. | Granada/ES | van den Berg, J.C. | Lugano/CH |
| Saatci, I. | Ankara/TR | van Lienden, K.P. | Amsterdam/NL |
| Sabharwal, T. * | London/UK | van Overhagen, H. * | The Hague/NL |
| Salem, R. | Chicago, IL/US | van Zwam, W.H. | Maastricht/NL |
| Santos Martín, E. | Pittsburgh, PA/US | Vano, E. | Madrid/ES |
| Sapoval, M.R. * | Paris/FR | Varano, G.M. | Rome/IT |
| Savio, D. | Turin/IT | Vari, A. | Rome/IT |
| Schaefer, J.P. * | Kiel/DE | Vávra, P. | Ostrava/CZ |
| Schima, W. | Vienna/AT | Vedantham, S. | St. Louis, MO/US |
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| Sofocleous, C.T. | New York, NY/US | Verhoeven, E. | Nuremberg/DE |
| Sousa, M.J. | Porto/PT | Vermassen, F.E. | Ghent/BE |
| Spies, J.B. | Washington, DC/US | Verzini, F. | Perugia/IT |
| Spiliopoulos, S. * | Athens/GR | Vidal, V. | Marseille/FR |
| Stacul, F. | Trieste/IT | Virmani, R. | Gaithersburg, MD/US |
| Stracke, C.P. | Essen/DE | Vogl, T.J. | Frankfurt/DE |
| Szczerbo-Trojanowska, M. | Lublin/PL | Vorwald, P. | Madrid/ES |
| Tanaka, T. | Kashiwara/JP | Vos, J.A. | Nieuwegein/NL |
| Teichgräber, U. | Jena/DE | Watkinson, A.F. * | Exeter/UK |
| Trerotola, S.O. | Philadelphia, PA/US | Weber, J. | St. Gallen/CH |
| Trimarchi, S. | San Donato Milanese/IT | Weiss, C.R. | Baltimore, MD/US |
| Tselikas, L. | Villejuif/FR | Williams, D.M. | Ann Arbor, MI/US |
| Tsetis, D.K. * | Iraklion/GR | Wohlgemuth, W.A. | Regensburg/DE |
| Tsitskari, M. | Athens/GR | Wolf, F. * | Vienna/AT |
| Uberoi, R. * | Oxford/UK | Zech, C.J. | Basel/CH |
| Urbano, J. * | Madrid/ES | Zeleňák, K. | Martin/SK |

* EBIR Diploma holders



European Board of Interventional Radiology

ESIR 2016 Courses

European School of Interventional Radiology

Expert Courses

ESIR stays abreast of new developments in IR with this hand-picked selection of hot topics and access to state-of-the-art technology. Taught by distinguished faculty members, these specially designed sessions are aimed at experienced participants who are already familiar with the topic's theoretical aspects and the relevant literature. Alongside "Tips & Tricks", this year's programme will put an emphasis on modern procedural training and practical exercises, with live or recorded cases being used where appropriate.

Prostate Embolisation Ankara (TR), May 23-24, 2016

*Local Host: B. Peynircioglu
Hacettepe University*



Critical Limb Ischaemia Amsterdam (NL), October 21-22, 2016

*Local Host: J.A. Reekers
Academic Medical Center*



Prostate Embolisation Paris (FR), November 29-30, 2016

*Local Host: M.R. Sapoval
Hôpital Européen Georges Pompidou*



Mechanical Thrombectomy in Acute Ischaemic Stroke The Hague (NL), December 9-10, 2016

*Local Host: H. van Overhagen
Haga Teaching Hospital*



For more information, please visit www.cirse.org/esir2016

CIRSE Session Types

Amazing Interventions

The aim of this session is to present examples of unusual and difficult interventional procedures. Acclaimed experts in interventional radiology will present brief cases of their most unusual and challenging procedures. The emphasis of the session will be to highlight innovative ways that interventional radiologists can solve difficult problems and get out of trouble. It is envisaged that the session will be both educational and entertaining.

Aortic Complications

This new session format features case presentations of major complications and/or unsuccessful interventions. Key opinion leaders will present aortic cases that were either originally complicated or became difficult to deal with during the procedure. This session provides a valuable learning opportunity by showing how to avoid unpleasant conditions in the daily clinical practice and how to find solutions to serious unexpected events.

"CIRSE meets..." Session

The "CIRSE meets..." programme proved to be an important platform for establishing and strengthening the relations between CIRSE and other societies in the field of interventional and vascular therapy. At CIRSE 2016, CIRSE's guest will be the European Association of Urology (EAU).

For the detailed programme, please refer to page 32.

Expert Case Discussions

The Expert Case Discussions are divided into several topics. This format is designed to provide a platform for experts with different skills and views, who can each present their unique approach. Interesting cases, where different treatment options seem possible, will be presented, followed by a lively discussion involving the speakers and the audience. These interactive sessions provide an excellent learning experience on how to approach and work up difficult cases.

Expert Round Tables

The Expert Round Table sessions facilitate addressing important aspects of interventional radiology in an informal setting. Key opinion leaders will outline their views and preferred therapy options regarding select "hot topics", and then engage in lively discussions thereof with both their fellow speakers and the audience.

Film Interpretation Quiz

The Film Interpretation Quiz is one of CIRSE's most popular sessions and will be run as a "last man standing" quiz. The Quiz Master will present the audience with three possible answers to each case – those choosing incorrectly will be eliminated and must sit down, while those who get the answer right will continue to the next case. The last few contestants left standing will be invited onstage for a head-to-head finale. Those eliminated at the very beginning will get a second chance to put their skills to the test.

Free Paper Sessions

Researchers will present original papers on new and original aspects of cardiovascular and interventional radiology. Selected papers will be gathered into sessions, each dealing with a homogenous topic. There will be time for discussion between researchers and attendees after each presentation.

Featured Papers:

In order to achieve a more interactive format to the Free Paper Sessions, one paper per session will be highlighted. More time will be dedicated to this featured paper by means of further questions prepared prior to the meeting by the moderator. This will ensure a more structured and thorough discussion of the topic.

Fundamental Courses

Fundamental Courses cover a specific area of interventional radiology, focusing on basic principles and illustrating the procedure in a step-by-step fashion. They are designed for radiologists-in-training and new consultants, as well as for experienced consultants who require a refresher course on the subject. There will be plenty of time for questions and discussion. Each session will last one hour.

Hands-on Workshops

The participants of Hands-on Workshops can follow live demonstrations of interventional techniques and practice certain procedures under the guidance of a technician and/or instructor.

For the detailed programme, please refer to pages 33-35.

Hot Topic Symposia

The Hot Topic Symposia aim to address controversial IR topics in the setting of a plenary session. Invited speakers will give brief lectures on important aspects of the subject under discussion. A major feature of these sessions will be a round-table discussion involving the speakers and the audience.

Lecture Sessions

Lecture Sessions feature targeted presentations addressing diverse issues in minimally invasive aortic aneurysm repair. Each session concludes with a lively debate of the particular topic's most controversial aspects.

Morbidity & Mortality Conference

The Morbidity and Mortality Conference will analyse interventional radiology cases which led to complications and/or deaths that could have been avoided. This session provides a valuable learning experience for everyone involved in interventional radiology. The session will be dedicated to vascular and non-vascular cases.

Satellite Symposia

Satellite Symposia are organised by companies and take place at lunchtime as well as in the morning and in the evening. During these sessions cutting-edge information on interventional equipment and techniques is provided. *The Satellite Symposia programme will be published in the main programme.*

Special Sessions

Special Sessions are designed to impart the latest knowledge on topics of interest to interventional specialists. These sessions are the backbone of the CIRSE meeting and are specifically chosen by the programme planning committee because of their importance in daily practice.

Workshops

During Workshops you will have the chance to learn from your colleagues' expertise in an informal, interactive manner. Workshops will entail individual cases and discussion points with regard to the particular interventional topic. Attendees can contribute their opinions and ask questions in small groups.

Workshop for Radiographers

This well-established interactive workshop, organised by CIRSE and the European Federation of Radiographer Societies (EFRS), is especially designed for radiographers and nurses working in the field of interventional radiology. It caters to the fact that optimal patient care can only be delivered if the physician and the other team members, such as radiographers, are well trained and highly professional in what they do.

How to navigate the scientific programme

The programme is designed to facilitate itinerary planning, enabling delegates to follow their chosen themes with little or no overlap. In this booklet you will find colour codes for each of the eight main themes. Those codes can be found throughout the whole programme (programme overview, main theme description, programme in chronological order), allowing you to easily recognise your topics of interest.

INTERVENTIONAL ONCOLOGY

The rapid developments in interventional oncology research, technology and techniques are piquing the interest of many specialists and our varied programme strives to reflect this.

There will be a range of Special Sessions, Workshops and Fundamental Courses on ablation. Furthermore, a special Hot Topic Symposium will examine the paradigm shift in clinical treatment of colorectal liver metastases, with an overview of the new ESMO guidelines that have recently been published. Other Special Sessions include an extended outlook on the controversial issues in HCC and IR options for treating colon cancer at different stages.

IR MANAGEMENT

Clinical care, quality assurance and patient safety are all important aspects of an interventional radiologist's practice and will all be key topics in the CIRSE 2016 IR Management track. Special Sessions will address radiation safety and anaesthesia use, while workshops in this track will offer a more interactive discussion, including topics such as paediatric radiation protection and preparing for the EBIR, a session which seeks to encourage continued engagement through this certification. Current research and clinical trials will also be addressed, as well as a special session on taking care of your patient, including a lecture on how to set up your own clinical department.

NEUROINTERVENTIONS

With the recent completion of key studies in this field, this is a crucial moment for the neurointerventional radiologist. As such, stroke therapy will be a core theme of the 2016 programme.

A host of sessions, including a Hot Topic Symposium on the shifts in treatment of acute ischaemic stroke therapy, will examine exciting new evidence, treatment options, collaboration and how to optimise service provision. Relevant Workshops will include *Revascularisation in acute ischaemic stroke* and *Carotid and intracranial stenting in stroke prevention*, while a Fundamental Course will provide the basics of ischaemic stroke interventions.

EMBOLISATION

Embolisation continues to play a vital role in every IR's practice. At CIRSE 2016, the transcatheter embolisation track will again offer a comprehensive educational programme dedicated to informing participants on the depths of this versatile therapy.

Delivered through a series of lecture-based Fundamental Courses and Special Sessions, the programme covers an array of topics, from prostate embolisation to gastrointestinal bleeding and even controversies in new fields such as bariatric and haemorrhoid embolisation. There will also be a number of workshops covering all facets of embolotherapy, including the popular Hands-on Workshops which will provide an opportunity for participants to explore the available embolisation tools and materials and practice basic techniques.

VENOUS INTERVENTIONS

Last year, this rapidly expanding sub-category of therapies was given increased prominence within the programme. Due to enthusiastic reception, these sessions have now been expanded into a stand-alone clinical track, to provide more targeted education to those who would like to get more involved in this fast-growing field.

Perhaps the most urgent of venous complaints, DVT and pulmonary embolism will be addressed in a comprehensive series of Fundamental Courses and Special Sessions, while those wishing to offer varicose vein treatments are advised to sign up for one of two Hands-on Workshops. Dialysis access maintenance and portal hypertension (including in the paediatric sphere) will also be explored.

NON-VASCULAR INTERVENTIONS

A core staple of the IR repertoire, non-vascular procedures are expanding beyond the traditional field of image-guided biopsies and drainage: this year's non-vascular track will closely scrutinise the skeletal system, offering a range of sessions on percutaneous fracture management, bone ablation and new evidence on vertebroplasty.

However, non-skeletal interventions will also be examined, and Special Sessions of note include *The role of IR in inflammatory pancreatic disease* and *Biopsy: new developments*. A case-based Workshop will discuss benign biliary disease, complimented by an Expert Round Table on the therapy of biliary obstructions.

ARTERIAL INTERVENTIONS

This year, CIRSE's cornerstone vascular track has been divided into three subsections to facilitate an optimal learning experience for participants. At CIRSE 2016, the arterial track will feature Expert Round Tables and Expert Case Discussions, to increase the opportunity for lively discussion of topics such as the treatment of long SFA lesions and chronic limb ischaemia.

Lecture-based sessions will investigate a number of cutting-edge themes, including *Calcium burden and treatment solutions in modern endovascular practice* and *Robotic interventions: which patients; is it worth it?* Clinical issues such as alternative arterial access and patient involvement and shared decision making will also be addressed.

AORTIC INTERVENTIONS

The Interdisciplinary Endovascular Aortic Symposium is a recent innovation, running parallel to CIRSE and offering a 2.5-day cross-disciplinary educational forum. CIRSE delegates have unrestricted access to this exciting stream, and all sessions are listed in this programme as a distinct aortic track.

To reflect the collaborative nature of the symposium, these sessions feature a great number of debates, covering TEVAR for type B dissection, optimal management of type I endoleaks and standard EVAR outside IFU – yes or no? One of the highlights in 2016 will be the Hot Topic Symposium on *Aortic emergencies*, where the early IMPROVE trial results will be discussed. Two workshops will also be offered for junior doctors.

Barcelona, Spain
September 10-14
CIRSE 2016

Scientific Programme

- 22-23 Arterial Interventions**
- 24-25 Venous Interventions**
- 26-27 IDEAS – Aortic Interventions**
- 28-29 Paradigm shift: liver colorectal metastases**
- 30-31 Neurointerventions: a paradigm shift?**
- 32 Sessions in collaboration with other societies**
- 33-35 Hands-on Workshops**
- 36-38 Saturday, September 10**
- 39-42 Sunday, September 11**
- 43-46 Monday, September 12**
- 47-50 Tuesday, September 13**
- 51 Wednesday, September 14**

IN THE SPOTLIGHT

ARTERIAL INTERVENTIONS

Vascular interventions have always been a crucial aspect of interventional radiology training and practice. From the early days of revascularisation, the IR vascular repertoire has grown phenomenally – so much so, that distinct areas of clinical interest are beginning to emerge within the field.

The CIRSE congress has always sought to provide its delegates with targeted and relevant learning opportunities, and has therefore decided to split the traditional vascular track into three distinct strands: aortic, venous and arterial. This new endovascular programme will hopefully make it easier for delegates to attend the sessions most pertinent to their own practice: some highlights of each new track will be outlined on the next few pages!

Peripheral artery disease

A fast-aging population and the strong increase in diabetes in the Western world have led to a rapid rise in the prevalence of peripheral artery disease. Providing a minimally invasive alternative, especially for patients at heightened surgical risk, endovascular procedures to treat PAD have experienced a strong surge in recent years. However, the Achilles' heel of endovascular PAD treatment so far has been its short durability, with high

restenosis rates limiting its appeal. Numerous studies have shown that drug-coated stents and balloons result in higher patency rates and could therefore become the future treatment of choice for preventing and treating restenosis.

This year sees the introduction of Expert Round Tables, where key opinion leaders will outline their views and preferred therapy options regarding select "hot topics", before participating in an open discussion with the audience and other panellists. One such session, led by Konstantinos Katsanos, will focus on the treatment of long SFA lesions, providing an excellent platform for a discussion on this controversial issue. Another round table, hosted by Mariano Palena, will scrutinise therapy options for chronic limb ischaemia.

Of course, it is important to remember that it is not just a stenosis that is being treated, but a patient: clinical involvement entails communicating findings to the patient and working with them to manage the problem. A Special Session, *The patient's perspective in PAD*, will seek to understand this relationship further, and will examine the clinical usefulness of patient-reported outcome measurements, shared decision making and exercise therapy.

Saturday, September 10, 10:00-11:00

ERT 201 Therapy of long SFA lesions
Co-ordinator: K.N. Katsanos (London/UK)

Sunday, September 11, 10:00-11:00

ERT 1003 Therapy of chronic limb ischaemia
Co-ordinator: L.M. Palena (Abano Terme/IT)

Tuesday, September 13, 08:30-09:30

SS 2503 The patient's perspective in PAD

- 2503.1 Patient-reported outcome measurements (PROMS)
M.J.W. Koelemay (Amsterdam/NL)
- 2503.2 Shared decision making
to be announced
- 2503.3 Supervised exercise training first: pro/con
J.A. Reekers (Amsterdam/NL)
- 2503.4 Primary PTA first: pro/con
A. Buecker (Homburg/DE)

A new therapeutic arsenal?

A huge range of therapy options exist for atherosclerotic lesions. Balloon angioplasty and subintimal angioplasty were joined by various drug-eluting technologies, which despite initial promise, failed to be the panacea that was hoped for. Nonetheless, data show that both drug-eluting balloons and drug-eluting stents have a role to play in treating atherosclerosis, and the principles underlying their use, as well as multiple studies that throw light on their application, will be discussed during a Fundamental Course, *Drug-eluting technologies*.

In advanced vascular disease, atherosclerosis becomes calcified deep inside the vessel walls, obstructing blood flow and making intervention both challenging and prone to both procedural and long-term failure. Such lesions require mechanical debulking to avoid barotrauma and reduce neointimal hyperplasia. A number of technologies, including atherectomy devices, cutting balloons, scoring balloons and lithoplasty, will be examined in Sunday's session, *Calcium burden and treatment solutions in modern endovascular practice*.

Four main atherectomy device types exist: directional, rotational, orbital and laser ablation, each offering advantages for different lesion types. These devices avoid the use of stents in critical levels, and seem to be particularly suitable for eccentric plaques, heavily calcified lesions, long segment occlusion and femoro-

popliteal bypass. However, distal embolisation remains an issue of concern during the use of these devices. Combining atherectomy with drug-eluting balloons is a promising approach, which is yet to be properly evaluated.

Cutting balloons consist of three to four microsurgical blades embedded in a non-compliant angioplasty balloon. Scoring balloons present a scoring wire along their surface: the principle, for both, is to minimise vessel wall trauma by inducing radial micro-incisions in the plaque prior to angioplasty. The indications for use include in-stent restenosis, short segment eccentric calcified plaque and graft anastomotic stenosis. This technology has been studied extensively in coronary arteries but limited data is available in PVD.

Shockwave lithoplasty is a balloon-based technology that uses lithotripsy, a pulsatile mechanical energy, to target calcium and normalise vessel wall compliance prior to low-pressure balloon dilatation. This technology has been lauded as both gentle yet powerful, and allows for low-pressure balloon dilatation, which may reduce the potential for soft tissue vascular injury which can be induced by other endovascular technologies.

These technologies, as well as the mechanism of action of peripheral arterial calcification, its detection, classification and clinical implications, will be discussed by noted experts at a dedicated Special Session.

Sunday, September 11, 08:30-09:30

SS 903 Calcium burden and treatment solutions in modern endovascular practice

- 903.1 Peripheral arterial calcification: mechanism of action, detection, classification and clinical implications
F. Fanelli (Rome/IT)
- 903.2 Rotational vs. directional vs. orbital vs. photo-ablation: which atherectomy for heavy calcified lesions?
U. Teichgräber (Jena/DE)
- 903.3 Scoring balloons: an alternative method for "vessel preparation"
E. Blessing (Karlsbad/DE)
- 903.4 Latest frontier in calcium debulking: shockwave lithoplasty
A. Holden (Auckland/NZ)

Tuesday, September 13, 10:00-11:00

FC 2603 Drug-eluting technologies

- 2603.1 The science behind drug-eluting balloon technology
R. Virmani (Gaithersburg, MD/US)
- 2603.2 Clinical studies on drug-eluting balloons
F. Fanelli (Rome/IT)
- 2603.3 Drug-eluting stents – new developments and established data
S. Müller-Hülsbeck (Flensburg/DE)
- 2603.4 Drug-eluting balloons for AV fistulas
A. Massmann (Homburg/DE)

IN THE SPOTLIGHT

VENOUS INTERVENTIONS

In keeping with recent clinical trends, last year's congress featured an increased number of venous sessions. Due to the enthusiastic response from congress delegates, it has been decided to expand these sessions into a stand-alone clinical track, to provide more targeted education to those doctors who wish to pursue this fascinating topic.

A far-reaching clinical issue

It is estimated that over 90% of the population will suffer from some form of venous disease during their life-time – as well as the inherent strain that gravity places on venous valves, modern sedentary lifestyles, lack of exercise, smoking and obesity all contribute to venous disorders.

To combat this global healthcare issue, IR has become increasingly involved in providing treatments for a variety of venous disorders, including deep vein thrombosis (DVT), pulmonary embolism (PE), varicose veins and post-thrombotic syndrome, as well as more complex medical issues such as portal hypertension and dialysis access.

Dialysis access

While IR provides a wide number of treatments for renal patients, one of the most straightforward and effective is its role in maintaining dialysis access. On average the durability of a haemodialysis access is limited to three years, which is often followed by the development of a stenosis. With the timely use of catheter-based interventions, more than 80% of access sites can be successfully restored, and research is currently being done into the possibility of pre-emptively dilating these stenoses.

Low patency rates after plain balloon angioplasty are one of the most pressing issues in haemodialysis access. Although it is well known that drug-eluting balloon devices perform well in the femoropopliteal arteries, fistulas and grafts react quite differently, and real evidence of the efficiency of drug-eluting devices in this field is still outstanding. In a special session these issues, among others, will be scrutinised by experts such as Jan Peregrin and Marco Das.

Central line placement techniques are useful in a wide range of clinical scenarios (long-term delivery of intravenous medications, parenteral nutrition, or for frequent blood draws), and two workshops will be held on Tuesday, September 13 to facilitate case discussion of both standard and difficult cases.

Saturday, September 10, 11:30-12:30

SS 303 Dialysis access

- 303.1 Clinical assessment and imaging for failing fistulas
L. Kamper (Wuppertal/DE)
- 303.2 Current status of stent grafts
to be announced
- 303.3 Current status on drug-eluting devices in dialysis access
M. Das (Maastricht/NL)
- 303.4 Treatment of chronic central venous obstructions
J.H. Peregrin (Prague/CZ)

Venous reflux – an ideal place to start your practice

Chronic venous insufficiency of the lower extremities affects an estimated 20-30% of adults. Sluggish circulation and venous reflux can manifest itself in many ways, from tired, heavy legs to ulceration or varicose veins. While generally considered a cosmetic problem, varicose veins can significantly impair an individual's ability to work and their daily functions. They also possibly increase an individual's risk of developing deep-vein thrombosis (DVT).

This group of inter-related conditions has often been described as an ideal place for an interventionist to start their practice: the affected patients are often young and otherwise healthy. The diagnosis of the problem is quite straightforward – many patients will actually be able to self-diagnose, and radiological examination, mostly Duplex ultrasound, can easily confirm their complaint. Venous ablation and thrombectomy have a low complication rate and can be performed as out-patient procedures. A series of Hands-on Workshops, as well as a case-based discussion workshop, will tackle the treatment of varicose veins.

Of course, DVT can also be caused by other factors: hormone changes, extended bed-rest and long-haul flights, to name but a few. If anything, this merely increases the need for every IR to have the relevant skills to tackle DVT – you never know when your cancer patient, or a pregnant woman, might need urgent treatment. Currently, roughly 200,000 new cases of DVT are diagnosed each year in the USA, affecting both the young and old, the healthy and unwell, with devastating results: DVT is the third biggest cause of cardiovascular mortality after stroke and heart attack.

Pulmonary embolism, which is caused by blood clots travelling from a DVT to the lungs, requires immediate medical attention: non-treatment results in a mortality rate of approximately 30%. PE is commonly treated with anticoagulants. For patients where anticoagulation is contraindicated, IR offers an alternative treatment option using IVC filters. Yet, their use as a therapeutic method is strongly disputed; their main purpose is to prevent PE. Filters can be placed permanently or can be retrieved, with high retrieval success rates of 98%. A Special Session, *IVC filters: reassessing the evidence*, will address current best-practice and evidence, patient care and filter retrieval.

Saturday, September 10, 10:00-11:00

FC 203 Venous stenting

- 203.1 Recanalisation of deep venous obstructions: current status
R. de Graaf (Maastricht/NL)
- 203.2 Decision-making in deep venous interventions: from imaging to follow-up
L. Oguzkurt (Istanbul/TR)
- 203.3 Technical aspects of deep venous interventions, tips and tricks
G.J. O'Sullivan (Galway/IE)
- 203.4 Prevention of PTS, eliminating the cause of DVT
J.A. Vos (Nieuwegein/NL)

Wednesday, September 14, 08:30-09:30

SS 3202 IVC filters: reassessing the evidence

- 3202.1 Current status in the USA
J.A. Kaufman (Portland, OR/US)
- 3202.2 Current status in Europe
G.J. Robinson (Hull/UK)
- 3202.3 Post-procedural patient care
S.D. Qanadli (Lausanne/CH)
- 3202.4 Factors affecting filter retrieval
O. Pellerin (Paris/FR)

Wednesday, September 14, 10:00-11:00

SS 3302 Pharmacomechanical thrombolysis for acute DVT

- 3302.1 Patient selection and peri-interventional management
S. Vedantham (St. Louis, MO/US)
- 3302.2 Thrombo-aspiration
R. Uberoi (Oxford/UK)
- 3302.3 Thrombolysis
M. Roček (Prague/CZ)
- 3302.4 Mechanical thrombectomy
R.A. Lookstein (New York, NY/US)

IDEAS

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Interdisciplinary Endovascular Aortic Symposium

AORTIC INTERVENTIONS

Last year saw the first-ever Interdisciplinary Endovascular Aortic Symposium take place during the CIRSE annual meeting. This unique symposium offered a dedicated forum to interventional radiologists, vascular surgeons and cardiologists involved in endovascular aortic repair, while remaining open to CIRSE delegates who wished to attend the various lectures, debates and workshops.

Due to the enthusiastic response, this initiative will be repeated at CIRSE 2016, offering congress-goers a chance to hear the biggest names in the field discuss some of the most hot-button issues. Along with the arterial and venous tracks, it makes up a comprehensive Endovascular Programme at this year's congress.

Aortic Emergencies

The Hot Topic Symposia are an ideal platform for examining controversial treatment issues, and aortic emergencies will come under scrutiny at this year's congress. Four speakers will each give a detailed overview of the current status of a particular clinical issue, before opening the floor to a panel discussion.

The IMPROVE trial, although still ongoing, has already thrown some interesting light on the treatment of ruptured AAA. Key findings so far are that short-term survival rates (i.e. at time of discharge) are roughly equivalent (64% of the EVAR group and 62% of the open repair group, respectively), but that EVAR patients were discharged sooner than OR patients. EVAR appears to be more beneficial in women than men; those receiving EVAR under local anaesthesia did much better than those who received EVAR under general anaesthesia; and costs for both procedures, at this early stage, are similar, although longer follow-up will throw more light on this. The Hot Topic Symposium will open with a secondary analysis of the findings thus far.

There are numerous clinical presentations that might require emergency intervention, including post-dissection thoracic AAA, traumatic rupture of the thoracic aorta, intramural haematoma and penetrating ulcer: noted experts will discuss the diagnosis, treatment and follow-up of these emergency procedures, giving tips on how to optimise outcomes and avoid complications.

Sunday, September 11, 15:00-16:00

I-HTS 1302 Aortic emergencies

*Moderators: C.A. Binkert (Winterthur/CH),
F. Fanelli (Rome/IT)*

- 1302.1 Secondary analyses of the IMPROVE trial
to be announced
- 1302.2 Acute TEVAR for ruptured aneurysm and dissection
A. Chavan (Oldenburg/DE)
- 1302.3 Traumatic rupture of the thoracic aorta
M.D. Dake (Stanford, CA/US)
- 1302.4 Intramural haematoma and penetrating ulcer
F.E. Vermassen (Ghent/BE)
- 1302.5 Round-table discussion

Getting started

Endovascular aortic repair is a highly challenging field, both in terms of technical skills, anatomical knowledge and emotional resilience. It can be daunting for those starting out in their interventional careers, and in order to guide beginners through the procedure, two case-based discussion workshops will be held on the opening day of IDEAS 2016. We urge all interested in getting involved to attend!

Sunday, September 11, 16:15-17:15

WS 1404 Abdominal aneurysm

- 1404.1 *J.D. Kakisis (Athens/GR)*
- 1404.2 *M.A. Funovics (Vienna/AT)*

Sunday, September 11, 17:30-18:30

WS 1504 Thoracic aorta

- 1504.1 *F. Wolf (Vienna/AT)*
- 1504.2 *V. Riambau (Barcelona/ES)*

Expert Round Tables

Two Expert Round Table sessions will see key opinion leaders from the field of vascular surgery, cardiology and interventional radiology outline their views on select hot topics, before engaging in lively discussions with both their fellow speakers and the audience.

Thoracic aorta – uncomplicated acute type B dissections

Type B dissections involve only the descending aorta, and acute presentations are defined as <14 days from the onset of symptoms. Currently, most uncomplicated Type B dissections are managed medically, with a mortality rate of 10%; however, the morbidity rate is significant, mostly due to dynamic malperfusion, and to a lesser extent, static malperfusion. Whether TEVAR provides an effective alternative will be debated by our multi-disciplinary panel, with reference to various clinical trials, including INSTEAD and INSTEAD XL.

Although TEVAR appears to offer good outcomes in uncomplicated acute type B dissections, it is not a straightforward procedure: a delicate balancing act must be found between adequately sealing the entry tears, while avoiding excessive coverage of the aorta, to lower the risk of spinal cord ischaemia. Various innovations, such as using bare stent scaffolding for distal extension of the previously implanted stent graft (the petticoat technique) have been investigated. The risks of TEVAR, and the possible methods of reducing them, will be examined in detail.

Abdominal aorta – challenging proximal neck

A key factor in the durability of EVAR is the proximal neck, and a number of morphological features can impair the fixation of the endograft, including neck length, diameter and angulation, as well as the presence of thrombus or calcification. Some of these issues can potentially be resolved by improved device engineering, while others may be hallmarks of disease progression that may dislodge even the most expertly deployed device.

An infrarenal neck angle > 45° is associated with a significantly increased risk of initial type IA endoleak. However, device placement can help lessen neck angulation: after successful EVAR, the degree of both

suprarenal and infrarenal neck angulation decreases, with this process continuing for up to 3 years postoperatively. This phenomenon is certainly a factor to be considered when weighing up the risks of stent-grafting in a sharply angulated proximal neck.

Since 1990, endovascular graft design has been continually refined. Displacement, branch vessel occlusion and endoleaks are very real concerns, and device innovations such as fenestrated stent grafts, self-expanding stents with infrarenal active fixation and the chimney technique have all sought to overcome these risks. Of course, even with these endovascular options, open surgical repair is still an option, and our expert panel will discuss which therapy offers which patients the best outcomes.

Sunday, September 11, 10:00-11:00

I-ERT 1005 Thoracic aorta – uncomplicated acute type B dissections

Co-ordinator: E. Verhoeven (Nuremberg/DE)

- 1005.1 Is there a role for medical therapy?
C. Nienaber (London/UK)
- 1005.2 Risk factors for late complications
M.D. Dake (Stanford, CA/US)
- 1005.3 Is coverage of the entry tear enough?
F.E. Vermassen (Ghent/BE)
- 1005.4 Is the petticoat technique useful?
E. Ducasse (Bordeaux/FR)

Monday, September 12, 10:00-11:00

I-ERT 1805 Abdominal aorta – challenging proximal neck

- 1805.1 Standard EVAR
J.F. Benenati (Miami, FL/US)
- 1805.2 Chimney technique
F. Verzini (Perugia/IT)
- 1805.3 Fenestrated
A. Holden (Auckland/NZ)
- 1805.4 Is there still a role for surgery in AAA?
J. Schmidli (Bern/CH)

IN THE SPOTLIGHT

PARADIGM SHIFT: LIVER COLORECTAL METASTASES

Colorectal cancer is the second most common cancer in North America and Europe, with more than 50% of these cases developing liver metastases during their lifespan. Although surgical resection of liver metastases is the treatment of choice, most patients present with unresectable liver-predominant metastatic colorectal cancer (mCRC). Ultimately, liver failure remains the cause of death for most of these patients. Interventional oncology has an increasingly pertinent role in prolonging survival time and quality of life for patients with liver metastases that are unlikely to ever become resectable.

The treatment of colorectal liver metastases remains a subject full of complexities. A large number of these have been covered in the new guidelines compiled by multidisciplinary experts for the European Society of Medical Oncology (ESMO), providing an important overview on patient selection and the role of the interventional oncologist. These guidelines, along with points of discussion such as treatment for unresectable mCRC, new evidence on SIRT and the general importance of multidisciplinary teams will be covered in the Hot Topic Symposium and many other IO sessions.

Winning combinations

Fewer than 25% with mCRC are candidates for resection or percutaneous ablation, and of those who are, 70% will suffer from relapse within three years. Here we have a majority that need viable treatment options in order to preserve quality of life, limit tumour growth and control symptoms. This is achieved in part by chemotherapy. However, recent interventional oncology data demonstrate some promising therapies, as well as increased survival time and improved quality of life in unresectable patients.

In these cases, loco-regional treatments present viable options: hepatic arterial infusion chemotherapy (HAIC) exposes the metastases to a highly concentrated dose of cytotoxic agents without resulting in too much systemic spread, preventing toxicity; transarterial chemoembolisation (TACE) delivers chemotherapeutic agents locally and restricts tumour blood supply responsible for drug washout and necessary for tumour growth; and selective internal radiation therapy (SIRT) facilitates high-dose local irradiation of liver tumours, either alone or in combination with systemic chemotherapy. It has even been shown that tumour resectability can be notably increased with these strategies, with a corresponding impact on survival rates.

(Pre)view on SIRT

There has recently been further demonstration of efficacy and safety in the concurrent use of radio-embolisation and chemotherapy. SIRFLOX was the largest randomised trial ever conducted that combined an interventional radiology procedure with chemotherapy in oncology, and is the first of a group of three studies assessing the results of adding SIR-Spheres Y-90 resin microspheres to first-line chemotherapy in the treatment of mCRC. The results of the three studies (SIRFLOX, FOXFIRE and FOXFIRE Global), which together enrolled more than 1,100 mCRC patients, will be combined in a pre-planned assessment of the overall survival benefit of adding SIR-Spheres Y-90 resin microspheres to first-line chemotherapy for mCRC. Results are expected in 2017. CIRSE has also initiated the European-wide CIRSE Registry for SIR-Spheres Therapy (CIRT), which aims to prospectively collect data on the real-life clinical application of SIR-Spheres.

An interdisciplinary mission

With modern medical practice becoming increasingly specialised, it is becoming ever more important for physicians from different specialties to collaborate and devise the best treatment plans for individual patients, stimulating interdisciplinary exchanges on commonly encountered challenges in oncology. Multidisciplinary tumour boards are central to providing the best for patients according to agreed therapeutic strategy pathways. The ESMO guidelines stress the importance of multidisciplinary teams when outlining treatment strategies. To this effect, the aforementioned combination strategies which exist for treating advanced colorectal liver metastases, including chemotherapy, resection and IO techniques, require a driving multidisciplinary force behind them. Furthermore, there has more recently been an emphasis on the importance of using these therapies in tandem, rather than the common clinical scenario where two or more treatments are used together in an unplanned way. Finally, managing the costs of all the new information and technology is likewise a collaborative team effort.

These issues and many more will be addressed at CIRSE 2016 – be sure to join us for the dedicated Fundamental Courses, Expert Round Table, and of course, the Hot Topic Symposium on colorectal liver metastases!

Tuesday, September 13, 15:00-16:00

HTS 2902 Paradigm shift: liver colorectal metastases

Moderator: T.K. Helmberger (Munich/DE)

- 2902.1 The paradigm is shifting – the new ESMO guidelines for CRC and more
E. van Cutsem (Leuven/NL)
- 2902.2 The IO toolbox (efficacy of IO tools)
P.L. Pereira (Heilbronn/DE)
- 2902.3 Interdisciplinarity in MDT boards – proposal(s) for smart treatment pathways
A. Adam (London/UK)
- 2902.4 Round-table discussion

Sunday, September 11, 08:30-09:30

FC 901 Thermal liver ablation

- 901.1 HCC: patient selection
T. de Baère (Villejuif/FR)
- 901.2 HCC: ablation techniques
T. Bilhim (Lisbon/PT)
- 901.3 Colorectal metastases: patient selection
W. Prevoe (Amsterdam/NL)
- 901.4 Colorectal metastases: ablation techniques
R. Bale (Innsbruck/AT)

Tuesday, September 13, 10:00-11:00

Expert Round Table

ERT 2602 Therapy of liver metastasis from colon cancer

IN THE SPOTLIGHT

NEUROINTERVENTIONS: A PARADIGM SHIFT?

Acute stroke is currently among the most common causes for death and the prevalent cause for disability among adults in the industrialised world. With this burden set to grow in the coming years, stroke treatment has become an ever-prominent theme at CIRSE meetings. Furthermore, thought-provoking new studies, technical advances and the increasing need for interventionalists in this area means that treatment for acute stroke remains an animated topic and such, of as much interest to the general interventional radiologist as to those closely involved in the area.

Stroke therapy will be a core theme of the CIRSE 2016 programme, with several sessions (including a Hot Topic Symposium coordinated by Professors Tommy Andersson and Klaus Hausegger) focusing on new evidence and significant developments in interventional treatment for acute ischaemic strokes.

The time window

The use of tissue plasminogen activator (tPA) delivered intravenously within the first 4.5 hours has been an effective method of treating acute ischaemic stroke. However, despite proven clinical efficiency, at least 50% of IV-treated stroke patients remain disabled or die. Clear evidence has accrued showing that urgent recanalisation is crucial in patients with ischaemic stroke caused by an occluded major intracranial artery. However, early recanalisation after IV treatment is seen in only about one third of patients with an occlusion of the internal carotid artery terminus, and the prognosis without revascularisation is generally poor for such patients.

Mechanical thrombectomy has proven to be a far quicker and more effective recanalisation method compared to IV thrombolysis, and also widens the time window for

possible treatment to at least six hours. Importance is not only put on the time-sensitive nature of treatment but also encouraging recanalisation. On top of winning extra time, this is why intra-arterial treatment is regarded as a potentially important component of the treatment.

A fresh take with the MR CLEAN Study

The MR CLEAN Study, a multi-centre, randomised trial, was carried out from 2010 – 2014 in Amsterdam with a sample size of 500. The aim of the study was to assess how effective IA treatment for ischaemic stroke due to proximal intracranial occlusion of the anterior circulation was on functional recovery of the patient 90 days following the treatment plus usual care. Intra-arterial treatment consisted of arterial catheterisation with a microcatheter and delivery of a thrombolytic agent, mechanical thrombectomy or both. Retrievable stents were used in 190 of the 233 patients who were assigned to the intra-arterial treatment. Patients treated with IA intervention within 6 hours of symptom onset in addition to usual care had an increase in functional independence in daily life at three months, without an increase in mortality – according to the modified Rankin scale (used to measure the level of dependency following a neurological disability). For every 100 patients, 14 more will have a non-disabled outcome and 22-29 will have a less disabled outcome.

Similar studies in the past had provided neutral or even negative results on endovascular treatment of acute ischaemic stroke. How did the MR CLEAN study differ? Firstly, MR CLEAN required advanced imaging that showed large vessel occlusion. In other words: the investigators knew what they were treating. Secondly, the study's success can be credited to advances in devices, which were shown to be superior to older models for both revascularisation and clinical outcomes.

Role revision

Other modern endovascular therapy studies such as ESCAPE, EXTEND-IA and SWIFT Prime, which were conducted within the same time-frame, also reported positive results for improved neurological outcomes following acute ischaemic stroke. This accumulation of new information will surely change the landscape of acute stroke management and therefore a greater demand for interventional radiologists within the neuro-sector will most probably be seen.

The question of who, exactly, is eligible to perform endovascular neurological procedures thus comes into play: general interventional radiologists with specific training, or only neuro-interventional radiologists? For the general interventional radiologist, it has been doubted whether skills are transferable for treatment on an organ as unique as the brain. And as such, endovascular treatment requires very careful patient selection. Eligibility could be regulated in the form of set performance standards and training. Moreover, how this could be rolled out between dedicated stroke centres and hospital units provides further thrilling discussion in the Hot Topic Symposium and the entire Neurointerventions track at CIRSE 2016.

Monday, September 12, 15:15-16:00

HTS 2102 Paradigm shift: acute ischaemic stroke

*Moderators: T. Andersson (Stockholm/SE)
K.A. Hausegger (Klagenfurt/AT)*

- 2102.1 Treatment of acute ischaemic stroke: what is the future role of intravenous thrombolysis?
- 2102.2 Selection of patients for mechanical thrombectomy: what is the role for advanced imaging?
- 2102.3 Organisation of future stroke care: who should treat and who should be responsible for the patients?
- 2102.4 Round-table discussion

Tuesday, September 13, 10:00-11:00

SS 2601 How to improve acute stroke management: present and future

- 2601.1 How to improve patient selection for mechanical thrombectomy or IV thrombolysis
C.P. Stracke (Essen/DE)
- 2601.2 Role of access/support devices to improve IA acute stroke treatment
K.A. Hausegger (Klagenfurt/AT)
- 2601.3 Direct recanalisation with or without stent retrievers
I.Q. Grunwald (Southend-on-Sea/UK)
- 2601.4 Clots: how to best manage a complex problem
T. Andersson (Stockholm/SE)

Tuesday, September 13, 08:30-09:30

FC 2501 Basic acute ischaemic stroke intervention

- 2501.1 Overview of treatment options: neurologist's view
E.M. Arsava (Ankara/TR)
- 2501.2 Patient selection: optimal timing and imaging
J. Weber (St. Gallen/CH)
- 2501.3 Current techniques in IA stroke intervention
to be announced
- 2501.4 Trials update
W.H. van Zwam (Maastricht/NL)

Workshop for radiographers

Interventional radiology is very much a team effort. Optimal patient care can only be delivered if the physician and the other team members, such as radiographers, are well-trained and highly professional in what they do.

In recent years, the CIRSE annual meeting has been attended by a steadily growing number of radiographers working in the field of interventional radiology. In order to cater to this development, CIRSE and the European Federation of Radiographer Societies (EFRS) are organising an interactive workshop especially designed for radiographers and nurses.

Sunday, September 11

11:30-12:30

RWS 1102 EFRS Workshop
Radiation dose management in IR suites

- 1102.1 G. Paulo (Coimbra/PT)
- 1102.2 S. Foley (Dublin/IE)
- 1102.3 L. O'Hora (Dublin/IE)

The workshop will focus on:

1. Background information on dose management and measuring patient doses
2. Current concepts of the use of reference levels in interventional radiology
3. Best practice in management and follow-up of potential tissue reactions vs. international research findings on actual implementation of patient skin-dose management

Learning objectives:

After active participation in this workshop, attendants will have gained:

1. An understanding of current recommendations on dose management for IR procedures and how to practically measure and record doses
2. Knowledge of current legislation and directives on DRLs and local clinical responsibility with respect to DRL protocol
3. An understanding of how to optimally practice dose management and other issues related to the implementation of good practice

The workshop is intended primarily for radiographers; however, the content is appropriate for medical physicists, radiologists and cardiologists currently working or planning to work in interventional radiology suites.

CIRSE meets the European Association of Urology

In recent years the "CIRSE meets..." sessions have become one of the programme's highlights. We are happy to announce that in 2016 CIRSE will meet the European Association of Urology (EAU).

Tuesday, September 13

11:30-12:30

CM 2701 CIRSE meets the European Association of Urology

- 2701.1 Explanation of LUTS to interventional radiologists
- 2701.2 Surgical and medical therapy for benign prostate hyperplasia
- 2701.3 For which patient is PAE most feasible? (the radiologist's view)
- 2701.4 For which patient is PAE most feasible? (the urologist's view)

Founded in 1972, the European Association of Urology (EAU) represents the leading authority within Europe on urological practice, research and education. Over 15,000 medical professionals have joined its ranks and contribute to our mission: To raise the level of urological care throughout Europe and beyond.

The EAU supports medical professionals active in the field of urology through many of its scientific, professional, educational and awareness-building initiatives such as career development, clinical guidelines, political activities, networking with peers and advancing urological science.

The EAU supports residents, young urologists and experienced specialists throughout their career with programmes for continuing medical education. In addition, the EAU offers a wide range of events and courses to interact with the best specialists in the field of urology. The annual EAU congress is the largest urology-related event in the world.

The EAU clinical guidelines, reflecting the most up-to-date evidence-based recommendations to clinicians, are crucial for the successful treatment of patients. The EAU guidelines are unparalleled in that regard and used all across the world. Major urological research is published in our scientific journals, *European Urology*, (impact factor 13,938) and the newly introduced *EU Focus*. Through political activities the EAU brings together the voices of medical professionals, researchers, innovators and patients in a European platform to keep urological topics on the political agenda.



Hands-on Workshops

The participants of hands-on workshops may follow live demonstrations of interventional techniques and practise certain procedures under the guidance of a technician and/or instructor.

Pre-registration is required for all hands-on workshops at an extra cost of €75 per session.

A closer look at closure devices

Co-ordinators: J.P. Schaefer (Kiel/DE),
R. Uberoi (Oxford/UK)



Vascular closure devices (VCDs) are commonly used for the management of arterial puncture sites after therapeutic arterial interventions.

This hands-on workshop will introduce the VCDs currently available on the market. The main focus will be on the hands-on experience, with the opportunity to deploy devices and discuss the pros and cons of using closure devices in different settings with experts. Furthermore, many tips and tricks for the proper use of closure devices in daily practice will be shared during the hands-on part. The course will include a dedicated tutorial of the “pre-close” technique for closing large arterial punctures for total percutaneous aortic repair.

Thanks to the opportunity to try currently available closure devices first hand, the workshop should enable all participants to understand their various principles and indications.

Learning objectives

- To become familiar with the currently available vascular closure devices for peripheral and aortic interventions
- To understand when and how to successfully use a vascular closure device
- To know when not to use a vascular closure device and how to avoid complications
- To gain experience with the “pre-close” technique required for total percutaneous treatment of aortic aneurysms

Saturday, September 10

CD-HoW 1

12:30-14:00

Monday, September 12

CD-HoW 2

09:30-11:00

Embolisation: materials and tools

Co-ordinators: A. Martínez de la Cuesta (Pamplona/ES),
J.V. Patel (Leeds/UK)



This series of hands-on workshops provides an overview of current embolisation materials and techniques.

In each session, a brief introduction is followed by participants rotating between various table-top demonstrations. The workshops may be attended as a series or individually. Participants will engage informally with instructors and try out various embolic materials on anatomical and flow models. The emphasis of the sessions is a practical hands-on approach. Participants can handle and/or deliver mechanical, liquid or particulate embolic agents (depending on the session). This course is intended for IRs with limited embolisation experience or those wishing to refresh their knowledge.

Learning objectives

- To understand the basic principles of embolisation
- To become familiar with common embolic agents
- To be able to choose an appropriate embolic agent
- To know how to correctly prepare and deliver the chosen agent
- To understand how to avoid non-target embolisation and other complications

Saturday, September 10

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|--------------------------------------|-------------|
| EMT-HoW 1 / Coils & plugs | 09:30-11:00 |
| EMT-HoW 2 / Coils & plugs | 12:30-14:00 |

Sunday, September 11

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| EMT-HoW 3 / Liquid agents | 09:30-11:00 |
| EMT-HoW 4 / Liquid agents | 12:30-14:00 |

Monday, September 12

| | |
|---------------------------------------|-------------|
| EMT-HoW 5 / Particulate agents | 09:30-11:00 |
|---------------------------------------|-------------|

Tuesday, September 13

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| EMT-HoW 6 / Particulate agents | 09:30-11:00 |
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Principles to practice: education and simulation skills training

Co-ordinators: M. Midulla (Valenciennes/FR),
J.C. van den Berg (Lugano/CH)



This popular series of workshops comprises a one-hour round-table discussion with experts in the field, delivering key knowledge and practical tips, followed by one hour of hands-on experience using high-fidelity simulators.

Each session is aimed at delegates with a specific level of experience (core, intermediate or advanced). The round-table discussions are themed around learning objectives which relate to a specific clinical or procedural topic.

The delivery of each session is adaptable to respond to the delegates' interests, and emphasis is placed on small group teaching, allowing close interaction with the expert faculty. Equipment and devices will be available to demonstrate deployment techniques.

Saturday, September 10

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| PTP-HoW 1 / Basic embolisation techniques (core level) | 08:30-13:00 |
|---|-------------|

Sunday, September 11

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| PTP-HoW 2 / Acute aortic syndromes and emergency EVAR (intermediate level) | 08:30-13:00 |
|---|-------------|

Monday, September 12

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| PTP-HoW 3 / The role of endovascular treatment in the diabetic foot (advanced level) | 08:30-13:00 |
|---|-------------|

Tuesday, September 13

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|---|-------------|
| PTP-HoW 4 / Handling complications in iliac and femoral interventions (core level) | 08:30-13:00 |
|---|-------------|

Tumour ablation: tips and tricks

Co-ordinators: L. Crocetti (Pisa/IT),
L. Hechelhammer (St. Gallen/CH)



Each of these six hands-on workshops includes a brief introduction and practical training in the basic principles of various currently available ablation systems.

Participants will have the opportunity to become familiar with ablation equipment and to practice respective procedures under in-vitro conditions using various systems. Moreover, international experts will share their experience and insights in an intimate atmosphere.

By the end of the workshop participants, including those with little or no experience in tumour ablation, will be familiar with a range of ablation techniques and will have learned tips and tricks for a safe and efficacious clinical application.

Learning objectives

- To understand the most appropriate indications for ablation of hepatic, renal, lung, thyroid, bone or soft tissue tumours according to present guidelines
- To know how to choose the right ablation technique for each lesion
- To understand the contraindications for local ablation techniques
- To understand how to enhance the efficacy of a specific ablation technique with adjuvant techniques and how to minimise or avoid the most commonly encountered complications

Saturday, September 10

TA-HoW 1 09:30-11:00

Sunday, September 11

TA-HoW 2 09:30-11:00

TA-HoW 3 12:30-14:00

Monday, September 12

TA-HoW 4 12:30-14:00

Tuesday, September 13

TA-HoW 5 09:30-11:00

TA-HoW 6 12:30-14:00

Varicose veins

Co-ordinators: J.A. Brookes (London/UK),
L. Oguzkurt (Istanbul/TR)



Over the past 15 years, ultrasound-guided endovenous thermal ablation has replaced 'high tie and strip' surgery to become the gold standard for symptomatic truncal saphenous vein reflux (NICE guidelines UK 2013). As this treatment continues to gain popularity, more IR practices are considering offering a clinical service for chronic venous insufficiency. Familiarisation with the procedural techniques and clinical context is essential in developing a successful service.

This CIRSE Hands-on Workshop has grown in popularity over the past four years and provides an opportunity to learn the most commonly used techniques and compare and contrast the available devices for endovenous therapy through handling different fibres and systems and the corresponding generators. Participants will learn how to access the vein with ultrasound guidance, how to apply tumescent anaesthesia and how to use the appropriate devices. Techniques of duplex assessment of the legs will also be demonstrated. Throughout the workshop, participants will be given insightful advice from experts.

Learning objectives

- To learn the different methods for endovenous treatment
- To gain awareness of the clinical context and assessment of chronic venous insufficiency, with particular regard to varicose veins
- To obtain practical experience with different devices
- To receive hands-on training in ultrasound-guided venous access
- To develop familiarity with the technique of tumescent anaesthesia

Monday, September 12

VV-HoW 1 12:30-14:00

Tuesday, September 13

VV-HoW 2 12:30-14:00

Saturday, September 10

08:30-09:30

Fundamental Course

■ FC 101 Patient assessment before endovascular therapy

- 101.1 Protocols and pathways
R. Uberoi (Oxford/UK)
- 101.2 Imaging and procedure planning
D.K. Tsetis (Iraklion/GR)
- 101.3 Patient preparation
M. Černá (Olomouc/CZ)
- 101.4 Consultation and consent
B. Gonçalves (Porto/PT)

08:30-09:30

Special Session

■ SS 102 Thyroid ablation

- 102.1 Treatment of benign nodules: thermal ablation vs. surgery
F. Stacul (Trieste/IT)
- 102.2 The role of thermal ablation in malignant thyroid disease
J.H. Baek (Seoul/KR)
- 102.3 HIFU for benign nodules
R. Kovatcheva (Sofia/BG)
- 102.4 Irreversible electroporation: what is the advantage?
M.R. Meijerink (Amsterdam/NL)

08:30-09:30

Special Session

■ SS 103 Intraprocedural radiation dose management

- 103.1 Occupational dosimetry in the interventional laboratory: dose limits and risk estimation
G. Bartal (Kfar-Saba/IL)
- 103.2 Radiation protection tools: shielding and personal protective devices
N. Rathmann (Mannheim/DE)
- 103.3 Real-time dosimetry in IR
L. Tselikas (Villejuif/FR)
- 103.4 Patient dose reduction technologies
W. Jaschke (Innsbruck/AT)

08:30-09:30

Special Session

■ SS 104 Prostate embolisation

- 104.1 Patient selection
D. Abt (St. Gallen/CH)
- 104.2 Anatomical variants
F.C. Carnevale (São Paulo/BR)
- 104.3 CBCT-guided embolisation
H. Kobeiter (Créteil/FR)
- 104.4 Evidence
M. Grosso (Cuneo/IT)

08:30-13:00

Hands-on Workshop

■ PTP-HoW 1 Principles to practice: education and simulation skills training – Basic embolisation techniques

Co-ordinators: *M. Midulla (Valenciennes/FR), J.C. van den Berg (Lugano/CH)*

09:30-11:00

Hands-on Workshop

■ EMT-HoW 1 Embolisation: materials and tools – coils & plugs

Co-ordinators: *A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

09:30-11:00

Hands-on Workshop

■ TA-HoW 1 Tumour ablation: tips and tricks

Co-ordinators: *L. Crocetti (Pisa/IT), L. Hechelhammer (St. Gallen/CH)*

10:00-11:00

Expert Round Table

■ ERT 201 Therapy of long SFA lesions

Co-ordinator: *K.N. Katsanos (London/UK)*

10:00-11:00

Special Session**SS 202 Safe and effective practice in interventional oncology**

- 202.1 Safety in interventional radiology: the essential steps
M.J. Lee (Dublin/IE)
- 202.2 Registries and trials in interventional oncology: how its evidence base is being established
P.L. Pereira (Heilbronn/DE)
- 202.3 A curriculum for interventional oncology: why is it necessary and what will it teach?
A. Gangi (Strasbourg/FR)
- 202.4 The CIRSE Quality Assurance framework for interventional oncology: an essential tool for effective cancer care
L.M. Kenny (Brisbane, QLD/AU)

10:00-11:00

Fundamental Course**FC 203 Venous stenting**

- 203.1 Recanalisation of deep venous obstructions: current status
R. de Graaf (Maastricht/NL)
- 203.2 Decision-making in deep venous interventions: from imaging to follow-up
L. Oguzkurt (Istanbul/TR)
- 203.3 Technical aspects of deep venous interventions, tips and tricks
G.J. O'Sullivan (Galway/IE)
- 203.4 Prevention of PTS, eliminating the cause of DVT
J.A. Vos (Nieuwegein/NL)

10:00-11:00

Special Session**SS 204 Special indications and their outcome for UFE**

- 204.1 Fertility
A.-M. Belli (London/UK)
- 204.2 Large and subserosal fibroids
P.M. Crowe (Birmingham/UK)
- 204.3 Adenomyosis
P.N.M. Lohle (Tilburg/NL)
- 204.4 Post-menopausal UFE
J.B. Spies (Washington, DC/US)

11:30-12:30

Expert Case Discussion**ECD 301 Arterial thrombectomy***Co-ordinator: T. Rand (Vienna/AT)*

- 301.1 *L. Hechelhammer (St. Gallen/CH)*
- 301.2 *D. Karnabatidis (Patras/GR)*

11:30-12:30

Expert Round Table**ERT 302 Therapy of lung metastasis***Co-ordinator: T. de Baère (Villejuif/FR)*

11:30-12:30

Special Session**SS 303 Dialysis access**

- 303.1 Clinical assessment and imaging for failing fistulas
L. Kamper (Wuppertal/DE)
- 303.2 Current status of stent grafts
to be announced
- 303.3 Current status on drug-eluting devices in dialysis access
M. Das (Maastricht/NL)
- 303.4 Treatment of chronic central venous obstructions
J.H. Peregrin (Prague/CZ)

11:30-12:30

Special Session**SS 304 Embolisation for lower GI bleeding**

- 304.1 Patient preparation and imaging
J. Urbano (Madrid/ES)
- 304.2 Optimal angiographic techniques
M. Darcy (St. Louis, MO/US)
- 304.3 The role of liquid agents
R. Loffroy (Dijon/FR)
- 304.4 The role of particles
B.S. Funaki (Chicago, IL/US)

12:30-14:00

Hands-on Workshop**EMT-HoW 2 Embolisation: materials and tools – coils & plugs***Co-ordinators: A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

12:30-14:00

Hands-on Workshop**CD-HoW 1 A closer look at closure devices***Co-ordinators: J.P. Schäfer (Kiel/DE), R. Uberti (Oxford/UK)*

13:00-14:00

Satellite Symposia

14:30-16:00

OP 501 CIRSE Opening and Awards Ceremony

16:15-17:15

Workshop**WS 601 BTK and pedal**601.1 *M.G. Manzi (Abano Terme/IT)*601.2 *T. Rand (Vienna/AT)*

16:15-17:15

Workshop**WS 602 IR after abdominal surgery**602.1 *P. Lucatelli (Siena/IT)*602.2 *S. Spiliopoulos (Athens/GR)*

16:15-17:15

Workshop**WS 603 Cancer pain management**603.1 *D.K. Filippiadis (Athens/GR)*603.2 *G.C. Anselmetti (Turin/IT)*

16:15-17:15

Workshop**WS 604 Percutaneous fracture management**604.1 *J. Garnon (Strasbourg/FR)*604.2 *R.-T. Hoffmann (Dresden/DE)*

16:15-17:15

Workshop**WS 605 Paediatric radiation protection:
keep the kids safe – intervene gently**605.1 *G. Bartal (Kfar-Saba/IL)*605.2 *E. Vano (Madrid/ES)*

16:15-17:15

Free Papers

16:15-17:15

Satellite Symposia

17:30-18:30

Workshop**WS 701 Recanalisation techniques:
skill and technology**701.1 *M.A. Ruffino (Turin/IT)*701.2 *J.M. Abadal (Madrid/ES)*

17:30-18:30

Workshop**WS 702 Abdominal and pelvic trauma**702.1 *O.M. van Delden (Amsterdam/NL)*702.2 *J. Golzarian (Minneapolis, MN/US)*

17:30-18:30

Workshop**WS 703 Transarterial and combined treatment of HCC**703.1 *J. Urbano (Madrid/ES)*703.2 *I. Bargellini (Pisa/IT)*

17:30-18:30

Workshop**WS 704 Benign biliary disease**704.1 *A. Hatzidakis (Iraklion/GR)*704.2 *to be announced*

17:30-18:30

Satellite Symposia

Sunday, September 11

08:30-09:30

Fundamental Course

FC 901 Thermal liver ablation

- 901.1 HCC: patient selection
T. de Baère (Villejuif/FR)
- 901.2 HCC: ablation techniques
T. Bilhim (Lisbon/PT)
- 901.3 Colorectal metastases: patient selection
W. Prevo (Amsterdam/NL)
- 901.4 Colorectal metastases: ablation techniques
R. Bale (Innsbruck/AT)

08:30-09:30

Special Session

SS 902 Biopsy: new developments

- 902.1 Pre-procedural work-up including coagulation
M.C. Burgmans (Leiden/NL)
- 902.2 Optimal biopsy
C.J. Zech (Basel/CH)
- 902.3 New techniques in biopsies
L. Tselikas (Villejuif/FR)
- 902.4 Tricky biopsies
J. Kettenbach (St. Pölten/AT)

08:30-09:30

Special Session

SS 903 Calcium burden and treatment solutions in modern endovascular practice

- 903.1 Peripheral arterial calcification: mechanism of action, detection, classification and clinical implications
F. Fanelli (Rome/IT)
- 903.2 Rotational vs. directional vs. orbital vs. photoablation: which atherectomy for heavy calcified lesions?
U. Teichgräber (Jena/DE)
- 903.3 Scoring balloons: an alternative method for "vessel preparation"
E. Blessing (Karlsbad/DE)
- 903.4 Latest frontier in calcium debulking: shockwave lithoplasty
A. Holden (Auckland/NZ)

08:30-09:30

Special Session Controversy

SS 904 Controversies in new fields of embolisation

- 904.1 Bariatric embolisation: con
P. Vorwald (Madrid/ES)
- 904.2 Bariatric embolisation: pro
C.R. Weiss (Baltimore, MD/US)
- 904.3 Haemorrhoid embolisation: con
P. Vávra (Ostrava/CZ)
- 904.4 Haemorrhoid embolisation: pro
V. Vidal (Marseille/FR)
- 904.5 Transradial approach for visceral interventions: con
to be announced
- 904.6 Transradial approach for visceral interventions: pro
A. Fischman (New York, NY/US)

08:30-09:30

Lecture Session

I-LS 905 Thoracic dissections

- 905.1 Do we need a new classification for type B dissection?
M.D. Dake (Stanford, CA/US)
- 905.2 Ancillary techniques in complicated type B dissections
D.M. Williams (Ann Arbor, MI/US)
- 905.3 Update on fenestrated and branched grafts in post-dissection aneurysms
W. Ritter (Nuremberg/DE)
- 905.4 Complications of stent-grafting
to be announced
- 905.5 TEVAR for type B dissection – percutaneous approach: pro
L.B. Lönn (Copenhagen/DK)
- 905.6 TEVAR for type B dissection – percutaneous approach: con
V. Rimbau (Barcelona/ES)



08:30-13:00

Hands-on Workshop

PTP-HoW 2 Principles to practice: education and simulation skills training – Acute aortic syndromes and emergency EVAR

Co-ordinators: M. Midulla (Valenciennes/FR),
J.C. van den Berg (Lugano/CH)

09:30-11:00

Hands-on Workshop

EMT-HoW 3 Embolisation: materials and tools – liquid agents

Co-ordinators: A. Martínez de la Cuesta (Pamplona/ES),
J.V. Patel (Leeds/UK)

09:30-11:00

Hands-on Workshop**TA-HoW 2 Tumour ablation: tips and tricks**

Co-ordinators: L. Crocetti (Pisa/IT),
L. Hechelhammer (St. Gallen/CH)

10:00-11:00

Fundamental Course**FC 1001 Lung ablation**

- 1001.1 Techniques, imaging guidance and follow-up protocols: ten-year update
R. Cioni (Pisa/IT)
- 1001.2 Indications and results in NSCLC
J. Palussière (Bordeaux/FR)
- 1001.3 Indications and results in colorectal cancer metastases
A. Gillams (London/UK)
- 1001.4 Role of SBRT and ablation
C.T. Sofocleous (New York, NY/US)

10:00-11:00

Expert Round Table**ERT 1002 Therapy of biliary obstructions**

Co-ordinator: O.M. van Delden (Amsterdam/NL)

10:00-11:00

Expert Round Table**ERT 1003 Therapy of chronic limb ischaemia**

Co-ordinator: L.M. Palena (Abano Terme/IT)

10:00-11:00

Special Session**SS 1004 Intra-arterial therapies in the liver: the evidence**

- 1004.1 Bland embolisation
G.M. Varano (Rome/IT)
- 1004.2 Conventional TACE
T. de Baère (Villejuif/FR)
- 1004.3 Drug-eluting beads (DEB) – TACE
K. Malagari (Athens/GR)
- 1004.4 Radioembolisation (TARE)
A. Denys (Lausanne/CH)

10:00-11:00

Expert Round TableIDEAS
2 0 1 6**I-ERT 1005 Thoracic aorta – uncomplicated acute type B dissections**

Co-ordinator: E. Verhoeven (Nuremberg/DE)

- 1005.1 Is there a role for medical therapy?
C. Nienaber (London/UK)
- 1005.2 Risk factors for late complications
M.D. Dake (Stanford, CA/US)
- 1005.3 Is coverage of the entry tear enough?
F.E. Vermassen (Ghent/BE)
- 1005.4 Is the petticoat technique useful?
E. Ducasse (Bordeaux/FR)

11:30-12:30

Special Session**SS 1101 Anaesthesia and interventional radiology: time to face reality?**

- 1101.1 Anaesthesia and interventional radiology: best friends or worst enemies?
A. Gangi (Strasbourg/FR)
- 1101.2 Which anaesthesia in percutaneous hepatobiliary procedures: sedation
M. Bezzi (Rome/IT)
- 1101.3 Which anaesthesia in percutaneous hepatobiliary procedures: general
A.H. Mahnken (Marburg/DE)
- 1101.4 Propofol given by non-anaesthesiologists: the Swiss GI experience
L.T. Heuss (Zollikerberg/CH)
- 1101.5 The CIRSE Survey on Anaesthetic Practices for Interventional Radiology in Europe
A. Vari (Rome/IT)

11:30-12:30

EFRS Workshop**RWS 1102 Radiation dose management in IR suites**

- 1102.1 *G. Paulo (Coimbra/PT)*
- 1102.2 *S. Foley (Dublin/IE)*
- 1102.3 *L. O'Hora (Dublin/IE)*

11:30-12:30

Satellite Symposia

12:30-14:00

Hands-on Workshop**EMT-HoW 4 Embolisation: materials and tools – liquid agents**

Co-ordinators: A. Martínez de la Cuesta (Pamplona/ES),
J.V. Patel (Leeds/UK)

12:30-14:00

Hands-on Workshop**TA-HoW 3 Tumour ablation: tips and tricks**

Co-ordinators: L. Crocetti (Pisa/IT),
L. Hechelhammer (St. Gallen/CH)

13:00-14:00

Satellite Symposia

14:30-16:00

Honorary Lecture / Hot Topic Symposium

14:30-15:00

HL 1301 Andreas Gruentzig Lecture

1301.1 Vascular IR and sailing the ocean
J. Lammer (Vienna/AT)

15:00-16:00

I-HTS 1302 Aortic emergenciesIDEAS
2 0 1 6

Moderators: C.A. Binkert (Winterthur/CH),
F. Fanelli (Rome/IT)

1302.1 Secondary analyses of the IMPROVE trial
to be announced

1302.2 Acute TEVAR for ruptured aneurysm and
dissection

A. Chavan (Oldenburg/DE)

1302.3 Traumatic rupture of the thoracic aorta
M.D. Dake (Stanford, CA/US)

1302.4 Intramural haematoma and penetrating ulcer
F.E. Vermassen (Ghent/BE)

1302.5 Round-table discussion

14:30-16:00

Satellite Symposia

16:15-17:15

Workshop**WS 1401 Varicocele and ovarian vein embolisation**

1401.1 A. Basile (Catania/IT)

1401.2 A.C. Roberts (La Jolla, CA/US)

16:15-17:15

Workshop**WS 1402 Varicose veins: ablation and ancillary therapies**

1402.1 J.M. Pulido-Duque (Las Palmas de Gran Canaria/ES)

1402.2 M. Åkesson (Malmo/SE)

16:15-17:15

Workshop**WS 1403 Preparation for EBIR and the use of ESIRonline**

1403.1 O.M. van Delden (Amsterdam/NL)

1403.2 M. Bezzi (Rome/IT)

16:15-17:15

Workshop**WS 1404 Abdominal aneurysm**IDEAS
2 0 1 6

1404.1 J.D. Kakisis (Athens/GR)

1404.2 M.A. Funovics (Vienna/AT)

16:15-17:15

AI 1405 Amazing Interventions

Co-ordinator: P. Haage (Wuppertal/DE)

Case presenters: R. Bale (Innsbruck/AT),
L. Crocetti (Pisa/IT), B. Gonçalves (Porto/PT),
F.G. Irani (Singapore/SG), A. Krajina (Hradec Králové/CZ),
P. Minko (Homburg/DE), O. Pellerin (Paris/FR),
P. Reimer (Karlsruhe/DE), M. Szczerbo-Trojanowska
(Lublin/PL), S.O. Trerotola (Philadelphia, PA/US)

16:15-17:15

Lecture SessionIDEAS
2 0 1 6**I-LS 1406 Arch and ascending thoracic aorta**

1406.1 Update on surgical techniques and outcomes
to be announced

1406.2 Overview of endovascular techniques in the arch
H. Rousseau (Toulouse/FR)

1406.3 Stroke: the big enemy
M.P. Jenkins (London/UK)

1406.4 Stent graft in the ascending aorta: where are we?
T. Kölbel (Hamburg/DE)

1406.5 When to use a total endovascular approach for
arch management
S. Haulon (Lille/FR)

1406.6 When to use a hybrid approach for arch
management
S. Trimarchi (San Donato Milanese/IT)

16:15-17:15

Free Papers

16:15-17:15

Satellite Symposia

17:30-18:30

Workshop**WS 1501 Obstetric haemorrhage**1501.1 *J.-P. Pelage (Caen/FR)*1501.2 *A.-M. Belli (London/UK)*

17:30-18:30

Workshop**WS 1502 Pulmonary artery intervention**1502.1 *V. Pedicini (Rozzano/IT)*1502.2 *B.C. Meyer (Hannover/DE)*

17:30-18:30

Workshop**WS 1503 Translational research and clinical trials in IR**1503.1 *T.J. Vogl (Frankfurt/DE)*1503.2 *M.E. Krokidis (Cambridge/UK)*

17:30-18:30

Workshop**WS 1504 Thoracic aorta**1504.1 *F. Wolf (Vienna/AT)*1504.2 *V. Riambau (Barcelona/ES)*

17:30-18:30

Lecture SessionIDEAS
2 0 1 6**I-LS 1505 Endoleaks / complications**

1505.1 Hypogastric preservation with EVAR: a must for most

F. Verzini (Perugia/IT)

1505.2 Is aortic neck dilatation a problem?

J.P.P.M. de Vries (Nieuwegein/NL)

1505.3 Prediction and prevention of type II endoleak

G.M. Richter (Stuttgart/DE)

1505.4 Iliac limb occlusion: how to prevent, how to manage

E. Brountzos (Athens/GR)

1505.5 Endovascular management of type I endoleaks

*J.F. Benenati (Miami, FL/US)*1505.6 Surgical management of type I endoleaks
to be announced

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposia

Monday, September 12

08:30-09:30

Fundamental Course

FC 1701 Radioembolisation

- 1701.1 Dose calculation for IRs
E. Santos Martín (Pittsburgh, PA/US)
- 1701.2 Embolisation principles: preparation for radioembolisation
R.J. Lewandowski (Chicago, IL/US)
- 1701.3 Patient care: outpatient setup, special precautions
W.S. Rilling (Milwaukee, WI/US)
- 1701.4 Overview of recent trials
J.I. Bilbao (Pamplona/ES)

08:30-09:30

Special Session

SS 1702 Robotic interventions: which patients; is it worth it?

- 1702.1 Carotid stenting
B.T. Katzen (Miami, FL/US)
- 1702.2 Prostate embolisation
M.R. Sapoval (Paris/FR)
- 1702.3 Fibroid embolisation
M.S. Hamady (London/UK)
- 1702.4 Visceral arterial interventions
D. Kuhelj (Ljubljana/SI)

08:30-09:30

Special Session

SS 1703 Musculoskeletal embolisation

- 1703.1 Pre-operative embolisation
R. Marcello (Rome/IT)
- 1703.2 Palliative embolisation: alone and in combination with ablation
R.F. Grasso (Rome/IT)
- 1703.3 Inflammatory and degenerative disease
Y. Okuno (Tokyo/JP)
- 1703.4 Malformations
I.J. McCafferty (Birmingham/UK)

08:30-09:30

Special Session

SS 1704 The role of IR in inflammatory pancreatic disease

- 1704.1 Clinical overview of pancreatitis
G. Carrafiello (Varese/IT)
- 1704.2 Imaging of pancreatitis
W. Schima (Vienna/AT)
- 1704.3 Endoscopic treatments
J. Phillips-Hughes (Oxford/UK)
- 1704.4 Percutaneous treatments
O. Akhan (Ankara/TR)

08:30-09:30

Lecture Session

I-LS 1705 Abdominal aorta 1

- 1705.1 Patient data meta-analysis of EVAR-1, DREAM, ACE and OVER trials
J.-P. Becquemin (Créteil/FR)
- 1705.2 The PERICLES registry
K.P. Donas (Münster/DE)
- 1705.3 Contrast-free EVAR: when and how
F. Fanelli (Rome/IT)
- 1705.4 3D printing for complex EVAR
A. Hoffman (Haifa/IL)
- 1705.5 Standard EVAR outside IFU – yes
J.P.P.M. de Vries (Nieuwegein/NL)
- 1705.6 Standard EVAR outside IFU – no
J. Lammer (Vienna/AT)

IDEAS
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08:30-13:00

Hands-on Workshop

PTP-HoW 3 Principles to practice: education and simulation skills training – The role of endovascular treatment in the diabetic foot

Co-ordinators: *M. Midulla (Valenciennes/FR), J.C. van den Berg (Lugano/CH)*

09:30-11:00

Hands-on Workshop

EMT-HoW 5 Embolisation: materials and tools – particulate agents

Co-ordinators: *A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

09:30-11:00

Hands-on Workshop**CD-HoW 2 A closer look at closure devices**

Co-ordinators: J.P. Schäfer (Kiel/DE),
R. Uberti (Oxford/UK)

10:00-11:00

Expert Round Table**ERT 1801 Therapy of small renal cancer**

Co-ordinator: L. Crocetti (Pisa/IT)

10:00-11:00

Special Session**SS 1802 Alternative arterial access**

- 1802.1 Direct SFA access
F. Wolf (Vienna/AT)
- 1802.2 Retrograde access of the lower limb
P.E. Huppert (Darmstadt/DE)
- 1802.3 Radial access
C.A. Binkert (Winterthur/CH)
- 1802.4 Subclavian access
G. Puippe (Zurich/CH)

10:00-11:00

Fundamental Course**FC 1803 Liquid embolic agents**

- 1803.1 Overview of liquid embolic agents
M. Köcher (Olomouc/CZ)
- 1803.2 When and how to use glue
H.J. Jae (Seoul/KR)
- 1803.3 When and how to use sclerosants
W.A. Wohlgemuth (Regensburg/DE)
- 1803.4 When and how to use ethylene vinyl alcohol
K. Zeleňák (Martin/SK)

10:00-11:00

Expert Case Discussion**ECD 1804 Enteral feeding – gastrostomy, gastrojejunostomy, jejunostomy**

Co-ordinator: H. van Overhagen (The Hague/NL)

- 1804.1 *H.-U. Laasch (Manchester/UK)*
- 1804.2 *M.J. Sousa (Porto/PT)*

10:00-11:00

Expert Round Table**I-ERT 1805 Abdominal aorta – challenging proximal neck**

- 1805.1 Standard EVAR
J.F. Benenati (Miami, FL/US)
- 1805.2 Chimney technique
F. Verzini (Perugia/IT)
- 1805.3 Fenestrated
A. Holden (Auckland/NZ)
- 1805.4 Is there still a role for surgery in AAA?
J. Schmidli (Bern/CH)

11:30-12:30

Special Session**SS 1901 How to handle the radiation risk**

- 1901.1 Radiation Dose Structured Report (RDSR) of fluoroscopy-guided interventions: do we get what we want?
G. Bartal (Kfar-Saba/IL)
- 1901.2 How to identify high-risk procedures for operators
R.W.R. Loose (Nuremberg/DE)
- 1901.3 How to identify high-risk procedures for patients
G. Paulo (Coimbra/PT)
- 1901.4 Diagnostic reference levels (DRLs) – help or hindrance?
E. Vano (Madrid/ES)

11:30-12:30

Satellite Symposia

12:30-14:00

Hands-on Workshop**TA-HoW 4 Tumour ablation: tips and tricks**

Co-ordinators: L. Crocetti (Pisa/IT),
L. Hechelhammer (St. Gallen/CH)

IDEAS
2 0 1 6

12:30-14:00

Hands-on Workshop**VV-HoW 1 Varicose veins**

Co-ordinators: J.A. Brookes (London/UK),
L. Oguzkurt (Istanbul/TR)

13:00-14:00

Satellite Symposia

14:30-15:15

FI 2101 Film Interpretation Quiz

Co-ordinators: I.J. McCafferty (Birmingham/UK),
A.F. Watkinson (Exeter/UK)

15:15-16:00

Hot Topic Symposium**HTS 2102 Paradigm shift: acute ischaemic stroke**

Moderators: T. Andersson (Stockholm/SE),
K.A. Hausegger (Klagenfurt/AT)

- 2102.1 Treatment of acute ischaemic stroke: what is the future role of intravenous thrombolysis?
- 2102.2 Selection of patients for mechanical thrombectomy: what is the role for advanced imaging?
- 2102.3 Organisation of future stroke care: who should treat and who should be responsible for the patients?
- 2102.4 Round-table discussion

14:30-15:30

Expert Case DiscussionIDEAS
2 0 1 6**I-ECD 2103 Thoracic cases**

Co-ordinator: M.D. Dake (Stanford, CA/US)

- 2103.1 Multilayer case
to be announced
- 2103.2 T-branch for TAAA
E. Verhoeven (Nuremberg/DE)
- 2103.3 False lumen occlusion in chronic dissection
M.A. Funovics (Vienna/AT)
- 2103.4 Visceral ischaemia in dissection
F. Fanelli (Rome/IT)

14:30-16:00

Satellite Symposia

16:15-17:15

Workshop**WS 2201 Acute arterial thrombosis**

- 2201.1 S. Müller-Hülsbeck (Flensburg/DE)
- 2201.2 L.B. Lönn (Copenhagen/DK)

16:15-17:15

Workshop**WS 2202 Transradial visceral embolisation: advantages over femoral approach**

- 2202.1 M. Guimaraes (Charleston, SC/US)
- 2202.2 A. Fischman (New York, NY/US)

16:15-17:15

Workshop**WS 2203 Revascularisation in acute ischaemic stroke**

- 2203.1 R. Barranco Pons (Barcelona/ES)
- 2203.2 H. van Overhagen (The Hague/NL)

16:15-17:15

Workshop**WS 2204 Urogenital interventions including renal transplant**

- 2204.1 P.J. Haslam (Newcastle-upon-Tyne/UK)
- 2204.2 J.H. Peregrin (Prague/CZ)

16:15-17:15

Lecture SessionIDEAS
2 0 1 6**I-LS 2205 Thoraco-abdominal aortic disease**

- 2205.1 Role of surgery in 2016
J. Schmidli (Bern/CH)
- 2205.2 Technical challenges in endovascular TAAA procedures
S. Haulon (Lille/FR)
- 2205.3 Sandwich grafts: how far can we go?
T. Pfammatter (Zurich/CH)
- 2205.4 Incidence and prevention of spinal cord ischaemia in TAAA branched grafting
to be announced
- 2205.5 Hybrid repair is the best option
R.G.J. Gibbs (London/UK)
- 2205.6 Total endovascular repair is the best option
R.A. Morgan (London/UK)

16:15-17:15

GA 2209 General Assembly

16:15-17:15

Free Papers

16:15-17:15

Satellite Symposia

17:30-18:30

Workshop**■ WS 2301 Tips and tricks for femoro-popliteal CTO**2301.1 *H. Kobeiter (Créteil/FR)*2301.2 *P. Krishnan (New York, NY/US)*

17:30-18:30

Workshop**■ WS 2302 Bronchial artery embolisation**2302.1 *D.W. De Boo (Amsterdam/NL)*2302.2 *M. Tsitskari (Athens/GR)*

17:30-18:30

Workshop**■ WS 2303 Carotid and intracranial stenting in stroke prevention**2303.1 *to be announced*2303.2 *I. Saatci (Ankara/TR)*

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposia

Tuesday, September 13

08:30-09:30

Fundamental Course

FC 2501 Basic acute ischaemic stroke intervention

- 2501.1 Overview of treatment options: neurologist's view
E.M. Arsava (Ankara/TR)
- 2501.2 Patient selection: optimal timing and imaging
J. Weber (St. Gallen/CH)
- 2501.3 Current techniques in IA stroke intervention
to be announced
- 2501.4 Trials update
W.H. van Zwam (Maastricht/NL)

08:30-09:30

Special Session

SS 2502 Treatment options for pancreatic cancer

- 2502.1 Expanding surgery of locally advanced pancreatic cancer
P. Bachellier (Strasbourg/FR)
- 2502.2 Transarterial therapy
T. Tanaka (Kashiwara/JP)
- 2502.3 RFA and IRE
K.P. van Lienden (Amsterdam/NL)
- 2502.4 HIFU
F. Orsi (Milan/IT)

08:30-09:30

Special Session

SS 2503 The patient's perspective in PAD

- 2503.1 Patient-reported outcome measurements (PROMS)
M.J.W. Koelemay (Amsterdam/NL)
- 2503.2 Shared decision making
to be announced
- 2503.3 Supervised exercise training first: pro/con
J.A. Reekers (Amsterdam/NL)
- 2503.4 Primary PTA first: pro/con
A. Buecker (Homburg/DE)

08:30-09:30

Special Session

SS 2504 Bone ablation: current evidence and future frontiers

- 2504.1 Benign tumours
D.K. Filippiadis (Athens/GR)
- 2504.2 Ablation of MSK oligometastatic disease
M.R. Callstrom (Rochester, MN/US)
- 2504.3 Palliative therapies in malignant tumours
G. Koch (Strasbourg/FR)
- 2504.4 HIFU: therapeutic and palliative applications
A. Napoli (Rome/IT)

08:30-09:30

Lecture Session

IDEAS
2 0 1 6

I-LS 2505 Abdominal aorta 2

- 2505.1 15-year follow-up of the first and longest-running EVAR trial
R.M. Greenhalgh (London/UK)
- 2505.2 Tips and tricks for obtaining supraceliac aortic control for rAAA
F.J. Veith (New York, NY/US)
- 2505.3 Update on fenestrated stent grafts
G.M. Richter (Stuttgart/DE)
- 2505.4 Potential of inner branched grafts
E. Verhoeven (Nuremberg/DE)
- 2505.5 Conventional stent grafts are superior to new concepts: pro
to be announced
- 2505.6 Conventional stent grafts are superior to new concepts: con
I. Loftus (London/UK)

08:30-13:00

Hands-on Workshop

PTP-HoW 4 Principles to practice: education and simulation skills training – Handling complications in iliac and femoral interventions

Co-ordinators: *M. Midulla (Valenciennes/FR), J.C. van den Berg (Lugano/CH)*

09:30-11:00

Hands-on Workshop

EMT-HoW 6 Embolisation: materials and tools – particulate agents

Co-ordinators: *A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

09:30-11:00

Hands-on Workshop

TA-HoW 5 Tumour ablation: tips and tricks

Co-ordinators: *L. Crocetti (Pisa/IT), L. Hechelhammer (St. Gallen/CH)*

10:00-11:00

Special Session**SS 2601 How to improve acute stroke management: present and future**

- 2601.1 How to improve patient selection for mechanical thrombectomy or IV thrombolysis
C.P. Stracke (Essen/DE)
- 2601.2 Role of access/support devices to improve IA acute stroke treatment
K.A. Hausegger (Klagenfurt/AT)
- 2601.3 Direct recanalisation with or without stent retrievers
I.Q. Grunwald (Southend-on-Sea/UK)
- 2601.4 Clots: how to best manage a complex problem
T. Andersson (Stockholm/SE)

10:00-11:00

Expert Round Table**ERT 2602 Therapy of liver metastasis from colon cancer**

10:00-11:00

Fundamental Course**FC 2603 Drug-eluting technologies**

- 2603.1 The science behind drug-eluting balloon technology
R. Virmani (Gaithersburg, MD/US)
- 2603.2 Clinical studies on drug-eluting balloons
F. Fanelli (Rome/IT)
- 2603.3 Drug-eluting stents – new developments and established data
S. Müller-Hülsbeck (Flensburg/DE)
- 2603.4 Drug-eluting balloons for AV fistulas
A. Massmann (Homburg/DE)

10:00-11:00

Special Session**SS 2604 Vertebroplasty: new evidence**

- 2604.1 Impact of sham-controlled trials on referral patterns
to be announced
- 2604.2 Update on VERTOS IV
P.N.M. Lohle (Tilburg/NL)
- 2604.3 Update on the VAPOR study
W.A. Clark (Ramsgate, NSW/AU)
- 2604.4 Review of comparative studies: vertebroplasty vs. augmentation techniques
F. Ruiz Santiago (Granada/ES)

10:00-11:00

Expert Case DiscussionIDEAS
2 0 1 6**I-ECD 2605 Abdominal cases***Co-ordinator: F.J. Veith (New York, NY/US)*

- 2605.1 Standard EVAR in short, angulated neck
B.T. Katzen (Miami, FL/US)
- 2605.2 Complex endoleak management
C.A. Binkert (Winterthur/CH)
- 2605.3 Chimney Nellix
I. Loftus (London/UK)
- 2605.4 Fenestrated
A. Chavan (Oldenburg/DE)

11:30-12:30

CM 2701 CIRSE meets the European Association of Urology

- 2701.1 Explanation of LUTS to interventional radiologists
- 2701.2 Surgical and medical therapy for benign prostate hyperplasia
- 2701.3 For which patient is PAE most feasible? (the radiologist's view)
- 2701.4 For which patient is PAE most feasible? (the urologist's view)

11:30-12:30

Expert Case Discussion**ECD 2702 Difficult and unusual tumour ablations***Co-ordinator: A. Gangi (Strasbourg/FR)*

- 2702.1 *J. Garnon (Strasbourg/FR)*
- 2702.2 *R. Bale (Innsbruck/AT)*

11:30-12:30

Special Session**SS 2703 Portal hypertension**

- 2703.1 TIPS in children
O. Renc (Hradec Králové/CZ)
- 2703.2 Therapy options for gastric varices
J.A. Kaufman (Portland, OR/US)
- 2703.3 TIPS in portal and hepatic vein thrombosis
S. Punamiya (Singapore/SG)
- 2703.4 Management of procedural complications and encephalopathy
G.A. Maleux (Leuven/BE)

11:30-12:30

Special Session**SS 2704 Interventional radiology: taking care of your own patient**

- 2704.1 How to set up your own clinical department
B. Gonçalves (Porto/PT)
- 2704.2 Infrastructural requirement for day-case procedures
M.R. Sapoval (Paris/FR)
- 2704.3 Patient before and aftercare
R. Patel (Oxford/UK)
- 2704.4 Economic case for in- and outpatient procedures
J.P. Schaefer (Kiel/DE)

11:30-12:30

Aortic ComplicationsIDEAS
2 0 1 6**I-AC 2705 A bad day in the angio-suite: case-based discussion**

- 2705.1 *M.P. Jenkins (London/UK)*
- 2705.2 *M.W. de Haan (Maastricht/NL)*
- 2705.3 *A. Holden (Auckland/NZ)*

12:30-14:00

Hands-on Workshop**TA-HoW 6 Tumour ablation: tips and tricks**

Co-ordinators: *L. Crocetti (Pisa/IT)*,
L. Hechelhammer (St. Gallen/CH)

12:30-14:00

Hands-on Workshop**VV-HoW 2 Varicose veins**

Co-ordinators: *J.A. Brookes (London/UK)*,
L. Oguzkurt (Istanbul/TR)

13:00-14:00

Satellite Symposia

14:30-16:00

Honorary Lecture / Hot Topic Symposium

14:30-15:00

HL 2901 Josef Roesch Lecture

- 2901.1 The IR evolution in oncology: tools, treatments, guidelines
T. de Baère (Villejuif/FR)

15:00-16:00

HTS 2902 Paradigm shift: liver colorectal metastases

Moderator: *T.K. Helmberger (Munich/DE)*

- 2902.1 The paradigm is shifting – the new ESMO guidelines for CRC and more
E. van Cutsem (Leuven/BE)
- 2902.2 The IO toolbox (efficacy of IO tools)
P.L. Pereira (Heilbronn/DE)
- 2902.3 Interdisciplinarity in MDT boards – proposal(s) for smart treatment pathways
A. Adam (London/UK)
- 2902.4 Round-table discussion

14:30-15:30

Lecture SessionIDEAS
2 0 1 6**I-LS 2903 Tips and tricks**

- 2903.1 Access route for thoracic stent-grafting
to be announced
- 2903.2 Endograft sizing for type B dissection
J.C. van den Berg (Lugano/CH)
- 2903.3 Identification and navigation in the true lumen in aortic dissection
R.G. McWilliams (Liverpool/UK)
- 2903.4 Post-stent graft infection and fistulas
J.-P. Beregi (Nîmes/FR)
- 2903.5 Value of procedure rehearsal of EVAR procedures
L. Desender (Ghent/BE)
- 2903.6 How to simplify FEVAR
M.S. Hamady (London/UK)

16:15-17:15

Workshop**WS 3001 Carotid stenting for stroke prevention: case-based discussion**

- 3001.1 *K. Mathias (Hamburg/DE)*
- 3001.2 *T.J. Cleveland (Sheffield/UK)*

16:15-17:15

Workshop**WS 3002 Kidney ablation**

- 3002.1 *D.J. Breen (Southampton/UK)*
- 3002.2 *A.H. Mahnken (Marburg/DE)*

16:15-17:15

Workshop**WS 3003 Central venous access**

- 3003.1 *R. Kasthuri (Glasgow/UK)*
- 3003.2 *B. Gebauer (Berlin/DE)*

16:15-17:15

Workshop **WS 3004 Tips and tricks in UFE**3004.1 *J.-P. Pelage (Caen/FR)*3004.2 *N. Hacking (Southampton/UK)*

16:15-17:15

Free Papers

16:15-17:15

Satellite Symposia

17:30-18:30

Workshop **WS 3101 Acute mesenteric ischaemia**3101.1 *J. Raupach (Hradec Králové/CZ)*3101.2 *S.J. McPherson (Leeds/UK)*

17:30-18:30

Workshop **WS 3102 Optimising liver remnant**3102.1 *R. Salem (Chicago, IL/US)*3102.2 *A. Denys (Lausanne/CH)*

17:30-18:30

Workshop **WS 3103 Difficult central venous access**3103.1 *D. Savio (Turin/IT)*3103.2 *I. Robertson (Glasgow/UK)*

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposia

Wednesday, September 14

08:30-09:30

Special Session

SS 3201 IR options for colon cancer at different stages

- 3201.1 Colonic stenting
T. Sabharwal (London/UK)
- 3201.2 Radioembolisation
T.K. Helmberger (Munich/DE)
- 3201.3 TACE with DEBIRI
P.E. Huppert (Darmstadt/DE)
- 3201.4 Multimodality treatment concept
T. Ruers (Amsterdam/NL)

08:30-09:30

Special Session

SS 3202 IVC filters: reassessing the evidence

- 3202.1 Current status in the USA
J.A. Kaufman (Portland, OR/US)
- 3202.2 Current status in Europe
G.J. Robinson (Hull/UK)
- 3202.3 Post-procedural patient care
S.D. Qanadli (Lausanne/CH)
- 3202.4 Factors affecting filter retrieval
O. Pellerin (Paris/FR)

10:00-11:00

Special Session

SS 3301 HCC: controversial issues (beyond guidelines)

- 3301.1 Is radiofrequency ablation still the standard of care?
R. Lencioni (Miami, FL/US)
- 3301.2 What is the role of combined treatments?
R. Iezzi (Rome/IT)
- 3301.3 Ready to include radioembolisation in guidelines?
P.L. Pereira (Heilbronn/DE)
- 3301.4 How to manage patients after stage migration
M. Burrel (Barcelona/ES)

10:00-11:00

Special Session

SS 3302 Pharmacomechanical thrombolysis for acute DVT

- 3302.1 Patient selection and peri-interventional management
S. Vedantham (St. Louis, MO/US)
- 3302.2 Thrombo-aspiration
R. Uberoi (Oxford/UK)
- 3302.3 Thrombolysis
M. Roček (Prague/CZ)
- 3302.4 Mechanical thrombectomy
R.A. Lookstein (New York, NY/US)

10:00-11:00

Expert Case Discussion

ECD 3303 Upper GI bleeding

Co-ordinator: *W.S. Rilling (Milwaukee, WI/US)*

- 3303.1 *to be announced*
- 3303.2 *T.K. Helmberger (Munich/DE)*

11:30-12:30

MM 3401 Morbidity & Mortality Conference

Co-ordinators: *A. Hatzidakis (Iraklion/GR)*,
R. Uberoi (Oxford/UK)

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CIRSE 2016 will take place from September 10-14, 2016.

Congress Venue

CCIB – Centre Convencions Internacional de Barcelona

Plaça de Willy Brandt 11-14

08019 Barcelona | Spain

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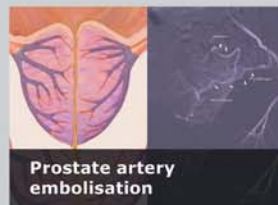
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CIRSE's technical exhibition features the largest and most comprehensive assembly of cutting-edge equipment and devices for image-guided minimally invasive therapy in Europe. CIRSE would like to thank the following companies for their participation at CIRSE 2015 and looks forward to welcoming them again in Barcelona for CIRSE 2016!

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| ALN Implants Chirurgicaux | GEM | Seldinger Society of Vascular and |
| Alvimedica | German Roentgen Society (DRG) | Interventional Radiology (SSVIR) |
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| Biosensors | Radiologists (IUOIR) | Tokai Medical Products |
| Bioteque | Interventional News / BIBA | Toshiba Medical Systems |
| Biotronik | iSYS Medizintechnik | TU Delft |
| BK Medical / Analogic Ultrasound | iVascular | Turkish Society of Interventional |
| Bolton Medical | Joline | Radiology (TSIR) |
| Boston Scientific | Laurane Medical | TVA Medical |
| British Society of Interventional | LINC 2016 | UreSil |
| Radiology (BSIR) | Lombard Medical | Vascular Solutions |
| BTG | Maquet | Veniti |
| CareFusion | Medcomp | Volcano |
| CAScination | Medtronic | W.L. Gore & Associates |
| CeloNova BioSciences | Merit Medical | Wisepress Medical Bookshop |
| Chinese Society of Interventional | Möller Medical | Ziehm Imaging |
| Radiology (CSIR) | NeuWave | |
| Clinical Laserthermia Systems | Olympus Surgical Technologies | |
| Cook Medical | Optimed Medizinische Instrumente | |
| Cordis | Oscor | |
| Deutsche Akademie für Mikrotherapie | PAIRS | |
| (DAfMT) | Pajunk | |
| Dfine | Penumbra | |
| DoseMonitor | Perouse Medical | |
| Edizioni Minerva Medica | PharmaCept | |
| Elastrat | Philips Healthcare | |
| Endovascular Today | QualiMed Innovative Medizinprodukte | |
| Eurocor | RF Medical | |

Barcelona Beckons ...

Located on the east coast of Spain in Catalonia, Barcelona is a city that has carved a name out for itself as being independent, international and innovative. Well-known as the cultural playground to many visionaries of the past, including Antoni Gaudí and Salvador Dalí, Barcelona continues to be a leader in cultural evolution today, as was evident when, in 2014, Barcelona was designated as the first European Capital of Innovation ("iCapital") by the European Commission for "introducing the use of new technologies to bring the city closer to citizens".

It is this brave and enthusiastic embrace of game-changing innovations that we hope to harness for our 31st Annual Meeting, where the latest advances in IR techniques and technologies will be show-cased alongside the most recent clinical data.



Joan_Campderrós_I_Canas@Flickr.com

Our venue

CIRSE has previously held three meetings in Barcelona, and is delighted to be returning: the city offers the ideal infrastructure for large congresses, with excellent accommodation and transport, and many services catering to visitors.

Hosting up to 300,000 congress participants per year, it is not surprising that Barcelona was named the number one congress city in the world for 2014 by the International Congress and Convention Association (ICCA) and has consistently been ranked in the top 5 since 2001.

This year's annual meeting will be held in the impressive Centre de Convencions Internacional de Barcelona (CCIB), which lies right on the seafront in the modern Diagonal Mar district. The luminous and vast CCIB building, designed by José Luís Mateo, promises to be an excellent setting to kick off lively discussions.

The CCIB is easily reached by public transport. The El Maresme Forum stop is located a 5-minute walk from the centre, served by both the metro line 4 and the tram line 4. You can also get to the CCIB by bus (line 7, stop 16: Forum station).



Mazlov@Flickr.com

How to reach Barcelona

As the third most-visited city in Europe, Barcelona enjoys excellent connections from all over the world and is served by three airports in proximity to the city. Barcelona's largest airport, known as El Prat, is located 13 km southwest of the centre. A train into the city costs €4.10 and takes around 25 minutes. A 20-minute taxi ride into the city costs around €25.

The Aerobus service between the airport and the centre of Barcelona (Plaça Catalunya) runs from 06:00 to 01:00 (to Barcelona) and from 05:30 to 00:15 (to the airport) every day: prices are from €5.90. Buses come every 5 minutes and the journey takes around 30 minutes.

The Girona and Reus Airports, both just over 100 km away from Barcelona to the north-east and south, are served by budget airline Ryanair and offer bus and taxi connections to the city centre.

Arriving by train from Marseille, Paris or Lyon on the TGV is another option and takes approximately four to six hours. You can find more information by visiting their website (www.sncf.com/en/trains/tgv).

Flight discounts

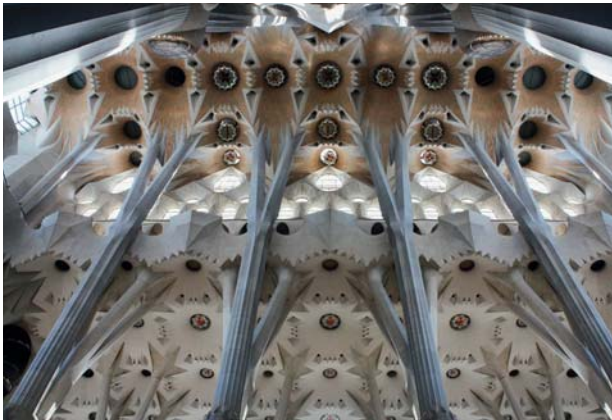
CIRSE has once again teamed up with the Star Alliance™ network to offer conference-goers deals on their flights. More information about participating airlines can be found online (www.cirse.org/flights). Be sure to include the Convention Code TP09S16 when booking to receive your special discount!

Travelling around the city

Barcelona benefits from an excellent transport network that will make getting from the conference to your accommodation and around the city a breeze. The city is well-connected by metro, bus (TMB), tram, urban railway (FGC) and regional rail. Tickets can be bought at all stations or at the airport on arrival.

The most economical option is a T10 ticket which costs €9.95 and gets you 10 journeys on any transport within Zone 1, including the regional train to El Prat Airport. For unlimited travel on all transport, there is the HolaBCN card. Options include the three-, four- and five-day Barcelona travel cards: you can pre-order these for a 10% discount!

Taxis can be booked on BarnaTaxi or Radiotaxibarcelona.



Barbara_Eckstein@Flickr.com

Eating out

Known for its captivating dining scene, Barcelona is the perfect place to satisfy your appetite after an intensive day at the congress. Join a colleague in sauntering through the enchanting streets to find a place to sample some *tapas* (mini plates of food to share), or *tapas'* little sister, *pincho* (food on a spike or toothpick, usually bought individually).



Ludo@Flickr.com

And don't forget the selection of freshly caught fish! Being the largest city on the Mediterranean Sea, Barcelona is stocked with delicious seafood restaurants, paella being one of the specialties not to miss. Head down to the old fisherman's quarter, Barceloneta, for the real classics!

Lunch is typically eaten between 13:30 and 15:30 and dinner typically between 21:00 and 23:30. Many restaurants will close during the late afternoon (generally 16:00 to 20:00), and remain open anywhere from midnight until 03:00 on Mondays through Saturdays, while many tend to be closed or have earlier closing hours on Sunday.



Bastien_Deceuninck@Flickr.com



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Information correct as of 02/2016

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Accommodation

In co-operation with its travel partners KUONI Congress, CIRSE has secured a great number of hotel rooms in Barcelona for the benefit of our congress participants.

If you have any questions, please do not hesitate to contact:

Kuoni Congress

Mr. Ivan Alvarez

Avenida Diagonal, 416, 3° 1a, 08037 Barcelona, Spain

Phone: +34 93 505 25 10

Email: cirse2016@ch.kuoni.com

Individual bookings:

The hotels and rates offered can be used for individual bookings (up to and including 9 rooms) only. CIRSE supports compliance with ethical standards, and therefore emphasises that the participants shall bear any and all costs in this context themselves.

Online hotel reservation is now available at
www.cirse.org/accommodation

Group Bookings (10 rooms and more):

Special booking conditions may apply. Please contact KUONI Congress via Email or phone.

CANCELLATION POLICY (Individual bookings)

Cancellations until June 1, 2016:

100% refund less handling fee of €25 (EUR).

Cancellations between June 2, 2016 and July 31, 2016:

50% refund less handling fee of €25 (EUR).

Cancellations received after August 1, 2016:

No refund can be made, 100% cancellation fee will apply on the full stay.

No-shows: Your hotel room will be cancelled after the first night of no show and the full amount of your stay will be charged automatically.

Early Departure: Guests will be charged in full for checking out prior to the departure date confirmed.

All cancellations and changes are to be addressed to KUONI Congress in writing.

Please note that accommodation for additional nights is strictly subject to the hotel's availability.

All necessary refunds will be made after the congress.

KUONI Congress shall act as mediators only and cannot be held responsible for any loss incurred or any damage inflicted on persons or objectives irrespective of whatsoever cause.

Only written agreements shall be valid.

The place of jurisdiction shall be Vienna.

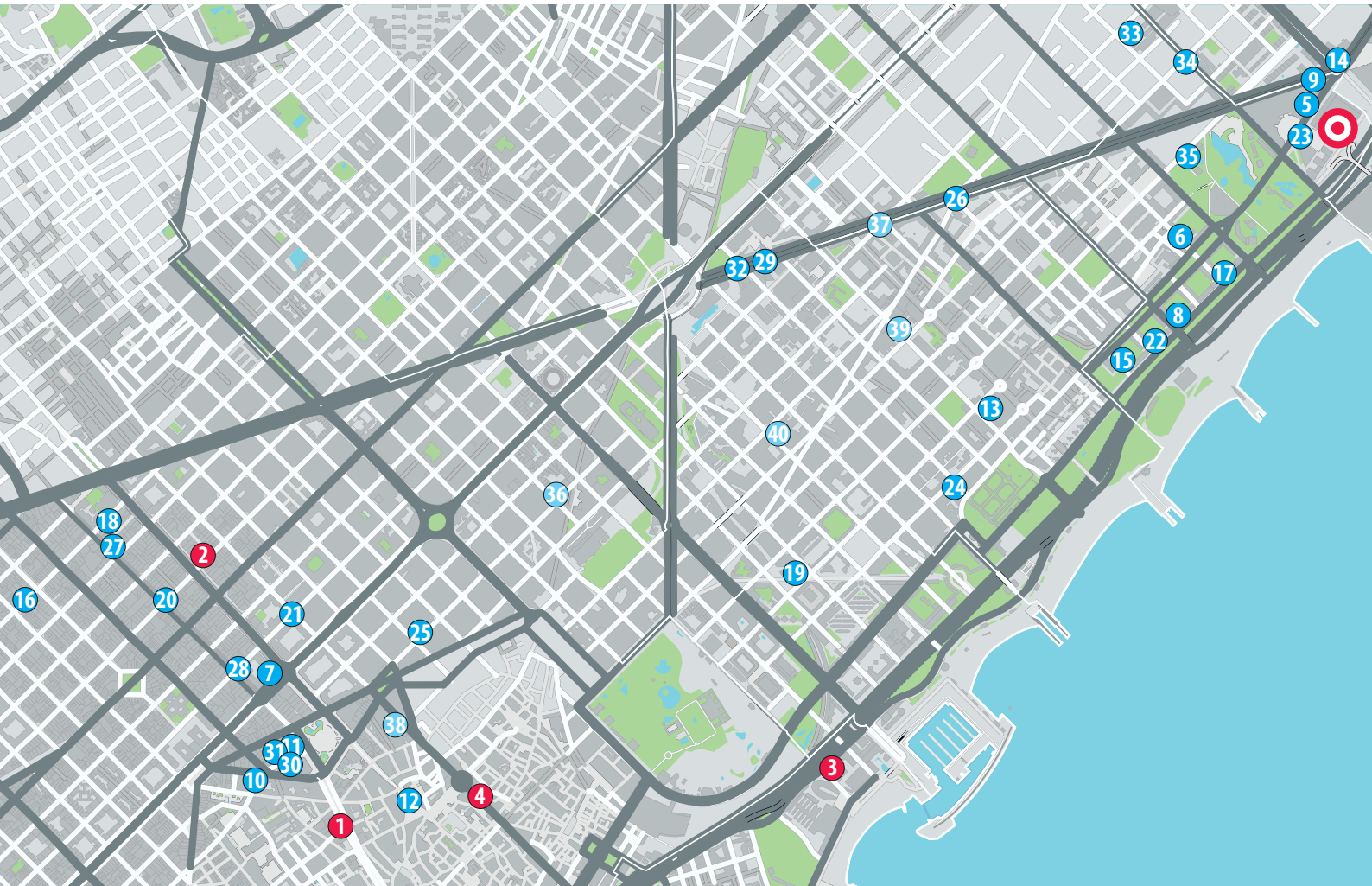
Hotel List CIRSE 2016 Barcelona

Kuoni Congress is the official travel partner of CIRSE. Their office is at your disposal to fulfill all local destination requirements from accommodation, events, dining and meetings to transport or site inspections.

You can contact the Kuoni team and order the official accommodation brochure to help with your planning via email at cirse2016@ch.kuoni.com.

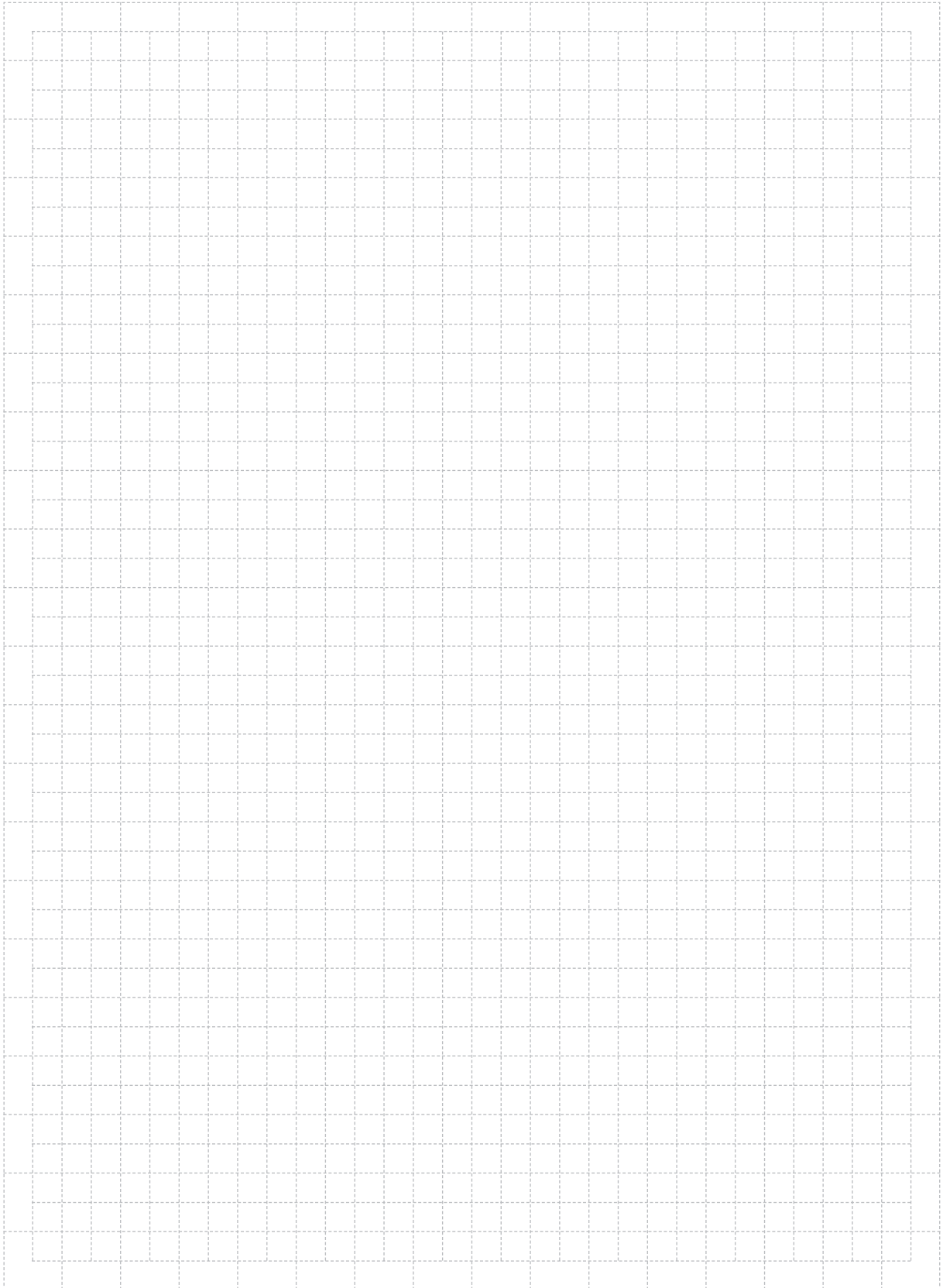
| | Hotel Name | Single Occupancy (€) | Double Occupancy (€) | Travel time public transport | Travel time taxi |
|-----------|--|----------------------|----------------------|------------------------------|------------------|
| 5* Hotels | | | | | |
| 01 | Le Meridien | 382.48 | 406.96 | 32 min. | 10 min. |
| 02 | Majestic | 401.48 | 453.96 | 31 min. | 14 min. |
| 03 | Pullman Skipper Barceona | 272.48 | 299.96 | 25 min. | 5 min. |
| 04 | Grand Hotel Central | 354.48 | 379.96 | 24 min. | 7 min. |
| 4* Hotels | | | | | |
| 05 | AC Barcelona Forum | 255.21 | 282.42 | 2 min. walking | - |
| 06 | Attica 21 | 221.21 | 238.42 | 9 min. walking | - |
| 07 | Avenida Palace | 251.21 | 262.42 | 26 min. | 11 min. |
| 08 | Barcelo Atenea Mar | 210.00 | 220.00 | 13 min. walking | 3 min. |
| 09 | Barcelona Princess | 248.21 | 271.42 | 2 min. walking | - |
| 10 | Catalonia Ramblas | 261.21 | 282.42 | 33 min. | 9 min. |
| 11 | Catalonia Plaza Catalunya | 211.21 | 232.42 | 31 min. | 12 min. |
| 12 | Catalonia Catedral | 261.21 | 282.42 | 25 min. | 8 min. |
| 13 | Confortel Barcelona | 210.21 | 222.42 | 21 min. | 6 min. |
| 14 | Diagonal Zero Hotel | 251.21 | 272.42 | 3 min. walking | - |
| 15 | Eurohotel Diagonal Port | 151.21 | 162.42 | 16 min. | 3 min. |
| 16 | Evenia Rossello | 216.21 | 227.42 | 45 min. | 13 min. |
| 17 | Front Maritim | 180.21 | 190.42 | 10 min. walking | - |
| 18 | Gallery | 215.71 | 227.92 | 37 min. | 13 min. |
| 19 | H10 Marina | 191.21 | 212.42 | 23 min. | 6 min. |
| 20 | HCC Regente | 177.21 | 206.42 | 33 min. | 14 min. |
| 21 | HCC St. Moritz | 183.21 | 211.42 | 28 min. | 11 min. |
| 22 | Hesperia Del Mar | 199.21 | 211.42 | 16 min. | 4 min. |
| 23 | Hilton Diagonal Mar | 286.21 | 307.42 | 1 min. walking | - |
| 24 | Hotel 4 | 173.21 | 186.42 | 23 min. | 6 min. |
| 25 | Icaria | 226.71 | 244.42 | 20 min. | 5 min. |
| 26 | Melia Barcelona Sky | 227.48 | 254.96 | 15 min. | 4 min. |
| 27 | Murmuri | 280.21 | 301.42 | 36 min. | 14 min. |
| 28 | NH Calderon | 236.06 | 262.02 | 28 min. | 13 min. |
| 29 | Novotel Barcelona City | 221.21 | 242.42 | 14 min. | 5 min. |
| 30 | Pulitzer | 226.30 | 252.60 | 28 min. | 9 min. |
| 31 | Regina | 226.30 | 252.60 | 28 min. | 9 min. |
| 32 | Silken Diagonal | 216.21 | 232.42 | 15 min. | 6 min. |
| 33 | Tryp Condal Mar | 193.71 | 211.42 | 13 min. walking | 4 min. |
| 34 | Vincci Bit | 233.71 | 253.42 | 8 min. walking | 4 min. |
| 35 | Vincci Maritimo | 233.71 | 253.42 | 8 min. walking | 2 min. |
| 3* Hotels | | | | | |
| 36 | Confortel Auditori | 198.72 | 215.94 | 33 min. | 9 min. |
| 37 | Four Points by Sheraton Barcelona Diagonal | 157.72 | 170.44 | 14 min. | 4 min. |
| 38 | HCC Montblanc | 155.44 | 183.44 | 24 min. | 7 min. |
| 39 | Holiday Inn Barcelona City 22@ | 122.62 | 123.34 | 20 min. | 6 min. |
| 40 | NH Diagonal Center | 143.72 | 157.64 | 22 min. | 8 min. |

All Rates are in Euro (€), per room, per night, including breakfast, VAT and Barcelona Tourist Tax.



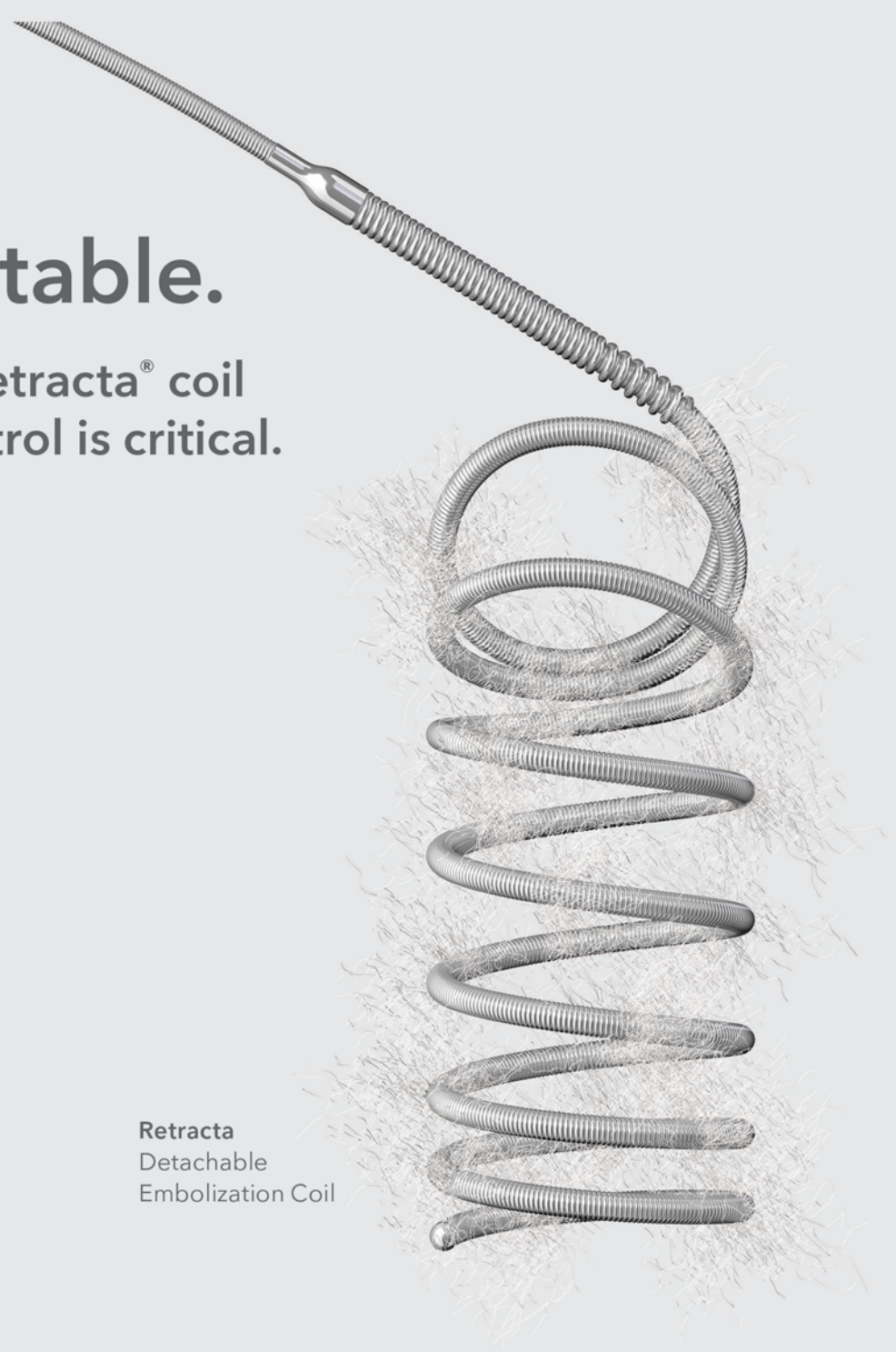
Congress Centre

- | | | |
|------------------------------|----------------------------|--|
| 1 Le Meridien | 15 Eurohotel Diagonal Port | 29 Novotel Barcelona City |
| 2 Majestic | 16 Evenia Rosselló | 30 Pulitzer |
| 3 Pullman Skipper Barcelona | 17 Front Maritim | 31 Regina |
| 4 Grand Hotel Central | 18 Gallery Hotel | 32 Silken Diagonal |
| 5 AC Barcelona Forum | 19 H10 Marina | 33 Tryp Condal Mar |
| 6 Attica 21 | 20 HCC Regente | 34 Vincci Bit |
| 7 Avenida Palace | 21 HCC St. Moritz | 35 Vincci Maritimo |
| 8 Barceló Atenea Mar | 22 Hesperia Del Mar | 36 Confortel Auditori |
| 9 Barcelona Princess | 23 Hilton Diagonal Mar | 37 Four Points by Sheraton Barcelona Diagonal |
| 10 Catalonia Ramblas | 24 Hotel 4 | 38 HCC Montblanc |
| 11 Catalonia Plaza Catalunya | 25 Icaria | 39 Holiday Inn Barcelona City 22@ |
| 12 Catalonia Catedral | 26 Meliá Barcelona Sky | 40 NH Diagonal Center |
| 13 Confortel Barcelona | 27 Murmuri | |
| 14 Diagonal Zero Hotel | 28 NH Calderón | |



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