## September 16-20 Copenhagen, Denmark CIRSE 2017

featuring

IDEAS
Interdisciplinary
Endovascular
Aortic Symposium

# PRELIMINARY PROGRAMME

Cardiovascular and Interventional Radiological Society of Europe

### INNOVATION | EDUCATION | INTERVENTION

### **CIRSE Annual Congress Figures:**

6,700 Participants

**100 Countries** 

1,300 Abstracts

**250 Hours of Education** 

**30 Academic Societies** 

**120 Exhibiting Companies** 

6,000 m<sup>2</sup> of Technical Exhibition

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## 32<sup>nd</sup> ANNUAL MEETING AND POSTGRADUATE COURSE

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Programme

### **The Preliminary Programme CIRSE 2017**

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### **Dear Colleagues,**

In September 2016, we returned to the buzzing city of Barcelona for another successful CIRSE Congress. Alongside a fantastic 4.5 days of innovative education and science, we are happy to announce that with over 6,700 international delegates, CIRSE 2016 was our best-attended annual congress so fail

We also had great feedback from our four debuting formats: the new Super Tuesday session aimed to emphasise stand-out abstracts in IR, covering a broad range of topics. The new Posters on Stage sessions likewise provided the opportunity for researchers to showcase their work. This was organised in the middle of the Technical Exhibition, kicking off animated discussion in an informal setting. During the new Expert Round Table and Expert Case Discussion sessions, there was great interdisciplinary interaction between the speakers and the audience.

Based on the success of last year's congress, the CIRSE and IDEAS 2017 Programme Committees have completed the programme for next year including these new formats, along with other thought-provoking and educative sessions.

### A comprehensive endovascular programme

As endovascular therapies are such a large focus of the congress, the programme will again contain three distinct categories: arterial, venous and aortic interventions; the latter covered in the Interdisciplinary Endovascular Aortic Symposium (IDEAS), a parallel multidisciplinary EVAR/TEVAR programme which will run from Sunday to Tuesday. CIRSE 2017 will see sessions covering IVC filters, venous stenting, drug-eluting technology and closure devices plus many more exciting topics in the arterial and venous tracks.

### Core themes

As always, CIRSE endeavours to offer delegates a full and wideranging educational programme. This year's congress will feature sessions on bone therapies, interventional oncology

and renal therapies to name a few. There will also be a focus on **clinical practice** with anaesthesia, sedation and analgesia, which are increasingly important topics in IR, as well as ample attention given to the subject of **patient management.** 

As learning about the latest medical devices and equipment is an integral part of the congress experience, CIRSE 2017 has come up with a new training format called **Hands-on Device Training.** This new format will work in conjunction with Workshops, but will be more device-orientated, while the Workshops will cover the more theoretical aspects.

Since the creation of our Radiation Protection Subcommittee and the Radiation Protection Pavilion (RPP) at CIRSE, it has been one of CIRSE's key initiatives to provide advice and education on radiation protection for those working in the medical field and their patients. With new **radiation protection** legislation on the way, it will become indispensable to stay ahead of the game, which is why this topic will be a core theme of CIRSE 2017, featuring the Radiation Protection Pavilion, a Hot Topic Symposium and dedicated sessions.

### Hej Copenhagen!

For CIRSE 2017, we will be heading north to the Danish capital of Copenhagen. Compact in size yet internationally well-connected and bursting with culture, contemporary art and culinary excellence, the city is an ideal backdrop to deliver cutting-edge science from global IR experts. Our 32<sup>nd</sup> congress will take place in the magnificent **Bella Center**, one of Scandinavia's largest conference centres, located centrally in the new part of Copenhagen, Ørestad. It has its own metro stop on the M1 line, which is just a few stations away from the airport and takes you directly to the city centre in less than 10 minutes. There are also many hotels in the immediate vicinity.

We are very much looking forward to welcoming you to Copenhagen!

### **Excellence in Interventional Radiology**

### **CIRSE Gold Medallists**

2017	D. Vorwerk	2017	O. Akhan
2016	M.J. Lee	2016	J. Lammer
2015	J. Roesch	2015	G. Soulez
2014	J.H. Peregrin	2014	P.L. Pereira
2013	J.I. Bilbao	2013	A. Holden
2012	P.R. Mueller	2012	A. Gangi
2011	J.A. Reekers	2011	J.G. Moss
2010	F.S. Keller	2010	D. Vorwerk
2009	J. Lammer	2009	R. Lencioni
2008	J.E. Abele, B. Cook	2008	C. Becker
2007	A. Adam	2007	J.C. Palmaz
2006	B.T. Katzen	2006	L. Solbiati
2005	J.F. Reidy	2005	A.C. Roberts
2004	J.L. Struyven	2004	EP.K. Strecker
2003	C.L. Zollikofer	2003	K.R. Thomson
2002	J.H. Göthlin, JJ. Merland, E.P. Zeitler	2002	P.A. Gaines
2001	E. Boijsen, F. Olbert, F. Pinet	2001	B.T. Katzen
2000	P. Rossi	2000	J.L. Struyven
1999	A.M. Lunderquist	1999	S. Wallace
1998	D.J. Allison	1998	R.W. Günther
1997	R.W. Günther	1997	P. Rossi
		1996	J. Roesch
		1995	D.J. Allison

### **CIRSE Distinguished Fellows**

2017	Y. Arai, M. Bezzi, EP.K. Strecker
2016	P.A. Gaines, L.M. Kenny, M. Maynar
2015	R. Lencioni, K. Malagari, H.I. Manninen, GJ. 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, JM. Rius, M.R. Dean
2001	JM. Bigot, J. Edgren
2000	JC. 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	JL.M. Lamarque, R. Passariello

E. Boijsen, C.B.A.J. Puylaert, E. Voegeli

1988

### **Roesch Lecture**

E.P. Zeitler

1994

**Gruentzig Lecture** 

20	17	N. Goldberg
20	16	T. de Baère
20	15	J.A. Reekers
20	14	F.C. Carnevale
20	13	M. Bezzi
20	12	D. Pavčnik
20	11	M. Szczerbo-Trojanowska
20	10	J.I. Bilbao
20	09	M.D. Dake
20	08	J.A. Kaufman
20	07	K. Ivancev
20	06	L. Machan
20	05	H.P. Rousseau
20	04	F.S. Keller
20	03	J. Roesch

### Award of Excellence and Innovation in IR

2016	F.C. Carnevale
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 2016, the R.W. Günther Foundation honoured Prof. Francisco Carnevale for his pioneering research on prostate artery embolisation (PAE) as an alternative treatment for symptomatic patients of enlarged benign prostate hyperplasia.

### **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

Many 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 2017.

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  $\in 5,000$ .

### 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, 2017 to scientific@cirse.org. For more information, please visit the CIRSE website.



**Dierk Vorwerl**Gold Medallist
2017

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### Gold Medallist Dierk Vorwerk

Dierk Vorwerk was born in 1958 in Düren, Germany, and raised in Turkey and Germany. He attended medical school in Mainz and Cape Town, South Africa. After graduating in 1983 and completing his military service, Dr. Vorwerk joined the Department of Radiology at the University of Technology in Aachen, headed by Prof. Rolf Günther. He completed his radiology training in 1990 and served as a consultant at the same department. After being its deputy chairman from 1996 to 1998, he was appointed Chairman of the Department of Diagnostic and Interventional Radiology at the Klinikum Ingolstadt, an 1100 bed teaching hospital in the south of Germany, where he continues to work to this present day.

In his academic career Prof. Vorwerk was appointed as an Associate Professor in 1992 and Professor in 1996. He has published more than 200 papers and book chapters and more than 250 abstracts in the field of radiology with special focus on ultrasound, interventional radiology and computerised tomography. His main fields of interest are vascular interventions, stroke therapy and embolisation techniques.

Prof. Vorwerk was awarded the Wilhelm Conrad Röntgen Award in 1993 and the Hermann Holthusen Award in 1996 by the German Roentgen Society and also received the Mackenzie Davidson Memorial Lecture from the British Institute of Radiology in 1999. He is an Honorary Member of the Turkish Society of Interventional Radiology, Romanian Society of Radiology, Austrian Society of Radiology and the South African Vascular Society (VASSA). Prof. Vorwerk has furthermore been honoured with the chairmanship of the 2008 German Radiology Congress; he was later made Chairman of the German Society of Interventional Radiology (DeGIR) from 2012 to 2014. He served as President of the German Röntgen Society (DRG) from 2015 to 2017.

Prof. Vorwerk has served as reviewer, consultant and editorial board member of many radiological and medical journals, including JVIR, JEVT, CVIR, NDT, RöFo, Circulation, Clinical Nephrology, Kidney International and European Radiology. He was appointed as Editor-in-Chief of CVIR in 2003, a position he held until this year. Within CIRSE he has served in various Executive Committee positions, heading the society as President from 2000 to 2001.

Dierk Vorwerk has been married to his wife Kirsten for more than 30 years and is a proud father to Gianna and Carlotta. In his free time, he enjoys horse riding on Icelandic horses, running, travelling, good wines and cooking: the latter as an enthusiastic, but dabbling amateur. Incorporating his love for cooking with his work, Prof. Vorwerk titled his Gruentzig lecture at CIRSE 2010 "Cooking and Interventional Radiology: What do they have in common?"

CIRSE Opening and Awards Ceremony
Dierk Vorwerk will be awarded on

# CVIR – The International Platform for Interventional Radiology

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### Distinguished Fellow Yasuaki Arai



Dr. Yasuaki Arai received his medical degree at Jikei University School of Medicine and his PhD in medical science at Nagoya City University Graduate School of Medicine. He completed his internal medicine training at Tokyo Medical Center and then started his career in interventional radiology at the Department of Diagnostic and Interventional Radiology at the Aichi Cancer Center. After seven years as the Department Chief, he moved to the National Cancer Center as the Chief of the Department of Diagnostic Radiology. Between July 2012 and March 2016, he also devoted himself to the service as the Director of the hospital with the aims of pursuing better management with open dialogue, improving medical safety and governance and activating research and treatment, including palliative care. The hospital established the Interventional Radiology Center to accept more patients. He also currently has another role, which is to support the President of the National Cancer Center as an Executive Advisor.

Engaging in interventional radiology, Dr. Arai has introduced a number of new devices and techniques for better treatment, such as an implantable catheter and port system for hepatic arterial infusion chemotherapy, as well as the interventional CT system (Angio-CT). The latest device he invented was a tip-deflecting microcatheter aiming for easier manipulation.

In 2002, he established the Japan Interventional Radiology in Oncology Study Group (JIVROSG) to build a framework for conducting clinical trials. JIVROSG has conducted clinical trials in the field of interventional oncology to pursue evidence, including palliative care. The result of the clinical trial with Korean physicians focusing on transarterial chemoembolisation for hepatocellular carcinoma led to Lipiodol authorisation in Japan and its indication outside of Japan.

As for educational activities, Dr. Arai has given lectures related to interventional radiology and clinical trials worldwide – building bridges at home and overseas. There are many visitors from overseas who observe cases at the National Cancer Center Hospital; some of them spend several months to a year with his interventional radiology team.

In addition to treating patients, Dr. Arai is the Associate Editor of several leading journals, including the *Journal of Vascular & Interventional Radiology*. He serves as a consultant for Japanese government agencies and is the President of the Japanese Society of Interventional Radiology (JSIR). JSIR's activities are international and seek to spread interventional radiology as a treatment option to the public and health administration of Japan.

Dr. Arai has a son and two daughters with his wife. When he is not at the hospital, he enjoys cooking and singing to his own piano accompaniment at home. He is also a big fan of mountain climbing and has completed the Himalayan Mountains twice, Mount Everest and Mount Nangaparbat.

CIRSE Opening and Awards Ceremony
Yasuaki Arai will be awarded on

## Distinguished Fellow Mario Bezzi



A native of Rome, Italy, Mario Bezzi attended the Sapienza University of Rome, where he graduated with a medical degree in 1982. He then entered Sapienza's Department of Surgery and practiced there for one year. This post-graduate training was instrumental in improving his clinical background and skills in surgical procedures. At that time, however, he was involved in the first clinical applications of intraoperative ultrasound and became drawn to diagnostic imaging.

In 1986, he completed his residency in Diagnostic Radiology at the Sapienza University of Rome, followed by a two-year fellowship in CT-US-MRI at the Thomas Jefferson University and the University of Pennsylvania.

In 1988, he started his interventional career in the Division of Vascular and Interventional Radiology at the University of Rome Hospital. His mentor at that time was Prof. Plinio Rossi. Many of the procedures in non-vascular radiology which are now considered routine, such as abscess drainage, biliary drainage and stenting, dilation of benign biliary strictures, chemoembolisation and RF ablation of liver tumours, were either introduced in Italy or further developed by the team of interventional radiologists working in this division.

Currently, Mario Bezzi is Associate Professor of Radiology at the Sapienza University of Rome and Chief of the Division of Interventional Radiology. He is an enthusiastic teacher and is committed to the training of the next generation of radiologists through his tutoring of medical students and residents in imaging and interventional radiology.

His clinical practice consists mainly of image-guided therapy in oncology, and his research interests focus primarily on liver tumours. He has been involved in a number of grant-funded studies, where he has often served as principal investigator. Nowadays, his interest is also centred on MR-guided focused ultrasound, and he is involved in a European project which focuses on the application of MRgFUS in moving organs.

He has also widely contributed to research in interventional radiology, having written 15 book chapters, edited a book on biliary tract radiology and presented more than 430 papers at various global conferences. Furthermore, he has published 150 articles in both Italian and international peer-reviewed journals, and his works have received approximately 2,600 citations with an H-index of 30. Professor Bezzi is also a reviewer for international journals, including *CVIR*, *JVIR* and *European Radiology*.

He became involved in the activities of CIRSE early in his career when he was nominated as Chairman of the Scientific Programme Committee in 1996 for the CIRSE Meeting in Madeira. He assisted in the organisation of the 2006 CIRSE Meeting in Rome and, for four years, was Editor-in-Chief of ESIRonline, the online platform that houses all the presentations and webcasts of CIRSE events. After so many years of active involvement, he now considers CIRSE a second family.

Mario Bezzi has been married to his charming wife, Ada, for more than 30 years and is the proud father of a beautiful girl, Costanza. In his free time, he enjoys travelling and contemporary art, as well as watersports and sailing during the summer.

CIRSE Opening and Awards Ceremony
Mario Bezzi will be awarded on

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### Distinguished Fellow Ernst-Peter K. Strecker



Born and raised in Berlin, Germany, Ernst-Peter Strecker began his medical career with studies in Berlin, Vienna and Heidelberg, and received his medical degree from the University of Heidelberg in 1968. After which, he went on to train in Radiology for six years, starting at Rhode Island Hospital in the U.S. While there, he accepted a position as a Research Fellow for Johns Hopkins Hospital in Baltimore where he trained under EA James and Robert White. His training in Radiology was completed under Prof. Werner Wenz at the University of Freiburg, Germany, where he was introduced to the art of catheter angiography and imageguided interventions by participating in the development of vascular interventional radiology with balloon percutaneous transluminal angioplasty and tumour embolisation.

In 1978, Dr. Strecker was offered the position as the Chief Physician of the Department for Medical Imaging, Interventional Radiology and Nuclear Medicine at the Diakonissen-Krankenhaus in Karlsruhe, Germany, where he stayed for 29 years. In 1982, he also became a Professor of Radiology at the University of Freiburg. He specialised in interventional radiology and contributed to the development of minimally invasive medicine in the field of arterial and venous disease, locoregional chemotherapy, chemoembolisation in oncology, uterine artery embolisation and skeletal interventions, such as vertobroplasty and kyphoplasty.

After retiring from official functions in January 2008, Prof. Strecker has continued to work on new methods for inter-

ventional radiology and technical developments, and has remained an active reviewer for several IR journals. He was also a visiting Professor at the Asan Medical Centre's Department of Interventional Radiology in Seoul, South Korea, during 2008, and was a Consultant Radiologist at Siloah Hospital in Pforzheim, Germany, until recently.

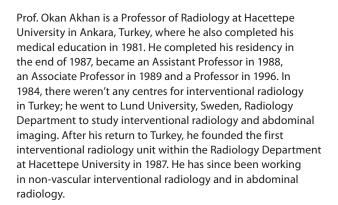
Ernst-Peter Strecker is an accredited author in over 150 publications, 90 peer-reviewed original scientific articles, and 9 chapters for books. He holds 25 patents for instruments and devices in interventional radiology, including the knitted Strecker Stent, which was the first certified stent for clinical applications to treat disease of the arterial, venous, intestinal and respiratory systems and which has now been implanted in thousands of patients.

Prof. Strecker has received several honourable awards, including the Boris-Rajewski-Medal from the European Roentgen Society which he received in 1980 for his mathematical model of mesenteric perfusion (mesentericography). He has also been awarded the Andreas Grüntzig Lecturer's Medal by CIRSE in 2004, and received the CVIR Editors' Medal in 2005.

In his private life, he enjoys spending time together with his wife, two children and four grandchildren. His favourite hobby is astrobiology, which he studied at the University of Heidelberg, and he also likes to go running, skiing, cycling and swimming.

CIRSE Opening and Awards Ceremony
Ernst-Peter K. Strecker will be awarded on





Prof. Akhan is committed to training the next generation of radiologists, teaching medical students and residents on all levels. He was one of the Executive Board members of CIRSE and ESGAR (European Society of Abdominal and Gastrointestinal Radiology). He worked as the Chairman of the National Committee, organising the CIRSE 2003 Meeting in Antalya, Turkey. He has also worked in various committees of ECR (European Congress of Radiology), such as the Programme Planning Committee for ECR 2008. He also served as a member of the Scientific Programme Committee of the Balkan Society of Radiology (BSR) for three years. After being Vice-President of the society from 2010 to 2012, he served as President of BSR from 2012 to 2014. He was elected as the Honorary Member of the Hungarian Society of Radiologists in 2008. In the same year, he was awarded the Certificate of Merit by ESGAR for his work in the field of abdominal radiology. He was also awarded an Honorary Fellow of CIRSE in 2010.

Prof. Akhan has served as the Editor-in-Chief for *Diagnostic* and *Interventional Radiology* journal from 2001 to 2010 and for *European Journal of Radiology* to 2011 as Editorial Board Member. He also was an Editorial Board Member of *Ultrasound* for two years until 2012 and *Journal of Clinical Imaging Science* until 2014. He also works as an Editorial Board Member at



CVIR. Prof. Akhan is the author or co-author of over 157 (SCI) and around 170 (Scopus) articles published in peer-reviewed journals and around 120 oral or poster presentations presented in international scientific meetings and congresses. His articles have been cited more than 2400 times in the journals indexed by SCI (app. 2900 citations in the journals indexed by Scopus). He has given more than 130 lectures at international meetings and congresses. Moreover, he is also the author or co-author of over 100 articles published in Turkish journals and over 200 oral or poster presentations presented in national scientific meetings and congresses. He has also been invited as a lecturer more than 140 times in national meetings in Turkey. He has written 15 book chapters in Turkish and in English.

Prof. Akhan was selected as an Associate Member of the Turkish Academy of Sciences in 2000 and he was honoured to be accepted as a full member to the Academy in 2008. He had been chairing the Human Rights Committee and Publishing Committee within the organisation until November 2011 when he resigned as he protested against the decision of the government to allow political appointment to the Turkish Academy of Sciences. A new Science Academy founded as a non-governmental organisation in 2011, elected Prof. Akhan as principal member between 2011 and 2014.

Prof. Akhan is one of the founders of the Human Rights Foundation of Turkey and served as a Board Member from 1990-2011. He was one of the first pioneers to have founded more than five treatment centres for torture victims. He is one of the authors of *Torture Atlas* written on the subject of torture. He worked as a Council Member of IRCT (International Rehabilitation Council for Torture Victims) between 1993 and 2009 and is still a volunteer activist for peace and human rights.

Prof. Akhan has been married to Elif for sixteen years; they have a daughter, Idil. In his spare time, he loves travelling, reading, going to the cinema, visiting vineyards and playing tennis.

### **Andreas Gruentzig Lecture**

Percutaneous treatment of cystic ecchinococcosis (hydatid cysts): current concepts

Sunday, September 17, 14:30-15:00

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## Roesch Lecturer Nahum Goldberg

Professor Goldberg is an interventional oncologist and Professor at the Hebrew University in Jerusalem and Harvard Medical School in Boston. His research interests include over 20 years of experience studying image-guided tumour ablation and imaging studies. His independent Applied Radiology Laboratory in Hadassah and Minimally Invasive Tumor Therapies Laboratory at Beth Israel Deaconess Medical Center in Boston are dedicated to uncovering methods to improve tumour ablation studies. As the Division Head of Image-guided Therapy at Hadassah Hebrew University Medical

Prof. Goldberg has authored more than 180 original scientific manuscripts, 25 book chapters and reviews, 6 guest editorials in *Radiology* and *JVIR* and 9 patents. He has been the principle investigator of multiple peer-reviewed research grants, specifically focusing on development, characterisation, and optimisation of new devices, including those for imageguidance. His multiple research projects on tumour ablation have resulted in many longstanding relationships with multiple international collaborators.

Center, he also has considerable experience with clinical trials

and interventional oncologic techniques.

The phases of Prof. Goldberg's research and publications mirror the phases of development and maturation of research in the field of image-guided tumour ablation. Initial studies centred largely upon the development, characterisation, and optimisation of systems that enabled clinically relevant thermal tumour destruction. Once underway, the effects of tissue composition and bio-physiology were systematically studied. More recent efforts have taken a mechanistic approach to better understand how to best combine tumour ablation with other therapies to maximise efficacy. These include combining RF ablation with nanotherapies, and beginning to study the



potential systemic effects of post-ablation inflammation and potential tumorigenesis. Prof. Goldberg has also recently worked on improving methods of gene therapy and stem cell delivery to treat cancer and genetic diseases as a Fulbright Scholar at Hadassah Hebrew University.

Besides being named a Fellow of the Society of Interventional Radiology, Prof. Goldberg has also served on multiple national and international committees advancing this discipline including CIRSE and the ESR, serving as the Section Editor for an Interventional Oncology series in *Radiology* and as the Chairman of the WCIO immuno-oncology task force. Additionally, he has chaired or first-authored several key consensus documents in the field including the original "Image-guided Tumor Ablation: Standardization of Terminology and Reporting Criteria" and "SIR Interventional Oncology Task Force: Research Vision Statement and Critical Assessment of the State of Affairs".

When viewed in its entirety, Prof. Goldberg's line of continuous research inquiry clearly demonstrates a capacity to go significantly beyond the state of the art to achieve wide societal impact. Specifically, the development and refinement of tumour ablation tools and image-guided therapies, and particularly the contributions from his laboratory, have provided sufficient impact and options for cancer therapy that have majorly impacted interventional oncology.

### **Josef Roesch Lecture**

Taming the systemic effects of interventional oncology through mechanistic study

Tuesday, September 19, 14:30-15:00

### **Preliminary Faculty**

as per printing date – subject to change

Adam, A. \* London/UK Åkesson, M.L. Malmö/SE Akhan, O. Ankara/TR Almeida, P.A.M.S. Viseu/PT Andersen, P.E. \* Odense/DK Andrašina, T. Brno/CZ Anselmetti, G.C. Turin/IT Anthony, S. Oxford/UK Argirò, R. Rome/IT Baek, J.H. Seoul/KR Bale, R. Innsbruck/AT Bargellini, I. Pisa/IT London/UK Barnacle, A.M. Bartal, G. Kfar-Saba/IL Basile, A. \* Catania/IT Batistaki, C. Athens/GR Belli, A.-M. \* London/UK Benenati, J.F. Miami, FL/US Bérczi, V. \* Budapest/HU Bezzi, M. \* Rome/IT Bharadwaz, A. \* Aarhus/DK Bhavsar, R. Aarhus/DK Bilbao, J.I. \* Pamplona/ES Bilhim, T. \* Lisbon/PT Binkert, C.A. \* Winterthur/CH Blankensteijn, J.D. Amsterdam/NL Böckler, D. Heidelberg/DE Bollen, T.L. Nieuwegein/NL Bratby, M. Oxford/UK Breen, D.J. Southampton/UK Breitenstein, S. Winterthur/CH Brookes, J.A. London/UK Brountzos, E. \* Athens/GR Brown, K.T. New York, NY/US Buecker, A. \* Homburg/DE Burgmans, M.C. \* Leiden/NL Buy, X. Bordeaux/FR Cannavale, A. Glasgow/UK Cariati, M. Milan/IT Carnevale, F.C. São Paulo/BR Carrafiello, G. \* Milan/IT Castriota, F. Cotignola/IT Cazzato, R.L. Strasbourg/FR Chakraverty, S. \* Dundee/UK Chavan, A. Oldenburg/DE Chevallier, P. Nice/FR

Cioni, R. Pisa/IT Clark, T.W.I. Philadelphia, PA/US Clark, W.A. \* Ramsgate, NSW/AU Clerici, G. Milan/IT Cleveland, T.J. Sheffield/UK Cousins, C. Cambridge/UK Crocetti, L. \* Pisa/IT Dake, M.D. Stanford, CA/US Das, M. Duisburg/DE de Baère, T. \* Villejuif/FR de Graaf, R. Maastricht/NL de Haan, M.W. \* Maastricht/NL de Vries, J.P.P.M. Nieuwegein/NL Dedes, I. Thessaloniki/GR Bilbao/ES del Cura Rodriguez, J.L. Deloose, K. Dendermonde/BE Lausanne/CH Denys, A. \* Deschamps, F. \* Villejuif/FR Di Marzo, L. Rome/IT Diamantopoulos, A. \* London/UK Dias, N.V. Lund/SE Donas, K.P. Münster/DE Donato, P. Coimbra/PT Ducasse, E. Bordeaux/FR Duda, S. \* Berlin/DE Düx, M. \* Frankfurt/DE Fanelli, F. \* Rome/IT Filippiadis, D.K. \* Athens/GR Fischman, A. New York, NY/US Frevert, S.C. Copenhagen/DK Funovics, M.A. \* Vienna/AT Gangi, A. \* Strasbourg/FR Gargiulo, M. Bologna/IT Garnon, J. Strasbourg/FR Gebauer, B. Berlin/DE Geschwind, J.-F.H. New Haven, CT/US Gibbs, R.G.J. London/UK Gillams, A. \* London/UK Goh, G.S. \* Melbourne, VIC/AU Goldberg, N. Jerusalem/IL Golzarian, J. Minneapolis, MN/US Gonçalves, B. Porto/PT Gonzalez-Junyent, C. Barcelona/ES Rome/IT Grasso, R.F. Greenhalgh, R.M. London/UK Greenstein, D. Harrow/UK



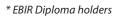
Grosso, M. Cuneo/IT Kulcsar, Z. Geneva/CH Haage, P. \* Wuppertal/DE Laasch, H.-U. Manchester/UK Lammer, J. \* Hacking, N. Southampton/UK Vienna/AT Hamady, M.S. \* London/UK Lawler, L.P. \* Dublin/IE Haslam, P.J. \* Newcastle-upon-Tyne/UK Layton, K.F. Dallas, TX/US Hatzidakis, A. \* Iraklion/GR Lazaris, A.M. Athens/GR Hausegger, K.A. \* Paris/FR Klagenfurt/AT Lebard, C. Hechelhammer, L. \* St. Gallen/CH Lee, M.J. \* Dublin/IF Heller, T. Rostock/DE Lencioni, R. \* Miami, FL/US Helmberger, T.K. \* Munich/DE Lewandowski, R.J. Chicago, IL/US Hess, T.H. Winterthur/CH Lindgren, H. Helsingborg/SE Hoffmann, R.-T. \* Dresden/DE Lönn, L.B. \* Copenhagen/DK Porto/PT Holden, A. \* Auckland/NZ Lopes, P. Hopf-Jensen, S. Flensburg/DE Lucatelli, P. \* Siena/IT Bern/CH Lunardi, A. Pisa/IT Hoppe, H. \* Huppert, P.E. Darmstadt/DE Mahnken, A.H. \* Marburg/DE Varese/IT Mailli, L. \* London/UK lerardi, A.M. Dallas, TX/US Malagari, K. \* lyengar, P. Athens/GR Jahnke, T. \* Neumünster/DE Malina, M. Harrow/UK Jakobs, T.F. Munich/DE Manninen, H.I. \* Kuopio/FI Jaschke, W. \* Innsbruck/AT Manzi, M.G. Abano Terme/IT Jawien, A. Bydgoszcz/PL Marcia, S. Cagliari/IT Jenkins, M.P. London/UK Masala, S. Rome/IT Kandarpa, K. Bethesda, MD/US Maskova, J. \* Aberdeen/UK Kara, L. \* Zurich/CH Massmann, A. Homburg/DE Karnel, F. \* Vienna/AT Matzko, M. Dachau/DE Kasthuri, R. \* Glasgow/UK Mazzaferro, V. Milan/IT Katoh, M. Krefeld/DE McCafferty, I.J. Birmingham/UK Katsanos, K.N. \* London/UK McWilliams, R.G. \* Liverpool/UK Katsargyris, A. Nuremberg/DE Meijerink, M.R. Amsterdam/NL Katzen, B.T. Miami, FL/US Meyer, B.C. Hannover/DE Kaufman, J.A. \* Midulla, M.\* Portland, OR/US Valenciennes/FR Kelekis, A.D. \* Athens/GR Minko, P. Homburg/DE Kenny, L.M. Brisbane, QLD/AU Mizandari, M. Tbilisi/GE Kettenbach, J. \* St. Pölten/AT Moelker, A. Rotterdam/NL Kim, E. New York, NY/US Morgan, R.A. \* London/UK Kizilkilic, O. Istanbul/TR Mosquera, N.J. Ourense/ES Müller-Hülsbeck, S. \* Knape, J.T.A. Utrecht/NL Flensburg/DE Koch, G. Strasbourg/FR Napoli, A. Rome/IT Koizumi, J. Nardis, P.G. Kanagawa/JP Terni/IT Kölbel, T. Nice, C. \* Newcastle-upon-Tyne/UK Hamburg/DE Kouloulias, V.E. Athens/GR Nienaber, C. London/UK Kovács, A. Bonn/DE Oguzkurt, L. \* Istanbul/TR Krajina, A. \* Hradec Králové/CZ Okuno, Y. Tokyo/JP Kroencke, T.J. \* Augsburg/DE Orsi, F. \* Milan/IT Krokidis, M.E. \* Cambridge/UK O'Sullivan, G.J. \* Galway/IE

Palena, M.	Abano Terme/IT
Palussière, J.	Bordeaux/FR
Paprottka, P.M.	Munich/DE
Patel, J.V. *	Leeds/UK
Patel, R.	Oxford/UK
Pedicini, V.	Milan/IT
Pelage, JP.	Caen/FR
Peregrin, J.H. *	Prague/CZ
Pereira, P.L. *	Heilbronn/DE
Pereira, T.	Vila Nova de Gaia/PT
Pfammatter, T. *	Zurich/CH
Pitton, M.B. *	Mainz/DE
Pollak, J.	New Haven, CT/US
Ptohis, N. *	Athens/GR
Puippe, G. *	Zurich/CH
Punamiya, S.	Singapore/SG
Qanadli, S.D.	Lausanne/CH
Rampoldi, A.G.	Milan/IT
Rand, T. *	Vienna/AT
Ratnam, L. *	London/UK
Raupach, J.	Hradec Králové/CZ
Reekers, J.A. *	Amsterdam/NL
Resch, T.A.	Malmö/SE
Riambau, V.	Barcelona/ES
Ribo, M.	Barcelona/ES
Richter, G.M. *	Stuttgart/DE
Ricke, J.	Magdeburg/DE
Rilling, W.S.	Milwaukee, WI/US
Roberts, A.C.	La Jolla, CA/US
Robinson, G.J.	Hull/UK
Rodt, T.	Hannover/DE
Rössle, M.	Freiburg/DE
Rousseau, H.	Toulouse/FR
Ruffino, M.A. *	Turin/IT
Ryan, A.G.	Waterford City/IE
Saatci, I.	Ankara/TR
Sabharwal, T. *	London/UK
Sabri, S.	Charlottesville, VA/US
Sailer Karmann, A.M.H.	Maastricht/NL
Salem, R.	Chicago, IL/US
Schaefer, J.P. *	Kiel/DE
Schoder, M. *	Vienna/AT
Shrestha, M.	Hannover/DE
Sofocleous, C.T.	New York, NY/US
,	Patras/GR
Spiliopoulos, S. *	i atias/GN

Spinelli, A.	Cagliari/IT
Stella, A.	Bologna/IT
Stracke, C.P.	Essen/DE
Struffert, T.	Erlangen/DE
Szczerbo-Trojanowska, M.	Lublin/PL
Sze, D.	Stanford, CA/US
Tacke, J. *	Passau/DE
Tanaka, T.	Kashihara/JP
Tepe, G. *	Rosenheim/DE
Tesdal, I.K. *	Friedrichshafen/DE
Trerotola, S.O.	Philadelphia, PA/US
Tselikas, L.	Villejuif/FR
Tsetis, D.K. *	Iraklion/GR
Tsitskari, M. *	Athens/GR
Tsivgoulis, G.K.	Athens/GR
Tsoumakidou, G.	Strasbourg/FR
Tutton, S.M.	Milwaukee, WI/US
Uberoi, R. *	Oxford/UK
Urbano, J. *	Madrid/ES
van Delden, O.M. *	Amsterdam/NL
van den Berg, J.C.	Lugano/CH
van den Bosch, M.	Utrecht/NL
van Erkel, A.R.	Leiden/NL
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van Overhagen, H. *	The Hague/NL
van Zwam, W.H.	Maastricht/NL
Vano, E.	Madrid/ES
Vari, A.	Rome/IT
Veloso Gomes, F.	Lisbon/PT
Veltri, A.	Orbassano/IT
Verhoeven, E.	Nuremberg/DE
Vermassen, F.E.	Ghent/BE
Vidal, V.	Marseille/FR
Virmani, R.	Gaithersburg, MD/US
Volpe, A.	Novara/IT
Vorwerk, D. *	Ingolstadt/DE
Vos, J.A.	Nieuwegein/NL
Wah, T.M.*	Leeds/UK
West, D.J. *	Stoke-on-Trent/UK
Wiggermann, P. *	Regensburg/DE
Wohlgemuth, W.A. *	Regensburg/DE
Wolf, F. *	Vienna/AT
Zeleňák, K.	Martin/SK
Zins, M.	Paris/FR



**European Board of Interventional Radiology** 





European School of Interventional Radiology

### **Clinical Procedure Training**

ESIR is staying 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.

Critical Limb Ischaemia Rome (IT), June 23-24, 2017

Local Hosts: M. Bezzi & F. Fanelli "Sapienza" – University of Rome

Prostate Embolisation Milan (IT), October 11-12, 2017

Local Host: A. Rampoldi AIMS Academy

DVT/PE Thrombolysis and Thrombectomy Dublin (IE), October 27-28, 2017

Local Host: M.J. Lee Royal College of Surgeons in Ireland

Reliability in Percutaneous Tumour Ablation – Fusion, Stereotaxy and Robotics Innsbruck (AT), December 14-15, 2017

Local Host: R. Bale LKH – Universitätskliniken Innsbruck









For more information, please visit www.cirse.org/esir2017



### **CIRSE Session Types**

### **Amazing Interventions**

During this session, acclaimed experts in interventional radiology will talk about their most unusual and challenging procedures. The emphasis will be to highlight innovative ways in which interventional radiologists can solve difficult problems and overcome tough situations. The session aims to be both educational and entertaining.

#### **CIRSE** meets...

The "CIRSE meets..." programme has 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 2017, CIRSE's guest will be the European Wound Management Association (EWMA). For the detailed programme, please refer to page 32.

### **IR Trainee Sessions**

The IR Trainee Sessions at CIRSE are aimed specifically at trainees, residents and young IRs, and cover basic IR topics as well as practical issues relating to the beginning of a career in interventional radiology. These sessions will also address future IR technologies and challenges the next generation of IR may face. Organised by the CIRSE European Trainee Forum (ETF), the IR Trainee Sessions are also an opportunity to meet peers and establish relationships with other young IRs across Europe.

### **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 through difficult cases.

### **Expert Round Tables**

The Expert Round Table sessions address 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 with both their fellow speakers and the audience.

### **Film Interpretation Quiz**

The Film Interpretation Quiz is one of CIRSE's most popular sessions, run as a "last man standing" quiz. The Quiz Masters 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 innovative aspects of cardiovascular and interventional radiology. Selected papers will be gathered into sessions, each dealing with the same topic. There will be time for discussion between researchers and attendees after each presentation.

#### **Featured Papers**

In order to achieve a more interactive format in 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.

### **Super Tuesday**

This exclusive Free Paper slot will showcase high-class research and up-to-the-minute trial results which all interventional radiologists should be aware of.

#### **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 Device Training**

The Hands-on Device Training (HDT) sessions provide an overview of the different devices and techniques available for specific topics. Following a kick-off presentation by the HDT co-ordinators, participants will have the opportunity to learn about the specifics, as well as the safe and effective use of the available technology in a hands-on setting. Each HDT will feature a round-table discussion with the co-ordinators at the end of each session, allowing participants time to ask questions and give feedback.

For the detailed programme, please refer to pages 35-39.

### **Hot Topic Symposia**

The Hot Topic Symposia 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.

### **Posters on Stage**

The aim of this session format is to allow physicians to show-case their research in an informal and open atmosphere. Selected posters and their presenting authors will take centre stage in these sessions. The posters will be displayed and navigated on terminals which are specifically designed for poster discussions in small groups.

#### **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 Pocket Guide.

### **Simulation Training**

This popular series of training sessions comprises a one-hour round-table discussion with experts in the field delivering key knowledge and practical tips, followed by one hour of handson experience using high-fidelity simulators. For the detailed programme, please refer to page 39.

#### **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

Workshops provide you with the chance to learn from your colleagues' expertise in an informal, interactive manner. Each designated workshop 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.

### 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

Developments in cancer care are moving fast and interventional oncology is increasingly establishing itself as the fourth pillar of cancer care; as such, it has become an important mainstay of the CIRSE scientific programme.

Subject matter in IO sessions will be varied, being sure to cover key topics such as liver ablation and ablative therapies for renal cancer. One Special Session will look at controversies in interventional oncology, with speakers presenting the pro and con side on three topics. For hands-on experience, attend one of the Hands-on Device Training sessions, which will focus on radiofrequency ablation, microwave ablation and alternative techniques, including cryoablation and other image-guided technologies.

### IR MANAGEMENT

As the subspecialty matures and minimally invasive, imageguided therapies become better integrated into clinical practice and guidelines, topics in the realm of interventional radiology management are increasingly pertinent. With this in mind, clinical practice and patient management will be core themes of the congress.

There will be Special Sessions on sedation and anaesthesia. A Hot Topic Symposium will cover radiation protection to raise awareness for the upcoming directive. Other sessions will cover education and training in IR and the importance of research and development.

### **NEUROINTERVENTIONS**

Since the wave of exciting new evidence for endovascular therapies was published in the last couple of years, the focus on acute ischaemic stroke therapies has intensified, in particular the clinical management of the stroke patient and new devices.

Reflecting this in our scientific programme, there will be Special Sessions on carotid stenting and how to establish an acute intra-arterial stroke service. Furthermore, an Expert Round Table will discuss the importance of good decision making in acute stroke revascularisation.

### NON-VASCULAR INTERVENTIONS

Non-vascular procedures have grown exponentially and remain a key essential of the IR repertoire: this year's non-vascular track will focus on the skeletal system, offering a range of sessions on the topics of bone tumours, vertebroplasty and knee osteoarthritis plus Workshops on vertebral augmentation.

Non-skeletal interventions will be well covered with an Expert Round Table on GI intervention and an Expert Case Discussion on challenging drainages. There will also be a Special Session on advanced biliary therapies.

### **EMBOLISATION**

One of the fastest-growing areas of IR practice is embolisation. At CIRSE 2017, the 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 embolotherapy for HCC to prostate artery embolisation to trauma management. There will also be a number of Workshops covering all facets of embolotherapy, including six popular Hands-on Device Training sessions which will provide an opportunity for participants to explore the available embolisation tools and materials and practise basic techniques.

### ARTERIAL INTERVENTIONS

Vascular interventions have always been a crucial aspect of interventional radiology training and practice. Last year, CIRSE's cornerstone vascular track was divided into three subsections to facilitate an optimal learning experience for participants. At CIRSE 2017, the arterial track will once again feature Expert Round Tables and Expert Case Discussions to increase the opportunity for lively discussion of topics such as the diabetic foot patient and difficult recanalisation.

Lecture-based Special Sessions will investigate a number of cutting-edge themes, including *Controversies in Endovascular Therapy*. Five Workshops and two Hands-on Device Training sessions will also take place under the arterial track.

### **VENOUS INTERVENTIONS**

This sub-category within the vascular programme has continued to expand over the last two years to provide more targeted education for those wishing to get more involved in this fast-growing field.

Fundamental Courses will address venous thrombo-embolic disease and TIPS and BRTO, while an Expert Case Discussion and an Expert Round Table will cover cases of venous stenting and IVC filters. Those interested in offering varicose vein treatments will find it useful to attend a Workshop or a Hands-on Device Training session. Other Workshops will also cover pulmonary artery revascularisation, central venous access and central lines and ports.

### **AORTIC INTERVENTIONS**



The Interdisciplinary Endovascular Aortic Symposium (IDEAS) is a unique innovation which offers a dedicated forum to interventional radiologists, vascular surgeons and cardiologists involved in endovascular aortic repair, while remaining open to CIRSE delegates who wish to attend the various lectures, debates and workshops included in this track.

EVAR remains a topic for animated conversation and will be covered at length in the programme with a Workshop aimed at junior doctors, a Hot Topic Symposium on the generalised use of EVAR in the aorta, as well as an Expert Round Table and Expert Case Discussion. Other multidisciplinary debates will focus on Type 2 endoleak prevention and management, managing of the complex acute case and Type B dissection.



# September 16-20 Copenhagen, Denmark

### **Scientific Programme**

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- 27 Neurointerventions
- 28 Embolisation
- 30 IR Management
- 31 Non-Vascular Interventions
- 32 CIRSE meets EWMA
- 33 Women in IR
- 34 European Trainee Forum
- 35 Hands-on Device Training
- 39 Simulation Training
- 40 Saturday, September 16
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### ARTERIAL INTERVENTIONS

An ageing population and sharp rise in diabetes have resulted in over 200 million people now suffering from peripheral artery disease worldwide. Despite encouraging developments since the great angioplasty pioneering of 1964, endovascular treatment of calcified arterial lesions remains challenging and is historically associated with dissection and residual stenosis, leading to a relatively poor prognosis. Specific problems include vessel thrombosis, distal embolisation, dissection and poorly controlled bleeding at the puncture site. Several strategies are available for debulking calcified arteries prior to additional treatment, but none of them are without trade-offs, including angiographic complications, prolonged procedural time and expense.

At CIRSE 2017, the arterial track will once again feature Expert Round Tables and Expert Case Discussions to increase the opportunity for lively discussion of topics such as the diabetic foot patient and difficult recanalisation. Lecture-based Special Sessions will investigate a number of cutting-edge themes, including the not-to-be-missed Controversies in endovascular therapy. Five Workshops and two Hands-on Device Training sessions will also take place under the arterial track.

### Drug-eluting technologies and beyond

The evolution of drug-eluting technologies, such as drugeluting balloons and drug-eluting stents, and alternative treatments, such as laser and atherectomy, has been monumental in the last decade; lack of hard evidence is, however, yet to be accrued to support their general effectiveness with percutaneous transluminal angioplasty (PTA). Despite reducing restenosis and lowering reintervention rates through inhibiting neointimal growth of vascular smooth muscle cells, there is the risk of thrombosis and restenosis occurring in patients. Plaque can additionally act as a barrier to drug elution. Managing these potential complications is still challenging also with the increasing use of anticoagulation therapy that may include glycoprotein IIb/IIIa inhibitors. However, the future of endovascular drug-eluting therapy appears to be bright as many strategies for local therapeutic delivery are currently under investigation, including drug combinations with sequential release, antibodies that may prevent proliferation of endothelial cells and neovasculature, adenovirus mediated gene-therapy, and selective microRNA-based strategies.

During the *Therapy of in-stent stenosis* Special Session experts will talk about available treatments covering atherectomy among alternative treatments, the *Controversies in endovascular therapy* will debate the technology and techniques for deep vein thrombosis and CLI. While the *Basics of drug-eluting technology* Special Session will focus on the different drugs available.

### Saturday, September 16, 08:30-09:30

### SS 101 Therapy of in-stent stenosis

- 101.1 Relining of stents *M. Schoder (Vienna/AT)*
- 101.2 Atherectomy *R. Uberoi (Oxford/UK)*
- 101.3 Drug-coated balloon *G. Tepe (Rosenheim/DE)*
- 101.4 Alternative treatments

  J.C. van den Berg (Lugano/CH)

### Saturday, September 16, 10:00-11:00

### CSS 201 Controversies in endovascular therapy

- 201.1 Drug-coated balloons (DCB) as an all-comers therapy: PRO
  G. Tepe (Rosenheim/DE)
- 201.2 Drug-coated balloons (DCB) as an all-comers therapy: CON J.A. Reekers (Amsterdam/NL)
- 201.3 Stent graft is the technique of choice for treatment of popliteal aneurysms: PRO *T. Pfammatter (Zurich/CH)*
- 201.4 Stent graft is the technique of choice for treatment of popliteal aneurysms: CON K. Deloose (Dendermonde/BE)
- 201.5 Catheter-directed thrombolysis or pharmaco-mechanical thrombectomy always for ilio-femoral DVT: PRO *G.J. O'Sullivan (Galway/IE)*
- 201.6 Catheter-directed thrombolysis or pharmaco-mechanical thrombectomy always for ilio-femoral DVT: CON *R. de Graaf (Maastricht/NL)*

### Sunday, September 17, 08:30-09:30

### FC 901 Basics of drug-eluting technology

- 901.1 Mechanism of action *S. Spiliopoulos (Patras/GR)*
- 901.2 Differences between drugs (beyond paclitaxel) R. Virmani (Gaithersburg, MD/US)
- 901.3 Differences in drug carriers for DCB G. Tepe (Rosenheim/DE)
- 901.4 What happens when the drug is gone? *J.A. Reekers (Amsterdam/NL)*

# IN THE SPOTLIGHT

### The diabetic foot patient

Minimally invasive revascularisation options for diabetic foot ulceration (DFU) have expanded over the last decade and have become a prominent tool to prevent amputation, a major risk for the diabetic foot patient. Endovascular treatment of arterial DFU lesions is mainly concentrated in the below-the-knee arteries. Since the outcome of both open surgery and endovascular treatment is, broadly spoken, the same for ulcer healing and limb salvage. The choice between endovascular treatment and open surgery should, therefore, be a multidisciplinary discussion. In many institutions, however, the endovascular approach has currently become the first choice treatment option. The revascularisation of below-the-knee vessels needs experience, team discussion and the right set of devices. Current research and treatment options will be discussed in the Therapy of diabetic foot Special Session.

### Sunday, September 17, 10:00-11:00

### SS 1001 Therapy of diabetic foot (BTK interventions)

- 1001.1 Pedal access and co.: how to make them easier

  M. Palena (Abano Terme/IT)
- 1001.2 Treat as much as you can at the initial sitting

  P.E. Huppert (Darmstadt/DE)
- 1001.3 "Go around" technique *M.G. Manzi (Abano Terme/IT)*
- 1001.4 Drug-eluting stents to improve limb salvage? H. van Overhagen (The Hague/NL)

### Clearing up claudication

One of the most common side effects of PAD is claudication due to atherosclerosis of the superficial femoral artery (SFA). An aim of treating claudication is not only to improve walking but also to reduce cardiovascular risk. Medical therapies such as cilostazol and lifestyle changes are often prescribed for claudication. However, drug-coated balloons, balloon-expandable stents and bare metal stents are part of the treatment toolbox, all of which will be discussed during the *Therapy of claudication* Special Session.

### Tuesday, September 19, 08:30-09:30

### SS 2503 Therapy of claudication (SFA interventions)

- 2503.1 How to overcome SFA lesions: toolbox proposal

  T. Rand (Vienna/AT)
- 2503.2 DCB when, how and why to use
- J.P. Schaefer (Kiel/DE)
  2503.3 DES or BMS: what is the current evidence
  S. Duda (Berlin/DE)
- 2503.4 Anything left for SFA treatment new drugs, new tools?
  - A. Holden (Auckland/NZ)

# AORTIC INTERVENTIONS

Now marking its third year, the Interdisciplinary Endovascular Aortic Symposium (IDEAS) has been a great addition to the CIRSE Annual Meeting. Taking place within the congress, this unique symposium serves as a multidisciplinary forum on endovascular aortic repair for those who are interested and involved in these therapies, including vascular surgeons, cardiologists and, of course, interventional radiologists.

In 2016, the IDEAS meeting was expanded to offer congress-goers even more opportunities to attend lectures, debates and workshops on aortic interventions, and even went a step further by adding the IDEAS Training Village, which provided a space for delegates to get hands-on experience with thoracic and abdominal aortic devices in free, interactive workshops. IDEAS has truly proved itself to be a collaborative event and will continue to offer a space for CIRSE delegates to gain insight into the hot-button issues with some of the biggest names in the endovascular aortic field.

### **Hot Topic Symposium**

The Hot Topic Symposia are always a highlight of the scientific programme and this year's IDEAS Symposium, aptly called *Aorta*, will raise some highly debated questions around the controversial stance of endovascular treatment justification. Four speakers will give presentations which will touch on the following themes: generalised use of EVAR based on long-term outcomes, EVAR outside of the instructions for use (IFU), individualised follow-up after EVAR, and treating vulnerable patients with TAAA. After these individual presentations, a round-table discussion will ensue, during which the audience will be invited to join in the discussion.

### Sunday, September 17, 15:00-16:00

### HTS 1302 Hot Topics Symposium - Aorta

- 1302.1 Do the long-term outcomes of EVAR justify its generalised use?

  F. Fanelli (Rome/IT)
- 1302.2 Is standard EVAR justified outside IFU?

  D. Böckler (Heidelberg/DE)
- 1302.3 Should individualised follow-up after EVAR be the standard of care?

  J.C. van den Berg (Lugano/CH)
- 1302.4 Is it justified to treat old and frail patients with TAAA endovascularly?

  E. Verhoeven (Nuremberg/DE)

### **Controversies in EVAR**

The two main methods of correction when it comes to abdominal aortic aneurysm are open surgical repair and endovascular repair. Over recent years, many trials have been undertaken to compare EVAR with the standard therapy of open surgery, and these have shown that, despite an early survival benefit, a faster recovery time and a lower operative mortality with EVAR, open surgery maintains greater durability. Although there have been major developments in stent graft technology for the treatment of aortic disease, many patients are initially determined to be ineligible for endovascular repair due to anatomic restrictions, and once beyond that, which method to pursue is still a highly discussed topic, since past studies have shown that patients undergoing EVAR also tend to require more reinterventions and steady observation in the long-term. But as technology continues to advance and techniques improve to adapt EVAR for more patients, secondary procedures may be reduced and EVAR may demonstrate long-term survival benefits to add to the already prevalent short-term benefits.

This year, one of the Expert Round Tables at IDEAS will focus on several of the controversial questions that arise when attempting to determine what the best choice is for the patient based on several of the above-mentioned considerations. Questions such as, when is percutaneous EVAR (PEVAR) better than EVAR, is EVAR suitable for all patients and when is the best time to intervene, will be addressed.

### Monday, September 18, 10:00-11:00

### **ERT 1805 Controversies in EVAR**

Co-ordinator: G.M. Richter (Stuttgart/DE)

- 1805.1 When is it appropriate to treat small aneurysms?

  K. Deloose (Dendermonde/BE)
- 1805.2 Indications for open surgery for AAA in 2017 *R.G.J. Gibbs (London/UK)*
- 1805.3 EVAR for all patients? *N.V. Dias (Lund/SE)*
- 1805.4 Is percutaneous EVAR better for patients? *A. Chavan (Oldenburg/DE)*



### Interdisciplinary Endovascular Aortic Symposium

### **Aortic arch**

Although the descending thoracic aorta has seen an increase in endovascular treatment over the last decade through TEVAR, the ascending aorta and the aortic arch have predominantly remained in the domain of surgery. The aortic arch is a challenging location in both open and endovascular treatment, particularly because the risk of stroke is so high, but hybrid procedures are creating the opportunity for more patients to be treated through the combination of open repair and endovascular techniques. One such technique is the frozen elephant trunk procedure (FET), a one-stage method used for patients with extensive thoracic aortic disease where, following a median sternotomy, a stent graft is fixed endovascularly on the distal end of the descending aorta. Several medical industries are continuing to expand their technology to include branched endovascular devices to be used within the aortic arch, and, as these advance, it is likely that endovascular aortic procedures will grow and improve.

At CIRSE 2017, the Lecture Session *Aortic arch* will take a closer look at the role of endovascular treatment in the arch, including hybrid procedures, chimneys, and branched and fenestrated endografts.

### Tuesday, September 19, 08:30-09:30

### LS 2505 Aortic arch

- 2505.1 Is there a role for chimneys in the arch? *G.M. Richter (Stuttgart/DE)*
- 2505.2 Open surgery with the frozen elephant trunk *M. Shrestha (Hannover/DE)*
- 2505.3 Arch debranching: indications and techniques *A. Katsargyris (Nuremberg/DE)*
- 2505.4 Fenestrated or branched in the arch *C. Nienaber (London/UK)*
- 2505.5 How to handle the lusorian artery *B.T. Katzen (Miami, FL/US)*

### **EVAR and TEVAR**

Due to the complexity of aortic repair procedures, the risks associated with this treatment remain substantial, and there are times when the process does not go as expected. At CIRSE 2017, two Expert Case Discussions will address complications that arose during EVAR and TEVAR procedures in two sessions titled *A bad day in the angio suite*. This session type is a unique format which provides experts with the opportunity to share their individualised approach on interesting cases. These are very audience-based sessions as they encourage participants to ask questions to the presenters and weigh in with their opinions by e-voting through the CIRSE app.

In order to guide junior IRs through the fundamentals of EVAR and TEVAR, two case-based discussion Workshops will also be held during IDEAS 2017. We urge all those interested in getting involved to attend!

### Monday, September 18, 14:30-15:30

### ECD 2103 A bad day in the angio suite - TEVAR

Co-ordinator: F. Fanelli (Rome/IT)

Panellists: M.D. Dake (Stanford, CA/US), T. Kölbel (Hamburg/DE), V. Riambau (Barcelona/ES), H. Rousseau (Toulouse/FR)

### Tuesday, September 19, 14:30-15:30

### ECD 2903 A bad day in the angio suite - EVAR

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

Panellists: K. Deloose (Dendermonde/BE), A. Holden (Auckland/NZ), B.T. Katzen (Miami, FL/US), F.E. Vermassen (Ghent/BE)

### **VENOUS INTERVENTIONS**

One field of interventional radiology where physicians are making a tremendous difference in the quality of patients' lives is venous interventions. From chronic venous insufficiency to deep venous thrombosis, interventional radiologists are ideally suited to assist this patient population due to their specific skillset and extensive training.

### Dialysis fistula management beyond PTA

In the past 20 years, IRs have become increasingly involved in the treatment of haemodialysis access, but one of the most difficult clinical issues still faced when dealing with patients undergoing dialysis is being able to preserve patent and well-functioning dialysis fistulas. In order to provide sufficient vascular access in dialysis patients, an arterio-venous fistula (AVF) must be created. Currently, the standard of care is to create this AVF surgically, but more and more studies are showing that a fully endovascular approach is safe and has even proved to be superior to the results published using surgical techniques. The FLEX-1 feasibility study used percutaneous access to create an AV fistula (pAVF), and showed that both the patency of pAVFs and the time to maturation proved to be better than the corresponding results published using surgical techniques. The NEAT study also showed positive results regarding the safety and efficacy of endovascular AVF creation with the everlinQ system compared to traditional surgical creation. As more evidence accrues, it will be possible to directly compare long-term follow-up results between these various methods.

At CIRSE 2017, pAVF creation will be further discussed along with other methods of dialysis access management, particularly focusing on options beyond the often first-line treatment of percutaneous transluminal angioplasty (PTA).

### TIPS and RRTO

Since the transjugular intrahepatic portosystemic shunt (TIPS) procedure was first described by the late Josef Rösch, it has become one of the long-standing IR treatments and the most frequently used method of management in variceal bleeding. The TIPS procedure treats patients with portal hypertension by decompressing

the portal circulation through the creation of an alternative pathway to the hepatic veins. Another procedure considered for the treatment of gastric variceal bleeding is balloon-occluded retrograde transvenous obliteration (BRTO). With lower rebleeding rates, this alternative method involves the occlusion of outflow veins of the portosystemic shunt and has been shown to improve hepatic blood flow and liver function through the increase of portal pressure.

During CIRSE 2017, the therapeutic options for variceal bleeding will be covered in-depth during a Fundamental Course, particularly taking a closer look at the different roles of TIPS and BRTO in the management of gastric varices.

### Monday, September 18, 08:30-09:30

### SS 1702 Dialysis fistula management beyond PTA

- 1702.1 Surveillance: clinical or ultrasound *M.W. de Haan (Maastricht/NL)*
- 1702.2 DCB to improve patency K.N. Katsanos (London/UK)
- 1702.3 The role of stent grafts

  T.W.I. Clark (Philadelphia, PA/US)
- 1702.4 Percutaneous creation of an AV fistula *R.T. Hoffmann (Dresden/DE)*

### Saturday, September 16, 10:00-11:00

### FC 202 Therapy of variceal bleeding (TIPS and BRTO)

- 202.1 Indications for TIPS in variceal bleeding *M. Rössle (Freiburg/DE)*
- 202.2 Adjunctive embolotherapy of variceal bleeding in TIPS
  - I.K. Tesdal (Friedrichshafen/DE)
- 202.3 Balloon-occluded retrograde transvenous obliteration for the management of gastric varices
  - J. Koizumi (Kanagawa/JP)
- 202.4 TIPS versus BRTO for the management of gastric varicesS. Sabri (Charlottesville, VA/US)

# IN THE SPOTLIGHT

### NEUROINTERVENTIONS

### The emerging role of endovascular stroke therapy

As the prevalent cause for disability among adults in the industrialised world and one of the most common causes for death globally – the effect of acute ischaemic stroke is irrefutably major. After years of neutral or negative studies on endovascular therapies for patients with large vessel occlusions, in 2015 along came MR CLEAN: a breakthrough study on intra-arterial thrombectomy for acute ischaemic stroke patients, which was followed by four positive randomised trials (REVASCAT, SWIFT PRIME, EXTEND IA, ESCAPE). The meta-analysis of these five studies (HERMES meta-analysis) further bolstered these findings. The Annual Meeting has played host to a number of discussions on endovascular stroke therapy over the past years; this year the programme focuses on the clinical management of the acute stroke patient.

### Decisions, decisions, decisions...

The use of tissue plasminogen activator (tPA) delivered intravenously was the go-to method for many years, despite the 50% of patients who remained heavily disabled or died as a result. Clear evidence shows 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. This does not mean to say that mechanical thrombectomy can be performed in all stroke victims: patients with occlusions distal to large vessels are generally treated with intravenous thrombolysis. Endovascular treatment therefore requires very careful patient selection.

An Expert Round Table at CIRSE 2017 titled *Decision-making in acute stroke revascularisation*, led by Professor Vorwerk, will discuss patient selection, procedural management and techniques.

### The optimal 24-7 service

In the context of establishing an acute intra-arterial stroke service, it must not be forgotten that brain imaging is of major importance; it has been argued that brain CT imaging should be available non-stop for stroke patients. Several imaging criteria like the ASPECTS score, the collateral flow score, CT perfusion studies and MR diffusion/perfusion studies have been proposed as selection criteria for mechanical thrombectomy. However, all these selection criteria still require further validation. There is furthermore the question of organisational structure, training and resources – all of which will be discussed during the *Establishing an acute intra-arterial stroke service* Special Session at CIRSE 2017.

### Tuesday, September 19, 10:00-11:00

### SS 2604 Establishing an acute intra-arterial stroke service

- 2604.1 Optimal logistics for a stroke service *M. Ribo (Barcelona/ES)*
- 2604.2 Imaging based decision-making W.H. van Zwam (Maastricht/NL)
- 2604.3 From admission to access: how could we speed up?

  S. Hopf-Jensen (Flensburg/DE)
- 2604.4 Optimal techniques for revascularisation with the current tools *C.P. Stracke (Essen/DE)*

### Wednesday, September 20, 10:00-11:00

### ERT 3302 Decision-making in acute stroke revascularisation

Co-ordinator: D. Vorwerk (Ingolstadt/DE)

### **EMBOLISATION**

Embolisation in both the IR and oncological field is a fundamental procedure, which has helped carve the place that interventionalists now hold in the medical world. From its use in more established treatments, such as trauma management or uterine fibroids, to the development of its use in novel treatments, such as prostate artery embolisation or bariatric embolisation, embolisation is a staple of interventional radiology and IRs are continuing to find ways to progress its possibilities.

### In the IO world

In interventional oncology, radioembolisation to combat liver metastases and primary liver tumours is a very important treatment. At CIRSE 2017, a Special Session Radioembolisation: results and new perspectives will allow for the latest results of recent trials, including SIRFLOX, FOXFIRE UK and FOXFIRE Global, to be presented. The SIRFLOX and FOXFIRE trials have been three very important studies performed in recent years, with all three trials looking at the results of patients treated with FOLFOX chemotherapy and radioembolisation (SIRT) compared to those treated with chemotherapy alone. FOXFIRE UK took place across 34 centres in the UK while SIRFLOX and FOXFIRE Global were international studies which were conducted at sites in Australia, New Zealand, Europe, the Middle East and the USA. Through the combination of these studies' data hopefully more demonstrable benefits of combining SIRT and FOLFOX chemotherapy will be visible. Thomas Helmberger will present the latest global results in this Special Session.

Beyond recent trial data, emerging perspectives on radioembolisation treatment, including new technologies, such as the use of Holmium-166 microspheres, will also be discussed. Holmium-166 has shown up in the last couple years as a new player in the field of radioembolisation agents used to treat liver tumours. The team at the University Medical Centre of Utrecht in the Netherlands developed Holmium-166 as an alternative to Y-90 and was even given the Award of Excellence and Innovation in IR at CIRSE 2014 for this inventive treatment application. Although radioembolisation with Y-90 has shown high efficacy, the microspheres show up poorly on imaging devices;

Holmium-166, on the other hand, has been designed to emit low energy gamma radiation to assist in nuclear imaging and dosimetry as well as being a paramagnetic element, which allows it to be visualised through high resolution MRI during the procedure and for patient monitoring after the treatment. More details will be presented at CIRSE 2017 by the leader of the team in Utrecht, Maurice van den Bosch.

### Sunday, September 17, 08:30-09:30

### SS 903 Radioembolisation: results and new perspectives

- 903.1 Sirflox and Foxfire: latest global results *T.K. Helmberger (Munich/DE)*
- 903.2 Radioembolisation: implications in management of hepatic metastases *R.J. Lewandowski (Chicago, IL/US)*
- 903.3 Radioembolisation: implications in management of advanced HCC D. Sze (Stanford, CA/US)
- 903.4 New radioembolisation agents: Holmium-166 *M. van den Bosch (Utrecht/NL)*

### ls embolisation always the best choice:

Since embolisation plays such a fundamental role in interventional oncology, many discussions have occurred to determine which method, or combined method, works best for patients and provides the best results. In this exciting session at CIRSE 2017, controversial topics on procedural methods will be argued. Three pro and con debates will go in-depth to question the superiority of ablation vs. stereotactic body radiation therapy (SBRT) in oligometastatic lung disease, irreversible electroporation (IRE) as the best choice in central liver lesions, and the better option between pre-surgical trans-arterial radioembolisation (TARE) and portal vein embolisation (PVE).

The discussion of which treatment is the best option to use in oligometastatic lung disease will be further addressed in an Expert Round Table solely devoted to the

# IN THE SPOTLIGHT

topic. Panellists Stefan Breitenstein, Liz Kenny, Jens Ricke, Jean Palussière and Constantinos Sofocleous will each present their expert opinions separately before turning to a joint conversation on what treatments to choose and when to utilise them when confronted with patients in this disease group.

### Monday, September 18, 10:00-11:00

#### CSS 1803 Controversies in IO

- 1803.1 Ablation is superior to SBRT for oligometastatic lung disease: PRO *T. de Baère (Villejuif/FR)*
- 1803.2 Ablation is superior to SBRT for oligometastatic lung disease: CON *P. lyengar (Dallas, TX/US)*
- 1803.3 IRE is the technique of choice to treat central liver lesions: PRO

  M.R. Meijerink (Amsterdam/NL)
- 1803.4 IRE is the technique of choice to treat central liver lesions: CON

  T.K. Helmberger (Munich/DE)
- 1803.5 Presurgical TARE is better than PVE: PRO R. Salem (Chicago, IL/US)
- 1803.6 Presurgical TARE is better than PVE: CON A. Denys (Lausanne/CH)

### Tuesday, September 19, 11:30-12:30

### ERT 2703 Oligometastatic lung disease: what to choose and when?

Co-ordinator: A. Adam (London/UK)

Panellists: S. Breitenstein (Winterthur/CH), L.M. Kenny (Brisbane, QLD/AU), J. Palussière (Bordeaux/FR), J. Ricke (Magdeburg/DE), C.T. Sofocleous (New York, NY/US)

### **Embolisation for lower GI bleeding**

With a prevalence of 4-25%, haemorrhoidal disease is the most common anorectal condition and a frequent cause of lower GI bleeding. One of the primary chronic symptoms of haemorrhoidal disease is rectal bleeding, which is caused by increased arterial blood flow. One way that has been effective in reducing that blood flow is through embolisation of the haemorrhoidal arteries. Haemorrhoid embolisation accesses the femoral route to catheterise the inferior mesenteric artery and superior rectal arteries. This effectively eliminates the risk of direct anorectal trauma and leads to a reduction in the size of the internal haemorrhoids. This procedure has thus far shown itself to be comfortable for patients and also significantly helpful in that it reduces the number of relapses.

A designated Special Session at CIRSE 2017 will cover all aspects of lower GI bleeding, including haemorrhoid embolisation, patient selection, technique, embolic agents and outcomes.

### Saturday, September 16, 08:30-09:30

### SS 104 Lower GI bleeding

- 104.1 Work-up and patient selection *A.R. van Erkel (Leiden/NL)*
- 104.2 Technique and embolic agents *T. Rodt (Hannover/DE)*
- 104.3 Outcomes of embolisation L.B. Lönn (Copenhagen/DK)
- 104.4 Haemorrhoid embolisation *V. Vidal (Marseille/FR)*

### IR MANAGEMENT

CIRSE, in cooperation with other national and global societies, is leading the way in setting out requirements and standards for the provision of interventional radiology. The IR Management sessions cover the education, training and organisational structures necessary to providing the best clinical care for our patients. As part of a multidisciplinary team delivering patient care, there will also be a joint session with anaesthetists educating IRs on anaesthetic practices.

### The interventionalist in practice

One of the biggest challenges that the subspecialty currently faces is organising the infrastructure to be able to deliver all the services that the interventional radiologist can now provide. This requires having good procedures and process which focus on planning the procedure before treatment, carrying out the procedure safely and effectively as well as aftercare of the patient. This means full clinical involvement with patient care within a multidisciplinary team. A well-structured and clear training pathway of the next generation of interventionalists likewise plays an important role in the future of interventional radiology, as well as ongoing education for IRs throughout their careers. All of the above will be discussed during the not-to-be-missed Modern IR clinical practice Fundamental Course.

### Anaesthesia: working together

Due to shortages of anaesthetists in many centres, interventional radiologists are increasingly involved in dealing with peri-procedural care. In order to better understand anaesthetic practices and the growing debate on sedation administered by nonanaesthesiologists, CIRSE carried out a survey on anaesthesia practices in Europe last year, the results of which were discussed in a Special Session during the 2016 meeting. All aspects of anaesthetic management for IR were reviewed in detail, including assessment, choice of technique, pharmacology, follow-up, paediatric IR, recordings and adverse events management. Delving even deeper into the topic, in particular peri-procedural care will be a core theme of the congress this year with the Special Session Anaesthesia and Interventional Radiology: time to team up, which will feature practical advice from four anaesthetists.

### Tuesday, September 19, 11:30-12:30

### FC 2702 Modern IR clinical practice

- 2702.1 Education and training in IR *M.J. Lee (Dublin/IE)*
- 2702.2 Pre-assessment and consent *D.K. Filippiadis (Athens/GR)*
- 2702.3 Clinical care in IR *R. Patel (Oxford/UK)*
- 2702.4 Working within an interdisciplinary team *T. de Baère (Villejuif/FR)*

### Monday, September 18, 11:30-12:30

### SS 1901 Anaesthesia and Interventional Radiology: time to team up!

- 1901.1 Patient selection: which type of anaesthesia for which procedure

  A. Vari (Rome/IT)
- 1901.2 Advantages of high frequency jet ventilation to be announced
- 1901.3 Nerve and epidural blocks to be announced
- 1901.4 Postprocedural analgesia *R. Bhavsar (Aarhus/DK)*

# IN THE SPOTLIGHT

### NON-VASCULAR INTERVENTIONS

Minimally invasive non-vascular procedures are expanding beyond the traditional field of image-guided biopsies and drainage, as demonstrated in this year's non-vascular track which will focus on the skeletal system with a Special Session and a Fundamental Course on knee osteoarthritis and treatments for painful bone metastases respectively.

### Osteoarthritis of the knee

Around 3.5% of the population suffers from knee osteoarthritis, making it the most common joint disease. Proposed therapies should aim towards reducing joint pain and stiffness, maintaining joint mobility and improving quality of life. Symptomatic patients should participate in self-management programmes, strengthening, low-impact aerobic exercises and neuromuscular education. Pharmacologic treatments include nonsteroidal anti-inflammatory drugs (NSAIDs; oral or topical) or Tramadol. Surgical therapies include replacement arthroplasties, osteotomy and other joint preserving techniques. Intra-articular (IA) injectates include corticosteroids, hyaluronic acid, growth factor injections and/or platelet rich plasma and they have become a preferred option if conservative methods are deemed ineffective. There is, however, no strong recommendation for such injections due to the limited level of evidence. Along with IA injections, speakers at the Special Session will explore surgical options, neurolysis and IA radiofrequency applications for the treatment of knee osteoarthritis.

### Down to the hone

Although radiotherapy (RT) is the classic go-to for painful bone metastases, spine and pelvic lesions do not respond well to traditional RT; moreover, approximately half of the treated patients report moderate pain relief. Minimally invasive options such as percutaneous ablation alongside cementoplasty or percutaneous synthesis can provide effective bone consolidation and pain relief to the often fragile, metastatic bone patient. Despite the increasingly common use of percutaneous ablation for painful bone metastases, it is not currently widely supported in the literature for curative indications. Ablation can also work alone or in combination with radiotherapy to bridge the gap.

### The wonder of transarterial embolisation

For painful bone metastases, transarterial embolisation (TAE) is of particular benefit when there is a high risk of bleeding, spinal involvement and neural encroachment, or, in awkward surgical locations, where prolonged surgery is anticipated. Embolisation can also increase tumour sensitivity to chemotherapy or radiation therapy, therefore making it an ideal combination therapy option. A speaker in the Knee osteoarthritis Special Session, Dr. Yuji Okuno, will talk about the efficacy of TAE for mild to moderate knee osteoarthritis for rapidly relieving resistant pain and restoring knee function. The procedure itself is often complex with significant risk to adjacent structures and is usually part of a wider treatment strategy. Transarterial embolisation will likewise be covered in the Therapy of painful bone metastases Fundamental Course.

### Tuesday, September 19, 08:30-09:30

### SS 2502 Knee osteoarthritis

- 2502.1 Demographics and surgical options S.M. Tutton (Milwaukee, WI/US)
- 2502.2 Intra-articular injections S. Masala (Rome/IT)
- 2502.3 Neurolysis and intra-articular RF application *D.K. Filippiadis (Athens/GR)*
- 2502.4 Transarterial embolisation *Y. Okuno (Tokyo/JP)*

### Monday, September 18, 08:30-09:30

### FC 1703 Therapy of painful bone metastases

- 1703.1 Combination of radiotherapy and IR *V.E. Kouloulias (Athens/GR)*
- 1703.2 Bone augmentation *F. Deschamps (Villejuif/FR)*
- 1703.3 Ablation for therapeutic and palliative treatment
  - A. Basile (Catania/IT)

    Transarterial embolica
- 1703.4 Transarterial embolisation of skeletal and spinal metastases

  A.G. Ryan (Waterford City/IE)

### CIRSE meets the European Wound Management Association

In recent years the "CIRSE meets..." sessions have become one of the programme's highlights. We are happy to announce that in 2017 CIRSE will meet the European Wound Management Association (EWMA).

### **Tuesday, September 19**

11:30-12:30

**CIRSE** meets...

CM 2706 CIRSE meets the European Wound
Management Association (EWMA):
Standards of wound care – the essentials

Moderator: E. Brountzos (Athens/GR)

2706.1 Clinical and imaging assessment of wounds of the lower extremity to be announced

2706.2 Basics of wound care for IR to be announced

2706.3 Arterial perfusion to optimise arterial ulcer healing M. Palena (Abano Terme/IT)

2706.4 Surgical coverage of non-healing ulcers A. Jawien (Bydgoszcz/PL)



#### About EWMA

The European Wound Management Association (EWMA) is a European not-for-profit umbrella organisation, linking national wound management organisations, individuals and groups with an interest in wound care. Central to EWMA's objectives is to support the implementation of interdisciplinary high-quality and cost-effective wound care. EWMA works to reach its objectives by being an educational resource, organising conferences, contributing to international projects related to wound management, actively supporting the implementation of existing knowledge within wound management and providing information on all aspects of wound management. EWMA was founded in 1991, and the association works to promote the advancement of education and research into native epidemiology, pathology, diagnosis, prevention and wound management of all aetiologies.

### **EWMA objectives and goals**

EWMA works continuously to improve European wound patients' quality of life. They identify and advocate the highest quality of treatment available and its cost effectiveness from a multidisciplinary point of view. They work to reach their objectives by being an educational resource for health care professionals working with wound care and prevention. They organise conferences, contribute to international projects related to wound management, actively support the implementation of existing knowledge and provide information on all aspects of wound management.

Thus, EWMA strives to be the organisation that citizens, patients, professionals, governments, health services and educational institutes come to for advice, expertise and opinion in Europe.

Learn more about EWMA on www.ewma.org

### The annual EWMA conference

Every year EWMA arranges a conference. The conference offers high level scientific presentations, networking activities and an excellent opportunity to exchange knowledge and experiences with international colleagues.

For more information about the conference, please visit: www.ewma2017.org



### Women in IR

The number of women in medicine is increasing and in the UK, women are expected to be the majority of practising physicians in 2017. Although approximately 32% of radiologists are women, only 10% of IRs are women.

Several surgical specialties have managed to increase the proportion of women in their training programmes, e.g. in 2014 in the US, vascular surgery had >30% female residents whilst IR and Interventional Cardiology had <10%.

A concerted effort must be made to identify the barriers to women entering IR and to identify changes to attract women and ensure the continued growth of our specialty.

CIRSE 2017 will offer a session discussing the 'IR gender gap' with the following aims:

- 1. Promoting women in IR
- 2. Understanding reasons for lack of women in IR
- 3. Identifying solutions to help women in IR

### Saturday, September 16

11:30-12:30

### **Women in IR**

### WIR 305 The IR gender gap

Moderator: A.-M. Belli (London/UK)

- 305.1 Facts and figures F:M ratios A.-M. Belli (London/UK)
- 305.2 Perceptions and misconceptions of IR: the IR trainee perspective C. Gonzalez-Junyent (Barcelona/ES)
- 305.3 Perceptions and misconceptions of IR: the IR consultant perspective T.M. Wah (Leeds/UK)
- 305.4 Radiation facts and fiction
  W. Jaschke (Innsbruck/AT),
  Co-author: A. Trianni (Udine/IT)
- 305.5 Barriers for women in IR

  M. Szczerbo-Trojanowska (Lublin/PL)

#### Round table

Panellists: C. Gonzalez-Junyent (Barcelona/ES), W. Jaschke (Innsbruck/AT), M. Szczerbo-Trojanowska (Lublin/PL), O.M. van Delden (Amsterdam/NL), T.M. Wah (Leeds/UK)

Summing up and action points A.-M. Belli (London/UK)



### **IR Trainees at CIRSE 2017**

To make sure IR will continue its success story in the next decades, CIRSE is increasing its efforts to support young IRs and those still in training. In early 2016, CIRSE established the European Trainee Forum (ETF) with the purpose to create a community within CIRSE dedicated to the training, educational and networking needs of IR trainees across the EU, as well as to promote IR among peers and students.

This year, CIRSE will massively expand its lineup for young IRs, trainees and residents at CIRSE 2017, including:

### **IR Trainee Sessions:**

Due to the immense popularity of last year's IR Trainee Session, CIRSE 2017 will offer four sessions aimed specifically at trainees, residents and young IRs. They will cover basic IR topics as well as practical issues relating to the beginning of a career in interventional radiology. These sessions will also address future IR technologies and challenges the next generation of IRs may face.

### **The ETF Pavilion**

The European Trainee Forum Pavilion will be a designated area for young interventional radiologists to mingle, meet peers, listen to short talks on various issues and establish contacts with peers and leading European IRs.

### The ETF needs you!

As the ETF has an open, participatory policy, CIRSE invites all Junior Members and Full Members at the start of their careers to submit ideas and participate in the ETF's efforts to help improve IR training around Europe and make our annual congresses even more interesting for the next generation of IRs. Should you have any idea or project you would like to suggest or would you like to know more about the ETF, feel free to contact us at etf@cirse.org

#### **Hands-on Device Training**

The Hands-on Device Training (HDT) sessions aim to provide an overview of the different devices and techniques available for specific topics as well as to allow hands-on experience for the participants.

After a short kick-off presentation by the HDT co-ordinators, participants will have the opportunity to learn about the specifics as well as safe and effective use of the available technology in an interactive setting.

Each HDT will feature a round-table discussion with the co-ordinators at the end of each session, allowing participants to ask questions and provide feedback.

Pre-registration is required for all Hands-on Device Training sessions (at no extra cost) and will be available in June.

#### A closer look at closure devices

Closure devices are increasingly becoming a key element in all our vascular procedures. Positive results combined with a high rate of safety have contributed to their success. However, knowledge of the different systems available on the market is necessary to achieve even better results.

This Hands-on Device Training aims to provide an overview of the vascular closure devices currently available.

Saturday, September 16

**CD-HDT 1** 09:30-11:00

Saturday, September 16

**CD-HDT 2** 12:30-14:00

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

**All Hands-on Device Training sessions will be linked to a workshop** in the regular lecture programme, allowing delegates to familiarise themselves with the theoretical information and scientific aspects of a specific topic. Corresponding sessions are mentioned on the following pages below each HDT.

Corresponding workshop:

Saturday, September 16

WS 701: Closure devices

17:30-18:30

#### **Central lines and ports**

Central lines and ports are continually more and more important in the daily activities of interventional radiologists. Thanks to imaging and interventional capabilities, IRs are able to position these catheters in complex situations that other specialists cannot resolve.

This Hands-on Device Training will provide an overview of available devices.

#### Saturday, September 16

**CLP-HDT 1** 09:30-11:00

#### Saturday, September 16

**CLP-HDT 2** 12:30-14:00

Co-ordinators: T.F. Jakobs (Munich/DE), R. Kasthuri (Glasgow/UK)

#### **Embolisation: materials and tools**

Embolisation is an important part of an IR's work – however, it is essential to thoroughly understand how to perform this technique in order to avoid complications. Having substantial knowledge of available material is absolutely necessary when selecting the most suitable device for any occasion.

This Hands-on Device Training aims to provide an overview of the various embolic materials available and different delivery techniques. Separate sessions will look at "coils and plugs", "liquid agents" and "particulate agents" to ensure participants are familiar with common embolic agents.

#### Sunday, September 17

**EMT-HDT 1: Coils & plugs** 09:30-11:00 **EMT-HDT 2: Coils & plugs** 12:30-14:00

Co-ordinators: J.V. Patel (Leeds/UK), V. Pedicini (Milan/IT)

#### **Monday, September 18**

**EMT-HDT 3: Liquid agents** 09:30-11:00 **EMT-HDT 4: Liquid agents** 12:30-14:00

Co-ordinators: I.J. McCafferty (Birmingham/UK), J. Urbano (Madrid/ES)

#### **Tuesday, September 19**

**EMT-HDT 5: Particulate agents** 09:30-11:00 **EMT-HDT 6: Particulate agents** 12:30-14:00

Co-ordinators: T.J. Kroencke (Augsburg/DE), A.G. Rampoldi (Milan/IT)

Corresponding workshop:

Saturday, September 16

**WS 602: Central venous access** 16:15-17:15

Corresponding workshop:

Saturday, September 16

WS 704: Embolisation: materials and tools 17:30-18:30



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#### Peripheral mechanical thrombectomy

Treatments of patients with acute occlusions of the arterial or venous bed are becoming a more and more frequent occurrence. As technology has steadily developed, several systems have become available to help restore the vessel patency in a quick, safe and efficient way.

This Hands-on Device Training aims to provide an overview of the different devices which are currently being used for the treatment of peripheral occlusive disease, including acute and chronic limb ischaemia.

Saturday, September 16

PMT-HDT 1 09:30-11:00

Saturday, September 16

**PMT-HDT 2** 12:30-14:00

Co-ordinators: T. Jahnke (Neumünster/DE), D.K. Tsetis (Iraklion/GR)

#### **Stroke thrombectomy**

Stroke thrombectomy represents a new frontier for interventional radiologists. The number of patients suffering from this pathological condition is increasing, and, as a consequence, it is necessary for interventional radiologists to participate in these procedures. For this, it is essential to have abundant experience as well as excellent knowledge of anatomy and the techniques and materials to be used.

Participants of this Hands-on Device Training will have the chance to familiarise themselves with the most common thrombectomy devices.

**Tuesday, September 19** 

**ST-HDT 1** 09:30-11:00 **ST-HDT 2** 12:30-14:00

Co-ordinators: K.A. Hausegger (Klagenfurt/AT), H. van Overhagen (The Hague/NL)

Corresponding workshop:

Saturday, September 16

WS 601: Peripheral mechanical 16:15-17:15

thrombectomy

Corresponding workshop:

**Monday, September 18** 

WS 2202: Revascularistation in acute

16:15-17:15

ischaemic stroke

#### **Tumour ablation**

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Ablation plays a fundamental role in the minimally invasive treatment of cancer, and ablation technologies and equipment for live image guidance continue to develop guickly.

In order to stay up to date on these developments, this Handson Device Training will offer separate sessions to look at radiofrequency ablation, microwave ablation and alternative techniques, including cryoablation and other image-guided technologies.

#### **Sunday, September 17**

**TA-HDT 1: RFA** 09:30-11:00 **TA-HDT 2: RFA** 12:30-14:00

Co-ordinators: M. Bezzi (Rome/IT), L. Hechelhammer (St. Gallen/CH)

#### **Monday, September 18**

**TA-HDT 3: MWA** 09:30-11:00 **TA-HDT 4: MWA** 12:30-14:00

Co-ordinators: L. Crocetti (Pisa/IT), J.L. del Cura Rodriguez (Bilbao/ES)

#### **Tuesday, September 19**

TA-HDT 5: Alternative techniques 09:30-11:00 and image guidance

**TA-HDT 6: Alternative techniques** 12:30-14:00

and image guidance

Co-ordinators: G. Tsoumakidou (Strasbourg/FR), P. Wiggermann (Regensburg/DE)

#### **Vertebral augmentation**

Every day interventional radiologists are approached by patients to resolve their vertebral pathologies. In recent years, considerable technological progress has been made as a consequence of the extraordinary outcomes of minimally invasive techniques, which have helped countless patients to achieve pain relief and avoid many of the complications associated with open surgery.

In this Hands-on Device Training, vertebroplasty, kyphoplasty and balloon kyphoplasty will be discussed, and devices for each of these procedures will be presented and available for participants to practice with.

#### **Monday, September 18**

**VA-HDT 1** 09:30-11:00 **VA-HDT 2** 12:30-14:00

Co-ordinators: G.C. Anselmetti (Turin/IT), A.D. Kelekis (Athens/GR)

Corresponding workshops:

Saturday, September 16

**WS 603: Thyroid and kidney ablation** 16:15-17:15 **WS 703: Liver ablation** 17:30-18:30

**Sunday, September 17** 

**WS 1403: Bone ablation** 16:15-17:15 **WS 1503: Lung ablation** 17:30-18:30

Corresponding workshop:

Sunday, September 17

WS 1404: Vertebral augmentation 16:15-17:15



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#### **Simulation Training**

#### Varicose veins

Initially considered a concern of cosmetic medicine, varicose veins have recently been catalogued as a real pathology which affects both women and men. Considering the increasing need for treatment, it is essential to understand the importance of such interventions and gain a thorough understanding of the methodology.

This Hands-on Device Training allows participants to compare the available devices for endovenous therapy.

#### **Sunday, September 17**

**VV-HDT 1** 09:30-11:00 **VV-HDT 2** 12:30-14:00

Co-ordinators: D. Greenstein (Harrow/UK), C. Lebard (Paris/FR)

Corresponding workshop:

Saturday, September 16

**WS 702: Varicose veins** 17:30-18:30

Participants of the Simulation Training can follow live demonstrations of interventional techniques and practice certain procedures under the guidance of a technician and/or instructor.

Pre-registration is required for all Simulation Training sessions at an extra cost of € 75 per session and will be available in June.

# Principles to practice: education and simulation skills training

This popular series of training sessions 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), and the delivery of each session is adaptable to respond to the delegates' interests, with emphasis placed on small group teaching, allowing for close interaction with the expert faculty.

The round-table discussions are themed around learning objectives which relate to a specific clinical or procedural topic. Equipment and devices related to the specific topic will be available to demonstrate deployment techniques.

#### Saturday, September 16

PTP 1: The basics of chemoembolisation 08:30-13:00 for the liver

#### **Sunday, September 17**

PTP 2: Carotid stenting: the basics, 08:30-13:00 current role and future perspectives

#### **Monday, September 18**

PTP 3: The role of endovascular therapy 08:30-13:00 in the treatment of diabetic foot

#### **Tuesday, September 19**

PTP 4: Improving outcomes in the 08:30-13:00 femoropopliteal segment

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

#### Saturday, September 16

08:30-09:30

#### **Special Session**

#### SS 101 Therapy of in-stent stenosis

101.1 Relining of stents *M. Schoder (Vienna/AT)* 

101.2 Atherectomy

R. Uberoi (Oxford/UK)

101.3 Drug-coated balloon

G. Tepe (Rosenheim/DE)

101.4 Alternative treatments

J.C. van den Berg (Lugano/CH)

08:30-09:30

#### **Fundamental Course**

#### FC 102 Therapy of venous thrombo-embolic disease

102.1 Acute pelvic thrombosis

A.H. Mahnken (Marburg/DE)

102.2 Chronic pelvic thrombosis *R. de Graaf (Maastricht/NL)* 

102.3 IR treatment in acute pulmonary embolism

P.M. Paprottka (Munich/DE)

102.4 IVC filters: current evidence S.D. Qanadli (Lausanne/CH)

08:30-09:30

#### **Special Session**

# SS 103 New tools for guiding and monitoring liver ablation

103.1 Radiopaque beads: useful tool or gadget E. Kim (New York, NY/US)

103.2 Elastography: entering reality? L. Crocetti (Pisa/IT)

103.3 3D navigation: do we need it? *R. Bale (Innsbruck/AT)* 

103.4 Cone-beam CT: a revolution? G. Carrafiello (Milan/IT) 08:30-09:30

#### **Special Session**

#### SS 104 Lower GI bleeding

104.1 Work-up and patient selection A.R. van Erkel (Leiden/NL)

104.2 Technique and embolic agents *T. Rodt (Hannover/DE)* 

104.3 Outcomes of embolisation *L.B. Lönn (Copenhagen/DK)* 

104.4 Haemorrhoid embolisation *V. Vidal (Marseille/FR)* 

08:30-13:00

#### Simulation Training

# PTP 1 Principles to practice: education and simulation skills training – The basics of chemoembolisation for the liver

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

PTP 1.1 Group 1 (08:30-10:40)

PTP 1.2 Group 2 (09:40-11:50)

PTP 1.3 Group 3 (10:50-13:00)

09:30-11:00

#### **Hands-on Device Training**

#### CD-HDT 1 A closer look at closure devices

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

09:30-11:00

#### **Hands-on Device Training**

#### CLP-HDT 1 Central lines and ports

Co-ordinators: T.F. Jakobs (Munich/DE), R. Kasthuri (Glasgow/UK)

09:30-11:00

#### **Hands-on Device Training**

#### PMT-HDT 1 Peripheral mechanical thrombectomy

Co-ordinators: T. Jahnke (Neumünster/DE), D.K. Tsetis (Iraklion/GR)



10:00-11:00

#### **Controversy Special Session**

#### CSS 201 Controversies in endovascular therapy

201.1 Drug-coated balloons (DCB) as an all-comers therapy: PRO G. Tepe (Rosenheim/DE)

201.2 Drug-coated balloons (DCB) as an all-comers therapy: CON

J.A. Reekers (Amsterdam/NL)

201.3 Stent graft is the technique of choice for treatment of popliteal aneurysms: PRO T. Pfammatter (Zurich/CH)

201.4 Stent graft is the technique of choice for treatment of popliteal aneurysms: CON K. Deloose (Dendermonde/BE)

201.5 Catheter-directed thrombolysis or pharmacomechanical thrombectomy always for ilio-femoral DVT: PRO G.J. O'Sullivan (Galway/IE)

201.6 Catheter-directed thrombolysis or pharmacomechanical thrombectomy always for ilio-femoral DVT: CON R. de Graaf (Maastricht/NL)

10:00-11:00

#### **Fundamental Course**

#### FC 202 Therapy of variceal bleeding (TIPS and BRTO)

202.1 Indications for TIPS in variceal bleeding *M. Rössle (Freiburg/DE)* 

202.2 Adjunctive embolotherapy of variceal bleeding in TIPS

I.K. Tesdal (Friedrichshafen/DE)

202.3 Balloon-occluded retrograde transvenous obliteration for the management of gastric varices *J. Koizumi (Kanagawa/JP)* 

202.4 TIPS versus BRTO for the management of gastric varices
S. Sabri (Charlottesville, VA/US)

10:00-11:00

#### **Special Session**

#### SS 203 Therapies for HCC based on size criteria

203.1 Surgical options and realistic need *V. Mazzaferro (Milan/IT)* 

203.2 IO in small tumours
P.L. Pereira (Heilbronn/DE)

203.3 IO in intermediate sized tumours *R. Cioni (Pisa/IT)* 

203.4 IO in "early-advanced" tumours J.-F.H. Geschwind (New Haven, CT/US) 10:00-11:00

#### **Special Session**

#### SS 204 Uterine fibroid embolisation

204.1 Minimally invasive surgical alternatives *T.H. Hess (Winterthur/CH)* 

204.2 Comparison to HIFU

M. Matzko (Dachau/DE)

204.3 Fertility

A.-M. Belli (London/UK)

204.4 Adenomyosis *T. Bilhim (Lisbon/PT)* 

11:30-12:30

#### **Special Session**

### SS 301 Importance of R&D in IR

301.1 From an idea to a product *T.W.I. Clark (Philadelphia, PA/US)* 

301.2 Research data mandatory for guidelines *J.I. Bilbao (Pamplona/ES)* 

301.3 New concepts beyond simple IR *J.-F.H. Geschwind (New Haven, CT/US)* 

301.4 What NIBIB can offer to IR research K. Kandarpa (Bethesda, MD/US)

11:30-12:30

#### **Special Session**

#### SS 302 Varicose vein: time for IR

302.1 Setting up a varicose vein service *J.A. Brookes (London/UK)* 

302.2 Clinical evaluation including Doppler ultrasound M.L. Åkesson (Malmö/SE)

302.3 Different techniques for truncal ablation *L. Oguzkurt (Istanbul/TR)* 

302.4 Therapy for venous ulcers to be announced

11:30-12:30

#### **Expert Case Discussion**

#### ECD 303 Challenging HCC cases

Co-ordinator: R. Lencioni (Miami, FL/US)

Panellists: R. Bale (Innsbruck/AT), B. Gonçalves (Porto/PT), K. Malagari (Athens/GR)

#### 11:30-12:30

#### **Expert Case Discussion**

#### ECD 304 Visceral aneurysms

Co-ordinator: M.S. Hamady (London/UK)

Panellists: P.E. Andersen (Odense/DK), P. Donato (Coimbra/PT), M.A. Ruffino (Turin/IT)

11:30-12:30

#### **Women in IR**

#### WIR 305 The IR gender gap

Moderator: A.-M. Belli (London/UK)

305.1 Facts and figures F:M ratios A.-M. Belli (London/UK)

305.2 Perceptions and misconceptions of IR: the IR trainee perspective

C. Gonzalez-Junyent (Barcelona/ES)

305.3 Perceptions and misconceptions of IR: the IR consultant perspective T.M. Wah (Leeds/UK)

305.4 Radiation facts and fiction
W. Jaschke (Innsbruck/AT),
Co-author: A. Trianni (Udine/IT)

305.5 Barriers for women in IR

M. Szczerbo-Trojanowska (Lublin/PL)

#### Round table

Panellists: C. Gonzalez-Junyent (Barcelona/ES), W. Jaschke (Innsbruck/AT), M. Szczerbo-Trojanowska (Lublin/PL), O.M. van Delden (Amsterdam/NL), T.M. Wah (Leeds/UK)

Summing up and action points A.-M. Belli (London/UK)

12:30-14:00

#### **Hands-on Device Training**

CD-HDT 2 A closer look at closure devices

Co-ordinators: S. Anthony (Oxford/UK), J.P. Schaefer (Kiel/DE) 12:30-14:00

#### **Hands-on Device Training**

#### CLP-HDT 2 Central lines and ports

Co-ordinators: T.F. Jakobs (Munich/DE), R. Kasthuri (Glasgow/UK)

12:30-14:00

#### **Hands-on Device Training**

#### PMT-HDT 2 Peripheral mechanical thrombectomy

Co-ordinators: T. Jahnke (Neumünster/DE), D.K. Tsetis (Iraklion/GR)

13:00-14:00

**Satellite Symposia** 

13:30-14:15

PS 404 Posters on Stage

14:30-16:00

**OP 501 CIRSE Opening and Awards Ceremony** 

16:15-17:15

#### Workshop

#### WS 601 Peripheral mechanical thrombectomy

601.1 M. Katoh (Krefeld/DE) 601.2 P. Lucatelli (Siena/IT)

16:15-17:15

#### Workshop

WS 602 Central venous access

602.1 S. Spiliopoulos (Patras/GR)

602.2 B. Gebauer (Berlin/DE)



17:30-18:30

16:15-17:15

702.2 M.L. Åkesson (Malmö/SE)

Workshop Workshop WS 603 Thyroid and kidney ablation WS 703 Liver ablation 603.1 J.H. Baek (Seoul/KR) 703.1 J. Kettenbach (St. Pölten/AT) 603.2 G. Tsoumakidou (Strasbourg/FR) 703.2 F. Orsi (Milan/IT) 16:15-17:15 17:30-18:30 Workshop Workshop WS 604 Therapy for hypersplenism WS 704 Embolisation: materials and tools 604.1 V. Bérczi (Budapest/HU) 704.1 M. Grosso (Cuneo/IT) 604.2 T. Tanaka (Kashihara/JP) 704.2 L. Kara (Zurich/CH) 16:15-17:15 17:30-18:30 Workshop **Free Papers** WS 605 Preparation for EBIR and the use of ESIRonline 605.1 O.M. van Delden (Amsterdam/NL) 17:30-18:30 605.2 S. Müller-Hülsbeck (Flensburg/DE) **Satellite Symposia** 16:15-17:15 **Free Papers** 16:15-17:15 **Satellite Symposia** 17:30-18:30 Workshop WS 701 Closure devices 701.1 P. Minko (Homburg/DE) 701.2 G. Puippe (Zurich/CH) 17:30-18:30 Workshop WS 702 Varicose veins 702.1 D.J. West (Stoke-on-Trent/UK)

#### **Sunday, September 17**

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#### **Fundamental Course**

#### FC 901 Basics of drug-eluting technology

901.1 Mechanism of action

S. Spiliopoulos (Patras/GR)

901.2 Differences between drugs (beyond paclitaxel) R. Virmani (Gaithersburg, MD/US)

901.3 Differences in drug carriers for DCB G. Tepe (Rosenheim/DE)

901.4 What happens when the drug is gone? J.A. Reekers (Amsterdam/NL)

08:30-09:30

#### **Expert Round Table**

#### ERT 902 IVC filter

Co-ordinator: J.A. Kaufman (Portland, OR/US)

Panellists: T. Jahnke (Neumünster/DE), A.C. Roberts (La Jolla, CA/US), S.O. Trerotola (Philadelphia, PA/US), R. Uberoi (Oxford/UK)

08:30-09:30

#### **Special Session**

# SS 903 Radioembolisation: results and new perspectives

903.1 Sirflox and Foxfire: latest global results *T.K. Helmberger (Munich/DE)* 

903.2 Radioembolisation: implications in management of hepatic metastases

R.J. Lewandowski (Chicago, IL/US)

903.3 Radioembolisation: implications in management of advanced HCC D. Sze (Stanford, CA/US)

903.4 New radioembolisation agents: Holmium-166 *M. van den Bosch (Utrecht/NL)* 

08:30-09:30

#### **Special Session**

#### SS 904 Advanced biliary therapies

904.1 Gallstone retrievals

A. Hatzidakis (Iraklion/GR)

904.2 Biliary lithotripsy

A. Cannavale (Glasgow/UK)

904.3 Brachytherapy

T. Andrašina (Brno/CZ)

904.4 Biliary RFA

M. Mizandari (Tbilisi/GE)

08:30-09:30

#### IDEAS

#### **Lecture Session**

## LS 905 Abdominal aorta 1 – evidence and controversies

905.1 Are the new generation devices really delivering their promises?

R.G. McWilliams (Liverpool/UK)

905.2 EVAR 2: 15 years outcome of very unfit patients *R.M. Greenhalgh (London/UK)* 

905.3 Who to recommend for EVAR based on the long-term results of the DREAM trial J.D. Blankensteijn (Amsterdam/NL)

905.4 How and when to intervene on the growing aneurysm after EVAR

C.A. Binkert (Winterthur/CH)

905.5 AAA plus iliac occlusive disease – still suitable for EVAR?

A. Holden (Auckland/NZ)

#### 08:30-13:00

#### **Simulation Training**

PTP 2 Principles to practice: education and simulation skills training – Carotid stenting: the basics, current role and future perspectives

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

PTP 2.1 Group 1 (08:30-10:40)

PTP 2.2 Group 2 (09:40-11:50)

PTP 2.3 Group 3 (10:50-13:00)

#### 09:30-11:00

#### **Hands-on Device Training**

EMT-HDT 1 Embolisation: materials and tools –
Coils & plugs

Co-ordinators: J.V. Patel (Leeds/UK), V. Pedicini (Milan/IT)

09:30-11:00

#### **Hands-on Device Training**

TA-HDT 1 Tumour ablation – RFA

Co-ordinators: M. Bezzi (Rome/IT), L. Hechelhammer (St. Gallen/CH)



09:30-11:00

#### **Hands-on Device Training**

#### VV-HDT 1 Varicose veins

Co-ordinators: D. Greenstein (Harrow/UK), C. Lebard (Paris/FR)

10:00-11:00

#### **Special Session**

#### SS 1001 Therapy of diabetic foot (BTK interventions)

- 1001.1 Pedal access and co.: how to make them easier M. Palena (Abano Terme/IT)
- 1001.2 Treat as much as you can at the initial sitting *P.E. Huppert (Darmstadt/DE)*
- 1001.3 "Go around" technique *M.G. Manzi (Abano Terme/IT)*
- 1001.4 Drug-eluting stents to improve limb salvage?

  H. van Overhagen (The Hague/NL)

10:00-11:00

#### **Expert Case Discussion**

#### ECD 1002 Venous stenting

Co-ordinator: J. Tacke (Passau/DE)

Panellists: B. Gonçalves (Porto/PT), T. Heller (Rostock/DE), G.J. O'Sullivan (Galway/IE)

10:00-11:00

#### **Fundamental Course**

#### FC 1003 Ablative therapies of renal cancer

- 1003.1 Partial nephrectomy: news from the urologist *A. Volpe (Novara/IT)*
- 1003.2 Thermal ablative therapies are as efficient as surgery

A. Gangi (Strasbourg/FR)

- 1003.3 When to use cryoablation *D.J. Breen (Southampton/UK)*
- 1003.4 Update on clinical guidelines *A. Veltri (Orbassano/IT)*

10:00-11:00

#### **Expert Round Table**

#### ERT 1004 GI intervention

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

Panellists: H.-U. Laasch (Manchester/UK), L.P. Lawler (Dublin/IE), T. Sabharwal (London/UK)

10:00-11:00

#### **Lecture Session**



#### LS 1005 What's new – techniques

- 1005.1 New development in the treatment of TBAD C. Nienaber (London/UK)
- 1005.2 New development in the treatment of AAA J.F. Benenati (Miami, FL/US)
- 1005.3 Inner branches *E. Verhoeven (Nuremberg/DE)*
- 1005.4 The impact of new technologies in TAAA A. Stella (Bologna/IT)
- 1005.5 Iliac side branch devices: which is best? *M.A. Funovics (Vienna/AT)*

11:30-12:30

#### **Special Session**

#### SS 1101 Sedation and analgesia performed by IR

- 1101.1 Basics of different drugs and sedation levels *A. Vari (Rome/IT)*
- 1101.2 Pre-assessment and monitoring J.T.A. Knape (Utrecht/NL)
- 1101.3 Special precaution for the elderly patient *C. Batistaki (Athens/GR)*
- 1101.4 Advantages/role of propofol sedation *C.A. Binkert (Winterthur/CH)*

11:30-12:30

#### **Satellite Symposia**

12:30-14:00

#### **Hands-on Device Training**

EMT-HDT 2 Embolisation: materials and tools –
Coils & plugs

Co-ordinators: J.V. Patel (Leeds/UK), V. Pedicini (Milan/IT) 12:30-14:00

#### Hands-on Device Training

#### TA-HDT 2 Tumour ablation – RFA

Co-ordinators: M. Bezzi (Rome/IT), L. Hechelhammer (St. Gallen/CH)

12:30-14:00

#### **Hands-on Device Training**

#### VV-HDT 2 Varicose veins

Co-ordinators: D. Greenstein (Harrow/UK), C. Lebard (Paris/FR)

13:00-14:00

**Satellite Symposia** 

13:30-14:15

#### PS 1204 Posters on Stage

14:30-16:00

**Honorary Lecture / Hot Topic Symposium** 

14:30-15:00

#### HL 1301 Andreas Gruentzig Lecture

1301.1 Percutaneous treatment of cystic ecchinococcosis (hydatid cysts): current concepts

O. Akhan (Ankara/TR)

15:00-16:00

**IDEAS** 

#### HTS 1302 Hot Topics Symposium – Aorta

1302.1 Do the long-term outcomes of EVAR justify its generalised use?

F. Fanelli (Rome/IT)

1302.2 Is standard EVAR justified outside IEU2

1302.2 Is standard EVAR justified outside IFU?

D. Böckler (Heidelberg/DE)

1302.3 Should individualised follow-up after EVAR be the standard of care?

J.C. van den Berg (Lugano/CH)

1302.4 Is it justified to treat old and frail patients with TAAA endovascularly?

E. Verhoeven (Nuremberg/DE)

14:30-15:30

**Satellite Symposia** 

16:15-17:15

#### Workshop

# WS 1401 Recanalisation techniques: skill and technology

1401.1 A. Spinelli (Cagliari/IT)

1401.2 A. Diamantopoulos (London/UK)

16:15-17:15

#### Al 1402 Amazing Interventions

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

Case presenters: P.A.M.S. Almeida (Viseu/PT), M.W. de Haan (Maastricht/NL), G.S. Goh (Melbourne, VIC/AU), M. Katoh (Krefeld/DE), K. Malagari (Athens/GR), S. Punamiya (Singapore/SG), C.T. Sofocleous (New York, NY/US), C.P. Stracke (Essen/DE), F. Wolf (Vienna/AT)

16:15-17:15

#### Workshop

#### WS 1403 Bone ablation

1403.1 R.F. Grasso (Rome/IT)

1403.2 T. Pereira (Vila Nova de Gaia/PT)

16:15-17:15

#### Workshop

#### WS 1404 Vertebral augmentation

1404.1 S. Marcia (Cagliari/IT) 1404.2 X. Buy (Bordeaux/FR)

16:15-17:15

#### **Expert Case Discussion**

IDEAS

# ECD 1405 Emergencies – how to manage the complex acute case

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

1405.1 Ruptured aneurysm *M. Malina (Harrow/UK)* 

1405.2 Traumatic aortic rupture N.J. Mosquera (Ourense/ES)

1405.3 Type B dissection with rupture *H. Rousseau (Toulouse/FR)* 

1405.4 Type B dissection with malperfusion *G.M. Richter (Stuttgart/DE)* 



Copenhagen 2017 \_\_\_\_\_\_ Sunday, September 17 4

16:15-17:15

**Free Papers** 

16:15-17:15

**Satellite Symposia** 

17:30-18:30

Workshop

WS 1501 Aorto-iliac disease

1501.1 *J. Tacke (Passau/DE)* 1501.2 *M. Tsitskari (Athens/GR)* 

17:30-18:30

Workshop

WS 1502 Pulmonary arteriovenous malformations

1502.1 G.J. Robinson (Hull/UK) 1502.2 J. Pollak (New Haven, CT/US) 17:30-18:30

Workshop

WS 1503 Lung ablation

1503.1 A. Gillams (London/UK)

1503.2 C.T. Sofocleous (New York, NY/US)

17:30-18:30

Workshop

WS 1504 Fundamentals of EVAR

1504.1 R. Uberoi (Oxford/UK)

1504.2 K.P. Donas (Münster/DE)

17:30-18:30

**Free Papers** 

17:30-18:30

**Satellite Symposia** 

#### **Monday, September 18**

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#### **Expert Case Discussion**

#### ECD 1701 Difficult recanalization

Co-ordinator: M. Schoder (Vienna/AT)

Panellists: H. Lindgren (Helsingborg/SE), A. Massmann (Homburg/DE), F. Wolf (Vienna/AT)

08:30-09:30

#### **Special Session**

#### SS 1702 Dialysis fistula management beyond PTA

1702.1 Surveillance: clinical or ultrasound *M.W. de Haan (Maastricht/NL)* 

1702.2 DCB to improve patency *K.N. Katsanos (London/UK)* 

1702.3 The role of stent grafts

T.W.I. Clark (Philadelphia, PA/US)

1702.4 Percutaneous creation of an AV fistula R.-T. Hoffmann (Dresden/DE)

08:30-09:30

#### **Fundamental Course**

#### FC 1703 Therapy of painful bone metastases

1703.1 Combination of radiotherapy and IR *V.E. Kouloulias (Athens/GR)* 

1703.2 Bone augmentation F. Deschamps (Villejuif/FR)

1703.3 Ablation for therapeutic and palliative treatment

A. Basile (Catania/IT)

1703.4 Transarterial embolisation of skeletal and spinal metastases

A.G. Ryan (Waterford City/IE)

08:30-09:30

#### **Special Session**

#### SS 1704 Treatment options of bone tumours

1704.1 Mechanical stabilisation *G. Koch (Strasbourg/FR)* 

1704.2 Combined therapy: when and how L. Tselikas (Villejuif/FR)

1704.3 HIFU: when and how M. Düx (Frankfurt/DE)

1704.4 Medical management of benign bone tumours to be announced

08:30-09:30

#### IDEAS

#### Lecture Session

#### LS 1705 Abdominal aorta 2 – short and adverse necks

1705.1 When to choose open surgery *L. Di Marzo (Rome/IT)* 

1705.2 Fenestrated as a first line treatment *M.S. Hamady (London/UK)* 

1705.3 Are the new endograft concepts useful? R.A. Morgan (London/UK)

1705.4 What is the role for adjuncts in combination with conventional endografts?

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

1705.5 Chimneys – do or don't *M.P. Jenkins (London/UK)* 

08:30-13:00

#### **Simulation Training**

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

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

PTP 3.1 Group 1 (08:30-10:40)

PTP 3.2 Group 2 (09:40-11:50)

PTP 3.3 Group 3 (10:50-13:00)

09:30-11:00

#### **Hands-on Device Training**

# EMT-HDT 3 Embolisation: materials and tools – Liquid agents

Co-ordinators: I.J. McCafferty (Birmingham/UK), J. Urbano (Madrid/ES)

09:30-11:00

#### **Hands-on Device Training**

#### ■ TA-HDT 3 Tumour ablation – MWA

Co-ordinators: L. Crocetti (Pisa/IT), J.L. del Cura Rodriguez (Bilbao/ES)

09:30-11:00

#### **Hands-on Device Training**

#### VA-HDT 1 Vertebral augmentation

Co-ordinators: G.C. Anselmetti (Turin/IT), A.D. Kelekis (Athens/GR)



10:00-11:00

#### **Expert Round Table**

#### ERT 1801 Radial access

Co-ordinator: C.A. Binkert (Winterthur/CH)

Panellists: A. Buecker (Homburg/DE), A. Fischman (New York, NY/US), P. Lopes (Porto/PT), S. Müller-Hülsbeck (Flensburg/DE)

10:00-11:00

#### **Special Session**

#### SS 1802 Central venous access for IRs

1802.1 PICC

B. Gebauer (Berlin/DE)

1802.2 Tunnelled catheters A. Lunardi (Pisa/IT)

1802.3 Ports

R. Kasthuri (Glasgow/UK)

1802.4 Revision and salvage of central venous access M.E. Krokidis (Cambridge/UK)

10:00-11:00

#### **Controversy Special Session**

#### CSS 1803 Controversies in IO

1803.1 Ablation is superior to SBRT for oligometastatic lung disease: PRO T. de Baère (Villejuif/FR)

1803.2 Ablation is superior to SBRT for oligometastatic lung disease: CON P. Iyengar (Dallas, TX/US)

1803.3 IRE is the technique of choice to treat central liver lesions: PRO M.R. Meijerink (Amsterdam/NL)

1803.4 IRE is the technique of choice to treat central liver lesions: CON T.K. Helmberger (Munich/DE)

1803.5 Presurgical TARE is better than PVE: PRO R. Salem (Chicago, IL/US)

1803.6 Presurgical TARE is better than PVE: CON A. Denys (Lausanne/CH)

10:00-11:00

#### **Fundamental Course**

#### FC 1804 IR management of pancreatitis

1804.1 The clinical problem and imaging T.L. Bollen (Nieuwegein/NL)

1804.2 IR management of pancreatitis: update on trials and recent developments K.P. van Lienden (Amsterdam/NL)

1804.3 IR management of pancreatitis: optimal drainage strategies P.G. Nardis (Terni/IT)

1804.4 Vascular complications of pancreatitis F. Veloso Gomes (Lisbon/PT)

10:00-11:00

#### **Expert Round Table**



#### ERT 1805 Controversies in EVAR

Co-ordinator: G.M. Richter (Stuttgart/DE)

1805.1 When is it appropriate to treat small aneurysms? K. Deloose (Dendermonde/BE)

1805.2 Indications for open surgery for AAA in 2017 R.G.J. Gibbs (London/UK)

1805.3 EVAR for all patients? N.V. Dias (Lund/SE)

1805.4 Is percutaneous EVAR better for patients? A. Chavan (Oldenburg/DE)

11:30-12:30

#### **Special Session**

#### SS 1901 Anaesthesia and Interventional Radiology: time to team up!

1901.1 Patient selection: which type of anaesthesia for which procedure

A. Vari (Rome/IT)

1901.2 Advantages of high frequency jet ventilation to be announced

1901.3 Nerve and epidural blocks to be announced

1901.4 Postprocedural analgesia R. Bhavsar (Aarhus/DK)

11:30-12:30

**Satellite Symposia** 

12:30-14:00

#### **Hands-on Device Training**

#### EMT-HDT 4 Embolisation: materials and tools – Liquid agents

Co-ordinators: I.J. McCafferty (Birmingham/UK), J. Urbano (Madrid/ES)

12:30-14:00

#### **Hands-on Device Training**

#### TA-HDT 4 Tumour ablation – MWA

Co-ordinators: L. Crocetti (Pisa/IT), J.L. del Cura Rodriguez (Bilbao/ES)

12:30-14:00

#### **Hands-on Device Training**

#### VA-HDT 2 Vertebral augmentation

Co-ordinators: G.C. Anselmetti (Turin/IT), A.D. Kelekis (Athens/GR)

13:00-14:00

**Satellite Symposia** 

13:30-14:15

#### PS 2004 Posters on Stage

14:30-15:15

#### FIQ 2101 Film Interpretation Quiz

Co-ordinators: X. Buy (Bordeaux/FR), I.J. McCafferty (Birmingham/UK)

15:15-16:00

#### **Hot Topic Symposium**

#### HTS 2102 Radiation protection: burning issue

- 2102.1 Radiation protection: are you prepared for the new legislation in 2018?

  E. Vano (Madrid/ES)
- 2102.2 Is there a real radiation hazard for young female doctors entering interventional radiology?

  C. Cousins (Cambridge/UK)
- 2102.3 Paediatric intervention: how to keep radiation exposure low?
  - G. Bartal (Kfar-Saba/IL)
- 2102.4 How to select the most appropriate personal protection?

A.M.H. Sailer Karmann (Maastricht/NL)

14:30-15:30

#### **Expert Case Discussion**

**IDEAS** 

#### ECD 2103 A bad day in the angio suite – TEVAR

Co-ordinator: F. Fanelli (Rome/IT)

Panellists: M.D. Dake (Stanford, CA/US), T. Kölbel (Hamburg/DE), V. Riambau (Barcelona/ES), H. Rousseau (Toulouse/FR)

14:30-15:30

**Satellite Symposia** 

16:15-17:15

#### Workshop

#### WS 2201 Pulmonary artery revascularisation

2201.1 B.C. Meyer (Hannover/DE) 2201.2 J.A. Vos (Nieuwegein/NL)

16:15-17:15

#### Workshop

#### WS 2202 Revascularisation in acute ischaemic stroke

2202.1 Z. Kulcsar (Geneva/CH) 2202.2 T. Struffert (Erlangen/DE)

16:15-17:15

#### Workshop

#### WS 2203 Cancer pain management

2203.1 N. Ptohis (Athens/GR)2203.2 A. Napoli (Rome/IT)

16:15-17:15

#### Workshop

## WS 2204 Uterine fibroid embolisation: case-based discussion

2204.1 J.-P. Pelage (Caen/FR) 2204.2 J. Maskova (Aberdeen/UK)



16:15-17:15 **Expert Round Table** 

ERT 2205 Controversies in Type B dissection

Co-ordinator: C. Nienaber (London/UK)

2205.1 Which patients should still be treated medically in TBAD?

M.D. Dake (Stanford, CA/US)

2205.2 How far to extend endograft coverage *M.S. Hamady (London/UK)* 

2205.3 Is endoluminal closure of the false lumen indicated

T. Kölbel (Hamburg/DE)

2205.4 The role of fenestrating the flap in dissection E. Ducasse (Bordeaux/FR)

16:15-17:15

**GA 2206 General Assembly** 

16:15-17:15 **Free Papers** 

16:15-17:15

**Satellite Symposia** 

17:30-18:30

Workshop

WS 2301 How to apply for a research grant

2301.1 K.N. Katsanos (London/UK) 2301.2 P.L. Pereira (Heilbronn/DE)

17:30-18:30

Workshop

WS 2302 Supra-aortic revascularisation: dissection and tandem/multiple lesions

2302.1 K. Zeleňák (Martin/SK) 2302.2 I. Saatci (Ankara/TR) 17:30-18:30 Workshop

WS 2303 Cholangiocarcinoma and neuroendocrine metastasis

2303.1 I. Dedes (Thessaloniki/GR)

2303.2 W.S. Rilling (Milwaukee, WI/US)

17:30-18:30

Workshop

WS 2304 Postpartum haemorrhage including abnormal placentation

2304.1 L. Ratnam (London/UK)

2304.2 L. Mailli (London/UK)

17:30-18:30

Workshop

WS 2305 Fundamentals of TEVAR

2305.1 T.A. Resch (Malmö/SE)

2305.2 F. Fanelli (Rome/IT)

17:30-18:30

**Free Papers** 

17:30-18:30

**Satellite Symposia** 

#### **Tuesday, September 19**

08:30-09:30

#### **Expert Round Table**

#### ERT 2501 Traumatic splenic rupture

Co-ordinator: A. Krajina (Hradec Králové/CZ)

Panellists: H. Hoppe (Bern/CH), C. Nice (Newcastle-upon-Tyne/UK)

08:30-09:30

#### **Special Session**

#### SS 2502 Knee osteoarthritis

2502.1 Demographics and surgical options *S.M. Tutton (Milwaukee, WI/US)* 

2502.2 Intra-articular injections *S. Masala (Rome/IT)* 

2502.3 Neurolysis and intra-articular RF application *D.K. Filippiadis (Athens/GR)* 

2502.4 Transarterial embolisation *Y. Okuno (Tokyo/JP)* 

08:30-09:30

#### **Special Session**

#### SS 2503 Therapy of claudication (SFA interventions)

2503.1 How to overcome SFA lesions: toolbox proposal *T. Rand (Vienna/AT)* 

2503.2 DCB – when, how and why to use J.P. Schaefer (Kiel/DE)

2503.3 DES or BMS: what is the current evidence *S. Duda (Berlin/DE)* 

2503.4 Anything left for SFA treatment – new drugs, new tools?

A. Holden (Auckland/NZ)

08:30-09:30

#### **Lecture Session**



#### LS 2505 Aortic arch

2505.1 Is there a role for chimneys in the arch? *G.M. Richter (Stuttgart/DE)* 

2505.2 Open surgery with the frozen elephant trunk *M. Shrestha (Hannover/DE)* 

2505.3 Arch debranching: indications and techniques *A. Katsargyris (Nuremberg/DE)* 

2505.4 Fenestrated or branched in the arch C. Nienaber (London/UK)

2505.5 How to handle the lusorian artery *B.T. Katzen (Miami, FL/US)* 

08:30-13:00

#### **Simulation Training**

# PTP 4 Principles to practice: education and simulation skills training – Improving outcomes in the femoropopliteal segment

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

PTP 4.1 Group 1 (08:30-10:40)

PTP 4.2 Group 2 (09:40-11:50)

PTP 4.3 Group 3 (10:50-13:00)

09:30-11:00

#### **Hands-on Device Training**

# EMT-HDT 5 Embolisation: materials and tools – Particulate agents

Co-ordinators: T.J. Kroencke (Augsburg/DE), A.G. Rampoldi (Milan/IT)

09:30-11:00

#### **Hands-on Device Training**

#### ST-HDT 1 Stroke thrombectomy

Co-ordinators: K.A. Hausegger (Klagenfurt/AT), H. van Overhagen (The Hague/NL)

09:30-11:00

#### **Hands-on Device Training**

# TA-HDT 5 Tumour ablation – Alternative techniques and image guidance

Co-ordinators: G. Tsoumakidou (Strasbourg/FR), P. Wiggermann (Regensburg/DE)



S. Hopf-Jensen (Flensburg/DE)
2604.4 Optimal techniques for revascularisation with

the current tools
C.P. Stracke (Essen/DE)

10:00-11:00 10:00-11:00 **Fundamental Course Expert Round Table** FC 2601 Therapy of arterial GI bleeding (embolisation) **ERT 2605** Solutions and outcomes for complex aortic pathology 2601.1 Patient selection M. Zins (Paris/FR) Co-ordinator: B.T. Katzen (Miami, FL/US) 2601.2 Optimising angiographic techniques 2605.1 When to choose fenestrations and when to choose M. Das (Duisburg/DE) 2601.3 Embolisation techniques and materials branches A.M. lerardi (Varese/IT) M. Gargiulo (Bologna/IT) 2601.4 Predictors of success and failure 2605.2 Long-term durability of FEVAR and BEVAR O.M. van Delden (Amsterdam/NL) M.P. Jenkins (London/UK) 2605.3 When to choose parallel grafts M.A. Funovics (Vienna/AT) 10:00-11:00 2605.4 Long-term durability of parallel grafts T. Pfammatter (Zurich/CH) **Special Session** SS 2602 Update on vertebroplasty 2602.1 Update on current literature 11:30-12:30 W.A. Clark (Ramsgate, NSW/AU) **Special Session** 2602.2 The role of cement (beyond PMMA) SS 2701 Management of abdominal pelvic trauma X. Buy (Bordeaux/FR) 2602.3 Augmentation techniques 2701.1 Patient selection and imaging work-up J. Garnon (Strasbourg/FR) S. Chakraverty (Dundee/UK) 2602.4 Sacroplasty 2701.2 Solid organ embolisation K.F. Layton (Dallas, TX/US) A. Bharadwaz (Aarhus/DK) 2701.3 Pelvic trauma embolisation P.E. Andersen (Odense/DK) 10:00-11:00 2701.4 Treatment of major arterial injuries **Expert Round Table** J.P. Schaefer (Kiel/DE) ERT 2603 Diabetic foot 11:30-12:30 Co-ordinator: J.A. Reekers (Amsterdam/NL) **Fundamental Course** Panellists: G. Clerici (Milan/IT), FC 2702 Modern IR clinical practice H.I. Manninen (Kuopio/FI), M.G. Manzi (Abano Terme/IT) 2702.1 Education and training in IR M.J. Lee (Dublin/IE) 2702.2 Pre-assessment and consent 10:00-11:00 D.K. Filippiadis (Athens/GR) **Special Session** 2702.3 Clinical care in IR SS 2604 Establishing an acute intra-arterial stroke R. Patel (Oxford/UK) 2702.4 Working within an interdisciplinary team service T. de Baère (Villejuif/FR) 2604.1 Optimal logistics for a stroke service M. Ribo (Barcelona/ES) 2604.2 Imaging based decision-making W.H. van Zwam (Maastricht/NL) 2604.3 From admission to access: how could we speed up?

11:30-12:30

#### **Expert Round Table**

# ERT 2703 Oligometastatic lung disease: what to choose and when?

Co-ordinator: A. Adam (London/UK)

Panellists: S. Breitenstein (Winterthur/CH), L.M. Kenny (Brisbane, QLD/AU), J. Palussière (Bordeaux/FR), J. Ricke (Magdeburg/DE), C.T. Sofocleous (New York, NY/US)

11:30-12:30

#### **Special Session**

#### SS 2704 Resurgence of carotid stenting

2704.1 Current evidence *T.J. Cleveland (Sheffield/UK)* 

2704.2 Patient selection

O. Kizilkilic (Istanbul/TR)

2704.3 Limitation of medical management *G.K. Tsivgoulis (Athens/GR)* 

2704.4 Technical innovations for carotid stenting *F. Castriota (Cotignola/IT)* 

11:30-12:30

#### **Expert Round Table**

#### ERT 2705 Type 2 endoleak prevention and management

Co-ordinator: R. Uberoi (Oxford/UK)

2705.1 Prophylactic embolisation of side branches *M.B. Pitton (Mainz/DE)* 

2705.2 Procedural sac occlusion *M.W. de Haan (Maastricht/NL)* 

2705.3 Enlarging sac without visible endoleak *M. Gargiulo (Bologna/IT)* 

2705.4 Approaches and embolics *J.F. Benenati (Miami, FL/US)* 

11:30-12:30

#### CIRSE meets...

#### CM 2706 CIRSE meets the European Wound Management Association (EWMA): Standards of wound care – the essentials

Moderator: E. Brountzos (Athens/GR)

2706.1 Clinical and imaging assessment of wounds of the

lower extremity to be announced

2 Pasies of wound care

2706.2 Basics of wound care for IR

to be announced

2706.3 Arterial perfusion to optimise arterial ulcer healing

M. Palena (Abano Terme/IT)

2706.4 Surgical coverage of non-healing ulcers

A. Jawien (Bydgoszcz/PL)

12:30-14:00

#### **Hands-on Device Training**

# EMT-HDT 6 Embolisation: materials and tools – Particulate agents

Co-ordinators: T.J. Kroencke (Augsburg/DE), A.G. Rampoldi (Milan/IT)

12:30-14:00

#### **Hands-on Device Training**

#### ST-HDT 2 Stroke thrombectomy

Co-ordinators: K.A. Hausegger (Klagenfurt/AT), H. van Overhagen (The Haque/NL)

12:30-14:00

#### **Hands-on Device Training**

# TA-HDT 6 Tumour ablation – Alternative techniques and image guidance

Co-ordinators: G. Tsoumakidou (Strasbourg/FR), P. Wiggermann (Regensburg/DE)

13:00-14:00

**Satellite Symposia** 

13:30-14:15

PS 2804 Posters on Stage



14:30-16:00

#### **Honorary Lecture / Hot Topic Symposium**

14:30-15:00

#### HL 2901 Josef Roesch Lecture

2901.1 Taming the systemic effects of interventional oncology through mechanistic study *N. Goldberg (Jerusalem/IL)* 

15:00-16:00

# HTS 2902 Prostate artery embolisation: ready for prime time?

2902.1 Current evidence *L. Hechelhammer (St. Gallen/CH)* 

2902.2 Technique F.C. Carnevale (São Paulo/BR)

2902.3 Patient selection: which are the most suitable patients

J. Golzarian (Minneapolis, MN/US)

2902.4 Challenges and obstacles
N. Hacking (Southampton/UK)

14:30-15:30

Satellite Symposia

14:30-15:30

**Expert Case Discussion** 

IDEAS

#### ECD 2903 A bad day in the angio suite – EVAR

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

Panellists: K. Deloose (Dendermonde/BE), A. Holden (Auckland/NZ), B.T. Katzen (Miami, FL/US), F.E. Vermassen (Ghent/BE)

16:15-17:15

#### Workshop

#### WS 3001 Prostate artery embolisation

3001.1 A. Kovács (Bonn/DE)

3001.2 A. Massmann (Homburg/DE)

16:15-17:15

#### Workshop

# WS 3002 IR treatment for renal stone disease and transplant

3002.1 P.J. Haslam (Newcastle-upon-Tyne/UK)

3002.2 J.H. Peregrin (Prague/CZ)

16:15-17:15

#### Workshop

#### WS 3003 Critical appraisal of a publication

3003.1 J.A. Reekers (Amsterdam/NL)

3003.2 M.J. Lee (Dublin/IE)

16:15-17:15

#### Workshop

#### WS 3004 Chronic mesenteric ischaemia

3004.1 J. Raupach (Hradec Králové/CZ)

3004.2 M. Cariati (Milan/IT)

16:15-17:15

#### **Lecture Session**



#### LS 3005 Complication management

3005.1 Acute complications of TEVAR for TBAD *A. Chavan (Oldenburg/DE)* 

3005.2 Risk reduction of paraplegia in TEVAR and branched EVAR

J. Lammer (Vienna/AT)

3005.3 How to manage infected endografts *A.M. Lazaris (Athens/GR)* 

A.M. Lazaris (Atnens/GK)
3005.4 Aorto-enteric fistula: diagnosis and management

F.E. Vermassen (Ghent/BE)

3005.5 Embolisation for type 1 endoleak *R.A. Morgan (London/UK)* 

16:15-17:15

**Free Papers** 

16:15-17:15

**Satellite Symposia** 

17:30-18:30

Workshop

WS 3101 Varicocele and ovarian vein embolisation

3101.1 A. Basile (Catania/IT) 3101.2 F. Karnel (Vienna/AT)

17:30-18:30

Workshop

WS 3102 IR treatment after liver transplant

3102.1 A. Moelker (Rotterdam/NL) 3102.2 R. Argirò (Rome/IT) 17:30-18:30

Workshop

WS 3103 How to write a scientific article

3103.1 K.A. Hausegger (Klagenfurt/AT) 3103.2 D. Vorwerk (Ingolstadt/DE)

17:30-18:30 **Free Papers** 

17:30-18:30

**Satellite Symposia** 



#### Wednesday, September 20

08:30-09:30

#### **Special Session**

#### SS 3201 Embolotherapy for HCC

3201.1 Bland embolisation
K.T. Brown (New York, NY/US)3201.2 Conventional TACE

P. Chevallier (Nice/FR)
3201.3 Drug-eluting beads TACE
I. Bargellini (Pisa/IT)

3201.4 Radioembolisation *J.I. Bilbao (Pamplona/ES)* 

08:30-09:30

#### **Expert Case Discussion**

#### ECD 3202 Challenging drainages

Co-ordinator: R. Uberoi (Oxford/UK)

Panellists: M.C. Burgmans (Leiden/NL), R.L. Cazzato (Strasbourg/FR), T. Sabharwal (London/UK) 10:00-11:00

#### **Special Session**

#### SS 3301 Treatment of peripheral vascular malformation

3301.1 Current classification
W.A. Wohlgemuth (Regensburg/DE)

3301.2 Low-flow malformation S.C. Frevert (Copenhagen/DK)

3301.3 High-flow malformation *M. Bratby (Oxford/UK)* 

3301.4 Malformation associated with other anomalies *A.M. Barnacle (London/UK)* 

10:00-11:00

#### **Expert Round Table**

ERT 3302 Decision-making in acute stroke revascularisation

Co-ordinator: D. Vorwerk (Ingolstadt/DE)

11:30-12:30

#### MM 3401 Morbidity & Mortality Conference

Co-ordinators: D.K. Tsetis (Iraklion/GR), R. Uberoi (Oxford/UK)

Cardiovascular and Interventional Radiological Society of Europe

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#### **General Information**

#### **Congress Dates**

CIRSE 2017 will take place from September 16-20, 2017.

#### **Congress Venue**

#### **Bella Center Copenhagen**

Center Blvd. 5 2300 København S | Denmark Phone: +45 3252 8811

#### **CIRSE Secretariat**

#### **CIRSE Central Office**

Neutorgasse 9
1010 Vienna | Austria

Phone: +43 1 904 2003 | Fax: +43 1 904 2003-30

Email: info@cirse.org

#### **Exhibition Management**

#### MAW

Bettina Kreiner, Dominik Udolf

Phone: +43 1 536 63-35, -64 | Fax: +43 1 535 6016

Email: cirse@media.co.at

#### **Accommodation**

#### **Kuoni Congress**

Contact: Ms. Iris Koraqe Amager Strandvej 60-64 2300 Copenhagen | Denmark Phone: +45 2597 4465

Email: cirse2017@ch.kuoni.com

#### **CME Credit Allowance**

An application will be made to the EACCME® for CME accreditation of CIRSE 2017.

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The CIRSE 2017 event guide will be available in August 2017









#### **Congress Registration**

#### Register before June 8, 2017 and benefit from reduced early bird registration fees!

Online registration (secured payment) for **CIRSE 2017** and **IDEAS 2017** will be available on www.cirse.org. Please note that your registration must be submitted and all fees paid by the respective deadlines. Incomplete registrations (not containing full name and address) cannot be processed.

#### Registration fees for CIRSE 2017 (€)

#### Early Bird Fee Until June 8, 2017

Congress Registration	€ 895	
CIRSE Member	€ 595	
Resident* (CIRSE Member)	€ 285	
Resident* (Non-Member)	€ 345	
Nurse/Radiographer* (CIRSE Member)	€ 205	
Nurse/Radiographer* (Non-Member)	€ 315	
Undergraduate Medical European Student**	€ 0	

- \* to be accompanied by the Confirmation Form, signed by the head of department.
- \*\* for undergraduate medical European students. Students' registrations must be accompanied by a certificate or letter from their university, confirming their undergraduate medical student status, by a copy of a valid ID and a one-page CV.

#### After June 8, 2017

Congress Registration	€ 1095
CIRSE Member	€ 795
Resident* (CIRSE Member)	€ 490
Resident* (Non-Member)	€ 575
Nurse/Radiographer* (CIRSE Member)	€ 455
Nurse/Radiographer* (Non-Member)	€ 565
Undergraduate Medical European Student**	€ 0

#### Your registration fee includes

- access to CIRSE 2017 and IDEAS 2017 The Interdisciplinary Endovascular Aortic Symposium (www.aorticideas.org)
- access to the CIRSE 2017 Technical Exhibition, Satellite Symposia and industry sponsored Learning Centres
- one year access to all congress presentations through ESIRonline (www.esir.org), the educational platform for interventional radiology

Reduced registration fees are only available for members who have been in good standing during the years 2016 and 2017 (individuals who become CIRSE Members in 2017 will be able to benefit from reduced congress fees for the meeting in 2018).

#### Method of payment

Registration fees are to be paid in Euros (€) by:

- Bank Transfer or
- Credit Card (Visa or Mastercard)

#### **Cancellation of congress registration**

CIRSE offers all participants the possibility of taking out cancellation insurance with our partner, Europäische Reiseversicherung (see www.cirse.org). CIRSE will not provide refunds after a cancellation of registration. All requests for refund have to be issued to Europäische Reiseversicherung.

Name changes will be handled as a cancellation and new registration.

#### **Additional information**

All CIRSE 2017 registrants will be able to print out an invoice of the registration using their personal log-in details at www.cirse.org.

Invoices will be issued by: CIRSE Congress Research Education GmbH, Neutorgasse 9, 1010 Vienna, Austria

Further information on registration is available at www.cirse.org



Strong & continuous aspiration

Enrollment starting

in 2017

For further information visit our booth @CX 2017!

#### **Exhibitors**

The CIRSE Annual Scientific and postgraduate Educational Meeting has established itself as the leading gathering for all professionals devoted to the field of cardiovascular and interventional radiology in Europe. CIRSE 2016 saw an attendance of over 6,700 participants from 91 countries worldwide. More than 100 companies took the opportunity to promote their products.

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 2016 and looks forward to welcoming them again in Copenhagen for CIRSE 2017!

#### 2016 CIRSE Exhibitors

Aachen ResonanceEndovascular TodayPerouse MedicalAbbott VascularEurocorPharmaCeptALN Implants ChirurgicauxGE Healthcare TechnologiesPhilipsAndanza InternationalGEMQualiMed

AndramedGetinge GroupRenalGuard SolutionsAndraTecGore & AssociatesRF MedicalAngiodroidGuerbetShockWave Medical

AngioDynamics HS Hospital Service Siemens Healthcare

AprioMed Hyprevention SIR
Argon Medical Devices Imactis Siertex Medical

ArraVasc Imedicom St. Jude
Asahi Intecc Interventional News / BIBA Medical STARmed
Avinger Invamed Straub Medical
Bard iSYS Medizintechnik Surefire Medical

BardiSYS MedizintechnikSurefire MedicalBentley / JolineiVascularSurgical Specialtiesbiolitec biomedical technologyJJP HospitalariaTecres

Bioteque Jotec Teleflex Medical
Biotronik LINC 2017 TeraRecon
Bluegrass Vascular Technologies Lombard Medical Terumo
Bolton Medical MDL Tokai Medical

Boston Scientific Medcomp Toshiba Medical Systems
BTG Medtronic TU Delft

Cardionovum Merit Medical TVA Medical
CAScination Mermaid Medical UreSil
Contego Medical Micro-Tech Vascular Solutions

Control Medical TechnologyMIM SoftwareVeryan MedicalCook MedicalMöller MedicalVigeoCordisNeuWave MedicalWCIODAfMTOlympus Surgical TechnologiesWisepress

DAfMT Olympus Surgical Technologies Wisepress
ECO Microwave OptiMed Medizinische Instrumente Ziehm Imaging
Edizioni Minerva Medica Paiunk

Edizioni Minerva Medica Pajunk Elastrat Penumbra

#### **2016 Radiation Protection Pavilion Exhibitors**

3D Systems Healthcare Esprimed MDT
Amray EuroSafe Imaging Mentice

Bayer Medical Care GE Healthcare Technologies Radpad

BTG Mavig

#### Copenhagen Calls...

For CIRSE and IDEAS 2017, we will be heading north to Denmark's capital city, Copenhagen. Appropriately for the scene of our innovative congress, Copenhagen has ranked consistently high in the world's most innovative cities index, showcasing its potential for creation, implementation and communication of ideas. Always seeking for new and better methods to accomplish aims, Copenhagen is not only leading the way in developing the world's first carbon-neutral capital, but has also been the home of some fantastic scientists: August Krogh, the 1920 Nobel Prize winner for medicine, Johannes Fibiger, the first person to produce experimental proof of cancer being caused by external influence and, of course, Niels Bohr, the pioneering physicist. We hope that this compact yet significant location will serve as an ideal backdrop to deliver cutting-edge science from global IR experts.



Copenhagen Media Center

#### **Our Venue**

CIRSE 2017 will take place in the beautiful Bella Center, one of Scandinavia's largest conference and exhibition centres, providing plenty of room for a host of scientific sessions, the technical exhibition, society meetings and dynamic interaction. The Bella Center is centrally located in the new part of Copenhagen, Ørestad and has its own metro station on the M1 line, which is just a few stops away from the airport and about a ten-minute ride from the city centre. There are also many hotels and restaurants in the immediate vicinity.

#### **Getting There**

Copenhagen has an efficient infrastructure, which makes it easy to arrive by train, bus, ferry or airplane. Copenhagen Airport is situated only eight kilometres outside of Copenhagen city centre and is just a 15-minute metro journey to Kongens Nytorv or Nørreport in Copenhagen city centre. Taxis are available from terminal 1 or 3 and will take approximately 20 minutes to reach downtown Copenhagen for €33-40.



News\_Oresund@Flickr.com

#### **Discount Flights**

As in recent years, CIRSE has teamed up with the Star Alliance network to provide CIRSE 2017 participants with the best fares on their flights. Those booking with Star Alliance airlines can benefit from a discount of up to 20%.

For more information on these deals and participating airlines, visit <a href="https://www.cirse.org/flights">www.cirse.org/flights</a>, and be sure to mention the discount code **SK09S17** when booking.

#### **Getting Around**

Reliable and punctual, Copenhagen's driverless public transportation system is one of the best in the world. With a City Pass, all trains, metro and buses (including waterbuses) can be accessed with the same ticket, including travel from the airport.

CIRSE is also offering delegates a 70% discount on public transportation with the Copenhagen Travel Pass! A Travel Pass will provide unlimited use of the public transport during your stay in the city. You can find more information about this offer and purchase tickets by visiting <a href="https://www.cirse.org/travelpass">www.cirse.org/travelpass</a>.

You can also find directions and plan your trip around the city at <a href="https://www.journeyplanner.dk">www.journeyplanner.dk</a>.

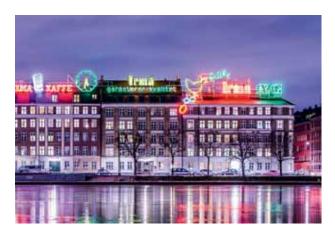




Stig\_Nygaard@Flickr.com

Copenhagen is also one of the most bicycle-friendly cities in the world, boasting 400 kilometres of cycle lanes not shared with cars or pedestrians, so if you are up for a spin, rent a City Bike, Bycyklen, to get around the city!

Learn more at www.bycyklen.dk



Copenhagen Media Center

#### Where to Stay

Our official travel partner Kuoni Destination Management will once again assist with all travel and accommodation needs. Take advantage of their new K-Book system to find a wide selection of hotels and the best available rates!



Copenhagen Media Center, Adam Mørk

#### **Creative Copenhagen**

Although Copenhagen is probably best known for being the last home of the legendary author of fairytales, Hans Christian Andersen, the city has a wealth of creative genius, including the ground-breaking Nordic dining which has sprung up in gourmet bistros and restaurants around the capital. With 16 Michelin starred restaurants which focus on local and seasonal produce, the distinct food scene in Copenhagen is not to be missed. Swing by Nyhavn to find some excellent spots to dine with a beautiful view of the old port, or try something new at the Copenhagen Street Food market on The Paper Island, which gained its name from its previous use as the industrial halls of the paper storage for the Danish Press. Food trucks fill this old warehouse along the harbour, with vendors featuring a wide array of creative culinary options. If you're looking for a little entertainment after dinner, head over to Tivoli Gardens for the largest selection of restaurants in Copenhagen; alongside the gardens there is an amusement park, and venues for theatre, dance and music.

Taking place in a location that is making waves throughout Europe, CIRSE 2017 promises to be a meeting not to be missed. We look forward to seeing you there!



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No matter where you are travelling from, the Star Alliance™ network offers you a wide choice of flights to CIRSE 2017 in Copenhagen, Denmark.

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#### **Accommodation**

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

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

Ms. Iris Koraqe

Amager Strandvej 60-64, 2300 Copenhagen, Denmark

Phone: +45 2597 4465 Email: cirse2017@ch.kuoni.com

# Online hotel reservation is for individual bookings and now available at www.cirse.org/accommodation

CIRSE supports compliance with ethical standards, and therefore emphasises that the participants shall bear any and all costs in this context themselves.

#### **Multiple Room Bookings:**

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

#### **CANCELLATION POLICY (Individual bookings)**

Individual hotel cancellation policies will be given at the time of booking.

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.

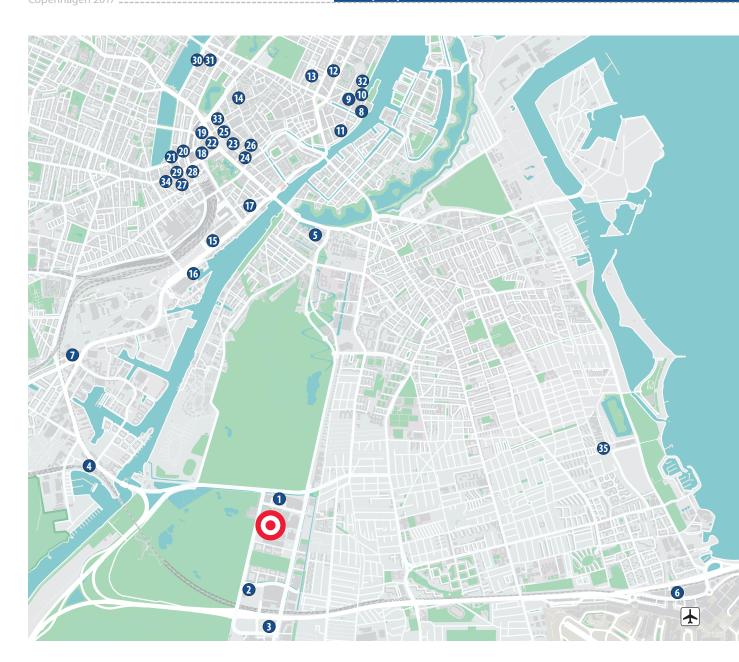
### **Hotel List CIRSE 2017 Copenhagen**

**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 cirse2017@ch.kuoni.com.

	Hotel Name	Category	Single Room (€)	Double Room (€)	Travel Time	Travel Time
					Public transport	Taxi
1	AC Bella Sky Copenhagen	4*	215	242	walking distance	walking distance
	Cab Inn Metro	2*	97	124	10 min.	3 min.
_	Crowne Plaza Towers	4*	215	242	10 min.	5 min.
_	First Hotel Copenhagen	4*	248	275	15 min.	10 min.
	Radisson Blu Scandinavia	4*	282	295	15 min.	10 min.
6	Hilton Copenhagen Airport	5*	295	295	20 min.	15 min.
	Scandic Sydhavnen	4*	194	208	20 min.	15 min.
	71 Nyhavn Hotel	4*	336	363	20 min.	20 min.
9	Hotel Skt Annæ	4*	242	255	20 min.	20 min.
10	Scandic Front	4*	223	237	20 min.	20 min.
11	Copenhagen Strand	3*	205	232	20 min.	20 min.
12	Phoenix Copenhagen	4*	232	259	20 min.	20 min.
13	Wakeup	2*	134	157	20 min.	20 min.
14	Skt Petri	4*	376	403	20 min.	20 min.
15	Tivoli Hotel	4*	228	255	25 min.	20 min.
16	Copenhagen Island	4*	222	249	25 min.	20 min.
17	Copenhagen Marriott Hotel	5*	276	303	25 min.	20 min.
18	Radisson Blu Royal	5*	376	390	25 min.	20 min.
19	Ascot Hotel	4*	242	255	25 min.	20 min.
20	Imperial Hotel	4*	215	242	25 min.	20 min.
21	Scandic Copenhagen	4*	219	232	25 min.	20 min.
22	The Square	4*	235	262	25 min.	20 min.
23	Scandic Palace	4*	228	242	25 min.	20 min.
24	Hotel Danmark	3*	179	202	25 min.	20 min.
	First Hotel Kong Frederik	4*	254	268	25 min.	20 min.
26	First Hotel Twentyseven	4*	268	268	25 min.	20 min.
27	First Hotel Mayfair	4*	254	254	25 min.	20 min.
	Grand Hotel	3*	195	222	25 min.	20 min.
	Scandic Webers	4*	202	N/A	25 min.	20 min.
30	Hotel Kong Arthur	4*	239	263	25 min.	20 min.
	Ibsens Hotel	3*	213	233	25 min.	20 min.
	Copenhagen Admiral	4*	299	299	25 min.	20 min.
	Hotel SP34	4*	194	221	30 min.	25 min.
	Comfort Vesterbro	3*	206	219	30 min.	25 min.
35	Park Inn Copenhagen Airport	3*	148	168	30 min.	15 min.

All Euro rates are on a per room, per night basis and are inclusive of breakfast and VAT. Rates are based on current Danish Krone (DKK) exchange rates and may vary at the time of booking.





# **Congress Centre**

- AC Bella Sky Copenhagen
- 2 Cab Inn Metro
- 3 Crowne Plaza Towers
- 4 First Hotel Copenhagen
- Radisson Blu Scandinavia
- 6 Hilton Copenhagen Airport
- Scandic Sydhavnen 8 71 Nyhavn Hotel
- 9 Hotel Skt Annæ
- Scandic Front
- Copenhagen Strand
- Phoenix Copenhagen

- Wakeup
- Skt Petri
- Tivoli Hotel
- 16 Copenhagen Island
- Topenhagen Marriott Hotel

- Copennagen Marriott
  Radisson Blu Royal
  Ascot Hotel
  Imperial Hotel
  Scandic Copenhagen
- The Square
- Scandic Palace
- 24 Hotel Danmark

- First Hotel Kong Frederik
- 7 First Hotel Twentyseven
- Tirst Hotel Mayfair
- Grand Hotel
- Scandic WebersHotel Kong ArthurIbsens Hotel
- Copenhagen Admiral
- 33 Hotel SP34
- Comfort Vesterbro
- 33 Park Inn Copenhagen Airport





The second second



