CIRSE Annual Congress Figures:

6,867 Participants
85 Countries
1,522 Abstracts
250 Hours of Education
131 Exhibitors
5,800 m² of Exhibition Space

www.cirse.org
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The CIRSE 2018 Preliminary Programme

If you have any queries or comments, please contact us at info@cirse.org
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Frank E. Vermassen (BE)
Dear Colleagues,

In September 2017, almost 10 years after we held the CIRSE Annual Meeting in Copenhagen, we returned for one of our most successful congresses yet. Our 32nd meeting was truly international: out of around 7,000 attendees, almost 20% came from the Asia-Pacific region and 13% of the attendees travelled from the Americas.

Alongside the return of 2016’s fantastic debuting sessions, Super Tuesday and News on Stage, we introduced the Successful Strategies in Interventional Radiology session, a four-part workshop which focused on the importance of clinical knowledge and entrepreneurial thinking. Another highlight was the Women in IR session, which worked to find solutions to the gender gap among interventional radiology practitioners. Expert Round Table and Expert Case Discussions once again provided an opportunity for dynamic debates and Hands-on Device Training sessions provided the vital practical learning.

The CIRSE and IDEAS Scientific Programme Committees have worked hard to combine cutting-edge science with innovative learning to produce an exciting educational programme.

Our Focus for 2018
A new addition will include the Clinical Evaluation Course, comprising eight different thematic sessions. Each session will include a multidisciplinary faculty looking at the diagnostic evaluation of the patient; interventional and non-interventional treatment options; state-of-the-art technology with regards to advanced image guidance and devices; as well as the required patient follow-up after treatment. We will also be introducing Video Learning sessions, which will feature video presentations in order to demonstrate the different technical aspects of specific interventions. Audience members will also have the opportunity to ask questions.

Endovascular topics will again make up a large part of the programme, including three distinct categories: arterial, venous and aortic interventions, the latter covered in the Interdisciplinary Endovascular Aortic Symposium (IDEAS), a popular parallel multidisciplinary programme which will run from Sunday to Tuesday for the fourth year and will include the IDEAS Industry Training Village. There will also be ample attention given to the latest key research in embolotherapy, including a Hot Topic Symposium on the clinical uses of embolisation in the trauma setting. Another Hot Topic Symposium will cover the use of transradial arterial access and its broad application in minimally invasive interventions.

Naturally, interventional oncology will also form a significant part of the scientific programme, particularly in our Focus Sessions and the aforementioned Clinical Evaluation Course, with sessions on liver tumours, lung metastases and kidney cancer. The neurointerventions track will continue its focus on stroke therapy, providing useful information and tailor-made education for vascular interventional radiologists who would like to start or already provide an endovascular stroke service in their centres. The non-vascular track will cover an expansive array of topics, including biliary, the lymphatic system, MSK, pain management and paediatric interventions.

Some sessions in the Scientific Programme (marked with an icon) will be EBIR-endorsed in order to facilitate preparation for the exam.

We are delighted to be welcoming the Sociedade Brasileira de Radiologia Intervencionista e Cirurgia Endovascular (SoBRICE) and the Sociedad Iberoamericana de Intervencionismo (SIDI), two important IR societies from Latin America, for our popular “CIRSE meets …” session.

In consideration of increasingly limited hospital leave time, CIRSE 2018 will conclude on Tuesday evening instead of Wednesday at noon. There will, nonetheless, be the same amount of educational hours in this optimised scientific programme, resulting in more parallel sessions.

Empowering the Next Generation
As part of our drive to support young IRs, we have widened the eligibility criteria for Junior Membership to include everyone who has completed their undergraduate training within the last eight years and is currently enrolled in postgraduate training. Furthermore, we offered free registration to all Junior Members who submitted a first or presenting author abstract to the conference, regardless of whether it is chosen for inclusion in the programme. There will again be many dedicated, educational sessions catering to our student attendees and Junior Members.

For CIRSE 2018, we will be returning to the Lisbon Congress Center, located on the River Tagus in the internationally connected Portuguese capital, which has excellent public transportation and a vibrant culture. There are also many hotels in the vicinity – find out more on page 69.

We are very much looking forward to welcoming you to Lisbon!
Excellence in Interventional Radiology

CIRSE Gold Medallists

2018  A.-M. Belli
2017  D. Vorwerk
2016  M.J. Lee
2015  J. Roesch
2014  J.H. Peregrin
2013  J.I. Bilbao
2012  P.R. Mueller
2011  J.A. Reekers
2010  F.S. Keller
2009  J. Lammer
2008  J.E. Abele, B. Cook
2007  A. Adam
2006  B.T. Katzen
2005  J.F. Reidy
2004  J.L. Struyven
2003  C.L. Zollikofer
2002  J.H. Göthlin, J.-J. Merland, E.P. Zeitler
2001  E. Boijsen, F. Olbert, F. Pinet
2000  P. Rossi
1999  A.M. Lunderquist
1998  D.J. Allison
1997  R.W. Günther

CIRSE Distinguished Fellows

2018  P.E. Andersen, G. Bartal, S. Trerotola
2017  Y. Arai, M. Bezzì, E.-P.K. Strecker
2016  P.A. Gaines, L.M. Kenny, M. Maynar
2014  M.D. Dake, J.G. Moss, D. Siablis
2013  J.B. Spies, B.S. Tan, P.R. Taylor
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. Hiramatsumi, F. Joffre, H. Uchida
2002  C. L’Hermine, J.-M. Rius, M.R. Dean
2001  J.-M. Bigot, J. Edgren
2000  J.-C. Gaux, L. Horváth
1999  U. Tylén
1998  A.R. Essinger
1997  J.H. Göthlin, J.L. Struyven
1996  M.J. Amiel, P. Rossi
1995  U. Erikson
1994  D.J. Allison
1993  E.P. Zeitler
1992  I.P. Enge, A.M. Lunderquist, F. Olbert
1991  A. Pinet, F. Pinet
1990  A. Baert, L. Di Guglielmo, G. Van Andel

Gruentzig Lecture

2018  M.J. Lee
2017  O. Akhan
2016  J. Lammer
2015  G. Soulez
2014  P.L. Pereira
2013  A. Holden
2012  A. Gangi
2011  J.G. Moss
2010  D. Vorwerk
2009  R. Lencioni
2008  C. Becker
2007  J.C. Palmaz
2006  L. Solbiati
2005  A.C. Roberts
2004  E.-P.K. Strecker
2003  K.R. Thomson
2002  P.A. Gaines
2001  B.T. Katzen
2000  J.L. Struyven
1999  S. Wallace
1998  R.W. Günther
1997  P. Rossi
1996  J. Roesch
1995  D.J. Allison
1994  E.P. Zeitler

Roesch Lecture

2018  A. Krajina
2017  N. Goldberg
2016  T. de Baère
2015  J.A. Reekers
2014  F.C. Carnevale
2013  M. Bezzi
2012  D. Pavčnik
2011  M. Szczero-Trojanowska
2010  J.I. Bilbao
2009  M.D. Dake
2008  J.A. Kaufman
2007  K. Ivancev
2006  P. Rossi
2005  H.P. Rousseau
2004  F.S. Keller
2003  J. Roesch

Award of Excellence and Innovation in IR

2017  H. Henkes, MRCLEAN Trialists, repr. by W.H. van Zwam
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 2017, the R.W. Günther Foundation honoured Prof. Hans Henkes, for the invention of the Solitaire™ stent retriever and the MR CLEAN trialists, represented by Dr. Wim H. van Zwam, for their randomised controlled trial on endovascular treatment for acute ischaemic stroke.

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 2018.

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 €6,000.

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 11, 2018 to scientific@cirse.org. For more information, please visit the CIRSE website.
Anna-Maria Belli
Gold Medallist
2018
Gold Medallist
Anna-Maria Belli

Anna-Maria Belli was born and educated in Swansea, Wales, before studying medicine at the Middlesex Hospital in London and graduating in 1980. She then trained in radiology at St. George’s Hospital in London, during which, she also completed an Interventional Fellowship. From 1987-1990, she worked as a Senior Lecturer and Consultant Radiologist at the University of Sheffield/Royal Hallamshire Hospital. Following that, she worked for two years at the Royal Postgraduate Medical School/Hammersmith Hospital in London before returning to the St. George’s Hospital and Medical School in 1992, where she worked as a Consultant Radiologist until becoming a professor of interventional radiology in 2008. Since then, she has held the position of Professor of Interventional Radiology at St. George’s.

Throughout her academic career, Prof. Belli has taken particular interest in vascular interventional radiology. Her research interests over the years have included endovascular treatment of peripheral arterial disease including the role of lasers, mechanical and atherectomy devices, vascular malformations, uterine fibroids and all causes of massive haemorrhage, with a particular focus on trauma and obstetric haemorrhage. She has made substantial contributions to the field of IR, which, thus far, have included over 160 peer-reviewed publications, three books, numerous book chapters and presentations at invited lectures. She has served on the editorial board of several journals in radiology, including Vascular Journal, CardioVascular and Interventional Radiology, The British Journal of Radiology, European Radiology and Radiology Now.

Alongside her clinical and scientific workload, she is also active in committees and societies at a national and international level. Prof. Belli was the first (and so far only) female President of the British Society of Interventional Radiology from 2001-2003 and served as the first female president of the Cardiovascular and Interventional Radiological Society of Europe from 2013-2015. Throughout her time at CIRSE, she has worked in every role of the Executive Board and has been a fundamental source of inspiration for women IRs through her active leadership role. She has introduced new features in the CIRSE Annual Meeting, most notably the Women in IR session, which began at CIRSE 2017. She also led the Task Force which developed the IR Curriculum and Syllabus: a standardised guideline for training that covers an array of general IR topics and safety concepts with which a well-trained IR should be familiar.

She has served on the Interventional Procedures Advisory Committee of NICE and on the Committee of Safety of Devices of the Medicines and Healthcare Regulatory Authority (MHRA). She was also a member of the NICE Clinical Guidelines Group on heavy menstrual bleeding.

Prof. Belli is an honorary member of the Deutsche Gesellschaft für Interventionelle Radiologie und Minimal-Invasive Therapie (DeGIR), the Seldinger Society of Sweden and the Société Française de Radiologie. She gave the BSIR Wattie Fletcher Lecture in 2013 and was awarded their Gold Medal in 2015.

Outside of work and time spent with family, Anna-Maria Belli enjoys clay pigeon and pheasant shooting.
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Distinguished Fellow

Poul Erik Andersen

Poul Erik Andersen was born in 1948 in Odense, Denmark, and, throughout his fruitful career, has continued to work there to this day and is regarded as a pioneer in the field of vascular interventional radiology in Denmark. Dr. Andersen received his medical degree from the University of Southern Denmark (USD) in Odense in 1974. In 1979, he worked as a Lecturer at USD in Anatomy and Radiology before becoming Chief Radiologist and Consultant of the Department of Radiology, Chest and Cardiovascular/Interventional Section at the Odense University Hospital in 1983. Starting in 1985, he served as Associate Professor at the Institute of Radiology of USD, and, in 1987, he earned his Ph.D from USD. In 1996, he became Head of Research for the Center of Radiology at the Clinical Institute of USD, and since 2011, he has worked there as the Clinical Professor of Radiology. His appointment with Odense University Hospital has lasted for more than 40 years.

Dr. Andersen has played a huge role in the innovation of IR techniques and development of the field in Denmark. In 1984, he introduced percutaneous transluminal angioplasty on peripheral arteries at Odense University Hospital before introducing renal percutaneous angioplasty in 1985 and percutaneous angioplasty of coronary arteries in 1986. He introduced the use of peripheral vascular stents in 1991 and, in 1992, he used the first coronary stent in Denmark followed by the first carotid stent implantation in Scandinavia in 1996.

In recent years, Poul Erik Andersen’s research has been focused particularly on embolisation. He has introduced several different embolisation techniques in Odense, Denmark, such as detachable silicone balloons, coils, microcoils, detachable coils and vascular plugs. He has also been a leader in the treatment of uterine fibroids in Denmark through the use of uterine artery embolisation and also performs many other embolisation procedures for conditions including gastrointestinal bleeding, bleeding from trauma, haemoptysis and in tumours.

As a leading radiologist in Denmark, Dr. Andersen has received numerous awards from the Danish Society of Radiology, the Danish Heart Association, the James Polack’s Foundation, the Disabled Foundation and Lundbeck’s Foundation.

He is a member of the Danish Society of Radiology and the Danish Society of Interventional Radiology (DFIR) and served as Chairman of the DFIR 2002-2006 and 2013-2017. He has been a member of CIRSE since 1994 and has served as the Local Meeting Chairperson for the CIRSE Annual Congress in 2008 and 2017.

He has published more than 150 peer-reviewed and PubMed indexed publications and is the author of the radiological textbook Chest Radiology and several book chapters, and the editor of two radiological textbooks Musculoskeletal Radiology and Basic Radiology. He has served as a peer reviewer for a number of scientific journals and has presented more than 140 papers and lectures as an invited speaker at Danish, Nordic, European and international scientific meetings.

Outside of interventional radiology, his interests include mid- and long-distance running, stamp collecting, building model trains and cars, and renovating his holiday cottage.
Distinguished Fellow

Gabriel Bartal

Gabriel Bartal began his career by studying medicine at the Tel-Aviv University from 1975-1978. He was drawn to medicine due to his interest in human biology and his desire to search for new frontiers to facilitate change and help those most in need. Following medical school, he served in the Israel Defence Forces as a physician, where he was introduced to interventional radiology by a senior colleague. With completion of his service in 1984, he began a residency in Radiology at the Tel Aviv Medical Center, learning and performing image-guided interventions on daily basis. In 1989, he completed his Specialisation in Diagnostic Radiology and then went on to complete his Research and Clinical Fellowship in Interventional Radiology at the Hammersmith Hospital Royal Postgraduate Medical School in London, where he was mentored by Professor David Allison and Professor Andy Adam. Since 1992, he has been practicing interventional radiology at the Tel Aviv Medical Center and has served as a lecturer in interventional radiology at Tel Aviv University Postgraduate Medical School. In 1994, Dr. Bartal was appointed as Chairman of the Department of Radiology at Hillel Yaffe Medical Center in Hadera and was the only interventional radiologist serving a large population. Since 1995, he has worked as a lecturer of students for clerkship, first at Rappaport Medical School in Haifa until 2005, when he began lecturing at the Sackler School of Medicine in Tel Aviv. Additionally since 2005, he has been the Director of the Department of Medical Imaging and Interventional Radiology at the Meir Medical Center in Kfar Saba, Israel.

Dr. Bartal has served as a reviewer for such journals as JVIR, CVIR, Academic Radiology, American Journal of Roentgenology, Journal of Endovascular Therapy and Computer Methods and Programs in Biomedicine. He is a President of the Israeli Society of Interventional Radiology (ILSIR) and is also a member of the Israel Medical Association, the European Society of Radiology (ESR), and is a Fellow of both CIRSE and the North American Society of Interventional Radiology (SIR).

Dr. Bartal has numerous research interests beyond interventional radiology, amongst which are radiation protection of patients and personnel, medical simulation with 3D printing and information technologies and PACS. He is involved in several committees, including the European Working Group for Management in Radiology, the CIRSE Radiation Protection Subcommittee, and the Israeli National Professional Commission on Radiation Control (INPCRC). He also serves as the Chairman of the National Committee for the Protection of Patients and Personnel from Medical Exposure.

He has delivered 35 plenary invited talks and taken part in over 30 workshops, highlighting important developments in interventional radiology, including medical simulators in IR and endovascular simulation and robotics. Dr. Bartal has travelled around the world giving invited talks on special topics, from experimental work in IR to paediatric interventions to cognitive computing and IOT. He has presented over 150 scientific abstracts and posters at major national and international conferences as well as published 35 peer-reviewed papers.

Outside of his work in the medical field, Dr. Bartal enjoys reading, especially poetry in Russian, English and Hebrew. He also takes pleasure in the arts, music and sports, such as swimming and trekking in nature.

CIRSE Opening and Awards Ceremony

Gabriel Bartal will be awarded on

Saturday, September 22, 14:30-16:00
Scott O. Trerotola is the Stanley Baum Professor of Radiology and Professor of Radiology in Surgery at the University of Pennsylvania School of Medicine in Philadelphia, where he also serves as Associate Chair and Chief of Interventional Radiology as well as Vice Chair for Quality and Safety.

Dr. Trerotola pursues research in haemodialysis and venous access, IVC filters and PAVM embolotherapy, among other topics. He holds eight patents on devices for interventional procedures. Dr. Trerotola was a member of the original Dialysis Outcomes Quality Initiative Clinical Practice Guidelines for Vascular Access, a document which has shaped haemodialysis access care for the last generation. He has developed multiple techniques that have become widespread in IR, including balloon-assisted placement of large bore gastrostomy, ultra-high pressure angioplasty, forceps removal of inferior vena caval filters and backbleeding treatment for arterial emboli during dialysis declotting, to name but a few.

Dr. Trerotola is a strong advocate of research in IR and evidence-based practice, an increasingly important focus as health care reform develops. Among his more than 250 research and educational publications are multiple prospective randomised trials. He has also mentored over 50 medical students and 35 residents in research publications.

Dr. Trerotola has been a CIRSE Member since 1998, initially as a Corresponding Member and, since 2002, as a Fellow. He has served as abstract reviewer for the CIRSE Annual Meeting and served on the Editorial Board of CardioVascular and Interventional Radiology (CVIR) from 1999-2017. He continues to review manuscripts for CVIR, as he’s done for over 20 years now.

Dr. Trerotola has received tremendous recognition for his achievements, including awards for teaching, distinction in reviewing and acknowledgement for his efforts in patient advocacy. He regularly appears on lists of the Best Doctors in America and Best Doctors in Philadelphia. In 2010, he received the Louis Duhring Outstanding Clinical Specialist Award from his institution, reflecting peer recognition of the strong clinical drive now ingrained in IR. In 2015, he received the Alfred Stengel Health System Champion Award from his institution for his efforts in system-wide coordination of patient quality and safety. He has given invited lectures worldwide, including the inaugural Man-Chung Han lecture to the Korean Society of Cardiovascular and Interventional Radiology, and, in 2016, he gave the Society of Interventional Radiology’s Dotter Lecture.

CIRSE Opening and Awards Ceremony
Scott O. Trerotola will be awarded on
Saturday, September 22, 14:30-16:00
Michael J. Lee graduated from medical school at University College Dublin in 1982 and completed three years of medical training, culminating in passing the boards in internal medicine in 1985. He successfully entered the Irish radiology training programme in 1985 and completed training in 1989. Certification of training was achieved by taking and passing the radiology boards in both Ireland (FFR RCPI) and the UK (FRCR). During his radiology training, he also completed an M.Sc. in Radiological Sciences, and published his first IR paper on lower limb angioplasty in the *Irish Journal of Medical Science* in 1988.

He completed fellowship training at the Massachusetts General Hospital in Boston from 1989 to 1991, and was promoted to staff for a further four years and as Assistant Professor at Harvard. He became very interested in research at MGH, publishing widely in the fields of IR and abdominal imaging. He returned to Ireland in 1995 as Professor of Radiology at the Medical School of the Royal College of Surgeons in Ireland and was appointed as Consultant Interventional Radiologist at Beaumont Hospital in Dublin.

Prof. Lee has held positions in many national and international societies. He was one of the original founders and first president of the Irish Society of Interventional Radiology, and has been president of the International Society of Hepato-Biliary and Pancreatic Diseases. He has held many positions in CIRSE, including the presidency from 2011-2013. He is also the secretary of the IR division at UEMS. He is on the editorial board of many journals, including CVIR, and is the European editor of *Seminars in Interventional Radiology*. He is a Fellow of both CIRSE and SIR and obtained the EBIR in 2010. He is an honorary fellow of the Chinese Society of Interventional Radiology (CSIR), the Interventional Radiology Society of Australasia (IRSA), the Hellenic Society of IR and the Czech Society of IR. During his tenure with CIRSE, he was instrumental in bringing the patient safety agenda into focus for the IR community, brought dedicated educationalist experience to the EBIR, and negotiated the acceptance of the EBIR and IR curriculum with both IRSA and RANZCR in Australia and New Zealand.

He has published widely on interventional radiology topics, with over 250 peer-reviewed publications and 80 chapters and reviews. He also co-edited the textbook *Interventional Radiology: The Requisites*, now in its second edition, and is series co-editor for six books on *Techniques in Interventional Radiology*.

His research interests are many and include endovascular intervention for peripheral arterial disease, foot perfusion studies pre- and post-angioplasty for BTK lesions, subintimal angioplasty, embolisation procedures to control haemorrhage, patient safety, enteral nutrition, IVC filters and venous thrombectomy for ilio-femoral DVT. He has received recognition for his research from RSNA, BSIR, ESGAR and CIRSE with differing awards. He received the Prix de l’APERR (l’Association pour l’Etude et la Recherche en Radiologie) in 1986. He also received the Editor’s Medal for the best paper published in *Clinical Radiology* in 2008. He recently received the Gold Medal from CIRSE and the Gold Medal from the British Society of Interventional Radiology (BSIR).

He has given over 200 lectures all over the world on IR techniques and was chosen to give the eponymous Wattle Fletcher Lecture at BSIR and the Tesla Lecture at RCR. He has also introduced an eight-hour IR teaching curriculum into the RCSi Medical School four years ago. He recently published a book for medical students entitled *Interventional Radiology for Medical Students*, believing that early exposure to IR in medical school is vital to the continued vitality of IR. He is also a strong believer in clinical practice for IR.

**Andreas Gruentzig Lecture**
**Darwin and Osler on the good ship IR sailing to Byzantium**

**Sunday, September 23, 14:30-15:00**
Antonín Krajina is currently Professor of Radiology and Chair of the Department of Radiology at the Charles University Hospital in Hradec Králové, Czech Republic. He earned his medical degree in 1983, and completed his radiology residency under the leadership of Prof. Leo Steinhart at the Charles University Hospital in 1991. In 1989, after the Velvet Revolution in Czechoslovakia, he strove to train in interventional radiology outside his country to continue his experimental work on portal hypertension. In 1992, he completed his fellowship in interventional radiology under the supervision of Dr. Josef Roesch and Dr. Frederick S. Keller in the Charles Dotter Institute in Portland, Oregon. After this, he returned home and started to implement new techniques in interventional radiology at his hospital.

His research has covered diverse aspects of vascular and interventional radiology. He received research grants on stents for TIPS, endovascular embolisation of intracranial aneurysms and CO2 angiography in the early 90s. He also cooperated on experimental development of the first stent grafts in the middle of 1990. Together with Dr. Petr Hulek, hepatologist, he introduced TIPS into clinical practice in Czechoslovakia in 1992.

As a professor of radiology he has been involved in undergraduate and postgraduate teaching. He has mentored many students, assisting with twelve Ph.D. programmes and working with international visiting fellows from Eastern Europe and Asia in the last 23 years.

He has edited 4 textbooks and written a Czech textbook on angiography. In addition to this, he is an author of 19 book chapters on vascular interventional and neurointerventional radiology and has published 230 scientific papers. Dr. Krajina is also a reviewer for 10 international scientific journals, and works as a committee member for national interventional radiology and radiology societies.

He has been a Member of CIRSE since 1995, and, in 1999, he became a CIRSE Fellow. He served as a member of the CIRSE Programme Planning Committee from 2014-2017, and he was the Head of Oral Exams of EBIR from 2013-2015. He is a member of the ESIRonline Programme Committee and has been a member of the CIRSE Stroke Therapy Task Force since 2015. He was also an Editorial Board Member of CVIR from 2009 to 2017.

Apart from his work with CIRSE, he is also involved as a member of the ESMINT Committee and is a co-founder of the Mid-Eastern Neurointerventional Club (MENC), which held its 13th annual meeting in Prague in 2017.

He is married to Jana, and they have two daughters and two grandsons. He likes astronomy and thinks that we, the human race, should keep our planet, this island of life, as long as possible.
Preliminary Faculty

as per printing date – subject to change

Almeida, P.A.M.S.  Viseu/PT
Andersen, P.E.  * Odense/DK
Anselmetti, G.C.
Arar, Y.
Argirò, R.
Baek, J.H.  * Seoul/KR
Bagla, S.
Bale, R.
Bargellini, I.
Barnacle, A.M.
Barto, G.
Bau, R.
Beasley, R.E.
Belli, A.-M.
Benenati, J.F.
Bérczi, V.  *
Berlis, A.
Bian, M.  *
Bicknell, C.D.
Bilbao, J.I.  * Pamplona/ES
Brennan, J.A.
Brodman, M.
Brountzos, E.  *
Bryant, T.J.
Buecker, A.  *
Buy, X.
Cahill, A.M.
Cannavale, A.  *
Cantwell, C.  *
Caridi, J.G.
Carnevale, F.C.
Carrafiello, G.  *
Castriota, F.
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Cazzato, R.L.
Cejna, M.  *
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Cioni, R.
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Cleveland, T.J.
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Colletti, F.
Costa, N.V.
Croce, L.  *
Cruz Vásquez, L.A.
Dake, M.D.
Darcy, M.D.

Das, R.  *
Das, M.
de Baëre, T.  *
de Graaf, R.
de Gregorio, M.A.  *
de Haan, M.W.  *
de Menezes, M.R.
de Vries, J.P.P.M.
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Deloose, K.
Denys, A.  *
Deschamps, F.  *

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Osuga, K. 
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<tr>
<td>* EBIR Diploma holders</td>
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<td>European Board of Interventional Radiology</td>
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</table>
CIRSE is delighted to welcome our Group Members at the 2018 Annual Congress and looks forward to continued fruitful collaboration to advance interventional radiology worldwide.

### EUROPEAN GROUP MEMBERS

<table>
<thead>
<tr>
<th>Society Abbreviation</th>
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<tbody>
<tr>
<td>ÖGiR</td>
<td>Austrian Society of Interventional Radiology</td>
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<td>BSR</td>
<td>IR Section of the Belgian Society of Radiology</td>
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<td>BSIR</td>
<td>British Society of Interventional Radiology</td>
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<td>sIRcro</td>
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<td>FSIR</td>
<td>Finnish Society of Interventional Radiology</td>
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<tr>
<td>SFR-FRI</td>
<td>French Society of Radiology – Federation of Interventional Radiology</td>
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<tr>
<td>DeGIR</td>
<td>German Society of Interventional Radiology and Minimally-Invasive Therapy</td>
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<td>HSIR</td>
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<td>IESIR</td>
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<td>ICIR</td>
<td>Italian College of Interventional Radiology</td>
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<td>LAIR</td>
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<td>Slovakian Society of Vascular and Interventional Radiology</td>
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### INTERNATIONAL GROUP MEMBERS

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<td>IRSA</td>
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<td>SoBRICE</td>
<td>Brazilian Society of Interventional Radiology and Endovascular Surgery</td>
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<td>CIRA</td>
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<td>GACIR</td>
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<td>SRSCVIR</td>
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<tr>
<td>SIDI</td>
<td>Sociedad Iberoamericana de Intervencionismo</td>
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Cardiovascular and Interventional Radiological Society of Europe
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.

Case-based Discussions
The case-based 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.

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 2018, CIRSE’s guests will be SIDI and SOBRICE.
For the detailed programme, please refer to page 33.

Clinical Evaluation Sessions
This new session type offers a step-by-step guide through the disease management of different maladies. These clinical-focused training sessions will include multidisciplinary teams made up of the essential experts who design a patient’s care pathway and offer the best therapeutic measures. The sessions will analyse themes from a diagnostic point of view, including pros and cons of different therapy options, considerations before, during and after the procedure, possible complications and the follow-up of the patient.

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 will consist of two teams who will compete against each other. The teams will be given cases to diagnose and suggest treatment. One of the principle aims of the film panel is to demonstrate the approach an expert takes towards the solution of a diagnostic/therapeutic problem. This will be undertaken in an entertaining fashion and is not to be missed. The process will be a team effort.

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.

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.

Focus Sessions
Focus 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.

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 coordinators, 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 coordinators at the end of each session, allowing participants time to ask questions and give feedback.
For the detailed programme, please refer to pages 37-41.

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.

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.
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.

News on Stage
The aim of this session format is to allow physicians to showcase 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 half-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. For the detailed programme, please refer to page 41.

Video Learning Sessions
This is a new type at the CIRSE annual meeting and will feature stand-alone video presentations of interventions with the purpose of teaching the technique of an IR treatment and providing a brief overview of indication and results. The aim is to demonstrate the technical aspects of the specific intervention in the best possible way and to give the audience the possibility to ask questions.

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, allowing you to easily recognise your topics of interest.

IR MANAGEMENT
As patient management becomes increasingly important for the future of interventional radiology, practical insights and solutions to these concerns are essential to address, which is why CIRSE continues to place high importance on the topics covered within the Annual Meeting’s IR Management track.

This year, sessions will touch on a wide array of clinical care topics, including anaesthesia, clinical practice in interventional oncology and the new European Basic Safety Standards Directive in radiation protection. An Expert Round Table will cover tips and strategies on promoting an IR service, while a Focus Session will highlight the key points every IR should know about research and clinical trials.

ARTERIAL INTERVENTIONS
The Arterial track has proved to be a vital portion of the Annual Meetings, and, at CIRSE 2018, you can expect a number of cutting-edge themes to be investigated with experts in the field.

This year, Fundamental Courses and Controversy Sessions will offer lively discussions on topics such as treating flexible vessels and beating calcium with atherectomy, lithoplasty and stents. A Hot Topic Symposium and corresponding Workshop will address transradial access, including its history, rationale and an insightful pro and con debate about its value. Case-based Discussions will cover challenging cases of chronic total occlusion and mesenteric ischaemia.
**INTERVENTIONAL ONCOLOGY**

As minimally invasive cancer care continues to rapidly develop new techniques and expand on current research, interventional oncology has quickly become an exciting cornerstone of the CIRSE Annual Meeting. This year’s programme will showcase the broad spectrum of topics which IO covers.

Three Expert Round Table sessions will discuss spinal ablation in metastatic patients, the role of local tumour treatment in oligometastatic disease and colorectal liver metastases. Three Clinical Evaluation Courses will address the IO topics of HCC, lung metastases and kidney tumours. Workshops will cover challenging liver tumours and cholangiocarcinoma and neuroendocrine liver metastases, and Hands-on Device Trainings will be split into four distinct sections examining different techniques for tumour ablation.

**NON-VASCULAR INTERVENTIONS**

Serving as an important component of every interventional radiologist’s arsenal, non-vascular procedures have continued to grow with time. At CIRSE 2018, many of these will be discussed in Focus Sessions, Fundamental Courses and an Expert Round Table.

This year’s non-vascular track will span a variety of topics, offering sessions on biliary intervention, lymphatic intervention and paediatric intervention. There will also be coverage on skeletal interventions, including a vertebral augmentation Hands-on Device Training. Workshops on urinary tract interventions and lung biopsy will provide extensive knowledge on these procedures. In addition, this year will also include a comprehensive Clinical Evaluation Course on osteoporosis and vertebral fractures.

**NEUROINTERVENTIONS**

To harness the ongoing acquisition of exciting data on intra-arterial thrombectomy (IAT) for the treatment of acute ischaemic stroke, the Annual Meeting has endeavoured to cover all aspects of endovascular stroke therapy, from diagnosis to treatment to follow-up.

At CIRSE 2018, there will be Special Sessions on the current status of intra-arterial therapy and how to establish an endovascular stroke service. Furthermore, an Expert Round Table will cover training and education for interventionalists who want to gain more experience in this area. For practical learning, there will be a Workshop with tricks and tips and a Clinical Evaluation Course called Essentials in IAT.

**EMBOLISATION**

Embolotherapies are staples in every interventionalist’s toolbox. As such, the full range of treatment will be covered at CIRSE 2018. Embolisation for trauma will be the subject of a Hot Topic Symposium, bringing experts together to discuss various techniques used for splenic, liver, pelvic fracture and renal embolisation. There will also be Case-based Discussions on pancreatic, visceral, lung and peripheral aneurysms, and a Clinical Evaluation Course on prostate artery embolisation.

Women’s health will be covered with a Fundamental Course on postpartum haemorrhage and a Workshop on uterine artery embolisation. Delegates can learn more about new developments such as embolisation for multi-goiter thyroid and obesity, and devices in a Focus Session and Hands-on Device Training Sessions, respectively.

**AORTIC INTERVENTIONS**

The Interdisciplinary Endovascular Aortic Symposium (IDEAS) offers a multidisciplinary platform for all physicians involved in aortic interventions. CIRSE delegates can attend the various lectures, debates and workshops, including the Industry Training Village.

Ample attention will once again be given to patient selection, techniques and evidence for a range of endovascular techniques, with a Hot Topic Symposium on the challenges of endovascular repair, as well as various Focus Sessions and Workshops on popular topics. Audience interaction will again be central to IDEAS, as demonstrated in the numerous Case-based Discussion, Expert Round Table and Controversy Sessions. The *bad day in the angiosuite* Sessions will be a particular highlight for those wanting to learn more about complication management.

**VENOUS INTERVENTIONS**

Since becoming a dedicated track in 2015, Venous Interventions have become a mainstay of the CIRSE programme, educating delegates on how to better manage patients with venous disease.

Focus Sessions will address venous thrombo-embolic disease, while an Expert Round Table will cover portal hypertension. For strengthening and developing practical techniques, delegates may find it useful to attend a Workshop or a Hands-on Device Training session on central line and ports, venous sampling and venous access. Venous intervention will also be a topic of the CIRSE meets... Session with la Sociedad Iberoamericana de Intervencionismo (SIDI).
Scientific Programme

22 Clinical Evaluation Courses
23 Hot Topic Symposia
24 Arterial Interventions
26 Aortic Interventions – IDEAS
28 Venous Interventions
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30 IR Management
33 CIRSE meets SIDI/SOBRICE
35 Women in IR
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As IR continues to expand its impact on the future of medicine, it is vital that interventionalists truly be involved in each step of a patient’s treatment pathway across all realms of IR and IO. This is why CIRSE’s Scientific Programme Committee, headed by Fabrizio Fanelli and Thomas Kroencke, has developed a new session type designed to offer a step-by-step guide through the disease management of a variety of different maladies. This new feature is called Clinical Evaluation Courses.

These clinical-focused training sessions will include multidisciplinary teams made up of the essential experts who design a patient’s care pathway and offer the best diagnostic-therapeutic measures. The sessions will be discussions analysing themes from a diagnostic point of view, including pros and cons of different therapeutic options, considerations before, during and after the procedure, possible complications and, of course, the follow-up of the patient.

These courses will cover topics significant for daily IR practice, including interventional oncology, arterial interventions, embolisation, and non-vascular and neurointerventions.

Interventional oncology
Three sessions have been set aside for oncology and will cover the topics of hepatocellular carcinoma, lung metastases and kidney tumours.

The HCC course will take a detailed look at the latest pharmacological treatments available today and the integration of these with interventional techniques. A hepatologist, a surgeon, a diagnostic radiologist and three IRs will discuss their respective points of view on this disease as well as the diagnosis and treatment options each speciality can offer.

The lung metastases course will bring together three IRs, a pulmonologist, an oncologist and a surgeon to discuss ablative and surgical options, local treatment referral and which patients need biopsy before treatment.

The course on kidney tumours will invite a diagnostic radiologist, three IRs and two surgeons to discuss diagnosis and guidelines for renal cell carcinoma, active surveillance, surgical and ablative therapies and follow-up imaging. For the programme, please refer to CEC 302 on page 44, CEC 1803 on page 52 and CEC 2603 on page 57.

Arterial interventions
The arterial CEC will be on femoropopliteal disease in claudicants. Patients with femoropopliteal pathology have a highly complicated condition due to their youth and often long life expectancy. This session will have two vascular surgeons, three IRs and one interventional cardiologist attending to address clinical evaluation, best medical therapy and risk factors, supervised exercise therapy, indications and outcomes of bypass and endovascular procedures, follow-up management and medical treatment as well as the new CIRSE guidelines. For the programme, please refer to CEC 1401 on page 49.

Embolisation
One of the Embolisation CEC courses will cover the increasingly popular theme of prostate artery embolisation, including coverage of the imaging and treatment plan, clinical overview, anatomy and technique, image guidance, surgical outcome and follow-up. The session will allow for an open discussion among specialists to better evaluate the pros and cons of different techniques. This course will welcome one surgeon and five IRs.

In the second course, an anaesthesiologist, three IRs, a surgeon and an emergency doctor will broach the topic of the management of the poly-traumatised patient. This topic can be controversial due to the many professionals involved and the activity that must be supervised. A patient management algorithm will be addressed along with patient selection, IR techniques for trauma management, best intervention timing, complications, damage control surgery, and results and outcome predictors. For the programme, please refer to CEC 1004 on page 48 and CEC 3004 on page 60.

Non-vascular
This CEC session will deal with the treatment of osteoporosis and vertebral fractures and will be discussed in detail by a radiologist, a rheumatologist and four IRs. Percutaneous treatment is well-established as a principal therapeutic option used in these ailments, but further topics discussed will include imaging work-up, patient selection for IR, indications and intervention timing, augmentation, medical treatment and complications risks after osteoporotic vertebral fractures. Collaboration between orthopaedic physicians, interventional neuroradiologists and IRs will be another interesting theme. For the programme, please refer to CEC 604 on page 45.

Neurointerventions
The Neurointerventions CEC will address the essentials in intra-arterial treatment (IAT), including clinical diagnosis, patient selection, adjusting selection based on the DAWN trial, techniques for IAT of the anterior and posterior circulation, and follow-up management and long-term results. This session will be extremely interesting not only for those who want to begin work with this technique but also for experts looking for the latest information. With two neurologists, one radiologist, and three neurointerventionalists, this is bound to be an interesting session! For the programme, please refer to CEC 2203 on page 54.
**Hot Topic Symposium Sessions at the Annual Meetings focus on cutting-edge topics in the world of minimally invasive image-guided procedures. Four experts present on different topics, followed by an on-stage discussion. This year transradial access and embolisation for trauma will be the topics of the two Hot Topic Symposia.**

**Transradial Access**

Transradial access offers several benefits vis-à-vis transfemoral access, such as its low complication rate with bleeding, pseudoaneurysm and haematoma formation at less than 2%. Another significant advantage is quick ambulation of the patient post-procedure, making it a particularly attractive approach for elderly patients and patients who due to their condition should not remain static for too long and who after femoral catheterisation would have to keep their leg immobilised for 4-6 hours. Ambulation and subsequent earlier discharge from the hospital significantly improve the quality of life, making it more popular with patients. However, due to the small size of the vessel and high risk of occlusion, the largest device which can be used is 6 Fr. Physicians should make sure to monitor the ulnar artery to avoid ischaemia of the hand.

Technical intricacies, the latest study results and its most important applications will be discussed in this not to be missed hot topic symposium, followed by a discussion of its pros and cons.

**Embolisation for Trauma**

Trauma continues to be the leading cause of death in the young population with uncontrolled bleeding leading to 30 to 40% of trauma-related deaths. Transcatheter embolisation techniques play a significant role in today’s treatment of traumatic vascular injuries, providing a minimally invasive, life-saving alternative to traditional trauma treatment. The controlled occlusion of vessels allows IRs to stop bleeding quickly and without damage to the surrounding tissue. Haemostasis is achieved by creating a mechanical occlusion and providing a framework for thrombus formation.

The first transcatheter embolisation was reported in 1972, utilising autologous clot as the embolic agent. Nowadays, multiple devices are available such as pushable and detachable coils, liquid agents, gelfoam, particles and plugs. In this Hot Topic Symposium several experts will discuss the particularities of embolisation according to the site of the haemorrhage, detailing techniques and the best materials to be used.

**Sunday, September 23, 15:00-16:00**

**HTS 1302 Transradial access**

1302.1 History and rationale for transradial access  
*P.M.M. Lopes (Porto/PT)*

1302.2 Transradial access for embolisation  
*D.K. Tsetis (Iraklion/GR)*

1302.3 Transradial access for PAD  
*D. Klass (Vancouver, BC/CA)*

1302.4 We should all move to transradial access  
*A. Buecker (Homburg/DE)*

1302.5 Transradial access is a waste of time and effort  
*E. Brountzos (Athens/GR)*

**Monday, September 24, 15:15-16:00**

**HTS 2102 Embolisation for trauma**

2102.1 Splenic embolisation  
*C. Scheurig-Muenkler (Augsburg/DE)*

2102.2 Liver embolisation  
*M. Citone (Florence/IT)*

2102.3 Pelvic fracture embolisation  
*D. Karnabatidis (Patras/GR)*

2102.4 Renal embolisation  
*G.P. Siskin (Albany, NY/US)*
As the occurrence of peripheral artery disease (PAD) increases, the desire to provide a minimally invasive alternative through endovascular procedures, especially in the elderly and multimorbid, has experienced a strong surge. From the critical limb ischaemia (CLI) patient dealing with complex multi-level disease to cases of severe calcification and chronic total occlusion, many different treatment options exist and these topics will be covered through a multidisciplinary approach at CIRSE 2018.

Delegates can look forward to a range of session types within the Arterial track, including Fundamental Courses and Controversy Sessions. Case-Based Discussions will also be featured, taking on various topics such as Mesenteric ischaemia and Challenging chronic occlusion.

Moving Forward with CLI

Critical limb ischaemia is the most severe expression of peripheral artery disease and is associated with a high rate of major amputation and mortality due to advanced peripheral arterial disease. The goals of treating patients with CLI not only include the prevention of limb loss but also to heal ulcers, relieve pain and improve quality of life. IRs have added a wide range of options to their arsenal in order to combat CLI. Whichever method is selected for the best treatment for the patient, it is essential that a multidisciplinary foot team is established to work against this disease. With good teamwork and ever-improving care possibilities, the ability to treat the diabetic foot patient has greater potential than ever before. In the Focus Session New frontiers in CLI, a variety of novel diagnostic and treatment options will be discussed, including perfusion angiography, stem cells and gene therapy, percutaneous deep vein arterialisation and new drug delivery technologies.

PAD with highly calcified vessels represents the most challenging condition for any endovascular treatment. In order to achieve a significant luminal gain and a prolonged patency rate, it is important that calcium be managed in the best way. The Controversy Session How to beat calcium will offer a pro and con debate on the best ways to beat calcified arteries, considering the options of atherectomy, lithoplasty, stents and combined treatment.

The Expert Round Table on DCB in lower limbs: updates and debates will delve deep into drug-coated balloons (DCBs). The questions of when DCBs should be used instead of stents and how atherectomy fits into today's practice will both be addressed.
Endovascular Masterclasses

In two Fundamental Sessions entitled Femoropopliteal endovascular masterclass and Infrapopliteal endovascular masterclass, key opinion leaders will discuss updates and insights on revascularisation procedures in the above-the-knee and below-the-knee territories. It is vital that interventional procedures be validated for safety and efficacy, but also that procedures and techniques are compared with each other in order to learn the best methods for treating patients. Numerous studies have shown that drug-eluting stents and drug-coated balloons result in higher patency rates and could therefore become the first-line treatment for preventing and treating restenosis. In both of these sessions, updates on randomised trials with drug-coated balloons and drug-eluting stents will be covered as well as challenges, current indications for use and potential new treatment options.

Monday, September 24, 10:00-11:00

FS 1801 Infrapopliteal endovascular masterclass

1801.1 Challenges for infrapopliteal vessel: anatomy, morphology, diabetes and angiosome
M. Manzi (Abano Terme/IT)
1801.2 Update on randomised trials with drug-coated balloons and drug-eluting stents
A. Cannavale (Glasgow/UK)
1801.3 Tissue perfusion monitoring to control angioplasty outcomes
S. Spiliopoulos (Athens/GR)
1801.4 Rationale and current indications for DCB in BTK
G. Goyault (Strasbourg/FR)

Tuesday, September 25, 10:00-11:00

FS 2601 Femoropopliteal endovascular masterclass

2601.1 Update on randomised trials with drug-coated balloons and drug-eluting stents
S. Müller-Hülsbeck (Flensburg/DE)
2601.2 Debulking atherectomy: why, when and how to do in the femoropopliteal artery
K. Katsanos (Patras/GR)
2601.3 New treatment options
A. Holden (Auckland/NZ)
2601.4 Evidence-based algorithm for good practice of femoropopliteal revascularisation
J. Kaufman (Portland, OR/US)
In 2015, CIRSE decided to harness the growing popularity and importance of aortic interventions by creating the Interdisciplinary Endovascular Aortic Symposium (IDEAS). The aim was to bring together surgeons and interventionalists working in this progressive and demanding field to discuss and consolidate their work in an annual meeting. The symposium thus far has been a roaring success: packed out rooms and intensive discussions are clear indicators of that.

For the last two years, delegates have enjoyed participating in the Industry Training Village, where they can get hands-on experience with the newest technologies in aortic interventions.

Among many interactive and dynamic sessions, IDEAS 2017 featured a Hot Topic Symposium called Aorta which saw four speakers give presentations on the 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. This was followed by a round-table session and active audience participation. In order to guide junior IRs through the fundamentals of EVAR and TEVAR, two case-based discussion workshops were also held during IDEAS 2017.

Hot Topic Symposium: Challenges in Endovascular Repair

At IDEAS 2018, a multidisciplinary selection of key opinion leaders will look at the challenges practitioners face when performing aortic endovascular repair. With talks on the benefits of virtual reality in EVAR, malperfusion in aortic dissection, achieving long-term durability in EVAR and FEVAR for pararenal AAA, this is surely one session not to be missed!

Tuesday, September 25, 14:30-15:30

HTS 2903 Challenges in endovascular repair

2903.1 Advances and benefits of virtual reality in endovascular repair
G.M. Richter (Stuttgart/DE)

2903.2 Endovascular treatment of malperfusion in aortic dissection
A. Chavan (Oldenburg/DE)

2903.3 How to achieve long-term durability in EVAR
B.T. Katzen (Miami, FL/US)

2903.4 Evolution towards 3x/4x-FEVAR in the treatment of pararenal AAA
E. Verhoeven (Nuremberg/DE)
Dissection and Controversy

Acute type B dissection continues to be associated with high mortality and morbidity rates. While it is largely accepted that medical treatment can suffice for many uncomplicated type B acute aortic dissection patients, complicated presentations (approx. 30% of presentations) entail complex decision-making. An Expert Round Table named Controversies in TBAD: complicated or not? will cover issues or challenges associated with Type B dissection. Dissection will, as such, be a recurrent theme at this year’s IDEAS, with a dedicated Focus Session covering evolving surgical strategies for Type A aortic dissection, malperfusion after proximal aortic repair, the role of TEVAR in complicated type B dissections, and treating uncomplicated type B aortic dissections.

In the useful Controversy Session, a surgeon and an interventionalist will each present their case on why they believe surgery or endovascular treatment is the right choice for three different topics. This year’s session, titled Hot debates in aortic interventions, will explore the best treatment options for juxtarenal aneurysms, management of uncomplicated Type B aortic dissection and how late ruptures can be prevented in EVAR. Other sessions not to be missed are the Expert Round Table Session Controversies in TAAA and Controversies in ruptured AAA: open or not?, during which complicated cases will be presented by an expert who will give advice on how mistakes and pitfalls can be avoided.

Tuesday, September 25, 16:15-17:15

Controversy Session

CS 3002 Hot debates in aortic interventions

3002.1 Open surgery better for juxtarenal aneurysms
S. Michelagnoli (Florence/IT)
3002.2 Endovascular repair better for juxtarenal aneurysms
A. Winterbottom (Cambridge/UK)
3002.3 Active endovascular management of uncomplicated TBAD
R.G. McWilliams (Liverpool/UK)
3002.4 Maximum conservative treatment in uncomplicated TBAD
I. Loftus (London/UK)
3002.5 The EVAR concept cannot prevent late failures from late ruptures
G.N. Kouvelos (Larissa/GR)
3002.6 Late failures can be avoided (proper case, device and technique selection)
A. Hyhlik-Dürr (Augsburg/DE)

Sunday, September 23, 16:15-17:15

Case-based Discussion

CBD 1402 A bad day in the angio suite (TEVAR)

1402.1 A.L. Nobre (Lisbon/PT)
1402.2 I. Loftus (London/UK)
1402.3 M.D. Dake (Stanford, CA/US)
1402.4 P. Gkoutzios (London/UK)

Monday, September 24, 14:30-15:30

Case-based Discussion

CBD 2103 A bad day in the angio suite (EVAR)

2103.1 L. Mendes Pedro (Lisbon/PT)
2103.2 E. Verhoeven (Nuremberg/DE)
2103.3 B.T. Katzen (Miami, FL/US)
2103.4 A.A. Chouiter (Neuchâtel/CH)

Complex endograft repair

Today more and more patients presenting with complex anatomy require an endovascular treatment for aortic diseases. In these cases, branched and fenestrated stent-grafts are a viable option. These techniques are, however, associated with a higher rate of complications such as renal insufficiency, spinal cord ischaemia and stroke. In some cases, due to the severity of the anatomical conditions like severe neck angulations, short or absent proximal neck, access problems and vessels tortuosity, a hybrid procedure can be carried out. These highly complex procedures require deep knowledge of imaging and techniques with very specific skills and training. The cooperation between surgeons, vascular surgeons, radiologists and interventionalists is thus extremely important in ensuring a successful repair and follow-up.

A Focus Session on thoracoabdominal aneurysms will cover the prevention on spinal cord ischaemia, as well as FEVAR, BEVAR and treating side brand occlusion. There will also be a Focus Session covering proximal neck issues, chimney technique, fenestrated grafts and new devices.

...the full programme is available at www.aorticideas.org
VENOUS INTERVENTIONS

In addition to the detrimental effects for patients, venous disorders present a large global economic burden. Prevention, therefore, is key in tackling these dangerous diseases. Until then, interventionalists will play an important role in treating and alleviating this tricky patient group. At CIRSE 2018, there will be an array of sessions focusing on new research and practical techniques for interventionalists working in venous interventions.

Venous thromboembolism (VTE) is a leading cause of death and disability worldwide, with around 10 million cases of VTE occurring annually. The Update in venous thrombo-embolic disease Focus Session at CIRSE 2018 will feature a presentation on the ATTRACT trial, which evaluated pharmacomechanical catheter-directed thrombolysis for deep vein thrombosis (DVT). Hands-On Device Training at CIRSE 2018 will offer delegates the chance to try out the newest technology in treatment for DVT.

DVT can lead to life-threatening pulmonary embolism (PE), which, if it occurs acutely, requires immediate medical attention. The treatment path commonly starts with anticoagulation, however, if contraindications arise, interventional measures are employed through IVC placement. Treatment of pulmonary embolism, as well as the associated complications central venous occlusions and chronic thrombo-embolic pulmonary hypertension, will also be covered in this Focus Session.

Sunday, September 23, 08:30-09:30

Focus Session
FS 905 Update in venous thrombo-embolic disease

905.1 Lessons learnt from the ATTRACT trial
R. de Graaf (Maastricht/NL)

905.2 Central venous occlusions
M. Guimaraes (Charleston, SC/US)

905.3 Pulmonary embolism
B.C. Meyer (Hannover/DE)

905.4 Chronic thrombo-embolic pulmonary hypertension
J.G. Caridi (New Orleans, LA/US)

Sunday, September 23, 09:30-11:00

Hands-on Device Training
VV-HDT 1 Varicose veins

Coordinators: J.M. Regi (Sheffield/UK), F. Veloso Gomes (Lisbon/PT)

Portal Hypertension

Interventional techniques have proved beneficial in the alleviation of problems associated with portal hypertension, such as ascites and variceal bleeding. The transjugular intrahepatic portosystemic shunt (TIPS) procedure has become a long-standing treatment in the management of variceal bleeding and refractory ascites. The TIPS procedure treats patients 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 re-bleeding 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. Join us at the Expert Round Table Session on portal hypertension where BRTO usage in Europe will be discussed and TIPS for the management of intractable ascites and variceal bleeding as well as more complex settings, such as Budd-Chiari syndrome.

Tuesday, September 25, 16:15-17:15

Expert Round Table
ERT 3003 Portal hypertension

3003.1 TIPS for intractable ascites
S. Kee (Los Angeles, CA/US)

3003.2 TIPS for variceal bleeding
A. Moelker (Rotterdam/NL)

3003.3 Treatment of Budd Chiari syndrome
M.D. Darcy (St. Louis, MO/US)

3003.4 Why is BRTO not taking off in Europe?
M. Rössle (Freiburg/DE)
When we consider the development of endovascular therapy for acute ischaemic stroke over the last ten years, there have certainly been ups and downs. After a series of disappointing results in 2013 on mechanical thrombectomy, it was the Multicenter Randomized Clinical Trial of Endovascular Treatment for Acute Ischemic Stroke in the Netherlands (MR CLEAN), published in 2015, which created a paradigm shift in treatment of the stroke patient. As the amount of dedicated stroke centres grow, more interventionalists are needed in this area. CIRSE is, therefore, offering many sessions which allow both beginners and experts to increase their knowledge. At CIRSE 2018, there will be a Clinical Evaluation Course, Focus Session, Expert Round Table and a Workshop which will focus on training, guidelines, techniques and clinical practice for endovascular stroke management.

New Results, Different Approaches

Organisational structure, training of staff, resources and patient selection are key factors to consider when it comes to setting up an endovascular stroke service. Regarding the latter, traditional prognostic factors for stroke treatment include time from symptom onset, patient age, comorbidities and the occlusion pattern but newer studies have thrown these into question, with imaging-based selection playing an important part.

Several imaging criteria like the ASPECT score, the collateral flow score, CT perfusion and MR diffusion or perfusion have been proposed as selection criteria for mechanical thrombectomy. Results from the DAWN (DWI or CTP Assessment with Clinical Mismatch in the Triage of Wake-Up and Late Presenting Strokes Undergoing Neurointervention with Trevo) trial showed that among patients with acute stroke who had last been known to be well 6 to 24 hours earlier and who had a mismatch between clinical deficit and infarct, outcomes for disability at 90 days were better with thrombectomy plus standard care than with standard care alone. Other trials have suggested that computed tomographic (CT) perfusion imaging, as well as the combination of diffusion and perfusion magnetic resonance imaging (MRI), can estimate the volume of irreversibly injured ischaemic tissue and the volume of brain tissue that is ischaemic but not yet infarcted.

More recently, the American DEFUSE 3 trial, published in the New England Journal of Medicine (NEJM) in January 2018, demonstrated that when using perfusion imaging as a selection criteria, endovascular thrombectomy for ischaemic stroke therapy up to 16 hours after a patient was last known to be well plus standard medical therapy resulted in better functional outcomes than with standard medical therapy alone. Thanks to such incremental results, IAT is making its way into broader clinical application and treatment guidelines.

We hope you can join us to discuss the bright future of endovascular stroke therapy!

Tuesday, September 25, 10:00-11:00

Expert Round Table

ERT 2605 IAT: training and implementation in practice

2605.1 How to accomplish a 24/7 service
A. Clifton (London/UK)

2605.2 European training guidelines for IAT
A. Krajina (Hradec Králové/CZ)

2605.3 IAT in Germany
T. Engelhorn (Erlangen/DE)

2605.4 IAT in the Netherlands
H. van Overhagen (The Hague/NL)

2605.5 Standards of practice
K.A. Hausegger (Klagenfurt/AT)
IN THE SPOTLIGHT

IR MANAGEMENT

Each year, CIRSE gathers experts who have established a solid standing in the management of their clinics to deliver presentations on the most relevant topics regarding IR and clinical practice. Last year’s core theme within this track brought together anaesthesiologists and IRs to discuss the importance of working together for the best results. This year, while once again offering a discussion on anaesthesia, the Clinical Management track will host a spread of sessions planned to provide insights on topics such as setting up and managing an IR service, performing clinical trials and research, and understanding radiation safety measures. In a special Focus Session, IO experts will also take a closer look at how to integrate interventional oncology into clinical practice.

The Clinical Side of IO

Interventional oncology is becoming a staple of IR, and it is vital that interventionalists are prepared to handle IO patients in a clinical setting. In order to provide the best patient care, full clinical involvement within a multidisciplinary team is essential. The Focus Session Interventional oncology and clinical practice will consider several of the ways that interventionalists can work together with other specialists to provide the ideal cancer treatment plan, whether by combining medical treatment, such as chemotherapy, with IO techniques, providing relief for cancer pain, or putting quality measures in place to ensure the best outcomes. Alongside the complete IO track, including the new Clinical Evaluation Courses (which you can read more about on page 22), this session is one that any interventionalist performing oncological treatments will want to attend.

Improving Your Clinical Service

As the services that IRs can provide continue to expand, it is important that interventionalists take action to become more involved throughout a patient’s entire treatment pathway. To do this, an organised structure and clear communication strategy must be established for patients to learn about IO treatments offered and connect with interventionalists. In this Expert Round Table, tips on the best methods for managing a clinic will be addressed, including practical advice on how to set up a webpage, running an outpatient clinic, managing inpatient beds and handling any potential turf battles.

Saturday, September 22, 08:30-09:30

FS 104 Interventional oncology and clinical practice

104.1 Cardio-oncology: prevention and management of cardiac dysfunction in cancer patients
K. Keramida (Athens/GR)

104.2 Combining chemotherapy with interventional oncology techniques
P.L. Pereira (Heilbronn/DE)

104.3 Nerve and epidural blocks for cancer pain
D.K. Filippiadis (Athens/GR)

104.4 The impact of quality assurance on cancer outcomes: why IASIOS is necessary
L.M. Kenny (Brisbane, QLD/AU)

Sunday, September 23, 11:30-12:30

ERT 1101 Promoting your IR service: what you need to know to succeed

1101.1 Online advertisement: setting up a webpage to be announced

1101.2 How to set up and run an outpatient clinic: in and outside the hospital
G.J. O’Sullivan (Galway/IE)

1101.3 How to set up and run your own inpatient beds
C.A. Binkert (Winterthur/CH)

1101.4 How to survive turf battles
R. Das (London/UK)
Come on in, we are OPEN!*

* We are CVIR Endovascular, an open access journal featuring the open peer-review model: an unbiased and transparent system which makes reviewer and author names visible to each other.

www.cvirendovascular.org
Clinical Procedure Training

ESIR stays abreast of new developments in IR with this hand-picked selection of hot topics and access to state-of-the-art technology. Taught by distinguished faculty members, these specially designed sessions are aimed at experienced participants who are already familiar with the topic’s theoretical aspects and the relevant literature. Alongside "tips and 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.

Mechanical Thrombectomy in Acute Ischaemic Stroke
Florence (IT), May 18-19, 2018
Local Hosts: F. Fanelli & S. Mangiafico
"Careggi" University Hospital

Prostate Embolisation
Milan (IT), June 14-15, 2018
Local Hosts: F.C. Carnevale & A.G. Rampoldi
AIMS Academy

Mastering Liquid Embolics
Zaragoza (ES), October 25-26, 2018
Local Hosts: M.A. de Gregorio & J. Urbano
CIBA Center

DEB & cTACE in Primary and Secondary Liver Cancer
Villejuif (FR), December 13-14, 2018
Local Host: T. de Baère
Institut Gustave Roussy

DVT/PE Thrombolysis and Thrombectomy
Dublin (IE), TBA
Local Hosts: M.J. Lee & G.J. O’Sullivan
Royal College of Surgeons in Ireland

For more information, please visit www.cirse.org/esir2018
CIRSE meets SIDI / SOBRICE

In recent years the "CIRSE meets..." sessions have become one of the programme’s highlights. We are happy to announce that in 2018 CIRSE will meet SIDI (Sociedad Iberoamericana de Intervencionismo) and SOBRICE (Sociedade Brasileira de Radiologia Intervencionista e Cirurgia Endovasular).

CIRSE meets SIDI

SIDI is a medical/scientific non-profit organisation whose goal is to foster and promote interventional radiology within Spanish-speaking countries.

Since being founded in 1994, it has grown to include more than 140 members, who are mainly focused on image-guided, minimally invasive procedures.

The organisation currently includes members from Latin America, Spain and Portugal, and the scope of action extends to several other countries in Europe and the USA.

The most significant activities that SIDI performs are:
• The organisation of scientific congresses, seminars and other activities
• The production and publication of the Spanish-language quarterly scientific journal Intervencionismo
• Calls for student grants to participate in medical internships in top-tier hospitals

CIRSE meets SOBRICE

The Brazilian Society of Interventional Radiology and Endovascular Surgery (SOBRICE), the interventional division of the Brazilian College of Radiology (CBR), was founded in 1997, aiming to promote IR care, education and research.

The society supports interventional radiology professionals and residents through scientific and educational meetings, political activities and promoting the implementation of high-quality quality of treatment and care available.

Every year SOBRICE organises a national congress that takes place in São Paulo, with lectures from renowned professionals all over the world, offering high-level scientific presentations that allow exchange of knowledge and experiences.

As a CIRSE Group Member, SOBRICE is honoured to contribute with this CIRSE meets SOBRICE session.

Sunday, September 23

10:00-11:00
CM 1006  CIRSE meets SIDI

Moderators: M.A. de Gregorio (Zaragoza/ES), R.A. Morgan (London/UK)

1006.1 Congenital portosystemic shunts: diagnosis and treatment options
S. Sierre (Buenos Aires/AR)
1006.2 Complications in uterine fibroid embolisation: how to prevent and solve them
G.M.L. Guerrero-Avendaño (Mexico City/MX)
1006.3 CHEVAR, FEVAR and T-Branch: the Latin American aorta’s puzzle
L.A. Cruz Vásquez (Medellín/CO)

Tuesday, September 25

11:30-12:30
CM 2706  CIRSE meets SOBRICE

Moderators: D. Giansante Abud (Ribeirão Preto/BR), R.A. Morgan (London/UK)

2706.1 What have we learned in 10 years of prostate artery embolisation
J.M. da Motta Leal Filho (São Paulo/BR)
2706.2 Does Vascular Lake Phenomenon indicate improved tumor response in DEB-TACE for HCC?
R.N. Cavalcante (São Paulo/BR)
2706.3 10 years experience with renal cancer thermoablation: lessons from the past and future perspectives
M.R. de Menezes (São Paulo/BR)
European Curriculum and Syllabus for Interventional Radiology

Second Edition

• Defining Interventional Radiology
• Enhancing Patient Care
• Pathway to the European Board of Interventional Radiology (EBIR)

Cardiovascular and Interventional Radiological Society of Europe
Women in IR

Despite the fact that women now form the majority of graduates from medical schools in Europe, only 10% of IRs are women.

This session first appeared in the CIRSE programme last year, with the goal of understanding some of the barriers to women entering IR and identifying potential ways to attract women and ensure the continued growth of our specialty.

Following on from last year’s successful session, this year’s session will continue to highlight issues important to the promotion of women in IR.

The aims of this session are:
1. Understanding whether lack of women in IR leadership roles has an adverse effect on recruitment of women to IR
2. Understanding why women may not consider leadership roles
3. Identifying strategies to promote women in IR

Saturday, September 22
11:30-12:30
Women in IR
WIR 305 The IR gender gap 2

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

305.1 Update of issues – where we are now!
A.-M. Belli (London/UK)
305.2 The importance of role models in IR
to be announced
305.3 The Imposter Syndrome
T.M. Wah (Leeds/UK)
305.4 EBIR
O.M. van Delden (Amsterdam/NL)
305.5 Women in IR – US approach
M. Kohi (San Francisco, CA/US)

Round Table
Panellists:
M. Kohi (San Francisco, CA/US),
O.M. van Delden (Amsterdam/NL),
T.M. Wah (Leeds/UK)

Summing up and action points
A.-M. Belli (London/UK)
Trainees, residents and young IRs at CIRSE 2018

Training to become an IR or at the start of your IR career?
Building on the success of previous years, CIRSE 2018 will offer IR trainees, residents and young IRs a number of special events and sessions hosted by CIRSE’s European Trainee Forum. These exciting events are great opportunities to boost your career by expanding your network and gaining new insights into the interventional radiology profession:

- **IR Trainee Session: Future IR technologies**  
  Saturday, September 22, 10:00-11:00

- **IR Trainee Session: Building an IR career**  
  Monday, September 24, 10:00-11:00

- **IR Trainee Session: Clinical know-how**  
  Tuesday, September 25, 10:00-11:00

**ETF Pavilion & Short talks**
The ETF Pavilion will be a dedicated area where trainees, residents and young IRs can mingle, listen to short talks, establish contacts with leading IR professionals and build their professional network.
Short talks will include: Grants and European mobility, IR training opportunities outside Europe as well as practical advice on the EBIR Exam.

**ETF Quiz**
The ETF Quiz is a fun opportunity for IRs-in-training to meet their peers from around Europe, show off their knowledge and compete for prizes. A must for everyone looking for a challenge!

Make sure not to miss the ETF programme for trainees, residents and young IRs at CIRSE 2018!
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 coordinators, 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 coordinators 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 22

CD-HDT 1 09:30-11:00
CD-HDT 2 12:30-14:00

Coordinators: S. Anthony (Oxford/UK), L. Marques (Flensburg/DE)

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 22

CLP-HDT 1 09:30-11:00
CLP-HDT 2 12:30-14:00

Coordinators: J.A. Guirola (Zaragoza/ES), R. Kasthuri (Glasgow/UK)
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.

Sunday, September 22

PMT-HDT 1 09:30-11:00
PMT-HDT 2 12:30-14:00

Coordinators: T. Jahnke (Neumünster/DE), D.K. Tsetis (Iraklion/GR)

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 23

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

Coordinators: M.C. Burgmans (Leiden/NL), V. Pedicini (Milan/IT)

Monday, September 24

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

Coordinators: I.J. McCafferty (Birmingham/UK), J. Urbano (Madrid/ES)

Tuesday, September 25

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

Coordinators: T.J. Kroencke (Augsburg/DE), A.G. Rampoldi (Milan/IT)
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 25

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

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

Tumour ablation

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

In order to stay up to date on these developments, this Hands-on Device Training will offer separate sessions to look at microwave ablation, radiofrequency ablation, cryobalation, laser ablation and image guidance.

Sunday, September 23

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

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

Monday, September 24

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

Coordinators: M. Bezzi (Rome/IT), M. Tsitskari (Athens/GR)

Tuesday, September 25

TA-HDT 5: Cryoablation and laser ablation  09:30-11:00

Coordinators: A.H. Mahnken (Marburg/DE), G. Tsoumakidou (Lausanne/CH)

Tuesday, September 25

TA-HDT 6: Image guidance  12:30-14:00

Coordinators: R. Bale (Innsbruck/AT), 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 24

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

Coordinators: P.N.M. Lohle (Tilburg/NL), K.E. Wilhelm (Bonn/DE)

Varicose veins

Varicose veins are a manifestation of chronic venous disease, which causes a significant impairment in quality of life for both men and women, physically and aesthetically. Recent developments in the endovascular treatment of saphenous vein reflux, which is the most common cause of varicose veins, led to a change in the treatment of varicose veins: from surgery to minimally invasive treatments, and from the OR to the office. Considering the increasing demand for treatment and growing involvement of interventional radiologists, it is essential to understand the timing of such interventions and acquire basic skills in the methodology.

This Hands-on Device Training, coordinated by two experienced IRs in the field, aims to provide an overview of the selection of devices available and different techniques.

Sunday, September 23

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

Coordinators: J.M. Regi (Sheffield/UK), F. Veloso Gomes (Lisbon/PT)
Simulation Training

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.

This popular series of training sessions comprises a half-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.

Pre-registration is required for all Simulation Training sessions at no extra cost and will be available in June.

Saturday, September 22

ST 1: Prostatic artery embolisation: basics, current role and future perspectives (advanced level) 08:30-13:00

Sunday, September 23

ST 2: Basic principles of peripheral arterial intervention (core level) 08:30-13:00

ST 3: Endovascular management of arterial complications (intermediate level) 08:30-13:00

ST 4: The basics of chemoembolisation for the liver (intermediate level) 08:30-13:00

Coordinators: R. Kickuth (Würzburg/DE), J.C. van den Berg (Lugano/CH)
Saturday, September 22

08:30-09:30  
**Fundamental Course**  
**FC 101** Dialysis fistulas  
101.1 Percutaneous fistula creations  
*R.G. Jones (Birmingham/UK)*  
101.2 Non-maturing fistulas  
*S.O. Trerotola (Philadelphia, PA/US)*  
101.3 Failing fistulas and thrombosed grafts  
*A.R. van Erkel (Leiden/NL)*  
101.4 Central venous occlusive disease: when and how to treat it  
*P.M. Kitrou (Patras/GR)*

08:30-09:30  
**Focus Session**  
**FS 102** Basic science in interventional oncology  
102.1 In vitro experiment  
*B. Guiu (Montferrier Sur Lez/FR)*  
102.2 In vivo experiment Lipiodol drug-eluting beads resorbable material: how to quantify the embolic effect drug elution  
*J. Namur (Jouy En Josas/FR)*  
102.3 In vivo experiment: animal model rabbit tumours; advantages and limitations  
*K. Osuga (Osaka/JP)*  
102.4 Are pets (cats and dogs) suitable translational animal models for preclinical research?  
*O. Pellerin (Paris/FR)*

08:30-09:30  
**Focus Session**  
**FS 103** IR in pulmonary bleeding  
103.1 Pre-procedural work-up and patient selection  
*A. Khalil (Paris/FR)*  
103.2 Bronchial arterial embolisation  
*J.A. Vos (Nieuwegein/NL)*  
103.3 Is there a role for IR in pulmonary tumour bleeding?  
*G. Gabbani (Florence/IT)*  
103.4 Treatment of pulmonary arteriovenous malformation  
*M. Cejna (Feldkirch/AT)*

08:30-09:30  
**Focus Session**  
**FS 104** Interventional oncology and clinical practice  
104.1 Cardio-oncology; prevention and management of cardiac dysfunction in cancer patients  
*K. Keramida (Athens/GR)*  
104.2 Combining chemotherapy with interventional oncology techniques  
*P.L. Pereira (Heilbronn/DE)*  
104.3 Nerve and epidural blocks for cancer pain  
*D.K. Filippiadis (Athens/GR)*  
104.4 The impact of quality assurance on cancer outcomes: why IASIOS is necessary  
*L.M. Kenny (Brisbane, QLD/AU)*

08:30-13:00  
**Simulation Training**  
**ST 1** Prostatic artery embolisation: basics, current role and future perspectives (advanced level)  
*Coordinators: R. Kickuth (Würzburg/DE), J.C. van den Berg (Lugano/CH)*

08:30-13:00  
**Hands-on Device Training**  
**CD-HDT 1** A closer look at closure devices  
*Coordinators: S. Anthony (Oxford/UK), L. Marques (Flensburg/DE)*

08:30-13:00  
**Hands-on Device Training**  
**CLP-HDT 1** Central lines and ports  
*Coordinators: J.A. Guirola (Zaragoza/ES), R. Kasthuri (Glasgow/ES)*
09:30-11:00

**Hands-on Device Training**

**PMT-HDT 1 Peripheral mechanical thrombectomy**

Coordinators: T. Jahnke (Neumünster/DE), D.K. Tsetis (Iraklion/GR)

10:00-11:00

**CS 201 How to treat flexible vessels**

201.1 Common femoral artery endovascular therapy
A. Diamantopoulos (London/UK)

201.2 Common femoral artery: atherectomy and alternative endovascular therapies
P. Drescher (Hartland, WI/US)

201.3 Common femoral artery endoarterectomy
M.J.W. Koolemay (Amsterdam/NL)

201.4 Popliteal artery endovascular therapy
B.T. Katzen (Miami, FL/US)

201.5 Popliteal artery: atherectomy and alternative endovascular therapy
J.C. van den Berg (Lugano/CH)

201.6 Popliteal artery bypass
K. Deloose (Dendermonde/BE)

10:00-11:00

**Focus Session**

**FS 203 Prostate artery embolisation for benign prostate hyperplasia**

203.1 Embolic agents and sizes: do they affect outcomes?
J. Golzarian (Minneapolis, MN/US)

203.2 Understanding outcomes: finding the best candidate for PAE
J.M. Pisco (Lisbon/PT)

203.3 Level of evidence: where we are in 2018
N. Hacking (Southampton/UK)

203.4 Future directions
M.R. Sapoval (Paris/FR)

10:00-11:00

**Expert Round Table**

**ERT 204 European Basic Safety Standards Directive**

204.1 Role of medical physics experts in interventional procedures
E.P. Elstatopoulous (Athens/GR)

204.2 Diagnostic reference levels in IR: benefit or a nuisance?
G. Bartal (Kfar-Saba/IL)

204.3 Dose optimisation: fine-tuning your angio suite and training your staff
G. Paulo (Coimbra/PT)

204.4 Dose reporting, dose limits and overexposure: what the IR needs to know
R.W.R. Loose (Nuremberg/DE)

**IR Trainee Session**

**IRT 205 Future IR technologies**

11:30-12:30

**Expert Round Table**

**ERT 301 Carotid artery stenting in the micromesh era**

301.1 Carotid artery stenting in 2018: is there still a role?
D. Vorwerk (Ingolstadt/DE)

301.2 Limitation of the "old generation stents" have been overcome
F. Castriota (Cotignola/IT)

301.3 New advancements in carotid artery stenting technology: impacting our daily practice?
R. Sachar (Raleigh, NC/US)

301.4 Role of carotid artery stenting in asymptomatic patients
A. Halliday (Oxford/UK)
11:30-12:30

**Clinical Evaluation Course**

### CEC 302 Hepatocellular carcinoma

- **302.1** New guidelines for HCC diagnosis  
  T.F. Jakobs (Munich/DE)
- **302.2** The hepatologist’s point of view  
  R. Tato Marinho (Lisbon/PT)
- **302.3** Ablative therapies  
  F. Orsi (Milan/IT)
- **302.4** Intra-arterial therapy  
  K. Malagari (Athens/GR)
- **302.5** Surgical option  
  to be announced
- **302.6** HCC: from resectable to chronic disease  
  L. Crocetti (Pisa/IT)

11:30-12:30

**Focus Session**

### FS 303 Arterial gastrointestinal embolisation

- **303.1** Pre-procedural work-up and patient selection  
  C. Cantwell (Dublin/IE)
- **303.2** Upper and lower GI bleeding: indication and technique  
  R. Cioni (Pisa/IT)
- **303.3** Strategies for chronic and intermittent acute GI bleeding  
  M. Szczesوك-Szczesęk-Trojanowska (Lublin/PL)
- **303.4** Results, complications and outcome predictors  
  P. Reimer (Karlsruhe/DE)

11:30-12:30

**Focus Session**

### FS 304 Lymphatic intervention

- **304.1** Anatomy and technique of lymphography  
  M. Itkin (Philadelphia, PA/US)
- **304.2** Thoracic lymphatic leaks  
  L. Tselikas (Villejuif/FR)
- **304.3** Abdominal and pelvic leaks  
  Z.J. Haskal (Charlottesville, VA/US)
- **304.4** Lymphatic malformation  
  W.A. Wohlgemuth (Halle/DE)

11:30-12:30

**Women in IR**

### WIR 305 The IR gender gap 2

- **305.1** Update of issues – where we are now  
  A.-M. Belli (London/UK)
- **305.2** The importance of role models in IR  
  to be announced
- **305.3** The Imposter Syndrome  
  T.M. Wah (Leeds/UK)
- **305.4** EBIR  
  O. van Delden (Amsterdam/NL)
- **305.5** Women in IR – US approach  
  M.P. Kohi (San Francisco, CA/US)
- **305.6** Round Table  
  O. van Delden, T.M. Wah, M.P. Kohi
- **305.7** 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

- **Coordinators:** S. Anthony (Oxford/UK), L. Marques (Flensburg/DE)

12:30-14:00

**Hands-on Device Training**

### CLP-HDT 2 Central lines and ports

- **Coordinators:** J.A. Guirola (Zaragoza/ES), R. Kasthuri (Glasgow/UK)

12:30-14:00

**Hands-on Device Training**

### PMT-HDT 2 Peripheral mechanical thrombectomy

- **Coordinators:** T. Jahnke (Neumünster/DE), D.K. Tsetis (Iraklion/GR)
13:00-14:00
Satellite Symposia

13:15-14:15
News on Stage

14:30-16:00
OP 500 Opening and Awards Ceremony

16:15-17:15
Focus Session

FS 603 IR before major liver surgery

603.1 Imaging and functional assessment of future liver remnant
E. Deshayes (Montpellier/FR)

603.2 Portal vein embolisation
D.C. Madoff (New York, NY/US)

603.3 Venous deprivation
B. Guiu (Montferrier Sur Lez/FR)

603.4 Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS): better than PVE?
E. Schadde (Zürich/CH)

16:15-17:15
Clinical Evaluation Course

CEC 604 Osteoporosis and vertebral fractures

604.1 Imaging work-up
A. Feydy (Paris/FR)

604.2 Which patient for IR?
N. Karunanithy (London/UK)

604.3 Percutaneous vertebroplasty
K.E. Wilhelm (Bonn/DE)

604.4 Augmentation
X. Buy (Bordeaux/FR)

604.5 Medical treatment
J. Paccou (Lille/FR)

604.6 Mortality and complication risks after osteoporotic vertebral fractures
A.D. Kelekis (Athens/GR)

16:15-17:15
Expert Round Table

ERT 602 Uterine artery embolisation

602.1 Durability after a decade of follow-up
J.G. Moss (Glasgow/UK)

602.2 Adenomyosis: UAE best alternative?
P.N.M. Lohle (Tilburg/NL)

602.3 Is UAE still contra-indicated for patients seeking fertility?
J.-P. Pelage (Caen/FR)

602.4 Why do women still get hysterectomy?
to be announced

16:15-17:15
Case-based Discussion

CBD 601 Mesenteric ischaemia

601.1 Acute bowel ischaemia
T.J. Kroencke (Augsburg/DE)

601.2 Chronic bowel ischaemia
J. Urbano (Madrid/ES)

601.3 Multiple vessels ischaemia
U.G. Rossi (Milan/IT)

601.4 Mesenteric ischaemia after endovascular aortic treatment
J.F. Benenati (Miami, FL/US)

16:15-17:15
Free Paper Sessions

16:15-17:15
Satellite Symposia

recommended for EBIR preparation
17:30-18:30
**Workshop**

WS 701 Diabetic foot and pedal access

701.1 A. Spinelli (Cagliari/IT)
701.2 T. Rand (Vienna/AT)

17:30-18:30
**Workshop**

WS 702 Venous sampling

702.1 R. Marcello (Rome/IT)
702.2 M.B. Matson (London/UK)

17:30-18:30
**Workshop**

WS 703 Challenging liver tumours

703.1 U. Pua (Singapore/SG)
703.2 R. Bale (Innsbruck/AT)
Sunday, September 23

08:30-09:30
**Focus Session**

**FS 901** New frontiers in critical limb ischaemia

- 901.1 Percutaneous deep vein arterialisation  
  S. Kum (Singapore/SG)
- 901.2 Stem cells and gene therapy  
  S. Sharma (Delhi/IN)
- 901.3 Perfusion angiography  
  J.A. Reekers (Amsterdam/NL)
- 901.4 Novel drug delivery technologies  
  R. Gandini (Rome/IT)

08:30-09:30
**Focus Session**

**FS 902** Proximal neck issues in EVAR

- 902.1 What is a bad neck?  
  R. Uberoi (Oxford/UK)
- 902.2 Chimneys  
  K.P. Donas (Münster/DE)
- 902.3 Fenestrated  
  A. Katsargyris (Nuremberg/DE)
- 902.4 EVAR with adjuncts  
  J.P.P.M. de Vries (Nieuwegein/NL)
- 902.5 Do new device developments help us?  
  A. Holden (Auckland/NZ)

08:30-09:30
**Focus Session**

**FS 903** Lessons from RCT studies in liver cancer

- 903.1 CLOCC trial  
  G. Carrafiello (Milan/IT)
- 903.2 SARAH trial  
  J.J. Bilbao (Pamplona/ES)
- 903.3 SIRFLOX and FOXFIRE trial  
  T.K. Helmerger (Munich/DE)
- 903.4 SORAMIC trial  
  R. Iezzi (Rome/IT)

08:30-09:30
**Focus Session**

**FS 904** Embolotherapy in urology

- 904.1 Embolisation of renal masses  
  B. Gebauer (Berlin/DE)
- 904.2 Bladder and prostate embolisation for haematuria  
  M. Grosso (Cuneo/IT)
- 904.3 The role of IR in high-flow and low-flow priapism  
  K.R. Kim (Chapel Hill, NC/US)
- 904.4 Spermatic vein embolisation  
  A.C. Roberts (La Jolla, CA/US)

08:30-09:30
**Focus Session**

**FS 905** Update in venous thrombo-embolic disease

- 905.1 Lessons learnt from the ATTRACTION trial  
  R. de Graaf (Maastricht/NL)
- 905.2 Central venous occlusions  
  M. Guimaraes (Charleston, SC/US)
- 905.3 Pulmonary embolism  
  B.C. Meyer (Hannover/DE)
- 905.4 Chronic thrombo-embolic pulmonary hypertension  
  J.G. Caridi (New Orleans, LA/US)

08:30-13:00
**Simulation Training**

**ST 2** Basic principles of peripheral arterial intervention (core level)

  Coordinators: R. Kickuth (Würzburg/DE),  
  J.C. van den Berg (Lugano/CH)

  ST 2.1 Group 1 (08:30-10:00)
  ST 2.2 Group 2 (09:30-11:00)
  ST 2.3 Group 3 (10:30-12:00)
  ST 2.4 Group 4 (11:30-13:00)

09:30-11:00
**Hands-on Device Training**

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

  Coordinators: M.C. Burgmans (Leiden/NL),  
  V. Pedicini (Rozzano/IT)

  09:30-11:00
  **Hands-on Device Training**

**TA-HDT 1** Tumour ablation – MWA

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

  09:30-11:00
  **Hands-on Device Training**

**VV-HDT 1** Varicose veins

  Coordinators: J.M. Regi (Sheffield/UK),  
  F. Veloso Gomes (Lisbon/PT)
10:00-11:00  
**Controversy Session**

**CS 1001** How to beat calcium

1001.1 Atherectomy: pro  
*M.K. Razavi (Orange, CA/US)*

1001.2 Atherectomy: con  
*T.J. Cleveland (Sheffield/UK)*

1001.3 Lithoplasty: pro  
*G. Tepe (Rosenheim/DE)*

1001.4 Lithoplasty: con  
*P. Krishnan (New York, NY/US)*

1001.5 Stents: pro  
*M.W. Mewissen (Milwaukee, WI/US)*

1001.6 Stents: con  
*M.J. Lee (Dublin/IE)*

10:00-11:00  
**Focus Session**

**FS 1002** Iliac issues in EVAR

1002.1 How to handle difficult access vessels  
*T. Hupp (Stuttgart/DE)*

1002.2 When to treat iliac aneurysms  
*J.F. Benenati (Miami, FL/US)*

1002.3 Durability of large iliac legs  
*M.P. Jenkins (London/UK)*

1002.4 Bilateral IBD: indication, technique and results  
*W. Ritter (Nuremberg/DE)*

1002.5 Limb occlusion: prevention and treatment  
*P. Geisbuesch (Heidelberg/DE)*

10:00-11:00  
**Fundamental Course**

**FC 1003** Musculoskeletal ablation

1003.1 Bone ablation in metastatic patients: current evidence  
*M. Muto (Naples/IT)*

1003.2 HIFU for MSK lesions in cancer patients: current evidence  
*A. Napoli (Rome/IT)*

1003.3 Effect of ablation and HIFU on bone strength and healing  
*S.M. Tutton (Milwaukee, WI/US)*

1003.4 Ablation of soft tissue tumours  
*J. Garnon (Strasbourg/FR)*

10:00-11:00  
**Clinical Evaluation Course**

**CEC 1004** Management of the poly-traumatised patient

1004.1 Patient management algorithm  
*A. Vari (Rome/IT)*

1004.2 Imaging work-up and patient selection for IR  
*E. Kashef (London/UK)*

1004.3 IR techniques for trauma management  
*M. Bezzi (Rome/IT)*

1004.4 Complications and management  
*C. Nice (Newcastle-upon-Tyne/UK)*

1004.5 Damage control surgery  
*C. Pilasi Menichetti (London/UK)*

1004.6 Results and outcome predictors  
*C. Dodt (Munich/DE)*

10:00-11:00  
**Expert Round Table**

**ERT 1005** Liver colorectal metastases

1005.1 Ablative and combined therapies  
*B. Gonçalves (Porto/PT)*

1005.2 Intra-arterial therapies  
*T. de Baère (Villejuif/FR)*

1005.3 Role of surgery  
*G.J. Poston (Liverpool/UK)*

1005.4 Systemic therapies  
*M. Fuchs (Munich/DE)*

10:00-11:00  
**CIRSE meets...**

**CM 1006** CIRSE meets SIDI

1006.1 Congenital portosystemic shunts: diagnosis and treatment options  
*S. Sierre (Buenos Aires/AR)*

1006.2 Complications in uterine fibroid embolisation: how to prevent and solve them  
*G.M.L. Guerrero-Avendaño (Mexico City/MX)*

1006.3 CHEVAR, FEVAR and T-Branch: the Latin American aorta's puzzle  
*L.A. Cruz Vásquez (Medellín/CO)*
11:30-12:30
Expert Round Table

ERT 1101 Promoting your IR service: what you need to know to succeed

1101.1 Online advertisement: setting up a webpage to be announced
G.J. O’Sullivan (Galway/IE)

1101.2 How to set up and run an outpatient clinic: in and outside the hospital
C.A. Binkert (Winterthur/CH)

1101.3 How to set up and run your own inpatient beds
R. Das (London/UK)

1101.4 How to survive turf battles

11:30-12:30
Satellite Symposia

12:30-14:00
Hands-on Device Training

EMT-HDT 2 Embolisation: materials and tools – coils & plugs
Coordinators: M.C. Burgmans (Leiden/NL), V. Pedicini (Rozzano/IT)

12:30-14:00
Hands-on Device Training

TA-HDT 2 Tumour ablation – MWA
Coordinators: L. Crocetti (Pisa/IT), J.L. del Cura Rodriguez (Bilbao/ES)

12:30-14:00
Hands-on Device Training

VV-HDT 2 Varicose veins
Coordinators: J.M. Regi (Sheffield/UK), F. Veloso Gomes (Lisbon/PT)

13:00-14:00
Satellite Symposia

13:15-14:15
News on Stage

14:30-16:00
Honorary Lecture / Hot Topic Symposium

HL 1301 Andreas Gruentzig Lecture

1301.1 Darwin and Osler on the good ship IR sailing to Byzantium
M.J. Lee (Dublin/IE)

15:00-16:00
Hot Topic Symposium

HTS 1302 Transradial access

1302.1 History and rationale for transradial access
P.M.M. Lopes (Porto/PT)

1302.2 Transradial access for embolisation
D.K. Tsetis (Iraklion/GR)

1302.3 Transradial access for PAD
D. Klass (Vancouver, BC/CA)

Debate:
1302.4 We should all move to transradial access
A. Buecker (Homburg/DE)

1302.5 Transradial access is a waste of time and effort
E. Brountzos (Athens/GR)

14:30-15:30
Satellite Symposia

16:15-17:15
Clinical Evaluation Course

CEC 1401 Femoropopliteal disease in claudicants

1401.1 Clinical evaluation and physical examination
C.S. Pena (Miami, FL/US)

1401.2 Best medical therapy and risk factors modification
J.H. Rundback (Teanack, NJ/US)

1401.3 Supervised exercise therapy
M.J.W. Koelemay (Amsterdam/NL)

1401.4 Indications and outcome of endovascular procedures
C. Del Giudice (Paris/FR)

1401.5 Is bypass indicated in claudication?
S. Michelagnoli (Florence/IT)

1401.6 Follow-up management and medical treatment
J. Tacke (Passau/DE)

16:15-17:15
Case-based Discussion

CBD 1402 A bad day in the angio suite (TEVAR)

1402.1 A.L. Nobre (Lisbon/PT)

1402.2 I. Loftus (London/UK)

1402.3 M.D. Dake (Stanford, CA/US)

1402.4 P. Gkoutzios (London/UK)
Sunday, September 23

16:15-17:15
**Case-based Discussion**

**Arterial gastrointestinal bleeding**

1403.1 Upper GI bleeding  
*D. Sze* (Stanford, CA/US)

1403.2 Lower GI bleeding  
*G. Maleux* (Leuven/BE)

1403.3 Intermittent GI bleeding  
*G.S. Goh* (Melbourne, VIC/AU)

1403.4 Recurrent GI bleeding  
*E.M. Walser* (Galveston, TX/US)

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

**The role of local tumour treatment in oligometastatic disease**

1404.1 Systemic therapy: when is it appropriate?  
*M. Lacerda* (Lisbon/PT)

1404.2 The role of surgery: when cure is unlikely to be announced

1404.3 Interventional radiology in patients with oligometastases  
*C.T. Sofocleous* (New York, NY/US)

1404.4 SABR and conventional radiotherapy: which modality when?  
*K.-H. Kahl* (Augsburg/DE)

16:15-17:15
**Fundamental Course**

**Interventional pain management**

1405.1 Disc and facet joints  
*S. Marcia* (Cagliari/IT)

1405.2 Neurolysis in cancer patients  
*A.G. Ryan* (Waterford City/IE)

1405.3 Palliative ablation and consolidation  
*F. Deschamps* (Villejuif/FR)

1405.4 Embolisation in osteoarthritis  
*Y. Okuno* (Tokyo/JP)

16:15-17:15
**Satellite Symposia**

16:15-17:15
**Amazing Interventions**

Coordinator: C.A. Binkert (Winterthur/CH)
Monday, September 24

08:30-09:30
**Fundamental Course**

**FC 1701 Upper extremity arterial disease**

1701.1 Treatment of subclavian and innominate atherosclerotic disease
R. Lakshminarayan (Hull/UK)

1701.2 Atherosclerotic diseases, axillary artery and beyond
H.I. Manninen (Kuopio/FI)

1701.3 Treatment options for arteritis and vasculitis
V. Bérczi (Budapest/HU)

1701.4 Acute upper limb ischaemia
M. Schoder (Vienna/AT)

08:30-09:30
**Focus Session**

**FS 1704 Arteriovenous malformation**

1704.1 Diagnosis and classification
P. Hoage (Wuppertal/DE)

1704.2 IR techniques for high-flow AVM
W.S. Rilling (Milwaukee, WI/US)

1704.3 IR techniques for low-flow AVM
G. Legiehn (Vancouver, BC/CA)

1704.4 Complications and outcomes
G. Soulez (Montreal, QC/CA)

08:30-09:30
**Focus Session**

**FS 1705 Paediatric intervention: a primer**

1705.1 Venous access
A.M. Cahill (Philadelphia, PA/US)

1705.2 Gastrointestinal intervention
R. Gnannt (Toronto, ON/CA)

1705.3 Hepatobiliary disease
K.P. van Lienden (Amsterdam/NL)

1705.4 Urinary tract intervention
A.M. Barnacle (London/UK)

08:30-13:00
**Simulation Training**

**ST 3 Endovascular management of arterial complications** (intermediate level)

**Coordinators:** R. Kickuth (Würzburg/DE), J.C. van den Berg (Lugano/CH)

ST 3.1 Group 1 (08:30-10:00)
ST 3.2 Group 2 (09:30-11:00)
ST 3.3 Group 3 (10:30-12:00)
ST 3.4 Group 4 (11:30-13:00)

09:30-11:00
**Hands-on Device Training**

**EMT-HDT 3 Embolisation: materials and tools – liquid agents**

**Coordinators:** I.J. McCafferty (Birmingham/UK), J. Urbano (Madrid/ES)
09:30-11:00
Hands-on Device Training

**TA-HDT 3**
Tumour ablation – RFA

*Coordinators: M. Bezzi (Rome/IT), M. Tsitskari (Athens/GR)*

09:30-11:00
Hands-on Device Training

**VA-HDT 1**
Vertebral augmentation

*Coordinators: P.N.M. Lohle (Tilburg/NL), K.E. Wilhelm (Bonn/DE)*

10:00-11:00
Focus Session

**FS 1801**
Infrapopliteal endovascular masterclass

1801.1 Challenges for infrapopliteal vessel: anatomy, morphology, diabetes and angiosome

*M.G. Manzi (Abano Terme/IT)*

1801.2 Update on randomised trials with drug-coated balloons and drug-eluting stents

*A. Cannavale (Glasgow/UK)*

1801.3 Tissue perfusion monitoring to control angioplasty outcomes

*S. Spiliopoulos (Athens/GR)*

1801.4 Rationale and current indications for DCB in BTK

*G. Goyault (Strasbourg/FR)*

10:00-11:00
Focus Session

**FS 1802**
Outcome and follow-up for EVAR

1802.1 Late failures: fact or pure statistics?

*R.M. Greenhalgh (London/UK)*

1802.2 Imaging strategies

*H. Rousseau (Toulouse/FR)*

1802.3 What is new in endoleak management?

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

1802.4 Late conversions: indication and mortality

*G.N. Kouvelos (Larissa/GR)*

1802.5 Neck dilatation and migration

*N.V. Dias (Malmö/SE)*

10:00-11:00
Clinical Evaluation Course

**CEC 1803**
Lung metastases

1803.1 Who needs biopsy before treatment?

*J. Ricke (Munich/DE)*

1803.2 When to refer a patient to local treatment to be announced

1803.3 SBRT

*R. Sharma (London/UK)*

1803.4 Surgical option

*D.J. Heineman (Amsterdam/NL)*

1803.5 Ablative therapies

*J. Palussière (Bordeaux/FR)*

1803.6 Follow-up imaging

*D.A. Woodrum (Rochester, MN/US)*

10:00-11:00
Controversy Session

**CS 1804**
Prostate artery embolisation

1804.1 CTA is better than CBCT for guidance: Pro

*T. Bilhim (Lisbon/PT)*

1804.2 CTA is better than CBCT for guidance: Con

*S. Bagla (Alexandria, VA/US)*

1804.3 PAE is better than TURP: Pro

*F.C. Carnevale (São Paulo/BR)*

1804.4 PAE is better than TURP: Con

*L.C. Pinheiro (Lisbon/PT)*

1804.5 PAE ready for wide-spread adoption: Pro

*I. Insauti Gorbea (Pamplona/ES)*

1804.6 PAE ready for wide-spread adoption: Con

*J.B. Spies (Washington, DC/US)*

10:00-11:00
Expert Round Table

**ERT 1805**
Biliary disease

1805.1 Endoscopic retrograde cholangiopancreatography

*H.-U. Laasch (Manchester/UK)*

1805.2 Endoscopic ultrasound to be announced

1805.3 Percutaneous transhepatic biliary drainage

*T. Sabharwal (London/UK)*

1805.4 Combined procedures

*P.A.M.S. Almeida (Viseu/PT)*
10:00-11:00  
**IR Trainee Session**  
**IRT 1806**  
Building an IR career

11:30-12:30  
**Expert Round Table**  
**ERT 1901**  
Exercise joint horizon: anaesthesia and IR in a common battlefield  
1901.1 Managing IR anaesthesia needs without anaesthesiologists: mission impossible or not too distant future?  
A.H. Mahnken (Marburg/DE)  
1901.2 Sharing skills: anaesthesia-supervised, IR-managed moderate sedation for IR procedures to be announced  
1901.3 IR and non-operating-room-anaesthesia in the age of value-based healthcare  
F. Orsi (Milan/IT)  
1901.4 Interventional pain management by IRs: no-man’s-land or indigenous territory?  
A. Gangi (Strasbourg/FR)

11:30-12:30  
**Satellite Symposia**

13:00-14:00  
**Satellite Symposia**

13:15-14:15  
**News on Stage**

14:30-15:15  
**FIQ 2101**  
Film Interpretation Quiz  
Coordinators: I.J. McCafferty (Birmingham/UK), O.M. van Delden (Amsterdam/NL)

15:15-16:00  
**Hot Topic Symposium**

14:30-15:30  
**HTS 2102**  
Embolisation for trauma  
2102.1 Splenic embolisation  
C. Scheurig-Muenkler (Augsburg/DE)  
2102.2 Liver embolisation  
M. Citone (Florence/IT)  
2102.3 Pelvic fracture embolisation  
D. Karnabatidis (Patras/GR)  
2102.4 Renal embolisation  
G.P. Siskin (Albany, NY/US)

14:30-15:30  
**Case-based Discussion**  
**CBD 2103**  
A bad day in the angio suite (EVAR)  
2103.1 L. Mendes Pedro (Lisbon/PT)  
2103.2 E. Verhoeven (Nuremberg/DE)  
2103.3 B.T. Katzen (Miami, FL/US)  
2103.4 A.A. Chouiter (Neuchâtel/CH)

14:30-15:30  
**Satellite Symposia**

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**recommended for EBIR preparation**
ERT 2201 DCB in lower limbs: updates and debates

2201.1 DCB in SFA: Level 1 evidence review
M. Brodmann (Graz/AT)

2201.2 Endovascular treatment of long SFA lesions: DCB or stents?
F. Fanelli (Florence/IT)

2201.3 Role of atherectomy in today's drug-eluting practice
M. Lichtenberg (Arnsberg/DE)

2201.4 DCB distal embolisation: does this matter, and when?
E. Blessing (Karlsbad/DE)

ERT 2202 Controversies in ruptured AAA: open or not?

2202.1 Evidence for or against EVAR?
to be announced

2202.2 Dedicated team performance is required
M. A. Funovics (Vienna/AT)

2202.3 Controversial adjuncts
F. E. Vermassen (Ghent/BE)

2202.4 Abdominal compartment syndrom
C. D. Bicknell (London/UK)

ERT 2204 Spine ablation in metastatic cancer patient

2204.1 Spinal interventions: the actual algorithms
S. Masala (Rome/IT)

2204.2 Spinal radiation therapy: indications, results, limits
V. E. Kouloulias (Athens/GR)

2204.3 Which thermal ablation technology to chose?
J. W. Jennings (Saint Louis, MO/US)

2204.4 Protective techniques: where and how?
G. Tsoumakidou (Lausanne/CH)

Case-based Discussion

CBD 2205 True and false aneurysms

2205.1 Pancreatitis
F. Wolf (Vienna/AT)

2205.2 Visceral
I. J. McCafferty (Birmingham/UK)

2205.3 Lung
P. E. Andersen (Odense/DK)

2205.4 Peripheral
M. A. Ruffino (Turin/IT)

Clinical Evaluation Course

CEC 2203 Essentials in IAT

2203.1 Clinical diagnosis
A. Paiva Nunes (Lisbon/PT)

2203.2 Standard patient selection
J. A. Vos (Nieuwegein/NL)

2203.3 Adjusting selection based on DEFUSE and DAWN trials
E. R. Gizewski (Innsbruck/AT)

2203.4 Techniques for IAT of the anterior circulation
S. Mangiafico (Florence/IT)

2203.5 Selection and techniques for the posterior circulation
T. Engelhorn (Erlangen/DE)

2203.6 Follow-up management and LT results
A. Berlis (Augsburg/DE)

Free Paper Sessions

WS 2301 Venous access: how I do it

2301.1 S. D. Qanadli (Lausanne/CH)
2301.2 D. Savio (Turin/IT)
<table>
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| 17:30-18:30  | Workshop WS 2302 Fundamentals in EVAR | F. Fanelli (Florence/IT)  
                             |                    | R.K. Fisher (Newcastle/UK)   |
| 17:30-18:30  | Workshop WS 2303 IAT procedures, tips, tricks and lessons to learn | C.P. Stracke (Essen/DE)  
                             |                    | K.A. Hausegger (Klagenfurt/AT) |
| 17:30-18:30  | Video Learning Session VL 2304 Interventional oncology |                |
| 17:30-18:30  | Workshop WS 2305 Uterine artery embolisation | A.V. Giordano (L'Aquila/IT)  
                             |                    | M.P. Kohi (San Francisco, CA/US) |
| 17:30-18:30  | Workshop WS 2306 Gastrointestinal intervention | M.K. Glynos (Athens/GR)  
                             |                    | P.G. Nardis (Rome/IT) |
|              | Free Paper Sessions               |                    |
|              | Satellite Symposia                |                    |
**Tuesday, September 25**

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| 08:30-09:30| **Focus Session**  
**FS 2501 Clinical trials in IR: what an IR has to know in clinical research**  
2501.1 New European medical device regulation and clinical trials  
*N. Martelli (Paris/FR)*  
2501.2 Clinical trials and registries: how to choose the best design for your studies  
*G. Chatellier (Paris/FR)*  
2501.3 How to build up a clinical research team in your IR department  
*C. Déan (Paris/FR)*  
2501.4 CIRSE’s experience with clinical research  
*R. Bauer (Vienna/AT)*  
| 08:30-09:30| **Focus Session**  
**FS 2502 Dissection**  
2502.1 Evolving surgical strategies in TAAD  
*W. Hemmer (Stuttgart/DE)*  
2502.2 Persistent malperfusion after proximal aortic repair  
*G.M. Richter (Stuttgart/DE)*  
2502.3 Is TEVAR alone enough in complicated TBAD?  
*A. Chavan (Oldenburg/DE)*  
2502.4 When should endografting be carried out in uncomplicated TBAD?  
*P. Holt (London/UK)*  
2502.5 Challenges in chronic dissections  
*M.D. Dake (Stanford, CA/US)*  
| 08:30-09:30| **Focus Session**  
**FS 2503 Oncological imaging for staging and follow-up**  
2503.1 Current imaging developments to detect solid organ malignancies  
*J.G. Caridi (New Orleans, LA/US)*  
2503.2 CT-Liver perfusion for HCC follow-up after percutaneous treatment  
*A. Hatzidakis (Iraklion/GR)*  
2503.3 Limitations of current response criteria systems  
*R.J. Lewandowski (Chicago, IL/US)*  
2503.4 Practical approach to monitor the immediate treatment response to interventional oncology therapies  
*L. Solbiati (Rozzano/IT)*  
| 08:30-09:30| **Fundamental Course**  
**FC 2504 Postpartum haemorrhage**  
2504.1 Diagnosis and management  
*L. Sentilhes (Bordeaux/FR)*  
2504.2 Occlusion-balloons or embolisation?  
*L.B. Lönn (Copenhagen/DK)*  
2504.3 Outcome and complications  
*C. Raspanti (Florence/IT)*  
2504.4 Abnormal placentation  
*L. Ratnam (London/UK)*  
| 08:30-09:30| **Focus Session**  
**FS 2505 IAT: where do we stand?**  
2505.1 Clinical diagnosis of stroke and IVT  
*P. Mordasini (Bern/CH)*  
2505.2 Imaging in IR  
*T. Struffert (Erlangen/DE)*  
2505.3 IAT: what the trials tell us  
*W.H. van Zwam (Maastricht/NL)*  
2505.4 Complications and their management  
*H.A. Deutschmann (Graz/AT)*  
| 08:30-13:00| **Simulation Training**  
**ST 4 The basics of chemoembolisation for the liver** (intermediate level)  
*Coordinators: R. Kickuth (Würzburg/DE), J.C. van den Berg (Lugano/CH)*  
| 09:30-11:00| **Hands-on Device Training**  
**EMT-HDT 5 Embolisation: materials and tools – particulate agents**  
*Coordinators: T.J. Kroencke (Augsburg/DE), A.G. Rampoldi (Milan/IT)*  
|
09:30-11:00  
**Hands-on Device Training**  
**TA-HDT 5** Tumour ablation – cryoablation and laser ablation  
*Coordinators: A.H. Mahnken (Marburg/DE), G. Tsoumakidou (Lausanne/CH)*

09:30-11:00  
**Hands-on Device Training**  
**ST-HDT 1** Stroke thrombectomy  
*Coordinators: K.A. Hausegger (Klagenfurt/AT), H. van Overhagen (The Hague/NL)*

10:00-11:00  
**Focus Session**  
**FS 2601** Femoropopliteal endovascular masterclass  
2601.1 Update on randomised trials with drug-coated balloons and drug-eluting stents  
*S. Müller-Hülsbeck (Flensburg/DE)*  
2601.2 Debunking atherectomy: why, when and how to do in the femoropopliteal artery  
*K.N. Katsanos (Patras/Greece)*  
2601.3 New treatment options  
*A. Holden (Auckland/NZ)*  
2601.4 Evidence-based algorithm for good practice of femoropopliteal revascularisation  
*J.A. Kaufman (Portland, OR/US)*

10:00-11:00  
**Expert Round Table**  
**ERT 2602** Controversies in TBAD: complicated or not?  
2602.1 Relevance of the morphologic aspects of the entry tear  
*M.D. Dake (Stanford, CA/US)*  
2602.2 Evolving evidence for the "stabilize" technique  
*W. Ritter (Nuremberg/DE)*  
2602.3 False lumen embolisation: when and how?  
*T. Kölbel (Hamburg/DE)*  
2602.4 Do we need close follow-up?  
*T. Larzon (Örebro/SE)*

10:00-11:00  
**Clinical Evaluation Course**  
**CEC 2603** Kidney tumours  
2603.1 Diagnosis of renal cell carcinoma: imaging and biopsies  
*M.T. Gomes (Porto/PT)*  
2603.2 Actual guidelines for renal cell carcinoma  
*D.J. Breen (Southampton/UK)*  
2603.3 Active surveillance  
*to be announced*  
2603.4 Surgical option  
*to be announced*  
2603.5 Ablative therapies  
*S.W. Stavropoulos (Philadelphia, PA/US)*  
2603.6 Follow-up imaging  
*M. Gonsalves (London/UK)*

10:00-11:00  
**Focus Session**  
**FS 2604** New frontiers in embolotherapy  
2604.1 Embolisation for multi goiter thyroid  
*O. Pellerin (Paris/FR)*  
2604.2 Bariatric embolisation  
*C.R. Weiss (Baltimore, MD/US)*  
2604.3 Haemorrhoids  
*V. Vidal (Marseille/FR)*  
2604.4 Haemarthrosis  
*L.J. Schultze Kool (Nijmegen/NL)*

10:00-11:00  
**Expert Round Table**  
**ERT 2605** IAT: training and implementation in practice  
2605.1 How to accomplish a 24/7 service  
*A. Clifton (London/UK)*  
2605.2 European training guidelines for IAT  
*A. Krajina (Hradec Králové/CZ)*  
2605.3 IAT in Germany  
*T. Engelhorn (Erlangen/DE)*  
2605.4 IAT in the Netherlands  
*H. van Overhagen (The Hague/NL)*  
2605.5 Standards of practice  
*K.A. Hausegger (Klagenfurt/AT)*

10:00-11:00  
**IR Trainee Session**  
**IRT 2606** Clinical know-how
Tuesday, September 25

11:30-12:30

ERT 2701  Expert Round Table

**PAD: what the trials tell us, what they don’t tell us, and what we still want to know**

- **2701.1** Short SFA lesions (>5cm)
  - H. Lindgren (Helsingborg/SE)
- **2701.2** Medium SFA lesions (5-10cm)
  - to be announced
- **2701.3** Long SFA lesions (>10cm)
  - C.S. Pena (Miami, FL/US)
- **2701.4** BTK lesions
  - P.E. Huppert (Darmstadt/DE)

11:30-12:30

ERT 2702  Expert Round Table

**The aortic arch**

- **2702.1** The role of cerebral protection
  - M.S. Hamady (London/UK)
- **2702.2** The role of open arch repair with or without frozen elephant trunk
  - M. Shrestha (Hannover/DE)
- **2702.3** The role of chimneys and debranching in the arch
  - T. Larzon (Örebro/SE)
- **2702.4** The role of total endovascular repair
  - T. Kölbel (Hamburg/DE)

11:30-12:30

FS 2703  Focus Session

**Thyroid: small organ – big challenge**

- **2703.1** Thyroid tumours on the global scale and classical medical/surgical therapies
  - A. Palha (Lisbon/PT)
- **2703.2** IR techniques for treating thyroid lesions to be announced
- **2703.3** Thermal ablation for treatment of thyroid tumours: a review
  - F. Stacul (Trieste/IT)
- **2703.4** Potential concepts for interdisciplinary therapy in thyroid tumours
  - J.H. Baek (Seoul/KR)

11:30-12:30

CBD 2704  Case-based Discussion

**IR for surgical disasters**

- **2704.1** Pylorus preserving pancreaticoduodenectomy
  - O.M. van Delden (Amsterdam/NL)
- **2704.2** Oesophagus surgery
  - B.A. Radeleff (Hof/DE)
- **2704.3** Post laparoscopic cholecystectomy
  - P. Lucatelli (Siena/IT)
- **2704.4** Urinary tract surgery
  - T.J. Bryant (Southampton/UK)

11:30-12:30

FS 2705  Focus Session

**Advanced stage HCC and beyond: unsolved questions**

- **2705.1** Subclassification of advanced stage HCC: a proposal
  - I. Bargellini (Pisa/IT)
- **2705.2** Chemoembolisation: which approach?
  - Y. Arai (Tokyo/JP)
- **2705.3** Radioembolisation: cost-effectiveness does matter
  - A. Derys (Lausanne/CH)
- **2705.4** Systemic therapy: ‘mabs and ‘nibs
  - F. Marra (Florence/IT)

11:30-12:30

CM 2706  CIRSE meets SOBRICE

**CIRSE meets...**

- What have we learned in 10 years of prostate artery embolisation
  - J.M. Motta Leal Filho (São Paulo/BR)
- Does Vascular Lake Phenomenon indicate improved tumor response in DEB-TACE for HCC?
  - R.N. Cavalcante (São Paulo/BR)
- 10 years experience with renal cancer thermoablation: lessons from the past and future perspectives
  - M.R. de Menezes (São Paulo/BR)
12:30-14:00

**Hands-on Device Training**

**EMT-HDT 6** Embolisation: materials and tools – particulate agents

*Coordinators: T.J. Kroencke (Augsburg/DE), A.G. Rampoldi (Milan/IT)*

12:30-14:00

**Hands-on Device Training**

**TA-HDT 6** Tumour ablation – image guidance

*Coordinators: R. Bale (Innsbruck/AT), P. Wiggermann (Regensburg/DE)*

12:30-4:00

**Hands-on Device Training**

**ST-HDT 2** Stroke thrombectomy

*Coordinators: K.A. Hausegger (Klagenfurt/AT), H. van Overhagen (The Hague/NL)*

13:00-14:00

**Satellite Symposia**

13:15-14:15

**News on Stage**

14:30-16:00

**Honorary Lecture / Morbidity and Mortality Conference**

14:30-15:00

**HL 2901** Josef Roesch Lecture

2901.1 Endovascular embolectomy for acute ischaemic stroke: an update

*A. Krajina (Hradec Králové/CZ)*

15:00-16:00

**MM 2901** Morbidity and Mortality Conference

*Coordinators: T. Jahnke (Neumünster/DE), J. Gannon (Strasbourg/FR)*

14:30-15:30

**Hot Topic Symposium**

**HTS 2903** Challenges in endovascular repair

2903.1 Advances and benefits of virtual reality in endovascular repair

*G.M. Richter (Stuttgart/DE)*

2903.2 Endovascular treatment of malperfusion in aortic dissection

*A. Chavan (Oldenburg/DE)*

2903.3 How to achieve long-term durability in EVAR

*B.T. Katzen (Miami, FL/US)*

2903.4 Evolution towards 3x/4x-FEVAR in the treatment of pararenal AAA

*E. Verhoeven (Nuremberg/DE)*

14:30-15:30

**Satellite Symposia**

16:15-17:15

**Case-based Discussion**

**CBD 3001** Challenging chronic total occlusion

3001.1 How I do it the traditional way

*N. Ptohis (Athens/GR)*

3001.2 The value of the retrograde access

*M. Palena (Abano Terme/IT)*

3001.3 The value of re-entry devices

*M.W. de Haan (Maastricht/NL)*

3001.4 Other devices

*R. Ferraresi (Bergamo/IT)*

16:15-17:15

**Controversy Session**

**CS 3002** Hot debates in aortic interventions

3002.1 Open surgery better for juxttarenal aneurysms

*S. Michelagnoli (Florence/IT)*

3002.2 Endovascular repair better for juxttarenal aneurysms

*A. Winterbottom (Cambridge/UK)*

3002.3 Active endovascular management of uncomplicated TBAD

*R.G. McWilliams (Liverpool/UK)*

3002.4 Maximum conservative treatment in uncomplicated TBAD

*I. Loftus (London/UK)*

3002.5 The EVAR concept cannot prevent late failures from late ruptures

*G.N. Kouvelos (Larissa/GR)*

3002.6 Late failures can be avoided (proper case, device and technique selection)

*A. Hyhlik-Dürr (Augsburg/DE)*
16:15-17:15  
**Expert Round Table**  
ERT 3003  
**Portal hypertension**

3003.1 TIPS for intractable ascites  
*S. Kee (Los Angeles, CA/US)*

3003.2 TIPS for variceal bleeding  
*A. Moeller (Rotterdam/NL)*

3003.3 Treatment of Budd Chiari syndrome  
*M.D. Darcy (St. Louis, MO/US)*

3003.4 Why is BRTO not taking off in Europe?  
*M. Rössle (Freiburg/DE)*

16:15-17:15  
**Clinical Evaluation Course**  

3004.1 Imaging and treatment plan  
*N.V. Costa (Lisbon/PT)*

3004.2 Clinical overview  
*A. Massmann (Homburg/DE)*

3004.3 Anatomy and technique  
*A.G. Rampoldi (Milan/IT)*

3004.4 Image guidance for safe embolisation  
*H. Kobeiter ( Créteil/FR)*

3004.5 Surgical outcome  
to be announced

3004.6 Outcomes and follow-up  
*R.E. Beasley (Miami Beach, FL/US)*

16:15-17:15  
**Fundamental Course**  

3005.1 Lung biopsy  
*W. Prevoo (Amsterdam/NL)*

3005.2 Mediastinum biopsy  
*M. Tsitskari (Athens/GR)*

3005.3 Musculoskeletal biopsy  
*R.L. Cazzato (Strasbourg/FR)*

3005.4 Solid abdominal organs  
*F. Mondaini (Florence/IT)*

16:15-17:15  
**Satellite Symposia**

16:15-17:15  
**Free Paper Session**  
Super Tuesday

17:30-18:30  
**Workshop**  

3101  
**Transradial access**

3101.1  
*D. Mullan (Manchester/UK)*

3101.2  
*A. Fischman (New York, NY/US)*

17:30-18:30  
**Focus Session**  

3102  
**Thoracoabdominal aneurysm**

3102.1  
*Prevention and treatment of spinal cord ischaemia*  
*J. Lammer (Vienna/AT)*

3102.2  
*Outcome of FEVAR and BEVAR: increasing use justified?*  
to be announced

3102.3  
*How to prevent and how to treat side branch occlusion*  
*J. Wilkins (London/UK)*

3102.4  
*Strategies in acute thoracoabdominal aneurysm*  
*E. Verhoeven (Nuremberg/DE)*

3102.5  
*Is there a role for open surgery?*  
*N. Cheshire (London/UK)*

17:30-18:30  
**Workshop**  

3103  
**Acute haemodialysis access thrombosis**

3103.1  
*N.B. Mani (St. Louis, MO/US)*

3103.2  
*M. Das (Duisburg/DE)*

17:30-18:30  
**Video Learning Session**  

3104  
**Embolisation**

17:30-18:30  
**Workshop**  

3105  
**Biliary intervention**

3105.1  
*A. Lunardi (Pisa/IT)*

3105.2  
*M.E. Krokidis (Cambridge/UK)*

17:30-18:30  
**Satellite Symposia**

17:30-18:30  
**Free Paper Sessions**
General Information

Congress Dates
CIRSE 2018 will take place from September 22-25, 2018.

Congress Venue
Lisboa Congress Centre
Praca das Industrias
1300-307 Lisbon | Portugal
www.lisboacc.pt

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Kuoni Destination Management
operated by
Buzz Portugal DMC
Av. Elias Garcia, n°147, 5° Esq
1050-099 Lisbon | Portugal
Phone: +351 211 147 160
Email: cirse2018@ch.kuoni.com

CME Credit Allowance
An application will be made to the EACCME® for CME accreditation of CIRSE 2018.
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The CIRSE 2018 event guide will be available in September 2018
Congress Registration

Register before June 14, 2018 and benefit from reduced early bird registration fees!

Online registration (secured payment) for CIRSE 2018 and IDEAS 2018 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.

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<th>Registration fees for CIRSE 2018 (£)</th>
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* 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.

Reduced registration fees are only available for members who have been in good standing during the years 2017 and 2018 (individuals who become CIRSE Members in 2018 will be able to benefit from reduced congress fees for the meeting in 2019).

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.

Your registration fee includes
- access to CIRSE 2018 and IDEAS 2018 – The Interdisciplinary Endovascular Aortic Symposium (www.aorticideas.org)
- access to the CIRSE 2018 Technical Exhibition, Satellite Symposia and industry sponsored Learning Centres
- access to congress-related content through ESIRonline (www.esir.org) - available to all CIRSE members and all registered participants

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

Additional information
All CIRSE 2018 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
Review our CIRSE 2017 Symposium „How to successfully treat venous occlusions“

Find it there

www.straubmedical.com
Exhibitors

The CIRSE Annual Scientific and Postgraduate Educational Meeting has established itself as the leading congress for all professionals devoted to the field of cardiovascular and interventional radiology in Europe. CIRSE 2017 saw an attendance of over 6,800 participants from 85 countries worldwide. More than 110 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 2017 and looks forward to welcoming them again in Lisbon for CIRSE 2018!

### 2017 CIRSE Exhibiting Companies

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### 2017 Radiation Protection Pavilion Exhibiting Companies

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<td>Worldwide Innovations &amp; Tech., Inc. – Radpad</td>
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Let IR lead you to Lisbon

Discover the newest trends and advances in minimally invasive therapy in Western Europe’s oldest city! The world’s most comprehensive congress and exhibition on image-guided procedures will take place in Lisbon this September.

As the sunshine capital of Europe, Lisbon is well practiced in meeting the needs of vast numbers of travellers, and offers an ideal location for CIRSE 2018. Recent renovations to the airport make for an even smoother travel experience, while top quality visitor facilities and a state-of-the-art scientific programme will ensure a rewarding stay for all who work in the field of image guidance.

The airport is the main hub of TAP, and a focus city for EasyJet, Ryanair and Azores Airlines.

Flight discounts
We’re delighted to offer significant flight discounts to those booking via our partner airline, TAP Portugal. Full details can be found on www.cirse.org/flights.

Venue
We return to the tried-and-tested Centro de Congressos de Lisboa. It is a well-appointed venue with sufficient space for the many lectures, workshops and discussions that are planned, as well as the various lounges we provide to facilitate networking, refuelling and planning your schedule. Full Wi-Fi coverage will allow you to check your emails and make full use of our helpful congress app.

The congress centre is located to the south-west of the city centre, on the banks of the River Tagus, in the historic district of Belém. One of the few places to escape the earthquake of 1755 unscathed, it features some of the oldest buildings in the city, as well as being the launchpad for the world-changing voyages of discovery. Those looking to stretch their legs during their lunch break might want to walk as far as the Torre de Belém, a stately Manuoline lighthouse that served as both a defence system and a ceremonial gateway to Lisbon.

Getting there
Humberto Delgado Airport (formerly Portela Airport) is a mere 7 km from the city centre, which can be easily accessed via a direct metro connection. The airport serves over 20 million passengers annually, and as of 2016, hosts 47 airlines reaching 121 destinations. It is one of Europe’s largest hubs to Brazil and Africa, as well as the largest Star Alliance hub to South America, making CIRSE 2018 an easily accessible destination for those in Europe and beyond!

Getting around
The congress centre is located along the Cascais train line, between the stops Alcântar-Mar and Belém. This train line links with the metro network at Cais de Sodré (city centre), and runs along the coast as far as the charming seaside town of Cascais. Within the city itself, an extensive metro system is augmented by trains and trams, including the iconic “Americanos” – tiny, yellow, turn-of-the-century trams that are synonymous with Lisbon. These delightful curiosities still run on the No. 15 line, ideally suited to old Lisbon’s steep hills and narrow, winding streets.
Those who want to see Lisbon’s earliest trams can also visit the Public Transport Museum (Museu da Carris), a mere 10 minutes on foot from the congress centre. It opens from Mon-Sat, including throughout our scheduled lunch breaks.

To enable delegates to maximise their time at the congress without worrying about commuting considerations, a number of complimentary shuttle bus routes will be provided.

After sessions finish up for the day, cross the bridge by the congress centre and walk back towards the 25 de Abril Bridge to find a small harbour packed with great restaurants, many proudly displaying the catch of the day outside. Or for something more trendy, wind your way to LxFactory, a former manufacturing site nestled beneath the imposing bridge, now hosting a vibrant mix of cafes, restaurants, boutiques and galleries.

Being in Belém also warrants trying that most seductive of Portuguese treats: the pastéis de nata. These delectable little custard tarts originate in the Jerónimos monastery, and they say the best ones in the world can still be bought in the nearby Fábrico dos Pastéis de Belém.

We look forward to welcoming you all to Lisbon this September, and hope that our many member services will help you plan your stay with ease!

Accommodation
Discounted rates have been agreed with many of Lisbon’s best-located hotels.

Online hotel reservation is for individual bookings and now available at www.cirse.org/accommodation. For multiple bookings, please contact cirse2018@ch.kuoni.com.

Where to eat
With an astonishing 1,800 km of coastline, it is no surprise that seafood is the mainstay of Portuguese dining – which must also be one of Europe’s most criminally underrated national cuisines.
A PASSION FOR FLYING

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YOUR OFFICIAL CARRIER FOR CIRSE 2018

Registered participants travelling to CIRSE 2018 with TAP Air Portugal qualify for a discount of up to 15% on flight bookings for business class and up to 10% for economy class!

Discounts are offered for flights operated by TAP Air Portugal from any departure location to Lisbon. Discounts do not apply for flights that are not operated by TAP Air Portugal, including connecting flights. Discounts are not cumulative and payment must be made by credit card.

To add the TAP Air Portugal discount, please visit the TAP Air Portugal website and make sure to enter the following voucher code: IT18TPCG28

flytap.com
Accommodation

In cooperation with its travel partners Buzz DMC and Kuoni Congress, CIRSE has secured a great number of hotel rooms in Lisbon for the benefit of our congress participants.

If you have any questions, please do not hesitate to contact: Buzz DMC in cooperation with Kuoni Congress
Mr. Francisco Pereira
Av. Elias Garcia 147, 5ª esq 1050-099 Lisbon, Portugal
Phone: +351 211 147 160
Email: cirse2018@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 Buzz DMC in cooperation with Kuoni Congress via email or phone.

CANCELATION 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 Buzz DMC in cooperation with 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. Buzz DMC in cooperation with 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 2018 Lisbon

**Buzz DMC in cooperation with 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 Buzz DMC in cooperation with Kuoni Congress and order the official accommodation brochure to help with your planning via email at cirse2018@ch.kuoni.com.

### Hotel Name List

<table>
<thead>
<tr>
<th>Hotel Name</th>
<th>Category</th>
<th>Single Room (€)</th>
<th>Double Room (€)</th>
<th>Travel Time</th>
<th>Travel Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Altis Avenida</td>
<td>5*</td>
<td>300.00</td>
<td>300.00</td>
<td>25 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>2 Altis Belém</td>
<td>5*</td>
<td>400.00</td>
<td>400.00</td>
<td>25 min.</td>
<td>10 min.</td>
</tr>
<tr>
<td>3 Altis Grand</td>
<td>5*</td>
<td>300.00</td>
<td>300.00</td>
<td>35 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>4 Dom Pedro Palace</td>
<td>5*</td>
<td>270.00</td>
<td>270.00</td>
<td>45 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>5 Iberostar Lisboa</td>
<td>5*</td>
<td>295.00</td>
<td>295.00</td>
<td>30 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>6 Olissippo Lapa Palace</td>
<td>5*</td>
<td>400.00</td>
<td>400.00</td>
<td>25 min.</td>
<td>10 min.</td>
</tr>
<tr>
<td>7 Pestana Palace</td>
<td>5*</td>
<td>391.00</td>
<td>391.00</td>
<td>walking distance</td>
<td>2 min.</td>
</tr>
<tr>
<td>8 Pousada Terreiro do Paço</td>
<td>5*</td>
<td>401.50</td>
<td>401.50</td>
<td>20 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>9 Real Palácio</td>
<td>5*</td>
<td>300.00</td>
<td>300.00</td>
<td>40 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>10 Tivoli Av. Liberdade</td>
<td>5*</td>
<td>340.00</td>
<td>340.00</td>
<td>30 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>11 VIP Grand</td>
<td>5*</td>
<td>190.00</td>
<td>190.00</td>
<td>35 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>12 3K Barcelona</td>
<td>4*</td>
<td>200.00</td>
<td>200.00</td>
<td>40 min.</td>
<td>25 min.</td>
</tr>
<tr>
<td>13 3K Europa</td>
<td>4*</td>
<td>245.00</td>
<td>245.00</td>
<td>40 min.</td>
<td>25 min.</td>
</tr>
<tr>
<td>14 Açores Lisboa</td>
<td>4*</td>
<td>180.00</td>
<td>180.00</td>
<td>30 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>15 Avani Av. Liberdade</td>
<td>4*</td>
<td>265.00</td>
<td>265.00</td>
<td>30 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>16 Heritage Av. Liberdade</td>
<td>4*</td>
<td>365.00</td>
<td>365.00</td>
<td>25 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>17 Holiday Inn Continental</td>
<td>4*</td>
<td>145.00</td>
<td>145.00</td>
<td>35 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>18 Holiday Inn Lisboa</td>
<td>4*</td>
<td>145.00</td>
<td>145.00</td>
<td>45 min.</td>
<td>25 min.</td>
</tr>
<tr>
<td>19 Inspira Santa Marta</td>
<td>4*</td>
<td>280.00</td>
<td>280.00</td>
<td>30 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>20 Júpiter Lisboa</td>
<td>4*</td>
<td>220.00</td>
<td>220.00</td>
<td>40 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>21 Lisboa Plaza</td>
<td>4*</td>
<td>325.00</td>
<td>325.00</td>
<td>25 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>22 Lisbon Marriott</td>
<td>4*</td>
<td>310.00</td>
<td>325.00</td>
<td>40 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>23 Lutécia Smart Hotel</td>
<td>4*</td>
<td>240.00</td>
<td>240.00</td>
<td>40 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>24 Olissippo Marquês de Sá</td>
<td>4*</td>
<td>135.00</td>
<td>135.00</td>
<td>30 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>25 Olissippo Oriente</td>
<td>4*</td>
<td>185.00</td>
<td>185.00</td>
<td>45 min.</td>
<td>30 min.</td>
</tr>
<tr>
<td>26 Pestana CR7</td>
<td>4*</td>
<td>290.00</td>
<td>290.00</td>
<td>20 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>27 Radisson Blu</td>
<td>4*</td>
<td>145.00</td>
<td>145.00</td>
<td>45 min.</td>
<td>25 min.</td>
</tr>
<tr>
<td>28 Real Parque</td>
<td>4*</td>
<td>230.00</td>
<td>230.00</td>
<td>40 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>29 Sana Lisboa</td>
<td>4*</td>
<td>260.00</td>
<td>270.00</td>
<td>35 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>30 Sana Malhoa</td>
<td>4*</td>
<td>195.00</td>
<td>205.00</td>
<td>35 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>31 Skyna Lisboa</td>
<td>4*</td>
<td>240.00</td>
<td>240.00</td>
<td>35 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>32 Turim Av. Liberdade</td>
<td>4*</td>
<td>265.00</td>
<td>265.00</td>
<td>20 min.</td>
<td>15 min.</td>
</tr>
<tr>
<td>33 Turim Europa</td>
<td>4*</td>
<td>220.00</td>
<td>220.00</td>
<td>35 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>34 Turim Ibéria</td>
<td>4*</td>
<td>220.00</td>
<td>220.00</td>
<td>35 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>35 Turim Lisboa</td>
<td>4*</td>
<td>220.00</td>
<td>220.00</td>
<td>30 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>36 Turim Saldanha</td>
<td>4*</td>
<td>220.00</td>
<td>220.00</td>
<td>35 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>37 Vila Galé Ópera</td>
<td>4*</td>
<td>260.00</td>
<td>260.00</td>
<td>walking distance</td>
<td>walking distance</td>
</tr>
<tr>
<td>38 VIP Executive Art’s</td>
<td>4*</td>
<td>140.00</td>
<td>140.00</td>
<td>45 min.</td>
<td>30 min.</td>
</tr>
<tr>
<td>39 VIP Executive Entrecampos</td>
<td>4*</td>
<td>125.00</td>
<td>125.00</td>
<td>40 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>40 VIP Executive Suites do Marquês</td>
<td>4*</td>
<td>125.00</td>
<td>125.00</td>
<td>40 min.</td>
<td>20 min.</td>
</tr>
<tr>
<td>41 VIP Zurique</td>
<td>3*</td>
<td>120.00</td>
<td>120.00</td>
<td>40 min.</td>
<td>20 min.</td>
</tr>
</tbody>
</table>

All rates are in Euro (€), per room, per night, including breakfast and VAT. Lisbon Tourist Tax is not included and must be paid directly at the hotel.
A complimentary shuttle service from most of the hotels to the congress centre has been arranged for your convenience. The above map indicates the pick-up points (A-K). Hotels are colour-coded to match their designated pick-up point. The travel time to the congress centre is approximately 20 minutes.

Delegates staying in hotels which are not included in the above shuttle service breakdown are kindly requested to make their own travel arrangements to and from the congress centre.
Fully retractable.*

The Retracta® coil is a detachable .035 inch coil that’s fully retractable* and based on platinum Nester coil technology.

The Retracta coil comes in lengths of 7 and 14 cm and diameters of 4 - 20 mm

Retracta®
DETACHABLE EMBOLIZATION COIL

*The Retracta coil is fully retractable only until it is detached from the delivery wire.

To learn more about the Retracta coil, contact your Cook Medical sales representative or visit cookmedical.com/RetractaAnimation.