CIRSE welcomes its new committees

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The all-new ESIR 2014 courses

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CIRSE 2013

IRs from around the world joined us in Barcelona for CIRSE 2013

Cardiovascular and Interventional Radiological Society of Europe
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LINES FROM THE PRESIDENT

It is of the utmost importance that we develop as a clinical specialty to ensure we continue in our role as leaders and innovators in the field of image-guided therapy.

Dear CIRSE Members, friends and colleagues,

Becoming President of CIRSE is a tremendous honour which fills me with anxiety and excitement in equal measure.

Why anxiety? There are lots of reasons. I feel the weight of expectation of colleagues in Europe and around the world. Being likened to Margaret Thatcher and Angela Merkel (both incredibly bright women and high achievers in a man’s world) is very flattering, but apart from being a highly charismatic, eloquent and visionary Past President in Mick Lee. He was always able to tell a witty story at the drop of a hat, as well as give thoughtful and timely replies to emails sent from the CIRSE Office, whether he was travelling on the other side of the world or between cases at work. I thank him for setting such a fine example for me – and he is only the most recent in a long line of strong leaders of this society.

Challenges

But we are living in difficult times. The economic limitations which affect all of us mean that it is becoming increasingly difficult to introduce new IR procedures without identifying special funding. At the same time, we are seeing our techniques adopted by other specialties who compete against us for limited funding. It is undoubtedly a sign of success that the procedures we have introduced and developed are being eagerly taken up by other specialties, and by any measure we are clearly victims of our own success. It is therefore of the utmost importance that we develop as a clinical specialty to ensure we continue in our role as leaders and innovators in the field of image-guided therapy. We have to demonstrate to those who are responsible for commissioning services that our therapies are not just efficacious, but cost-effective and so to be funded in preference to more expensive treatments; and that we have the training infrastructure to provide these treatments safely to patients. We must also ensure we have the manpower to deliver these services effectively throughout Europe.

Opportunities

On the flip side, I am excited by the opportunities this office presents to address these challenges. The society continues to grow and progress. This year saw the first elections by electronic voting. Voting went smoothly and 800 members participated in the process: a much greater number than was possible before. The new Executive Committee is therefore a true representation of its members. It has already met once and is full of eager anticipation for the work ahead, and I am greatly looking forward to working with them.

We are also in a very healthy position, with our annual scientific meeting growing year on year. The most recent event in Barcelona was our most successful yet with 6,594 attendees, securing our place as the biggest IR meeting in the world (see page 15). The fact that we continue to attract such a large number of delegates reflects the quality of the programme, which covers all aspects of interventional radiology, including neurointerventions, vascular, interventional oncology, non-vascular interventions and clinical management. The IR Curriculum and examination (EBIR) have provided IR with a stable platform from which we can grow and has undoubtedly strengthened our specialty. An EBIR update is presented on page 7, and it is hoped EBIR will successfully apply for international accreditation in the next few years. I urge all newly qualified IRs to take it as a confirmation of their competence to perform IR. Along with this, the undergraduate curriculum and the growing attendance of the annual meeting by undergraduates, IR is at last being brought to the attention of enthusiastic young doctors looking for exciting careers.

The ties that bind us

A final word on a personal level: I have received compliments on my spoken English at international meetings, but I must confess it is the only language I speak fluently. I suffer from the common British problem that other nationals speak English so well that I don’t need to speak any other language proficiently! Despite this, I am a true European, as my family roots are Italian (which my name and appearance make very clear!) and I hold them very dear to me. My great-grandfather emigrated from Italy in the 1890s by walking from the Appenines across France and taking a boat to England, before settling in London. From there he moved to South Wales, where the financial boom created by the coal mines enticed many Italians to open up small businesses in the Welsh valleys.
LINES FROM THE PRESIDENT

I follow a highly charismatic, eloquent and visionary Past President in Mick Lee – I thank him for setting such a fine example.

So my father and I were born in Wales, a proud country with a troubled history of fighting against the English, but also a reputation for music and poetry inspired by a rich language – a heritage shared with Italy. The symbol of Wales is the red dragon, which appears on the Welsh flag. There is also a Welsh saying “Y Ddraig Goch ddychwys” meaning “The red dragon will show you the way.”

I hope it will guide me in leading CIRSE forward, and strengthening the ties that bind the IRs of Europe.

Viva CIRSE!

Anna-Maria Belli

CIRSE / EFRS

New efforts are being made to foster co-operation between radiographers and interventional radiologists

CIRSE offers reduced fees for radiographers

Carina Wurzinger, CIRSE Office

In view of the rapidly evolving role of interventional radiology, the unquestionable importance of teamwork and the fast pace of technological change, the co-operation between radiographers and interventional radiologists is an ever-important aspect for the subspecialty. In response to these trends and following discussions with the European Federation of Radiographer Societies (EFRS) at CIRSE 2012, the CIRSE 2013 General Assembly agreed to reduce the membership and registration fees.

Now, the moment has arrived. As of December 1, 2013 the membership fee for radiographers will be reduced from €160 to €80. In doing so, CIRSE strives to strengthen co-operation between interventional radiologists and radiographers and to give more radiographers access to its community platform for exchange. CIRSE is encouraging all IRs to spread the news to their colleagues!

CIRSE Membership offers many benefits, such as further training possibilities. A well-trained and highly professional team is crucial to ensure optimal patient care. In this regard, two interactive workshops especially designed for radiographers were organised together with the EFRS and offered during the last CIRSE congress held in September 2013. This attempt to cater to the growing number of radiographers working in interventional radiology who attend the annual CIRSE congress will certainly be continued.

CIRSE is looking forward to welcoming many radiographers at its forthcoming events – be sure to tell your colleagues!
This year’s General Assembly saw the implementation of the innovative online voting system to elect committee members

A General Assembly out of the ordinary

During CIRSE 2013 in Barcelona, the largest CIRSE congress yet, members gathered for their 28th annual General Assembly. But this year was a little different: for the first time in CIRSE’s history, the election of committee members was not conducted during the assembly. Rather, the results of the new electronic ballot that was held in June were formalised, with the new committee members formally taking office at the end of the General Assembly.

The new e-voting system was introduced to guarantee access to the elections for every elective member in good standing, being a fair, anonymous, safe and logistically optimal alternative to the former voting process. The system did not experience any trouble and outgoing President Mick Lee announced the newly elected officers and their positions, as well as the members of the committees.

Significant Growth

CIRSE’s Executive Director Daniel Waigl reported on the significant growth the society had experienced from 2005 to 2012. Regarding financial matters, he announced that CIRSE was pursuing a conservative financial strategy, and therefore the society was able to present sound financial results with a positive outlook on 2013/2014. The significant growth was also reflected in other innovations, such as the European Conference on Interventional Oncology (ECIO), which now takes place annually, and ESIRonline.

With regards to promoting IR as a subspecialty, a major initiative continues to be Intervention IQ magazine, which through its strengthened digital presence and info-booth at the congress, is reaching numerous doctors, hospital directors and other stakeholders.

The General Assembly continued with the CVIR Editor-in-Chief Dierk Vorwerk reporting on submission figures of manuscripts. Top submitting countries currently include the USA, China, Japan, Italy and Germany. Prof. Vorwerk announced several positive advances for the journal, such as that the time from submission of each manuscript to the Editor’s initial decision had decreased, and that the impact factor had increased slightly.

Amendments

The participants of the General Assembly then proceeded to vote on the proposed amendments in the Articles of Association. It was suggested that the Executive Board should be supported by the Executive Committee in its duty of providing guidance and direction to the society. The General Assembly approved the motion with a two-thirds majority.

A second vote was cast on the proposal of reducing membership fees for radiographers by 50%, which was also approved with a relative majority.

At the General Assembly this year, CIRSE welcomed its first female president, Anna Belli

Concluding the General Assembly, Mick Lee paid tribute to the outgoing members and thanked them for their excellent contribution, before handing over the president’s chain to CIRSE’s first female president, Anna-Maria Belli. She thanked Mick Lee for being an inspirational leader of the society over the past two years and acknowledged the service he and the outgoing committee members had rendered to CIRSE.

Subsequently, Prof. Belli introduced the new members of the Executive Committee and the topics she intends to focus on during her term. She explained the significance of improving and promoting radiation safety, as well as the importance of interventional radiologists taking on the role of clinicians, and the need for data on the cost-effectiveness of IR procedures.

We welcome Prof. Belli to her new role, and look forward to pursuing these goals over the next two years.
CVIR Awards – celebrating the top contributions from 2012

Leonora Barclay, CIRSE Office

CIRSE’s official peer-reviewed journal, CardioVascular and Interventional Radiology (CVIR), took the opportunity at CIRSE 2013 to celebrate the most outstanding research papers submitted in 2012.

This year, the decision on who should win the Editor’s Medal was a unanimous one, and Editor-in-Chief Dierk Vorwerk and the Editorial Board awarded the prestigious prize to Isaac T. Manyonda et al. for their article “Uterine artery embolization versus myomectomy: impact on quality of life – results of the FUME (Fibroids of the Uterus: Myomectomy versus Embolization) Trial”.

As awareness of UAE grows, so does the demand for more trials assessing the benefits of this procedure compared with non-interventional techniques. The FUME trial was the first randomised trial to compare UAE and myomectomy focusing on quality of life outcomes.

The results of this important trial show that both procedures produce significant and equal improvements in the quality of life of patients after two years and that, although UAE is associated with a shorter hospital stay and fewer complications, the re-intervention rate for this procedure can be relatively high.

CIRSE offers its hearty congratulations to the winning group! If you are interested in finding out more about the winning paper, the full paper can be viewed on the CVIR/Springer website.
CVIR AWARDS

Awards were presented at the Opening Ceremony, as well as at the annual CVIR Reception.

Outstanding Service to the Journal

CVIR is going from strength to strength, with the number of submissions growing alongside the journal’s impact factor. In response to its ever-increasing profile, CVIR introduced additional awards for “Outstanding Service to the Journal” in 2012. These prizes aim to recognise the achievements and commitments of the most active CVIR stakeholders who are not Editorial Board Members as well as highlighting the significant role that the contributors have played in CVIR’s success. The prizes for 2012 were awarded to several contributors.

The 2012 winners were:

- **Highest number of citations in 2012**  
  Jeremy C. Durack et al. for their article “Perforation of the IVC: Rule Rather Than Exception After Longer Indwelling Times for the Gunther Tulip and Celect Retrievable Filters” which was cited a total of thirteen times in the year 2012.

- **Most manuscripts reviewed in 2012**  
  Miguel Angel de Gregorio for reviewing a total of ten manuscripts in the year 2012.

- **Most downloaded article in 2012**  
  Eric Walser, whose article “Venous Access Ports: Indications, Implantation Technique, Follow-Up, and Complications” was downloaded a total of 536 times in the year 2012.
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Following the recent exams in Barcelona, the number of EBIR holders has swelled to over 300

Certifying Expertise in IR

Shortly before CIRSE 2013 began, an examination room next to the congress centre filled with candidates eagerly preparing to become EBIR holders. The European Board of Interventional Radiology was established in 2010 to provide a coherent measure of an interventional radiologist’s clinical knowledge. Jointly endorsed by CIRSE, the ESR and the UEMS Interventional Radiology Division, the qualification is currently held by over 300 IRs.

The September Exams

Two exams are held each year, which are carefully arranged to take place parallel to the annual CIRSE and ECR meetings. This arrangement is beneficial to doctors, as it allows them the opportunity to both sit the exam and attend the congress during the same trip.

The written examinations were held on the day before the congress, with individual oral exams scheduled for the Saturday. The examination covers several areas of IR and assesses all aspects of treatment, including diagnostic skills, equipment selection, complication management and patient care.

For the oral exam, candidates can select two areas of specialisation: embolisation and venous IR, vascular IR, non-vascular IR or oncology IR.

At the September examinations, three quarters of the candidates passed in full, and we extend our congratulations. Standards this year were exceptionally high, with those who did not pass also demonstrating exceptional expertise in several areas of the exam.

The philosophy behind the EBIR

While remarkable advances are being made in IR, and an impressive informal network of cross-border training has grown from these endeavours, one thing that interventional radiology still lacks is a formal, recognised training and certification pathway. While some individual countries have already put such a system in place, in most countries, IR remains an optional radiology add-on for which no proof of training must be produced. Naturally, this does little to improve perceptions of patient safety or clinical responsibility – nor does it allow IRs cross-border freedom when it comes to training or jobs.

The EBIR was established to fill this need, and while it remains a voluntary qualification, it is already enabling IRs to prove their dedication to safe and competent medical practice. Even where the qualification is not yet fully recognised, it demonstrates a willingness to go the extra mile, and provides an impartial assessment of an IR’s skill-set. Up till now, the exam has only been open to IRs resident in Europe, but due to popular demand, it has been decided to allocate a number of places to non-resident candidates. This will be introduced for the 2014 exams, which will take place during ECR Vienna (March 6-7, 2014) and CIRSE Glasgow (September 12-13, 2014).

Thank you to those involved

The EBIR examination is an important step forward in the field of interventional radiology in Europe and would not have been possible without the dedication of the EBIR Council. CIRSE would like to warmly thank each council member for 2013: Chairperson Klaus Hausegger; Deputy Chairperson Otto van Delden; Written Examination Subcommittee Members Laura Crocetti, Thomas Roeren, Colin Nice and Gerard O’Sullivan, who were led by Peter Reimer; and Oral Examination Subcommittee Members Fabrizio Fanelli, Lars Lönn, Joachim Kettenbach, Viktor Berczi and Raman Uberoi, headed by Antonin Krajina.

We would also like to thank the volunteer examiners for their time and commitment to the EBIR examination. Last but not least, we are grateful to more than 300 IRs, who have chosen to support this project and have their skills certified by EBIR.

Certify your expertise

The next EBIR examinations will take place in 2014 during ECR Vienna (March 6-7, 2014) and CIRSE Glasgow (September 12-13, 2014). Places are limited and are offered on a first come, first served basis. Applications are also welcome from candidates with non-European residency.

For more information, please refer to www.cirse.org/ebir
In order to further the development of interventional radiology, one of IR’s best-known European pioneers has established a fund to support innovation in a very practical way. The R.W. Günther Foundation generously offers a number of incentives and rewards, and has made these available through CIRSE and its annual meeting.

The Award of Excellence and Innovation is one such award, and since last year, has been presented to a suitable candidate during the CIRSE Opening and Awards Ceremony. Additionally, the Foundation sponsors a number of travel grants, which support young IRs who have been selected to present their research as posters or free papers.

**The Award of Excellence and Innovation**

The Award of Excellence and Innovation in IR seeks to reward and encourage exceptional research in the various fields of interventional radiology, bestowing recognition and a €5,000 prize to the best applicant.

This year, the award went to a team of researchers from Montreal, Canada, for their innovative work in developing a radiopaque gel that combines occlusive and sclerosing properties for the treatment of endoleaks, vascular malformations and venous disease.

**The winning innovation**

This gel was recently developed by a team working at the CHUM research centre (University of Montreal, Canada), and fulfills an unmet need in embolisation. This gel is based on the combination of chitosan (a natural biocompatible polymer), sodium tetradecylsulfate (STS – a well-known sclerosing agent) and iodine contrast agent, and has potential for several IR applications.

Currently, there is no available agent enabling both vascular occlusion and endothelial ablation. Ethanol and sodium tetradecylsulfate are recognized sclerosing agents, but are not occlusive, while coils, particles, Onyx and glue have proximal and distal occlusive properties, but do not prevent endothelial repermeation leading to recurrence.

This gel offers both properties, while also overcoming other limitations of current agents. One such advantage is that the gel shows good but short-term radiopacity. In contrast, ethanol is not visible under fluoroscopy, whereas the high and permanent radiopacity of Onyx (which is combined with tantalum powder) precludes follow-up by CT scan and can impair further embolisation procedures. This gel offers a compromise option, allowing good visualisation during placement, which does not preclude CT follow-up or repeat interventions.

Another advantage is the interesting gelation kinetics (thermosensitive gel with rapid gelation) which offers good control at injection and limits migration. This is an advantage compared with other products such as ethanol and STS foam, or with cyanoacrylates which can migrate on the venous side. Cyanoacrylates are low viscosity liquids at injection, which polymerise and harden very quickly in vivo, sometimes entrapping the catheter.

Finally, the biocompatibility of chitosan hydrogels suggest that this new embolic agent, in contrast to Onyx where DMSO toxicity strongly limits the volume of each injection, could be used to embolise large areas without systemic toxicity.
This new material has been patented in the US and Canada, and two papers have been published, in Acta Biomaterialia (one of the highest impact factors in the field of biomaterials) and in the Journal of Endovascular Therapy (JEVT) respectively.

The innovators behind it

The project was a collaboration between the Laboratory for Endovascular Biomaterials (LBEV, headed by Sophie Lerouge), and the CHUM’s team of interventional radiology and imaging research (Research Director, Dr. Gilles Soulez). LBEV took charge of gel conception, optimisation and in vitro testing, while the CHUM team were involved in defining clinical needs, design gel characteristics, catheter compatibility and experimental animal testing.

Dr. Sophie Lerouge is a Professor at École de technologie supérieure (ÉTS) as well as the holder of the Canada Research Chair in Endovascular Implants and Biomaterials. She heads a multidisciplinary research programme which aims to improve endovascular implants and therapies, and she has particularly focused on understanding the mechanisms involved in failures or complications during treatments, and strategies to resolve these by developing innovative coatings and thermogels.

Dr. Gilles Soulez is the Academic Chair of the Department of Radiology, Radio-Oncology and Nuclear Medicine, Faculty of Medicine at the University of Montreal and has published over 140 articles in peer-reviewed journals. He is also a reviewer for a number of well-regarded English- and French-language journals, and has been involved in multiple preclinical and clinical research studies, exclusively dedicated to vascular and interventional radiology.

The team was represented at the Awards Ceremony by Dr. Soulez: we congratulate all involved in developing this novel and promising embolic agent.

R.W. Günther Travel Grant

This year’s Travel Grants were awarded to:

Dr. Peter Kalmar
- Placement of hemoparine-coated stents in the iliac arteries: early experience and midterm results in 28 patients (poster presenter)
- Immediate results using the Outback catheter in difficult re-entry settings (poster presenter)

Dr. Hugo Rio Tinto
- Prostatic artery embolization with Embozene for symptomatic patients with benign prostatic hyperplasia: preliminary results (poster presenter)
- Prostatic artery embolization for benign prostatic hyperplasia: preliminary results of a prospective randomized study comparing 200-μm and 200 + 300-μm PVA particles (oral presenter)

Dr. Raymond Chung
- Ureteric stenting (poster presenter)
- Common ureteric stent maldeployment problems and methods to correct them (poster presenter)
- Long-term outcome after radiological treatment of transplant renal artery stenosis: a single-centre experience (oral presenter)

Dr. Vlasis Sotirchos
- Long-term outcomes following initial complete response of hepatocellular carcinoma (HCC) to therapy with drug-eluting beads loaded with doxorubicin (DEB-DOX) (oral presenter – featured paper)

Dr. Raj Das
- Systematic review and meta-analysis of the use of temporary or retrievable inferior vena cava (IVC) filters (poster presenter)
- Penile Doppler ultrasound and penile angiography (poster presenter)
- Bladder and sexual function in women with symptomatic fibroids: effect of uterine artery embolisation (poster presenter)
- Systematic review and meta-analysis of embolic agents in uterine artery embolisation (oral presenter – featured paper)
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Vidacare.com
CIRSE offers tips on how to prevent society news and congress information from being caught by your spam filter

Tame your spam filter – don’t miss any more CIRSE emails!

Carina Wurzinger, CIRSE Office

Has it ever happened that you did not receive emails sent to you by CIRSE? Have you checked your spam or junk folder recently? Occasionally, your spam filter may mistake legitimate emails for spam and filter them out of your inbox. In order to guarantee that CIRSE emails pass through your spam filter, only a few steps need to be taken to whitelist them.

Here is a summary of instructions for the most commonly used security software:

Outlook 2007/2010

- On the Home tab, in the Delete group, choose Junk and then Junk E-Mail Options.
- On the Safe Senders tab, choose Add.
- Enter an email address, for example: noreply@mail.cirse.org.
- Choose OK.

Additionally, you may whitelist individual emails. Simply right-click the email you wish to whitelist and choose Junk E-Mail and then Never Block Sender of this E-mail.

Norton Internet Security

In order to whitelist an email in Norton Internet Security, simply navigate to:

- Network
- Message Protection
- AntiSpam
- Allowed List or Blocked List
- Configure and then click Add

You may either add an entire domain (cirse.org) or just an address (noreply@mail.cirse.org).

GDATA

- Users of Microsoft Outlook 2007/2010 may select an email and then click the Whitelist or Blacklist button on the toolbar. Consequently, the sender of the email will be placed on the corresponding list.
- Alternatively, users with administrator privileges may navigate to Spam Protection and then to Spam on the G Data Dashboard. Simply highlight the email on the whitelist (future emails are not spam checked) or on the blacklist (future emails will be filtered as spam). You may set the entire domain (cirse.org) or only the sender (noreply@mail.cirse.org) on the list.

Make the most of your CIRSE Membership!

CIRSE organises a range of congresses, courses and initiatives, all geared at improving the practice and public perception of IR. Emails remain the most effective way of keeping our members informed of what we do on your behalf, and we hope that this information will be helpful.

It is well worth taking a few minutes of your time to make sure that the right emails are filtered out of your inbox – and that the interesting ones stay where they should be!
Liver, kidney, bone, lung... interventional oncology offers a staggering range of therapeutic options. Drawing up the scientific programme for such a dynamic discipline is no easy task, and so the Scientific Programme Committee lost no time, holding their first planning meeting on the last day of the 2013 conference. The result: a multi-faceted programme, combining old favourites with new ideas.

Collaboration

ECIO is now the premier annual platform for interventional oncology, aided by its enthusiasm for working together with other oncological specialties. ECIO 2014 has invited representatives from ILCA (the International Liver Cancer Association), ESTRO (the European Society for Radiotherapy and Oncology), WCIO (the World Conference on Interventional Oncology) and for the first time, the EORTC (the European Organisation for Research and Treatment of Cancer), due to the growing need for data to demonstrate the clinical efficacy of our new therapies.

The robustness of this data will be important for the future development of interventional oncology, and is crucial if we are to establish the discipline as a fourth pillar of cancer care alongside surgical, medical and radiation oncology. Through an annual ECIO, CIRSE aims to make a significant contribution, helping interventional radiologists to position themselves in their hospital’s tumour boards and take on clinical responsibility in cancer treatment.

This collaborative spirit will also be evident at the scheduled Multidisciplinary Tumour Boards, as well as by continuing the successful ‘Bring Your Referring Physician’ programme, allowing IRs the opportunity to bring their non-radiologist colleagues to the congress free of charge.

Over the years, we’ve been grateful for the strong support of our industry partners, which continues to grow year on year. In addition to the financial support they provide, we look forward to further discussing issues of common interest, such as data collection, reimbursement, and the relationship between imaging and intervention.

New features

This year will see much-deserved emphasis given to radioembolisation, through a dedicated Hands-on Workshop that will provide the basic skill-set required to embrace this exciting technology. The highly popular Tumour Ablation Hands-on Workshops will also be continued.

Innovation is a crucial part of both interventional oncology and the ECIO meeting, and we are delighted to announce a brand new feature: the Video Learning Sessions. This new format will further boost the range of learning opportunities ECIO has to offer.

Honorary Lecture

It is with great pleasure that we can announce that this year’s honorary lecture will be delivered by our very own Riccardo Lencioni. Not only is Prof. Lencioni an outstanding driver of interventional oncology, with a staggering number of trials, papers and citations under his belt, he was also instrumental in establishing ECIO. We look forward to honouring his achievements at ECIO 2014.

We are confident that Berlin, a city that needs no introduction, will provide an excellent backdrop for the meeting. Both city and congress centre offer us the perfect infrastructure: the state-of-the-art Estrel Convention Center provides not only sufficient space for our sessions and technical exhibition, but also a large number of rooms in its adjacent hotel. The city itself has direct flights to most European cities, and boasts an excellent public transport network.

The countdown has begun – be sure to join us in Berlin for the interventional oncology meeting of the year!
Five good reasons not to miss ECIO 2014

1 Video Learning Sessions

This newly introduced session format will demonstrate the technical and clinical aspects of different interventional oncology procedures through the use of videos. Each video presented will be a stand-alone video and will be accompanied with an explanation of the patient’s clinical history, the planned intervention and the kit used in the procedure, as well as time for questions from the audience.

The video sessions are a great opportunity to enhance your knowledge of interventional oncology procedures in an accessible and eye-catching format.

2 The language of science

The ECIO 2014 Scientific Programme will focus on the clinical data: examining what is currently available, and exploring how research can be advanced. The Multidisciplinary Tumour Boards will discuss primary liver tumours and bone tumours, keeping participants up-to-date with the latest research on how interventional oncology can best treat these conditions.

A further scientific highlight of ECIO 2014 is the Joint Session with the EORTC (European Organisation for Research and Treatment of Cancer) on how to set up a clinical trial. The EORTC has extensive experience in quality clinical trial design and their representatives will share their expertise, providing a detailed description of how to integrate interventional oncology into therapeutic clinical trials.

3 A focus on radioembolisation

To address the growing interest in learning about radioembolisation, ECIO 2014 will include a Hands-on Workshop on this procedure. Participants in this workshop will learn both basic and advanced radioembolisation techniques, with experts on hand to answer any questions they might have.

4 Invite your colleague/referring physician

The popular ‘Bring Your Referring Physician’ programme returns this year, promoting multidisciplinary teamwork by giving colleagues from other disciplines the opportunity to learn more about interventional oncology. The ECIO Incentive Programme allows radiologists with a full registration for ECIO 2014 to bring their referring physician to the conference for free. The first referring physicians to sign up will receive up to €1,000 travel support in addition to free registration.

5 Berlin, a city not to miss

Last but not least, Berlin itself is a good reason to attend ECIO 2014! The vibrant and dynamic city perfectly complements the fast-paced and innovative discipline of interventional oncology. ECIO 2014 is held in the Estrel Convention Center, a modern building with a wide selection of seminar rooms and lecture halls, as well as ample space for our technical exhibition.

To register for the congress and to book your hotel room, please visit www.ecio.org

Check out the videos from ECIO 2013: visit our video channel www.youtube.com/CIRSEsociety
INDUSTRY NEWS

CIRSE Members Abbott Vascular and Boston Scientific both expand their product range through recently concluded acquisitions

Boston Scientific Completes Acquisition of Bard Electrophysiology

Boston Scientific Corporation has closed its agreement to acquire Bard EP, the electrophysiology (EP) business of C.R. Bard, Inc.

The acquisition enables Boston Scientific to provide a broader portfolio of EP tools, including solutions for cardiac catheter ablations. The Bard electrophysiology global business includes advanced therapeutic catheters, diagnostic catheters, electrophysiology recording systems and intracardiac access devices.

The move comes as part of the company’s global plan to grow and transform its EP business. Boston Scientific expects that the acquisition will help accelerate launches of key EP technologies such as the recently approved IntellaTip MiFi™ XP ablation catheter and next-generation Rhythmia™ Mapping System.

For more than 30 years, Boston Scientific has been a global medical technology leader, providing a broad range of high performance solutions.

www.bostonscientific.com

Abbott to Acquire IDEV Technologies to Expand Global Peripheral Technology Portfolio

Abbott announced in July that it has entered into an agreement to purchase IDEV Technologies, a privately held company focused on developing next-generation medical devices for use by interventional radiologists, vascular surgeons and cardiologists.

IDEV Technologies’ products include SUPERA Veritas®, a self-expanding nitinol stent system for treating blockages in blood vessels due to peripheral artery disease. SUPERA Veritas is designed based on biomimetic principles, attempting to mimic the body’s natural movement, to promote blood flow in the treated area while offering strength and flexibility. It is CE-marked in Europe.

The acquisition of IDEV Technologies is expected to expand and complement Abbott’s existing peripheral technology portfolio of guidewires, balloon dilatation catheters and stents. The transaction is expected to close by the end of the year.

Abbott Vascular is a division of Abbott that supplies drug-eluting stents. Abbott Vascular has a comprehensive portfolio of market-leading products for cardiac and vascular care, including products for coronary artery disease, vessel closure, endovascular disease and structural heart disease.

www.abbott.com
CIRSE 2013 Congress Report

6,594 Delegates from
94 Countries
250 Hours of Education
1,368 Abstracts
5,800 m² of Exhibition Space
>100 Exhibitors
14 New Products launched
523 Unique Live-Stream Viewers
CIRSE 2013 – Surpassing all expectations

While CIRSE has long been known as the world’s most pre-eminent interventional radiology congress, the impressive attendance figures at the 2013 Annual Meeting were nevertheless unprecedented. Over 6,500 participants joined us in Barcelona from September 14-18 for an event that featured scientific updates from all areas of the specialty.

Scientific diversity

To ensure coverage of all aspects of this diverse specialty, the scientific programme was organised around six key themes – Vascular Interventions (page 20), Neurointerventions (page 22), Transcatheter Embolization, Interventional Oncology, Non-Vascular Interventions and IR Management allowing delegates to easily select the sessions of most relevance to their practice.

The wide variety of session formats in each track was complemented with popular stand-alone sessions, such as the Film Interpretation Quiz and the invaluable Morbidity and Mortality Conference.

Congress Highlights

Two of the many congress highlights were the Hot Topic Symposia, in which experts joined together to debate Intra-arterial stroke management – should this be an IR procedure? and Treatment of lung cancer – the choices, and how to make them. CIRSE 2013 also premiered two new session formats – the Evidence Forums, focusing on topics such as BTK and SFA interventions (see page 20), and the hugely popular Amazing Interventions session (see page 32).

In order to enhance the interactive feel of the congress, e-voting opportunities were offered across a number of sessions, including the Interactive Case Sessions and the highly popular Controversies sessions. Four of these sessions were held, at which noted experts debated some of the most pressing questions in the areas of portal hypertension, aortic intervention, endoleak management and vascular intervention (see page 26 for the results of the debates).

Honoured guests & honorary lectures

The CIRSE 2013 Opening and Awards Ceremony was a chance for the IR community to get together and celebrate the achievements of some of our most pioneering colleagues. This year, CIRSE’s Gold Medal was awarded to Prof. José Ignacio Bilbao (Pamplona/ES), who is known to us all for his ground-breaking work in interventional oncology therapies for the liver.

Distinguished Fellowship was extended to a diverse group of interventionists: Prof. Peter Taylor (London/UK), vascular surgeon and long-time CIRSE collaborator; Prof. Jim Spies (Washington DC/US), a pioneer in uterine fibroid treatments; and Dr. Bien Soo Tan (Singapore/SG), inaugural Chairman of the Cardiovascular and Interventional Radiology Section of the Singapore Radiological Society.

The ceremony also featured the awarding of the CVIR Editor’s Medal (see page 4) and the Günther Award for Excellence and Innovation (see page 8), as well as the wonderful music of award-winning flamenco guitarist Pedro Javier González.
This year’s prestigious Andreas Gruentzig Lecture was delivered by Dr. Andrew Holden (Auckland/NZ) on the exciting topic of EVAR for AAA – evolution or revolution? (see page 20), while Prof. Mario Bezzi (Rome/IT) was this year’s Josef Roesch Lecturer, addressing the important topic of High-intensity focused ultrasound: an IR tool for the future? Prof. Bezzi addressed the history of the therapy and the principles behind it, before moving on to analysing its current status and potential future applications. His lecture highlighted how ideas can often not be fully realised until technological capabilities catch up, and while the promising concept of HIFU is still at an early technological stage in the journey from planning to clinical use and FDA approval, it seems set to bring exciting new possibilities to a number of pathologies (fibroids, malignant tumours, cardiology), once the full potential of its bio-effects are thoroughly understood.

Clinical Practice

While five of CIRSE’s main tracks address different clinical areas, the IR Management Track plays a unique role in providing valuable information for all interventional radiologists, regardless of their specialist area. First introduced in 2011, the track has become an integral part of the meeting, and has been expanded each year.

A Special Session on Training and accreditation for IRs was extremely illuminating, with experienced IR educators Peter Reimer, Anna Belli, John Kaufman and Ian Robertson drawing on a large pool of data to examine how IR education could be optimally structured, including the results of a recently conducted CIRSE survey. Core issues were addressed, including the EBIR, the dual certification programme in the US and how to unify training across Europe.

To help optimise patient safety and procedural outcomes, sessions on Anaesthesia, sedation and analgesia for IR and Radiation dose management were offered. Both sessions featured invited experts, including experienced anaesthetists, who brought a wealth of specialist knowledge to the table.

Of course, IR Management is an integral aspect of all IR procedures, and issues such as patient referral, the relationship with other clinical services and the management and follow-up of patients were addressed in many sessions, producing a common pathway throughout the whole session programme.
MEETING

CIRSE meets...

Academic exchange is the main goal of the congress, and each Annual Meeting aims to include voices from different countries and different specialties. This year, we were honoured to welcome our colleagues from Singapore, who hosted a fascinating session on their latest research (see page 38). Also visiting were dignitaries from the European Society of Hypertension (ESH), who, in light of the recent interest in renal artery denervation, were able to provide us with some valuable insights into the diagnosis and management of resistant hypertension in the hugely informative CIRSE meets ESH: An introduction to hypertension for interventional radiologists (see page 30).

Embracing new technologies

Technological advances were not confined to the lecture rooms: to optimise the congress experience, CIRSE invested in a number of new technical features.

The Live Stream that was introduced in 2012 was not only continued, but expanded. Sessions from the four largest lecture halls were streamed via ESIRonline, allowing those who could not attend to catch some of the congress highlights. More than 500 unique users logged in to avail of this service. The filming of these sessions has also produced a more user-friendly presentation format for the ESIRonline archive, which was able to add an impressive 955 items following the congress.

Faced with such an extensive programme, it can be hard to be sure you haven’t missed anything, and so CIRSE commissioned a specially constructed App, which was launched just before the congress. This App is completely free, and allows users to download programmes and floorplans to their smart phone, as well as receive news updates throughout the event. All content can be customised, allowing users to flag sessions of interest or add notes as they wish. Moreover, the CIRSE App offers news updates all year round, and congress content will be available for each future meeting.

In order to allow delegates to make optimal use of this handy App, broadband WiFi was made available throughout the congress centre, helping delegates keep in touch with everything happening both at home and on site.

A new group-viewing feature was also introduced to the Poster Exhibition, which will be continued and expanded at next year’s congress.

A congress to remember

This year’s congress offered a wealth of IR information, much of which is available at ESIRonline. Further information on the highlights of the congress is available overleaf.

We’d like to thank both the faculty, the delegates and our industry partners for making the congress such a huge success – we hope to see you all in Glasgow next year!

View the presentations from CIRSE 2013 online at www.esir.org
Industry developments and devices at CIRSE 2013

Leonora Barclay, CIRSE Office

As the leading IR congress, the CIRSE Annual Meeting continues to attract a large industry presence, and CIRSE 2013 was no exception. Medical researchers and representatives from over 100 leading companies gathered at CIRSE 2013 to demonstrate medical breakthroughs and showcase cutting-edge technology within a staggering 8,500m² of exhibition, learning centre and meeting space. A number of our corporate partners took advantage of the unique audience at the world’s largest IR congress to present their latest devices, launching 14 new products.

Vascular device industry – stronger than ever

The 35 Satellite Symposia and 11 Learning Centres gave delegates the opportunity to further their awareness of advances in industry. While devices from all areas of interventional radiology were both displayed and discussed, the strength of the vascular device industry was particularly visible. A large number of firms chose to dedicate their Satellite Symposia to vascular products and studies, exploring the most recent data from the field.

In the Biotronik Satellite Symposium SFA: what should you leave behind? Stent, score, drug? experts explored the results of different devices used for SFA procedures, allowing participants in the session to gain a thorough understanding of the benefits of the different devices. With peripheral arterial disease on the rise, it is important to examine the different treatment options for this condition and the Satellite Symposium held by Gore & Associates on the topic How much does stent design matter for the peripheral artery treatment? analysed the role of the Gore TIGRIS stent and the encouraging early clinical experiences of this device.

Data about another promising product in both clinical trials and real practice was presented at the Medtronic Satellite Symposium The IN.PACT DEB proof of value, from randomized trials to real practice. Also presenting findings from clinical trials was Abbott Vascular, whose Satellite Symposium The SFA challenge: the design, engineering and deployment techniques affecting outcomes discussed the 6-month results of the ESPRIT trial into the bio-resorbable vascular scaffold as a treatment for SFA.

Cook Medical’s Symposium Drug-eluting devices for the SFA – why and when to treat? was accompanied by the much anticipated four-year results of the Zilver PTX trial. The multicentre, prospective, randomised study was designed to evaluate the drug-eluting stent as a treatment for peripheral arterial disease in the SFA. The findings show that the drug-eluting stent has longer-term results and reduces the rate of re-interventions by 45% when compared with bare metal stents. A fun addition to the unveiling of research and devices was the Cook Medical 3D painting, in which a giant Zilver PTX stent appeared to come to life on the floor of the Registration Hall.

CIRSE would like to thank our corporate partners for their contribution to the buzzing atmosphere at the Annual Meeting, giving delegates the chance to discover brand new products in addition to updated tricks and tips for favourite devices.

At the Satellite Symposia, experts introduced participants to the latest devices and clinical findings.
As always, the most dominant component of the CIRSE Annual Meeting was its Vascular Track. Although interventional radiology has come a long way since the early days of peripheral revascularisation, vascular interventions remain an integral part of the IR skill-set, and CIRSE 2013 ensured that the latest innovations and data were thoroughly discussed.

The Vascular Track covered a wide range of session types, ensuring ample learning opportunities for all delegates. Amongst the many Special Sessions, Foundation Courses and Workshops were some sessions of particular interest.

**Gruentzig Lecture – EVAR**

One of the most prestigious accolades CIRSE can bestow is the annual Andreas Gruentzig Lecture, named for the pioneer responsible for developing balloon angioplasty. This year’s Gruentzig Lecture, EVAR for AAA – evolution or revolution? was delivered by Andrew Holden, due to his work in the treatment of AAA. The image-guided treatment for this, endovascular aneurysm repair, has been controversial since its inception, but recent advances, trialed by Dr. Holden’s team in Auckland, mean that a revolution in AAA-repair may not be far off.

Dr. Holden discussed the evolution of EVAR technologies. Studies have repeatedly found a high and costly long-term re-intervention rate. Re-intervention is predominantly due to endoleaks, with device migration and graft limb occlusion also being significant issues. Another limitation of EVAR devices is an inability to treat the majority of AAA morphologies. As such, it is not surprising that open surgical repair is still considered the ‘gold standard’ for AAA repair.

However, the Endologix Nellix device may enable direct sealing of the aneurysm sac: their ‘kissing’ chromium cobalt balloon expandable stents are surrounded by endobags, which achieve aneurysm sealing by being filled by a polymer that quickly cures to the consistency of a pencil eraser. This may potentially prevent endoleaks and device migration, as well as allowing treatment of a wider range of adverse proximal neck anatomies. Limited experience shows no aneurysm-related mortality, evidence of a persistent endoleak or device migration to date.

Other technologies are also being developed to achieve aneurysm sealing. If durability can be achieved without significant secondary intervention, the current post-EVAR imaging surveillance protocol can be seriously altered with major cost savings, instigating a revolution in EVAR treatment.

**Examining the Evidence**

This year saw the introduction of Evidence Fora, where the most up-to-date research was summarised and discussed. Two of these fora addressed vascular concerns, examining the outcomes of the latest trials in the management of SFA and BTK peripheral vascular disease.

The SFA forum examined the range of devices and techniques now available for revascularisation of the superficial femoral artery disease. Expert speakers examined the evidence for the most commonly used technologies in an attempt to establish whether we know the optimal treatment.

Drug-eluting technologies are an area of great interest: drug-eluting balloons were discussed by Prof. Gunnar Tepe, while their stent equivalents were examined by Dr. Peter Gaines: ‘Initially, drug-eluting stents (DES) failed to show benefit. More recently,
the Zilver DES has shown a significant patency advantage over the bare stent and simple angioplasty in a randomised trial. In addition, the registry data has shown very good patency in diabetics and long lesions. The use of current DES should be considered by anyone wishing to maximise the clinical benefit of endovascular SFA interventions.”

Practical learning
In addition to this wide range of lectures and debates, CIRSE 2013 offered a comprehensive hands-on programme. These hands-on workshops cater for a limited number of pre-registered participants, who gain familiarity with the various tools and technologies available, trying them out under the guidance of our expert faculty.

Due to strong demand, most hands-on workshops were held two or three times, to enable a greater number of delegates to benefit from this innovative learning experience. Courses offered in the Vascular Track included renal denervation, IVC filters, varicose veins and closure devices, while the “Principles to Practice” interactive programme covered peripheral vascular disease, renal denervation and emergency EVAR.

A number of Workshops and Interactive Case Sessions allowed delegates to work up cases with experts in an informal atmosphere.

A trend for the future
The Vascular Track offered many other educational opportunities, such as its renal denervation sessions (see page 30) and Controversies sessions (see page 26). Our industry partners were also highly active, hosting a number of vascular-themed Satellite Symposia (see page 19).

The excellent attendance at this extensive programme clearly shows that vascular interventions remain a strong and viable part of the IR repertoire, and one that is set to grow.
In recent years, there has been a sharp increase in interest in neurointerventions, and the CIRSE congress has met this demand by expanding the Neurointerventions Track, allowing congress participants to keep up-to-date with the latest advancements and debates in neurointerventions. More and more interventional radiologists in Europe are becoming involved in neurointerventions, particularly in the management of acute stroke.

Rapid access to the most advanced and effective treatments is imperative and will be even more so in the future, as the incidence of stroke is rising with the ageing population. Patients and their doctors are becoming increasingly aware of interventional procedures as a treatment for stroke and turning to IR as a treatment, and it is vital that IRs are there to provide the services needed. In addition to the advantages associated with all minimally invasive treatments, IR therapies have a unique role in stroke management. When a patient suffers a stroke, acute IR procedures such as intra-arterial thrombolysis and mechanical thrombectomy can be used to save parts of the patient’s brain that are damaged but not dead.

Interventional radiology is already part of endovascular stroke treatment due to the education, training and experience of IRs. Minimally invasive treatments are becoming more and more included in discussions about patient care, allowing IRs to take a more central role in stroke care in addition to IR’s place at a multidisciplinary level with other specialties. The potentially huge growth in this field and the wider implications for IR of the connected issues means that discussion of this topic is of as much interest to general interventional radiologists as it is to those already closely involved in the area.

After attracting major interest from CIRSE delegates in 2011 and a significant increase in session attendance in Lisbon in 2012, with most rooms filled to capacity, the Neurointerventions Track was expanded even further at CIRSE 2013 and included two Foundation Courses, two Special Sessions, three Workshops and a Hot Topic Symposium. The main emphasis of the Neurointerventions Track was stroke management, but topics also included intracerebral aneurysms, AVMs and epistaxis, allowing participants to have a rounded overview of neurointerventional procedures.

Hot Topic Symposium

The Hot Topic Symposium Intra-arterial stroke management – should this be an IR procedure? explored the role of IRs and interventional treatments in stroke management. This session was a highlight of CIRSE 2013, and saw experts gather to discuss concerns and issues around the provision of treatments and how these can be solved. Prof. Dierk Vorwerk (Ingolstadt/DE) opened the session by outlining the most recent developments regarding the training of neuroradiologists and other specialties for neurointerventions. This is an important discussion due to the core role training has in IR’s role in stroke management.

This was followed by Dr. Tommy Andersson (Stockholm/SE) arguing for the position that intra-arterial thrombectomy, a treatment which has had a large impact on modern stroke treatment and is set to become even more significant in the future, should only be performed by dedicated neuroradiologists. Prof. Klaus Hausegger (Klagenfurt/AT) responded by arguing that well-trained general interventional radiologists have the necessary skills and knowledge to safely perform intra-arterial
Neurointerventions is a fast-growing area of IR, and CIRSE 2013 provided a platform to find out more about the key techniques and themes in this exciting subject.

There was a range of options for congress-goers to deepen their knowledge of neurointerventions.

At the Hands-on Workshops, participants could test several devices specifically intracranial thrombectomy on a flow model, with experts on hand to supervise and share their expertise and advice.

A further focus on neurointerventions was found in the Foundation Courses, which are generally designed to provide an overview of the basic principles and procedural techniques in a step-by-step fashion for a specific area of interventional radiology. The Essentials of Neurointerventions Foundation Courses were aimed at radiologists-in-training, new consultants and experienced consultants who wanted a refresher course on the subject.

These Foundation Courses focused on stroke management, addressing the aspects of the procedure which were most relevant to IRs interested in expanding their understanding of therapies for stroke. Each Foundation Course had a number of experts using their own experiences and knowledge to provide a thorough foundation for any IR hoping to increase their skills in stroke management.

Other sessions at the congress discussed the best methods of preventative stroke management, including intracranial and extracranial stenting techniques, revascularisation in stroke management and problems and solutions for ischaemic stroke management.

Neurointerventions is a key part of our discipline, and CIRSE is proud to host debates into the latest research, as well as courses which give IRs the chance to expand their horizons in neurointerventions.

There is increasing evidence that urgent restoration of cerebral circulation by mechanical thrombectomy is one of the most important factors determining the fate of patients with acute ischaemic stroke.
CIRSE meetings are famed for their rigorous scientific programmes, internationally renowned faculty and innovative session types. They are also famed for being held in some of Europe’s most beautiful, exciting destinations!

We are proud to announce the destination for CIRSE 2014: relaxed and hospitable Glasgow. The city has much to offer our members, with excellent congress facilities on hand during the day, and superb extra-curricular activities available in the evening.

Join the fun
While the scientific programme needs some final touches, it’s shaping up to be one of our best congresses yet. So mark your calendars and book your flights – Glasgow is the place to be in 2014!

Spread the word
Make sure that your colleagues come with you – we’ve included a promotional poster for your department noticeboard. Simply pull it out and stick it up, and let the countdown begin!
Tucked away in the north-western corner of Europe lies a hidden gem: vibrant and welcoming Glasgow. But all eyes will be on Glasgow in 2014 when the city becomes the stage for a host of international get-togethers, from the 2014 Commonwealth Games to CIRSE 2014!

Why Glasgow?

Not only does Glasgow boast the award-winning Scottish Exhibition and Conference Centre (the venue for CIRSE 2014), it has a proud history of science and technology. A hub of trans-Atlantic trade and ship-building expertise, the city’s enthusiastic embrace of the Industrial Revolution made it one of the world’s pre-eminent centres for chemicals, engineering and textiles. This passion lives on, and Glasgow forms part of Scotland’s ‘Silicone Glen’, as well as boasting a large number of bio-technology and petro-chemical research facilities. With these and its many science and engineering museums, the city has rebranded itself a City of Science, thanks to a partnership of over 50 organisations.

Academic hub

The CIRSE Annual Meeting is devoted to the exchange of knowledge. This tradition is also part of Glasgow’s heritage, which formed an important centre of the Scottish Enlightenment. Even now, Glasgow has the second largest student population in the UK, and its universities are internationally renowned as centres of learning and research.

Cultural gems

Glasgow’s industrial and academic clout made it wealthy, and this wealth transformed the city, which has been recognised as one of the UK’s top cities for architecture. Well-preserved Victorian sandstone buildings sit comfortably alongside the Art Nouveau works of Charles Rennie Mackintosh and the modern creations of architects such as Norman Foster.

Visitors can also enjoy Glasgow’s many parks, museums and art galleries, most of which are open free of charge. Its unique and cosy character make it a hit with visitors, and the city’s excellent track record in hosting major conferences mean that we can look forward to a congress to remember.

A city with character

Glasgow has a bustling, cosmopolitan character, and the urban regeneration schemes of the 1970s and 1980s have transformed it into a forward-thinking cultural melting pot, with a vibrant music scene, many stylish boutiques and art spaces, and a reputation for having the UK’s best selection of vegetarian and vegan restaurants.

However it hasn’t lost its Scottish soul, and the beautiful shores of Loch Lomond, the majesty of Stirling castle, and the heady scent of world-famous distilleries are just a short journey away. With two international airports located nearby (Glasgow and Edinburgh), getting there couldn’t be easier.

At CIRSE 2014, Glasgow will once again be at the forefront of research and technology – be sure to join us for a congress to remember!
Controversies in Vascular Interventions

Sunday’s Controversy

Controversies in portal hypertension

A number of interactive e-voting sessions allowed greater audience participation, including the “Controversy” sessions.

TIPS should be the primary therapy for refractory ascites

- Pro: 67% Before, 80% After
- Con: 33% Before, 20% After

TIPS should be the primary therapy for severe variceal haemorrhage

- Pro: 49% Before, 37% After
- Con: 51% Before, 63% After

Gastric variceal haemorrhage after failed endoscopic therapy: BTRO vs. TIPS

- BRTO: 27% Before, 25% After
- TIPS: 73% Before, 75% After
Monday's Controversy
Controversies in aortic intervention

Chimneys and periscopes can replace fenestrated and branched endografts

- **Pro:**
  - Before: 30%
  - After: 44%

- **Con:**
  - Before: 56%
  - After: 70%

Multilayered stents have a role in aortic aneurysm

- **Pro:**
  - Before: 41%
  - After: 51%

- **Con:**
  - Before: 49%
  - After: 59%

Evidence supports TEVR in patients with uncomplicated acute type B dissection

- **Pro:**
  - Before: 27%
  - After: 56%

- **Con:**
  - Before: 44%
  - After: 73%
There is sufficient evidence to treat Type 2 endoleaks post EVAR

There is sufficient evidence to treat Type 2 endoleaks post EVAR

Portal and aortic hypertension, endoleak management and other vascular topics were debated

Tuesday’s Controversy

Controversies in endoleak management

EVAR: Type 2 endoleaks should be treated by transarterial embolisation

EVAR: Type 2 endoleaks should be treated by transarterial embolisation

Before

After
Interactive voting allowed the audience to decide which speaker’s evidence was most convincing.

**Wednesday’s Controversy**

*Controversies in vascular intervention*

BTK occlusion – after a failed antegrade attempt, transpedal access should be attempted before fem-distal bypass

- **Pro**
  - Before: 67%
  - After: 90%

- **Con**
  - Before: 33%
  - After: 10%

Patients with lifestyle limiting claudication should be treated by exercise therapy before angioplasty

- **Pro**
  - Before: 50%
  - After: 77%

- **Con**
  - Before: 23%
  - After: 50%

There is enough evidence to justify lysis/thrombectomy for acute iliofemoral DVT

- **Pro**
  - Before: 52%
  - After: 51%

- **Con**
  - Before: 48%
  - After: 49%
MEETING

CIRSE meets the European Society of Hypertension – Understanding Renal Denervation for Resistant Hypertension

Robert Bauer, CIRSE Office

At CIRSE 2013, the Society took its efforts to inform the IR community about renal artery denervation to the next level. Connections to the European Society of Hypertension (ESH) were strengthened by the CIRSE meets ESH session. Intended to educate interventional radiologists (IRs) about resistant hypertension and its implications, the session was equally successful in demonstrating the crucial role of hypertension specialists in patient selection and the value of a sound inter-disciplinary partnership in this field.

Catheter-based renal artery denervation has been one of the hottest topics in interventional medicine since the publication of the Symplicity I & II trials. The treatment is gradually gaining a foothold in hospitals across the continent and is experiencing a veritable boom in Germany, the first nation where reimbursement is available. Skilled in renal arterial interventions, the European IR community is embracing this new procedure.

The CIRSE Renal Denervation Task Force (Jon Moss, Mick Lee, Anna Belli, Dierk Vorwerk, Jim Reekers, Jan Peregrin) has been hard at work guiding the Society’s efforts in such a way that European IRs will be able to count on the best possible support in developing a renal denervation service based on evidence and appropriate patient selection. Hypertension specialists who perform the crucial diagnosis of true resistant hypertension are key partners in this treatment pathway and the RDN Task Force was quick to establish a channel of communication with the European Society of Hypertension.

The CIRSE RDN Task Force decided to strengthen ties between the societies in order to extend to the CIRSE Membership the possibility of hearing expert views on a new therapy for a very “old” medical condition. An official invitation was sent to the European Society of Hypertension to attend CIRSE 2013 and present the scientific data on resistant hypertension and current treatment options.

The speakers and topics that ESH forwarded to CIRSE promised a fascinating session at the Annual Meeting. Three talks, moderated by Profs. Jon Moss and Michael Lee from the RDN Task Force, were delivered by eminent members of the European Society of Hypertension’s Council. Prof. Antonio Coca (Barcelona/ES) presented the epidemiology of hypertension and masterfully illustrated the challenging diagnosis of true resistant hypertension and its relatively infrequent nature. ESH President Prof. Josep Redon (Valencia/ES), followed this with an interesting talk on the clinical evaluation of resistant hypertension, highlighting the need for patients to be assessed in specialised hypertension clinics. Prof. Roland Schmieder (Erlangen/DE) ended the session with an injection of realism, giving his view on renal artery denervation as a treatment for resistant hypertension.

Following some interesting questions from the floor and moderators, the ESH delegates and the CIRSE Task Force met behind closed doors to discuss how the two societies could co-operate further. The emergence of renal denervation was discussed in an amicable atmosphere and much common ground was found on the need for more...
Ideas and experiences were also exchanged about identifying centres that are active in Europe and have the appropriate infrastructure in place for RDN performance and good concurrent data collection. This should prove useful in matching centres that would like to set up an RDN service, with the opportunities to do so and become involved in data collection, such as involvement in registries.

Hypertension specialists are crucial members of the multidisciplinary team performing renal denervation and proper patient selection, as demonstrated by the ESH delegation so convincingly, will be key in establishing the correct role of renal denervation. IRs, at the European level at least, have found a partner in this endeavour and CIRSE is grateful to the ESH for sharing their valued expertise and experience. The first reunion is already planned for January, when ESH delegates will visit the CIRSE offices in Vienna for a kick-off meeting on writing the joint position statement – a date to look forward to.

The time schedule for publication was planned in such a way that a draft would be ready in time for the publication of the HTN-3 trial, expected in mid-2014. This should allow the position statement to swiftly incorporate any new insights this trial may report and publish a state-of-the-art paper before CIRSE 2014.
Amazing Interventions

This exciting new session type showcased innovative solutions to a wide range of challenging cases

Interventional radiology is a specialty for innovators – the field was born in the imagination of early pioneers, and over the last 50 years, has grown to encompass a vast number of procedures. But while IR is steadily moving towards rigorous clinical data collection for our existing procedures, the days of innovation are far from over...

In order to demonstrate some of the innovative solutions that our members are still finding when faced with the unexpected, the CIRSE 2013 congress featured an exciting new session format: Amazing Interventions.

The panel consisted of well-known IRs from around the world, from New Zealand, Italy, the USA, India and the UK, who each brought a case study demonstrating how quick-thinking can help treat even the most difficult of patients.

These cases were as diverse as the panellists themselves, and addressed unusual applications and approaches for GI stenting, aortic interventions, bone interventions, cancer management and vascular interventions. To give you a taste of what the session had to offer, we’ve provided a short summary of two select cases below:

Bone Interventions

Giovanni Carlo Anselmetti (Turin/IT)

Dr. Anselmetti was faced with a 75-year-old male, with multiple bone metastases from prostate cancer, referred for treatment of a symptomatic pathological fracture of the left humeral neck. He had had previous surgical pelvic dissection for recurrence (lymphadenectomy, colostomy and cutaneous ureterostomy) two months before and was bedridden due to massive bilateral deep vein thrombosis, requiring an inferior vena cava filter.

Pelvic abscesses and secondary entero-cutaneous fistula complicated surgery, while plain radiographs showed an osteolytic lesion of the upper diaphysis of the left humerus with fracture displacement. Surgical humeral stabilisation was contraindicated due co-morbidities and the high risk of osteomyelitis related to pelvic abscesses.

Because neither ablation nor osteoplasty alone could achieve complete consolidation, osteoplasty combined with metallic nail insertion for stabilisation was offered to the patient. Under deep sedation and digital hybrid fluoroscopic and CT guidance, a 13 G beveled vertebroplasty needle was manually inserted through the humeral head and advanced along the bone shaft to reach the distal part of the diaphysis.

The needle was then exchanged for a bigger 8 G metallic kyphoplasty introducer over a Kirschner guide-wire. Through the cannula, eight metallic tunnelers, normally used for central venous catheter placement, were used as bone nails, and sequentially introduced into the bone shaft and across the lesion by deploying them with the introducer stylet. This process was continued until satisfactory fracture alignment and shaft stabilisation were obtained.

Finally, a 10 G needle was reinserted in the humeral shaft over the last metallic guide wire. 20 ml of radiopaque bone cement were injected from distal-to-proximal. Post-procedural rotational acquisitions with MPR demonstrated a satisfactory bone fragment alignment as well as good lesion filling with minimal cement leakage.
Incredibly, the patient reported complete pain relief within 24 hours and regained complete left arm functionality. His intravenous narcotics were progressively suspended within a week.

Radioembolisation – when is it time to say no?

Constantinos Sofocleous (New York, NY/US)

A 75-year-old man with colorectal liver metastases and multiple comorbidities (pulmonary embolism, CAD s/p PTCA/stenting) presented at Memorial Sloan Kettering Cancer Center. He had a 10-year history of synchronous metastatic colorectal cancer, and had already received a right hemicolectomy, a wedge biopsy of lesion in segment 7, RFA (2003) and was part of an adjuvant vaccine trial. Following initial presentation in MSKCC in 2004, he had enlarging metastases while on chemotherapy; CEA 256. He received right hepatectomy and HAIP placement, and then resection and HAIP. Recurrence in 2007 led to additional chemo with irinotecan and cetuximab with response, and subsequent wedge resection of segment 4A. In 2011, doctors found recurrence at the resection margin: this was initially treated with capecitabine, showing excellent response followed by additional non-anatomic resection. However, by 2013, the patient showed progression of liver disease. Additional chemotherapy with Panitumumab and 5FU was complicated by skin toxicity.

Preparations were made for radioembolisation, to be performed on June 14. In the previous 6 months, his bilirubin levels ranged from 1.3 to 2.3. However, between June 3 and June 10, they suddenly spiked from 1.6 to 7.5.

As he showed left hepatic duct obstruction and impending segment 4 isolation, a biliary stent was placed. By June 24, his bilirubin levels were back to 3.0.

Radioembolisation was performed on July 12 (by which time, bilirubin levels were 1.4). While conventional wisdom would refuse treatment in such a poor candidate, Dr. Sofocleous found that as long as you can take a safe approach, you can keep treating. Intrahepatic primary biliary stenting allowed safe salvage SIRT in a heavily pre-treated patient with CLM and obstructive jaundice.

The Panel

The session was co-ordinated by Robert Morgan (London/UK) and Mario Bezzi (Rome/IT), who invited renowned IRs to explain one of their most interesting and unusual cases. The panel was made up of:

Giovanni Carlo Anselmetti (Turin/IT)
Mike Dake (Stanford, CA/US)
Phil Haslam (Newcastle-upon-Tyne/UK)
Andrew Holden (Auckland/NZ)
Tarun Sabharwal (London/UK)
Sanjiv Sharma (Delhi/IN)
Constantinos Sofocleous (New York, NY/US)
Eric Walser (Galveston, TX/US)

Due to the popularity of this session and the positive feedback given, the session format will be repeated in 2014 – be sure to join us!
be inspIRed

CIRSE’s Student Programme gives undergraduate medical students the chance to get better acquainted with IR

First introduced in 2010, the popularity of our Student Incentive Programme keeps growing and growing. Every year we receive great feedback, and this year’s outstanding comments assured us that we are constantly improving, with the dedicated student sessions proving ever more in demand.

Currently, the programme is open to undergraduate medical students from all European countries, and free registration was granted to over 300 participants. The first two hundred registrants from outside Barcelona received a Travel and Accommodation Grant of €200 and all students received a complimentary public transport travel card to use within Barcelona. This year’s feedback highlighted that without such benefits, attending CIRSE 2013 would not have been possible for some students.

Building on feedback from the previous year, we added several new features to this year’s format, which were well received by participants. The new Students’ Lounge became a popular place for students to relax, write up their notes and meet their peers from around Europe. The lounge was frequently busy, with students keen to engage with each other about what they had just seen and learnt, and feedback noted that these exchanges benefited students. Feeding their hunger for knowledge wasn’t enough for us, so a complimentary lunch was available in the lounge every day so that students always felt ready for the next workshop or lecture.

A printed student programme made it easier for students to see what sessions were suitable for them, so they didn’t feel overwhelmed by the full congress schedule. There was a Recommended Programme of suggested sessions to attend and a Dedicated Programme that was specifically designed for students. The “Introducing IR” sessions were held in English and Spanish and a unique hands-on experience was offered thanks to the kind co-operation of COOK Medical, Cordis, Mentice and Simbionix. These dedicated sessions attracted a large number of students, who reported back positively on these insightful sessions.

With free Wi-Fi at the congress centre, students could stay in touch with what was going on by checking our dedicated student website and Facebook page, which proved a great means of connecting students and engaging with them. We held two competitions on our Facebook page and both had impressive prizes! The winner of our photo competition received free access and a Travel and Accommodation Grant to the next CIRSE 2014 in Glasgow. We also gave away free tickets to the CIRSE 2013 Party, giving one hundred lucky students the chance to socialise with each other as well as top interventional radiologists in a relaxed and friendly setting.

Students were delighted to interact with experienced IRs, who were equally enthusiastic about imparting their knowledge and sharing their passion for medicine. For many students, the congress was an opportunity to improve their knowledge of IR, and meeting leaders of the field encouraged them to start planning their career in this innovative discipline. We look forward to welcoming them as fully fledged IRs in years to come!
Participants greatly appreciated this year’s new innovations, such as the Students’ Lounge and the special printed programme.

**Student Testimonials**

“First of all, it was very beneficial to have a programme printed specifically for students. I found the pocket guide overwhelming, so the student programme made it easier to choose what sessions to attend. I was very impressed at the overall structure and organisation of the conference, including providing free transportation for the underground and awarding students a stipend of €200.”

“I found the conversations I had with the students I met particularly interesting and inspiring.”

“Overall it was an amazing conference and I’m glad I was a part of it. Thank you.”

“Thank you very much for the CIRSE conference in Barcelona – me and my friends had a great time and found all the lectures very useful. It has helped us a huge amount in our medical knowledge. We met some great people and made lots of new friends, so thank you for giving us the opportunity to secure travel grants, as this experience could not have happened without it!”
**Poster Awards 2013**

**SCIENTIFIC MAGNA CUM LAUDE**

Ophthalmic arterial infusion therapy for retinoblastoma

T. Yamane1, S. Suzuki2, Y. Aihara2, M. Mohri3; 1Yokohama/JP, 2Tokyo/JP, 3Kawasaki/JP

Cum Laude

Enhanced antitumor efficacy of hyperthermia and drug delivery using a doxorubicin-conjugated Resovist complex


Histological characterization and comparison of tissue effects following irreversible electroporation, vascular targeted photodynamic therapy, radiofrequency, and cryotherapy ablation: implications for focal therapy

T. Wimmer1, S. Kimm2, G. Srimathveeravalli2, D. Gerber2, A. Scherz3, J.C. Durack1, J. Coleman1, S.B. Solomon1; 1Graz/AT, 2New York, NY/US, 3Rehovot/IL

**Certificate of Merit**

Radiofrequency ablation of bilateral benign thyroid nodules

M.J. Hong; Seoul/KR

Anatomical variations in splenorenal shunt in chronic liver disease for successful IR in portal hypertension: a preliminary report


Chronic Budd–Chiari syndrome: spectrum of endovascular management

A. Mukund, S. Rajesh, A. Arora, S.K. Sarin; New Delhi/IN

Endoscopic ultrasound-guided intrahepatic portosystemic shunt in a porcine model

P. Chabrot, L. Poincloux, J. Genest, A. Abergel, G. Bommelaer, L. Boyer; Clermont-Ferrand/FR

Retrograde approach for failed antegrade recanalization for below-the-knee artery occlusions

J.D. Kim1, J.I. Bae2, J.H. Won2, Y.H. Soa2; 1Daegu/KR, 2Suwon/KR, 3Seoul/KR

**EDUCATIONAL MAGNA CUM LAUDE**

Tips and tricks for successful adrenal vein sampling

N.F. Gafoor, E. David, C. Dey, G. Annamalai, R. Pugash; Toronto, ON/CA

Cum Laude

Ultrasound-based review of neck nerve anatomy and its spatial relationships for prevention of iatrogenic nerve injuries during US-guided procedures

E.J. Ha, J.H. Baek, J.H. Lee; Seoul/KR

MR-guided focal cryoablation of recurrent prostate cancer: how we do it


**Certificate of Merit**

Grading abdominal visceral injuries in major trauma for planning interventional radiology management

D. Fascia, E. Kashef, M. Jenkins, M.S. Hamady; London/UK

Prostatic artery embolization – important anastomoses and learning when to stop

L. Fernandes, H. Rio Tinto, J.A. Pereira, T. Bilhim, M. Duarte, J.M. Pisco; Lisbon/PT

Endovascular treatment of combined aortoiliac aneurysmal disease: preserving the internal iliac artery with the snorkel graft technique

A. Picel, N. Kansal; San Diego, CA/US

Low and high-flow soft-tissue vascular malformations of the upper limbs: key MRI and contrast-enhanced MRA findings

E.P. Eyheremendy, M. Nazar, M.F. Grana, E. Mondello; Buenos Aires/AR

Vascular anatomy of the pancreas and its importance in interventional radiology

A. Williams1, D.W. Cain2, C.E. Ray, Jr.; 1Denver, CO/US, 2Aurora, CO/US

Posters form an important part of the CIRSE congress, which doctors can peruse at their leisure.
CIRSE Society Honours

Innovative leaders in the field of interventional radiology were honoured at the CIRSE Annual Congress

Gold Medal

José Ignacio “Nacho” Bilbao studied medicine at the University of Navarra and specialised in radiology at the University Clinic of Navarra (CUN), after which he worked in the hospital’s Radiology Department. After various visits to hospitals across Spain and with the help of other specialists at the CUN, Prof. Bilbao co-established the CUN’s Interventional Radiology Department, which he has headed ever since. He became Associate Professor of Radiology and Physical Medicine at the University of Navarra in 1991 and a Professor in 2007.

In 1986, Prof. Bilbao co-founded the Spanish Society of Vascular and Interventional Radiology (SERVEI), which he headed from 1992 until 1995, and he is an active CIRSE Member. He has authored 35 book chapters as well as co-editing a book on radioembolisation with Dr. Reiser. He has published 155 articles in Spanish and international peer-reviewed journals, achieving an impact factor of 200 and approximately 1,000 citations.
The CIRSE meets… sessions are a valuable opportunity for the whole IR community to benefit from the insights and expertise of group members and partner societies.

This year, CIRSE was delighted to welcome our colleagues from Singapore, who hosted a fascinating session covering several aspects of IR.

CIRSE meets Singapore

The CIRSE meets Singapore session informed listeners of the current state of IR practice in Singapore, and some of the trials they have recently conducted. Moderators Kiang-Hiong Tay and Michael Lee presided over an engaging session covering HCC, haemodialysis and CLI.

Cancer is the number one cause of death in Singapore, and HCC is the fourth most common cancer in men. Dr. Uei Pua gave a retrospective review of all cases of ultra-large HCC in the two largest hospitals in Singapore, comparing the results of cTACE, DEBDOX and Y-90. He concluded that while survival is shorter than with smaller HCCs and with surgical resection, the results are better than those with systemic therapy, and highlighted the need for further comparative studies to find the best treatment strategy.

Dr. Farah Irani described a range of randomised trials in haemodialysis access interventions across Singapore. The prevalence of end-stage renal disease in Singapore is already high and continues to rise. With haemodialysis accounting for 81.2% of renal replacement therapy, the need for multi-centre randomised trials in this area is clear, and her talk provided a thorough overview of this important topic.

In his talk, Dr. Apoorva Gogna focused on the SAFARI (Subintimal Arterial Flossing with Antegrade Retrograde Intervention) technique, a type of angioplasty used to treat critical limb ischaemia (CLI). The population in Singapore has a high proportion of BTK disease, diabetes mellitus and end-stage renal failure, as well as a high proportion of long segment occlusions and the SAFARI method may play a useful role in challenging cases.

Prizes

To raise awareness of Singapore’s hosting the 11th Asia Pacific Congress of Cardiovascular and Interventional Radiology (APCCVIR), our guests also hosted a fun raffle, where the top prize was flights and registration for the upcoming congress. Other prizes were announced and distributed at the SRS CVIR’s booth in the exhibition hall, where delegates could drop by to find out more about the meeting and the practice of IR in the beautiful island city-state.

APCCVIR 2014

To celebrate Group Member Singapore’s hosting of the most prestigious IR event in the Asia-Pacific region, CIRSE will host a reciprocal session during the APCCVIR meeting.

The 11th Asia Pacific Congress of Cardiovascular and Interventional Radiology (APCCVIR 2014) will be held in Singapore from May 15-18, 2014, and will cater for doctors, nurses, radiographers, related paramedical staff and industry.

For more information on the upcoming congress, please visit http://apccvir2014.com
The opening night of CIRSE 2013 kicked off in traditional fashion, with a lively sports event combining fun and philanthropy. This enjoyable charity event took place at the MarBella Sports Centre in Barcelona, overlooking the Mediterranean sea and providing an opportunity for colleagues to meet, socialise and enjoy themselves, whilst raising money for a worthy cause.

Runners and football players were feeling the pressure to perform better than last year, cheered on by supportive fans who joined in the fun. Leg stretches and star jumps were on show before the flag fell to signal the start of the 3.2 kilometre BTG Charity Run. The runners were unwavering in their determination to see the finish line, but it seemed that no-one could out-run Dr. Florian Wolf, who has become our regular charity run winner.

The charity run winners were Marta Gulena for the women’s and Florian Wolf for the men’s. Well done to all who took part!

Our charity sports event would not have been complete without the Football Cup. Competition was intense as teams representing Germany, the UK, France, Switzerland, the Czech Republic, Italy and even BTG strove to defeat reigning champions Spain, especially as this game was being played on their home turf. After fierce (but friendly) competition, Italy was crowned the winner. Congratulations to all teams who entered, and to the victorious IRs of Italy!

All of this stiff competition and physical exertion helped CIRSE and BTG to raise a respectable €6,643. The money raised has been donated to the Österreichische Kinder-Krebs-Hilfe (Austrian Childhood Cancer Organisation), a not-for-profit society and registered charity which provides support to the families of children and young adults suffering from cancer. We hope that our donation will help them in their good work.

Many thanks to BTG for their generous sponsorship, and to all participants in the BTG Charity Run and Football Cup. We look forward to next year’s charity fundraiser in Glasgow!
We are a multidisciplinary research team from the Delft University of Technology and Erasmus Medical Centre in the Netherlands. Our team consists of design engineers, human factor engineers, software engineers, biomedical imaging experts and interventional radiologists. Our team aims to improve image guidance for needle-guided interventions.

We distinguish ourselves from other groups, not only in using 3D ultrasound as a basic imaging modality to improve guidance, but also because we highly value the opinion of the physician. We therefore interact intensively with the end-user throughout all phases of the development process.

CIRSE 2013 proved an excellent opportunity to obtain feedback from interventional radiologists, and CIRSE kindly allowed us to have a booth at the conference. This allowed us to test our new user interface (UI) designs for TIPS and RFA with a broad range of users.

For the TIPS experiment, interventional radiologists were invited to puncture a liver phantom under the guidance of the new UI design, and were subsequently asked to provide their feedback. For RFA, participants were asked to use the new UI to correctly position the needle on a phantom and report back on their experience of performing the task.

Both UIs proved to be very effective. For TIPS, both the quantitative measurements and the participants’ feedback indicate that the UI is a very promising means of improving intrahepatic puncture in the future. The UI provides accurate guidance and real-time 3D information about needle position in relation to the anatomy. For RFA, the preliminary results show that the positioning aid will be very helpful for correctly positioning the needle before puncturing the patient.

Overall, we received good feedback and many positive reactions. The results will help us tremendously in improving our user interfaces in the future. We would like to thank CIRSE and all of the participants for this great opportunity!

Sincerely,

“The interventional cockpit team”
C. Cuijpers, E. Varga, C. Klink, J. Banerjee
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A localized, more precise treatment approach.

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Ph: 888-372-6636 © Boston Scientific or its affiliates. All rights reserved.
Thanks to a most generous invitation from CIRSE and a grant offered by Bard, Dr. Yiming Zhou and I had the opportunity to spend September visiting Beaumont Hospital in Dublin and the CIRSE conference in Barcelona.

We arrived in Dublin on September 1. It was a great honour and pleasure to meet Prof. Lee and the interventional radiology team at Beaumont Hospital. Their well-balanced team structure and high spirit of scientific study really impressed me. Their digital subtraction angiography (DSA) room was well organised and efficient. Their routine of having radiographers and nurses inside the DSA room was quite different from our tradition, and I do think this set-up has helped them in making procedures go more smoothly for the operators. Their experience in managing lower limb arterial diseases benefited me a lot technically. Team members were friendly and eager to share, and for the limited time I was there, I learned more than I had hoped for before embarking on the journey. I was more than interested in staying there longer to acquire the hands-on experience they got from a much larger volume of vascular patients than what we have in China.

Our team are presently focusing on interventional radiological treatment of HCC, which represents a major health problem in our region. Vascular disease has, in the past, been vastly underestimated in our country, largely due to a poor economy. In recent years however, China has seen some significant changes: being overweight becoming a more and more significant problem, our population aging rapidly and people becoming more and more concerned about not only life expectancy but also quality of life. As a result, vascular diseases, especially lower limb arterial diseases, are receiving much more attention than before. Naturally, our team is working hard to improve our service in this area too. This is also why I hope that in the future, I or other Chinese interventional radiologists or radiographers may have the chance of going to the Beaumont IR department for a relatively long-term period of study.

Following our stay in Dublin, we then went to Barcelona for CIRSE 2013. The conference provided a valuable platform for interventional radiologists from around the globe to communicate, as well as a helpful continued education opportunity and wonderful workshop. Up-to-date research advances, new procedural techniques and equipment, and progress in the field of multi-disciplinary collaboration on display during the conference also intrigued me greatly. To me, these are the reasons why the conference keeps on being attractive to people of various professional backgrounds and from different parts of the world. All in all, I want to thank CIRSE and Bard for providing this wonderful opportunity to observe and learn.
“The programme fulfilled by education goals and I hope to take as much new knowledge as possible to my hospital, especially for non-vascular procedures”

Visiting Scholarship Grant

Luka Novosel

As part of the CIRSE Visiting Scholarship programme, I was given the opportunity to spend two months training at the Virgen de la Salud Hospital in the beautiful city of Toledo, Spain (from November 26, 2012). Toledo has been a UNESCO World Heritage Site since 1986, due to its monumental cultural heritage as a former capital of the Spanish Empire.

From the beginning of my residency, I have been greatly interested in interventional radiology, so receiving this grant was very encouraging. My main educational goals in Spain were to learn about and acquire skills in non-vascular procedures, for which there is a growing demand in my hospital, the University Medical Center Zagreb.

During my stay at the interventional radiology department, I was under the supervision of Dr. Carlos Lanciego Perez, who was an excellent teacher and mentor, and was eager to make things easier for me from day one. I also have to give special thanks to the rest of the experienced staff, including the Head of the Interventional Radiology Department, Dr. Lorenzo Garcia-Garcia, and Dr. Juan-Jose Ciampi, who guided me through all the procedures and gave me a lot of clinical information, as well as the technicians and nurses who were always ready to help in every way.

Once I had been introduced to everyone on the radiology team and made familiar with the working routine in the angiosuite, I was able to participate actively as an assistant, and even got the chance to perform certain procedures. In the course of my stay, I took part in approximately 350 vascular and non-vascular procedures.

Dr. Lanciego and his interventional team are well known in Spain and beyond for their experience and skill in non-vascular interventions, so during my stay I had the opportunity to become familiar with the management of benign and malignant biliary obstructions, including drainage, stenting and percutaneous treatment of biliary stones. I also learned how to perform percutaneous gastrostomy and nephrostomy catheter placement, dilatation of urethral strictures, pulmonary and hepatic RFA and all about nasolacrimal stenting in the treatment of epiphora, for which my mentors were asked to write a chapter in Mauro’s Image Guided Interventions. A variety of vascular procedures were performed, including PICC and IVC filter placement, UFE and obstetric haemorrhage embolisation, varicocele embolisation and even selective arterial prostate embolisation.

The radiology department held meetings three times a week, at which interesting cases and complications from daily practice were discussed, followed by a presentation on a specific topic. Working as a part of this new team was a great experience, and taught me a lot about the patient-doctor relationship and communication, which is of a very high standard at Virgen de la Salud hospital.

I finished my scholarship programme with all my educational goals fulfilled and I hope to apply as much new knowledge as possible in my hospital, especially for non-vascular procedures.

I would like to express my gratitude to the CIRSE Foundation for making this experience possible and I hope it will continue to inspire young radiologists in the future. Dr. Lanciego and his team have my full admiration and I am very thankful for all their valuable lessons and, most of all, for being good friends. I hope we will have a chance to work together and collaborate again in the future. I would also like to thank all my fellow residents at the hospital for making me feel at home.
Pedro Pegado

I would like to express my sincere gratitude to Prof. Andy Adam and Dr. Tarun Sabharwal for kindly accepting me at the Interventional Radiology (IR) Department of St Thomas’ Hospital during the first two weeks of June 2013.

I am beginning the second year of my residency programme in radiology and I first had contact with IR a few months ago. Since then, I am able to see a whole new world of opportunities in the therapeutic field, with IR at its centre. To be part of this department, even just for two weeks, was very important – crucial, even – for my residency orientation, and has probably sown the seed for something bigger...

The IR Department of St Thomas’ Hospital is well-known all over Europe for its expertise in vascular intervention, but nevertheless performs a wide range of non-vascular procedures. During my stay I saw and participated in several procedures such as line insertion, peripheral angioplasty and stenting, US- and CT-guided biopsies, drainages, percutaneous gastrostomy, percutaneous renal and biliary interventions, vertebroplasty, radio-frequency ablation and endovascular aortic stent graft procedures. The department has three suites, as well as a new and fully equipped hybrid theatre where more complex endovascular procedures are done in collaboration with vascular surgeons. I was very impressed with the relationship between the different disciplines, such as radiology and vascular surgery, and how they work together to achieve the best results for the patient.

The scholarship also allowed me to meet some fellows and begin to establish a contact network, and it was also an opportunity to acknowledge the challenges IR faces in different countries. Apart from the time spent at the hospital, I could also enjoy London, a city where our main problem was choosing what to do, since it has such a wide cultural offering.

“I was very impressed with the relationship between different disciplines, such as radiology and vascular surgery, and how they work together to achieve the best results for the patient”

Left to right: Irfan Ahmed, Pedro Pegado, Renato Dourado

I would like to give special thanks to Mr. Renato Dourado, who showed me remarkable hospitality. I would also like to express my gratitude to the whole team – the consultants, fellows, residents, nurses and radiographers, for their warm reception and helpful explanations.

As a recipient of the Visiting Scholarship, I would like to express my sincere gratitude to the CIRSE Foundation; it is really important and means a lot to residents like myself that you believe in our efforts to reach our higher educational goals in order to develop our speciality.
ESIRonline – a growing database of IR education

Claudia Schuster, CIRSE Office

Now in its second year, the live stream broadcast from CIRSE 2013 hosted on ESIRonline was a roaring success, attracting more than 500 viewers who were able to follow sessions from the four largest lecture rooms in real time. Of course, these presentations are still available to CIRSE Members even after the event, being among the impressive number of 956 CIRSE 2013 lectures and posters which have since been added to ESIRonline’s ever-growing presentation library.

The ESIRonline Packages

In 2013, a new campaign to increase ESIRonline’s profile as a research and educational tool was launched, including the creation and promotion of topic packages. The ESIRonline Editorial Board’s successful initiative of creating compact bundles of presentations on selected important areas of IR using the most impressive material from past events will be continued in 2014.

So far, the packages cover the following topics:
- Biliary interventions
- Bleeding Embolization
- SIRT for CRCLM
- Renal Access
- Renal Tumour Ablation
- Aortic stent-grafting
- Treatment of aorto-iliac occlusive disease

In 2014, the Editorial Board will continue to compile packages on selected topics and keep the existing compilations updated with new material when it is added to the library.

Update to Search Tools

Very recently, the search tool of ESIRonline received an important update with the consistent categorisation of all presentations using the same system of primary and secondary topics across the different events.

2014 will see several new projects on ESIRonline, including subscription options for non-members and recommended preparation material for the EBIR examination.
To allow more tailored learning, ESIR will be restructuring its courses slightly in 2014. Two categories, expert and fundamental, will now be offered. Course co-ordinators will be given more scope to structure the course to best communicate the subject matter, and a greater emphasis will be placed on hands-on learning.

**Expert Courses**

These courses are specially designed for delegates who are already familiar with the theory of and literature on the topic. To reflect this, lecture times are reduced, in order to allow more time for practical learning. The lectures that are held will focus on tips and tricks.

- **Management of Resistant Hypertension: Renal Artery Denervation**
  - Paris, France, April 14-15
  - Hôpital Européen Georges Pompidou

- **Prostate Emobilisation**
  - Zaragoza, Spain, May 30-31
  - Hospital Clinico Universitario CIBA

- **Practical Approach to HIFU**
  - Milan, Italy, June 6-7
  - European Institute of Oncology

- **Stroke Intervention**
  - The Hague, Netherlands, November 14-15
  - Haga Teaching Hospital

**Fundamental Courses**

Fundamental courses cater for those doctors who are either beginning their IR career, or who wish to refresh or broaden their existing portfolio. Lectures will focus on both theory and clinical application, with sufficient time also given to hands-on learning.

- **Embolisation in acute haemorrhage**
  - London, United Kingdom, May 9-10
  - Royal London Hospital

- **Peripheral Arterial Disease**
  - Homburg, Germany, May 23-24
  - University Hospital Saarland

- **Genital Urinary Interventions**
  - Prague, Czech Republic, October 17-18
  - Institute for Clinical and Experimental Medicine

- **Venous Access and Dialysis**
  - Marseille, France, December 11-12
  - CHU Timone – University Hospital

For more information, please visit [www.cirse.org/esir2014](http://www.cirse.org/esir2014)
"During this fellowship I had the chance to assist in and perform many vascular and non-vascular procedures, many of which are not performed in my hospital."

Fellowship Education Grant
Hálvio Rodrigues Duarte

My interest in interventional radiology (IR) began very early during my residency in radiology. I first started to observe and later to help Dr. Maria José Sousa, the IR chief of my hospital, Instituto Português de Oncologia do Porto in Portugal, performing non-vascular procedures and, thanks to her, I developed a strong interest in IR.

In Portugal we have a five-year residency programme in radiology and in the last year we have subspecialty training, similar to a fellowship, included in the programme itself. That was the perfect opportunity for me to learn more about IR, and the CIRSE Foundation Grant made it possible and achievable!

I worked as a fellow at Hospital Clínico Universitario in Valencia, Spain, for four months (November 5, 2012 to March 1, 2013). Dr. Julio Palmero is the chief of the radiology department and he is also a renowned interventional radiologist. Not only is he an excellent interventional radiologist, but also a very kind person who enjoys passing his knowledge on to the residents. I have to thank him for accepting me in his department and for all the time he spent teaching me some of his skills. I would also like to thank all the consultants, nurses, residents and the rest of the staff in the department who were always very friendly and helpful, making me feel at home.

During this fellowship I had the chance to assist in and perform many vascular and non-vascular procedures, many of which are not performed in my hospital. The vascular procedures included aorto-iliac and lower limb angioplasty and stenting, inferior vena cava filter placement, liver embolisation, peripherally inserted central catheter placement and endovascular aneurysm repairs (EVAR), among others. The majority of the non-vascular procedures were US- or CT-guided biopsies, radiofrequency ablation of hepatic tumours and biliary drainage and stenting.

The close relationship with the clinicians made it possible to discuss many of the clinical cases with the IR team, in order to offer the best treatment option to the patient.

Valencia is also a wonderful city, the third largest in Spain and is located on its Mediterranean coast. It is a beautiful city, not only for its historic centre but also for its modern City of Arts and Sciences, sunny weather and excellent food.

Finally, I would like to thank the CIRSE Foundation for their invaluable support and Tanja Valentinitsch for all her help.
For three weeks in March 2013, I had the opportunity to visit the Department of Cardiovascular and Interventional Radiology at the Medical University of Vienna. This visiting observership was made possible by a visiting scholarship grant from the CIRSE Foundation.

The Institution

The department in Vienna is dedicated to cardiovascular and interventional radiology, offering a broad spectrum of cardiac diagnostic imaging and almost all currently available IR procedures, including neurointerventions.

There are three modern angiosuites including DSA, each equipped with anaesthesia equipment, offering general anaesthesia and intubation if needed. There are two CT scanners (256 and 64 MCT), two MRI scanners (3.0 T and 1.5 T) and an ultrasound unit, satisfying the needs of modern diagnostic imaging in IR, as well as providing the capability of image-guided interventions.

The head of the department is Prof. Johannes Lammer, an internationally renowned and passionate interventional radiologist, who has contributed to the steady development and progress of IR for the last few decades.

His team consists of six full-time interventional radiologist consultants and six residents, who are offered specialised training at an early point of their residency, as well as a number of technicians and nurses.

The working day started at 07:30 with a daily meeting involving physicians, technicians, nurses, students and where appropriate, referring colleagues.

The imaging for the interventions scheduled that day was reviewed and discussed, and access path and materials were defined, helping the technicians and nurses to prepare the procedures. After that, the cases from the previous day were reviewed and frankly evaluated and further proceedings were defined. The meeting normally lasted between 30 to 60 minutes, depending on the case load. After the meeting, the daily routine started, which normally lasted until 03:30. In the afternoon, the physicians attended meetings or had time for their research and other projects they were involved in.

In Vienna, there was excellent interdisciplinary cooperation between the IR team and the referring physicians. There were several boards and meetings during the week, including tumour boards and colloquia for cardiovascular disease cases. For more complex interdisciplinary interventions, there were special days organised during the week: for example, Tuesday was “aortic intervention day”.

This pre-selection facilitated scheduling and organisation for all the involved specialists (interventional radiologists, vascular surgeons, anaesthesiologists), meaning there was a smooth and safe workflow, providing patients with state-of-the-art medical treatment to the highest standard of modern medicine.

Objectives and Experience

The focus of my visiting scholarship was mainly vascular and neurointerventions, especially stenting in aortic disease and carotid stenting, neither of which are performed by interventional radiologists at our hospital. I wanted to learn about indications, techniques and materials used, as well as pre- and post-procedural imaging and treatment of patients.
“During my three-week stay, I had time to think about the status of IR in the setting of interdisciplinary co-operation with referring physicians”

Dr. Florian Wolf, my host in Vienna, was very hospitable and kind. He was always helpful, answering my questions and explaining a lot of different techniques, especially in aortic stenting. He was also very interesting in how we do things at our home department and discussions with him were quite interesting. All in all, it was a great pleasure to watch his great work and to learn from him.

I’d like to thank all the other physicians as well – Dr. Wolfgang Matzek, Dr. Domagoj Javor, Dr. Andreas Kaneider, Prof. Maria Schoder, Dr. Martin Funovics, Prof. Christian Loewe, and of course, Prof. Johannes Lammer, for giving me an insight into their great work and making me feel welcome all the times.

During my three-week stay, I had time to think about the status of IR in the setting of interdisciplinary co-operation with referring physicians. Interventional radiology is a relatively young subspeciality, offering a very rich and growing spectrum of interventions covering almost all parts of the human body. In my opinion, exclusive dedication to IR is one major key to future success.

The interventionist combines handicraft and intellectual work. He has to be able to perform complex procedures while following all safety standards of patient care. He has to provide expert medical knowledge, not only radiological knowledge, but also clinical knowledge. Due to the steady progress of science, materials and techniques, the learning and forming of skills is a lifelong process.

If IR wants to build firm foundations in modern interdisciplinary medicine, this should be achieved by providing high quality with high standards. By doing so, IR will be more and more acknowledged by referring physicians and respected as a member of interdisciplinary boards, e.g. tumour boards, not only for diagnostic purposes but also for offering valuable treatment to patients. Only specialisation and continuous training can provide these high standards and thus state-of-the-art patient care.

Last but not least, I would like to thank Ms. Valentinitsch from the CIRSE Office. My application for the grant was exactly within the eight weeks’ time limit. Due to her fast response to my inquiries, she was instrumental in making all of this possible.