

1/2010

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CIRSE welcomes Korea as its newest Group Member

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Cardiovascular and Interventional Radiological Society of Europe

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oekostrom
independent of oil and nuclear

In its pursuit to support research, CIRSE is now commencing a new registry on filter retrieval

Dear Colleagues,

Jan Peregrin

Although my last president's report is only a few months back, it seems much longer, as it has truly been a busy time for CIRSE.

As you may know CIRSE has been supporting Interventional Quarter (IQ), a major public relations campaign in the form of a magazine describing the benefits of Interventional Radiology to non-radiologists. With a circulation of 35,000 IQ is aiming to reach hospital administrators, health-care providers and insurances across Europe – in one word those responsible for assigning what unfortunately matters most for the future of our discipline; the necessary funds. You have already received the first two copies on diabetes and oncology and an issue on stroke is currently being produced.

Although in view of the myriad of publications one receives on a daily basis it is sometimes tempting to connect your in-tray directly to the paper shredder, I urge you to take a few minutes to look through IQ. It is truly an exceptional publication shedding light on our "obscure" specialty. It is important that we all think of people in our environment who do not fully appreciate the benefits of Interventional Radiology and forward Interventional Quarter to them.

CIRSE has also been working strongly on strengthening its ties with other societies, be it within Interventional Radiology or representing neighbouring medical specialties. At CIRSE 2010 we will meet the SIDI, our group member representing the Spanish-speaking countries of Central and South America. Another session will be dedicated to the European Society of Anaesthesiology (ESA).

In May CIRSE will co-host two sessions at the German Radiology Congress, one dedicated to the thoracic aorta and the other to interventions in the abdominal aorta. It will be a great honour to participate in one of the longest standing radiological events and I will do my best to polish up my German for the occasion. In September I will head a delegation representing CIRSE at the annual congress of the Chinese Society of Interventional Radiology in Guangzhou. With 6,000,000 inhabitants it is what the Chinese call a medium sized town, I believe. In any case it will be a great pleasure to visit our Chinese group members and

strengthen our ties with this very active and committed society.

I am happy to say that preparations for our 2010 congress in Valencia are also well on their way. You recently received the second announcement and full programme and I am sure you noticed that the Scientific Programme Committee has outdone itself once again, making CIRSE the only European congress to truly cover all areas of minimally invasive image guided therapy. In this context I would like to thank our corporate partners who make our outstanding annual meeting possible. Our colleagues from the industry have also shown great commitment to our society throughout the year, supporting registries and educational grants. On March 1st abstract submission for CIRSE 2010 ended and I am pleased to inform you that once more we passed the 1,000 abstract mark.

After last year's AngioSeal Registry, CIRSE is now commencing a new registry on filter retrieval under the leadership of CIRSE Vice-President Michael Lee. In the coming months you will all receive invitations to join this project and I hope you will find the time to enter your cases.

As you can see, the start of the year has been very fruitful for CIRSE and we hope that with your help we will be able to continue with this momentum.



CIRSE supports major IR public relations campaign – 35,000 copies of every IQ issue distributed worldwide



S O C I E T Y

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CIRSE has been working strongly on strengthening its ties with other societies, be it within Interventional Radiology or representing neighbouring medical specialties.

Meet the new Executive Committee



JAN PEREGRIN
President

Born and raised in Hradec Králové (former Czechoslovakia), Prof. Jan Peregrin has spent most of his career at the Institute for Clinical and Experimental Medicine in Prague, where he heads the department of radiology. He has been an integral part of the CIRSE community since its beginnings, attending every one of its annual congresses and holding numerous offices, including congress chairman for the Prague meeting in 1999, chairman of the programme planning committee and treasurer.



MICHAEL J. LEE
Vice President

After his radiology residency in Ireland, Prof. Michael Lee completed a fellowship at the Massachusetts General Hospital and worked as a staff member in said hospital from 1991 to 1995 before returning to Ireland as an interventional radiologist and professor of radiology at the Royal College of Surgeons. He has been a member of the CIRSE Executive Committee for several years, holding positions such as educational officer, programme committee chairman and treasurer.



ANNA-MARIA BELL
Treasurer

After receiving her medical education at the University of London, A.M. Belli worked as a senior lecturer at the University of Sheffield before returning to London where she was made the first female professor of Interventional Radiology in 2008. Prof. Belli has headed the British Society of Interventional Radiology (BSIR) and held board positions in the Royal College of Radiologists and the Council of the British Institute of Radiology. In 2007 she joined the CIRSE executive committee as chairperson of the rules committee, followed by her current appointment as treasurer.



JIM A. REEKERS
Foundation AC Chairman

Prof. Reekers trained at the University of Amsterdam where he received his PhD in 1994. He has been a professor at the same university since 1999. J. Reekers was one of the founding fathers of the Dutch Society of Interventional Radiology which he is currently heading. Within CIRSE Prof. Reekers has held numerous offices, most importantly those of treasurer, vice-president and president. He is currently the chairman of the CIRSE Foundation Advisory Council.



ELIAS BROUNTZOS
Scientific Programme Committee Chairman

E. Brountzos is an associate professor at the 2nd department of radiology at Attikon Hospital, University of Athens where he fully dedicates himself to vascular and non vascular Interventional Radiology. From 2003-2005 he was a member of the CIRSE standards of practice committee and co-authored 5 of CIRSE's SOP documents. Prof. Brountzos was the local host of the 2007 meeting in Athens. In 2010 and 2011 he will be responsible for the content of the annual meeting as the chairman of the scientific programme planning committee.



FABRIZIO FANELLI
Rules Committee Chairman

After graduating from Rome's "Sapienza" medical school, Fabrizio Fanelli went to the USA, where he was a visiting resident at the University of Stanford and the Miami Cardiac and Vascular Institute. Today he is an assistant professor of Interventional Radiology at Sapienza University. Dr. Fanelli is an active member of the Italian Society of Interventional Radiology, the RSNA, the ECR, the SIR and the ESGAR. Within CIRSE he has been a member of the CIRSE SOP committee and the CIRSE Foundation advisory council.



KLAUS HAUSEGGER
Communication Officer

After graduating from medical school in Graz, Austria, Klaus Hausegger went on to do his radiology training at the same university. In 1994 he became an assistant professor of radiology at his alma mater and the deputy chairman of its radiology department. Today Dr. Hausegger heads the radiology department at the General Hospital Klagenfurt. Dr. Hausegger has been a member of the CIRSE membership committee and the CIRSE Foundation advisory council. He is the founder and chairman of the International Congress of Complications in Interventional Radiology (ICCIR) which this year will take place June 10-12 in Pörschach, Austria.



ROBERT A. MORGAN
Scientific Programme
Committee Deputy Chairman

After a fellowship in Interventional Radiology at the University of Texas and being an IR lecturer at Guy's and St Thomas' Hospitals and a consultant interventional radiologist at St. Mary's Hospital in London, Robert Morgan is currently employed as a consultant vascular and interventional radiologist at London's St. George's Hospital. He has been a very active member of the Executive Committee since 2001, serving as chairman of the SOP committee, member of the clinical involvement task force and member of the e-learning task force, among others. Today Dr. Morgan heads the EBIR task force and serves as deputy to the SPC chairman.



DIMITRIOS TSETIS
Standards of Practice Committee Chairman

After receiving his medical degree from the University of Athens, D. Tsetis worked in the radiology department of the Heraklion University Hospital and in various hospitals in the UK. In 2005 he became an assistant professor of IR at the Medical School of Crete. Prof. Tsetis has been a very active member of the ECR. Within CIRSE he served as a member of the SOP committee from 2005-2007, authoring and co-authoring several guidelines. With the CIRSE Foundation he served as a member of its vascular division from 2008-2009.



RICCARDO LENCIONI
Membership Committee Chairman

Riccardo Lencioni is an associate professor of radiology and director of the Division of Diagnostic Imaging and Intervention in the Department of Hepatology, Liver Transplantation and Infectious Diseases of the University of Pisa, Italy. His commitments within CIRSE include heading the standard of practice committee from 2005-2007 and the oncology division of the CIRSE Foundation advisory council from 2007-2009. In 2008 he chaired the programme committee of the first European Conference on Interventional Oncology. This year he will head the Second European Conference on Interventional Oncology taking place in Florence, Italy, July 21-24.



JULIO PALMERO
CIRSE 2010 Local Host Committee Chairman

After graduating from the Medical Faculty of the University of Valencia, Julio Palmero da Cruz trained to become a specialist in radiology at the University Hospital "La Fé", also located in the city of Valencia. He worked in the Diagnostic Radiological Department until 1986 and was a visiting research fellow with Dr. Ernest Ring at the University of California School of Medicine that same year. In 1986 he began to work as an interventional radiologist at the General University Hospital of Valencia. Since 2002 he has been heading the Radiology Department at the Clinical University Hospital of Valencia.



DIERK VORWERK
CVIR Editor in Chief

After completing his radiology training in 1990, Prof. Vorwerk served as a consultant at the Department of Radiology at the University of Technology in Aachen. After being its deputy chairman from 1996-1998, he was appointed chairman of the Department of Diagnostic and Interventional Radiology at the Klinikum Ingolstadt, a position he has held since. Prof. Vorwerk was appointed as an associate professor in 1992 and full professor in 1996.

S O C I E T Y

Working for the IR Community

CIRSE visits South America



José Ignacio Bilbao, Juan Oleaga, Jim Reekers and SIDI president Mariano Giménez at the workshop in Buenos Aires



One of the lectures at the well attended SIDI workshops



At the SoBRICE 2009. From left to right: Götz Richter, Jim Reekers, Arno von Ristow, Nelson Wolosker, Carlos Vaquero Puerta, Marcelo Guimaraes

In 2009 CIRSE had the pleasure of welcoming two major new Group Members to its community; the Brazilian Society of Interventional Radiology (SoBRICE) and the Latin-American Society of Interventional Radiology (SIDI). This addition to the CIRSE family could not have come at a better moment, as more and more colleagues from Central and South America are joining the CIRSE meetings and are actively becoming involved in its projects, ranging from the drawing up of new standards documents to creating new opportunities for the promotion of IR.

CIRSE's new group members from Brazil were particularly involved in CIRSE 2009, which apart from the excellent scientific programme provided them with the opportunity of visiting their "madre patria". CIRSE 2010 will pay special tribute to our Spanish speaking colleagues from Latin America, as it will host a special CIRSE meets SIDI session, introducing the audience to IR practice from the Rio Grande all the way to Patagonia.

In order to further strengthen its transatlantic bonds, CIRSE delegations travelled to the 2009 congresses of both, SIDI and SoBRICE. First up on this tour de force was the 9th International Hands-on Workshop on Minimally Invasive Surgery and Interventional Radiology in Buenos Aires, Argentina, organised by SIDI President Mariano Giménez, Eduardo Saad and Juan Oleaga. The three day course included theoretical lectures as well as hands-on workshops taught by national and international experts. CIRSE was represented by Jim Reekers who gave the inaugural lecture and hosted the SIDI – CIRSE session. José Ignacio Bilbao also travelled to the Rio de la Plata to give a lecture on hepatic interventions. But of course it was not all work and the evenings were filled with wonderful social events organised by SIDI President Mariano Giménez.

After loading up on Argentinean beef and plenty of mate tea, Jim Reekers continued to Sao Paulo, where he met with Dierk Vorwerk and Götz Richter to give several lectures at the 2009 annual meeting of the Brazilian Society of Interventional Radiology (SoBRICE). The four day congress held in the country's economic capital was held in cooperation with the Brazilian Society for Neuroradiology and offered a large variety of lectures. In the evenings delegates enjoyed Brazilian hospitality and Sao Paulo's culinary treats at wonderful events with SoBRICE President Francisco Carnevale.



SIDI
Sociedad Iberoamericana de
Intervencionismo

- Members: 246
- Member countries: Argentina, Bolivia, Chile, Costa Rica, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Uruguay, Venezuela
- Population of member countries: 332,378,000
- Society President: Prof. Mariano Giménez (Buenos Aires, Argentina)
- Website: www.intervencionismosidi.org



SoBRICE
Sociedade Brasileira de Radiologia
e Cirurgia Endovascular

- Members: 154
- Member country: Brazil
- Population of member country: 192,272,890
- Society President: Prof. Francisco C. Carnevale (Sao Paulo, Brazil)
- Website: www.sobrice.org.br

CIRSE is happy to announce that in cooperation with Cook Medical it is able to offer two educational grants to its Latin American members, one dedicated to young doctors from Brazil and one to physicians from the Spanish speaking countries of the Americas. If successful, applicants for the grants will have the opportunity to train at a European centre of excellence for a minimum of three months. Cook Medical will cover all ensuing costs with the generous sum of € 10,000 for each successful applicant. The CIRSE South American scholarships are kindly supported by



Don't miss it!

For a comprehensive overview of Interventional Radiology in South America, join the **CIRSE meets Latin America Session** at CIRSE 2010.

Dr.s Guimaraes and Giménez will speak about the IR situation in Latin America in general and biliary interventions in particular. Additionally Dr. Lozano will introduce the audience to the results of the largest experience in LA regarding translumbar dialysis catheters.

For further details on the CIRSE 2010 programme please refer to www.cirse.org

October 2-6
 Valencia, Spain
CIRSE 2010

S O C I E T Y





Setting Standards - Standards of Practice Committee continues its work for optimum patient care

Dimitrios Tsetis

Since its election during the CIRSE Annual Meeting in Lisbon, the new Standards of Practice (SOP) Committee has been working on four new documents for the benefit of the CIRSE members. I am particularly grateful to my fellow committee members Dimitris Karnabatidis, Salvatore Masala, Thomas Rand and Vlastimil Valek for their help and support on this very important task.

As decided in Lisbon, priority for authorship has been given to distinguished members of the society who applied to become members of the SOP committee in the last election. Authors and co-authors for each topic were selected on the basis of their research activity and clinical experience in the respective topic.

It was also important to us that for these four new documents clinical entities would be chosen in which Interventional Radiology as a discipline plays a key role rather than focusing on specific interventional methods or techniques.

The following new documents are currently being produced:

Quality improvement guidelines for endovascular treatment of non-traumatic hemorrhage

(main author: V. Valek)

Quality improvement guidelines for catheter-directed thrombolysis and percutaneous thrombectomy

(main author: D. Karnabatidis)

Quality improvement guidelines for imaging detection and percutaneous treatment of EVAR endoleaks

(main author: T. Rand)

Quality improvement guidelines for Image-guided ablation in lungs, kidneys and adrenals

(main author: S. Masala)

I am happy to inform you that the following CIRSE documents have been completed successfully and have been or are about to be published on the CIRSE website and in CVIR:

- *Quality Improvement guidelines for Radiofrequency Ablation of Liver Tumours* by L. Crocetti, T. de Baere and R. Lencioni
- *Quality Improvement guidelines on Bone Tumour Management* by A. Gangi, G. Tsoumakidou, X. Buy and E. Quoix

- *Quality Improvement guidelines for the Endovascular Treatment of Thoracic Artery Aneurysm and Type B Dissection* by F. Fanelli and M. Dake
- *Quality Improvement guidelines for Portal Vein Embolization* by A. Denys, P. Bize, N. Demartines, F. Deschamps, T. De Baere
- *Quality Assurance guidelines for Percutaneous Ablative Techniques of Interveterebral Discs* by Alexis Kelekis, D. Filippiadis, J-B. Martin, E. Brountzos

Another CIRSE document on *liver chemoembolization* by A. Basile, G. Carafello, D. Tsetis, E. Brountzos which was initiated by the previous SOP Committee is about to be completed within the next few months.

Continuing CIRSE's long-standing cooperation with our American colleagues, the SIR's document on *Periprocedural Management of Coagulation Status and Hemostasis Risk in Percutaneous Image-guided Interventions* was endorsed by CIRSE as well as the joint documents on *Treatment of Lower Extremity with Superficial Venous Insufficiency with Ambulatory Plebectomy* and *Treatment of Lower Extremity with Superficial Venous Insufficiency with Endovenous Thermal Ablation*. These documents are available on the CIRSE website as well.

Regarding joint CIRSE/SIR SOPs initiated by CIRSE, a very interesting and comprehensive document on *Occupational Radiation Protection* by D. Miller, G. Bartal and E. Vano is about to be published in CVIR. A document initiated by the SIR on *Patient Radiation Dose Management* by D. Miller has been endorsed by CIRSE. Following its publication in JVIR, it will be made available on the CIRSE website as well. Another SIR initiative has been the joint document on *Embolization Training* by M. Sapoval and J. Goltzarian which will be published in JVIR and the CIRSE website shortly. Finally a new joint document on *Standards on Intraarterial Stroke Management* has been initiated by the SIR with Dr. Rüfenacht from Switzerland participating on behalf of CIRSE.

All documents which have been published in CVIR and published SIR documents can be viewed at www.cirse.org -> Standards of Practice.

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After a successful year 2009 CVIR gears up for the future

Dierk Vorwerk

I am happy to report that Cardiovascular and Interventional Radiology continued to flourish in 2009. The number of new submissions further increased to a record 681 compared to 536 in 2008, constituting an increase of 27%. In its six 2009 issues CVIR published more than 1,300 pages of pure Interventional Radiology.

The impact factor further climbed from 1.251 to 1.721 in 2009. Once again about two thirds of submissions were processed in the European and one third in the US-Asian office. The top submitting countries were the USA, Japan, Italy, Germany, the United Kingdom, Turkey and China.

Submission to first decision time has been stable for both offices and stood at 32 days for the European office and 40 days for the US office in 2009. Submission to acceptance time, which due to revisions by the authors or additional reviews is usually longer, was 54 days for the European office and 73 days for the US-Asian office. However, the downside of such high submission numbers is that the rejection rate has to be increased, as the page budget remains stable. The rejection rate in 2009 was therefore 70%.

In 2009 the editors decided to honour two author groups with the editor's medal. M. Mara from the Czech Republic and P. Bruners from Germany received the award for their 2008 publications in CVIR.

In March 2009 and March 2010 a CVIR retreat brought together the publisher, the editors and CIRSE staff in Vienna to discuss further strategies for the journal.

As part of our efforts to support authors submitting to CVIR we were happy to welcome Mrs. Shandra Bipat, PhD from Amsterdam as our new editor for statistics. A statistician on board was a dream we had had for a long time and we are thrilled that it finally has come true.

Prof. Ziv Haskal left the editorial team of CVIR to become editor-in-chief of JVIR, our American sister journal. The editors of CVIR would like to take the opportunity to thank Ziv very warmly for the ex-

cellent work he did for our journal. His input, dedication and outstanding professionalism were very much appreciated. Ziv's promotion to editor-in-chief of JVIR is with no doubt a reflection of the wonderful job he did for CVIR – the oldest journal in the field of Interventional Radiology. We at CVIR are proud that one of us was selected for this challenging and honourable position.

I am very glad to inform the members that our new editor for the United States will be Prof. Alan Matsumoto from Charlottesville. Alan is a very prominent interventional radiologist both in the USA and Europe, a long-term supporter of CIRSE, has served on the CVIR Editorial board for years and a dear friend. We are very happy to welcome him aboard.

On behalf of the editors I would like to remind you that all CVIR articles appear online much earlier than in the print version. They are easily accessible through the CIRSE website (www.cirse.org) using your personal login details. Clicking on "CVIR Online Version" will automatically transfer you to the Springer link. The access will already be active and you do not need to log in again.

The editors and I would like to thank CIRSE, its members and the Executive Committee once more for your continuous support. It is very much appreciated and we all benefit from this joint effort.

CVIR Editors

Francisco C. Carnevale, Sao Paulo, Brazil
Shozo Hirota, Hyogo, Japan
Alan Matsumoto, Charlottesville, USA
Sanjiv Sharma, Delhi, India
Gao-Jun Teng, Nanjing, China

Robert Morgan, London, UK (reviews)

Shandra Bipat, Amsterdam, Netherlands (statistics)

S O C I E T Y



To access CVIR
online visit the
CIRSE Members
Lounge at
www.cirse.org

IR Community meets in Vienna - Another great CIRSE Evening at ECR 2010

The annual CIRSE Evening held on the occasion of the European Congress of Radiology (ECR) has become a tradition over the years. At the ECR 2010 CIRSE invited its attending members to join an evening brimming with Austrian culture and architecture at Vienna's Leopold Museum. More than 160 interventional radiologists from around the world followed the invitation and met for a fantastic night of culture and fun.

Established in 2001 the Leopold Museum was started upon the art collection of Rudolf and Elisabeth Leopold. The museum houses the

world's largest Egon Schiele collection and thus offers a unique overview of the work of this great Austrian painter and most significant graphic artist of Austrian Expressionism.

Guests had the opportunity to mix and mingle at a cocktail reception at the start of the evening, followed by an exclusive guided tour through the exhibition and a wonderful buffet dinner.

If you would like to join us at the next ECR, make sure not to miss our corresponding mailings prior to the congress!





“It was a pleasure and a privilege to attend the CIRSE members dinner at ECR. It was definitely one of the most memorable evenings I have ever had at ECR.” - Paula Gould (Contributing Editor, Diagnostic Imaging Europe)

What's in store

Coming up in Issue 2, July 2010



Stroke Interventions

... The Quarter's Focus

If you are interested in contributing to IQ, please contact info@intervention-iq.org

Stroke

Taking a closer look at the image-guided minimally invasive options in Stroke Therapy

Stroke is the third most common cause of death in the developed world, and is often viewed as something unpreventable and untreatable. However, effective treatment is available for many stroke patients, provided that they access medical services quickly - as stroke specialists say, "time is brain".

Being a vascular disorder, stroke is an area where interventional radiologists, who are vascular specialists, have made significant progress, and can offer a range of diagnostic and therapeutic options.

We look at how dedicated stroke teams can improve patient outcomes, and the central role the interventional radiologists play in stroke therapy.

Due to the postponement of ECIO 2010, interventional oncology Part 2 will be published in Issue 3 - October 2010.

Also featured:

- IR and Emergency Medicine
- Varicose Veins
- Interventional Radiologists at Work



"Imaging of the Intervention" – a new paradigm for our specialty

Marc Sapoval

Interventional Radiology (IR) is a subspecialty of diagnostic radiology. It has dramatically developed in the recent past and has become part of daily practice in most health care centres in Europe and worldwide. Due to its major role in various diseases, IR has gained wide acceptance and despite turf battles on some interventions, IRs are in a central position to create, perform and determine the indication and the follow-up of minimally invasive image guided interventions. It is common sense that optimized results and appropriate levels of activity of Interventional Radiology relies on sound clinical judgement, but also in a large part on the results of imaging workup. Unfortunately, interventional radiologists today share the experience that imaging is not optimized in several aspects and that there is a need for better understanding of the principle, the indications, results and complications of interventional procedures.

First and foremost, there is not enough awareness of the indications for IR procedures among diagnostic radiologists. How many cases are not referred to IR for advice despite obvious feasibility? How many pelvic MR patients are not referred for possible uterine fibroid embolization? How many aortic imaging studies are not referred for possible EVAR/TEVAR? How many typical osteoporotic fractures? How many complex biliary stenoses? These missed opportunities are patients who lose the potential benefit of undergoing minimally invasive intervention. In addition the field of IR does not develop appropriately.

Secondly, when reading the report from our diagnostic radiology colleagues, we know that we often have to re-analyse/re-interpret the images for our own purpose in order to answer our own specific IR related questions. Examples include: CTA workup for abdominal aortic aneurysms reporting on the "length of the aneurysm" but not on the infra-renal neck; lower limb CTA reporting on "calcified arteries" and "infiltration" of the superficial femoral artery with no attempt to search for a tight stenosis that could be amenable for balloon dilatation; liver imaging reporting on "2 metastasis in the left liver" or HCC workup before chemoembolization that do not search for extra hepatic feeding arteries. There are many other examples covering the whole field of IR with all types of imaging techniques. Such reports which do not consider IR factors do not prompt referring clinicians to propose Intervention Radiological proce-

dures for their patients, thereby reducing the appropriate growth and appreciation of IR.

If all this is true for pre-operative imaging, it is certainly equally important for follow-up imaging. How many reports will really help us when we see the patient in consultation after an intervention? How many of our diagnostic colleagues truly understand what complications need to be ruled out. How many diagnostic radiologists specifically assess tumour response the way interventional radiologists require according to international consensus and to the way a specific intervention was performed in a specific patient? Once again, we often need to re-analyse the images and use our own "diagnostic radiology hat" to ensure that optimum/focused information is derived from the images.

All these considerations demonstrate each day that there is a need for a specific effort to teach and train all radiologists toward a better understanding of imaging tailored to the need of IR. The concept of "Imaging of the Intervention" which we propose today is a way to address this problem in all its aspect. "Imaging of the Intervention" would concentrate on proposing tailored training opportunities in all its aspects including lectures, courses, focused review articles, books and virtual material. This effort would deserve dedicated time during pre a post graduate programmes of all radiologists in order to spread this specific knowledge to the radiological community worldwide.

We believe that the radiology community must identify this need and this new opportunity for both diagnostic and interventional radiologists: the demand on diagnostic imaging and the expertise will increase just as the number and quality of interventions will increase in parallel for the global benefit of our specialty. Both, diagnostic and interventional communities are missing major opportunities each day due to this absence of specific knowledge.

All of us need to push forward the agenda on the concept of "Imaging of the Intervention" and put it into practice not only in our daily clinical practice, but also at the academic level within national and European scientific societies.

Reprint from: Sapoval M (2010) Imaging of the intervention, a new paradigm for our specialty. Insights Imaging 1:35-36. (c) European Society of Radiology.

S O C I E T Y

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- educational material, such as state of the art reviews
- scientific and best-practice knowledge- guidelines
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www.i3-journal.org



CIRSE Corporate Partner Medtronic completes acquisition of Invatec

Moving to expand its product offering, Medtronic, Inc., announced on April 21st that it had completed the acquisition of Invatec, a developer of innovative medical technologies for the interventional treatment of cardiovascular disease. The acquisition includes two affiliated companies: Fogazzi, which provides proprietary polymer technology to Invatec; and KRAUTH Cardio Vascular, which has successfully grown Invatec's market position in Germany.

Invatec has been recognized for developing novel devices for the treatment of coronary and peripheral vascular disease in collaboration with physicians, researchers and scientists. Medtronic intends to build on Invatec's legacy of innovation through collaboration to improve and expand treatment options for patients with cardiovascular disease.

"With this acquisition, Medtronic is enhancing its international presence by further developing our global business with additions to our European operations," said Scott Ward, president of the CardioVascular business and senior vice president at Medtronic. "Medtronic's acquisition of Invatec will accelerate the growth of our CardioVascular business, adding important new coronary and peripheral vascular products to our current offering."

Medtronic plans to maintain Invatec's European operations in order to stay close to the existing core customer base in Europe, the source of many collaborative innovations that have advanced the treat-

ment of cardiovascular disease. To ensure the continuity of these operations, Medtronic purchased Invatec facilities in Brescia, Italy (near Milan) and the lease on an existing facility in Frauenfeld, Switzerland (near Zurich) has been extended.

Invatec pioneered the development and commercialization of lesion-specific solutions for coronary and peripheral vascular disease.

- For below the knee disease, Invatec was the first company to make and market a percutaneous transluminal angioplasty balloon, self expanding stent, balloon expandable stent and guidewire specifically designed for that indication.
- For carotid artery disease, Invatec designed and commercialized a stent to provide ease of delivery and adequate coverage of the lesion. Products also include a proximal and distal embolic protection device, providing a complete solution for the treatment of atherosclerosis in the carotid artery.
- In addition, Invatec led the introduction of a new treatment platform with its four drug eluting balloons, covering the coronaries and lower extremity vessels.
- Of these therapies, only devices for the treatment of below the knee disease are currently approved for use in the United States.
- Medtronic is committed to advancing the treatment of coronary, peripheral, aortic and structural heart disease through collaboration with leading clinicians, researchers and scientists worldwide.

MEDTRONIC INC.

Revenue (2009): 14,599.00 M
Revenue Growth (1 yr): 8.00%
Employees (2009): 41,000

Key People:

- Chairman, President, and CEO: William A. (Bill) Hawkins III
- SVP, CFO, and Treasurer: Gary L. Ellis

CIRSE Fellows get a head start in certification



CIRSE Fellows will be able to receive the European Board of Interventional Radiology (EBIR) without examination. The application period for fellows wishing to take advantage of this option will start on October 11th, 2010 and will end on September 1st, 2011. During this period CIRSE Fellows will be able to complete a corresponding application form on the CIRSE homepage.

To obtain the certificate CIRSE fellows must

- have published at least 5 manuscripts in internationally peer-reviewed scientific journals (as author or co-author)

- be willing to participate as examiner at future EBIR examinations
- be actively practicing Interventional Radiology

Only European radiologists and/or radiologists residing within the boundaries of Europe as determined by the EBIR Board can apply for EBIR.

CIRSE Fellow Application for EBIR:
October 11, 2010 - September 1, 2011
at www.cirse.org

CIRSE takes important step towards EU-funded research

As we all know, money is getting a lot tighter these days, which seems to hold particular truth for public research funds. Others might argue that funds are not getting smaller, but are being centralized in European structures and are simply more coveted by the various eligible researching bodies.

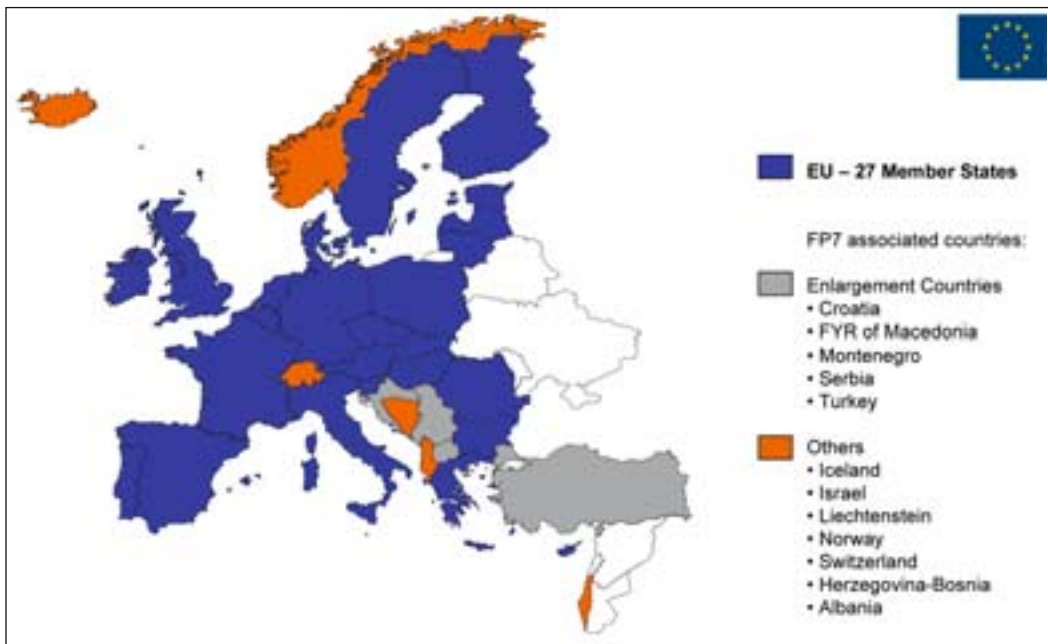
In order to enable the field of medical imaging to stay atop this increasing struggle for research money, the European Society of Radiology (ESR) founded the European Institute for Biomedical Imaging Research (EIBIR) in 2006. This non-profit limited liability company is dedicated to the co-ordination of research and supporting the development of biomedical imaging technologies by supporting networking activities in research.

In early 2010 CIRSE was offered co-ownership of EIBIR, giving CIRSE the unique possibility to become part of a strong research network with access to European research funds. CIRSE gladly

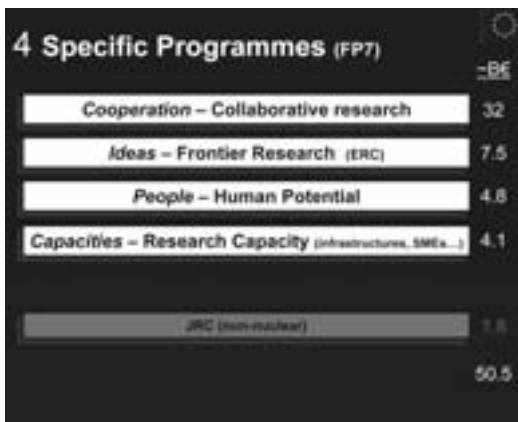
accepted this offer and is now proud co-owner of EIBIR. As such CIRSE will make sure that the field of Interventional Radiology will be considered in future call for proposals for trials and studies.

The EU strongly fosters medical research at the European level, the main tools for funding being framework programmes (FPs) for research and technological development. FPs fund research at a transnational level and are designed to structure and integrate European-wide research, as well as build a 'critical mass' of expertise and excellence.

Apart from brain research as well as human development and ageing research, the Seventh Framework Programme (FP7; 2007-2013) allocates funds for research in the area of major diseases and disorders, including cancer, cardiovascular diseases, diabetes and obesity, rare diseases, and severe chronic diseases, making Interventional Radiology a perfect candidate for such funds.



The European Research Area (ERA): 39 countries participate in a "Single Market for Research"



"This is an important step for CIRSE and Interventional Radiology in general. It will bring us a lot closer to our goal of furthering research in all aspects of our field."

Jim A. Reekers

*CIRSE welcomes its newest Group Member:
the Korean Society of Interventional Radiology*

The History of Interventional Radiology in Korea

*Je Hwan Won
Jae Hyung*

Interventional radiologists from Korea have always been very active within CIRSE. 34 Korean IRs participated in CIRSE 2008 and 51 in CIRSE 2009. Korean abstract submission for the CIRSE congresses rose from 49 to 59 (2008-2009).

The origin of Interventional Radiology (IR) in Korea traces back to 1958 when the National Medical Center began cardiac angiography, aortography and splenoportography with the assistance of medical practitioners from the three Scandinavian countries. Returning from the United States, Dr. Man Chung Han of the Seoul National University Hospital introduced cardiovascular angiography using the Seldinger technique in Korea in 1971 which subsequently was put into use nationwide. Dr. Han introduced the concept of IR in the Korean Journal of Radiology under the name of Active Radiology in 1978, presenting new procedures that were in application then, such as biliary stone removal, biliary drainage, GI bleeding control with epinephrine infusion, and hepatic artery embolization.

Starting in the 1980s, radiology in Korea began to split into subspecialties. A small study group became the Cardiovascular and Interventional Radiology domain. It earned recognition as a subspecialty in 1988 when 25 members established the Korean Society of Interventional Radiology (KSIR). Intervention for patients with liver cancer started from the 1980s and several pioneers began to report results of IR to the Korean Journal of Radiology. Such results included intra-arterial chemotherapy (Chun JR, 1984), hepatic embolization with particles (Lee JT, 1985), hepatic chemoembolization (Park JH, 1986) and I-131-lipiodol embolization (Yoo HS, 1988). The 1980s also witnessed the introduction of a variety of percutaneous vascular intervention techniques in Korea, including renal PTA (Yoon Y, 1982).

As the metallic stent was introduced by Dr. Gianturco and Dr. Palmaz, et al. in the 1990s, research activities on vascular stents were also initiated in Korea. Dr. Ho Young Song developed the covered, modified Gianturco stent (Song stent) used for esophageal cancer cases and reported the results in Radiology (1991). Later, Song HY, et al. published a variety of experiences using stents for GI stenoses. Joo IW and Do YS, et al. developed the colorectal stent. Extensive research activities and clinical experiences relating to GI stents led to the establishment of the Society of Gastrointestinal Intervention in Korea in 2007. Physicians, radiologists and surgeons of gastrointestinal specialties have exchanged views and information extensively in this society since then, with its 4th congress to be held in 2010.



Fellow training on swine model in one of the KSIR's 3 annual courses



KSIR's 2009 Live Demonstration Meeting

The Asian-Pacific Society of Cardiovascular and Interventional Radiology was established in Singapore in 1991. Its first congress (APCCVIR) was held in Seoul, Korea, in 1993. Dr. Man Chung Han chaired the inaugural congress which brought together participants from 22 countries (mostly from the Asia-Pacific region) and greatly contributed to the advancement of IR in the area. Since then the congress has been hosted by a different country in the Asia-Pacific region every year. The 9th APCCVIR congress is scheduled to convene at the Sheraton Walker Hill Hotel in Seoul from June 1-4, 2010. Congress chairman Dr. Jae Hyung Park and the organizers plan to hold a general assembly of regular members and to adopt new society bylaws in



KSIR members at CIRSE 2006 in Rome



2009 KSIR Congress

an effort to renew the society's structure, taking CIRSE as a model for the Asian Pacific Society.

KSIR now consists of 170 members working at 76 hospitals. It has 4 regional groups: Seoul-Gyeonggi (Seoul area); Choongchung (central); Honam (south-west); and Youngnam (south-east). Each branch discusses various cases actively in monthly meetings. The KSIR holds its two day annual meeting every spring, a member workshop every summer and a morbidity & mortality conference at the end of every year. Furthermore a topic review is organized twice a year for junior members.

An International Intensive Course for IR (IICIR) has been held along with hands-on workshop at the initiative of the Seoul National University Hospital



KSIR Executive Committee Meeting

every year since 2002 to provide practical education in IR to 250 young medical practitioners in the Asia-Pacific region.

With the leadership of the incumbent chairman Dr. Jae Kyu Kim, the KSIR extends warm gratitude to the SIR, CIRSE and the JSIR and commits itself to doing the utmost to advance research & development initiatives in order to enable IR to play a more significant role in contributing to the well-being of the patient. The KSIR hopes to become an enabler in the field of IR for several countries in the Asia-Pacific region that have yet to witness extensive application of our specialty. The society will therefore do its utmost to make the upcoming APCCVIR 2010 (Seoul, June 1-4) a great success, providing momentum to the advancement of IR in our region.



Facts and Figures about the Republic of Korea

Established in 1948
Population: 50,062,000
Area: 100,140 km²
Density: 500/km²
Physicians per 1,000 inhabitants: 1.6



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Valencia – The city that has it all



Even though you might have heard this about many cities, it can truthfully be said that Valencia does have it all; a beautiful setting amidst orange and lemon groves alongside the Mediterranean Sea, century-old buildings showing its history all the way back to the Romans, spectacular festivals and a people with a unique *joie de vivre*.

The many things Valencia is known for cover almost every aspect of life. Food lovers will know it for Spain's most famous dish – the paella. There are several types of *paella* and numerous other rice recipes, including *arròs negre* (rice with squid, blackened by squid ink) or *arròs a banda* (rice cooked in fish broth). Those who wish to vary can try a *fideuà* which uses noodles instead of rice. The region's sunny climate also gives it some of the world's tastiest fruit, most of all lemons (lemon juice is squirted on paellas and many other dishes) and

oranges. Valencia's wines are also gaining increasing attention from connoisseurs around the world.

Another important aspect of Valencian life is its wonderful festivals. Nowhere in the world will you see such exuberant celebrations of life and joy. Doubtlessly the most important date in Valencia's year is the week from May 15-19, when the city celebrates Saint Josef, patron saint of carpenters, with the Fallas Festival. Throughout the city hundreds of so-called fallas are displayed and burned on the last night of the celebration. The huge sculptures skilfully crafted out of wood and paper mâché in month long work depict comical themes and the follies of man and can reach a height of up to 20m. The celebrations are also accompanied by uncountable fireworks and the so-called *mas-cletàs*, a thunderous display of firecrackers each day.

Valencia is the prototype of the new European city combining state-of-the-art architecture with century old historic buildings.





La Ciutat de les Arts i les Ciències - The City of Arts and Sciences

“As the site is close to the sea, and Valencia is so dry, I decided to make water a major element for the whole site using it as a mirror for the architecture.”
Santiago Calatrava

Despite its many charms Valencia remained fairly unknown as a tourist destination until the mid 90ies. This changed dramatically when a series of modern buildings re-shaped the city's face. It all started when the Turia river inundated Valencia in 1957 and the city decided to build a bypass for it to avoid future floods. The people of Valencia opposed original plans to create a highway through the city in the old river bed in favour of a 7km park which was concluded in 1980. Today the 10 ha large *jardín del Turia* houses numerous attractions, including the iconic *City of Arts and Sciences*.

Designed by Valencia born architect Santiago Calatrava the City of Arts and Sciences is a perfect example of modern Spanish architecture combining breathtaking design with functionality. The complex dedicated to entertainment and education comprises the following elements:

- (1) L'Hemisfèric – an Imax cinema, planetarium and Laserium built in the shape of an eye with an approximate surface of 13,000 m². CIRSE 2010 guests will have the opportunity to see this iconic building from the inside during the Foundation Party on October 5th.
- (2) El Museu de les Ciències Príncepe Felipe is an interactive science museum resembling the skeleton of a whale.
- (3) L'Umbracle – a landscaped walk with numerous plants that are typical to the Valencia region, such as rockrose, lentisca, romero, lavender, honeysuckle, bougainvillea and palm trees. It also comprises the Walk of Sculptures, an outdoor art gallery with contemporary sculptures by internationally renowned artists.
- (4) L'Oceanogràfic is the only part of the City of Arts and Sciences which was not designed by

S. Calatrava, but by Félix Candela. The beautiful marine complex in the shape of a water lily houses more than 40,000 animals of 500 species, making it is the largest oceanographic aquarium in Europe.

(5) El Palau de les Arts Reina Sofia is an opera house and performing arts center.

(6) El Puente de l'Assut de l'Or is a bridge whose 125 meters high pillar is the highest point in the city.





Santiago Calatrava – Spanish architecture at its best



Santiago Calatrava Valls started studying painting and design at age 8 at Valencia's Arts and Crafts School. After undergraduate studies in architecture and urbanism at the Valencian School of Architecture, Calatrava moved to Zurich to study civil engineering at the Swiss Federal Institute of Technology. Having finished his doctorate in 1979 he started working as an architect and engineer, mostly designing bridges and railway stations. In 1984 Calatrava designed the Beach de Roda Bridge in Barcelona, one of many bridges gaining him international recognition. His large scale international projects include the BCE Place Hall in Toronto, the Oriente railway station in Lisbon and the winning proposal to complete the Cathedral of St. John the Divine in New York.

To find out more about this fascinating artist visit www.calatrava.com.



Some of Calatrava's many impressive works:
(7) Oriente Station, Lisbon, Portugal
(8) Tenerife Concert Hall, Tenerife, Spain
(9) Turning Torso, Malmö, Sweden



CIRSE 2010 – Minimally invasive with the environment

Meetings such as CIRSE's annual congress are the highlight of every society, an important opportunity for continuing education and last but not least an increasingly valued factor for the host country's economy. Unfortunately they also cause substantial environmental pollution due to the travel-related increase of CO₂ emissions and elevated waste production.

CIRSE is trying to minimise its environmental footprint by endorsing the internationally acknowledged Green Seat Programme allowing travellers to erase the carbon footprint caused by their flights. When registering for CIRSE 2010, you will have the chance to join Green Seat with a simple click forwarding you to the programme's website where based on the length of your journey your contribution will be calculated. On average a flight within Europe can be compensated with a € 6-9 donation. With this donation the Green Seat Programme will plant a corresponding number of trees, thus erasing the pollution caused by your flight.

As CIRSE publishes several newsletters and journals during the year, green printing practices is another subject of great importance. Our printing partner prides itself on high transparency and a significant CO₂ emission reduction, following the guidelines of a branch-specific CO₂ emission calculating model. Furthermore, our partner is an active supporter of the Austrian Climate Protection Project.

We hope that many of you will support these initiatives and look forward to receiving your suggestions on how CIRSE can continue to become a greener society at info@cirse.org.



www.greenseat.com



CIRSE 2010 Poster



Following CIRSE's long-standing tradition of choosing prominent landmarks of the host city as the visual theme for each congress, the CIRSE 2010 poster shows one of Valencia's most outstanding architectural symbols – the City of Arts and Sciences. Designed by Santiago Calatrava, its beautiful yet functional outline is a perfect example of modern Spanish architecture.

The complex was built in 1996 as end point of the Turia riverbed, which was drained after a major flood in 1957 and turned into a beautiful park running through the entire city in 1980. Those of you who are planning to attend the CIRSE 2010 Foundation Party will get to see one of the main parts of the City of Arts and Sciences from the inside, as we will take you into "L'Hemisfèric" - an Imax cinema and planetarium built in the shape of the eye with an approximate surface of 13,000 m².

If you would like to receive a copy of the CIRSE 2010 congress poster, please contact the CIRSE office at info@cirse.org.

October 2-6 Valencia, Spain **CIRSE 2010**

**Call for
Late
Breaking
Abstracts**

The CIRSE Scientific Programme Committee cordially invites you to submit your research for the Late Breaking Abstract category. Accepted abstracts will be presented orally at CIRSE 2010 during a dedicated Free Paper Session.

All abstracts must be submitted online through the CIRSE Abstract Submission System at www.cirse.org.

**Submission period: May 18 - 28, 2010
(midnight CET-Central European Time).**

CIRSE realises that the most exciting and rapidly advancing research may not be ready at the time of the regular abstract submission deadline. The Late Breaking Abstracts category therefore permits later submissions of new experiments and clinical trials that impact clinical care. Abstracts will be judged upon these criteria. Part of submission includes a justification for submission under this competitive category, as only a very limited number of abstracts will be selected.

Please note that the Late Breaking Abstracts category is not intended to offer a second deadline for regular abstract submissions. Submissions in this category will be accepted using the following criteria:

- The authors certify that the work was not complete and could not have been submitted at the time of the regular abstract deadline in March 2010.
- The abstract contains work that is original and has not been previously submitted to, presented at, or is under consideration for any other scientific meeting, including CIRSE 2010.
- The work is novel, evidence-based, and has scientific merit.
- Part of abstract includes a justification for submission under this competitive category.

Abstracts will be selected for presentation on the basis of compliance with these criteria.

**Submit
your latest
research until
May 28!**

ENTERAL FEEDING TUBE PLACEMENT IS NOW EASIER FOR INTERVENTIONAL RADIOLOGISTS

- An interview with Dr Philippe Bouillet, MD, Chief of Peripheral Interventional Radiology, Limoges University Hospital, France

The placement of enteral feeding tubes is one of the easiest procedures in gastrointestinal (GI) Interventional Radiology.

At the Limoges University Hospital in France, Dr Philippe Bouillet MD, the Chief of Peripheral Interventional Radiology, has been placing more than 100 balloon-retained enteral feeding tubes a year since 1999. He urges more Interventional Radiologists to use their skills and techniques to do the same. "It is one of the easiest procedures in GI Interventional radiology and very effective for patients," says Dr Bouillet.

To perform a gastrostomy, Dr Bouillet now uses Kimberly-Clark's MIC*, MIC-KEY* Introducer Kit, an innovative solution designed to facilitate the initial placement of either a gastrostomy or a jejunal feeding tube.

He says there are several advantages to the Introducer Kit. "Having everything in one package means it is very quick and easy to use. The telescoping serial dilator system and integrated peel-away sheath provides all-in-one, continuous dilation and easy tube placement," he explains.

Dr Bouillet places balloon-retained enteral feeding tubes using interventional radiology techniques for two specific types of patients. For those suffering from cancer affecting the oesophagus or the pharynx, percutaneous endoscopic gastronomy (PEG) placement is not appropriate because of the risk of tumour seeding. Endoscopic placement is also not the most appropriate solution for patients with neurological degenerative diseases where sedation can put them at an increased risk.



Triangle formation of Safe-T-Pexy bumpers securing the 3 t-bars inside the stomach wall

In our institution we perform more gastrostomies for neurologic indications than for cancer," explains Dr Bouillet. "Out of the 70 patients where we have used the Introducer Kit about 40 were for patients with neurological conditions, 28 patients had cancer and there were two for other conditions. Endoscopy is always an alternative but on those 60 patients only 40 could be treated safely using the endoscopic technique."

When performing a gastrostomy using the MIC*, MIC-KEY* Introducer Kit, Dr Bouillet makes the following recommendations:

- Use antibiotics prior to procedure
- The evening prior to the procedure, do an opacification of the colon using barium delivered orally



Kimberly-Clark MIC-KEY* low-profile enteral feeding tube with Safe-T-Pexy bumpers removed

- It is important to do the opacification with a hydrosoluble solution so that with each puncture of the stomach cavity you can be sure you have avoided the colon
- Once dilation is complete, gently insert the peel away sheath
- At the end of the procedure, it is very important to control the position of the tube

Dr Bouillet believes that there will be a rise in the number of feeding tubes placed directly into the stomach. He says: "In the future the number of gastrostomies will increase as physicians become more and more interested in nutrition for the ageing population and the rates of degenerative diseases and cancer increase."

For more information please visit www.kcdigestivehealth.com



Kimberly-Clark

Trusted Clinical Solutions*



The Kimberly-Clark MIC*, MIC-KEY* Introducer kit



CIRSE Foundation Fellowship Grant

Massimiliano Allegritti (Rome, IT)



From left to right: Enrico Peano, Graham Munneke, myself and Alex Horton

Thanks to a CIRSE Fellowship Grant I had the opportunity to spend three months at the Department of Radiology of the St. George Hospital of London from July 10th to October 16th, 2009. In this time I had the opportunity to participate hands-on in several interesting cases of a wide range of vascular and non-vascular interventions.

In detail we performed various cases of fibroid artery embolization, peripheral vascular interventional cases with PTA and stenting, hepatic TACE and SIRT, fistuloplasty, pelvic haemorrhage embolisation and GI bleeding embolisation. We also performed several non vascular cases such as biliary and ureteric stenting, biliary and renal lithotripsy and percutaneous gastrostomies.

The department of radiology at St. George's Hospital is very well organized with multiple modern technical facilities and high level medical doctors. The interventional procedures are performed in two state of the art angio-suites with Dyna-CT and the assistance of a friendly and well trained staff of nurses and technicians.

Approximately 25-30 interventions are performed weekly. There are also plenty of diverse educational tutorials, lectures and case presentations covering the whole spectrum of diagnostic and Interventional Radiology. During my fellowship I was able to attend CIRSE 2009 in Lisbon, which allowed me to further increase my knowledge in IR.

With this report I take the opportunity to thank Prof. Anna Maria Belli who was always very friendly, helpful and available during my stay at St. George's and Dr. Robert Morgan who introduced me to TEVAR and EVAR, including interesting cases of branched and fenestrated stent-grafting. I would also like to thank all the staff of the department of radiology, including the consultants, fellows, nurses and radiographers who made this visit a great experience, on the professional as well as on the personal level. The only thing I missed was good weather and decent cuisine.

I am also very grateful to CIRSE for giving me this opportunity of a fellowship at St. George's Hospital. In a three month period a young interventionalist like me, when visiting a center of excellence, has the opportunity to meet renowned interventionalists, learn diverse medical procedures, work with interesting cases and share experiences with other young fellows.

Through the Foundation Education Grants CIRSE provides interventionalists in training the excellent chance to familiarise themselves with the entire spectrum of interventions performed in our field, get to know other departments and their working systems and of course meet new colleagues, exchange ideas and make new friends.



St. George's Healthcare NHS Trust

- Approx. 6,000 staff
- One of the UK's largest teaching hospitals
- More than 500,000 patients every year
- Head of the IR Department: Prof. Anna Maria Belli



CIRSE Foundation Fellowship Grant

Shoaib Shaikh

The aim of my fellowship was to eventually be able to develop onco-intervention at my institute in Hungary (BAZ-County University Hospital, Miskolc). Therefore, I set out to choose a host institute with a large oncology department. This is why the LMU Grosshadern was a perfect match. I was interested in learning the use of RFA and associated modalities, vertebroplasty, radioembolization and uterine fibroid embolisation. Consequently the practical use of embolising agents was also added to the learning experience.

Most importantly I wanted to learn the up-to-date indications and limitations of the above mentioned modalities along with overcoming the possible complications one may face with their use. Since the field of onco-intervention, like interventional radiology in general, is evolving very quickly, it was vital to learn about alternative approaches to the already established procedures.

The Institute of Clinical Radiology is located in the hospital premises, a facility of 1,000-plus beds. The Ludwig-Maximilians University Clinic is a large referral centre for oncology and transplant surgery patients. Its Institute of Radiology, headed by Prof. M. Reiser, is a large facility with up-to-date diagnostic tools and machinery. The unit for Interventional Radiology operates under the parent Institute of Clinical Radiology. Three permanent radiologists perform the interventional procedures, with residents encouraged to take part.

At the Grosshadern campus there is a considerable emphasis on CT-guided procedures (such as radiofrequency ablation, microwave ablation, CT-guided biopsy, vertebroplasty in fractured osteoporotic vertebral bodies as well as in tumoral osteolysis, CT-guided pelvic osteosynthesis, drainages or placement of markers for further treatment with CyberKnife) with a multi-slice machine solely at the disposal of the interventionist! Procedures performed in the angio suite included TACE, TAE (including UFE), drug-eluting beads, radioembolization (yttrium90 resin-microspheres), TIPPS and port-implantation.

I was very fortunate to be welcomed and instructed by such a nice group of people. Dr. Jakobs, along with another senior interventionist, Dr. R. Hoffmann, were kind enough to share their knowledge with me. It was very interesting to follow their process of thinking. I was also encouraged to question their approach. I was given tit-bits and



T. Jakobs inspects a patient with the ultrasound prior to CT-guided RFA



A CT-guided vertebroplasty in progress



Munich University Clinic

- Approx. 9,000 staff
- One of Germany's largest teaching hospitals
- 45 Clinics, Institutes and Departments
- Head of the Department of Clinical Radiology: Prof. Maximilian Reiser



Grosshadern Clinic is one of the two main campuses of Munich University Hospital.



From left to right: F. Berger, Barbara Weiser, myself and R. Hoffmann

“pearls of the trade” throughout the procedures, and there was usually a discussion after every intervention. I feel that I was taught a great deal on RFA, UFE, vertebroplasty and radioembolization procedures throughout my stay.

Another interesting aspect was that my hosts were very well informed and could thus tell me what other interventionists did differently to their approach. This allowed for further widening of my therapeutic scope.

I am glad I chose the Ludwig-Maximilians University Clinic for my fellowship. The team was not only cordial and accommodating, but also had great experience and was more than willing to share it with me. The support staff was equally helpful.

I would like to thank the CIRSE Foundation for its generous grant to further the knowledge and use of Interventional Radiology in Europe. It was the

opportunity of a lifetime for me. Not only did it greatly widen my horizons in IR, but it also allowed to me compare the standard of work in my institute to that of an internationally renowned centre. The modalities that were new to me have become a source of inspiration and I hope to introduce them into our practice back home in Hungary.

My fellowship was also an ideal opportunity to dwell on Interventional Radiology in depth without the diagnostic responsibilities of everyday practice. My personal favourite was the ESIR website - this is the first time I realized the wealth of information contained there, literally on your finger tips. I would like to conclude my report by encouraging fellow interventionists to apply for the CIRSE grants and look for host institutes which will readily share their experience. My sincere thanks also go to Dr. T. Jakobs, Dr. R. Hoffmann and their team for making my stay in Munich an unforgettable experience.

ECIO 2010



New date! July 21-24, 2010

Dear Colleagues,

As you all know we have had to take the very difficult decision to postpone ECIO 2010 to July 21-24 due to the closing down of big parts of Europe's airspace the week of the congress. To keep the resulting inconveniences to a minimum we already took this decision on Monday, April 19th, in order to avoid our congress delegates getting stranded at an airport on their way to Florence. As on April 20th, the main travelling day for the meeting, the Florence airport was also shut down, it was clear that we had taken the right decision.

We are very grateful for the understanding and support you have given us. Our industry partners and most of the ECIO faculty have already confirmed their participation in ECIO in July. This goes to show that this meeting is of great importance to our community and the development of our specialty.

We are confident that we will have a fantastic congress in July and hope that as many of you as possible will continue their support and join us in Florence. It goes without saying that we will do everything in our power to make the transition to the new congress date as smooth as possible for all of you. Your registration for ECIO 2010 therefore continues to be valid for the new date of July 21-24. Our travel partner Kuoni has also changed all hotel bookings from April to July. For further details on accommodation arrangements please contact ecio@it.kuoni.com.

Those of you who will not be able to join us in July were able to receive a refund of their registration fees until the 3rd of May. If you have any further queries regarding the postponement of ECIO 2010, please contact us at registration@esir.org.

Once again we would like to thank you for your understanding and great support. It is times like these that show the true value of a community and we are proud to be part of this great group of people!

ECIO Advisory Committee

Andreas Adam
Johannes Lammer
Riccardo Lencioni
Jim Reekers



F O U N D A T I O N

F

Due to an eruption of the Eyjafjallajökull volcano in southeast Iceland and the subsequent closure of air space in almost all of Europe, the ECIO Advisory Board decided to reschedule ECIO 2010. It will now take place from July 21-24, 2010, in Florence, Italy.

ECIO 2010 – Sessions of interest

Recognizing the need for a European platform for healthcare professionals specialized in minimally invasive cancer treatment, the CIRSE Foundation organized the first European Conference on Embolotherapy and Interventional Oncology (ET/ECIO) in 2008. The meeting met with great interest and the Foundation's subsequent embolotherapy meeting GEST Europe 2009 showed beyond doubt that the success of ET/ECIO had not been a one-off. Following the pattern of yearly alternating embolotherapy and interventional oncology meetings, the CIRSE Foundation will hold its highly anticipated second European Conference on Interventional Oncology (ECIO) in Florence, Italy, this summer.

ECIO 2010 will feature numerous lectures, clinical as well as technical focus sessions, workshops and symposia, covering the entire spectrum of interventional oncology. Pursuant to the great success of the "ECIO meets ILCA" session in 2008, ECIO will meet the International Liver Cancer Association (ILCA) again at ECIO 2010, providing an interesting insight into ongoing challenges in diagnosis and treatment of hepatocellular carcinoma.

As part of the "ECIO meets" initiative ECIO will also offer sessions in cooperation with the European Society for Medical Oncology (ESMO) and the World Conference on Interventional Oncology (WCIO).

The CIRSE Foundation is pleased to announce that Professor Jordi Bruix will give the Honorary Lecture at ECIO 2010. He will dedicate his lecture to promising developments in diagnosis and treatment of hepatocellular carcinoma. At the Multidisciplinary Tumour Board well-known experts in the field of Interventional Oncology will exchange their experience with liver cancer.

Honorary Lecture

Thursday, July 22

16:30-17:30

Laudation: R. Lencioni (Pisa/IT)

Diagnosis and treatment of hepatocellular carcinoma: a promising future

J. Bruix (Barcelona/ES)

ECIO meets ESMO

Wednesday, July 21

14:00-15:30

Current concepts in the treatment of colorectal hepatic metastases

ECIO meets ILCA

Thursday, July 22

14:00-16:00

Diagnosis and treatment of hepatocellular carcinoma: ongoing challenges

ECIO meets WCIO

Friday, July 23

14:00-16:00

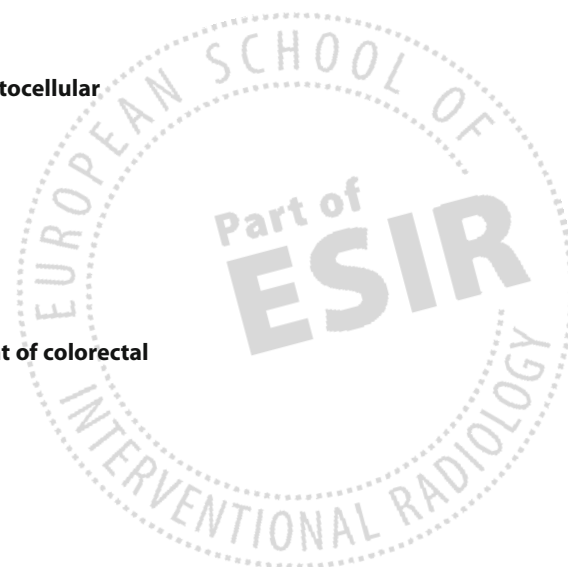
Emerging technologies and synergies in interventional oncology

Multidisciplinary Tumour Board

Friday, July 23

10:30-11:30

Liver cancer





ICCIR - Get to know the complications meeting of the year!

The CIRSE Foundation invites you to join its **Complications Meeting in June in Pörschach, Austria.**

To keep the interactive spirit of the meeting, registration will be limited to 200 delegates. Early registration is therefore recommended. To register, please visit www.iccir2010.org.

The concept of ICCIR is based on well prepared case presentations and discussions, the high scientific level being well represented by a distinguished faculty consisting of renowned interventional radiologists but also by experts from our partner disciplines like vascular surgery, oncology and gastroenterology.

JOIN US IN THE IDYLIC POERTSCHACH ON LAKE WORTH!

The meeting's venue, the beautiful town of Poertschach, is situated at 400 to 700 metres above sea level on the northern shore of Lake Woerth, about 14 km west of the Carinthian capital Klagenfurt. The congress hotels are within walking distance of the conference centre, which will give ICCIR attendees the opportunity to enjoy the town's refreshingly young atmosphere and the lake with all its possibilities. To book your accommodation now visit www.iccir2010.org

Scientific Programme:

Thursday, June 10

14:00 - 14:10

The difference between a complication and a technical problem

14:10 - 15:30

Complications in peripheral interventions - Recanalisation, Stents, Thrombolysis

16:00 - 17:30

Complications in EVAR

17:45 - 18:45

Stentgraft infection - What to do?

Friday, June 11

08:30 - 10:00

Potentially dangerous devices

10:30 - 12:00

How important is imaging to prevent complications

12:00 - 14:00

Complications in (chemo) embolisation

16:00 - 17:30

Complications during tumour ablation

17:45 - 18:45

The unsolved case - quiz

Saturday, June 12

08:30 - 10:00

Complications during carotid interventions in CAS and stroke therapy

10:30 - 12:00

Roundtable - Things I would never do (again)



Diabetologists and Interventional Radiologists meet in Paris to discuss joint strategies for diabetic foot treatments

Teaming up with the International Diabetes Federation (IDF) and the support of Johnson & Johnson CIRSE organised a pioneer course on “How to establish a diabetic foot clinic” this spring, pushing forward in this growingly important field of Interventional Radiology.

It is estimated that 70% of lower limb amputations are the results of diabetes – approximately one is performed every 30 seconds. Many of these crippling operations could be avoided through successful revascularization. Nevertheless only few regions have what is still a luxury – a multidisciplinary diabetic foot clinic combining the efforts of diabetologists and interventional radiologists to save limbs and greatly improve patients’ quality of life.

The CIRSE Foundation and the International Diabetes Federation therefore recently participated in a course at the Johnson & Johnson Diabetes Institute in Paris. The goals for the participants, including interventional radiologists and diabetologists, were to

- Explore issues and practical implications of “quality” and how quality can be managed
- Gain an awareness of the complexity of the implementation of quality measures
- Identify a patient-centered three stage approach for structuring a clinic, two approaches to organizing for treating patients, and developed awareness of different approaches to interdisciplinary

- Discover the impact and importance of creating a business plan that translates the processes of team building and quality management
- Identify at least two appropriate colleagues with who to share the challenges and experiences of setting up a successful diabetes foot clinic

As a result of attending the workshop, delegates were able to clearly identify issues that are likely to impact on the success or otherwise of the clinic that they might open.

CIRSE delegates to the course included Jan Peregrin, Jim Reekers and Dierk Vorwerk. Although they enjoyed many aspects of the course, the main points for improvement pointed out by them included:

- There were more diabetologists than interventional radiologists
- The main message of the course should be how to spread the message to the health care providers that the ischemic diabetic foot is a problem and that it can potentially be treated by endovascular procedures
- The International Working Group on the Diabetic Foot (IWGDF) should be involved in future courses

F O U N D A T I O N



CIRSE supports major PR campaign for diabetes awareness through Interventional quarter issue on diabetes

The annual salary of:

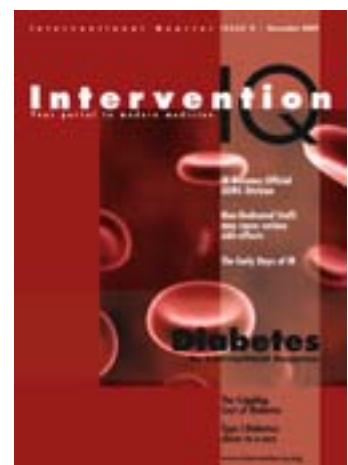
3 doctors + **5** nurses + **1** dietician + **1** secretary + **3** auxiliary staff = **8** BELOW-KNEE AMPUTATIONS

There is strong evidence that a multidisciplinary approach can reduce amputation rates by a sizable percentage.



The numbers are shocking, yet health care providers seem reluctant to adopt a minimally invasive approach.

For more information on the topic go to www.intervention-iq.org or order your free issue of Interventional Quarter at info@intervention-iq.org



www.intervention-iq.org

