

CIRSE Joins
ECCO

Addressing
the IR Gender
Gap

GEST Europe
2017

news



I N N O V A T I O N E D U C A T I O N I N T E R V E N T I O N

The recently founded ETF is expanding its offers for trainees, residents and young IRs at CIRSE 2017

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CIRSE Central Office | Neutorgasse 9, 1010 Vienna, AUSTRIA
Tel: + 43 1 904 2003, Fax: + 43 1 904 2003 30, info@cirse.org, www.cirse.org

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The beginning of 2017 has already seen many highlights for CIRSE, and with several congresses inching nearer, the year's just getting into full swing.

Dear colleagues,

Turning the calendar to April, I am happy to say that we have had a wonderful start to the interventional year, and I hope the rest of the year will follow suit! These first four months have seen some fantastic occurrences for CIRSE, most notably the finalisation of the 2nd edition of the European Curriculum and Syllabus, the recognition as a full member of ECCO (the European CanCer Organisation), and an entertaining Member's Evening on the occasion of ECR. All that already and it's only spring!

Turning Back the Pages

As medical specialists, it's vital to devote time to continuing our professional education, and there are many conferences at which to do so. Several of these have already come and gone, including the IROS Meeting in Berlin from January 12-14. This was an excellent start to the IR calendar year with new sessions rolled out and an insightful Honorary Lecture given by Klaus Hausegger, covering the work factors most important to IRs, the most common IR personality type and the three pillars of work motivation. You can read more about the meeting and Prof. Hausegger's lecture on page 31.

I also had the pleasure to attend the Mediterranean Oncology Meeting (MIO) in Rome in January which was organised by Cesare Colosimo and Roberto Iezzi along with an international multidisciplinary committee. This meeting focused on the latest advances in IO and featured live cases, expert panel discussions and morbidity and mortality sessions.

Most recently, it was exciting to see so many faces at the CIRSE Members' Evening which occurred during the European Congress of Radiology. Interventional radiology was well-represented at the congress and CIRSE was invited to attend a special International Forum to discuss the position and situation of IR within radiology departments around the globe.

Now with CIRSE's congress season about to begin, there is still more to look forward to throughout the rest of the year.

IO in Bilbao

The eighth ECIO conference is just around the corner and will take place in Bilbao, Spain, from April 23-26. Interventional oncology has been firmly establishing itself as the fourth pillar of cancer care, and, after recently joining in the efforts of ECCO to promote multidisciplinary collaboration in the field, we are eager to continue the battle to beat cancer together. Congresses like ECIO support this movement, and I hope that each of you can join us there to learn more about advances in IO!

CIRSE 2017 in Copenhagen

In the last few months, we received plenty of excellent abstracts for the CIRSE Annual Congress, which will take place this year in Copenhagen. On the following pages, you can read more about what we have planned for the 2017 CIRSE programme, including the third Interdisciplinary Endovascular Aortic Symposium (IDEAS), an expanded European Trainee Forum (ETF) programme and a special session entitled *The IR Gender Gap*. You will also find helpful tips on making it to and around Copenhagen on pages 18-19. And for those of you who have recently accomplished great feats in IR, don't miss out on the opportunity to apply for the Award of Excellence and Innovation in IR, which recognises one group's hard work in the field each year.

Thinking Ahead

2017 is off to a great start and I am anticipating good things for what is yet to come. This year will also see the start of the new CIRSE Committees. The online election will take place from June 12-23, so don't forget to cast your vote!

Elias Brountzos



S O C I E T Y

"As medical specialists, it's vital to devote time to continuing our professional education"

Welcoming specialists from around the world, ECR hosted a multitude of interventional sessions and even held a joint session between ESR and CIRSE as well as an international forum to discuss IR's place in radiology.

ECR 2017: Establishing IR's Place in Radiology



The ESR International Forum welcomed physicians to discuss IR's position around the globe

From March 1-5, thousands of participants were welcomed to "The Flower Gardens of Radiology" at the annual European Congress of Radiology (ECR). Taking place in Vienna, Austria, ECR is the largest radiology congress in Europe, and every year a wide assortment of topics are addressed. From an IR perspective, session themes included musculoskeletal interventions, vascular interventions, clinical patient management and radio-protection in IR, to name a few.

Underlining Clinical Patient Care

CIRSE was happy to once again participate at the congress by having a society booth where delegates could pick up the preliminary programmes for upcoming events, and CIRSE was also asked to co-host a special joint session with the European Society of Radiology. This joint session, titled *Interventional procedures: clinical patient management*, invited four speakers (Christoph Binkert, José Ignacio Bilbao, Otto van Delden and Clare McLaren) to discuss the importance of getting involved in patient care and including those patient care concepts in interventional radiologists' training. CIRSE President, Elias Brountzos, and ESR Past President, Luis Donoso, opened the session by stating how important it is to get closer to patients and be more clinically focused, since this will be absolutely crucial in the future of the profession. Highlighting key elements related to patient care in the radiology suite, the speakers discussed proper peri-interventional care, including what steps to take before, during and after procedures. Christoph Binkert emphasised the importance of becoming a point of contact for the patient and being involved throughout the entire process, from answering questions, to explaining the procedure, to following up after,

including managing any potential complications. The infrastructure and training routes must be adapted in IR, but the first step toward promoting these changes is to be the best physician possible through comprehensive patient care.

IR Worldwide

In another exciting session, the ESR International Forum, physicians from around the globe were invited to discuss the position of IR within radiology in their respective countries. Beginning with the situation in the USA, Dr. Ehman shared that in 2012 IR was approved as a speciality and has since continued to increase in popularity. Also from the USA, Dr. Brink explained that recently a change was enacted in the IR training programme which will increase the duration of IR specific training. Following the explanation of the USA's situation, presentations were given by countries around the world, including Canada, Mexico, Colombia, Brazil, United Arab Emirates, India, Japan, Korea, China, Australia and New Zealand. Finally ending with IR's position in Europe, Immediate ESR Past President Katrine Riklund and CIRSE President Elias Brountzos each shared their view, noting that IR is a successful subspecialty of radiology, and it is



CIRSE MEMBERS' EVENING

On the occurrence of the European Congress of Radiology, CIRSE once again hosted its traditional Members' Evening in Vienna, Austria.



S O C I E T Y

important that collaboration between radiology and IR be continued and expanded upon, including establishing good training programmes for IR so that young medical professionals can follow that pathway and be provided with further education.

CIRSE Members' Evening

This year, nearly 300 CIRSE Members attended the Members' Evening, taking place in the beautiful Museum of Applied Arts (MAK). CIRSE Members were invited to take a break from the bustling congress and relax with friends and colleagues over drinks, dinner and entertainment. Those who attended were also able to see the museum's current exhibition. After cocktails and exploring the exhibition, members were provided with a delicious buffet-style dinner, during which live soul and jazz music from the Bossa Club was also enjoyed.

In the middle of the evening, President Elias Brontzos welcomed everyone for coming and

mentioned some of the particular achievements CIRSE's members have already accomplished this year, recognising CIRSE Gold Medallist José Ignacio Bilbao for the honour of receiving the ECR Gold Medal this year, and CIRSE Distinguished Fellow Liz Kenny for being appointed as an Officer in the General Division of the Order of Australia for her distinguished work as a researcher and clinician in the field of oncology. Professor Brontzos also pointed out several of the accomplishments that the Society has achieved in 2017 thus far, including the finalisation of the second edition of the European Curriculum and Syllabus for IR, the recent full membership to ECCO (the European CanCer Organisation) which will help to further solidify IO as the 4th pillar of cancer care, and beginning work on a new spin-off journal of CVIR called CVIR Endovascular.

After such an enjoyable evening with great music, lively conversations and cultural exposure, we are already looking forward to welcoming you at more of our networking opportunities set to take place at CIRSE 2017!

Guests at the Members' Evening were welcomed to Vienna's beautiful Museum of Applied Arts



With patient recruitment for the CIRSE Registry for SIR-Spheres Therapy (CIRT) marked to stop at the end of this year, we sat down to discuss the registry with Steering Committee Chairman, Josè Ignacio Bilbao.



S O C I E T Y

Steering CIRT Forward

"This is a clear demonstration of what a well-oiled machine can accomplish"

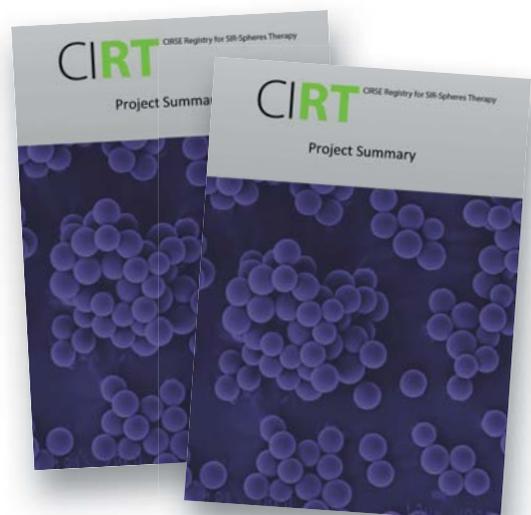
Since the beginning of 2015, CIRSE has been conducting a European-wide registry, the CIRSE Registry for SIR-Spheres Therapy (CIRT), to collect data on how radioembolisation therapy with SIR-Spheres is being used to treat liver tumours. Now, two years in, the registry has already been able to recruit 30 hospitals from eight different countries and recently enrolled the 500th patient. With such progress being made so far, we sat down with the Chairman of the CIRT Steering Committee, Josè Ignacio Bilbao, to discuss the objectives and future plans for CIRSE's first registry.

CIRSE: You are now two years into the CIRT registry; can you elaborate on what the main objectives are?

Bilbao: The main objectives of CIRT are to conduct a post-market study analysing the daily practice of radioembolisation in Europe, and we are trying to include as many hospitals in as many countries as possible. We have established that the centres we include should have knowledge of the treatment so that we avoid a learning curve and really gain valuable information on what happens in hospitals where the interventional radiologists have the proper experience. This will provide clear knowledge of the real-life use of radioembolisation and help us to know what the indications are to perform the procedures, how the procedure is conducted, what the relationship is with other techniques, and what the complications and follow-up

results are. Ultimately, we are collecting this data to understand the safety and efficacy of the therapy. We also have a subgroup that deals with complications, so we are paying close attention to that and communicating with the hospitals about what has occurred if the information is ever unclear.

Another important aspect of the registry is that it is completely multidisciplinary, so the information that we are collecting is not only interesting for interventional radiology but also for other specialities, such as surgery or nuclear medicine. Our Steering Committee, as well, is made up of members from other specialities, including hepatology, oncology and internal medicine. If I had to summarise the primary considerations of the study, I would say post-market, safety, efficacy, knowledge of daily practice, and multidisciplinary teamwork are the key focus points.





Current objectives of CIRT, the recent enrolment of 500 patients into the registry and the importance of patient follow-up are just a few of the topics we covered with Professor Bilbao.



S O C I E T Y

CIRSE: CIRT has recently enrolled 500 patients across eight countries; were you expecting to reach that many? Is that a sufficient number to consider the application of SIRT-Spheres in Europe?

Bilbao: At the beginning, it was not so easy to establish contracts with hospitals and enrol patients, but the CIRSE Office has done extraordinary work in terms of teaching, preparing and promoting the inclusion of hospitals and patients. This is a clear demonstration of what a well-oiled machine can accomplish, and now we are seeing the results with more and more cases being included in the data collection. I expect that by the end of our enrolment period, we will have around 800 cases, and, ideally, I would like to have between 700 and 800 patients from different countries. I believe with that number of patients it will be possible to have a good picture of how radioembolisation is being performed in Europe and to what effect.

CIRSE: After enrolment of patients in CIRT has finished, what are the next steps?

Bilbao: Our aim is to finish recruiting patients at the end of 2017, but we will follow this information for two more years in order to see what happens with the patients, which is really the primary goal of the study: to know if what we are doing is good or bad for the patients. This is vital to the study and for any future research stemming from CIRT.

CIRSE: CIRT is one of CIRSE's first registries, how do you see it paving the way for other CIRSE-sponsored registries? What have you learned from this experience as the Chairman of the Steering Committee?

Bilbao: This registry has been a very significant experience for me and for CIRSE. We understood when we started CIRT that multidisciplinary, multinational registries should play an important role at CIRSE, and we spent a lot of time preparing everything extremely well before including patients in the study. Although this first registry is on radioembolisation, it is not for radioembolisation alone. With the initial set-up we have done, we are now ready and prepared to use this structure for other registries if everything goes well. And registries are a very important part of our work in interventional radiology, because when we demonstrate what we do in daily practice and provide good scientific support, the information we deliver is very important for establishing guidelines or determining how we engage with other medical or surgical specialities. CIRT is an important step for CIRSE, because it will prepare the path for other registries or trials.

Michelle Weiss, CIRSE Office

To find out more about the CIRSE Registry for SIR-Spheres Therapy, please visit www.cirse.org/cirt

The top right photo features a selection of the CIRT Steering Committee Members at ECIO 2016.

"This registry has been a very significant experience for me and for CIRSE"



CIRT CIRSE Registry for SIR-Spheres Therapy

We sat down with one of the Chairmen of the CIREL Steering Committee, Philippe Pereira, to discuss the registry and drug-eluting bead treatment.



S O C I E T Y

Drug-eluting Beads and CIREL

"It's necessary to have high quality peri-interventional management when you are treating a patient with bead therapy"

With the CIRSE Registry for LifePearl Microspheres (CIREL) just getting started, we met with Philippe Pereira, one of two Chairmen of the Steering Committee, to hear about his expectations for this registry as well as his insights on drug-eluting beads in Europe.

CIRSE: What is your personal clinical experience with drug-eluting beads?

Pereira: In my clinic, we use a lot of different beads from various manufacturers, and I have seen some patients who had problems with the bead treatment, but, fortunately, they weren't long-lasting. My experience has taught me that it's necessary to have high quality peri-interventional management when treating a patient with bead therapy. When we began using beads, patients often experienced some pain and a slight fever for two days post-op, but now we have developed our peri-interventional management. This means that, before we inject the beads, we may deliver some drugs, like cortisone, to diminish pain; during the treatment, we look at the hydration of the patient; and after the treatment, we give some additional pain treatment or anti-vomiting medication. With adequate peri-interventional management, we are able to manage any secondary effects such as vomiting, pain and fatigue, and we've seen improvement in the last few years.

CIRSE: Where did you receive your training on interventional oncology treatments?

Pereira: By myself I'm afraid. A couple of years ago, I went to different hospitals in France and the USA and picked things up there. As an interventional oncologist, you have to learn that there's so much

more to consider than simply the technology you use in your approach. That's an important aspect that you need to know, but you should also be informed about other treatments and have a thorough background on what surgeons, oncologists and radiation therapists can do as well. Knowing what the other disciplines can offer should be part of the education of interventional oncologists, because it's such an important aspect.

CIRSE: What do you like about TACE with beads?

Pereira: TACE with beads is especially different from conventional TACE. The advantage of TACE with beads is that the doses of the drug and the timing between applications are both standardised; that's not the case with conventional TACE. Also, conventional TACE never proved its efficacy for colorectal liver metastases, although it was used for a couple of years. But with this new approach with beads, TACE has become more interesting for the treatment of colorectal liver metastases and it should be studied.

CIRSE: What has been the most interesting piece of research you've seen recently about drug-eluting beads?

Pereira: One very interesting topic that is starting to be explored is the combination of the beads treatment with systemic chemotherapy or immune therapy. This is interesting because, unfortunately, these patients almost always have metastases in not only the liver, but often in the bones and lung as well. With the drug-eluting beads therapy you never treat outside the liver, so combining it with immunotherapy for specific diseases could be a



TACE with drug-eluting beads is becoming a popular treatment method around Europe, and with CIRSE's new registry, CIREL, real-life data will be collected to form evidence-based decisions on optimising the treatment.

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really good option. Currently, we're using only three different drugs, but it's possible to imagine loading the beads with other drugs, maybe even with immune drugs, and then other treatments could be considered. Right now beads are solely being used for colorectal and HCC, but if a drug like Paclitaxel is used, for example, you can treat liver metastases from breast cancer. The potential is huge, so we shouldn't miss the chance to test new drugs and gather data to find different diseases that we can treat with bead therapy.

CIRSE: Considering CIREL, what are your expectations for the registry? What do you think it will be able to achieve?

Pereira: My only expectation is that we enrol 500 patients, since, currently, we have no studies of beads with more than 150 patients and even that is an exception; the majority of papers have 30 to 50 patients. Of course, I hope that it will be a fantastic treatment for the patients, but the most important aspect is to see if the beads are relatively safe and effective and for which patients they work best. Our goal now should be to collect a lot of clinical data on the beads treatment in the form of observational studies or large registries, which is what we are doing with CIREL. After we collect the data to see how the beads are used and at which stage of the disease, then we can analyse it to see which patients might benefit from the beads treatment or a combination treatment.

Another point to consider is the outcome of patients. Right now, I believe we get patients for bead treatment too late in the course of the disease. It will be interesting to see through CIREL if there are some centres in Europe using beads

earlier in the course of the disease. That will be one of the most important results to observe in the data analyses: the patient's benefit in terms of progression free survival when beads are used as the second or third line treatment instead of the fourth line.

CIRSE: As CIRSE's first TACE registry, how important do you think it is that it has a multidisciplinary approach?

Pereira: By definition, oncology is multidisciplinary. Nobody has the solution alone, neither the surgeon, nor the oncologist, nor the interventional oncologist. All together we are stronger for the patient, so it's extremely valuable to have a multidisciplinary approach. I have learned so much from oncologists, including how they consider study designs, or what should be assessed regarding safety, efficacy, reproducibility, etc. In the new generation of oncologists, they're even thinking a little bit differently about treatment patterns; they know that they rarely cure the patient completely and that is being joined with a new philosophy that patients should learn to live with their cancer. They could live 20 years with their cancer, and if their treatment is compatible with a good quality of life, why not? That's where interventional oncology comes in, because we have so many different methods to treat the patient. One of our major problems is that we need to educate more and more interventional radiologists to have expertise with interventional oncology. In centres where you have good multidisciplinary teamwork and a good interventional oncologist, a lot is possible, and that is the best situation for the patient.

Michelle Weiss, CIRSE Office

"Knowing what the other disciplines can offer should be part of the education of interventional oncologists"



CIREL CIRSE Registry for LifePearl Microspheres

ECCO MEMBERSHIP

CIRSE is proud to announce that it is now a member of one of Europe's most respected oncology federations, the European CanCer Organisation.

CIRSE Joins ECCO



ECCO represents
170,000
professionals
in cancer care



At the end of 2016, CIRSE became a member of the European CanCer Organisation (ECCO), a 35-year-old, not-for-profit, oncology federation, which consists of 25 member organisations. Representing 170,000 professionals, ECCO promotes interdisciplinary cancer care through education, training and scientific meetings, all while encouraging interaction between European organisations involved in cancer treatment.

A Driving Force in Oncology

The idea of ECCO was first conceptualised in the early 1980s by a few European experts who envisioned the future of cancer care as a coordinated approach encompassing all medical disciplines. Later, six medical oncology societies (ESMO, ESTRO, ESSO, EACR, EONS and SIOPE) consolidated these efforts into the Federation of European Cancer Societies (FECS), and in 2007, the organisation officially became the European CanCer Organisation. It has since been very active in attempting to improve cancer patient outcomes through multidisciplinary collaboration and is now considered the unified voice of European cancer professionals when addressing common policy issues.

Beating Cancer Together

In order to stimulate its growth and importance on a global scale, interventional oncology needs to continue establishing its role through collaboration with other disciplines in the field of oncology. To encourage multidisciplinary teamwork, CIRSE created the Collaborating Against Cancer Initiative, a travel grant which allows delegates to bring along any non-radiologist colleague free of charge to the European Conference on Interventional Oncology (ECIO). The result of this is that physicians from other disciplines, such as oncologists, hepatologists, surgeons and radiation therapists have the

rare opportunity to learn about interventional oncology through our thematic sessions, multidisciplinary tumour board discussions and hands-on device trainings. We are very much looking forward to seeing our non-radiologist colleagues in Bilbao for ECIO 2017!

The initiative to join up with ECCO was orchestrated by CIRSE's Oncology Alliance Subcommittee (OAS), which was formed in 2012. The OAS strives to reaffirm the role of interventional oncology in cancer care through collaborating with other oncologic organisations, improving data and consolidating a curriculum for education and training in interventional oncology. Another of the OAS's recent achievements was the publication of an interventional oncology entry for Wikipedia, the free online encyclopedia. The aim of this was primarily to inform the general public of the subspecialty as well as to bring it to the attention of other medical professionals. Now that CIRSE is a member of ECCO, the OAS hopes to develop on its efforts to inform patients about interventional oncology and further establish minimally invasive therapies as a part of cancer care.

To kick-start the partnership with ECCO, CIRSE was represented in the Member's Square at ECCO's Annual Meeting in Amsterdam on January 27-30. In this space, CIRSE was able to display the ECIO Preliminary Programme and the CIRSE logo. At the upcoming ECCO General Assembly on May 22, Prof. Afshin Gangi and Prof. Philippe Pereira will attend as the CIRSE Representative and Alternative Representative, respectively. Prof. Pereira has also attended two ECCO guideline writing meetings during the past year, both of which he found very useful. CIRSE and the OAS are honoured to be part of such a monumental organisation and look forward to a fruitful collaboration in the name of multidisciplinary cancer care.

Helen Hemblade, CIRSE Office

CVIR – The International Platform for Interventional Radiology

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CVIR

CardioVascular and Interventional Radiology

CIRSE was able to connect with Dr. Gilberto Chanis, one of only 10 IRs currently practising in his country, to get his perspective on IR in Panama.

IR in Panama: Up Close with Dr. Gilberto Chanis



Three generations of physicians: Dr. Gilberto Chanis (left) with his son and father.

"I can say without hesitation that IR plays an important role within the teamwork in my hospital"

The Clinical Procedure Training courses offered through the European School of Interventional Radiology are open for IRs around the globe to help them stay on the cutting edge of medicine. These educational, practice-oriented courses attract a large number of physicians from all over the world, and last year at the CLI course in The Hague, we were happy to welcome Dr. Gilberto Chanis, one of the ten interventional radiologists currently practicing in Panama. Following the course, we interviewed him to learn more about his journey through IR, what the situation of interventional radiology is in Panama and what he thinks might change in the future.

CIRSE: What or who inspired you to start your medical career, and why did you decide to pursue interventional radiology?

Chanis: My father was a radiologist and, undoubtedly, my inspiration. Back in 1997, I won a post-graduate scholarship offered by the British Council Office in Panama, and this great opportunity allowed me to spend two years at the Hammer-smith Hospital in London, where I met the physicians who guided my first steps into the world of IR under the supervision of Professor David Allison.

CIRSE: There are currently 10 IRs in Panama; is there a high demand for interventional

procedures there? Which procedures are most commonly performed?

Chanis: There is a high demand for interventional procedures locally in the capital city, but, unfortunately, with the small number of IRs, the vast majority of Panamanians do not benefit from our procedures. We do a lot of work in non-vascular procedures, including biopsies, abscess drainages and nephrostomies. The most common vascular procedures include central lines, dialysis access maintenance, dialysis catheters, BTK procedures for diabetic foot patients and all types of embolisations, including malformations, tumour embolisation for the liver, conventional TACE and TAE. We keep ourselves busy performing all the procedures that the current technology available in the country allows us to do.

CIRSE: What is IR's place in the healthcare system in Panama? How is IR received by other disciplines?

Chanis: In Panama, IR is recognised as a subspecialty of radiology. Our history is not different from other countries. At the beginning, it was very difficult to introduce our less invasive technology to the medical community and it promoted "turf battles." After nearly three decades of struggle, IR in Panama has accomplished enough to give

Dr. Chanis discusses the biggest challenges for an IR in Panama, the most common IR procedures performed, multidisciplinary teamwork and ongoing education as a physician.

the specialty the recognition it deserves, and turf battles have faded away with just a few small exceptions.

CIRSE: How does multidisciplinary teamwork function in your hospital?

Chanis: It works perfectly! I can say without hesitation that IR plays an important role within the teamwork in my hospital, with approximately 15-20 referrals daily from all specialties including paediatrics.

CIRSE: What do you think are the best ways for IRs to continue educating themselves throughout their career?

Chanis: Every interventional radiologist is very concerned about staying up to date in this rapidly changing field. Besides attending meetings or utilising ESIRonline, in my case, going periodically to ESIR events, has offered me the opportunity to meet incredible people that have shared with me the knowledge they've gained from their IR units, such as Prof. Yasuaki Arai from Tokyo and, more recently, Prof. Franco Orsi from Milan. It is also important to have contacts that you can e-mail if you need assistance; I do that on occasion with my colleagues, Lindsay Machan from Canada and John Kaufman from the United States, both of whom have participated in ESIR training courses.

CIRSE: What was the value of attending the ESIR course on CLI in Amsterdam? Would you recommend this Clinical Procedure Training to other IRs?

Chanis: This formidable CLI course gave me great and refreshing confidence in my work. When I attended this course, I already had nearly two years of experience working in a diabetic foot clinic and had performed more than 100 BTK revascularisations. For me, the best part was learning that the process and technique taught by Prof. Reekers' group was not too far off from the way I had been trained in 2015 in Buenos Aires, Argentina. I would definitely recommend the course to any IR who wants to learn about CLI.

CIRSE: What are the biggest challenges an IR in Panama faces? How are these issues being addressed?

Chanis: As an IR in Panama, I can say that the biggest challenges are motivating more candidates to pursue an IR career, finding formal IR training programmes abroad for our candidates, and finding scholarships as a resource to continue one's studies. Every radiology resident spends several months in IR as part of his general rotation. During this time, the resident learns the basic rules of IR, indications and contraindications of every referred case, potential complications and how to perform simple procedures under a practicing IR's guidance. This first contact with IR is extremely important because it will define whether or not the resident is a candidate for IR. Recently, our hospital started offering a time extension to the Radiology Residency Program, which provides candidates with the option to specialise in different modalities or go further in depth with IR. But the most difficult issue we are still trying to address is admittance to recognised training programmes abroad and finding scholarships to fund further studies. At the moment, every potential IR candidate has to struggle on his own to find a place to be trained. Hopefully this situation will change in the near future, and hospital authorities or government officers will take care of this important issue.

CIRSE: Do you think IR will continue to gain recognition in your country?

Chanis: I have no doubt about it. I have worked hard to see better days in this field and now the enthusiasm of a new generation of IRs is greater than ever. I am betting on the future of IR in Panama, and I am happy to say that my son will be there to continue the hard work I started 28 years ago. These days, we are able to do all the procedures that the current technology available in the country allows us to do: vascular and non-vascular, basic procedures and more sophisticated work like TIPS, embolisation of vascular malformations, conventional TACE or TAE, and I hope that our capabilities will continue to expand.

Michelle Weiss, CIRSE Office



"I have worked hard to see better days in this field and now the enthusiasm of a new generation of IRs is greater than ever"

With ECIO coming up at the end of April, CIRSE got in touch with Honorary Lecturer, Jean Palussière, to talk about the theme of this year's lecture: metastatic colorectal cancer.



S O C I E T Y

ECIO Honorary Lecture: Metastatic Colorectal Cancer

"Percutaneous thermal ablation has offered new possibilities for us to combat against this disease"

As the eighth annual European Conference on Interventional Oncology will be taking place soon, we exchanged ideas with Dr. Jean Palussière, who will be delivering this year's Honorary Lecture titled "Metastatic colorectal cancer and percutaneous thermal ablation: a happy marriage?". Read on to get an overview of Dr. Palussière's expert opinion on this topic.

CIRSE: Can you explain what interests you about this field and therapy, and what questions you would still like answered about mCRC?

Palussière: Colorectal cancer (CRC) is the second and third most common malignant disease in women and men, respectively, and France has the highest rates in Western Europe. Nowadays, metastatic patients receive better screenings than ever before, and imaging methods continue to improve. As the technology and therapies advance, I'd like to be able to propose the best therapeutic solutions to these patients, and that means determining through research which patients are best-suited for specific treatments. Given the good results that have been obtained in patients with limited metastatic disease, it is tempting to expand the indications and propose a local treatment for more aggressive disease, but this should be tested. Also, therapeutic pauses or "maintenance therapy" have been tried out recently to improve patients' quality of life, but we still need to develop a greater understanding of tumour biology to determine which patients would have the greatest benefit from local treatments if toxic systemic treatment is delayed. A trial exploring local consolidative therapy versus

maintenance therapy or observation for patients with metastatic disease would be important to confirm the position of thermal ablation during the course of metastatic disease. It would also be important to compare thermal ablation with other techniques, such as stereotactic radiotherapy and surgery. So there are many interesting things happening in this topic that I am attentive of.

CIRSE: What has your clinical experience been with mCRC and percutaneous thermal ablation?

Palussière: We started using thermal ablation in my centre 15 years ago. Since then, mCRC has progressively become the first indication for thermal ablation, especially for the lung due to its safety, low invasiveness, repeatability, high tolerance and very good acceptance. In our centre, we have a bi-weekly board meeting on digestive tumours, and the oncologists have rapidly understood the benefit of treating patients with local thermal ablation either alone or combined with systemic therapy. Recently, we reviewed our 10-year experience on lung CRC metastases treated with thermal ablation, and we found that approximately one third of all the metastatic CRC patients (considering all sites) were treated with lung thermal ablation. The oncologists argue that a limited metastatic disease could possibly become a future metastatic disease spread, and an opportune use of local therapy might prevent or delay this widespread metastatic dissemination. In this way, percutaneous thermal ablation has offered new possibilities for us to fight this disease.



In this interview, Jean Palussière covers his clinical experience with mCRC, his thoughts on immunotherapy and his plans for the approaching ECIO conference.

S

S O C I E T Y

CIRSE: What's the importance of a multidisciplinary team when dealing with the therapy of colorectal metastases?

Palussière: As with any cancerous disease, it is vital with mCRC to have a multidisciplinary team to determine a treatment strategy. Having a multidisciplinary tumour board allows for the optimisation of patient selection and creates a space to discuss sequencing and combining various treatment options. Having this contact with oncologists and other specialists gives interventional radiologists a greater knowledge of the disease. Beyond the mastery of the percutaneous technique, it is important for the IR to be familiar with tumour biology, genomics, as well as understanding the indications of a systemic treatment.

CIRSE: Do you think there's a place for immunotherapy within the treatment of mCRC?

Palussière: I think immunotherapy will be an important line of work in the next few years. A few studies with anti-PD-1 immunotherapy

have shown some efficacy in the treatment of metastatic colorectal cancer, and several other studies on pre-clinical animal models have shown that localised tumour ablation by RFA can induce systemic T-cell-mediated anti-tumour immunity. The combination of thermal ablation and immunotherapy could be a way to reset the equilibrium between the tumour and the host immune system. It remains complex, but this kind of association really deserves further investigation.

CIRSE: Apart from giving the Honorary Lecture, what are you most looking forward to at ECIO?

Palussière: During the ECIO Congress, I am looking forward to attending different tumour boards and presentations given by non-IR specialists. We learn a lot from other specialities, and since ECIO puts such a focus on interdisciplinary collaboration, it is the perfect opportunity to gain valuable oncological information from multidisciplinary discussions. In this setting, we have the chance to discuss the latest guidelines and evidence and compare current techniques with other European and international colleagues.

"ECIO is the perfect opportunity to gain valuable oncological information from multidisciplinary discussions"



ECIO 2017



ECIO 2017

European Conference
on Interventional Oncology

April 23-26
Bilbao, Spain

www.ecio.org



**LEADERS IN ONCOLOGIC
INTERVENTIONS**

CIRSE

Cardiovascular and Interventional Radiological Society of Europe

As IR continues to grow, ESIRonline provides a learning space for medical students and physicians alike to expand their knowledge of new procedures and recent research.

ESIRonline: A Wealth of IR Learning

ESIRonline just keeps getting bigger and better! This online IR educational platform serves as an unbeatable resource for anyone involved in interventional radiology, and, with live and on-demand screening planned to occur at ECIO 2017, ESIRonline is continuing to expand its resources and engage with a wider audience.

One of the best resources that ESIRonline offers to physicians and medical students is the array of available topic packages, which include valuable information on specific interventional themes. Topic packages are compiled by members of the ESIRonline Programme Committee and serve to keep members updated on a wide variety of IR treatments and techniques, as well as to provide EBIR exam takers with the best learning materials. Packages highlight the most recent, significant presentations on the particular theme and also draw attention to any relevant guidelines or documents.

Last year, nine topic packages were released:

- IR management: provision of IR services
- Acute stroke intervention
- Prostate embolisation
- Venous stenting
- Colorectal liver metastases
- Oncologic interventions: bone
- Oncologic interventions: lung
- Embolisation of peripheral and pulmonary AVMs: an update
- SIRT for HCC and liver metastases: an update

And so far in 2017, three new topic packages have already been released:

- EVAR
- Gastrointestinal interventions
- Critical limb ischaemia

To accompany these topic packages, CIRSE has also created a series of expert interview videos with top physicians in the field to give an overview of the topic before delving into the webcasts and presentations.

All of these videos are uploaded to the CIRSE Society YouTube channel and are available to view here: www.youtube.com/CIRSEsociety



Dr. Maria Ruffino
Critical Limb Ischaemia and the Diabetic Foot Patient



Prof. Klaus Hausegger
The Emerging Role of Endovascular Stroke Therapy



To explore packages, events and webcasts, visit www.esir.org



ESIRonline



CIRSE Committee Elections 2017 – Cast Your Vote Online!

Online voting will be open from June 12-23!

Take part in the upcoming CIRSE Committee Elections by casting a vote for the candidate of your choice anytime between June 12 – 23 (midnight CEST).

Candidates are running for the following positions:

Executive Board:

- Vice-President
- Treasurer

Executive Committee:

- Scientific Programme Deputy Chairperson
- Chairperson of the Membership Committee
- Chairperson of the Standards of Practice Committee
- Chairperson of the Research Committee

Standing Committees:

- Member of the Membership Committee
- Member of the Standards of Practice Committee
- Member of the Research Committee

The catalogue of candidates will be published in the myCIRSE area of the CIRSE website on Monday, May 29, and will be available to view until voting begins. You can access this area of the site with your log-in details, or contact the Central Office for assistance. All elective members who are in good standing are eligible to vote.

All members should have received an email informing them of the election period. If you did not receive such an email, please contact CIRSE's membership service at registration@cirse.org. Another email will be sent out in May to announce the catalogue of candidates and explain how to cast your vote.

The election results will be announced shortly after the voting period has ended and will become effective after the 2017 General Assembly in Copenhagen, Denmark.



P-Max Veins
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For further
information: Contact
the Straub Medical
Team @CIRSE 2017

www.straubmedical.com

The Industry News section highlights important press releases to keep readers abreast of relevant launches, approvals, mergers and acquisitions within the IR industry.

Teleflex to Acquire Vascular Solutions

Teleflex Incorporated and Vascular Solutions, Inc. announced that the companies have entered into a definitive agreement under which Teleflex will acquire Vascular Solutions.

Founded in 1997, Vascular Solutions began developing solutions for minimally invasive coronary and peripheral vascular procedures. The company's product line consists of more than 90 products and services for interventional cardiologists, interventional radiologists, electrophysiologists and vein specialists.

The combined company will offer more than 150 cardiac, vascular and interventional access products. Additionally, Vascular Solutions brings a pipeline of new and next-generation products that will address complex interventions, radial artery catheterisations and embolisation procedures.

Under the terms of the agreement, Teleflex will acquire all of the issued and outstanding shares of Vascular Solutions common stock. The Boards of Directors of both Teleflex and Vascular Solutions have unanimously approved the transaction, which is subject to the approval of Vascular Solutions' shareholders and the satisfaction of customary closing conditions. The transaction is expected to close during the first half of 2017.

www.teleflex.com

The Teleflex logo consists of the word "Teleflex" in a bold, blue, sans-serif font. The letter "T" is stylized with a horizontal bar that extends to the left and then curves upwards.

Terumo to Acquire Bolton Medical

Terumo Corporation announced a definitive agreement to acquire Bolton Medical, Inc. from its parent company. Bolton Medical develops, manufactures, and distributes stent graft systems for the endovascular treatment of thoracic and abdominal aortic aneurysms.

According to Terumo, the transaction is expected to close in a few months and will be funded through cash on hand and debt. The closing is subject to antitrust clearance and other customary closing conditions. Terumo's Vascular Graft Division is a division of Cardiac and Vascular

Company, Terumo Corporation. The division includes Vascutek Ltd., which became a part of Terumo in 2002.

www.terumomedical.com

The logo for Terumo Interventional Systems features a red swoosh above the word "TERUMO" in a bold, green, sans-serif font. Below "TERUMO", the words "INTERVENTIONAL" and "SYSTEMS" are stacked in a smaller, green, sans-serif font.

Bolton Medical's stent graft systems for endovascular treatment will be acquired by Terumo



M E E T I N G

Copenhagen Calls...

CIRSE 2017 will feature four and a half days of science and education in the beautiful city of Copenhagen.

Join us this
September in
Copenhagen
for another
unforgettable
CIRSE Congress

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

Our Venue

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

Getting There

Copenhagen has an efficient infrastructure, which makes it easy to arrive by train, bus, ferry or airplane. Copenhagen Airport is situated only eight kilometres outside of Copenhagen city centre and is just a 15-minute metro journey to Kongens Nytorv or Nørreport in Copenhagen city centre.

Taxis are available from terminal 1 or 3 and will take approximately 20 minutes to reach downtown Copenhagen for €33-40.

Discount Flights

As in recent years, CIRSE has teamed up with the Star Alliance network to provide CIRSE 2017 participants with the best fares on their flights. Those booking with Star Alliance airlines can benefit from a discount of up to 20%. For more information on these deals and participating airlines, visit www.cirse.org/flights, and be sure to mention the discount code SK09S17 when booking.

Getting Around

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



This year's congress venue will be the Bella Center, conveniently located between the city centre and the Copenhagen airport.



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

You can also find directions and plan your trip around the city at www.journeyplanner.dk

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

Learn more at www.bycyklen.dk

Where to Stay

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

Creative Copenhagen

Although Copenhagen is probably best known for being the last home of the legendary author of fairytales, Hans Christian Andersen, the city has a wealth of creative genius, including the

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



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

Order a Travel Pass in advance and get 70% off the regular price!

Carving out a strong place for IR's future means building up a motivated group of young IRs in the present, which is why CIRSE congresses are creating a space for the next generation of physicians.

Leading IR's Next Generation



The ETF Pavilion at CIRSE 2017 will offer a dedicated area for short talks and networking activities

When contemplating the future of IR, one of the most important things to consider is our impact and ability to empower the next generation of talented young medical professionals. This succeeding generation will be the ones aiming to accomplish even more innovative feats within the subspecialty and continue the strong legacy of IR as it has established itself thus far. When we create a place for these young professionals to truly engage with the subspecialty, then IR will continue to thrive. This is why CIRSE is taking steps to build the future of IR with the best and brightest of the next generation.

A Comprehensive Strategy

In order to ensure IR continues on a successful path and will have the manpower to meet any future challenges, CIRSE is developing a comprehensive strategy to engage medical students, IRs in training and young, fully trained IRs, with the aim to secure a steady stream of fresh minds into the discipline and bring this next generation closer to CIRSE.

The popular and successful CIRSE Student Programme, which was established in 2011 and has since given more than 1,050 undergraduate medical students the opportunity to attend the CIRSE annual congresses, will be further improved to raise awareness of IR among medical students and highlight the merits of a career in this field. In 2016, the Student Programme featured new events, including a mentoring session to give the students the possibility to informally chat with IRs from their country and gain valuable insight. This year, the programme will increase the possibilities for students to interact with senior IRs.

Beyond supporting medical students, CIRSE is also beginning a programme to better assist young physicians once they have decided to go into IR. In order to develop scientific and educational activities that are relevant for this group, CIRSE launched the European Trainee Forum (ETF) in 2016.

The ETF will be the new home of trainees, residents and young interventional radiologists in CIRSE. Its long term purpose is to increase and enhance the participation of young physicians in international scientific and educational activities

and to create a forum within CIRSE to further their careers through networking opportunities and peer-to-peer activities. Also, the ETF aims to increase CIRSE's understanding of national differences and particularities in IR training in Europe in order to subsequently deliver effective support for young physicians on their way to becoming part of the IR community.

The ETF is centred around the highly active ETF Subcommittee which consists of sixteen young IRs from all across the continent, and which is responsible for advising the CIRSE Executive Board on any issues related to IR training. The Subcommittee also delivers valuable input for educational initiatives such as EBIR and ESIRonline and cooperates with the Scientific Programme Committee in creating on-site events for trainees at the CIRSE annual congresses.

In 2016, for the first time at a CIRSE congress, trainees, residents and young IRs were offered a dedicated session. The IR Trainee Session, *Building an IR career*, featured speakers and content carefully selected by the ETF Subcommittee, including talks on building an academic career as an IR, academic publishing, the EBIR exam and clinical entrepreneurship as an IR.

The fact that the session was filled to the brim with a young audience and that all speakers had to answer countless questions underlined the great interest for CIRSE sessions aimed at residents and trainees and strengthened CIRSE's resolve to gradually extend its offers for this target group at the next meetings.

International Cooperation

The ETF Subcommittee also regularly meets and corresponds with representatives of the American SIR and their Resident, Fellow and Student (RFS) initiative. Since SIR has several years of experience developing a dedicated programme for IR trainees, their insight will be very valuable for CIRSE while further establishing the ETF in Europe and developing relevant congress activities and sessions. ETF and RFS representatives have also discussed further possibilities for future joint initiatives and laid the foundation for ongoing cooperation between these two organisations.

After the success of last year's first dedicated session for trainees, residents and young IRs, this year even more exciting events are being planned for CIRSE 2017.



Ambitious Goals for 2017

For 2017, the CIRSE ETF Subcommittee has set itself ambitious goals: first and foremost, the ETF will strengthen ties to national IR societies around Europe, get young IRs involved from countries that are not yet represented and strengthen the ETF brand among young IRs. This is especially relevant for Denmark, as it will be the local society for this year's Annual Congress, making it the ideal opportunity to bring CIRSE closer to TRYs in that country. The ETF Subcommittee is also committed to collecting further data about IR training in Europe to help CIRSE leadership develop strategies, initiatives and plan ahead. However, one of the biggest tasks of the ETF Subcommittee this year will be to further increase the attractiveness of the CIRSE Annual Meeting for TRYs.

More Trainee Sessions at CIRSE 2017

Building on the success of last year's popular IR Trainee Session, CIRSE 2017 will see an increase of on-site activities for trainees, residents and young IRs. The session *Building an IR career* will be repeated as well as a session called *Future IR*, featuring lectures on the future of IR technology, robotics and other trends. This year, trainees will also be provided with a dedicated area for short talks and networking activities called the ETF Pavilion. The ETF will also be further integrated into the CIRSE Student Programme with mentors sharing their professional experiences and career advice.

Looking Ahead

Over the next few years, CIRSE will continue to develop the ETF and its trainee activities, increase the presence and involvement of the next generation of IR in CIRSE and its events, and develop new incentives for students, trainees and young IRs. The ETF Subcommittee will continue to expand its efforts to involve trainees from around Europe and deepen cooperation with all national societies.

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

Ben Raho, CIRSE Office

Get involved with the ETF and help plan activities for the next generation of IRs!



With the Preliminary Programme now out for CIRSE 2017, it's time to take a closer look at a few of the topics that will be addressed in Copenhagen.

Special Topic Focus: Bone Interventions & IR Management



Following the success of CIRSE 2016, the Scientific Programme Committee has once again conceptualised a fantastic programme packed with top-notch sessions, exciting novel formats and cutting-edge science, which will be delivered by the world's leading experts at CIRSE 2017. The CIRSE programme is categorised into eight thematic tracks: arterial, aortic, venous, neuro-interventions, embolisation, interventional oncology, non-vascular interventions and IR management. Of which, the latter two are the subject of this special topic focus.

Down to the Bone

Minimally invasive non-vascular procedures have come a long way from the traditional field of image-guided biopsies and drainage. This will be demonstrated in this year's non-vascular track which will focus on the skeletal system with a Special Session on knee osteoarthritis and a Fundamental Course on the therapy of painful bone metastases.

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

Although radiotherapy (RT) is the classic go-to for painful bone metastases, spine and pelvic lesions

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

For painful bone metastases, transarterial embolisation (TAE) is of particular benefit when there is a high risk of bleeding, spinal involvement and neural encroachment, or, in awkward surgical locations, where prolonged surgery is anticipated. Embolisation can also increase tumour sensitivity to chemotherapy or radiation therapy, therefore making it an ideal combination therapy option. A speaker in the *Knee osteoarthritis* Special Session, Dr. Yuji Okuno, will talk about the efficacy of TAE for mild to moderate knee osteoarthritis for rapidly relieving resistant pain and restoring knee function. The procedure itself is often complex with significant risk to adjacent structures and is usually part of a wider treatment strategy. Transarterial embolisation will, likewise, be covered in the Fundamental Course *Therapy of painful bone metastases*. Other topics within bone interventions include Special Sessions on treatment options for bone tumours and on vertebroplasty plus Workshops and Hands-on Device Trainings on vertebral augmentation. Non-skeletal interventions will be well-covered with an Expert Round Table on GI intervention and an Expert Case Discussion on challenging drainages. There will also be a Special Session on advanced biliary therapies.

The IR in Practice

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

Take a look at the
CIRSE Preliminary
Programme
online for a full
overview!

Clinical practice, patient management and peri-procedural care will be important discussion topics at this year's CIRSE Congress.



Anaesthetist Prof. Alessandra Vari analyses the Europe-wide anaesthesia survey results at CIRSE 2016.



Interventional oncologist Dr. Julien Garnon discusses percutaneous fracture management at CIRSE 2016.



cooperation with other national and global societies, is leading the way in setting out requirements and standards for the provision of interventional radiology. The IR Management Special Sessions cover the education, training and organisational structures necessary to provide the best clinical care for patients.

One of the biggest challenges that the subspecialty currently faces is organising the infrastructure to be able to deliver all the services interventional radiology can offer. This means creating a process which focuses on all aspects of clinical care, including planning the procedure before treatment, carrying out the procedure safely and effectively and ensuring proper aftercare of the patient, as well as having full clinical involvement within a multidisciplinary team. Ongoing education for IRs throughout their careers and a well-structured, clear training pathway for the next generation of interventionalists also play an important role in the future of interventional radiology. All of the above will be discussed during the not-to-be-missed *Modern IR clinical practice* Fundamental Course.

A Painless Topic?

Due to shortages of anaesthetists in many centres, interventional radiologists are increasingly involved in dealing with peri-procedural care; anaesthesia has thus become a major topic for both IRs and anaesthetists. In order to better understand anaesthetic practices and the growing debate on sedation administered by non-anaesthesiologists, last year CIRSE carried out a survey on anaesthesia practices in Europe, the results of which were discussed by anaesthetist Prof. Alessandra Vari in a Special Session at CIRSE 2016. All aspects of anaesthetic management for IR were reviewed in detail, including assessment, choice of technique, pharmacology, follow-up, paediatric IR, recordings and adverse events management. Delving even deeper into the topic, peri-procedural care will be a core theme of the congress this year with the Special Session *Anaesthesia and Interventional Radiology: time to team up!*, which will feature practical advice from four anaesthetists. Don't miss it!

Helen Hemblade, CIRSE Office

Check out our Topic Packages on Bone Interventions and IR Management on ESIRonline



ESIRonline



Increasing Interventional IDEAS

Taking place in September alongside CIRSE 2017, this year the Interdisciplinary Endovascular Aortic Symposium will occur for the third time and promises another engaging programme.

M E E T I N G

Find the full programme at aorticideas.org

For the third year, the Interdisciplinary Endovascular Aortic Symposium (IDEAS) will once again take place within the CIRSE Annual Meeting. IDEAS is a distinctive symposium which has been set up as a multidisciplinary forum on endovascular aortic repair for those who are interested and involved in these therapies. The sessions offered in the past two years have been enthusiastically approved and attended by vascular surgeons, cardiologists and, of course, interventional radiologists.

Last year, the IDEAS meeting was expanded to offer delegates more lectures, debates and workshops on aortic interventions. For younger delegates, such as residents and trainees, or those looking to learn more about aortic repair, 2016 also saw the addition of the IDEAS Training Village: a unique space for delegates to get hands-on experience with thoracic and abdominal aortic devices in free, interactive workshops.

Over the last two years, IDEAS has demonstrated that it is truly an interdisciplinary event, which has sparked a deep interest in many of the congress attendees. At CIRSE 2017, IDEAS will continue to offer a space for CIRSE delegates to gain insight into the hot-button issues in the endovascular aortic field, and we are looking forward to welcoming our distinguished faculty who will be guiding sessions and round tables to ensure another year of enriching discussion across a variety of session types.

Expert Round Tables

Expert Round Tables have become a staple of the CIRSE Congress and will be no stranger to IDEAS either. This year, four Expert Round Tables will take

place at IDEAS. One that is bound to be fascinating will focus on several of the controversial questions that arise when attempting to determine what the best choice is for the patient when it comes to abdominal aortic aneurysm repair. Questions that will be addressed include: when is PEVAR better than EVAR? is EVAR suitable for all patients? and when is the best time to intervene? Three other Expert Round Tables planned include *Controversies in Type B dissection*, *Solutions and outcomes for complex aortic pathology*, and *Type 2 endoleak prevention and management*. These sessions aim to increase the interaction between the speakers and the audience and thus take a more informal approach, where presenters share their opinions regarding the topic but then the floor is open for questions and discussion.

A Diverse Range of Sessions

At IDEAS 2017, there will be a broad scope of topics covered by a variety of session types. Beyond the series of Special Sessions, this year's programme will include three Expert Case Discussions, where experts will share their individualised approach on interesting cases and get audience feedback through questions and CIRSE app e-voting, two case-based discussion workshops to guide junior IRs through the fundamentals of EVAR and TEVAR, and a thrilling Hot Topic Symposium called *Aorta*, which will raise some highly debated questions around the controversial stance of endovascular treatment justification. These are just a few of the highlights planned in the scientific programme and we're sure that, with this line-up, this year's IDEAS Symposium will offer something thought-provoking for all those who attend!



IDEAS

The Award of Excellence and Innovation in IR

Innovative Spirit

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

Development

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

Recognition

Many patients are grateful for the wide range of minimally invasive alternatives to open surgery from which they can now benefit. Furthermore, CIRSE also wishes to honour your dedication and excellence in IR and present your innovation to the IR community during the opening ceremony of CIRSE 2017.

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

How to apply

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

R.W. Günther Foundation

A warm thanks goes to the R.W. Günther Foundation for kindly sponsoring the award. The Foundation is based in Aachen, Germany, and aims to promote science and research, especially in the field of radiological sciences and diagnostic and interventional radiology, as well as to support national and international cooperation.



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

All applications must be submitted by May 19, 2017 to scientific@cirse.org. For more information, please visit the CIRSE website.

For the last three years, the RPP at the CIRSE Annual Meeting has helped establish greater awareness around the importance of radiation safety standards and will return again this year in Copenhagen.

Radiation Protection Pavilion 2017



Protecting patients and physicians is paramount when working with radiation during IR procedures. With this important thought in mind, CIRSE's Radiation Protection Pavilion (RPP) has been able to increase interest in this topic over the last few years. With more sessions being devoted to radiation safety each year and an RPP mini-talk programme on top of it, CIRSE has helped to spread the word on standards of care and safety when it comes to the use of radiation in image-guided interventions.

Increasing Awareness

In 2018, a new directive from the European Commission will be included in EU legislation expressing that countries within the European Union must ensure compliance of the Basic Safety Standards on radiation protection by February 6, 2018. The Basic Safety Standards state that EU nations must place a greater focus on patient protection by considering and documenting the patient's lifetime radiation exposure as well as the patient's exposure during a single procedure.

Due to this upcoming change in regulation, the Scientific Programme Planning Committee for CIRSE 2017 has decided to place an increased focus on the topic of radiation protection, designating it as a core theme of the congress with a Hot Topic Symposium titled *Radiation protection: burning issue*.

A Comprehensive Programme in the Pavilion

As in last year, the Radiation Protection Pavilion's Subcommittee will once again host a series of mini-talks from physicians and industry partners on topics relevant to radiation safety and protection.

Be sure to schedule time to check out this year's Radiation Protection Pavilion in Copenhagen: you're bound to pick up some new information on this hot topic!

To see how much you already know about radiation safety, test your knowledge with a short quiz on the next page.

All the RPP mini-talks from CIRSE 2016 are available on ESIRonline



This year's Radiation Protection Pavilion aims to draw attention to the new Basic Safety Standards directive that will be effective in the EU as of February 2018.

Radiation Protection Self-Assessment Quiz

Take this quiz to see how well-equipped you are to handle radiation protection! This is part of a more extensive quiz, which you can find on our website at www.cirse.org/rpp



1. Which of the following statements is **TRUE**?

The ICRP recommends an annual occupational dose limit to the lens of the eye of:

- 150 mSv
- 50 mSv
- 20 mSv
- 1 mSv

2. Which of the following statements about radiation-induced cataract is **TRUE**?

- It can occur only in the main operator.
- Radiation-induced cataracts show a certain degree of specificity (posterior capsula).
- The current accepted threshold for cataract is 2 Gy.
- It can only occur in persons above the age of 40.

3. Which of the following statements is **TRUE**?

If a nurse takes one step forward during an intervention and thereby reduces the distance to the patient by half, her occupational dose...

- ...increases by a factor of 4.
- ...is reduced by a factor of 2.
- ...increases by a factor of 2.
- ...is reduced by a factor of 4.
- ...is the same at both distances.

4. Which of the following statements is **TRUE**?

An increase in the "X-ray tube to patient skin distance"...

- ...always improves image quality.
- ...decreases patient skin dose.
- ...decreases radiation dose to staff by a factor of 4.
- ...increases patient skin dose.
- ...increases radiation dose to staff by a factor of 2.

5. Which of the following statements is **TRUE**?

In interventions entailing a 1-hour fluoroscopy and 400 digital images, the patient skin dose is approximately:

- 30 – 60 mGy
- 3 – 6 mGy
- 3 – 6 Gy
- 0.3 – 0.6 Gy

6. Which of the following statements is **TRUE**?

Patient skin dose generally decreases with increasing...

- ...kVp.
- ..."image detector to patient" distance.
- ...electronic magnification.
- ...tube current.

7. Which of the following statements about the positioning of suspended protective screens is **TRUE**?

- The closer to the X-ray tube, the better.
- The higher, the better.
- Should be placed between the personnel and the irradiated area of the patient, close to the patient.
- Should be placed close to the interventionalist's chest and abdomen.
- Should be placed on the table.

Take the full quiz online to see if you answered the questions correctly!



THE IR GENDER GAP

An exciting session at the Annual Meeting called The IR Gender Gap will discuss challenges female IRs face and ways in which these can be overcome.

The Future is Female at CIRSE



M E E T I N G



Did you know
that the ratio
of women
to men in IR is
1 to 10?

The number of women in medicine is growing, so much so that in the UK, the majority of practising physicians are now female. Unfortunately, this balance is not reflected in interventional radiology, where currently only one in ten interventionalists is a woman. As interventional radiology encompasses innovation and collaboration, CIRSE felt it important that this gender gap was finally addressed, starting with the first Women in Interventional Radiology (WIR) session, entitled *The IR Gender Gap*, which will comprise of lectures from interventionalists, a round table discussion and, to conclude, action points from the moderator.

The session is to be moderated by former CIRSE President, Prof. Anna-Maria Belli, who will kick off the session with the hard facts and figures on female to male ratios in the subspecialty. A member of the European Trainee Forum (ETF), Dr. Carla Gonzalez-Junyent, and interventional oncologist Dr. Tze Min Wah will then talk about the perceptions and misconceptions of interventional radiology as a trainee and consultant, respectively.

Aside from the lack of female mentorship in the field, one of the main obstacles to women becoming interventionalists is the concern over radiation-related fertility risks. It has been shown, however, in recent studies, that these fears are somewhat unfounded. The Chairperson of CIRSE's Radiation Protection Committee, Prof. Werner Jaschke, will join the session to discuss the facts and the fiction on occupational radiation. Following this, CIRSE Distinguished Fellow Prof. Małgorzata Szczerbo-Trojanowska will lay out the barriers for women entering and progressing in the subspecialty.

It is essential that young female doctors are fully educated on and encouraged to enter the relevant training pathways for IR. To shed light on this, Chairperson of the European Board of Interventional Radiology (EBIR), Prof. Otto van Delden, will also be joining the round table to share his input alongside the speakers and moderator, during which the audience will be given the opportunity to get involved in the discussion.

Although the focus of this session will be the plight of females in IR, we very much encourage male colleagues to participate as well, since gender equality is a topic of the subspecialty and concerns all IRs. We hope you can join this breakthrough session!

Helen Hemblade, CIRSE Office

Saturday, September 16, 11:30-12:30
WIR 305 The IR gender gap

Moderator:
Anna-Maria Belli (London/UK)

Speakers:
Anna-Maria Belli
Carla Gonzalez-Junyent
Werner Jaschke
Małgorzata Szczerbo-Trojanowska
Otto M. van Delden
Tze Min Wah

CIRSE MEETS...

The "CIRSE Meets..." sessions strengthen CIRSE's bonds with societies from around the globe, and this year, we are proud to have the EWMA joining us in Copenhagen.

CIRSE Meets the European Wound Management Association (EWMA)

With diabetes on the rise in the Western world, treatment of the diabetic foot and peripheral arterial disease has become the most prevalent area of chronic wound management in interventional radiology. As it is essential for interventionalists to be fully clinically involved in a multidisciplinary team, the European Wound Management Association is an important common denominator with other specialists involved in the field.

CIRSE Meets EWMA

The "CIRSE Meets..." sessions have been an integral part of the Annual Meeting's programme, providing an excellent opportunity to reach out to other associations and national societies to initiate or deepen cooperation and provide members with an insight into their work. As interventional radiologists treating acute and chronic wounds are in the forefront of wound management, it makes them key allies of the European Wound Management Association (EWMA) and its work.

The EWMA is an umbrella organisation linking European national wound management societies, individuals and groups with interest in wound care. Founded in 1991, EWMA's main objective is to support the implementation of interdisciplinary, cost-effective, high-quality wound care. It does so by organising conferences, contributing to international projects and providing information on native epidemiology, pathology, diagnosis, prevention and management of wounds of all aetiologies.

The EWMA cooperates with various national and international organisations in order to achieve their goals of comprehensive data collection, heightened quality of evidence, the dissemination of knowledge and the provision of multidisciplinary, high-quality education regarding wound management.

The annual EWMA congress, this year taking place from May 3-5 in the Netherlands, is complemented by numerous other educational activities organised by the association, including the EWMA University Conference Model, which enables students of wound management programmes from around Europe to attend the congress for specially designed lectures and workshops.

At CIRSE 2017, the dedicated *CIRSE Meets EWMA* session will cover presentations on basics of wound care for IR, surgical coverage of non-healing ulcers, arterial perfusion to optimise arterial ulcer healing, and clinical and imaging assessment of wounds of the lower extremity.

Read all about it!

The *EWMA Journal* (published in May and October) is primarily designed to be a membership journal, with a specific focus on promoting EWMA's activities, but it also includes peer-reviewed original articles, reviews and clinical information, providing an important platform for sharing wound relevant news among EWMA target groups across Europe.

It is distributed free of charge to EWMA members and to members of national wound healing organisations in Europe, as well as to a wider audience via the internet. It can be accessed for free at www.ewma.org.

The EWMA has produced several position statements and recommendations which are also available free of charge on the EWMA website.

Petra Mann, CIRSE Office



Join us in
Copenhagen
for CIRSE
meets EWMA:
Standards of
wound care –
the essentials



Taking place at the end of May, GEST Europe 2017 will feature recent advances in embolotherapy and several free Hands-on Workshops to expand participants' skills.

GEST Europe 2017: Embolisation Extravaganza in Firenze



F O U N D A T I O N

Occurring biennially, GEST Europe is one of the leading embolotherapy congresses, welcoming delegates from around the globe to share the experience of this dynamic and educational meeting. With sessions on managing trauma, fibroid embolisation and intra-arterial cancer management, as well as developments in novel therapies such as prostate artery embolisation and bariatric embolisation, there is bound to be something new for everyone to learn and take back home. This year we are happy to head to Florence, Italy, from May 31-June 3 for another top-notch programme.

Case-Based Discussion

Having the opportunity to discuss interventional radiology cases and learn what worked and what did not during both complicated and seemingly straightforward procedures is an essential learning experience for IRs. The Scientific Programme Committee for GEST Europe has accounted for this by incorporating many Clinical Case-Based Discussions throughout the congress on topics such as radioembolisation dose calculation, embolisation of the bronchial and pulmonary artery, management of complex visceral aneurysms and complex uterine fibroid embolisation, to name a few. Alongside the Plenary and Parallel Sessions,

these Case-Based Discussions will offer great insight into how IRs are handling all aspects of embolisation procedures.

Morbidity and Mortality

On the last morning of the congress, there will be a special Morbidity and Mortality session coordinated by two members of the GEST Europe Scientific Programme Committee, Fabrizio Fanelli and Marc Sapoval. This session will look at interventional radiology cases which led to complications or deaths that could have been avoided. A valuable learning experience for anyone involved in IR, this session should not be missed!

Free Practice!

This year GEST Europe will also offer free Hands-on Workshops on "Coils and plugs", "Liquid embolics" and "Particles and gelfoam". Hands-on Workshops provide participants with the opportunity to practice with devices or agents under the guidance of expert interventionalists and cover the technical aspects of embolisation as well as how to avoid complications.

We look forward to seeing you in Florence!

Join us from
May 31-June 3 in
Florence for the
latest updates in
embolotherapy



This year's IROS congress featured old and new session formats and a notable Honorary Lecture on what keeps IR fascinating, touching on which personality types occur most among IRs.

IROS 2017: The IR Year Starts in Berlin

From January 12-14 the Interventional Radiological Olbert Symposium 2017 brought together 957 interventionalists from Germany, Austria and Switzerland for the year's IR highlight of the German-speaking area. The BCC, located in the heart of Berlin, proved to be a fantastic site for the meeting, offering excellent floor configuration and ample room for the more than 50 sessions.

The Programme Planning Committee, headed by Christoph Binkert and Philippe Pereira, once again expanded the programme due to popular demand, offering old favourites as well as a number of new session types.



F O U N D A T I O N

A case that wouldn't let me sleep

One of the recently introduced new session types entitled *A case that wouldn't let me sleep* has already become a new favourite with the audience, attracting 190 congress participants to each of its two instalments featuring a variety of cases. The format included a panel of experts discussing cases which were either extraordinary to begin with, or, had started out as fairly standard procedures, but took a turn for the worse and required all of the interventionalist's expertise to have a positive outcome.

Christina Langenberger from the University of Vienna started her presentation by asking the audience what kind of cases will not let them sleep. The voting results showed that the biggest head scratchers are complications rather than other factors, such as the complexity of a case or carrying the procedure out for the first time.

Honorary Lecture: What keeps IR fascinating?

The 2017 Honorary Lecture was given by Prof. Klaus Hausegger who spoke on what is keeping interventional radiology fascinating. In his talk, he referred to Locke's and Latham's model of work motivation which describes the three main pillars of work motivation as immediacy, sustainability and perspectives for future development. He then elaborated on how interventional radiology offers more immediate gratification than most other disciplines, as image guidance and documentation provide interventionalists with immediate feedback and proof of their success.

Prof. Hausegger further argued that the sustainability of IR procedures has been shown in numerous studies, therefore catering to the second pillar of work motivation, and finally he noted that the field's continuous innovations make for a strong third pillar of perspectives for the future.

In the second part of his talk, Prof. Hausegger presented a survey which had been carried out among CIRSE members to find out what factors about their job are most important to interventionalists. The highest-rated factors were that it is an interesting field of work, it carries a high degree of responsibility and it requires strong interaction with the patient and team. When asked about the most rewarding aspect of IR on a day-to-day basis, 46% of respondents quoted involvement in clinical and therapeutic decision making, followed by 19% who named the direct feedback from imaging with respect to the technical success of a procedure as the most rewarding aspect and 15% who most appreciate their patients' feedback.

The survey further tried to establish if there is a predominant character type according to the Myers-Briggs Type Indicator (MBTI) among interventional radiologists and the results showed that, although all character types were represented, the predominant ones were "the Crafter" (the practical, resourceful type, drawn toward using tools of any type), "the Guardian" (the straightforward, dependable leader type) and "the Doer" (concrete in speech and utilitarian in action).

Petra Mann, CIRSE Office

To view the Honorary Lecture and all other IROS 2017 sessions, log onto www.esir.org!



ESIRonline

Join global experts and experienced physicians from around the globe in Rome, Italy, for a two-day course on critical limb ischaemia.

ESIR Clinical Procedure Training: Critical Limb Ischaemia

Critical limb ischaemia (CLI) is the most severe expression of peripheral artery disease (PAD). It is associated with a high rate of major amputation and mortality due to advanced systemic cardiovascular disease. The goals of treating patients with CLI include preventing potential limb loss or death, relieving pain, and improving quality of life.

Organised and led by renowned experts, the CLI Clinical Procedure Training course will give experienced physicians the opportunity to fine-tune their practical skills and learn more about treatment options for this difficult disease, with a focus on current medical devices.

What can I look forward to in Rome?

Taking place from June 23-24, this course will consist of a series of lectures, case discussions, hands-on device training and multidisciplinary teamwork and discussions. Theoretical presentations will analyse the different aspects of CLI as a disease, including its diagnosis, current research and treatment options. Hands-on sessions will then provide the opportunity to handle current devices and to learn about the most advanced technologies suitable for CLI treatment.

Due to the complexity of treating CLI, collaboration between specialists is paramount, which is why multidisciplinary team discussion will be an important part of the course, with time allotted in the schedule for the whole faculty to discuss the important details of how to set up a foot clinic. A section of the programme will also be dedicated to recorded case discussions, which will be talked over after with the faculty and participants. Finally, a special session will be held in an informal setting to allow attendees to present their cases and exchange ideas with other colleagues and faculty members.



Prof. Fabrizio Fanelli, one of the course's local hosts, said that this training will "allow participants to have direct contact with the most skilled interventional radiologists who have a large breadth of experience treating CLI. The tools and devices that will be available during this course will showcase the developing technology that is being used to tackle this complex pathology."

We hope you can join us at the prestigious Sapienza University in the fascinating city of Rome for this exciting course!

To view the schedule for this ESIR Clinical Procedure Training course and register, go to www.cirse.org/esir2017



F O U N D A T I O N

Sign up through
April 28 to
get a special
Early Bird price
on the course!

Prostate artery embolisation continues to advance in the IR community, and this ESIR training caters to those looking to incorporate this groundbreaking treatment into their practice.

ESIR Clinical Procedure Training: Prostate Embolisation



For the last three years, the ESIR Clinical Procedure Training on prostate embolisation has been positively received for providing participants with insights into methods and materials that experienced practitioners use during the procedure as well as their personal tips and tricks. In 2017, this ESIR course will return to Milan on October 11-12 to take a closer look at benign prostatic hyperplasia/obstruction (BPH/BPO), patient selection and procedural techniques.

Three live cases will be performed during which experts in the field will explain the technique step by step, allowing for participants to have interactive discussions and ask questions as they arise during the procedure. Comparisons will also be made between the different therapy options for BPH/BPO, including TURP, LASER, open surgery and PAE.

PAE is a challenging procedure which is being taken up by more and more interventional radiologists each year. Hopefully, through more clinical trials and scientific evidence, PAE therapy will become an option for all patients and not only those with a high surgery risk.

If you would like to gain the knowledge necessary to perform PAE and thus offer this cutting-edge treatment option at your clinic, then don't miss out on this opportunity to learn from the field's experts.



An Added Bonus!

Registration for an ESIR course not only includes attendance at the course, teaching materials and provisions, but also one-year access to ESIRonline, the educational platform for interventional radiology. Early registration fees are offered until eight weeks before the course date: spaces fill up fast, so reserve your spot as soon as possible!

Learn more about this year's ESIR Clinical Procedure Training courses and register at www.cirse.org/esir2017

Signing up for an ESIR training also gives you a full year's access to ESIRonline!



ESIRonline



Participants at the 2015 PAE course watching experts in the field via live stream.

For those interested in treating patients with deep vein thrombosis and pulmonary embolism, this ESIR course organised by Mick Lee and Gerry O'Sullivan offers participants plenty of hands-on experience.

ESIR Clinical Procedure Training: DVT/PE Thrombolysis and Thrombectomy

Deep vein thrombosis and pulmonary embolism (DVT/PE) remains one of society's most pressing healthcare problems, being the third most common cause for cardiovascular related mortality. Both vena cava filter placement and thrombolysis/thrombectomy for DVT have become more widely used throughout Europe, but for a long time evidence lagged behind. This changed dramatically with the release of the results from the ATTRACT Study and CaVenT Trial. With this year's ESIR course *DVT/PE Thrombolysis and Thrombectomy: Practical Clinical Training Including the Safe Use of Current Medical Devices* planned to take place in Dublin from October 27-28, we talked to the course organiser, Prof. Mick Lee, to find out more about the topic.

CIRSE: Can you characterise any updates that have occurred in DVT/PE treatment in recent years?

Lee: Over the last few years, two major studies have reported on pharmaco-mechanical thrombectomy (PMT) for DVT: the CaVenT Trial and the ATTRACT Study. The CaVenT Trial showed that, at 24 months, post-thrombotic syndrome showed a significant difference of 41% in the 101 patients treated with additional PMT, versus 55.6% in the 108 patients from the standard treatment group. At five years, this difference was even more divergent in favour of the PMT group. The second trial, the ATTRACT Study, randomised 337 patients to PMT and 355 patients to standard therapy. 57% of the patients had iliofemoral DVT, while the remainder had femoropopliteal DVT. At two years, no difference was found in the incidence of post-thrombotic syndrome (PTS) between the two randomised groups; however, there was a difference in the incidence of PTS in those patients who had iliofemoral DVT (18.4% vs. 28.2%). In my opinion, these trials have confirmed the current practice of using PMT techniques when treating patients with iliofemoral DVT.



CIRSE: What do IRs need to do in their daily practice to adapt to these findings?

Lee: IRs need to become familiar with a pharmaco-mechanical device that they can use for DVT and PE thrombectomy. There is also an increasing need to develop pulmonary embolus response teams (PERT) to streamline patients who have submassive or massive PE with right heart strain towards catheter thrombectomy. On top of that, it is essential that IRs spread the message to emergency department staff and clinicians that patients with iliofemoral DVT need to have thrombectomy/thrombolysis to clear thrombus, and that, ideally, this should happen within 10-14 days.

CIRSE: What do you hope attendees will learn from this course?

Lee: Attendees will learn about the evidence behind pharmaco-mechanical DVT and PE treatments, the current status of PE/DVT treatments and which patients to treat. They will also gain hands-on experience with the various devices available and learn how to set up their own practice.

To learn more about this year's ESIR Clinical Procedure Training courses or register, visit www.cirse.org/esir2017



F O U N D A T I O N

Learn more
about treating
iliofemoral
DVT and PE
during this
training course
in Dublin!

This ESIR course in Innsbruck will offer participants the opportunity to get acquainted with many of the currently available ablation tools and 3D guidance systems and try them out under expert supervision.

ESIR Clinical Procedure Training: Percutaneous Tumour Ablation



F O U N D A T I O N

It is in our hands to shape the future of cancer management

In recent years, the establishment of multidisciplinary tumour boards has become standard practice, leading to heightened awareness and use of minimally invasive procedures in the management of cancer patients. CIRSE has been in the forefront of interventional oncology's development, with its annual ECIO conference as well as numerous ESIR courses dedicated to the field. This year's tumour ablation course will take place in Innsbruck, Austria from December 14-15. We talked to the local host, Prof. Reto Bale, about the current status of IO and perspectives for the future.

CIRSE: How do you think tumour ablation will change in the coming years?

Bale: Tumour ablation has incredible potential. It is virtually in our hands to shape the future of oncology. Interventional radiologists have already shown that thermal ablation is an effective, minimally invasive method for the treatment of numerous tumour entities in various anatomical locations. However, conventional US- and CT-guided thermal ablation is still associated with high rates of local recurrence, especially in tumours larger than 2-3cm. Therefore, there is still room for improvement regarding ablation and guidance techniques. Eventually, thermal ablation might replace open resection as the first line treatment, as it already has for selected tumour entities including small size HCC or RCC. In my opinion, sophisticated thermal ablation methods have the potential to replace more than 90% of open or laparoscopic liver resections. There is no doubt that patients will choose the minimally invasive percutaneous approach if similar results can be achieved.

CIRSE: Do you think IRs should cover all techniques of tumour ablation or specialise in certain procedures?

Bale: I think it's important to gain experience and confidence with one of the many ablation devices available, including RFA, MWA, Cryo, IRE and LITT. I would suggest starting with radiofrequency

ablation, as it is the most research-backed multi-purpose device currently available, applicable in a wide range of anatomic locations and with many different indications. The same holds true for image guidance devices: all IRs should receive basic training in conventional percutaneous US- and CT- guided procedures before they start using sophisticated stereotactic devices. In the end, the selection of the ablation and guidance device depends on both patient-specific and logistic factors.

CIRSE: What do you hope attendees will learn from this course?

Bale: Attendees will get an overview of the current developments in the field of image fusion and image guidance for planning and performing tumour ablation as well as follow-up. After a theoretical introduction, participants will have the chance to test available devices under the guidance of experienced experts in the hands-on workshops. Participants will get an impression of the capability of modern 3D guidance devices and image fusion tools. In addition, a live case of a stereotactic radiofrequency ablation will be performed. Afterwards, the experts will present their most interesting cases and discuss them with the participants.



To learn more about this year's ESIR Clinical Procedure Training courses or register, visit www.cirse.org/esir2017

