European Curriculum and Syllabus for Interventional Radiology

First Edition

A New Milestone in IR

The Curriculum and Syllabus completes CIRSE’s comprehensive IR training pathway

Cardiovascular and Interventional Radiological Society of Europe
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Dear Colleagues,

I have just arrived back from the ECR in Vienna where the weather was balmy, the education and science were par excellence, friendships were renewed and the CIRSE agenda was packed. The EBIR examination took place over two days, followed by many important strategic meetings.

I left Vienna with a strong feeling that CIRSE and IR are now on the crest of a breaking wave, maintaining enormous energy and packing a huge potential impact. I am particularly gratified that so many national IR societies were represented at the IR leadership meeting. The main issue that was discussed was the new curriculum for IR, which has been endorsed by the majority of national IR societies, with the implication that the EBIR will be the natural competency test at the end of training. This is an enormous step forward for European interventional radiology and really gives IR a sound basis for the future.

The Importance of Evidence

I am delighted to say that the caval filter retrieval registry has finished, the data has been collected, and will be presented at the CIRSE meeting in Barcelona. Thank you all very much for contributing to the database, which is one of the largest of its kind. A total of just over 640 cases were uploaded to the database – a fantastic achievement which will shed some light on filter retrieval.

This brings me to the theme of this column: research. Many of us bemoan the fact that IR procedures have very little evidence base. However, I was amazed to read recently that less than 20% of AHA/ACC heart disease management guidelines are based on a high level of evidence, and over 40% are based on the lowest level of evidence. More importantly, the proportion of management guidelines with high evidence levels has not increased over time. In fact, management guidelines for three very common conditions have a low level of evidence. These include atrial fibrillation, heart failure and pacemaker insertion.

Clearly, IR is a young specialty and has a long way to go in terms of gathering evidence, but I am gratified that newer procedures such as fibroid embolisation, vertebroplasty, carotid stenting and EVAR have all been through a rigorous scientific evaluation. Clearly, this is ongoing for many of these procedures, but IRs are indisputably engaging in the scientific process. This can only be good for IR as a specialty, and for the safety of patients.

Francis Bacon said “If a man would begin with certainties, he will end in doubts: but if he would be content to begin with doubts, he will end in certainties”. The fact that the IR community is starting off with doubts about new procedures and new technologies is very healthy. The market is being flooded with new devices and technologies claiming to be the best in their area, and I think it is appropriate that interventional radiologists should keep an open mind and perform their own evaluations.

New directions for CIRSE

The Radiation Protection Subcommittee met for the first time under the leadership of Prof. Werner Jaschke. This was a very stimulating meeting, with experts from physics, radiology and interventional radiology contributing their views to raising awareness of radiation safety throughout the IR community. This is a very important and welcome subcommittee, which contains many experts who are willing to work on behalf of CIRSE. I am convinced that radiation safety awareness will bloom amongst our IR community in the near future.

Following a meeting with the EBIR examination committee under the direction of Klaus Hausegger, I am pleased to say that the examination has a very sound scientific basis, with both the oral and MCQ bank of cases on target. Within three years, we will hopefully have a very good bank of questions for both the oral and MCQ components of the examination. Klaus and his team are to be congratulated on their efforts to improve the robustness and validity of our examination.

The Renal Denervation Task Force met in Vienna earlier this year, and is led by Prof. John Moss from Glasgow, who is an expert in the area of renal denervation and, importantly, in the area of conducting research trials. Links are being forged with the European Society of Hypertension, a statement on renal denervation has been produced and a position paper will soon be published. It is important that interventional radiologists are seen as the ideal group to perform renal denervation.

Importantly, the electronic voting process for the CIRSE Executive Committee and Board will be announced shortly. Remember that this is your society, so please take the opportunity to exercise your democratic right and vote!

Michael J. Lee

Francis Bacon said “If a man would begin with certainties, he will end in doubts: but if he would be content to begin with doubts, he will end in certainties” – Francis Bacon

Lines from the President

“"If a man would begin with certainties, he will end in doubts: but if he would be content to begin with doubts, he will end in certainties” – Francis Bacon
Interventional radiology was well represented at this year’s ECR meeting in Vienna

European Congress of Radiology 2013

The largest radiology meeting in Europe, the European Congress of Radiology, took place in Vienna from March 7-11. This year, the congress attracted over 20,000 delegates from 101 countries – with many interventional radiologists among them.

Presiding over this year’s congress was Prof. José Ignacio Bilbao, a long-standing CIRSE Member who has been highly active in developing and promoting radioembolisation for liver tumours, and who has helped organise many ESIR courses on this subject. His congress presidency is a testament to the growing importance of interventional radiology, and the congress once again offered many sessions for those interested in learning more about the subspecialty.

CIRSE Presence

As always, CIRSE was highly visible at the congress, with several booths to provide members and allies with information on our activities, publications and future meetings. These booths also served as a contact point and support service for our members, who the CIRSE staff were delighted to welcome to their hometown.

ECR provided a useful vehicle for furthering the society’s goals, with many strategic meetings taking place parallel to the congress, both within the congress centre and in the society headquarters in the city centre.

An EBIR exam was also held during the congress, which was sat by 19 candidates. The majority of these passed successfully, bringing the number of EBIR-holders to over 280. A further exam will take place during CIRSE’s annual meeting in Barcelona this September.

A Leading CIRSE Member Honoured

Former CIRSE President, Prof. Johannes Lammer, was awarded ECR’s Gold Medal for his scientific achievements and his dedication to international exchange and co-operation in the field of radiology. CIRSE has long benefited from his dedication and energy, and is delighted to see his talents and achievements recognised by the radiology community at large.

CIRSE Members’ Evening

At such a huge radiology meeting, it can be hard for like-minded colleagues to find an opportunity to get together and exchange ideas. To facilitate a coming-together of interventional radiologists, CIRSE hosted a Members’ Evening at the renowned Museum of Ethnology (Museum für Völkerkunde) in Vienna’s historic Hofburg Palace.

The museum’s international character made it an ideal location for the event, which saw 150 CIRSE Members from across Europe and beyond enjoying each other’s company, against a backdrop of live soul music and gourmet food.

As a special treat, the museum also allowed us access to some of their exhibits, including a very special collection of rare Aztec feather art. The centre-piece of this exhibit was the penacho: an exquisite feathered headdress believed to have belonged to the last Aztec Emperor, Moctezuma. This historic piece has recently undergone thorough cleaning and conservation, allowing visitors
CIRSE facilitated IR networking through its information booths and an enjoyable Members’ Evening

Exchange was facilitated by an informal CIRSE networking evening at the renowned Museum of Ethnology to admire the full splendour of its green and blue iridescence. Exhibition guides were also on hand to answer questions.

The event was a great success, and allowed us to greet our members and inform them of our current and future activities in an informal setting. We look forward to welcoming many more members to the Annual Congress in September!
IQ Goes Digital

Since its launch in 2009, Intervention IQ has been distributed to a wide variety of readers, from IRs to hospital managers, diabetes specialists to health economists.

But a shiny new facelift will allow Intervention IQ to reach an even broader audience – as well as providing readers with many tools to improve their own presentations.

**Many channels, one message**

Specially tailored digital formats will allow for content to be uploaded more regularly – instead of three print editions a year, the website (which is specially designed to be both smart-phone and tablet friendly) will be continually updated with news, blogs and interviews.

Interactive graphics, info-charts and images are being employed in the Download Centre, which visitors are free to use or adapt for their own purposes, allowing easy access to helpful presentation material.

**View IQ content on your mobile, tablet and desktop!**

www.IQonline.eu

**Patient Safety**

Intervention IQ’s current theme is that of patient safety. This edition offers a wealth of articles and interviews that explore the many ways that IRs and their representatives are striving to ensure that patient safety remains their top priority.

Given the potentially harmful effects of exposure to ionising radiation, as well as the importance of getting the dosage just right (whether with embolics, locally administered tPA or thermal energy to destroy harmful tissue), this is a key topic for all IRs.

This edition is grouped around four main themes: “professional status” (introducing the regional and global networks that regulate and advocate for IR), “the decision makers” (discussing referral pathways and multidisciplinary collaboration), “patient safety and treatment quality” (examining the ways that standards are monitored and maintained) and “education and training” (detailing how IR education is rigorously implemented and remains abreast of the latest developments).

**IQ Issue 7 Features**

- Introducing Interventional Radiology
- Professional Status
- The Decision Makers
- Patient Safety and Treatment Quality
- Education and Training

**Intervention IQ Online Blog**

The IQ blog features interesting information about the latest developments in IR, including interviews with leading specialists in the field. Your contributions are welcome and we look forward to reading your views on the issues raised at www.iqonlineblog.eu
Intervention IQ’s current theme is that of patient safety

Specially tailored digital formats will allow for content to be uploaded more regularly

Get involved!

Intervention IQ has always been a tool for IRs to win over their colleagues and fight their corner, helping to ensure that patients are given access to effective and gentle medical treatment options. The new format opens the door for wider use, allowing IRs bolster their presentations and convince their colleagues to get on board.

Scan the QR code here to go to the website:

www.iQonline.eu
Together, these projects form a cohesive IR training pathway which can be implemented across Europe.

EUROPEAN CURRICULUM AND SYLLABUS FOR IR

Europe moves closer to standardised IR training, as national societies give the new Curriculum and Syllabus favourable feedback.

Awaiting Launch – The European Curriculum and Syllabus for IR

Maria Zoidl, CIRSE Office

Yet again, CIRSE is steering the course of IR education in Europe by establishing a curriculum and syllabus for interventional radiology. As the first of its kind, this comprehensive document represents the ideal tool for harmonising European IR training pathways and ensuring the quality of IR treatment.

Educational engineers at work

Under the leadership of Prof. Anna-Maria Belli, a dedicated task force gave many hours of voluntary work to revising and updating the former syllabus to reflect current practice, incorporating developments and new procedures and expanding it by adding a curriculum. This common curriculum and syllabus shall form the basis of the European Board of Interventional Radiology (EBIR).

Supporting a centralised assessment would also comply with EU directives that aim to promote the free movement of doctors and patients throughout the European Union. “A European curriculum is essential to ensure that doctors practise safely and effectively regardless of the country in which they have received training”, says Anna-Maria Belli.

Patient safety is the keystone of the project and has constantly been on the mind of the experts who have thoroughly edited the document. Patients deserve exemplary treatment, and to this end the curriculum makes the trainee aware of the safety concepts that a well-trained interventional radiologist must be familiar with, such as the ALARA (As Low as Reasonably Achievable) principle, effective and safe exposure to ionising radiation, knowledge of hazardous materials and patient safety checklists.

As well as these general topics, the syllabus covers four specific areas – vascular interventions, non-vascular interventions, interventions of the genito-urinary tract (including renal transplants) and finally, interventional radiology of the musculoskeletal system. The editors are aware that not all interventional radiologists perform every procedure listed in the syllabus and that some sub-specialise in disciplines, e.g. oncologic interventions. Nonetheless, the specific modules of this syllabus can be followed to deliver the appropriate training in these specialist areas of IR.

Paving the way

Earlier this year, the document was sent out to the national IR societies across Europe to obtain feedback or further suggestions regarding content and topics. To the satisfaction of the Task Force members, the IR Curriculum met with general approval and many positive remarks.

On the occasion of the ECR 2013, representatives of the European IR societies gathered at the CIRSE Office to discuss a strategy for the implementation of the Curriculum. Some countries expressed interest in endorsing the document and translating it...
CIRSE is encouraging European countries to make use of the Curriculum and Syllabus in order to consolidate IR as a subspecialty of radiology, or help to establish it as such in the first place. In countries which do not yet recognise IR or where no official training pathways exist, these documents may be useful in persuading the local authorities of the gains to be made.

Given the enthusiasm and eager involvement of CIRSE’s European Group Members, the goal of a standardised high-quality IR training in Europe does not seem so far away anymore.

A coherent concept

The curriculum also represents a link in the strong chain that has been forged to provide a recognised pathway for medical students and physicians who wish to dedicate their career to this fascinating field of medicine.

In spring 2012, Prof. Elias Brountzos and his team summarised the crucial learning outcomes required for undergraduate training in interventional radiology. This very concise document focuses on common acute clinical problems, as well as some rare clinical conditions where identification can help avoid potentially serious outcomes. Acknowledging the ever-increasing role of interventional radiology in hospital medicine, the Interventional Radiology Curriculum for Medical Students offers future doctors educational guidance for their residency years and subsequent IR training.

Building on this foundation, the European Curriculum and Syllabus conveys the knowledge required for certified subspecialisation in radiology. Physicians who have followed the objectives of the curriculum and mastered the content of the syllabus can then seize the opportunity to sit the European Board of Interventional Radiology and prove their expertise.

Curricula for both undergraduate and postgraduate IR education followed by summative assessment will not only enable harmonised high-quality training on a European level, but will also guarantee safe and effective practice.

Off to a flying start

After the finishing touches have been added to the document, CIRSE Members can expect to receive their copy in May 2013. The European IR Curriculum and Syllabus, as well as the Interventional Radiology Curriculum for Medical Students, will also be available to download from the CIRSE website.
The MEDRAPET Project – Harmonising the Ionising Radiation Protection

Robert Bauer, CIRSE Office

In 2010 CIRSE officially joined the MEDRAPET Consortium (MEDical Radiation Protection Education Training). This multidisciplinary coalition of medical professional societies successfully proposed a tender to the European Commission (EC) with a twofold aim: firstly, to assess how well the EU’s medical radiation protection legislation is implemented in Europe; and secondly to rework the outdated European guidelines on training and education in radiation protection. Two years of hard work later, the project is in its closing stages – time to take stock of CIRSE’s most intensive involvement in EU governance to date.

In the year 2000 the Medical Exposure Directive, based on the EURATOM Treaty, had to be transposed into national law of EU member states. According to Article 7, member states must ensure that medical personnel “have adequate theoretical and practical training for the purposes of radiological practices as well as relevant competence in radiation protection”.

Just over 10 years down the line the MEDRAPET Consortium, composed of the most important stakeholders in this field (see p.9), set out to evaluate the implementation of this requirement. CIRSE was strongly represented in the project from the beginning: Prof. Dimitrios Tsetis initially took up a seat in the MEDRAPET Steering Committee and was later joined by Dr. Stathis Efstathopoulos and Dr. Gabriel Bartal to complete the CIRSE delegation.

As an essential first step, Work Package 1 of MEDRAPET comprised a fact-finding mission – a European-wide survey. Prof. Graciano Paulo, who represents the European Federation of Radiographer Societies (EFRS) and led the work package, describes the startling findings: “The MEDRAPET survey was sent to national radiation protection agencies, national professional/scientific societies and higher education institutions for health professionals. The most significant findings were that radiation protection education and training is far from being harmonised, and in some instances have not even been implemented in EU countries, despite the Directive requirements. The results therefore evidence the need to increase awareness amongst health professionals.”

Although the results are certainly a cause for concern, there was some good news for interventional radiologists. Dr. Bartal outlines the favourable comparison of IRs in terms of radiation protection expertise: “We extracted relevant data and compared radiation protection training provided by Interventional Radiology, Interventional Cardiology and Vascular Surgery. The outcome was favourable to IRs in the basic radiation protection training during residency. It is the aim of CIRSE to define and implement advanced training programmes in radiation protection for IR fellows in Europe.”

The survey findings were presented in the scope of the second MEDRAPET work package, a workshop held from April 21-23, 2012, in Athens. Following fruitful discussion it became clear that this issue required particular attention, which brought interventional radiology’s expertise to the fore. Prof. John Damilakis, scientific co-ordinator of MEDRAPET and leader of Work Package 2, describes the status-quo in Europe: “Fluoroscopically-guided procedures often result in high radiation doses to patients and healthcare personnel. Many of the specialists performing interventional procedures do not have formal education and training in radiation protection.”

The final work package of MEDRAPET, led by Dr. Christofides of the European Federation of Medical Physicists (EFOMP), was concerned with the substantial duty of comprehensively updating the EC’s Radiation Protection 116 guideline document. Due to IR’s heightened expertise in this area, CIRSE’s involvement was of particular importance,
The document will be published by the European Commission and will become the official EU guidelines.

CIRSE’s ambitious involvement in this project has greatly contributed to its considerable success and publicity.

The following scientific societies make up the consortium:

- European Society of Radiology, ESR
- European Federation of Radiographer Societies, EFRS
- European Federation of Organisations for Medical Physics, EFOMP
- European Society for Therapeutic Radiology and Oncology, ESTRO
- European Association of Nuclear Medicine, EANM
- Cardiovascular and Interventional Radiological Society of Europe, CIRSE

For more information on MEDRAPET, please visit www.medrapet.eu or contact Robert Bauer at our Central Office (bauer@cirse.org)

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ONLINE CIRSE COMMITTEE ELECTIONS

Changes adopted at last year’s General Election allow voting to be carried out online – and members should be sure to cast their vote!

CIRSE Committee Elections 2013 – An Electronic Online Ballot

Maria Zoidl, CIRSE Office

Following an opinion poll in April 2012, in which the majority of voters supported the introduction of an electronic online voting system for CIRSE Committee Elections, CIRSE calls upon all its Members with voting rights to click for their favoured candidates from June 10-21, 2013.

For the first time in CIRSE history, the election of members of the Executive Committee and Standing Committees will be carried out online. The changes enabling the employment of this new system were included in the articles of association at the General Assembly 2012 and shall bring considerable benefits to the CIRSE electorate.

As an elective member, you will be asked to vote for candidates aspiring to the following positions:

- Vice-President
- Treasurer
- Scientific Programme Deputy Chairperson
- Chairperson of the Membership Committee
- Chairperson of the Research Committee
- Chairperson of the Standards of Practice Committee
- Members of the Membership Committee
- Members of the Research Committee
- Members of the Standards of Practice Committee

Ensuring Democracy

In response to the incredible growth CIRSE has experienced in recent years, the CIRSE leadership has succeeded in finding a suitable way to render the election process as fair as possible. All elective CIRSE members now have the possibility to cast their vote, even if they are not able to join the General Assembly at the annual scientific meeting.

The Process

The candidates for the various positions will be announced on the CIRSE website by 27 May, 2013 at the latest. You can take the opportunity to learn about the nominees and read their motivation statements in the myCIRSE area.

At the beginning of the voting period on 10 June, the elective members will receive an email with further instructions on how to cast their vote. The system is similar to the one used in the opinion poll in April, with which most of you will already be familiar. Despite its easy handling, it guarantees both anonymity and the utmost safety by applying security certificate mode (https). The voting period ends at midnight on 21 June, 2013.

If you are an elective member and have not received an e-mail by 11 June, please get in touch with the CIRSE Office at registration@cirse.org.

Sneak a Peek

The voting results will be published before the General Assembly at CIRSE 2013 on the CIRSE website. However, the election will become only effective after the General Assembly and we look forward to welcoming the new Executive Committee and the members of the Standing Committees.
RENAL ARTERY DENERVATION

This promising new therapy is being developed and investigated by the CIRSE Renal Denervation Task Force

CIRSE Renal Denervation Task Force – The story so far

Robert Bauer, CIRSE Office

Renal artery denervation (RDN) has burst onto the medical scene in a blaze of promise – could this be the treatment for resistant hypertension the medical community has been waiting for? This certainly remains to be seen: the initial data (Symplicity Trials I+II) were discussed at a Special Session at CIRSE 2011, and again as a Hot Topic Symposium at CIRSE 2012. Given the potential for this procedure, and the need for further trials and investigations, CIRSE established a dedicated Renal Denervation Task Force, which began its work in October 2012.

The position

The Task Force is soon to publish an official CIRSE position paper on RDN, underlining the importance of case selection and the multidisciplinary nature of the treatment pathway. RDN is perfectly suited to the skill-set of IRs, who are well accustomed to performing renal interventions. Nephrologists and hypertension specialists are natural allies, and collaboration between the three specialties is generally well established. But more research into RDN is required and a cautious expansion of this technology-driven field is necessary. Look out for the paper in our journal CVIR.

The collaborative session

Working together closely with other medical specialties, in particular in diagnosing (resistant) hypertension, is an essential component to the effective and safe employment of RDN. The Task Force has initiated co-operation with the European Society of Hypertension, who are happy to collaborate with CIRSE in this matter. They will send a team of leading hypertension experts to a CIRSE meets ESH session, which will provide congress attendees with state-of-the-art information on the hypertensive aspects of RDN and lend a broader spectrum of opinion to the already existing RDN content at CIRSE 2013.

The survey

In order to plan the best possible support strategy for European IRs, the Task Force is conducting a survey of CIRSE Members with the help of the CIRSE Office’s Research and Analytics department. The results will provide valuable data on renal denervation procedure volumes amongst IRs as well as possible limiters and drivers to providing a renal denervation service in radiological departments. At time of writing, the survey had already collected over 400 responses and the Task Force would like to extend its thanks to all who participated.

The CIRSE Renal Denervation Task Force is a proactive response to the rapid growth of renal artery denervation and will ensure that CIRSE can provide its Members with the best possible support, both educational and scientific, for this exciting new procedure.
CIRSE Goes to China

Anna Belli, CIRSE Vice-President

A delegation representing CIRSE attended the 2012 meeting of the Chinese Society of Interventional Radiology

CIRSE were kindly invited to host a session at the 10th Scientific Meeting of the Chinese Society of Interventional Radiology (CSIR) in Nanjing, China, which took place from October 31 to November 3, 2012. The Chinese Society is of course a group member and CIRSE were very happy to participate and support this meeting.

Along with Jon Moss and our president Mick Lee, I represented our society in a session which covered a variety of vascular interventions, including drug-eluting balloons and stents, below-the-knee and pedal angioplasty and renal denervation.

CSIR is a biennial meeting which is increasing in importance, with over 5,000 delegates attending, making it one of the largest national societies in the world. The aim of the meeting was “communication, co-operation, innovation and development.”

The meeting was an incredible feat of organisation, the sessions in English having been translated into Chinese prior to our arrival! The sessions were lively and well attended.

On the first day, the meeting started with an awards ceremony. Chinese wasn’t part of the curriculum in our school days, so we missed many of the finer points of these presentations, but we were there to applaud our President as he was given honorable membership of CSIR, along with John Kaufman and Kieran Murphy who went on stage to receive their awards accompanied by music from “Rawhide”!

Our hosts were Professors Ke Xu, Gaojun Teng and Hong Shan, and we cannot thank them enough for making our visit so enjoyable. They went out of their way to ensure we were comfortable and that we were looked after throughout our stay.

Nanjing, formerly known as Nanking, is the capital of Jiangsu province and was once the capital of China for six dynasties.

My major disappointment, when travelling to interesting places to give lectures, is that there is rarely time to see much of the local culture. It’s usually a trip to the hotel from the airport, a quick change, dinner and the next day attending the conference before flying home. This time, although our itinerary was tight, we did get a chance to see this lovely city. We were each allocated a young doctor, whose job it was to accompany us around the city to take in the many cultural sights. Mick, Jon and I pooled resources and travelled around together and were able to get an understanding of life and studying medicine in China. The Chinese hospitality was outstanding. We met many wonderful Chinese IRs, as well as many others from around the world.

The meeting was clearly a great success and our colleagues in China are to be congratulated. As Confucius said “Wheresoever you go, go with all your heart”!
IROS 2013

The joint meeting of the German, Austrian and Swiss IR societies attracted almost 1,000 participants

IROS 2013

From 17-19 January, Berlin played host to the largest IR congress in the German-speaking world: IROS 2013.

Altogether, 955 delegates from Germany, Austria and Switzerland took part, improving their expertise in a wide range of IR procedures and clinical situations.

A highlight of the congress was the live broadcasts of interventional procedures from Darmstadt and Linz. A two-way link allowed participants not only to watch the intervention being performed, but also to ask questions. Experienced moderators explained the steps being taken, and relayed the audience’s questions to the performing interventionist.

Hands-on training was also offered, with workshops on many procedure types, such as basic embolisation, stroke and AAA.

A range of experience

IROS offered 32 Basic and Special Courses, which were recognised and certified by DeGIR, ÖGIR and the Deutschen Gesellschaft für Neuroradiologie (DGNR), allowing participants to acquire CME accreditation at basic or specialist level.

The congress also offered training courses for radiographers and registrars, supporting the further education of the whole interventional team.
The congress covered advances from many areas of IR, including renal artery denervation.

To encourage trainee doctors to further their knowledge of IR, free entry was offered to undergraduates, and complimentary registration was offered to 30 post-graduate students on a “first come, first served” basis.

New developments

The congress programme encompasses science, research and technology, and sought to communicate the latest developments in these areas. Among the many advances being discussed were loco-regional tumour therapy (especially for liver lesions), the efficacy of drug-eluting balloons and stents in treating peripheral artery disease, and renal interventions, such as balloon angioplasty for renal artery stenosis and the relatively new renal artery denervation.

Renal denervation

In Germany, over half of those over 65 suffer from high blood pressure. The medications that are typically prescribed to control this are not always successful – whether due to efficacy or adherence problems, a high rate of resistant hypertension exists.

For these patients, renal artery denervation may be the answer, and IROS 2013 addressed the theory of and the evidence for this new procedure in dedicated sessions. “The procedure itself is low-risk, and its efficacy has been proven since its inception in 2008, via 683 successfully treated patients in 19 studies, which included an observation period of 1-24 months,” explained Prof. Michael Uder of the University of Erlangen. “All studies demonstrate a significant reduction in systolic and diastolic blood pressure. The maximal reduction ranged from 18-36 mmHg (systolic) and 9-15 mmHg (diastolic).”

Renal denervation is already being provided throughout Germany, and IROS provided valuable information for IRs who are interested in providing this new service.

Next year

IROS 2014 is already being planned, and will once again take place in the tried and trusted congress centre in Salzburg. Wir freuen uns schon auf Ihre Teilnahme!
The European Conference on Interventional Oncology is now an annual event, reflecting the rapid strides forward being made in the field, and the demand for related information, data and education.

This year’s congress will take place in Budapest from June 19-22, and will offer participants the high standard of information they have come to expect, as well as some improved session formats to allow for more interactive participation and rigorous exchange.

**Multidisciplinary approach**

To help accommodate the multi-faceted nature of oncological care and support the clinical aspects of interventional oncology, a new series of multi-disciplinary tumour boards will be introduced. These will include the discussion of clinical cases, with the aim of developing clinical practice guidelines and treatment recommendations.

The “ECIO meets...” sessions will again feature prominently, joining forces with the International Liver Cancer Association (ILCA), the World Conference on Interventional Oncology (WCIO) and, for the first time, the European Society for Radiotherapy and Oncology (ESTRO).

**Invite your colleagues**

Those attending can also benefit from the extended “Bring Your Referring Physician” programme, which offers free registration for non-IRs who wish to accompany their IR colleagues to the conference. This popular programme strengthens inter-disciplinary ties and allows other disciplines to learn more about IR therapies.

**Honorary Lecture**

ECIO 2013 will honour Carlo Bartolozzi, Professor of Radiology at the University of Pisa, and Director of its Department of Diagnostic and Interventional
The multidisciplinary nature of the congress is underlined by the generous “Bring Your Referring Physician” programme

Radiology and Nuclear Medicine. Prof. Bartolozzi has been a driving force in liver imaging, diagnosis of HCC and image-guided liver interventions, and will deliver a keynote speech on “Diagnosis and treatment of HCC: from guidelines to clinical practice”.

A rigorous clinical approach

The congress will seek to emphasise the importance of clinical responsibility. In a field as complex as oncology, a network of specialists is needed to decide on the best treatment plan – and it is essential that interventional radiologists are ready and able to fulfil their role in this team.

A common theme in all sessions will be the provision of clinical care, including initial consultancy, discussions with colleagues, obtaining consent and providing adequate follow-up. In addition to this, a number of sessions will be devoted to the management of complications, helping IRs to pre-empt, recognise and resolve any complications that may arise during or after image-guided therapy.

Looking to the future

This year’s conference will not only address the current status of interventional oncology, but will also look to the future, with a special session addressing new horizons in interventional oncology.

At this session, the latest discoveries in cutting-edge therapies such as chemosaturation, tumour metabolism inhibitors and thermally sensitive doxorubicin carriers will be presented, and their potential for future application will be assessed.

Your stay in Budapest

Budapest is an exciting city, with a majestic history reflected in its architecture, and an exotic, unique culture. To help you plan your stay, CIRSE has provided some information on transport and hotels on the congress website.

Meet ECIO on Facebook!

ECIO is now part of the Facebook network. Simply visit or “like” our page to receive news, updates and videos from ECIO and the world of interventional oncology.

More than a one-off event

Registration includes free online access to all ECIO 2013 presentations via ESIRonline for three months. CIRSE Members receive year-round access to the complete lecture database, making it a continuous learning experience.

www.ecio.org
www.facebook.com/ECIOnews
INDUSTRY NEWS

CIRSE welcomes two new Corporate Members

BTG Biocompatibles joins CIRSE

Biocompatibles, a BTG International group company, is a leader in medical technology and operates in the field of interventional oncology using drug-device combination products. They develop, manufacture and market implantable embolisation and drug-eluting beads that are used in more than 70 countries worldwide for the treatment of primary liver cancer (HCC), liver metastases from colorectal cancer, and other cancers.

Three products, LC Bead™, LC BeadM1™ and Bead Block®, are supplied directly to specialist healthcare physicians in the US, and DC Bead®, DC BeadM1™ and Bead Block® through distributors in other countries.

Biocompatibles International plc was acquired by BTG plc in January 2011. BTG is an international specialist healthcare company that is developing and commercialising products targeting critical care, cancer and other disorders.

Nordion becomes CIRSE Corporate Member

Nordion is a global health science company that provides market-leading products used for the prevention, diagnosis and treatment of disease. They provide targeted therapies, sterilisation technologies and medical isotopes that are sold in more than 60 countries around the world, and used daily by pharmaceutical and biotechnology companies, medical-device manufacturers, hospitals, clinics and research laboratories.

Nordion’s Targeted Therapies segment is focused on the targeted treatment of cancer. Nordion’s main targeted therapies product is TheraSphere®, which is used in the treatment of inoperable liver cancer, and consists of millions of tiny glass beads containing radioactive yttrium-90 delivered to liver tumours. TheraSphere® is used in the treatment of both inoperable primary and metastatic liver cancer, and has approvals and is reimbursed in certain key markets.
The Award of Excellence and Innovation in IR

Innovative Spirit

On the occasion of CIRSE 2012, the R.W. Guenther Foundation honoured two excellent interventionists for their innovative work and dedication in establishing a new ground-breaking technique. Initially, subintimal angioplasty was met with strong criticism and resistance for many years, but today it is well accepted and has allowed many limbs to be saved from amputation.

Development

Many dedicated physicians have shown this kind of perseverance, hard work and conviction, which has helped the relatively young medical field of IR to develop into the fully recognised subspecialty it is today. Without the continuous development and refinement of new devices and techniques by resourceful interventional radiologists, the ever-expanding range of treatments offered by our specialty would not have been possible.

Recognition

Innumerable 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 2013.

Recipients of this distinction will not only be awarded with a certificate of merit for their contributions to the field, but also a cash prize of € 5,000.

How to apply

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

R. W. Günther Foundation

We warmly thank the R.W. Günther Foundation for kindly sponsoring the award. The Foundation is based in Aachen, Germany and aims to promote science and research, especially in the field of radiological sciences and diagnostic and interventional radiology, as well as to support national and international co-operation.

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

All applications must be submitted by June 14, 2013 to zoidl@cirse.org. For more information, please visit the CIRSE website.
Last year’s meeting in Lisbon saw the third year of our Student Incentive Programme. Each year has received such positive feedback that the programme has been repeatedly expanded to allow ever more students to learn about interventional radiology first-hand.

**Improving education**

CIRSE is passionate about improving IR education – both by providing it directly (via our congresses and the European School of Interventional Radiology) and by providing advocacy and guidelines. The Student Incentive Programme is just one piece of the important project that CIRSE has set itself.

Recently, CIRSE has made a huge step forward by establishing the European Board of Interventional Radiology. Recognition by the ESR and the UEMS and hard work by our dedicated committee have made this the first pan-European IR qualification. 280 IRs already hold this title, and with 2 exams being held a year, this number is set to steadily increase.

But an exam is only there to test the knowledge accrued through study, and CIRSE has also invested much effort into revising and refining the existing Syllabus, and devising a suitable Curriculum (see page 9).

A special Undergraduate Curriculum has also been produced and distributed. It aims to familiarise undergraduate medical students with the key concepts and therapies of interventional radiology, and thus increase uptake of the discipline at post-graduate level.

**A jewel in the educational crown**

Alongside these worthy and weighty achievements, CIRSE is also proud to offer an alternative approach to IR education, via the Student Incentive Programme. It seeks to familiarise undergraduates with the principles of interventional radiology, while allowing them to gain valuable experience of a congress environment, meet experienced IRs in both formal and informal settings, and take part in dedicated hands-on workshops.

Feedback from previous years has been overwhelmingly positive, with students reporting high satisfaction rates, and many keen to visit the congress again the following year. We hope that many of these students will be inspired to pursue a career in IR – and for those who eventually choose to specialise in oncology, geriatrics or other fields, their experiences at CIRSE will ensure that they are familiar with the many options that IR can offer their patients.

“More than 90% of students surveyed found IR to be a more attractive career choice after attending CIRSE 2012”

**Encourage your students to participate!**

We ask all our members to encourage medical undergraduates to take advantage of this generous package. It is important for the speciality that we attract vibrant and enthusiastic young doctors – they will be the ones shaping the future of medicine.
STUDENT PROGRAMME AT CIRSE 2013

What CIRSE 2013 offers

Undergraduate medical students from across Europe are being offered the following package:

- Free registration to CIRSE 2013
- Hand-picked student programme
- Special ‘Introducing IR’ sessions (in both English and Spanish) and hands-on experience
- €200 travel support to the first 200 non-local registrants (July 1 deadline)
- Shuttle to and from the congress centre
- Complimentary congress lunch

Students can apply through the CIRSE Students website: www.cirse.org/students

See you in Barcelona!

What the students said:

“Thank you very much for making this possible. I really do consider IR as a career after seeing the full spectrum of possibilities this specialty carries.”

“I just want to thank CIRSE for having us students and for letting us know more about interventional radiology. By teaching students about IR, you not only incite us to become radiologists but also, for those who don’t intend to, teach us to always have in mind that option when referring our future patients, in order to provide them the best treatment. To me that was the most important thing in this congress: I became more aware of the broad spectrum of IR.”

“Thank you for an amazing experience! It is really great to be able to see so much people in one place trying to teach each other, and the atmosphere was very pleasant. I’ve learned a lot about IR and am already looking forward to CIRSE 2013. Hopefully by then I will be more knowledgeable on the subject, so that I can enjoy the meeting even more.”

The positive feedback shows that this programme is an excellent way to reach medical undergraduates.
IR visits Barcelona

Innovative medicine will appear alongside Barcelona’s innovative architecture at CIRSE 2013

Barcelona needs no introduction – as one of Europe’s most popular tourist destinations, there are few who haven’t heard of its inspiring architecture, fabulous beaches and laid-back way of life.

Being so eternally popular, it is no surprise that the city has attracted many high profile events, such as the 1992 Summer Olympics. The city also boasts one of Europe’s top football clubs, attracting football fans in their droves. The excellent infrastructure laid on for these events makes Barcelona one of Europe’s busiest conference hubs, and CIRSE will be harnessing this dynamic energy for its annual congress in September.

Our venue

Centre de Convencions Internacional de Barcelona Conference Centre (CCIB) is one of Barcelona’s premier congress locations. Located in Barcelona’s Forum area, the CCIB offers plenty of room to host our busy scientific programme.

The CCIB is situated at the end of the beach, right next to the famous blue building designed by architects Herzog and Meuron, and only 5 minutes from the Metro stop El Maresme Fòrum (Yellow Line, L4). Nearby is the Diagonal Mar shopping centre, offering many shops and restaurants.

Getting there

With dozens of flights arriving in Barcelona at every hour of the day, a direct connection is sure to be available. Once again, the Star Alliance network has been appointed the official airline network for CIRSE 2013, and member airlines will be offering those travelling to the congress their Conventions Plus discount (please see CIRSE website for more details).
Barcelona’s main airport is El Prat, which is located approximately 17 km from the city centre. The new Terminal 1 building was opened just 4 years ago and is a masterpiece of innovative design. An express bus service (Aerobus) leaves the Terminal 2 buildings at regular intervals. To get to CCIB, get off at Plaza Catalunya and take the metro – the red line to Urquinaona and then the yellow line to El Maresme Forum (1 hour, approx. € 8).

Alternatively, you could catch the RENFE train from the airport to Passeig de Gràcia, and then change to the yellow metro line and go as far as El Maresme Forum (40 mins, approx. € 6), or take a taxi from directly outside the airport (price to the city centre approx. € 22, plus small luggage supplement).

Taxis are governed by the Institut Metropolità del Taxi (Metropolitan Taxi Institute), and are easily recognised by their black and yellow livery.

**Where to stay**

Barcelona offers dozens of hotels, and as a special service to congress-goers, CIRSE has secured a large number of rooms in those hotels close to the congress centre. This is being managed by our travel partner, Kuoni, who will also be offering support services on-site. Further details can be found on the CIRSE website.

Barcelona provides fertile ground for growing our congress and our specialty further – be sure to join us in September!
The European School of Interventional Radiology is still offering many more training courses in 2013, catering for numerous procedures and levels of expertise. Be sure to join us for the one that best suits your training needs!
All courses are held in English.

Local Courses

Biopsies & Drainage Procedures
Ankara (TR), May 24-25, 2013
(Basic/recommended for Level 1)

Musculoskeletal Interventions
Athens (GR), June 7-8, 2013
(Basic/recommended for Level 1)

Lung Interventions: Embolisation & Ablation
Frankfurt (DE), July 5-6, 2013
(Advanced/recommended for Level 4)

Management of Resistant Hypertension:
Renal Artery Denervation
Rome (IT), October 18-19, 2013
(Advanced/recommended for Level 4)

Tumour Ablation
Lausanne (CH), November 8-9, 2013
(Basic/recommended for Level 1)

Peripheral Arteries & Lower Extremities
Amsterdam (NL), November 15-16, 2013
(Basic/recommended for Level 1)

For more information on upcoming ESIR courses, please refer to www.cirse.org

All courses are suitable for preparation for EBIR (European Board of Interventional Radiology)
ESIR – ROME

ESIR is offering a wide range of courses in 2013, including an exciting new course on renal artery denervation

ESIR Highlight: Renal Artery Denervation

Fabrizio Fanelli, Local Host

In recent years, Rome has been the venue of several ESIR Courses on embolisation and aortic pathology, with all courses achieving encouraging scientific success and general appreciation.

The upcoming ESIR Course on renal denervation and treatment of resistant hypertension will proudly continue this tradition, and Rome will host this new event at “Sapienza”, the largest university in Europe and the oldest in Italy, founded in 1303.

Mario Bezzi and I are proud to be hosting and organising what will prove to be a fascinating and cutting-edge new course.

A fledgling therapy

Transcatheter renal denervation represents a novel therapy for patients suffering from treatment-resistant hypertension which may lead to major cardiovascular events. As the initial results of this therapy appear promising, companies have started to launch different devices on the market to check their reliability.

But current data are not enough to scientifically confirm the selection criteria and outcomes of this innovative procedure, and long-term efficacy and safety need to be attentively assessed. Accordingly, for anyone practising in this field who wants to know and learn more about it, this course is a golden opportunity!

This course will offer a suitable forum to consider what role interventional radiology should play in the field of renal denervation, to discuss questions that haven’t yet been answered, and to be updated on the currently recognised advantages and possible problems.

Course structure

Like the successful previous courses, this one will see the first day partly dedicated to theory-based lessons and partly to discussions of clinical cases.

The course programme, organised in co-operation with the CIRSE Renal Denervation Task Force (see page 8), will be based on lectures given by distinguished and experienced interventional radiologists and nephrologists, and will deal with sympathetic nervous system anatomy, physiology, physiopathology and a description of the technical aspects of renal denervation.

The second day will be mostly devoted to hands-on sessions, during which attendees will learn how to use all currently available devices and become familiar with their characteristics, as well as with the procedure itself. In the afternoon, participants will be involved in the analysis of a number of clinical cases to let everyone better understand the denervation technique.

Should you want to play a role in treating renal hypertension, this course is an absolute must!

Please don’t forget that applications will be considered on a “first come, first served” basis and only a limited number of attendees will be accepted.

So sign up today, because your expertise in renal denervation begins in Rome!
EDUCATIONAL GRANTS

Application for CIRSE Foundation 2013 Education Grants is now possible throughout the year

Open for Applications All Year

CIRSE Educational Grants have helped a vast number of medical students and young doctors improve their interventional radiology knowledge and expertise. Since the year 2000, more than €800,000 has been allocated to the educational goals of more than 100 young IRs.

A change to the application process is set to make securing a career-boosting educational placement even easier!

Applications will now be considered throughout the year, with all applications being sent to the Grant Review Board once a month. It is hoped that this new flexibility will make it easier for applicants to organise their workload and secure a suitable position at a time that best suits them and their host institute.

All 9 Fellowship Grants for 2013 have already been allocated, but we encourage applications for the remaining 3 Visiting Scholarship Grants and a Fellowship Educational Grant especially for members from China.
My Visiting Scholarship took place at the Radiology Department in Beaumont Hospital in June. I would like to express my gratitude to Professor Michael Lee for kindly accepting me.

The IR team has two suites, one of them equipped with cone-beam CT and the most modern technology available. Prof. Lee’s team has much experience in IR, as they perform a wide range of procedures, both vascular and non-vascular. This programme gave me the opportunity to learn more about interventional techniques and procedures such as IVC filter placements and retrievals, percutaneous gastrostomies, nephrostomies, drainages, vertebroplasties, fistulae management, subcutaneous ports and peripheral vascular intervention including below-the-knee (BTK) interventions, amongst others. We reviewed all cases the day before to plan the intervention. We discussed the approach and the most suitable material, especially in peripheral artery interventions. It gave me the opportunity to become familiar with different materials and broaden my knowledge of IR.

Back in my department in Lisbon, I have high hopes of utilising the knowledge I gained in Dublin.

Apart from that, Beaumont Hospital has an important multidisciplinary approach with vascular surgery and urology, as well as other hospital departments. I had the opportunity to assist at one of these joint meetings (with vascular surgery) where we discussed cases, diagnosis and treatment and images are integrated in the clinical context. Outside the hospital, I also had time to explore Dublin and Ireland and meet some of the nicest people I have ever met: the Irish people.

I would like to express my gratitude to the CIRSE Foundation for the programme and the opportunity I had to participate this year. Finally, I want to thank all the team at Beaumont Hospital, who were all very nice and highly supportive: consultants, fellows and residents, radiographers and nurses. Special thanks have to go to Mark, Kevin and Hussein. They showed me a remarkable hospitality and offered me great moments.
“It would have been impossible to take part in all interventional events, because so much was occurring simultaneously.”

Fellowship Education Grant

Bartosz Żabicki

Otto von Guericke University Hospital Magdeburg

- Approximately 3,000 staff members
- Treats more than 150,000 patients per year
- Medical faculties comprise 21 institutes and 24 clinics

I would like to express my gratitude for being awarded a CIRSE Fellowship Grant which enabled me to spend four months at the University Department of Radiology and Nuclear Medicine in Magdeburg, Germany.

Magdeburg is not large, but is a very charming town in the north of Germany. The University Hospital there hosts an outstanding Radiology Department, which is perfectly organised and would be of great interest to any medical representative because it lets you experience interventional radiology as a true clinical specialty.

The university’s Department of Radiology and Nuclear Medicine is an essential part of the hospital. Lots of decisions about patients’ care and treatment are made in close co-operation with clinical specialties or often by the radiologist alone. The significant position of radiology and radiologists is additionally emphasised by running their own 10-bed interventional ward. They also take part in patient evaluation within the outpatient clinics (for example vascular or HCC).

My learning goal was to broaden my horizons in IR, especially in interventional oncology. I wanted to experience another field of IR – and my expectations were all met and even surpassed.

At the beginning of my stay, I had the numerous activities of the department and daily schedule presented to me. It would have been impossible to take part in all interventional events, because so much was occurring simultaneously. I had to concentrate mostly on my learning goals and I alternated between three angio-suites, two interventional CT rooms and open MR system.

Every morning and afternoon I attended the internal interventional oncology meeting. Every patient admitted to the IR ward was discussed in detail, lab tests and imaging were analysed and further tests, consultations and imaging were scheduled. All these steps led to a patient-specific interventional treatment plan.

I had a chance to participate in many vascular and nonvascular interventions. Interstitial CT-guided or MR-guided brachytherapies, image-guided punctures, biopsies, drainages, SIRT procedures, port implantations and BTK PTAs were part of the daily practice. The department also performs many radiofrequency ablation procedures, biliary interventions, dialysis shunt recanalisation procedures, TACE, and various embolisation procedures like endoleak management. Interventional radiology in Magdeburg is very often a substitute for surgical management. IR was always available to any other clinical specialty, offering bleeding embolisation on demand, local fibrynolysis or percutaneous thrombectomy, percutaneous MR-guided nephrostomy or pneumothorax management. A couple of times, I had a chance to see some demanding procedures like TIPSS or vascular malformation treatment and to experience a new technology, such as thrombolysis with Angiojet or a new ablative technique – IRE (irreversible electroporation). Despite the interesting interventional programme, it was also essential to attend many interdisciplinary radiology meetings, tumour boards and ward rounds.

Besides a high standard treatment options and an active research programme, radiology in Magdeburg offers outstanding training facilities. Team members offer their knowledge and experience within DAFM (Deutsche Akademie fur Mikrotherapie) courses. I was also invited to take part in a few excellent training modules.

I would like to thank all the medical staff members for sharing their knowledge and experience, and making my stay more interesting and valuable. I would like to thank Prof. J. Ricke for the kind reception in the department and Prof. M. Pech for being excellent fellowship co-ordinator.
Fellowship Education Grant
Rafael Noronha Cavalcante

After finishing my interventional radiology residency at the Clinics Hospital (HC FM-USP) in São Paulo, Brazil, I decided to apply for a CIRSE Fellowship Grant, in order to improve my IR training even more, especially in vascular procedures.

The Interventional Radiology Department of St. George’s Hospital, London, is known for its remarkable expertise in this area, performing a great number and variety of procedures (both vascular and non-vascular). Accordingly, I thought that a fellowship in this institute would be a great educational opportunity.

Professor Anna-Maria Belli kindly accepted me for a four-month placement at the IR Department at St. George’s Hospital, from June to October 2012, and I would like to express my gratitude to her for this.

During my stay at St. George’s, I had the opportunity to take part in hundreds of vascular and non-vascular procedures, including percutaneous transluminal angioplasty, IVC filter deployment and retrieval, endovascular aneurysm repair, arterial and venous catheter-directed thrombolysis, gastrointestinal bleed embolisation, transarterial chemoembolisation, transarterial radioembolisation, transjugular intrahepatic portosystemic shunt, biliary draining and stenting, percutaneous gastrostomy, percutaneous nephrostomy, CT-guided procedures and many others. I also got to join the weekly IR meetings and multidisciplinary meetings.

Besides the great medical training, there was much more I learned during these months. Firstly, I was able to improve my English reading and speaking – and we all know these skills are important for a physician – and secondly, I had the chance to live in a different country and continent, with a different culture. During my stay, I met people from all over the world who live in the great city of London, who became real friends and who I hope to see again next year at CIRSE 2013 in Barcelona.

I would like to thank the CIRSE Foundation and Cook Medical for honouring me with the fellowship grant, and the IR team at St. George’s for all the assistance provided during my fellowship: the consultants, Dr. Graham Munneke, Dr. Lakshmi Ratnam, Dr. Mike Goncalves, Dr. Gerard Goh, Dr. Robert Morgan and Dr. Uday Patel; the registrars and fellows Dr. Stephen Gregory, Dr. Raj Das and Dr. Mireia Teixidor; as well as the radiographers and nurses. Above all, I would like to thank Prof. Belli again for providing me with this great opportunity.