

2/2014

INFORMATION FOR MEMBERS

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M E E T I N G

F O U N D A T I O N

Record-breaking
attendance at
ICCIR 2014

Radiation
protection
at CIRSE 2014

The CIRSE
Academy pilot
programme

CIR news



**Glasgow
awaits you!**

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

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The 29th Annual CIRSE Congress takes place
in Glasgow from September 13-17, 2014

Cardiovascular and Interventional Radiological Society of Europe

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LINES FROM THE PRESIDENT

"Having the Annual Meeting on home territory with the support of the BSIR makes me confident that this will be an occasion to remember."



Dear colleagues,

As I write these words, the summer is coming to an end. Whilst many of you are hopefully enjoying your holidays and making the most of the season's remaining sunny days, CIRSE is busily preparing for the IR highlight of the year: CIRSE 2014!

Glasgow promises to offer a particularly unique backdrop for this year's Annual Meeting. As I am coming to the end of my first year as president, I am delighted to welcome you to the UK. Having the meeting on home territory with the support of the British Society of Interventional Radiology makes me confident that this will be an occasion to remember. BSIR and CIRSE are co-operating on a large press event focused on the hugely important subject of minimally invasive treatments for diabetic foot, and great efforts are being made all round to promote the conference.

The economic and personal costs of diabetic foot disease are astronomical. Numerous health economic studies and computer simulation models have demonstrated the economic benefits of providing proper diabetic care. Blood pressure and dietary control are the first line of care, followed by podiatry, but for more advanced cases of ischaemia, angioplasty is unquestionably a valuable therapeutic option, allowing tissues to heal, preventing amputation and improving patients' quality of life if administered early enough. The costs of either surgical or endovascular revascularisation are less than either wound care alone or primary amputation – and of course, endovascular revascularisation has the additional benefit of being minimally invasive.

The press conference will seek to raise public awareness of the benefits brought by minimally invasive therapy, to ensure that patients and healthcare providers alike are aware of this option and implement it early in the management of diabetic foot.

This edition of IR News keeps you informed of the latest updates on the congress. We are particularly proud to present the Radiation Protection Pavilion, which will make its debut in Glasgow. The Pavilion is the latest feature of our Radiation Protection Campaign. Radiation awareness is important for all health professionals, but especially for those using radiation in their everyday practice. Not only are patients exposed, but we as operators are exposed in our daily practice, and so this forms an essential component of our education. One of our

aims is to raise awareness of the risk of radiation-induced cataracts faced by the IR community. Special thanks are due to Prof. Werner Jaschke and the Radiation Protection Subcommittee for their tireless work. The support of our industry partners has also been overwhelming. We are certain that these excellent efforts will help interventional radiologists to confront this very important issue.

The IO event of the year

Whilst the annual congress still lies ahead of us, I am pleased to report that ECIO 2014, held earlier in the year, was another great success. As a vascular specialist, I was impressed to hear about the many ways interventional oncology is playing an increasingly vital role in treating various forms of cancer. The meeting was accompanied by CIRSE's first ever IO press conference, which included a special programme for media representatives from all over Germany. Under the leadership of Dr. Thierry de Baère and Prof. Thomas Helmberger, the entire event was both superbly organised and seamlessly executed, further establishing the event as an important fixture for the oncology community. It was especially impressive that the congress was attended by the largest number of non-IR specialists yet: 45% of the scientific delegates were from other medical specialties or professions. This means that this is becoming a truly multi-disciplinary meeting.

Our global community

One of CIRSE's strategic goals is to increase interaction with other international societies. In May, I joined several CIRSE representatives at the Asia-Pacific Congress of Cardiovascular and Interventional Radiology (APCCVIR) in Singapore, where we enjoyed excellent presentations on developments in the region, which holds great potential for the future of IR. I also represented CIRSE at the Brazilian Society of Interventional Radiology & Endovascular Surgery (SOBRICE) meeting in Campinas, where I was honoured to receive an award, and proud to accept it on behalf of the European IR community. We hope the coming years provide many more of these opportunities, which are mutually beneficial to IR communities all over the world!

The European Board of Interventional Radiology has taken a momentous step forward in strengthening the IR community internationally, with the decision

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The first EBIR exam to be held in the Asia-Pacific is scheduled to take place in Melbourne during February 2015



LINES FROM THE PRESIDENT

"BSIR and CIRSE are co-operating on a large press event focused on the hugely important subject of minimally invasive treatments for diabetic foot."



of the Interventional Radiology Society of Australasia to formally incorporate the examination into their subspecialty training. The first EBIR exam to be held in the region is scheduled to take place in Melbourne during February of 2015. I would like to congratulate the EBIR Board under Prof. Klaus Hausegger's chairmanship for making the examination so robust and contributing to its outstanding success.

In addition, CIRSE owes a big thank you to all group members who have enthusiastically supported a variety of projects throughout the year. It is their continuing contributions that make it possible for IR to keep thriving on a global scale. We very much appreciate your important input!

See you in Glasgow!

The specialty of IR is constantly progressing, in large part due to technological developments

and improvements. Our industry partners have pledged record-breaking support for CIRSE 2014. They will introduce a wide range of new products and concepts in Glasgow, underscoring the innovative nature of IR.

These will complement the scientific and educational programme, featuring a broad range of first-rate presentations, discussions and hands-on sessions. But first we need to get you there! To help you plan your visit to the congress, we've included some practical information on the event and the city in this edition.

See you in Glasgow!

Bidh sinn gad fhaicinn a Ghlaschu!

Anna-Maria Belli

TRIAL RECRUITMENT

The TO-ACT trial randomises cerebral venous thrombosis patients to endovascular thrombolysis or standard therapy.

Thrombolysis Or Anticoagulation for Cerebral venous Thrombosis (TO-ACT) Trial

Jonathan Coutinho, AMC

Endovascular thrombolysis (ET), with or without mechanical clot removal, may be beneficial for a subgroup of patients with cerebral venous sinus thrombosis (CVT), who have a poor prognosis despite treatment with heparin. The objective of the TO-ACT trial is to determine if ET improves the functional outcome of patients with CVT.

The trial is a multi-centre, prospective, randomised, open-label, blinded-endpoint (PROBE) trial. Patients are randomised to receive either ET or standard therapy (therapeutic doses of heparin). ET consists of local application of rt-PA or

urokinase within the thrombosed sinuses. Mechanical clot removal, such as thrombosuction, is allowed, but not mandatory. The primary endpoint is the modified Rankin scale (mRS) at 12 months.

There are currently 13 active hospitals (Netherlands, Portugal, Switzerland, China) and 38 patients have been recruited.

*Interested in joining the TO-ACT trial?
Please contact j.coutinho@amc.uva.nl,
or visit www.to-act-trial.org.*

Interested in
joining the
TO-ACT trial? Visit
www.to-act-trial.org

The fifth ECIO meeting saw a huge increase in the number of non-IRs attending.

A Gateway to Interventional Oncology: ECIO visits Berlin



The iconic city of Berlin has long been known as a hub of dynamism. Throughout the last century, it has been a hotbed of experimental politics, music and art, and has been home to famous medical innovators such as Rudolf Virchow, Robert Koch and Ferdinand Sauerbruch. It is thus fitting that Berlin played host to a meeting dedicated to the rapidly growing field of interventional oncology – ECIO 2014.

This year's meeting was attended by over 1,000 participants from more than 50 countries, who availed themselves of almost 50 hours of education.

Educational formats

This year saw the introduction of Video Learning Sessions. Two sessions were held; one on transcatheter therapy and one on percutaneous techniques, with both proving highly popular.

Interactive learning was also enabled by six different Hands-on Workshops. Four of these were dedicated to image-guided tumour ablation in different tumour types (bone, lung, liver and kidney), while two on radioembolisation were added to the programme for the first time.

As ever, a multitude of clinical focus sessions, technical focus sessions, tumour boards and e-voting sessions were also offered.

Multidisciplinary programme

A number of Joint Sessions were also held, with representatives from several renowned oncology groups, including the International Liver Cancer Association (ILCA), the European Society for Radiotherapy and Oncology (ESTRO), the World Conference on Interventional Oncology (WCIO) and for the first time, the European Organisation for Research and Treatment of Cancer (EORTC).



Several of these speakers also took part in Clinical Focus Sessions and various Multidisciplinary Tumour Boards, providing valuable perspectives on complex cases.

The number of medical oncologists, oncologic surgeons, hepatologists and other referring physicians attending ECIO has doubled, rising from 18% of the overall number of participants in 2013 to 36% in 2014. This year's conference also attracted radiographers, nurses and physicians-in-training.

Industry presence

As ever, ECIO enjoyed much support from its corporate partners. The technical exhibition featured 25 exhibitors, who were available to discuss their latest products and advances with participants. Six satellite symposia were held during the three-and-a-half-day congress.

Scientific highlights

Innovation and new horizons were a running theme throughout the meeting. This year's honorary lecturer, Prof. Riccardo Lencioni (Pisa/IT), addressed the theme *20 years of Interventional Oncology, and future trends for 2020*, painting an exciting picture of what the future holds for this discipline. Other sessions, such as the New Horizons sessions, examined individual modalities and therapies in a more targeted manner, and a summary of the most exciting advances can be found in the official congress review, available on www.ecio.org.

The ECIO 2014 Review is available on www.ecio.org

Presentations from ECIO 2014 can be viewed on www.esir.org

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Presentations
from ECIO 2014
can be viewed on
www.esir.org



www.esir.org ... interventional radiology at your fingertips

BTG becomes a major supporter of ESIRonline, CIRSE's online educational database for interventional radiologists

BTG* and CIRSE are pleased to announce that BTG has become a major supporter of ESIRonline, CIRSE's extensive database of educational materials on interventional radiology.

BTG will provide an educational grant over three years to support further development of ESIRonline for CIRSE members and other physicians, scientists and healthcare personnel with an active interest in interventional radiology. BTG joins Cook Medical and Siemens, who are already major supporters.

ESIRonline is the world's most comprehensive database for minimally invasive medicine, providing more than 7,200 scientific presentations and posters from 25 industry events since 2006. The database features a powerful search engine, allowing users to find files easily and quickly. The files are available for online viewing. In addition files can be downloaded and shared with colleagues. An interactive feature enables users to contact the authors to obtain more information or discuss certain topics. Subscribers receive a monthly e-newsletter to help keep them up to date on the latest developments on the platform. ESIRonline is enjoying great popularity. Over 2,000 subscribers clicked the download button more than 25,000 times during 2013 alone.

BTG's General Manager of Interventional Oncology, Mike Motion, explains the importance of BTG's collaboration with CIRSE: "CIRSE is a significant partner in the interventional radiology community. BTG is committed to providing education to clinicians, and as a multifaceted educational platform, ESIRonline provides an ideal resource for BTG to support."

BTG and CIRSE have a common interest to support education and science in the field of interventional oncology (IO) and to position ESIRonline as a leading IO online platform in Europe and abroad.

About BTG

BTG is an international specialist healthcare company that is developing and commercializing products targeting acute care, cancer and vascular diseases. The company has diversified revenues from sales of its own marketed products and from royalties on partnered products, and is seeking to acquire new programs and products to develop and market to specialist physicians.

For further information about BTG please visit our website at www.btgplc.com and for more information on our interventional medicine products please visit www.btg-im.com.

About CIRSE

The Cardiovascular and Interventional Radiological Society of Europe (CIRSE) is a non-profit scientific and educational society which aims to support research, education, clinical practice and patient care in the ever-expanding field of interventional radiology (IR). IR provides minimally invasive image-guided treatments for a wide range of conditions. CIRSE organises the largest annual congress in IR with high attendance numbers of over 6,000 people. Through the European School of Interventional Radiology (ESIR), the society offers a variety of courses for its nearly 6,000 members to further expand their medical expertise.

For more information on CIRSE, ESIRonline and BTG please visit www.cirse.org and www.esir.org.

* This agreement is between the legal entity Biocompatibles UK Ltd, a BTG International group company and CIRSE.

PATIENT INFORMATION

Thanks to the hard work of the task force, the patient information area of our website has been updated.

A new and improved resource for patients

Leonora Barclay, CIRSE Office

IR has many benefits for patients; however, there is a lack of reliable, up-to-date information on the specialty which is aimed at the general public. CIRSE has hosted a patients' section on its website for many years, but the material was in need of an update – enter the Patient Information Task Force!

Over the last year, the task force has been hard at work updating and expanding the content and tailoring it so patients will find it easy to understand. The most common IR procedures are outlined clearly and comprehensively, anticipating questions readers may have, such as what to expect during the procedure. Each description of an IR procedure also includes explanations about why the procedure may need to be performed and possible complications that may arise.

In addition, task force members provided sketches of the procedures, from which our in-house graphic designer created images to show how procedures work in practice. This makes it even easier for patients who do not have a medical background to understand how a particular procedure works.

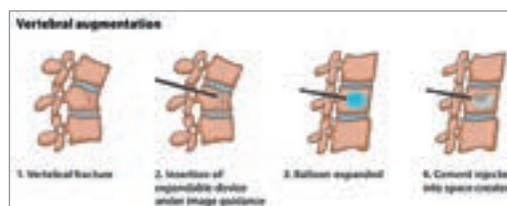
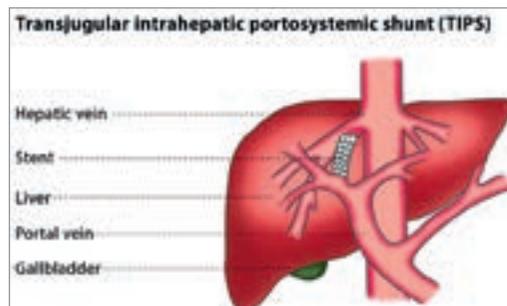
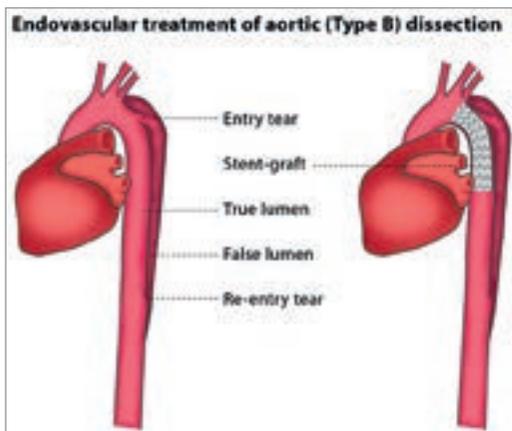
The task force also updated the material on common medical conditions that may be treated with IR. These are categorised according to the body parts and systems in which they occur, and are accompanied by easy-to-understand diagrams.



Dr. Dimitrios Filippiadis,
Chairperson of the Patient
Information Task Force

This project presents patients with clear and up-to-date information. This means that patients undergoing IR procedures, and their families, can be reassured by a thorough explanation of what will happen, addressing the normal worries they may have before a procedure. It may also help to inform prospective patients, who can use this material to support a request that they be referred to an IR for a particular procedure.

We would like to heartily thank all Patient Information Task Force Members for their hard work and commitment to this important project. Particular thanks must be given to the Chairperson of the Task Force, Dr. Dimitrios Filippiadis, for his dedication in driving the project forward.



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Patients can now access a wealth of information about IR in a clear and accessible format

CardioVascular and Interventional Radiology

The official journal of the Cardiovascular and Interventional Radiological Society of Europe

The international CVIR community is growing quicker than ever, so we've expanded our online media tools to reach our stakeholders around the world.

Choose a media outlet and connect with CVIR

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Connect with the people behind the journal and with your colleagues from around the world.

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Get breaking news from CVIR and the world of interventional radiology.

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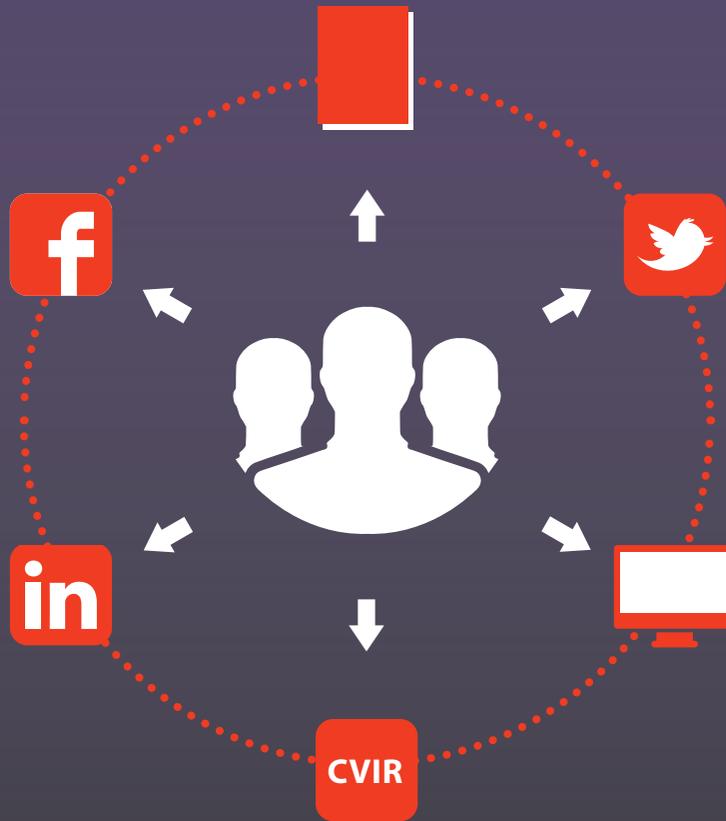


Gain insights into trends and hot topics from the field, compiled for the IR professional.

CVIR ONLINE



Get helpful information on how to submit, review and read articles or place advertisements in CVIR.



MOBILE APP



Apple



Android

Have the world of IR at your fingertips, anytime, anywhere.

This dedicated complications meeting attracted a record number of attendees in June 2014.

ICCIR 2014: Pushing the Profession Forward

Uta Melzer, CIRSE Office



This year's International Conference on Complications in Interventional Radiology (ICCIR), held in Pörschach, Austria, from June 12-14, was yet another great success.

The event brought together 305 participants – including both leading experts and novices to the field – who scrutinised 60 challenging cases. These were presented by doctors from 19 countries all over the world, including Finland, Bahrain, the United States, Japan and India. The participants were even more diverse, representing 37 countries. Industry participation was also active, with 17 reputable companies presenting cutting-edge products this year.

The discussions covered a wide range of procedures, including EVAR, venous and peripheral

interventions, biopsies and genitourinary interventions. Four keynote lectures were also delivered. These addressed coagulation management at various stages of interventions; the IR checklist; contrast nephropathy; and adequate responses to medical mistakes.

ICCIR is a unique congress borne out of a commitment to constantly endeavour to refine the practice of interventional radiology. When Prof. Klaus Hausegger first called ICCIR into being in the year 2000, he wanted to provide a forum for participants to openly discuss cases that did not go as planned, and give young doctors the opportunity to interact directly with colleagues who experienced such situations.

Not surprisingly, the event attracts a particularly dedicated group. Lecturers, moderators and audience members have truly diverse experience-levels, but are united in their commitment to keep perfecting their work. Given the importance of discretion, the faculty is particularly carefully selected, and overall participation is limited. Hand-picked case reports constitute another essential element. Without fail, the resulting discussions are exceptionally frank, engaging and informative.

This unusual approach and format have been tremendously well-received, and ICCIR has quickly established itself as the main complications meeting in Europe. We look forward to another round of excellent discussions in 2016.

Details of the 2016 congress will be posted on www.iccir.eu in due course.



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ICCIR has quickly established itself as the main complications meeting in Europe



The 11th Asia-Pacific Congress of Cardiovascular and Interventional Radiology took place in Singapore from May 15-18.

CIRSE attends the Asia-Pacific region's biennial scientific meeting

Maria Emilia Rosenzweig, CIRSE Office



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The Asia-Pacific is expected to witness impressive growth in coming years – not least in the field of IR

Eager to support the Asia-Pacific Congress of Cardiovascular and Interventional Radiology (APCCVIR) in its work of furthering IR in the region, CIRSE attended the 11th APCCVIR, which took place from May 15-18, 2014 at the Academia, General Hospital Campus, in Singapore.

The APCCVIR hosts received CIRSE with open arms and local delicacies, while congress attendees welcomed the three CIRSE Executive Committee Members with a very well-visited auditorium and loud applause in the *APCCVIR meets CIRSE* session.

This joint session took place on the morning of May 16, and the presentations of Prof. Anna-Maria Belli, Prof. Mick Lee and Prof. Elias Brountzos on current IR topics and their implications were well received by the audience.

Prof. Belli underscored the importance of clinical research and warned of the dangers and challenges for pioneering procedures, citing Scott's Parabola: interventional radiology should refrain from turning promising ideas or potential medical procedures, for which solid supporting data has not been gathered, into widely used treatments that will likely be frowned upon and eventually vanish as soon as further research with contradicting results is conducted. Following this, Prof. Lee explained what the interventional radiologist needs to know about diabetic foot in a nutshell, sharing his extensive experience with the delegates. Last but not least, Prof. Brountzos explained the pathology of the rare Budd-Chiari syndrome, as well as the challenges that doctors face when diagnosing it.

Complementing the joint session, CIRSE also hosted an exhibition stand at the congress, conveniently located near a coffee-break station. The booth was well frequented, with many delegates enquiring about the upcoming meeting in Glasgow and availing themselves of CIRSE information material and merchandise.

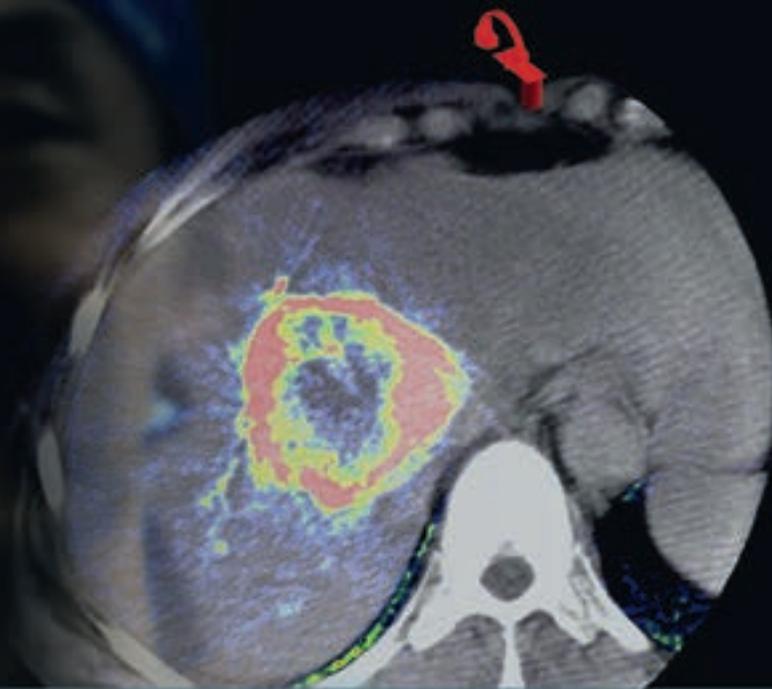
CIRSE was delighted to take part in this prestigious congress, which is the premier IR event for the Asia-Pacific region, especially at this exceptional time. As noted by Organising Chairman Dr. Bien Soo Tan in his welcome message, "both interventional radiology and the Asia-Pacific region are anticipated to witness tremendous growth in the coming years."

These winds of change point towards exciting times for the ever-growing discipline of IR. We look forward to seeing how the region and the discipline will unfold and intertwine in the years to come, and aim to continue forging strong alliances with important societies such as APCCVIR, to safeguard the interests of IR on a global scale.

CIRSE represents physicians and scientists who are interested in and strongly committed to cardiovascular imaging techniques and IR procedures. We are proud to have members from around the globe, not least those individuals and societies from the dynamic Asia-Pacific region.

APCCVIR was jointly organised by the College of Radiologists, Singapore (CRS) and the Singapore Radiological Society (SRS), incorporating the Annual Scientific Meeting of CRS and SRS and hosted by the Asia-Pacific Society of Cardiovascular & Interventional Radiology (APSCVIR). The 12th APCCVIR will take place in Suzhou, near Shanghai, China in 2016.

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Artis Q offers unparalleled performance with the new powerful GIGALIX X-ray tube for high contrast resolution at any angle and any patient size while the high-dynamic range detector enables enhanced image quality in advanced 3D imaging.

In the fight against the most threatening diseases like tumors, the Artis Q comes with innovative applications to support precise guidance during interventional procedures.

syngo DynaPBV Body for example is a 3D functional imaging application that provides physiological information directly in the interventional lab – for personalized treatment during every step of interventional therapy.



Answers for life.

SOBRICE AWARD

The alliance between the Brazilian and European societies for IR brings numerous benefits.

CIRSE visits Brazil

Dr. Felipe Nasser and Dr. Rafael Noronha Cavalcante, SOBRICE

May witnessed the 17th Congress of the Brazilian Society of Interventional Radiology (SOBRICE), held in Campinas, Brazil. We were delighted to welcome CIRSE President Anna-Maria Belli, and presented her with an award in recognition of her outstanding contributions to interventional radiology. At the meeting, she gave lectures on IR in high-risk pregnancies, fertility preservation in uterine fibroid embolisation, peripheral angioplasty and renal denervation for the treatment of hypertension.

The alliance between the Brazilian and the European societies for interventional radiology has been strengthened over the years, and brings numerous benefits to the members of SOBRICE.

In recent years, three Brazilians were awarded with CIRSE Foundation Education Grants and were able to increase their knowledge in IR centres of excellence throughout Europe.

Hopefully in the coming years, the alliance between CIRSE and SOBRICE will become even stronger and will serve to safeguard the interests of interventional radiology in Brazil and Europe.



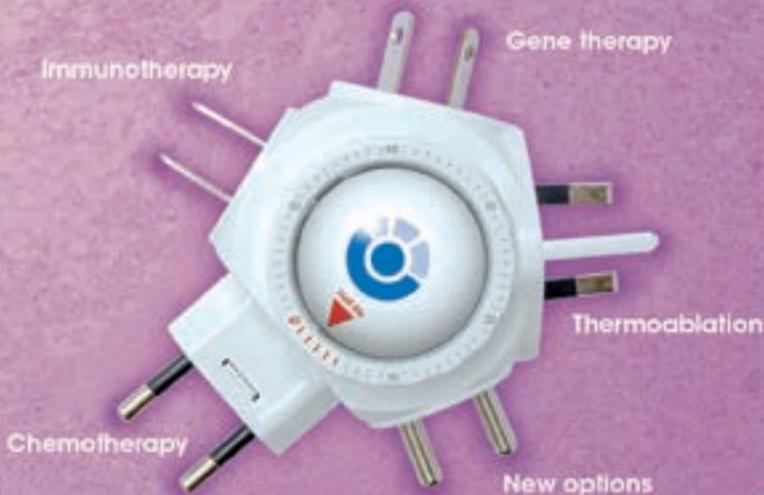
Dr. Felipe Nasser (SOBRICE President), Prof. Anna-Maria Belli, Dr. Rafael Noronha

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SAVE THE DATES FOR CIRSE 2014



Breakfast Symposium:

DSM-TACE (EmboCept® S) Effective therapy in liver tumors

T. De Baère, T. J. Vogl, A. Orlicchio

Sunday, September 14, 2014

08:00 – 08:20

Room: **Auditorium 6**

PharmaCept Participation:

Hands-on-Workshop

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Monday, September 15, 2014

16:00 – 17:30

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PR ACTIVITIES

CIRSE and DeGIR staged their first-ever PR campaign for interventional oncology at ECIO 2014.

PR for IR in Germany

Tochi Ugbor, CIRSE Office



Amid the buzz of ECIO 2013 this April, the German Society of IR (DeGIR) and CIRSE staged their first-ever PR campaign specifically for interventional oncology. Media representatives from all over Germany were invited to attend the congress and participate in a programme tailored to their editorial needs.

High attendance

The invitation to attend the congress was well-received and numerous journalists could be seen roaming the exhibition hall, talking to exhibitors and handling the IR tools on display. Select journalists were also invited to visit the renowned Charité hospital, where Professor Bernhard Gebauer was on hand to answer questions and provide them with key information. The visit resulted in a lengthy television broadcast on interventional oncology and ECIO 2014 by the local television station RBB.

Round-table discussion

On April 23, a round-table discussion was held, highlighting the benefits of the discipline and providing balanced information on its efficacy. The expert panellists were a mix of interventional radiologists, oncologists and surgeons, providing a multi-disciplinary overview on interventional oncology. Patients, treated using interventional oncological therapies, were also present to share their stories and lend a valuable human angle to the discussion.



The panellists for the round-table discussion included: Professor Bernhard Gebauer (interventional radiologist), Professor Philippe Pereira (interventional radiologist), Professor Thomas Helmberger (interventional radiologist), Professor Wolf Bechstein (surgeon), Professor Uwe Martens (oncologist), Helmut Rauchut (patient), Wolfgang Schulze (patient) and Jürgen Scheunemann (moderator).

Outstanding media coverage

The media coverage that resulted from the PR campaign was outstanding, with the congress featuring in numerous print, online, radio and TV media.

For more information on the press activities carried out during ECIO 2014, please contact ugbor@cirse.org, or visit the CIRSE Press Corner on www.cirse.org.

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For more information on the press activities carried out during ECIO 2014, please contact ugbor@cirse.org

Boston Scientific acquires two new companies

Boston Scientific acquires Interventional Division Of Bayer AG

To expand its portfolio of solutions for peripheral interventions, Boston Scientific Corporation will acquire the Interventional Division of Bayer AG with transactions expected to close in the second half of 2014.

This acquisition opens doors for Boston Scientific to become one of the leading global companies in the peripheral area, especially in the growing fields of atherectomy and thrombectomy. Worldwide approximately 27 million people suffer from the painful effects of peripheral vascular diseases, which Boston Scientific aims to target more effectively following this transaction.

The Interventional Division of Bayer is based near Minneapolis, Minnesota, and specialises in developing technologies for the treatment of coronary



and peripheral vascular diseases. Boston Scientific will acquire Bayer's innovative products AngioJet® Thrombectomy System and the Fetch® 2 Aspiration Catheter, which are used for the removal of blood clots in blocked arteries and veins, as well as the JetStream® Atherectomy System, a minimally invasive device which removes plaque from peripheral arteries.

For more than 30 years, Boston Scientific has been a global medical leader providing patients across the world with a variety of highly advanced medical solutions.

www.bostonscientific.com

These acquisitions enable Boston Scientific to expand their gynaecological and peripheral vascular portfolios

loGyn, Inc. becomes part of Boston Scientific

Boston Scientific Corporation has signed an agreement to acquire loGyn, Inc., a California-based company which specialises in effective and advanced minimally invasive devices for gynaecologic conditions. This acquisition will strengthen Boston Scientific's role in the field of gynaecologic products.

loGyn's cutting-edge Symphion™ System, which has been cleared by the FDA, is the next generation system for the removal of intrauterine tissue such as fibroids and polyps. The system's hysteroscopic approach resects the tissue within the uterus and extracts it through its fluid management

system. Boston Scientific will combine this innovative technology with its own Genesys HTA™ System for abnormal uterine bleeding, which will result in an effective, comprehensive gynaecologic tool.

Fibroids and polyps affect millions of women worldwide and can cause debilitating symptoms such as pain, incontinence, constipation, excessive bleeding and infertility. By using loGyn's minimally invasive approach, which is safer than conventional hysterectomy, a woman's ability to have children can be preserved.

www.bostonscientific.com

Glasgow, UK
September 13-17
CIRSE 2014

**Join us in Glasgow
this September for the
biggest IR congress
of the year!**

- 14 Opening and Awards
Ceremony**
- 16 Satellite Symposia**
- 19 Charity Sports Event**
- 20 Vascular Highlights**
- 22 Customise your Workshop**
- 23 Radiation Protection Pavilion**
- 24 Student Programme**
- 25 Transportation in Glasgow**
- 26 Gearing up for the
jubilee celebrations...**

**CIRSE 2014 is fast approaching, so let this
handy guide help you plan your stay and
get the most out of the congress!**

**More detailed information can be found
via our digital resources:**

- www.cirse.org/cirse2014
- www.facebook.com/CIRSEsociety
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M M E E T I N G

Celebrating Excellence at CIRSE 2014's Opening and Awards Ceremony

Join us in celebrating the IR community, and the individuals who are helping drive it forward!

Be sure to join us at this year's Opening and Awards Ceremony, taking place from 14:30 to 16:00 on Saturday, September 13, in the Main Auditorium of the Scottish Exhibition and Conference Centre.

The event will feature introductory remarks and a welcome address by CIRSE's Chairperson, Anna-Maria Belli. In addition, six awards will be presented. These include the Award of Excellence and Innovation in IR (kindly sponsored by the R.W. Guenther Foundation); the CVIR Editor's Medal; three Distinguished Fellow awards; and the CIRSE Gold Medal.

CIRSE Gold Medal

This year's Gold Medal winner is Prof. Jan Peregrin (Prague/CZ), for whom Prof. Dierk Vorwerk (Ingolstadt/DE) will present a laudation. As a Past-President of CIRSE, Prof. Peregrin is well known to all of us. He is a recognised authority on renal interventions. For many years, he has been a keen supporter of IR education: not only is he a regular faculty member for CIRSE and the ESIR Courses, between 1994 and 2002, he also organised the eight Prague International Workshops on Interventional Radiology in collaboration with the Dotter Institute. Prof. Peregrin has been instrumental in achieving subspecialty status for IR in the Czech Republic, and currently serves as the chief examiner for the board examination.

Distinguished Fellows

This year's Distinguished Fellows are Dr. Michael Dake (Stanford, CA/US), whose laudation will be delivered by Dr. Robert Morgan (London/UK); Dr. Jonathan Moss (Glasgow/UK), for whom Prof. Jim A. Reekers (Amsterdam/NL) will give a lauda-



tion; and Dr. Dimitrios Siablis (Patras/GR), with Prof. Andy Adam (London/UK) presenting the laudation.

Entertainment with a local flavour

The ceremony also includes lively musical entertainment. This year's choice – the Reel Time Band – promises to be particularly engaging. Playing traditional Scottish folk music with a funky twist, the band features both bagpipes and an electric guitar, and will be joined by traditional ceilidh dancers for the grand finale.

The band has performed at a wide range of functions all over Europe, bringing their unique sound to audiences from Athens to Frankfurt. In Scotland, the musicians appear regularly at festivals and a variety of other celebrations, including the prestigious Burns Night at Stirling Castle and the international press launch of the hit Disney/Pixar movie *Brave*.

The unique sounds of these highly regarded musicians will bring both energy and elegance to this year's Opening and Awards Ceremony, and their performance will undoubtedly be a Scottish experience to remember!

The Award of Excellence and Innovation in IR

We have a winner!

The Award of Excellence and Innovation in IR is sponsored by the R.W. Guenther Foundation, and seeks to reward and encourage exceptional research in the field of interventional radiology. The award is presented during the Opening and Awards Ceremony of the CIRSE Annual Meeting, bestowing recognition and a €5,000 prize to the best applicant.

This year, the award will go to a team of IR researchers from Utrecht, the Netherlands, for their innovative work in developing Holmium-166 microspheres, the first radioactive microspheres that can be visualised *in vivo* on multimodal imaging.

The winning team

The microspheres were developed by a team at the University Medical Center Utrecht (the Netherlands) that includes both physicians and physicists. The award will be accepted by Prof. Dr. Maurice van den Bosch, Chairman of the Department of Radiology & Nuclear Medicine; Dr. Johannes Frank Nijsen, Holmium group leader and associate professor at UMC Utrecht; and Dr. Marnix Lam, a nuclear medicine physician.

The innovation

While radioembolisation using Yttrium-90 (Y-90) microspheres has proven effective for treating patients with unresectable colorectal liver metastases, the procedure remains complex and entails significant limitations, namely, that current imaging modalities cannot visualise the microspheres *in vivo*.

Visualisation of microspheres during and after their administration would significantly simplify the procedure. Holmium-166 microspheres offer that possibility.

Holmium-166 microspheres are comparable to Y-90 microspheres in that they emit beta-particles with radiotherapeutic properties appropriate for therapy. However, in addition, they also emit gamma radiation, which permits nuclear imaging (PET-SPECT). Moreover, they are paramagnetic, which allows visualisation by way of MRI.

This characteristic could help physicians both personalise and improve patient treatment. The innovation permits the radioembolisation team to administer a scout dose of the microspheres, assess SPECT and MRI results to calculate a specific, image-based treatment dose, and adjust the dose to ensure that the tumorous tissue receives the highest possible dose without exceeding the maximum radiation dose tolerated by healthy liver tissue. Similarly, the actual dose distribution could be assessed shortly after the treatment, facilitating better follow-up care. The microspheres could also be administered under real-time MRI guidance, enabling peri-treatment dosimetry.

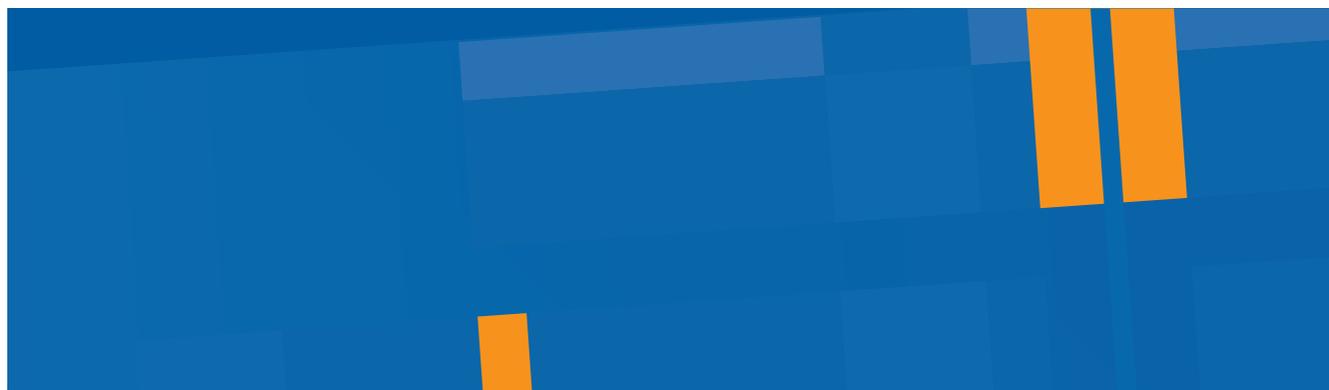
The new microspheres have been patented in Europe, and a paper on the innovation has been published in *The Lancet Oncology*.

The prize will be presented to the team representatives during the Opening and Awards Ceremony of the CIRSE Annual Meeting. We extend our hearty congratulations to the entire team!



Satellite Symposia, organised by various medical companies, will provide information on the latest IR devices and techniques.

Satellite Symposia



Saturday, September 13, 2014

13:00-14:00
SY 401 BIONTRONIK Auditorium 3
 Transferring technology into data

13:00-14:00
SY 402 Merit Medical Auditorium 4
 Transarterial chemoembolisation (TACE) with HepaSphere drug-eluting microspheres: see the results

13:00-14:00
SY 403 Philips Healthcare Auditorium 2
in partnership with BTG
 Towards controlled and reproducible results in interventional therapy. Making the difference with Live Image Guidance

11:30-12:30
SY 1101 Boston Scientific Auditorium 3
 Limb intervention: navigating a path through techniques and devices in a drug-eluting era

11:30-12:30
SY 1102 BTG Auditorium 2
 TheraSphere® and DC Bead®: meeting the needs of liver cancer patients and physicians

11:30-12:30
SY 1103 Cordis Main Auditorium
 Where do we stand with SFA interventions today?

13:00-14:00
SY 1201 InSightec Auditorium 5
 MR guided focused ultrasound: from head to toe

13:00-14:00
SY 1202 St. Jude Medical Auditorium 4
 Understanding the therapeutic value of the AMPLATZER Vascular Plugs in different clinical applications

13:00-14:00
SY 1203 Terumo Europe Auditorium 2
 Sustained embolic protection – shifting paradigms in carotid artery stenting?

Sunday, September 14, 2014

07:20-08:20
SY 801 Covidien Auditorium 5
 Sophisticated SFA treatment decisions: let evidence be your guide

08:00-08:20
SY 802 Alphatec Spine Auditorium 7
 Stentoplasty with OsseoFix: a novel solution for the treatment of vertebral compression fractures

08:00-08:20
SY 803 PharmaCept Auditorium 6
 DSM-TACE (EmboCept® S): Effective therapy in liver tumours

The Satellite Symposia will take place throughout the congress, discussing a range of new technologies.

Satellite Symposia



14:30-15:30
SY 1303 Merit Medical Auditorium 2
 Prostatic artery embolisation (PAE) for the treatment of BPH: opportunities and issues

17:30-18:10
SY 1507 Gore & Associates Auditorium 5
 Innovative technologies for challenging peripheral and aortic anatomy: what's new?

17:30-18:10
SY 1508 Penumbra Auditorium 9
 Experience with Penumbra technology embolisation and thrombectomy

17:30-18:30
SY 1509 BARD Auditorium 6
 To filter or not to filter ... let's debate!

Monday, September 15, 2014

07:20-08:20
SY 1601 Covidien Auditorium 5
 Latest innovations and new indications for Onyx™ liquid embolic system

07:40-08:20
SY 1602 Aachen Resonance Auditorium 6
 ELUTAX SV – indications getting wider

11:30-12:30
SY 1901 Boston Scientific Auditorium 2
 Renal denervation and the Vessix™ global clinical programme. Current learning leading to future horizons

11:30-12:30
SY 1902 Cook Medical Main Auditorium
 Optimise the use of drug-eluting devices

11:30-12:30
SY 1903 Covidien Auditorium 3
 Powerful predictability: a new concept in ablation

13:00-14:00
SY 2001 Sirtex Medical Auditorium 3
 SIR-Spheres microspheres® – think about the flow

13:00-14:00
SY 2002 Medtronic Auditorium 4
 Advances in DCB evidence generation: an IN.PACT update

13:00-14:00
SY 2003 Terumo Europe Auditorium 2
 Terumo, your long-term partner in interventional oncology: part I



Satellite Symposia, organised by various medical companies, will provide information on the latest IR devices and techniques.

Satellite Symposia



14:30-15:30
SY 2102 BTG Auditorium 2
Emerging treatment options for high and intermediate risk pulmonary embolism patients

17:30-17:50
SY 2307 Penumbra Auditorium 9
Penumbra thrombectomy technology: Changing the paradigm of peripheral treatment

17:30-18:10
SY 2308 BARD Auditorium 5
Drug coated balloon: clinical evidence and real life experience

17:30-18:10
SY 2309 Gore & Associates Auditorium 6
Monitoring, managing and reducing post TIPS HE

13:00-14:00
SY 2801 Siemens Auditorium 3
Getting the most out of your imaging system: tips and tricks from the experts

13:00-14:00
SY 2802 Straub Medical Auditorium 4
Mechanical thrombectomy: "Can this standard treatment for arterial occlusions be the solution for venous occlusions, too?"

13:00-14:00
SY 2803 Terumo Europe Auditorium 2
Terumo, your long-term partner in interventional oncology: part II

Tuesday, September 16, 2014

08:00-08:20
SY 2401 Surefire Medical Auditorium 7
The precision of Surefire embolisation: improved targeting, workflow and the intentional affect of Surefire on particle distribution

**Have fun and do good!
Take part in the**



CHARITY RUN & FOOTBALL CUP

**Saturday, September 13 at 19:00
Scotstoun Stadium**

Joining the fun couldn't be easier! Sign up by sending a short email with your name and the number of attendees to hinnerth@cirse.org, or register directly on site.

Shuttle busses will take you from the SECC to the stadium (journey time approx. 20 minutes) and will drop you off at various central locations after the event. Changing rooms and showers are available on site.

A delicious buffet will be provided from 19:45 until the end of the Football Cup.

Requested donation from participants:

BTG Charity Run: voluntary donation

Football Cup : €100 per team (minimum amount, limited capacity)

The event supports the Austrian Childhood Cancer Organisation, an independent charity that helps families struggling with childhood cancer. For more information, please visit www.kinderkrebshilfe.at.



CIRSE supports compliance with ethical standards. Therefore, CIRSE emphasises that the present invitation is directed to participants of CIRSE 2014, and recommends that participants who want to take part in the BTG Charity Run and/or Football Cup bear any and all costs in this context (including donations) themselves. Kindly note that participation in the BTG Charity Run and/or Football Cup is NOT included in the CIRSE 2014 registration fee!





Confronting New Evidence and Controversies at CIRSE 2014

Uta Melzer, CIRSE Office

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The Evidence Fora feature the most up-to-date research on select treatment options

As always, this year's scientific and educational programme covers broad ground in a wide variety of session formats. Two particularly engaging session types include the recently introduced Evidence Fora and the special *Controversies* sessions.

CIRSE Considers the Evidence

The Evidence Fora allow interventional radiologists to keep pace with the latest developments regarding select conditions. Experts present the most up-to-date research on a particular treatment option, followed by a panel discussion and an opportunity for the audience to pose questions. Among the topics this year are abdominal and thoracic aortic treatments, with sessions addressing whether we have sufficiently scrutinised recent breakthroughs.

Thoracic and Abdominal Aortic Treatments

EVAR was initially hailed as a potentially revolutionary treatment for aortic aneurysms, with many hoping it would result in reduced morbidity and mortality compared with open surgical repair. But these expectations now appear unduly optimistic.

The complex, individually tailored stent-grafts devised for the treatments are expensive, hard to deploy, and prone to both damage and displacement. The need for re-intervention remains a problem. New devices and techniques addressing these flaws are being developed at a dizzying pace. While such progress is surely welcome, there is a risk that innovations are being too swiftly embraced.

Abdominal Aorta

The variety of available devices is impressive, and recent improvements address some of the most

criticised aspects of the procedures. The chimney technique uses standard aortic stent-grafts, avoiding the delays inherent in customised stent-grafts. Branched grafts involve low mortality, but are also costly and of questionable long-term efficacy.

Iliac-branched devices also continue to evolve. Using the newer, more complex versions including side-branches requires delicately balancing multiple factors. Proper patient selection is crucial.

Disagreement about the relative values of endovascular and open repair remains, but endovascular aneurysm sealing may help tip the scales in favour of the former. Hailed as a potential game-changer, technological breakthroughs promise to simplify the procedure, broaden applicability, and make durability possible with at most minimal follow-up intervention.

Keeping pace with these developments requires confronting their various costs and benefits, including with respect to particular patient groups, as well as differentiating between when techniques are merely possible and available and when they are appropriate and necessary.

Thoracic Aorta

Specialists increasingly use endovascular stent-grafts to treat thoracic aortic aneurysms, and TEVAR is rapidly evolving. New insights into indications and advances in imaging technology are adding to the many issues that specialists need to consider.

Despite considerable progress, severe risks (including aortic dissection and serious neurologic complications) persist. It is vital for practitioners to be



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aware of relevant risk factors, of adjunctive procedures available to reduce these, and of options should complications nonetheless occur.

In the meantime, TEVAR shows particular promise for patients with connective tissue diseases such as Marfan syndrome, but using the procedure on such patients comes with important limitations and risks of its own.

The sessions will tackle all of these issues, providing the audience with valuable insights into how the field is progressing.

Controversies in IR: SFA and BTK

The special *Controversies* sessions provide a forum for spirited discussions on controversial issues that divide the IR community. Featuring three sets of cutting-edge debates each, these sessions will push practitioners to re-think their presumptions by confronting them with the best arguments both for and against particular aspects of superficial femoral artery revascularisation and below-the-knee interventions.

SFA – what devices deliver best results?

Revascularisation of the superficial femoral artery in peripheral arterial disease offers great potential in reducing morbidity and restoring patients' quality of life. However, practitioners disagree as to what exact methods yield the best results. Some insist that standard percutaneous transluminal angioplasty continues to represent the best option. Others maintain that drug-eluting stents produce better long-term outcomes. Similarly, many physicians agree that drug-eluting balloons can be appropriate, but disagree as to whether

these are a wise choice in specific cases. Finally, bioabsorbable stents are heralded by some as offering all the advantages and none of the complications of conventional stents, while others view this as premature exuberance.

BTK – are new approaches being embraced too quickly?

Interventional radiologists have continuously refined below-the-knee interventions, but related technological advancements have triggered both progress and controversy. For example, proponents of distal embolic protection devices point out that they can reduce the risk of distal embolisation, a potentially devastating complication. Critics respond that their use cannot be considered reasonable. In the meantime, stents coated with anti-restenotic agents have dramatically changed available therapies. Some interventional radiologists are already convinced that these should be favoured in all short BTK lesions. However, others caution against such broad application, urging practitioners to devise more individualised treatment strategies. Finally, practitioners disagree about the extent to which direct source artery revascularisation has contributed to progress made in lower-extremity preservation.

Viewers will benefit from vigorously presented arguments from both sides of the spectrum, and will have an opportunity to weigh in, with the moderator relying on hand-held e-voting devices to gauge their views both immediately before and after the debates.

For more information on these and the many other sessions offered at CIRSE 2014, please visit www.cirse.org/cirse2014.

The Controversies sessions provide a forum for spirited discussions on controversial issues

SHAPE YOUR WORKSHOP

Don't miss your chance to make yourself heard – take part in our online survey!



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Customise Your Workshop Experience at CIRSE 2014!

With their emphasis on informal interaction in small groups, CIRSE workshops have long encouraged engaging discourse, allowing attendees to both benefit from their colleagues' expertise and voice their own opinions.

Now participants can further customise their workshop experience by actively shaping their content. Submit your questions ahead of time and steer the course of the discussions with your input!

As always, the scientific and educational programme includes workshops in all of the six tracks

covered at the Annual Meeting: vascular interventions, transcatheter embolisation, interventional oncology, neurointerventions, non-vascular interventions and IR management.

You can opt to submit questions for any of these workshops. Whether you are keen to explore a specific issue in endoleak management, gastrointestinal bleeding, or liver tumour ablation, this exciting new feature ensures that discussions will address the angle that most interests you.

Steer the course of the discussions with your input!

This year, 35 workshops will be offered, including:

 WS 1402	Endoleak management: case-based discussion	Sunday, September 14, 16:15-17:15
 WS 3101	Complex EVAR interventions: case-based discussion	Tuesday, September 16, 17:30-18:30
 WS 1403	Trauma: case-based discussion	Sunday, September 14, 16:15-17:15
 WS 3003	New technologies in liver tumour ablation: case-based discussion	Tuesday, September 16, 16:15-17:15
 WS 704	Flow modification techniques: lessons from neurointervention – case-based discussion	Saturday, September 13, 17:30-18:30
 WS 705	Interventions after liver transplantation: case-based discussion	Saturday, September 13, 17:30-18:30
 WS 3004	Taking the EBIR	Tuesday, September 16, 16:15-17:15

Visit www.cirse.org/cirse2014/workshops for a full list of workshops, and to submit your questions via the Workshop Survey. **Don't miss your chance to make yourself heard!**



The Radiation Protection Pavilion: Do you see the risk?

Birgit Tkalec-Bekina, CIRSE Office



Interventional specialists have been found to face an increased risk of developing subcapsular lens opacities, linked to excessive occupational radiation exposure. CIRSE sees it as a core responsibility to raise awareness of an issue so particular to its membership, and so recently launched a campaign to highlight this risk. At CIRSE 2013 in Barcelona, CIRSE's first cataract awareness poster proved a real eye-catcher. This year, the campaign has been greatly expanded with the kind support of select industry partners, and will include an exciting new feature. The Radiation Protection Pavilion will make its debut in Glasgow. Housed in a dedicated area within the industrial exhibition, it will consist of three main elements, each offering a distinct service to members.

We see the risk – Examination Area:

Eye check-ups (vision & subcapsular opacity screening) will be provided to members free of charge in specially built onsite cabins. Participants will receive a copy of their check-up report, as well as an information package.

Know the risk – Scientific Information Area:

The Radiation Protection Subcommittee has, with the help of its industry partners, developed an innovative, interactive information area that will present state-of-the-art publications and informational material split into three categories:

- *Risk and Prevention*: focusing on the risk of cataracts and a few simple principles that make effective protection possible for interventional radiologists.
- *Practical Tips*: easily implementable tips and tricks for image-guided (especially fluoroscopic) procedures that can significantly reduce the occupational and patient dose. Pick up a poster for your department!

- *CIRSE and European Partnerships*: showcasing CIRSE's Radiation Protection Subcommittee, its partnerships, and the impending new RP legislation that will impact your future work.

Don't take the risk – Technical Info Area:

Industry partner booths will be set up adjacent to the Pavilion, presenting the newest hard- and software on the market to help improve your dose management.

Real value through advice you can act on

The Subcommittee is strongly committed to providing real value for CIRSE members by offering tangible services and practical advice via the Pavilion, which aims to translate the Subcommittee's knowledge of radiation protection into real-life advice members can act on.

The scientific information will be geared towards providing pragmatic solutions, whether in the form of a poster outlining "10 Top Tips" (ideal for displaying in your department); an easily-shared USB stick containing information on the new occupational dose limit; or a chat with the manufacturer of your angio-system about how to optimise your dose management.

Invitations will be sent to registered CIRSE delegates in advance. Participants will be asked to fill out a brief online form and indicate a suitable time slot. Depending on availabilities, on-site registration may be possible, but please be aware that a maximum of 40 check-ups will be carried out every day.

Eye-check times:
09:30-14:30
Sun-Tues
(Sept 14-16)



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IRs in the Making: The CIRSE 2014 Student Programme

Marina Tomic, CIRSE Office

Once again
medical students
from all over
Europe can
benefit from the
special Student
Programme at
the CIRSE
Annual Meeting

The future of IR lies in the hands of today's medical students. In order to make IR more accessible to them, CIRSE has been offering its unique Student Programme for many years, and once again, there has been an enthusiastic response.

The programme gives students the opportunity to experience IR outside of the classroom through practical hands-on workshops and specially designed sessions for students. Additionally, they can engage with qualified IRs and learn from their vast experience and expertise. Many medical students are undecided about their career paths and the Student Programme allows them to explore the promising field of IR and thus discover interventional radiology as a potential career choice.



Due to the programme's ever-growing popularity, all travel and accommodation grants have already been allocated, but registration to the congress is still open. During the congress, students can enjoy numerous benefits such as the Students' Lounge,

which serves as a meeting and relaxation point, complimentary lunch bags for each full congress day and a travel card for Glasgow. To provide some guidance, a recommended programme has been compiled, including sessions that are of particular interest to potential IRs. On top of that, there will be several dedicated student sessions, introducing the students to the field of IR.

The hands-on workshops offered are especially educational since they provide an opportunity to gain practical insights, get familiar with devices and learn from experienced IRs. Preparations are underway and several companies have already agreed to collaborate in the organisation of interactive and informative workshops. In addition to the workshops, which will take place in the Learning Centres, the Simulator Gallery will also host sessions specifically for students. These consist of a short introduction by experts who will provide the participants with key knowledge and practical tips, followed by a session in which students will be given the chance to try out their skills on highly advanced simulators.

To cover more than just the professional aspects of life, CIRSE has also arranged a Student Evening to give attendees a chance to relax and get acquainted with like-minded peers. As in 2013, a Facebook photo competition will be held, awarding the winner with free registration and a travel and accommodation grant for CIRSE 2015.

To find out more, please visit www.cirse.org/students



Public Transportation in Glasgow: Don't Forget to Pick up Your Free Pass

Getting around Glasgow couldn't be easier... and it's on us!



All CIRSE 2014 delegates who are fully registered for the congress (holders of scientific badges) will receive a complimentary **5-day SPT Travel Pass** for the city's public transportation system.

Pick up your personal pass when checking in to the congress via the express lane or when collecting your congress material at one of our onsite registration counters.

The pass is valid on scheduled services offered within Zones G1 and G2 of the city by ScotRail, the subway, many bus services and even a ferry service.

ScotRail's service includes a stop (Exhibition Centre station) dedicated to the SECC. It takes just four minutes to get there from Central Station, which is two stops away, and from which trains depart every nine minutes.

If you would like to obtain additional 5-day passes, you can order them via KUONI, our official travel agency, at £8.80 per ticket. A link to an online order form can be found on the CIRSE website.

The following operators' services are covered by the pass:

Rail operators:

ScotRail, Subway

Bus operators:

Airbles Bus Company Ltd, Allander Coaches, Avondale, A & J Ballantyne, Blue Bus, C&R Coaches Ltd, Canavan Coaches, City Sprinter Ltd, Clan Travel, Coakley Bus Company, Colchri Ltd, Dunn's Coaches, Dunn of Port Glasgow, First Edinburgh, First Glasgow Garelochhead Minibuses, Gibson Direct, Gillens, Glasgow CityBus, Henderson Travel, James Accessible Solution, JD Coaches, JMB Travel, Key Coaches, Liddell's Coaches, MacKenzie Bus & Coach Services Ltd, McColl's Coaches, McCreadie Coaches, McGills Bus Service, Scottish Citylink Coaches, Shuttle Bus, Skyline Coaches Ltd, Slaemuir Coaches, Smith's of Patna, Stagecoach Fife, Stagecoach Glasgow, Stagecoach Western Buses, Strathclyde Bus, Stuarts Coaches, Whitelaws Coaches, Wilsons of Rhu

Ferry operators:

Clydelink (Kilcreggan & Renfrew Ferries)

For further information, please visit
www.spt.co.uk

Free passes
for Glasgow's
excellent public
transport network
are kindly
co-sponsored
by BTG

Help us celebrate 30 years of CIRSE!

To mark our 30th anniversary, CIRSE is planning a host of jubilee celebrations. These will be officially launched in Glasgow, and will run for a whole year.

To kick-start the celebrations, CIRSE Members were offered our lowest ever registration fees for Glasgow 2014 – only €300 for those booking by June 5! Likewise, our Corporate Members were offered reduced exhibitor fees and special incentives.

Play your part!

Further activities are planned for 2014-2015, and we would like to cordially invite all friends of CIRSE to submit material to help make this happen.

Submit your photos, videos or anecdotes from past CIRSE meetings, and help us chart the society's course over the last 30 years. All contributions are welcome!

Send your material to 30@cirse.org
or by post to
CIRSE Office
"30th Anniversary"
Neutorgasse 9
1010 Vienna
Austria



- CIRSE 2014 | Glasgow, UK
- CIRSE 2013 | Barcelona, Spain
- CIRSE 2012 | Lisbon, Portugal
- CIRSE 2011 | Munich, Germany
- CIRSE 2010 | Valencia, Spain
- CIRSE 2009 | Lisbon, Portugal
- CIRSE 2008 | Copenhagen, Denmark
- CIRSE 2007 | Athens, Greece
- CIRSE 2006 | Rome, Italy
- CIRSE 2005 | Nice, France
- CIRSE 2004 | Barcelona, Spain
- CIRSE 2003 | Antalya, Turkey
- CIRSE 2002 | Lucerne, Switzerland
- CIRSE 2001 | Gothenburg, Sweden
- CIRSE 2000 | Maastricht, the Netherlands
- CIRSE 1999 | Prague, Czech Republic
- CIRSE 1998 | Venice, Italy
- CIRSE 1997 | London, UK
- CIRSE 1996 | Madeira, Portugal
- CIRSE 1995 | Lyon, France
- CIRSE 1994 | Crete, Greece
- CIRSE 1993 | Budapest, Hungary
- CIRSE 1992 | Barcelona, Spain
- CIRSE 1991 | Oslo, Norway
- CIRSE 1990 | Brussels, Belgium
- CIRSE 1989 | Paris, France
- CIRSE 1988 | Berlin, Germany
- CIRSE 1987 | Porto Cervo, Italy
- CIRSE 1986 | Jerusalem, Israel
- CIRSE 1985 | Vienna, Austria



The logo features the acronym 'EBIR' in a bold, dark brown sans-serif font. It is flanked by two gold stars on each side. The background is decorated with several large, light grey stars and a circle of smaller gold stars, reminiscent of the European Union flag.

European Board of Interventional Radiology

Branching out beyond Europe

Places now available for corresponding members!

Members from both Europe and overseas can already register for the EBIR examinations to be held in Europe in 2015:

VIENNA, March 4-5, 2015

LISBON, September 25-26, 2015

Colleagues from Australia and New Zealand will be able to register for the first EBIR examination held in co-operation with IRSA/RANZCR in the near future.

Mark your calendars:

MELBOURNE, February 6-7, 2015

For more information, please visit www.cirse.org/ebir

European Board of Interventional Radiology

c/o CIRSE

Neutorgasse 9, 1010 Vienna, Austria

ebir@cirse.org

www.cirse.org/ebir



ESIR 2014

Courses



European School of Interventional Radiology

Apply now for the courses that are coming up this autumn – an Early Bird discount is available until 8 weeks before the course takes place!

Fundamental Courses

Are you just beginning your IR career, or would you like to broaden your portfolio? Do you want to familiarise yourself with the EBIR exam? If so, our Fundamental Courses are an excellent fit.

Genitourinary Interventions

Prague (CZ), October 17-18

This course covers renal artery interventions, nephrostomy and percutaneous endourological procedures, the treatment of kidney transplantation complications, as well as post-traumatic kidney embolisation, urinary bladder and varicocele embolisation.

Venous Access and Dialysis

Marseille (FR), December 11-12

This course addresses the physiology of the venous system as well as anatomical considerations relevant to venous access. You will also learn how to insert a temporary and tunnelled line and treat venous, arterial and anastomotic stenosis.

Expert Courses

Are you familiar with the theoretical aspects of interventional procedures, but looking to strengthen your skills by focusing on practical exercises? Our Expert Courses offer that very opportunity.

Management of Resistant Hypertension: Renal Artery Denervation

Paris (FR), October 27-28

You will learn how to diagnose resistant hypertension, identify patients suitable for RAD and improve referral pathways. Together with the faculty, you will scrutinise the procedure's safety and discuss the advantages and disadvantages of currently available devices.

Stroke Intervention

The Hague (NL), November 14-15

This course covers imaging protocols and diagnosing stroke, as well as the role of IVT and IAT. Topics include occlusion and pseudo-occlusion of the ICA, posterior circulation and the Circle of Willis. During the hands-on sessions, you will have a chance to practice a thrombectomy on a flow model.

For more information, please visit www.cirse.org/esir2014

THE CIRSE ACADEMY

The CIRSE Academy is a newly created initiative that aims to provide robust training and accreditation for our members.

The CIRSE Academy

Rigorous IR training is a key interest of CIRSE's, and is an essential cornerstone of any clinical specialty. The society has always striven to provide robust educational opportunities, and in the last few years has successfully introduced the IR Curriculum and Syllabus and the European Board of Interventional Radiology, on top of the long-established scientific meetings and ESIR Courses.

CIRSE's most recent initiative draws these various strands together into a comprehensive educational package: the CIRSE Academy.

The CIRSE Academy is a two-year concept, and includes a fellowship and visits to relevant congresses, before culminating in the EBIR exam.

The Academy's first student

In order to test this new structure and see what clinical value it offers participants, Prof. Sanja Stojanović (Novi Sad/RS) volunteered to be the first candidate. Prof. Stojanović will finish her CIRSE Academy experience in March 2015, when she takes the EBIR examination.

We would like to thank her for volunteering for our pilot scheme, and wish her the best of luck for the EBIR examination!

The experience so far...

Prof. Stojanović has kindly provided us with a preliminary report of her experiences with the CIRSE Academy to date, mainly focusing on the fellowship she completed in France.

"Due to a lack of adequate equipment, sanctions and economic issues related to the procurement of expensive materials, interventional radiology only started to develop more intensively in several cities in Serbia in the last 8-10 years. Doctors working in different specialties have started receiving relevant training in their fields and are beginning to adopt a large number of procedures. These vary from centre to centre, but include performing coronarographies and biopsies, as well as implanting peripheral and oesophageal stents, and gastrostomy tubes. In order to keep interventional procedures in the field of radiology, we have started to organise ourselves and finally, two years ago, we founded the Association of Interventional



Radiologists. We proposed a programme to the Ministry of Health and requested its approval of interventional radiology as a subspecialty.

"Despite being a radiology professor and having certain experience in interventional radiology, I felt I should seek formal education and training in order to become a subspecialist in the field. The CIRSE Academy, including the Fellowship Grant, seemed – and eventually proved – to be the best choice.

"So, I headed to Paris to the Institut Gustave Roussy – a well-known institution in this field. I was more than surprised by the warm welcome of the entire staff, from the head of the department Dr. Thierry de Baère to Dr. Frédéric Deschamps and all the other colleagues and technicians.

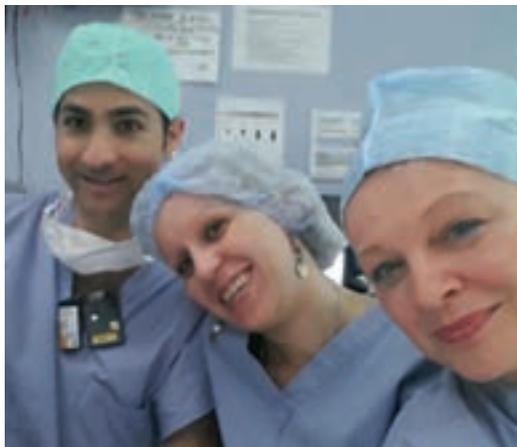
"Their hospitality and willingness to help, both with radiology and French, was highly appreciated. I cannot even begin to express my gratitude to Fabian, who always helped me with paperwork; Flo, who gave me the booklet she made about procedure preparation and follow-up; Melanie and Fred for the endless topics we discussed; Genevieve, who helped me with all the complicated administrative issues; Ernesto, who demonstrated many complicated and unexpected situations but also a lot of creative ways to solve them; and all the residents – Vanja, Victoire and Matthias – who made me feel younger and infected me with their enthusiasm. But above all, I feel extraordinary gratitude to Dr. de Baère, whose substantial knowledge, experience and skills I truly admire.



Institut Gustave Roussy:

- Founded in 1926 by Professor Gustave Roussy
- 2,600 employees
- One of the ten world leaders in the fight against cancer
- 47,000 patients per year
- 356 beds

Prof. Sanja Stojanović reports on her initial experiences with this pilot project.



Cheerful atmosphere with residents in the angio room



Evaluation during the procedure

“What I was most pleasantly surprised by was that, thanks to Dr. de Baère’s and Genevieve Petrault’s efforts, one of the technicians from my department in Novi Sad was allowed to visit the centre, and had the opportunity to improve her knowledge and skills as well.

“At the institute, the two angiography rooms are an integral part of the operation block, which significantly influenced the exemplary co-operation between radiologists and surgeons. This set-up allows interventional radiology to maintain its position as a method of minimally invasive image-guided surgery. Both rooms were very busy during my stay, and occasionally I could not decide which room to go to, as both of the procedures being performed simultaneously were so interesting.

“Apart from standard procedures in the field of oncological IR, I was thrilled to observe all kinds of cutting-edge methods, such as ablation, including microwave and cryoablation; not to mention the thrill of performing them myself under supervision. Observing the sclerosation of the portal vein was highly impressive and it only confirmed my belief that Dr. de Baère is a real expert in the field.

“As part of the CIRSE Academy, I also had the opportunity to attend ECIO 2014 in Berlin from April 23-26. ECIO is a meeting which is growing year by year, with more and more attendees, as well as lectures, giving participants a chance to meet the world’s most

prominent interventional oncology experts in person. During the meeting, cutting-edge oncological procedures were presented, along with discussions about indications and possible complications. Moreover, results of the latest studies on the effects of certain interventional methods in combination with medications were shown. For the first time, ECIO introduced Video Learning Sessions, demonstrating entire interventional procedures and explaining the potential complications, which was highly interesting to watch.

“The congress was an excellent summary of all the intensive and hard work of important European centres, and enabled direct exchanges and discussions of opinions and ideas, which is extremely important for everyday practice. It was a very educational experience for me, giving me more in-depth knowledge of the field of interventional oncology.

“I would like to thank Thierry, his team and the CIRSE Foundation once again for providing me with this life- and career-changing opportunity, which greatly aided the development of my skills and knowledge, as well as boosting my self-confidence as an interventional radiologist. I look forward to the next challenges the CIRSE Academy has in store for me!”

To find out how to apply for CIRSE’s education grants, or to participate in the CIRSE Academy, please visit www.cirse.org or send an e-mail to info@cirse.org.

F O U N D A T I O N

F

“Despite having experience in IR, I felt I should seek formal training in order to become a subspecialist in the field”



CIRSE FOUNDATION GRANTS

“Time really flew by thanks to the great variety of procedures performed, ranging from cerebral aneurysm embolisation to TIPS, thrombectomies and renal denervation.”

Fellowship Education Grant

Sara Protto



Sara Protto assisting in the angi-suite.

It was a great honour to be awarded a CIRSE Foundation grant for a fellowship at the radiology department of the Klinikum in Klagenfurt, Austria from October 2013 through January 2014. As a young radiology resident interested in IR, this opportunity was a dream come true. I was able to spend four months in a stimulating environment and assist with a great number of different procedures. It was a particular privilege to work with Professor Klaus Hausegger and his wonderful team of doctors and nurses.

The Klinikum is a modern, brand new hospital in Carinthia, a pleasant region in southern Austria. The angiography department has two angi-suites, where a variety of procedures are performed. The bigger one contains a biplane system, and all neurointerventions, aortic endograft procedures and chemoembolisations are performed there. CT-guided interventions also form an important part of the weekly practice, with RFA procedures performed every Tuesday. Other than on Thursdays, an anaesthesiology team is assigned to endovascular interventions every day.

The angi-team meets every morning at 7 a.m. to discuss the daily schedule and organise the work. This is followed by a meeting with the other radiologists to discuss interesting cases. Once a week, a resident gives a presentation regarding a particular topic of interest. By around 8 a.m., the first intervention begins.

Time really flew by thanks to the great variety of procedures performed, ranging from cerebral aneurysm embolisation to TIPS, thrombectomies and renal denervation. The angi-team is trained to carry out diverse procedures equally competently and with a truly modern approach.

I also carried out research on stroke intervention during my stay, and collaborated on an article with Professor Hausegger and his team. In fact, our collaboration continues. In addition, I attended two congresses in Salzburg, one on interventional and one on conventional radiology.

The Klinikum is a really pleasant place to work, and Klagenfurt is a beautiful city. Spending the winter there allowed me to experience the traditional Christmas markets and try the famous *Glühwein*. Thanks to my new Austrian friends, I had the chance to explore the city's different neighbourhoods, to go for winter walks and to enjoy regional specialities. The city and its surrounding mountains are at their most magical when covered in snow.

I had a great time in Austria, thanks to my colleagues, the nurses and technicians, all of whom made me feel at home and helped me every day. A special thank you goes to Professor Hausegger for his competence, the passion he pours into his work, and his warm hospitality. I would also like to express my gratitude to the CIRSE Foundation, which made everything possible.



Klinikum Klagenfurt am Wörthersee

- Third-largest hospital in Austria
- Approx. 4,000 staff members
- Over 1,400 beds

“My stay at Bergonié allowed me to work in an IR community outside of my team in Rome for the first time, permitting me to view procedures from a new perspective.”



Fellowship Education Grant

Roberto Luigi Cazzato

Thanks to the support of the CIRSE Foundation, I had the opportunity to complete a fellowship at the Institut Bergonié’s interventional radiology unit between September 2013 and March 2014.

Bergonié is a small oncological hospital in Bordeaux that serves the south-western part of France. Despite its small size, it has a very busy IR unit that performs a considerable number of procedures. The hospital has two interventional radiologists: Dr. Jean Palussière, who is the chief of the radiology department, and Dr. Xavier Buy.

Both are very experienced in vascular and extra-vascular oncological procedures. I was amazed by their extensive know-how with respect to tumour ablation, bone cementoplasty and embolisation. They were both extremely knowledgeable and infinitely kind, always helping make both daily life and my time in the angio-suite go as smoothly as possible. After just a few weeks, I was fully involved in daily practice. Put simply, they quickly made me feel like a full member of the family!

I was in the angio-suite with them daily, and we performed many vertebroplasties, extra-spinal cementoplasties, embolisations (including pTACE and portal vein embolisation), and biliary drainages. We also ablated tumours (using RF, MW and cryo) in several different organs, especially the lung.

My stay at Bergonié allowed me to work in an IR community outside of my team in Rome for the first time, permitting me to view procedures from a new perspective. By doing so, I was able to acquire numerous tips and tricks. Moreover, thanks to Jean and Xavier, I perfected my understanding of various technical and clinical details that are crucial to successfully performing spinal and extra-spinal cementoplasties. I intend to enhance



Dr. Roberto Luigi Cazzato at work.

the IR services I provide in Rome by applying this acquired know-how.

In closing, I would like to emphasise just how actively Bergonié is engaged in scientific work. During my stay, I was involved in the production of scientific papers on extra-spinal cementoplasties and, with Jean and Xavier’s help, developed the basis for new papers on lung RFA and for other future, multi-centric research efforts. We also prepared some abstracts for the upcoming CIRSE 2014 meeting.

I would like to thank Jean, Xavier, and all members of the IR unit – including the special group of “gentil manip” (radiographers) – for providing me with such an excellent experience. I would also like to thank the CIRSE Foundation, without whose support none of this would have been possible.

À très bientôt Bergo, et merci encore!

F O U N D A T I O N



Institut Bergonié, Bordeaux

- Established in 1923
- Approx. 880 staff members
- 190 beds

