

Women in IR  
in Spain

Recap  
CIRSE 2016

ESIR  
Clinical Training  
Courses 2017

*news*



# CIRSE 2016

## Expanding Evidence, Enhancing Engagement

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

From September 10-14, over 8,000 delegates joined together for CIRSE, the largest IR congress in Europe.

Cardiovascular and Interventional Radiological Society of Europe

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*"The Annual CIRSE Congress has proven itself to be a place for IRs to mingle, learn from each other and advance their professional pursuits."*

## Dear colleagues,

As we wrap up 2016, I am delighted to look back on this year with pride at all the wonderful events we have been able to take part in and the things the IR community has been able to accomplish. Most recently CIRSE 2016, which was our best-attended Annual Congress to date!

### Congress Feedback

In the feedback from the delegates, our scientific programme was acclaimed for its coverage of both basic IR topics and complex discussions, making the congress suitable for everyone across a wide range of experience levels. A sincere thank you goes out to our Scientific Programme Committee Chairman Christoph Binkert and Deputy Chairman Fabrizio Fanelli and their team for creating such a welcoming and scientifically elaborate programme, which served to expand the presentation of current IR evidence.

The Expert Round Tables were of particular success this time around as delegates were able to listen and take part in an interactive discussion with experts on a variety of topics such as the abdominal aorta and critical limb ischaemia. I hope that each of you were able to find a way to enhance your engagement and take some scientific point away from this year's congress to bring back home to your medical centre. This spreading of knowledge, along with the consolidation of a clinical mindset, is what interventional radiology needs most at the current time.

### Increasing the Ranks in IR

Speaking of the spreading of IR knowledge, I want to take a moment to note our excellent student turnout this year! We had over 150 students partake in the "Be inspiRed" student programme, which seeks to open a pathway to medical students who may not get extensive information on the subspecialty of interventional radiology. Several unique sessions were offered for the students as well as a special mentoring breakfast, which provided the perfect chance to gain valuable insights from experienced practitioners.

On top of this progressive initiative, Barcelona also marked the inauguration of the European Trainee Forum. The ETF offered trainees the opportunity to meet other young interventional radiologists in

order to build peer connections. A special session was also hosted to highlight ways to build an IR career, including tips on publishing and clinical entrepreneurship.

### IDEAS

The Interdisciplinary Endovascular Aortic Symposium turned out to be hugely successful again this year, bringing in even larger audiences than last year with its extended multidisciplinary aortic programme. The best-attended session of the congress, *Aortic emergencies*, was even a part of the IDEAS programme!

The newest feature offered in conjunction with IDEAS was the Training Village. This space hosted six companies which allowed delegates to get hands-on experience with their thoracic and abdominal aortic devices. Two free workshops on the chimney endovascular technique were also offered in the Training Village as well as many other industry demonstrations and simulations.

### Progressing IR

The Annual CIRSE Congress has proven itself to be a place for IRs to mingle, learn from each other and advance their professional pursuits. Regarding this last point, I am happy to announce that 21 IRs have now been added to the ranks of EBIR holders after taking the exam in Barcelona, and I want to wish everyone who is studying for the upcoming exam in Vienna good luck!

### Looking Ahead

With another successful CIRSE Annual Congress behind us, it is time to start looking forward to the trove of interventional treasures that are yet to occur throughout the beginning of next year! From the Interventional Radiology Olbert Symposium in Berlin from January 12-14 to the European Conference on Interventional Oncology in Bilbao from April 23-26 and not forgetting the Global Embolization Symposium and Technologies Europe in Florence from May 31-June 3, the next few months will be filled with new places, new friends and new insights! I look forward to seeing you around!

*Elias Broutzos*



S O C I E T Y

**"Our scientific programme was hailed for its coverage of both basic IR topics and complex discussions"**

*A change in membership fees was one of several important updates discussed at this year's General Assembly along with information on Society Subcommittees, Task Forces and the Society Journal CVIR.*

## The 2016 General Assembly



The next General Assembly will take place in Copenhagen during CIRSE 2017

At the Annual Meeting in Barcelona, the General Assembly provided an important opportunity to review the Society's progress over the last 12 months and get ready for the challenges ahead. To adapt to the increasing amount of services available, the assembly voted on a motion to adjust membership fees, which will introduce minor changes to the current membership regime and thereby help to further improve the services on offer.

### Looking Back on a Successful Year

The CIRSE leadership, headed by President Elias Brountzos, gave a comprehensive overview of the last 12 months, wherein CIRSE further strengthened its position at the heart of the European IR community.

Beyond offering a broad spectrum of high-quality education and services to its members, the Society successfully introduced numerous innovations, including the first Interdisciplinary Endovascular Aortic Symposium (IDEAS) at CIRSE 2015, the European Trainee Forum and new live and on-demand services on ESIRonline. On a global level, the European Board of Interventional Radiology (EBIR) has further extended its influence, with the first examinations held in Australia and New Zealand in 2015-16.

Elias Brountzos expressed his gratitude to the Subcommittees and Task Forces for their dedicated work, reaching from endovascular procedures and trainees to radiation protection and interventional oncology. The latter continues to be one of CIRSE's main priorities, with the European Conference on Interventional Oncology positioning itself as the leading IO meeting in the world, and CIRSE-sponsored observational studies contributing to the evidence base for this relatively young discipline.

CVIR Editor-in-Chief Dierk Vorwerk presented a very positive assessment of the Society's peer-reviewed journal, whose impact factor increased to 2,144 in 2016, with rising numbers of manuscripts and case reports submitted. He also announced his successor, Klaus Hausegger, who will take over the office of the CVIR Editor-in-Chief in 2017.

### Adjusting CIRSE's Membership Fees

The growing importance of IR on a European and international level is reflected in the steadily growing CIRSE membership, which reached 7,000 members in the course of 2015. Approximately 80% of all CIRSE members are based in Europe, and CIRSE currently represents all European IR societies.

The General Assembly voted in favour of a motion adjusting the annual membership fees for individual CIRSE members from €160 to €250 as of January 2017. This first increase in 11 years was duly justified by the rapidly growing number of services provided to CIRSE members, such as the free online subscription to CVIR and all ESIRonline resources, and the reduced registration fees for all CIRSE congresses and courses of the European School of Interventional Radiology (ESIR). In addition, this change should encourage more individual members to join CIRSE via their national societies, for which the membership fees will remain unchanged. This adjustment will help CIRSE in its continued effort to provide high quality services to its 7,000 members.

### Outlook

The future looks bright for interventional radiology, and CIRSE is ready to face new challenges. With preparations for a new educational grant system underway, the Society will proactively manage the change in industry policy regarding their support to health care professionals for attending unbiased educational events. This will help guarantee our members' access to the high quality content of CIRSE-organised events in the future, while continuing our excellent cooperation with industry partners.

The next General Assembly will meet on the occasion of CIRSE 2017 from 16-20 September in Copenhagen, Denmark. All CIRSE members are cordially invited to take part and express their views in this meeting.

*Birgit Tkalec-Bekina, CIRSE Office*

## SOCIETY MEETINGS

*Delegates from the Asia-Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR) met with CIRSE Board members to discuss the newest plans for their society.*

# APSCVIR at CIRSE 2016



At this year's CIRSE Congress in Barcelona, delegates of the Asia-Pacific Society of Cardiovascular and Interventional Radiology met with the Executive Board of CIRSE to discuss the updates of their society's plans and to further build the bonds between APSCVIR and CIRSE.

### Society Updates

Every society needs its steering team and APSCVIR announced that they had recently established their newest order. Elections were held in August 2016 and leadership has been fixed. Delegates also announced that as of late they have established an APSCVIR office in Singapore. This secretariat is currently in the process of expanding and will hopefully be a great asset to APSCVIR.

### Foreign Fellowships

One of the ambitions of APSCVIR is to continue the close collaboration with other IR societies, including CIRSE. There are many new opportunities that arise from the joint efforts of societies and APSCVIR and CIRSE see many great prospects that are waiting to occur.

One such opportunity that APSCVIR proposed during the meeting was to establish reciprocal fellowships. APSCVIR delegates requested the

support of CIRSE in finding observational fellowships in Europe for Asian doctors, and in return, APSCVIR intends to find fellowship possibilities in Asia for European doctors. This would provide the chance for IRs to gain broader knowledge of the field through seeing various hospitals and experiencing another country's policies.

### Annual Ambitions

For the marking of the 13th Asia-Pacific Congress of Cardiovascular and Interventional Radiology (APCCVIR) in 2018, they are looking forward to an exciting change. As of 2018, the APCCVIR will switch its occurrence from once every two years to once every year. The Organising Committee is already hard at work planning for this next meeting to mark the switch to an annual congress.

The congress will take place in Auckland, New Zealand at the Sky City Convention Centre from the 8<sup>th</sup> to the 11<sup>th</sup> of March 2018. The APSCVIR has already extended an invitation to the current CIRSE Board Members as well as a pre-emptive invitation to the unknown members who will be elected to the Board following the vote in 2017.

*To find out more about the next APCCVIR congress, visit the new APSCVIR website [www.apscvir2018.com](http://www.apscvir2018.com)*



## APCCVIR will become an annual meeting as of 2018

CVIR Editor-in-Chief Dierk Vorwerk (left) and CIRSE President Elias Bruntzos (right) presenting the Editors' Medal to Johannes Lammer.



S O C I E T Y

## CVIR at CIRSE 2016

*During the annual meeting, CVIR celebrated another year of dedication to scientific research by bestowing awards on the writers of the journal's most influential articles of 2015.*

**Congratulations to the "CVIR at CIRSE" selfie award winners!**

As CIRSE's official journal, Cardiovascular and Interventional Radiology (CVIR) plays a key role in strengthening the global unity of IR by creating a platform for scientific excellence in the fields of cardiac, vascular and interventional radiology. Because of this, it is essential to continue to expand awareness of the journal and all that it offers. This year at CIRSE, as part of the social media outreach efforts, CVIR called all delegates to participate in a Facebook photo competition called "CVIR at CIRSE". Participants were invited to submit a photo of themselves with the newest issue of CVIR, and the two best photos were each awarded a €100 voucher for springer.com, CVIR's publisher.

### Annual Awards

Each year, CVIR awards several deserving physicians and researchers with medals and certificates fitting to their scientific accomplishments throughout the year; the highlight of which is the esteemed Editors' Medal. This year's annual **CVIR Editors' Medal** was officially awarded to Johannes Lammer at the Opening Ceremony of CIRSE 2016 in Barcelona. CVIR Editor-in-Chief Dierk Vorwerk presented the award to him for his article "Sustained Benefit at 2 Years for Covered Stents Versus Bare-Metal Stents in Long SFA Lesions: The VIASTAR Trial".

At the separate CVIR Reception, several other awards for Outstanding Service to the Journal were presented. These included the award for the **Most Cited Article**, which was given to

Dr. Giovanni Mauri et al. for the paper "Real-Time US-CT/MRI Image Fusion for Guidance of Thermal Ablation of Liver Tumors Undetectable with US: Results in 295 Cases", the **Most Downloaded Article**, which was awarded to Dr. Anthony Lopez for "Female Pelvic Vein Embolization: Indications, Techniques, and Outcomes", and the award for **Most Manuscripts Carried Out in 2015** which was received by Dr. Thomas Kinney.

CVIR also introduced a new award this year recognising the article with the **Best Media Performance**. This award is based on the Altmetric score generated by the quantity and quality of online attention being paid to a scholarly article and was presented to Mark C. Burgmans et al. for the paper, "Percutaneous Isolated Hepatic Perfusion for the Treatment of Unresectable Liver Malignancies".



Natasza Blek and Nikos Kintrillis: "CVIR at CIRSE" selfie competition winners



*Dierk Vorwerk presented the Awards for Outstanding Service to the Journal to some of its most prolific contributors.*

*CVIR is proud to announce that next September Klaus Hausegger will be taking over as the new Editor-in-Chief.*



S O C I E T Y

#### Recent Changes

During 2016, CVIR introduced several new features of the journal, the most important being the transition to a new manuscript submission system, Editorial Manager. This transition has been successfully completed and provides a more user-friendly system for CVIR authors and reviewers.

In Barcelona, the CVIR Editorial Board also announced the new Editor-in-Chief of CVIR: Klaus Hausegger. Prof. Hausegger has been a CIRSE member since 1992 and currently holds a position as the Head of the Department of Diagnostic and Interventional Radiology at the Klinikum Klagenfurt in Austria. He will take over the helm of CVIR in September 2017.

*Mia Ilic, CIRSE Office*

**CVIR introduced a new award at CIRSE 2016: Best Media Performance**

#### Welcome the next Editor-in-Chief of CVIR



**Klaus Hausegger, MD**

Professor Klaus Hausegger is an established researcher in the field of vascular interventions with many academic and clinical achievements. He has been a CIRSE Member since 1992 and has held numerous positions within CIRSE, including Communications Officer on the CIRSE Executive Board and member of the CIRSE Scientific Programme Committee. He has been an Examiner for the European Board of Interventional Radiology (EBIR) since its establishment and served as Chairman of the Committee for two terms.

Prof. Hausegger graduated from the Medical University of Graz in 1984 and became a full radiologist in 1992. Shortly after, he became an Assistant Professor at the Medical University of Graz. He held positions as the Deputy Head of the Department of Radiology and the Department of Vascular and Interventional Radiology at the University Hospital of Graz. He has authored or co-authored over 120 peer-reviewed publications and his research interests lie in the field of vascular interventions including hepatobiliary interventions, TIPS and neurointerventions. He is currently the Department Head of Diagnostic and Interventional Radiology at Klagenfurt State Hospital in Austria.

*CIRSE's recent Annual Meeting in Barcelona inspired us to sit down with Mercedes Perez, Marta Burrel, Elena Escalante and Marta Barrufet to take a closer look at the high number of women working in IR throughout Spain.*

## Women Conquering IR – Spain Shows How It's Done



The strong surge of minimally invasive treatments in the past two decades has led to an increasing number of young physicians choosing IR as their specialty. However, this rise has not been reflected in the number of women involved in IR, with only about 12.5% of European and 2% of U.S. interventionalists being female.

Spain seems to be the exception to this phenomenon with 26% of its interventional radiologists being female, and the percentage rising to as much as 40% in Catalonia. We talked to four women working in IR in Barcelona to find out what Spain is doing right on the path to equal gender representation.

**Q: Spain has experienced a strong increase of IR procedures in recent years. Do you think this is due to the population being increasingly aware of IR procedures, or has the cooperation and referral system between specialties changed?**

**Mercedes Perez:** I think that both factors have been crucial in the increase of IR procedures in recent years. Multidisciplinary teams and work protocols have led to the recognition of our procedures as absolutely valid treatment options alongside more traditional ones. In fact, some of our procedures have been recognised as first-line treatment options by several specialties. Additionally, today's patients are much better informed regarding IR and its procedures, mainly through the internet, which is leading to more and more people specifically asking to receive percutaneous treatment rather than traditional open surgery.

**Marta Burrel:** I agree. Nevertheless, I think that in Spain, patients still very much rely on their referring physicians. I believe that the increase of IR procedures is mainly due to interdisciplinary work and good communication between the specialties.

**Elena Escalante:** It is true that in the last two decades IR has been able to exponentially increase its importance in the treatment and clinical handling of patients, but this development is not limited to Spain – it has taken place worldwide. However, in Spain this boom has been so strong

that it has brought us to the brink of "dying of success"; the diversity of procedures and their applications has increased so strongly that the workload of interventional radiologists is often suffocating. Clinicians from other specialties expect fast replies to their queries, continuously increasing the workload in our IR units. At the same time, other specialties have taken advantage of our proactive approach and inventiveness, expropriating IR procedures and even accusing us of intrusion. It is hard for IR to maintain a balance between moving the specialty forward while not losing it to others.

**Q: The situation regarding women in the IR work force in Catalonia is quite different from the rest of Spain. Why do you think that is the case?**

**Marta Burrel:** I am not sure why in Catalonia more female physicians are inclined to become IRs, but I think it is the result of several factors. In the 90s and 2000s many women went into radiology and, consequently, more of them chose to go on into IR. Also, seeing other women work in the field – in the late 80s there were already four female IRs in Barcelona – inspired the next generation and the one after to follow suit, as these young women could see that IR was, in fact, compatible with having a private life.

**Mercedes Perez:** It probably also has to do with the fact that Catalonia has more specialised hospitals than most other autonomous regions, therefore attracting more physicians wishing to train in a highly sophisticated specialty.



*Dr. Elena Escalante (back row, 4<sup>th</sup> from left) with colleagues from the Bellvitge and Llobregat hospitals.*

"We like technology and being able to proactively create solutions. We are women of action!"

*In Catalonia, radiology has become one of the most popular specialties among young female doctors and, in the last decade, interventional radiology as well.*

**Marta Barrufet:** I agree. Barcelona is an international hotspot for technology and innovation, and we Catalanian women have a strong sense of initiative, an entrepreneurial spirit to continuously strive for innovation. We like technology and being able to proactively create solutions. We are women of action!

**Elena Escalante:** Absolutely. And this, in turn, has historic reasons. Interventional radiology within Spain undoubtedly started in Barcelona where, thanks to enthusiastic physicians like Dr. Rius and Dr. Montaña, IR departments were established in all major third level hospitals. These units with more than 30 or 40 years of experience have attracted male and female physicians alike. The possibility of being part of the passion and development of this specialty and achieving a deep understanding of it has outweighed taboos like the fear of possible side effects of ionising radiation. I, personally, am not worried about how to attract more women to the specialty, but rather how to get them to lead IR units, which is still our Achilles tendon.

**Q: What is your advice to today's female medical students?**

**Mercedes Perez:** Due to its continuous evolution, interventional radiology is a very gratifying specialty. The development of ever-new tools and materials provides us with infinite possibilities. The advancement of the specialty is also leading to better radiation protection for patients as well as the OR team and the reduction of radiation for IRs compared to only a few years ago.



*Dr. Mercedes Perez (middle) with Dr. Iratxe Diez and Dr. Carla Gonzalez at the Hospital Vall d'Hebron.*

**Elena Escalante:** I would tell them not to give in to preconceived notions and to try to find the most fulfilling specialty and work-life balance without losing sight of the search for excellence and leadership. Unfortunately, the percentage of women in leading positions in Spanish hospitals is still very low. They have to rise to that challenge!

**Marta Burrel:** First of all, I would like young women in medicine not to worry about secondary radiation in connection with possibly starting a family one day. Today we have very effective radiation protection measures and strict dosimetry controls. Additionally, a large part of interventional and vascular radiology is diagnostic and non-invasive. In this field of work, radiation exposure is non-existent. During pregnancy, female vascular and interventional radiologists can dedicate themselves to this area as well as procedures carried out with non-radiating image guidance.

In summary, I would tell young physicians – female and male alike – that interventional radiology has all the ingredients to make a medical field attractive: a strong diagnostic part, very varied pathologies and a great number of minimally invasive therapies. It requires teamwork and a strong relationship with the patient. What more can you ask for?

*Petra Mann, CIRSE Office*



*Dr. Marta Burrel and Dr. Marta Barrufet with their colleagues Dr. Patricia Bermudez and Dr. Maria Isabel Real from the Hospital Clinic.*



**"Find the most fulfilling specialty and work-life balance without losing sight of the search for excellence and leadership"**



S O C I E T Y

## The EBIR Exam: A Collaborative Effort

*The IR Curriculum and Syllabus Revision Task Force met during CIRSE 2016 to discuss curriculum improvements and updates that will impact the future content of the EBIR exam.*

The EBIR certificate is currently held by 473 interventional radiologists

As IR continues to grow as a subspecialty, the EBIR exam is advancing with it. With updates to the oral exam structure, increased time for the written portion and more inclusive exam questions, the exam has recently seen several new developments. Now, the European Curriculum and Syllabus for Interventional Radiology, on which the exam is based, is getting a makeover as well.

### IR Curriculum and Syllabus

At the IR Curriculum & Syllabus Revision Task Force meeting during CIRSE 2016, members discussed recent revisions and the additional modifications which are expected to be made in the near future. The Task Force was founded in March 2016 and is working diligently to have the newly revised curriculum published in 2017.

With EBIR Examination Council Deputy Chairperson Raman Uberoi as the head of the Revision Task Force, the curriculum is sure to be more concise, progressive and balanced. Dr. Uberoi has been involved with the EBIR exam since it was established in 2010, and is able to offer valuable experience and input for the ongoing revision process. Exam candidates can expect the curriculum to include further streamlined sections, expanded interventional oncology chapters and new procedures.

### Collaborating with ESR

To promote high standards of IR education and harmonise qualification standards across Europe, EBIR has collaborated with the European Society of Radiology (ESR). As a result, candidates can be confident that the assessment of their IR expertise is administered at a professional standard. Due to





*With the recent adoption of the exam by the Interventional Radiology Society of Australasia, the EBIR is on its way to becoming a globally recognised professional certification.*



S O C I E T Y

such efforts, the EBIR exam is well on its way to becoming the required certification for IRs within Europe, Australasia and additional countries of the world.

During the September 2016 exam in Barcelona, the EBIR Council was honoured to have a representative from ESR, Lorenzo Derchi, pay a visit from Genova. Prof. Derchi observed both the written and oral portions of the exam to ensure EBIR continues to comply with ESR endorsement criteria.

**Positive Responses to the Exam**

Surveys taken post-exam allow participants to state their opinion and provide the EBIR Council with insight into how to continue improving the exam. Candidates throughout 2016 expressed their satisfaction with the organisation and

professionalism of the exam. Candidates also commented that they were pleased with the format and quality of the new oral portion, declaring it was sufficient in testing the breadth of IR and was relevant to their own experiences.

**Current Holders**

CIRSE would like to congratulate all those who passed the 2016 EBIR exam. Of the candidates that sat the exam in Barcelona, 75% passed. Currently, 473 interventional radiologists hold the EBIR certificate, and that number is expected to rise substantially.

*Genevieve Schmoeker, CIRSE Office*

The revised IR Curriculum is planned to be published in 2017

**Upcoming Exams**

September 15-16, 2017  
Copenhagen, Denmark

For IRSA members:  
July 10-11, 2017  
Port Douglas, Australia

February 28-March 1, 2018  
Vienna, Austria



*To register for an EBIR examination or to find out more, please visit [www.cirse.org/ebir](http://www.cirse.org/ebir)  
For queries regarding the exam, please contact [ebir@cirse.org](mailto:ebir@cirse.org)*

## JOB ANNOUNCEMENTS

*CIRSE's website has more on offer than you may know, including a job announcements page for those looking for a new position.*

## CIRSE Is Here to Support You!

Did you know that we have a job announcements page on our website? In an effort to assist IRs in finding the perfect position, we are frequently searching for interventional radiology and interventional oncology positions that are currently accepting applications and, when found, these offers are posted on our website.

If you or a colleague know of an open position in IR and would like to advertise the listing, please contact [info@cirse.org](mailto:info@cirse.org) and we can add it to our featured jobs.

To check out our recently added posts, visit [www.cirse.org](http://www.cirse.org) and under the "Profession" tab, select "Job Announcements".

*Happy job hunting!*



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# CIRSE 2016

## Congress Report



M E E T I N G

- 6,712 Delegates from
- 91 Countries
- 1,294 Live Stream and
- On-Demand Users
- 1,270 Abstracts
- 250 Hours of Education
- 120 Exhibitors
- 5,800 m<sup>2</sup> of Exhibition Space
- 8 Product Launches
- 34 Satellite Symposia
- 28 Hands-on Workshops
- 9 Learning Centres
- 1 Training Village
- ... and the largest Radiation
- Protection Pavilion to date!



# M E E T I N G

## Congress Highlights

*Fantastic new formats and a show-stopping Opening and Awards Ceremony were just a few of the highlights from this year's CIRSE Congress.*

All CIRSE 2016 presentations can be viewed at [www.esir.org](http://www.esir.org)



ESIRonline

Each year, the CIRSE Annual Meeting welcomes physicians, residents and medical students to enjoy the vast world of interventional radiology and to advance their careers through science and education, culture and friendship, and this year Barcelona was the perfect place to do so! With more than 6,700 delegates welcomed to the congress, 2016 proved to be another successful year and the largest congress to date.



### Opening and Awards Ceremony

On the first day, President Elias Brountzos and local hosts Marta Burrel and José Urbano greeted the nearly 7,000 members from 90 different countries and invited them all to visit the various session types and new scientific features, especially emphasising the Expert Round Tables, Super Tuesday Free Papers, IDEAS Training Village and the Radiation Protection Pavilion. The attention then shifted to the annual award presentations. In order to honour those who have completed great

accomplishments throughout their interventional careers, awards were given for the CVIR Editors' Medal, the Award of Excellence and Innovation in IR, three CIRSE Distinguished Fellows and the CIRSE Gold Medal.

This year's **CVIR Editors' Medal** went to Johannes Lammer for his paper "Sustained benefit for 2 years for covered stents versus bare-metal stents in long SFA lesions: the VIASTAR trial". Lammer graciously accepted this award, noting its importance to him through its scientific merit, since the winning paper is selected by the medical experts of the CVIR Editorial Board.

For Francisco Carnevale's innovative work and technique development in prostate artery embolisation (PAE), the **Award of Excellence and Innovation in IR** was awarded to him. His work in PAE began nine years ago and he has since published multiple papers on the topic as well as taught others how to perform the technique.

The three **Distinguished Fellows** this year were Peter Gaines, Liz Kenny and Manuel Maynar. A laudation was given for each, highlighting their wonderful contributions to the interventional community as well as the positive impact they have on their personal circle. The winner of the **Gold Medal** was Mick Lee who was honoured for his commitment to education and his strong activism for clinical practice in IR.

### Scientific Programme Highlights

To provide topics and formats that are of interest to every delegate, the Scientific Programme Committee dedicates significant time in con-



*This year, ESIOnline expanded the live streaming and on-demand viewing features to provide access to even more sessions for those unable to attend.*



sidering the benefits of the various sessions. This year, many new session types were added to the options available across the 2016 scientific programme in order to best meet the needs of congress attendees.

#### Expert Round Tables

Expert Round Tables and Expert Case Discussions both played a more prominent role at CIRSE 2016, giving great insight into how specialists in the field approach their cases. Each session offered participants the chance to interact with the presentations through e-voting in the CIRSE App and also encouraged delegates to send questions to the moderators. These lively discussions were an ideal way to highlight experts' knowledge and hear the thoughts of those highly familiar with these types of cases and procedures.

#### Super Tuesday

A highlight of the Congress was the Super Tuesday Free Papers session which featured abstracts important to the daily work of IRs. Six papers were presented that showcased esteemed scientific work. One of the significant presentations was the results of the 10-year EMMY trial, showing uterine fibroid embolisation to be a full alternative to hysterectomy which must now be presented to patients as such in the Netherlands, according to the Dutch Gynaecology official guidelines.

#### CIRSE Meets EAU

This year's "CIRSE meets..." session was a very important one as it sought to pave future teamwork between urologists and IRs. Members of the

European Association of Urology (EAU) were invited to give presentations on benign prostatic hyperplasia or obstruction (BPH/BPO). Esteemed urologist and president of the EAU Dr. Stenzl proposed several possible studies that he would like to see occur in the future, including a potential PAE registry between CIRSE and the EAU.

#### Live Stream and On-Demand

For the fifth year running, CIRSE offered live-streaming of many of the sessions and, shortly after, made them available on demand. A huge number of users tuned in during the congress, tallying up to 1,294 viewers. Over 150 hours of education are still available on demand for those who were not able to make it to the meeting or for those who might want to pick up more details from a session they attended.

*To see some of the highlights in action and get an overview of this year's congress from Scientific Programme Chairperson Christoph Binkert, watch our YouTube video.*



*CIRSE 2016: Expanding Evidence, Enhancing Engagement*

### Top 5 Best Attended Scientific Sessions

- Hot Topic Symposium: Aortic emergencies (IDEAS)
- Special Session: Embolisation for lower GI bleeding
- Fundamental Course: Venous stenting
- Aortic Complications: A bad day in the angio-suite: case-based discussion (IDEAS)
- Special Session: Alternative arterial access



*Fabrizio Fanelli, IDEAS Chairperson, lays out what was new and exciting at the second annual Interdisciplinary Endovascular Aortic Symposium.*



M E E T I N G

## The Second Success of IDEAS

"The Training Village put all the aortic material in a single room where companies could show their devices and people could learn about them"

After the achievement of the inaugural Interdisciplinary Endovascular Aortic Symposium in 2015, it was decided to continue IDEAS as an annual meeting running within the CIRSE Congress. This year in Barcelona an expanded IDEAS programme was offered, including an array of sessions, two chimney technique workshops and the brand-new IDEAS Training Village, an interactive open forum where industry partners could showcase their thoracic and abdominal aortic devices and provide physicians with hands-on training.

During the congress, thousands of IRs, surgeons and other specialists came to hear experts in the endovascular field present cases and discuss insights on procedures and treatment options. Amidst all this, CIRSE was able to sit down with IDEAS Chairperson Fabrizio Fanelli and get his perspective on this year's meeting.

**CIRSE: IDEAS took place for the second time this year with an expanded programme, how do you think it went and what improved from last year? What would you like to see next year?**

**Fanelli:** If we compare with last year, we had a great turnout. We increased the size of the room: last year we could fit 250, this year was more than 400, and the sessions regarding case discussions, especially, were very well attended. These were the most complex ones, so this says something to us about how to push forward with the programme. We are already looking forward to doing something exciting for the people attending next year.

The Training Village was also new this year, and a good number of people came to test their knowledge using simulators. Konstantinos Donas also conducted a very nice workshop regarding the chimney technique which was fully booked for each session. We liked the new formats of the Expert Case Discussions and the Expert Round Tables very much, and we would like to improve these next year, because it gave people a better understanding of what they can do when they go back home.

**CIRSE: What was your favourite session at IDEAS this year?**

**Fanelli:** I think my favourites were the Expert Case Discussion for the abdominal aorta: *Abdominal cases* (ECD 2605), and the Aortic Complications session *A bad day in the angiosuite: case-based discussion* (AC 2705). This second one was interesting because it was case presentations with a focus on complications. Every time there is a complication, people are very interested because you learn how to avoid it and manage it in case that happens to you. When we do this job, sooner or later, you will have a complication and you must be ready to deal with it.

**CIRSE: How was the Hot Topic Symposium on Aortic Emergencies?**

**Fanelli:** There were nearly 800 people in the room, so that was a great success! One of the most interesting aspects was the results that Roger Greenhalgh presented on the registry of aortic rupture risk after EVAR or open repair after 15 years. Such a long follow-up is very important for us, because we can better understand how to



*IDEAS is a multidisciplinary meeting which seeks to further cooperation between specialities performing aortic treatment.*



M E E T I N G

manage patients and what we can expect. Most follow-up studies are three or five years, but 15 years for such a huge number of patients is very interesting. We ran out of time because there was a good debate and so much interest that we were not able to keep the discussion quiet!

**CIRSE: This was the first year of the IDEAS Training Village; what was the inspiration to begin it? How do you think delegates responded?**

**Fanelli:** The idea for the Training Village actually came from the feedback from last year. Last year, IDEAS was a great success, but the content was at a very high level, so a lot of junior interventional radiologists came to us asking for something more basic. The Training Village put all the aortic material in a single room where companies could show their devices and people could learn about them. We are looking forward to investigating the feedback from delegates later, but the majority of the companies were happy with the turnout.

**CIRSE: What was the most exciting or controversial discussion that occurred during the meeting, in your opinion?**

**Fanelli:** Well, nowadays, there is no more discussion about indications; everyone is using EVAR or TEVAR as a first-line therapy compared to surgery. What has become more interesting to discuss is how to solve complex anatomy, and this was one of the most exciting debates that we had during one of the sessions: when to use a conventional stent graft versus a branched or fenestrated or a customised stent graft.

**CIRSE: What are your thoughts on multidisciplinary teamwork? How is it in your hospital?**

**Fanelli:** Regarding IDEAS, this is the key point. I am a strong believer of an MDT. For the benefit of the patient, I think it's much better when you discuss a case in an MDT environment. It provides more support and allows us to treat more complex cases. If you have a simple case, everyone can agree that this is a piece of cake, but if you have a complex one, then you have to decide. Maybe you have to perform a hybrid procedure, so you need your partner to work with you.

In my hospital, there are some surgeons who are cooperating with us and others not, but we believe in cooperation. The key point is that cooperation must be performed at the same level; one cannot have more power than the other. It's like a marriage: you must always make compromises for a good relationship.

**CIRSE: What's the value in attending the IDEAS symposium?**

**Fanelli:** For interventional radiologists, there's a huge value because they have the opportunity to listen to key opinion leaders around the world. It's a multidisciplinary concept, so you are not just listening to the radiological voice but also the surgical one. This is also why we push for multidisciplinary cooperation in our own hospitals. It is important to have information from both sides and then put it together to work as a team.

*Michelle Weiss, CIRSE Office*

"Cooperation must be performed at the same level; one cannot have more power than the other"



# M

M E E T I N G

## Aortic Highlights

*The discussions that occurred during several sessions of the second Interdisciplinary Endovascular Aortic Symposium (IDEAS) proved to be some of the most engaging and well-attended of the Congress!*

Check out the CIRSE Society YouTube channel to get a glimpse of the IDEAS meeting!



YouTube



IDEAS

### Hot Topic Symposium

One of the most highly anticipated sessions for this year's IDEAS meeting was the Hot Topic Symposium **Aortic emergencies**. Not only was it one of the most anticipated, but it also proved to be the best-attended session of this year's congress! The room was overflowing with delegates who wished to gather insights from experts into how to best handle emergency aortic cases.



IDEAS 2016: Consolidating a New Endovascular Aortic Symposium

Similar in format to an Expert Round Table session, a panel of surgeons and IRs each presented a paper which was followed by a group discussion. The session began with a presentation by Roger Greenhalgh "Death and secondary aortic rupture risk 15 years after EVAR or open repair". This 15-year follow-up data showed that there was an early benefit to EVAR, but, beyond 8 years, aneurysm-related mortality in endovascular repair was higher compared to open repair, with large adjusted hazard ratios. Ajay Chavan, Michael Dake and Frank Vermassen completed the panel with fascinating presentations on "Acute TEVAR

for rupture aneurysm and dissection", "Traumatic rupture of the thoracic aorta" and "Intramural haematoma and penetrating ulcer".

### Case Reports

Another highlight of the IDEAS programme was a session on Aortic Complications titled **A bad day in the angio-suite: case-based discussion**. This made number five on the list of best-attended sessions at CIRSE 2016. Discussing on a case-by-case basis, this session allowed physicians to describe what they thought went wrong during individual cases and how it could have been avoided. Audience members were also free to message their questions through the CIRSE App. Presentations were made by Michael Jenkins, Michiel de Haan and Andrew Holden.

While extremely valuable to hear at all stages of the profession, these highly interactive sessions with multiple experts sharing their opinions and approaches were excellent learning material for younger IRs and medical students especially.

### IDEAS Training Village

This year also saw the induction of the IDEAS Training Village, an industry forum which offered delegates hands-on experience with thoracic and abdominal aortic devices and offered two free, interactive workshops on the chimney technique, which were led by Konstantinos Donas. The Training Village served as a great place to try out new tools and will be carried on next year!

Stay updated on the features of IDEAS 2017 by visiting [www.aorticideas.org](http://www.aorticideas.org)



# Interventional Oncology: The Fourth Pillar of Cancer Care

*Interventional oncology took centre stage in Barcelona with a focus on liver therapies and IO management.*



As cancer care becomes a multidisciplinary team effort, the interventional oncologist is increasingly becoming instrumental in the full clinical management of the patient. As such, the interventional oncology track has become a mainstay of the Annual Congress over the years. At CIRSE 2016, we delved even deeper, covering the newest research, techniques and challenges in medicine's fastest growing field.

This year's Josef Roesch lecture, which was delivered by French interventionalist Prof. Thierry de Baère, focused on the future of interventional oncology and how we should proceed as a subspecialty. In this vein, he discussed the growing need for interventional oncologists to take clinical responsibility for patients in order to stay fully involved in the discipline. Outside of patient care, interventional oncologists must assert themselves in the field by actively taking part in oncological events, societies and publications in order to effectively educate others about IO treatments. On the clinical side, Prof. de Baère affirmed the future of immunomodulation in order to enhance the abscopal effect, citing the need to investigate this exciting field further.

## The Rise of Intra-Arterial Therapies for the Liver

New radioembolisation data on treating patients with metastatic colorectal cancer (mCRC) and hepatocellular carcinoma (HCC) is now demonstrating a clearer picture of its clinical effectiveness. Past studies, providing the basis of knowledge on the use of radioembolisation with Y-90 resin microspheres to treat mCRC, have indicated that radioembolisation has a role in

chemotherapy-refractory mCRC but also delays liver progression and possibly improves overall survival when added to first-line chemotherapy regimens. A dedicated Fundamental Course covered dose calculation, patient care, procedure preparation and the most recent studies such as the SIRFLOX trial and CIRSE's CIRT study.

The topic of liver therapies continued to be a big hit: the highest attended interventional oncology session was the Expert Round Table on therapies for colorectal liver metastases, during which an interdisciplinary group of experts presented cases and invited the audience to discuss best practices. Furthermore, a Special Session on intra-arterial therapies in the liver provided a wide overview of research and treatments, covering combination therapies of DEB-TACE and conventional TACE.

*Helen Hemblade, CIRSE Office*

*Want to discover more of what was discussed about interventional oncology at CIRSE 2016?*

**Watch the sessions on ESIRonline**

HL 2901	Josef Roesch Lecture
ERT 2602	Therapy of liver metastasis from colon cancer
SS 1004	Intra-arterial therapies in the liver: the evidence
SS 202	Safe and effective practice in interventional oncology

*If you are interested in learning more about IO in practice, please join us in Bilbao for our eighth European Conference on Interventional Oncology from April 23-26. Learn more at [www.ecio.org](http://www.ecio.org)*

## Interventional oncologists must assert themselves by becoming more involved in the discipline

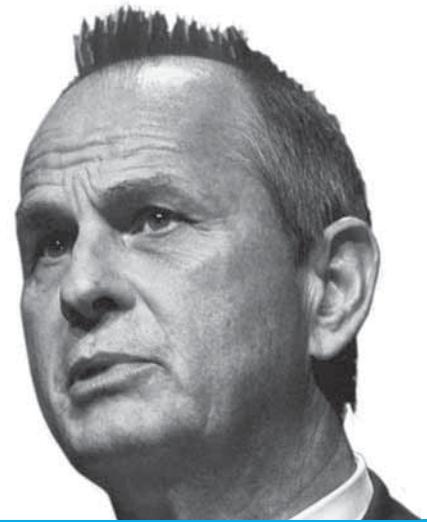


**ESIR**online



**ECIO** 2017

*With prostate artery embolisation taking more prominence at this year's Annual Congress than ever before, we sat down with PAE expert and founder of the UK Registry of Prostate Embolisation Nigel Hacking.*



## Prostate Artery Embolisation: "Challenges rather than Obstructions"

"We're doing this for the benefit of our patients and for the benefit of a multidisciplinary team"

Prostate artery embolisation (PAE) has been gradually gaining recognition since 2009 when Francisco Carnevale performed the procedure in Brazil for the first time. At this year's CIRSE Congress, there were several sessions and many posters which were dedicated to this theme. One especially important session was the "CIRSE meets the European Association of Urology (EAU)", where two eminent urologists and interventional radiologist Nigel Hacking debated the role of PAE. Stating, "I see things as challenges rather than obstructions," Hacking hopes that by discussing these issues with urologists it will increase the potential to influence how the EAU guidelines develop over the next two or three years. During the Annual Congress, we met with Dr. Hacking to go more in-depth on his insights into PAE.

**CIRSE: The intention of the "CIRSE Meets..." sessions is to encourage teamwork and communication; do you think it was successful? What did you take away from the CIRSE Meets the European Association of Urologists session?**

**Hacking:** "CIRSE Meets..." is just such a good idea, whether it's the urologists, the gynaecologists, vascular surgeons or the bariatric surgeons. This is the only one I've been involved in, but I think it was superb. It wasn't as well attended as I would've hoped, and the only urologists were the two speakers, but I think we all learned a lot, and I think there's no reason why there couldn't be a reciprocal arrangement of EAU Meets CIRSE at their meeting. In fact, the European Association of Urology are hoping that we could have a joint registry between CIRSE and the EAU and I would

be very keen to see that come to fruition in the next year or so.

**CIRSE: How does hosting a session like this impact IR's future development?**

**Hacking:** I think that IR's future is secure in many areas. We are under threat in others, but I think in embolisation, we will continue to go from strength to strength. We will lose a few battles along the way, but the way we're doing it and the way CIRSE plays by and sets the rules of engagement, it would be very difficult for other specialties to say, "You're doing this wrong: you're doing it for money; you're doing it for power; you're doing it for glory." We're doing this for the benefit of our patients and for the benefit of a multidisciplinary team, whether it's in urology or gynaecology or oncology, and I think CIRSE is right at the heart of those developments.

**CIRSE: With new procedures such as PAE, there's sometimes a danger of physicians moving forward too quickly before enough evidence is in; do you think further data is needed before more IRs begin performing this procedure?**

**Hacking:** We have been guilty of doing stuff too soon too fast, because we are enthusiasts. By the very nature of it, we like innovation. We go to a meeting like this and we hear somebody say that a new technique is brilliant and we all go back and do it. Or, at least, that was the way until five or ten years ago. I think in the current climate, particularly in Europe, we can't just come back and introduce a new procedure without going through a lot of committees in our own institutions. If it's



*Nigel Hacking discusses the CIRSE Meets the European Association of Urologists session, robotic catheterisation, multidisciplinary teamwork and the future of PAE.*



a completely new procedure, such as prostate embolisation, then we have to involve national institutions, in our case NICE, the National Institute for Health and Care Excellence. They then set guidelines as to whether a procedure can be used routinely or as part of trials or a registry. This was the case for PAE.

For UK-ROPE, we hand-picked a number of centres that had the most experience in similar procedures and who would work well in a multidisciplinary team fashion. They weren't just saying, "I'm the best radiologist, I'll do this." They would talk with their urologist, get them on board and ask where they could get training. There are two courses a year in ESIR, the European School of Interventional Radiology, so, yet again, CIRSE leads the way. Through training like this and with the use of proctors, we will then be able to put our hands on our hearts and say that the right people did it: the right people had the right training and proctoring; they're collecting data, they're auditing. We will then get the evidence that our sister specialties demand.

**CIRSE: In regards to the UK-Registry of Prostate Embolisation (ROPE), what have your results shown to be true about the efficacy and safety of PAE?**

**Hacking:** It's too early to divulge ROPE data at the moment because that will be delivered by CEDAR, the Cardiff University-based medical assessment unit who, along with the lead IR and urologist, will be producing and publishing that data early in 2017. By CIRSE 2017 in Copenhagen, there will be good data to present. I am confident that it will show clinical improvement and a very

low complication rate. I know that there aren't any very serious complications, so in terms of safety, that's going to be proven. In terms of efficacy, we're going to have to wait a little bit longer.

**CIRSE: Multidisciplinary collaboration is emphasised as the way forward; what do you think is the best way to further cooperation between the specialties?**

**Hacking:** I think a multidisciplinary team is absolutely essential. These patients don't present with benign prostatic obstruction, they present with symptoms, and they come with fears because their friends have had surgery and they don't want surgery. Sometimes they have prostate cancer and then embolisation will not be appropriate. Sometimes they come with stones or other conditions, and I think that's not for the radiologist to diagnose, because we're not going to be doing the endoscopy; we're not going to be doing all the tests – we could, but I think we would alienate the urologists if we tried to. So if all the patients go through urology and we are in the clinic at the same time that would be ideal, or if it is arranged for the patients to see us in our IR clinics on a subsequent visit.

**CIRSE: With the possible advantages of robotic catheterisation, what are your thoughts on its use in performing PAE?**

**Hacking:** As interventional radiologists, when we start a technique that is quite demanding and then come to a place like CIRSE and see new catheters and robots, we get excited with this technology. I expect that robotics will have a role

"Try to get a combination clinic going, and then go to a training centre with your urologist"





# M M E E T I N G

To discover the newest developments in the PAE procedure, visit [ESIRonline](#) and explore the presentations included in the Prostate Embolisation package.

Watch the PAE expert video on the CIRSEsociety YouTube channel!



at some stage, but I'm yet to be convinced that it's suitable for something as tricky as prostate embolisation. However, it's great that some physicians are looking at robotics and pushing the boundaries ever further. I have an open mind, shall we say.

**CIRSE: Is there any advice you would give to IRs who would like to begin performing the PAE procedure? What steps need to be taken?**

**Hacking:** Meet with your urologist. Make sure that they are aware of the evidence and that they will refer patients. Try to get a combination clinic going, and then go to a training centre with your urologist. Don't go on your own. Your urologist needs to come and meet the urologists, because they will have different questions than the interventional radiologist. From there, you

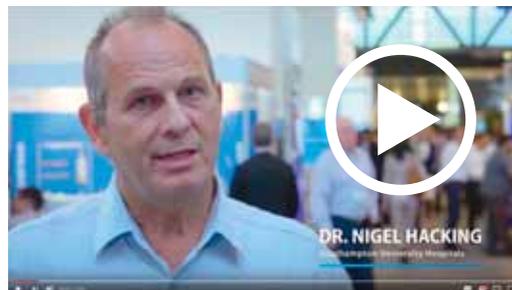
should arrange to get one of the proctors to come to your centre so you can ask them what catheter they use, what guidewire, what embolic agent, and what their evidence is for that or if it's just personal preference. Collect the data.

*Michelle Weiss, CIRSE Office*

*Interested in learning more about what was discussed regarding prostate artery embolisation at CIRSE 2016?*

#### Watch the sessions on ESIRonline

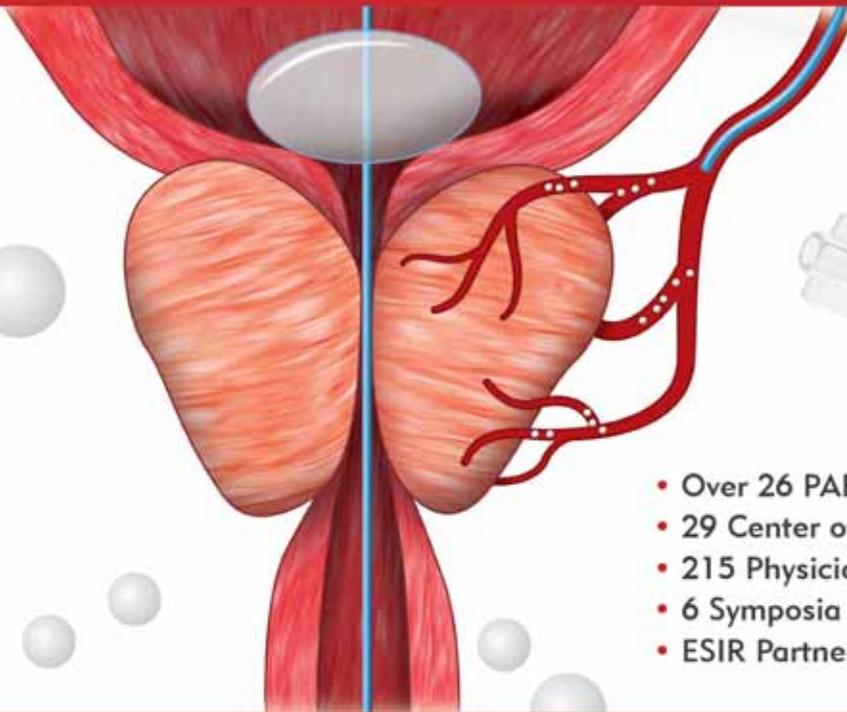
- SS 104 Prostate embolisation
- CM 2701 CIRSE meets EAU
- FP 707 Prostate embolisation and IRE
- SS 1702 Robotic interventions: which patients; is it worth it?



*CIRSE 2016: PErFecTing Collaboration in Prostate Artery Embolisation*

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**CIRSE 2017**  
[www.cirse.org](http://www.cirse.org)

Following another very successful CIRSE Annual Meeting in the buzzing city of Barcelona, we are well underway planning our next. In 2016, we welcomed physicians to a fantastic 4.5 days of innovative education and science. Furthermore, on top of hosting our second Interdisciplinary Endovascular Aortic Symposium, we added exciting new formats to the scientific programme, including Super Tuesday, Posters on Stage, Expert Round Tables and Expert Case Discussions. We hope you enjoyed these additions!

For CIRSE and IDEAS 2017, we will be heading north, to the Danish capital of Copenhagen. Compact in size yet bursting with culture, contemporary art and culinary excellence, the city is an ideal backdrop to deliver cutting-edge science from global IR experts.

While we put the final touches on the scientific programme, you can mark the date in your calendars and start booking your flights and accommodation through our trusted travel partners: Kuoni and Star Alliance. And don't forget to tell your IR and non-IR colleagues to join you for our 32<sup>nd</sup> Congress! CIRSE prides itself on being a multidisciplinary congress and welcomes medical professionals from all disciplines.

Spread the  
word with  
our pull-out  
poster!

# Hej Copenhagen!

## **The Bella Center**

Our 32<sup>nd</sup> Congress will take place in the Bella Center, one of Scandinavia's largest conference and exhibition centres, providing plenty of room for the plethora of sessions, the technical exhibition, society meetings and dynamic interaction. The Bella Center is centrally located in the new part of Copenhagen, Ørestad. It has its own metro stop and there are many hotels and restaurants in the immediate vicinity.

## **Creative Copenhagen**

Appropriately for the scene of our innovative congress, Denmark has produced some fantastic scientists: August Krogh, the 1920 Nobel Prize winner for medicine, Johannes Fibiger, the first person to produce experimental proof of cancer being caused by external influence and, of course, Niels Bohr, the pioneering physicist, to name a few.

And we couldn't talk about Copenhagen without mentioning its distinct and innovative food scene. The city not only has whopping 16 Michelin starred restaurants but also has many small bistros showcasing Nordic cuisine, which focus on local and seasonal produce.

## **The practicalities**

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

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



Join us in Copenhagen for a congress to remember!



# M M E E T I N G

## Posters on Stage: A Creative New Format at CIRSE 2016

Lunchtime poster presentations proved highly popular throughout the Congress

The Scientific Programme Committee at CIRSE is constantly thinking up new ways to keep our Annual Meeting innovative, interesting and, most importantly, educational for delegates. With this in mind, a new format was created for physicians to showcase their research in an informal and open atmosphere. This new session format, Posters on Stage, took place each day in the Technical Exhibition during the early afternoon, offering delegates a chance to meet the authors and join in the informal discussion.

Posters on Stage were split into four topics: endovascular interventions, embolisation, non-vascular and interventional oncology, with five posters presented on each. The sessions were moderated by experts in these fields, and the presentations generated much discussion as well as a good-sized crowd.



### What was presented?

#### PS 404 Endovascular interventions

Moderators: *F. Fanelli (Rome/IT), A. Diamantopoulos (London/GB)*

P-476 A comparison of clinical outcomes for diabetic and non-diabetic patients following Misago Rx nitinol stent implantation in the e-MISAGO registry

*S. Müller-Hülsbeck (Flensburg/DE)*

P-520 Long-term results of percutaneous endovascular treatment in patients with mesenteric ischaemia: bypass postponement... or renouncement?

*T. Bulut (Enschede/NL)*

P-529 Endovascular management of renovascular hypertension in a paediatric population: a 12-year single-centre experience

*N. Thulasidasan (London/GB)*

P-465 Predictors of clinical outcome following endovascular treatment of infrapopliteal disease in patients with critical limb ischaemia

*L. Biasi (London/GB)*

P-292 Learning curve of the transradial approach of percutaneous carotid intervention

*E.M. Végh (Budapest/HU)*

#### PS 1204 Embolisation

Moderator: *C.A. Binkert (Winterthur/CH), F. Wolf (Vienna/AT)*

P-456 Endovenous radiofrequency-powered thermal ablation of the marginal venous system

*W. Uller (Regensburg/DE)*



The new Posters on Stage session type provided physicians with the opportunity to present their innovative research in one of four distinct categories at CIRSE 2016.



- P-93 The role of pre-operative bilateral internal iliac artery balloon occlusion in patients with abnormally invasive placenta (accreta, increta, percreta)  
*I.S. Al Salmi (Muscat/OM)*
- P-308 First human experience with directly imageable iodinated embolization microbeads  
*E. Levy (Bethesda, MD/US)*
- P-300 Preoperative devascularization of juvenile nasopharyngeal angiofibromas: direct percutaneous tumoral injection with cyanoacrylate glue in conjunction with particulate endovascular embolization  
*M.A.O. Kasem (Cairo/EG)*
- P-602 Embolization for erectile dysfunction due to venous leakage  
*R. Aschenbach (Jena/DE)*

**PS 2004 Non-vascular interventions**

- Moderators: O.M. van Delden (Amsterdam/NL), K.A. Hausegger (Klagenfurt/AT)*
- P-225 Pancreatic duct percutaneous image-guided drainage: what for and how?  
*M. Mizandari (Tbilisi/GE)*
  - P-207 Monitoring thermal-induced changes of liver stiffness by real-time point shear wave elastography (pSWE) in ex-vivo bovine liver tissue  
*F. Calcagni (Pisa/IT)*
  - P-30 Local biliary temperature and bile duct damage in catheter radiofrequency ablation of ex vivo porcine liver  
*W. Lu (Beijing/CN)*
  - P-423 Radiofrequency ablation of benign thyroid nodules: a prospective multicenter study  
*S.L. Jung (Seoul/KR)*

- P-76 Percutaneous CT-guided sympathicosis with radiofrequency for the treatment of palmar hyperhidrosis  
*J.M. Madrid (Pamplona/ES)*

**PS 2804 Interventional oncology**

- Moderators: T.K. Helmberger (Munich/DE), M. Burrel (Barcelona/ES)*
- P-337 Embolotherapy for neuroendocrine tumor liver metastases: prognostic factors for hepatic progression-free survival and overall survival  
*J.X. Chen (Philadelphia, PA/US)*
  - P-366 Surgical resection versus radiofrequency ablation plus drug-eluting bead transcatheter arterial chemoembolisation in the treatment of single large hepatocellular carcinoma  
*A. Posa (Rome/IT)*
  - P-344 Impact of different embolic agents for TACE procedures on VEGF levels post-treatment  
*P. Wiggemann (Regensburg/DE)*
  - P-361 Comparison of microwave vs. radiofrequency ablation of HCC when combined with DEB-TACE: progression-free and overall survival analysis  
*E. Kim (New York, NY/US)*
  - P-324 Irreversible electroporation of the liver: is there a threshold for the volume of tissue to be ablated?  
*F. Burdío (Barcelona/ES)*

A big thank you to all who contributed to, and visited, the Posters on Stage this year. We will be continuing this session format at CIRSE 2017 in Copenhagen. Hope to see you there!

*Helen Hemblade, CIRSE Office*

View all posters on ESIRonline!



**ESIR**online

*The campaign for radiation protection is only just beginning, says Chairperson of the Radiation Protection Subcommittee Werner Jaschke.*



## Radiation Protection at CIRSE 2016



"There is still a long way to go until radiation protection is truly an integrated part of our daily routine work"

Begun in 2014, the Radiation Protection Pavilion (RPP) has been gaining attention and popularity at the CIRSE annual congresses for the last two years. This year marked the third year of its campaign to heighten awareness on radiation protection and dose management in interventional radiology.

A carefully selected programme of mini-talks supplied delegates with vital information on radiation safety topics. Physicians also had the opportunity to get their eyes checked for radiation-induced lens opacities and enter a prize draw for protective equipment.

Werner Jaschke, Chairperson of the Radiation Protection Subcommittee, enthusiastically agreed to talk with us during CIRSE 2016 about the effect the RPP has had on attending delegates, the potential ways to improve radiation risks which still exist and the future plans for the campaign.

**CIRSE: The RPP is in its third year now at CIRSE, how do you think it has impacted physicians who attend the congress?**

**Jaschke:** Having the Radiation Protection Pavilion at CIRSE has increased awareness significantly. After three years of campaigning, we believe that we have accomplished a lot, but there is still a long way to go until radiation protection is truly an integrated part of our daily routine work. This year we focused on what was hot, and one scientific session on radiation protection even brought in a very high attendance of 200 people, which proves that the interest is there and the idea is expanding.

**CIRSE: What were some of the highlights at the RPP this year?**

**Jaschke:** This year there was a new design to the Radiation Protection Pavilion with increased attendance by CIRSE delegates and industry. Having the eye-check has been a highlight during the last three years as well; of all the people who had their eyes checked at the RPP, we have found that 10-15% have radiation induced opacities in their eye lens', with the mean age of those people being 55. Finding that out really makes an impact on a person, but, what is vital to remember, is that they can stop it by taking the correct protective measures.

**CIRSE: What aspects of radiation protection do you think physicians and medical professionals still need to keep improving on?**

**Jaschke:** Physicians still need to improve on selecting appropriate and effective radiation protection measures, such as shielding and equipment settings. It's easy for people to get stuck in their bad habits: someone might start smoking when they're 20, and then they're more likely to still be smoking when they're 60, and they are also more likely to suffer the effects of that. We can extend this metaphor to many things, including radiation risk: if doctors have gotten into the bad habit of not wearing the proper garments or glasses, they are increasing their risk of radiation exposure, but awareness is increasing and things are improving. If we look at the anti-smoking campaign, it took 30 years to get that rolling, so hopefully we will be able to accomplish this in less time.

Another point is that right now, aprons tend to be "one size fits all." This means that many people are not getting the proper protection. A recent article in AJR showed that technicians attending



*As radiation protection gains greater awareness, industry is reacting as well as the European Commission, whose new Basic Safety Standards Directive on radiation protection must be complied with by February 6, 2018.*



fluoroscopic procedures have a higher risk of developing left-sided cancers, and in female technicians, the study indicated a higher risk of breast cancer: these effects may be related to the current design of the radiation protection garments. As you can see at the exhibition, industry reacted to this by providing additional protection for the shoulder and upper arms, which also increases the protection of breast tissue.

It's also important to keep in mind that if people are not needed in the angio suite then they shouldn't stay in there. In hybrid rooms, it is common to see 11 people in a room where only 5 are needed. If it's not necessary to have them present, then save them the radiation exposure and get them out.

**CIRSE: Do you think this Pavilion has made a difference in raising awareness of the risks of radiation?**

**Jaschke:** It certainly has made a difference, but to what extent we don't know. The Pavilion is only a small part of a worldwide effort to increase radiation safety for healthcare professionals and patients. CIRSE is trying to change attitudes and ignorance regarding radiation protection issues. It is very encouraging that interventional radiologists of all ages and nationalities are attending our sessions.

**CIRSE: The Radiation Protection Pavilion has worked closely with the European Society of Radiology over the last three years, providing a space to showcase ESR's Eurosafe Campaign; what's the importance of collaborating with other societies when it comes to radiation protection?**

**Jaschke:** It's important that we make a joint effort to avoid risks for patients and professionals, but also to inform physicians and the public about the high safety standards in IR. We need to have everyone reaching for the same goal: reducing radiation exposure in patients and physicians. But we also have to keep in mind that the risk of radiation is very, very low compared to other risks in life. Most people we treat are of an older age and suffering from severe diseases. We should, therefore, be very sensitive to how we discuss radiation-associated risks with our patients. In most cases, benefits outweigh risks substantially.

**CIRSE: What are your hopes with continuing the Radiation Protection Pavilion?**

**Jaschke:** In 2017 an important topic we will cover is radiation protection in paediatric patients. Our little patients deserve our close attention, because they are very sensitive to radiation. Regarding patient safety in general, our campaign will be boosted by the new EU directive which will be part of national legislation in 2018. This directive states that EU countries must ensure compliance of the Basic Safety Standards by 6 February, 2018, including placing a greater focus on awareness of patient protection by taking into consideration not just the patient's exposure during a single procedure but each patient's lifetime exposure and documenting this as well. Therefore, we are planning a campaign for CIRSE 2017 which will enhance the awareness for the new legislation in the IR community.

*Michelle Weiss, CIRSE Office*

**"It's important that we make a joint effort to avoid risks for patients and professionals"**



The winners of the 2016 Poster Awards represent a variety of the important research being done in the interventional field.

## Poster Awards 2016

### SCIENTIFIC POSTERS

#### Magna Cum Laude

##### **Embolotherapy for neuroendocrine tumor liver metastases: prognostic factors for hepatic progression-free survival and overall survival**

J.X. Chen<sup>1</sup>, S.C. Rose<sup>2</sup>, S.B. White<sup>3</sup>, G. El-Haddad<sup>4</sup>, N. Fidelman<sup>5</sup>, H. Yarmohammadi<sup>6</sup>, D.Y. Sze<sup>7</sup>, N. Kothary<sup>8</sup>, K. Stashek<sup>8</sup>, E.P. Wileyto<sup>9</sup>, R. Salem<sup>10</sup>, D.C. Metz<sup>11</sup>, M.C. Soulen<sup>1</sup>; <sup>1</sup>Hospital of the University of Pennsylvania, Radiology, Philadelphia, PA/US, <sup>2</sup>UCSD Health Sciences, Radiology, San Diego, CA/US, <sup>3</sup>Medical College of Wisconsin, Radiology, Milwaukee, WI/US, <sup>4</sup>Moffitt Cancer Center, Interventional Radiology, Tampa, FL/US, <sup>5</sup>University of California, San Francisco, Radiology, San Francisco, CA/US, <sup>6</sup>Memorial Sloan Kettering Cancer Center, Interventional Radiology, New York, NY/US, <sup>7</sup>Stanford Medical Center, Radiology, Palo Alto, CA/US, <sup>8</sup>Hospital of the University of Pennsylvania, Pathology, Philadelphia, PA/US, <sup>9</sup>University of Pennsylvania, Biostatistics, Philadelphia, PA/US, <sup>10</sup>Northwestern University, Interventional Radiology, Chicago, IL/US, <sup>11</sup>Hospital of the University of Pennsylvania, Gastroenterology, Philadelphia, PA/US

#### Cum Laude

##### **Irreversible electroporation of the liver: is there a threshold for the volume of tissue to be ablated?**

E. Burdío<sup>1</sup>, A. Ivorra<sup>2</sup>, P. Sanchez<sup>1</sup>, A. Radosevic<sup>3</sup>, Q. Castellvi<sup>2</sup>; <sup>1</sup>Hospital del Mar, Surgery, Barcelona/ES, <sup>2</sup>Universidad Pompeu Fabra, TIC, Barcelona/ES, <sup>3</sup>Hospital del Mar, Radiology, Barcelona/ES

##### **Is CT angiogram an essential investigation prior to prostate artery embolisation?**

D.E.W. Maclean<sup>1</sup>, B. Maher<sup>1</sup>, A. Cannavale<sup>1</sup>, M.R. Harris<sup>2</sup>, J. Dyer<sup>2</sup>, S. Modi<sup>1</sup>, N. Hacking<sup>1</sup>, T.J. Bryant<sup>1</sup>; <sup>1</sup>University Hospital Southampton, Department of Interventional Radiology, Southampton/GB, <sup>2</sup>University Hospital Southampton, Urology, Southampton/GB

### EDUCATIONAL POSTERS

#### Magna Cum Laude

##### **How to use your smartphone to assist CT-guided puncture**

M. Hirata<sup>1</sup>, R. Watanabe<sup>2</sup>; <sup>1</sup>Matsuyama Shimin Hospital, Radiology, Matsuyama Ehime/JP, <sup>2</sup>Matsuyama Shimin Hospital, Surgery, Matsuyama Ehime/JP

#### Cum Laude

##### **Drainage outflow from hypervascular hepatocellular carcinoma: what you need to know and why it is important in transcatheter arterial chemoembolization (TACE)**

T. Minami<sup>1</sup>, O. Matsui<sup>1</sup>, S. Miyayama<sup>2</sup>, A. Kitao<sup>1</sup>, N. Terayama<sup>3</sup>, S. Kobayashi<sup>4</sup>, W. Koda<sup>1</sup>, K. Kozaka<sup>5</sup>, D. Inoue<sup>1</sup>, K. Yoshida<sup>1</sup>, N. Yoneda<sup>1</sup>, T. Matsubara<sup>1</sup>, T. Gabata<sup>1</sup>; <sup>1</sup>Kanazawa University Hospital, Radiology, Kanazawa/JP, <sup>2</sup>Fukuiken Saiseikai Hospital, Radiology, Fukui/JP, <sup>3</sup>Takaoka City Hospital, Radiology, Takaoka/JP, <sup>4</sup>Kanazawa University School of Medicine, Radiology, Kanazawa/JP, <sup>5</sup>Kanazawa University Graduate School of Medical Science, Radiology, Kanazawa/JP

#### Certificate of Merit

##### **HIFU for prostate cancer: a 9-year experience of 1150 patients**

V.A. Solovov, M.O. Vozdvizhenskiy, A.E. Orlov; Samara Oncology Centre, Interventional Radiology, Samara/RU

##### **Endovascular management of renovascular hypertension in a paediatric population: a 12-year single-centre experience**

N. Thulasidasan, N. Karunanithy; Guy's and St.Thomas' NHS Foundation Trust, Department of Interventional Radiology, London/GB

##### **Endovenous radiofrequency-powered thermal ablation of the marginal venous system**

W. Uller, W.A. Wohlgemuth; University Medical Center Regensburg, Department of Radiology, Regensburg/DE

##### **Following a zero tolerance approach to inadequate patient preparation for interventional radiology procedures: implementation and early experience**

R.D. White; University Hospital of Wales, Department of Clinical Radiology, Cardiff/GB

##### **Impact of different embolic agents for TACE procedures on VEGF levels post-treatment**

P. Wiggermann<sup>1</sup>, K. Krüger<sup>2</sup>, C. Niessen<sup>1</sup>, L.P. Beyer<sup>1</sup>, E. Hohenstein<sup>2</sup>, C. Stroszczynski<sup>1</sup>, P.L. Pereira<sup>3</sup>; <sup>1</sup>University Hospital Regensburg, Department of Radiology, Regensburg/DE, <sup>2</sup>SLK Kliniken Heilbronn GmbH, Clinic for Radiology, Minimally Invasive Therapies and Nuclear Medicine, Heilbronn/DE, <sup>3</sup>SLK-Clinics GmbH, Ruprecht-Karls-University Heidelberg, Dept. of Radiology, Minimally Invasive Therapies and Nuclear Medicine, Heilbronn/DE

#### Certificate of Merit

##### **The environmental impact of interventional radiology**

M.P. Bolger, M.K. O'Reilly, G. Sugrue, L.P. Lawler; Mater Misericordiae University Hospital, Department of Radiology, Dublin/IE

##### **Percutaneous dialysis arteriovenous fistula banding: technical review**

H.K. Kok, E. Ryan, M.J. Lee; Beaumont Hospital Dublin, Department of Academic Radiology, Dublin/IE

##### **Techniques to avoid complications during percutaneous cryoablation for renal cell carcinomas: all that we should know**

K. Michimoto<sup>1</sup>, K. Shimizu<sup>1</sup>, Y. Kameoka<sup>1</sup>, J. Miki<sup>2</sup>, K. Kishimoto<sup>2</sup>, S. Sadaoka<sup>1</sup>; <sup>1</sup>The Jikei University School of Medicine, Kashiwa Hospital, Department of Radiology, Chiba/JP, <sup>2</sup>The Jikei University School of Medicine, Kashiwa Hospital, Urology, Chiba/JP

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M E E T I N G

## The CIRSE Student Programme: Be InspiRed

*With new features frequently developing, the CIRSE Student Programme continues to be an exciting initiative which inspires medical students to pursue careers in IR.*

Now in its sixth year, the CIRSE Student Programme once again offered medical students from around Europe the unique possibility to get a first glimpse of interventional radiology at the CIRSE Annual Meeting. As in past years, students were invited to attend the congress for free, where they were offered a dedicated student programme, including recommended sessions and hands-on workshops. This year, over 150 students from 20 different countries took part.

### Laying the Groundwork

This year's programme started with an introductory lecture in which the students were welcomed to the Congress by CIRSE President Elias Broutzou and were then provided with an overview of IR treatments and procedures by Past President Anna-Marie Belli. European Trainee Forum Chairman Gregory Makris then outlined training and career perspectives, and Scientific Programme Committee Deputy Chairperson Fabrizio Fanelli introduced relevant student sessions taking place during the Congress. This lecture not only introduced interventional radiology as a discipline but also served to familiarise students with CIRSE and integrate them into the dynamic and growing community of medical professionals.

### Fun and Informative Features

This year, the CIRSE Student Programme included several new features, one of which was the Mentoring Breakfast. The Mentoring Breakfast was launched for students to meet IRs in training and senior CIRSE members in order to get more information on career perspectives, chat informally about their future in the medical field or simply build their professional network. The

breakfast was very well-attended by students and will be repeated next year in Copenhagen.

The most popular part of the CIRSE Student Programme was the designated hands-on workshops, where students had the opportunity to roll up their sleeves and experience what working as an IR truly means. The hands-on workshops for students included sessions in the simulator gallery as well as sessions that allowed for device use on animal tissue.

The final event for students at CIRSE 2016 was also a new feature: the Students' Quiz. Participants formed teams and competed to prove what they had learned during the congress. The questions were derived from the scientific sessions recommended for students as well as the introductory lecture. This year, a mixed Italian-Croatian team took the title in a close race.

### Inspiring Students

Allowing students to attend the congress for free is an investment in the future of our discipline and introduces interventional radiology to medical students who have, too frequently, never heard of it before. Surveys of previous participants show that the CIRSE Student Programme is an important factor in students' decision to pursue a career in IR. Because of this, CIRSE strives to improve the programme every year and give participants the opportunity to provide feedback in an anonymous survey. Feedback has been very positive with 86% of students stating IR has become a more attractive career option after attending. Participants have also pointed out their appreciation for not being side-lined as students but for feeling fully integrated into a growing and dynamic community.

Follow our  
Facebook page:  
CIRSEstudents



facebook



## The European Trainee Forum Takes Off

*The ETF hosted its first session at this year's CIRSE Congress and that was only the beginning for this new endeavour!*



In order to ensure IR continues its success story and has the manpower to meet the challenges of the future, CIRSE has developed a comprehensive strategy to secure a steady stream of fresh minds into the discipline by engaging medical students and young IRs. Alongside the already popular and successful Student Programme, CIRSE has now established the European Trainee Forum (ETF) to address the needs of IR trainees, residents and young IRs who have already completed their training.

### The First Session

In 2016, for the first time at a CIRSE Congress, trainees, residents and IRs starting their career were offered a dedicated session. The "IR Trainee Session: Building an IR career" featured speakers and content carefully selected by the ETF Subcommittee. Krzysztof Pyra introduced the ETF and moderated the session, former CIRSE President and Chairperson of the Oncology Alliance Subcommittee Andy Adam spoke about developing an academic career as an IR, CVIR Editor-in-Chief Dierk Vorwerk held a short talk on CVIR and publishing as an IR, EBIR Committee Chairperson Otto van Delden gave a brief overview of the EBIR exam and its importance for young IRs, and Scientific Programme Committee Chairperson Christoph Binkert discussed private clinics and clinical entrepreneurship as IRs.

The session was filled to the brim with a very young crowd and all speakers had to answer numerous questions, showing the great interest for these CIRSE sessions. This strengthens CIRSE's resolve to gradually extend the offers for this target group at our next meetings. To demonstrate this commitment to the next generation of

IRs, CIRSE President Elias Brountzos and Christoph Binkert took part in the ETF Subcommittee meeting, where plans were made for CIRSE 2017 and possible on-site activities were discussed.

### Carving a Path

The ETF Subcommittee Meeting was also attended by Alexandria Jo, a representative of the Resident, Fellow and Student Organisation (RFS) of the American Society of Interventional Radiology (SIR). For several years, SIR has thoroughly built a highly active and successful national organisation for students, trainees and residents across the United States. The RFS's experience will be very valuable for CIRSE while we are further establishing the ETF in Europe and developing activities and sessions at our congresses. The ETF and RFS representatives also discussed possibilities for future joint initiatives and laid the foundation for ongoing communication and cooperation between these two organisations.

In the next few months, the ETF will continue to expand its activities, deepen cooperation with national IR societies and begin the organisation of exciting new features for trainees, residents and young IRs at CIRSE 2017. As the ETF has an open, participatory policy, CIRSE invites all junior members and full members at the start of their careers to submit ideas and participate in the ETF's efforts to help improve IR training around Europe and make our annual congresses even more interesting for the next generation of IRs.

*Ben Raho, CIRSE Office*

*If you have any ideas or would like to take part, please contact [etf@cirse.org](mailto:etf@cirse.org)*

**New features of the ETF are being planned for CIRSE 2017!**

The logo for the European Board of Interventional Radiology (EBIR) features the acronym 'EBIR' in a bold, sans-serif font. The letters are flanked by two gold stars on each side. The entire logo is set against a background of several light blue stars of varying sizes, some of which are partially cut off by the edges of the page.

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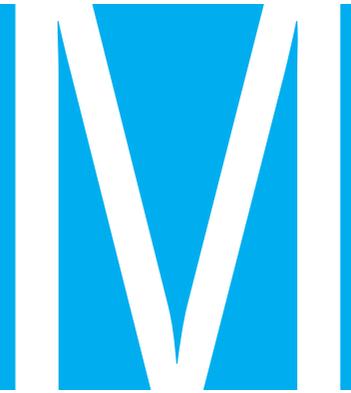
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## Running for the Health of It!

Thanks to all those who participated in this year's Charity Sports Event, we were able to make a substantial contribution to support *Ärzte Ohne Grenzen* with their invaluable work.



M E E T I N G

The Marbella Pavilion and Stadium hosted this year's Charity Sports Event, which was conveniently just a 15-minute stroll along the beach from the Congress venue in Barcelona. One of the sites for the 1992 Olympic Games, nowadays the grounds of La Marbella are used by the Catalanian Council for physical ability tests of police officers and firefighters. But, at the end of the first day of the 2016 Congress, it was CIRSE delegates who were put through their paces in order to raise money for a great cause!

This year, the CIRSE Charity Sports Event raised money for *Ärzte Ohne Grenzen*, the Austrian branch of *Médecins Sans Frontières*, one of the largest and most prominent humanitarian organisations in the world. Founded in 1971, the organisation is known for providing medical care and training to war-torn regions and developing countries. In 2015 alone, over 30,000 medical staff provided aid in 70 countries. CIRSE was honoured to contribute to such a worthy cause.

The Charity Sports Event consisted of a 3,200 metre run and a football cup. A delicious buffet was provided throughout the event which was enjoyed by participants and supporters. With a three second time advantage, Sara Protto took the title for the Women's Run, and Tomas Rohan was the fastest runner for the Men's Run. On their home turf, the Spanish team landed the win for this year's football cup. Whether you were running, tackling or cheering, we would like to express our heartfelt thanks for your participation!

*Helen Hemblade, CIRSE Office*

### The Results

#### Women's Run:

1. Sara Protto (FI) (13' 07")
2. Anna Alguersuari (ES) (16' 02")
3. Elena Lonjedo (ES) (16' 51")

#### Men's Run:

1. Tomas Rohan (CZ) (12' 09")
2. Tzamarías Alexandros (GR) (12' 58")
3. Ondrej Rene (CZ) (12' 59")

#### Football Cup:

1. Spain
2. France/Italy
3. Serbia
4. Switzerland



Runners and football cup contestants competed at the Olympic Games site La Marbella





# M

M E E T I N G

## IESIR Meets SERVEI

*During the CIRSE Annual Meeting, leaders of IR societies in Italy (IESIR) and Spain (SERVEI) met to discuss their experiences running these national organisations.*

A central point of discussion was the roles and goals of interventional radiologists

During CIRSE 2016, the newly formed Italian-European Society of Interventional Radiology (IESIR) met with La Sociedad Española de Radiología Vascul ar e Intervencionista (SERVEI) to discuss the current status of interventional radiology in Spain and Italy, as well as the challenges of managing a national society for an emerging subspecialty.

IESIR was formed in 2014 in order to highlight the clinical role of interventional radiologists in patient management throughout Italy and Europe. While IESIR is new on the scene, SERVEI is approaching its 30<sup>th</sup> birthday next year. SERVEI currently publishes two official journals on interventional radiology and interacts with its members through its website and Facebook page. SERVEI also offers a three-year Fellowship Programme. Currently, 27 IR hospital departments are accredited for the training of fellows, who are then certificated by SERAM, the Spanish Society for Radiology.

### The Dreams of an Interventional Radiologist

One of the highlights of this meeting was a presentation by IESIR member Cesare Ambrogi called "The Dreams of an Interventional Radiologist", in which the real versus the ideal status of interventional radiology in Italy was analysed. A central point of the discussion highlighted the necessity for interventional radiologists to be conscious of their role and their goals, noting that IR is not just about interventions but also about patient management.

Quoting the late neurologist Oliver Sacks, Cesare Ambrogi outlined that the dream of an interventional radiologist is to be acknowledged by the patient as the principal care giver. Another future goal is to have a university programme in Italy, similar to the new IR training pathway in the U.S., which is comprised of two years of radiology courses and three years of interventional radiology courses.

### Strength in Unity

Due to IESIR's relatively new status as a society, delegates requested suggestions and advice for improvement. In response, SERVEI delegates outlined that it is essential to have a clear goal, which is, for them, recognition and independence from diagnostic radiology. IESIR also discussed the significance of gaining legislative support, emphasising that while society work is vital, it is not enough on its own without legal backing.

Finally, the importance of CIRSE's support for both societies' growth was also underlined, and there was a strong interest expressed in further meetings between SERVEI and IESIR. The next SERVEI Congress will take place in Vitoria-Gasteiz from June 7-10 and all IESIR delegates were warmly invited to attend.

*Helen Hemblade, CIRSE Office*





## Wiki-Marathon

*During CIRSE 2016, nearly 50 specialists came together to expand the wealth of IR knowledge available through the world's largest online encyclopedia: Wikipedia.*



For many years, CIRSE has been dedicated to educating the public on interventional radiology and the benefits of minimally invasive procedures in IR. As part of a PR campaign during the Annual Congress in Barcelona, CIRSE continued this dedication to education by hosting and supporting an initiative from the Spanish Society of Vascular and Interventional Radiology (SERVEI). This initiative gathered nearly 50 Spanish-speaking specialists together for a special session to improve the scientific quality and availability of information about IR on Wikipedia.

Wikipedia is the world's largest online encyclopedia and contains articles and valuable information on numerous topics, including medicine. CIRSE 2016 was seen as a valuable opportunity to provide the space and time for a group of medical experts to meet in order to update and add content to this frequently used public resource.

### **On Your Mark, Get Set, Wiki!**

The Wiki-Marathon gave physicians the chance to learn how they can add or improve content on IR and related disciplines online and thus contribute to the world's knowledge on IR-related issues through Wikipedia.

Dr. Marta Burrel served as the scientific coordinator in this activity, while the session was run by Montserrat Boix, a Spanish TVE journalist and trainer for ICT and online technologies, notably Wikipedia. Boix moderated the session and led

the participants through the most useful tools of Wikipedia. She encouraged the participants to use these tools in order to contribute to the educational material available on medical specialties.

### **Outcomes and Outlooks**

The Wiki-Marathon attracted great media presence and was featured on TV news channels in Spain and through various online Spanish media sources. This was the first collective call to physicians to contribute to the population's knowledge on IR and to help improve the accuracy of medical articles available to the public through the World Wide Web.

Participants successfully finished six new articles, updated four existing articles, and made progress on five additional articles. These achievements provided a great end to the session and served as a motivation for experts to continue sharing their knowledge. With this step, CIRSE hopes to form a medical community of regular contributors to online articles on Wikipedia.

*Mia Ilic, CIRSE Office*

**15 medical articles were worked on during the Wiki-Marathon**



# M

M E E T I N G

## Interventional Research at CIRSE 2016

*Amid the technical exhibition, a research team from the Netherlands collected information from CIRSE delegates on steerable needles and the current challenges of needle placement.*

Surveys filled out by CIRSE delegates provided important clinical feedback

We are a team of medical engineers from the Delft University of Technology in the Netherlands. We work in close collaboration with the interventional radiology department of Erasmus MC, Rotterdam. Our aim is to improve needle placement in interventional radiology by developing new needles. For us, as engineers, it is a real challenge to identify the clinical problems concerning needle placement. Therefore, we needed more clinical input. CIRSE 2016 provided us with a booth at the technical exhibition, and we found that it was the perfect spot to perform our research activities.

Within our research group, we develop steerable needles that can actively steer towards targeted lesions and allow for corrections of unwanted needle bending during insertion. We brought four different steerable needle prototypes to CIRSE's technical exhibition: a TIPS needle, a brachytherapy needle, a tip-articulated needle and a shaft articulated needle. After giving needle demonstrations, participants were asked to fill out our questionnaire. By means of this questionnaire, we aimed to indicate clinical problems concerning needle placement in interventional radiology and to identify the added value of steerable needles in clinical practice.

Participants were extremely helpful and enthusiastic. We were very happy that many physicians were willing to fill out our survey. In addition, we heard many clinical stories and collected lots of feedback. Our preliminary results show that over 92% of the participants (n=126) share the opinion that a steerable needle can be of added value in radiologic interventions. In addition, they think that a steerable needle would be most useful in

biopsy and ablation procedures to reach lesions within the liver.

The results give us great insight into the clinical problems regarding needle placement and will help us to set up clinically relevant design requirements for new steerable needles. We hope to be back at CIRSE next year to show new prototypes.

For us, CIRSE 2016 was a great success. We would like to thank CIRSE, the organising team and all the participants for this amazing opportunity!

Sincerely,

Tonke de Jong  
Nick van de Berg  
Lisette Tas  
*Delft University of Technology*

*To find out more about the TU Delft research on minimally invasive surgery and interventional techniques, visit [www.misit.nl](http://www.misit.nl)*



*In October, Prof. Andy Adam presented Dr. Greg Slater with an honorary plaque for RANZCR's contribution to quality assurance in interventional oncology.*



The Royal Australian  
and New Zealand  
College of Radiologists\*

## RANZCR Receives Quality Assurance Award

In the past two years, CIRSE has created a framework for quality assurance in interventional oncology which, through the diligent work and dedication of those involved in its making, now has the potential of influencing practice in this field on a global scale. The framework is based on standards for radiation oncology in Australia and was created with the assistance of the Royal Australian and New Zealand College of Radiologists (RANZCR). Dr. Liz Kenny, former President of RANZCR, suggested these standards to CIRSE and, consequently, helped to adapt them to the needs of interventional oncology.

In order to recognise this contribution of RANZCR, CIRSE created a special plaque which was given to Dr. Greg Slater, the President of RANZCR, by Prof. Andy Adam on October 13 during the

RANZCR past-Presidents' dinner. The plaque read: "The Cardiovascular and Interventional Radiological Society of Europe acknowledges and appreciates the generous contribution of the Royal Australian and New Zealand College of Radiologists to the creation of the first global framework for the assurance of quality in interventional oncology." Dr. Slater was delighted to receive this recognition honouring the contribution of RANZCR to this important project.

Based on the framework for quality assurance, CIRSE plans to enrol a distinct CIRSE credentialing system of interventional oncology services in due course.

*Helen Hemblade, CIRSE Office*



CIRSE is currently developing a credentialing system for IO services



FOUNDATION

## ECIO 2017: The Evolution of Interventional Oncology

*The annual European Conference on Interventional Oncology offers all oncology practitioners a comprehensive forum for education and exchange.*

The 8<sup>th</sup> ECIO congress will take place from April 23-26

Interventional oncology is evolving rapidly, continually exploring new territories and making exciting progress while keeping abreast of recent changes and developments. The upcoming ECIO congress will be held in Bilbao, Spain, where the high calibre faculty will once again cover a broad cross-section of clinical topics, ranging from well-established IO therapies, such as local ablation of HCC, to newer clinical areas, such as immunotherapy and genomics.

### Revisiting Colorectal Metastases

Following the warm reception of the extended focus on colorectal liver metastases in 2016, the 2017 programme will once again embrace this important theme, with several sessions examining different aspects of the disease: epidemiology, ESMO guidelines and available therapies, follow-up, quality and efficacy, current evidence, including results of the CLOCC and SIRFLOX trials, and discussions of what endpoints should be pursued. A special Multidisciplinary Tumour Board will also explore CRC metastases beyond the guidelines.

### An Emphasis on Evidence

ECIO 2017 will offer several sessions that bring evidence to the foreground, as data-based analysis will be a common strand throughout the congress. The Best IO Papers session will provide a cutting-edge and concise overview of some of the most acclaimed research from the past year and offer an opportunity to pose questions to the authors. Other sessions at ECIO 2017 are committed to presenting, and even questioning, current guidelines and evidence, with an additional

session informing delegates as to how they can support data acquisition within IR.

### Clinical Involvement

To encourage more IOs to get involved in tumour boards and clinical management, ECIO 2017 will offer a number of useful sessions, including ones on tumour biology, how to get started in IO practice, general patient management, complication management and a morbidity and mortality conference.

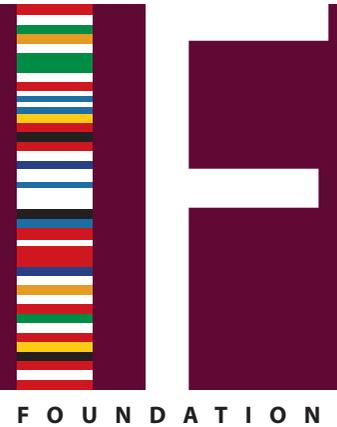


### Focus on Devices

The ECIO technical exhibition is the world's largest device exposition that is purely focused on cancer diagnosis and treatment. It offers delegates a unique opportunity for interaction with device manufacturers. The comprehensive ECIO programme will also include an opportunity for attendees to experience practical training in tumour ablation. Those wishing to take part are advised to pre-register for the five Hands-on Device Training workshops.



*ECIO will come to Spain for the first time in the picturesque Basque city of Bilbao.*



F O U N D A T I O N

#### And so much more...

The conference will be exploring new technologies and clinical applications, such as intra-tumoural viral therapy and intra-arterial immunotherapy. Clinical fields such as breast, kidney, lung and MSK tumours will be thoroughly examined, while hugely popular video learning sessions give delegates a step-by-step overview of how our experts perform ablation on various liver, lung, kidney, bone and thyroid lesions.

#### Our Destination

Embedded in a green landscape, Bilbao is famed for art and architecture. The centrally located and easily accessible congress centre, the Euskalduna Complex, won the Enric Miralles award for architecture at the 6th Spanish Architecture Biennial in 2001. It was voted the world's best congress centre in 2003, and it is sure to offer us all the facilities required to host another rich and multifaceted congress.



Congress feedback consistently praises the high calibre of the ECIO faculty, which will once again include noted experts from a broad spectrum of oncological applications, both from within the IR field and beyond. With the Collaborating Against Cancer Initiative, all registrants are encouraged to bring their non-radiologist colleague to the congress at no extra cost. Multidisciplinary discussion is a core pillar of the programme, and this is a great opportunity to let your colleagues learn about the potential benefits of image-guided oncological therapies first-hand.



We look forward to seeing you in Bilbao!

To register for the congress and to book your hotel room, please visit [www.ecio.org](http://www.ecio.org)

Join us in Bilbao this spring for another memorable congress!



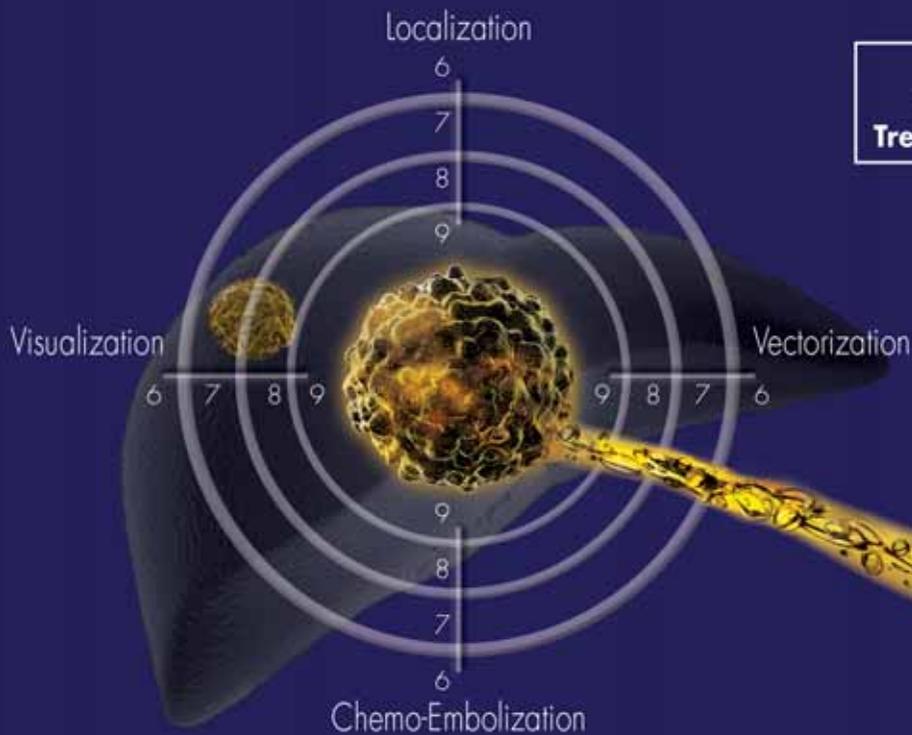
**ECIO 2017**



# LIPIODOL® ULTRA FLUID

Ethyl ester of iodized fatty acids of poppy seed oil

## Efficacy & safety of Lipiodol® for improved overall survival in HCC<sup>1,2,3,4</sup>



Endorsed by  
International HCC  
Treatment Guidelines<sup>5,6,7,8</sup>

Guerbet |   
Contrast for Life

**LIPIODOL® ULTRA-FLUID. Composition:** Ethyl esters of iodized fatty acids of poppy seed oil 10 mL, corresponding to an iodine content of 480 mg/mL. **Indications(\*)**: In diagnostic radiology - Hysterosalpingography - Ascending urography - Lymphography - Sialography - Fistulography and exploration of abscesses - Exploration of frontal sinuses - Pre and post-operative cholangiography. In interventional radiology - Visualization and localization (by selective intra-arterial use during CT) of liver lesions in adults with known or suspected hepatocellular carcinoma - Visualization, localisation and vectorisation during Trans-Arterial Chemo-Embolisation (TACE) of hepatocellular carcinoma at intermediate stage, in adults - Selective embolization in combination with Histoacryl glue (particularly for arteriovenous malformation or aneurysms) - Selective injections of LIPIODOL® ULTRA-FLUID into the hepatic artery for diagnostic purposes where a spiral CT scan is not practical. In endocrinology - Prevention of severe cases of iodine deficiency. **Posology and method of administration (\*\*)**: have to be adapted according to the type of examination, the territories explored, the age and weight of the patient. The volume to be administered depends on the particular requirements of the technique and the size of the patient. **Contraindications:** Hypersensitivity to LIPIODOL® ULTRA-FLUID - Confirmed hyperthyroidism - Patients with traumatic injuries, recent haemorrhage or bleeding - Hysterosalpingography during pregnancy or acute pelvic inflammation - Bronchography. In interventional radiology (Trans-Arterial Chemo-Embolisation), Administration in liver areas with dilated bile ducts unless drainage has been performed. **Special warnings and special precautions for use(\*\*)**: There is a risk of hypersensitivity regardless of the dose administered. **Lymphography:** Pulmonary embolism may occur immediately or after few hours to days from inadvertent systemic vascular injection or intravasation of LIPIODOL® ULTRA-FLUID: Perform radiological monitoring during LIPIODOL® ULTRA-FLUID injection and avoid use in patients with severely impaired lung function, cardiorespiratory failure or right-sided cardiac overload. **Hypersensitivity:** all iodinated contrast agents can lead to minor or major hypersensitivity reactions, which can be life-threatening. These hypersensitivity reactions are of an allergic nature (known as anaphylactic reactions if they are serious) or a non-allergic nature. They can be immediate (occurring within 60 min) or delayed (not occurring until up to 7 days later). Anaphylactic reactions are immediate and can be fatal. They are dose-independent, can occur right from the first administration of the product, and are often unpredictable: avoid use in patients with a history of sensitivity to other iodinated contrast agents, bronchial asthma or allergic disorders because of an increased risk of a hypersensitivity reaction to LIPIODOL® ULTRA-FLUID. **Thyroid:** can cause hyperthyroidism in predisposed patients. Lymphography saturates the thyroid with iodine for several months and thyroid exploration should be performed before radiological examination. **Chemo-Embolization:** Trans-Arterial Chemo-Embolisation is not recommended in patients with decompensated liver cirrhosis (Child-Pugh ≥B), advanced liver dysfunction, macroscopic invasion and/or extra-hepatic spread of the tumour. Renal insufficiency must be prevented by correct hydration before and after the procedure. Oesophageal varices must be carefully monitored. Hepatic intra-arterial treatment can progressively cause an irreversible liver insufficiency in patients with serious liver malfunction and/or undergoing dose multiple sessions. The risk of superinfection in the treated area is normally prevented by administration of antibiotics. **Embolization with glue:** An early polymerisation reaction may exceptionally occur between LIPIODOL® ULTRA-FLUID and certain surgical glues, or even certain batches of glue. Before using new batches of LIPIODOL® ULTRA-FLUID or surgical glue, the compatibility of LIPIODOL® ULTRA-FLUID and the glue must be tested in vitro. **Interaction with other medicinal products and other forms of interaction (\*\*):** Metformin, Beta blockers, vasoactive substances, angiotensin-converting enzyme inhibitors, angiotensin-receptor antagonists, Diuretics, Interleukin II. **Fertility, pregnancy and lactation (\*\*):** LIPIODOL® ULTRA-FLUID must only be used in pregnant women if absolutely necessary and under strict medical supervision. Breastfeeding should be discontinued if LIPIODOL® ULTRA-FLUID must be used. **Effects on ability to drive and use machines:** The effects on ability to drive and to use machines have not been investigated. **Undesirable effects(\*\*)** most adverse effects are dose-related and dosage should therefore be kept as low as possible. Hypersensitivity, anaphylactic reaction, anaphylactoid reaction, vomiting, diarrhea, nausea, fever, pain, dyspnea, cough, hypothyroidism, hyperthyroidism, thyroiditis, pulmonary embolism, cerebral embolism, retinal vein thrombosis, lymphoedema aggravation, hepatic vein thrombosis, granuloma. **Over dose (\*\*)** The total dose of LIPIODOL® ULTRA-FLUID administered must not exceed 20 mL. **Pharmacodynamic properties (\*\*)** Pharmacotherapeutic group: X-ray contrast media, iodinated. ATC code: V08A D01. Water-insoluble iodinated contrast medium. **Presentation (\*\*)** - 10 mL glass ampoule, box of 1 - 10 mL glass ampoule, box of 50. **Marketing authorization holder (\*\*)** - Guerbet - BP 57400 - F-93943 Roissy C&G cedex - FRANCE. **Information:** tel : 33 (0) 1 45 91 50 00. **Revision:** September 2, 2015.

(\*) For complete information please refer to the local Summary of Product Characteristics

(\*\*) Indications, volumes and presentations may differ from country to country.

Reporting of suspected adverse reactions is important as it helps to continuously assess the benefit-risk balance. Therefore, Guerbet encourages you to report any adverse reactions to your health authorities or to our local Guerbet representative.

- Ikeda M. et al., Prospective Study of Transcatheter Arterial Chemoembolization for Unresectable Hepatocellular Carcinoma: An Asian Cooperative Study between Japan and Korea J. Vasc. Interv. Radiol. 2013; 24: 490-500
- Lo C.M. et al. Randomized Controlled Trial of Transarterial Lipiodol Chemoembolization for Unresectable Hepatocellular Carcinoma Hepatology 2002; 35: 1164-1171
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- Japan Society of Hepatology Recommendation, Chapter 5, Hepatology Research 2010; 40 [Suppl. 1] 96-112
- Bruix J. & Sherman M. AASLD Practice Guidelines; American Association for Study of the Liver Diseases; Hepatology 2011; 53: 1020-1022
- Chinese guidelines 2011 edition, Chin. Clin. Oncol. 2012; 1:10

*The annual Olbert Symposium for Interventional Radiology is an important part of the IR calendar, featuring innovative session types and latest findings in the field.*

## IROS 2017: Starting Off the Interventional Year in Berlin

The Olbert Symposium for Interventional Radiology (IROS) will hold its 2017 conference from January 12-14 at the BCC on Alexanderplatz in the heart of Berlin. Since its start 36 years ago, the yearly IROS conference has become the most important IR platform in central Europe, attracting more than 900 interventionalists from the German-speaking area.

Being the joint annual meeting of the German, Austrian and Swiss societies for interventional radiology, it provides the ideal platform for an active exchange between IRs who not only face the same technical and clinical challenges but also similar working conditions in their daily practice.

### An Expanding Programme

The IROS programme planning committee has once again put together an excellent itinerary, balancing innovative new session types and old favourites. The new formats incorporated into its programme in recent years have been very well received, such as sessions titled "A case that wouldn't let me sleep", in which very unusual cases are discussed, and expert courses offering a more informal and interactive platform for case discussion with colleagues.

For years, IROS has been one of the most important providers of continuous education for interventional radiologists and their teams in Central Europe, offering theoretical courses backed by hands-on experience. This year's hands-on workshops will focus on oncology, stroke treatment and venous interventions. In addition, there will be dedicated workshops on thrombectomy systems and embolisation materials for physicians preparing for their board examination as well as for radiographers and radiology technicians.

In the hot iron sessions, another successful recent addition to the IROS itinerary, IRs will present the latest findings in their field of expertise, with topics chosen according to their relevance to daily clinical practice.

### Assorted Formats

Refresher courses will treat a variety of daily aspects in IR practice, covering basic principles

and techniques. Due to their broad range of subjects, they are useful for experienced IRs brushing up on a subject they have not been involved in recently as well as young physicians training in interventional radiology. Every course will offer enough time for questions and discussion.

The aforementioned "A case that wouldn't let me sleep" sessions will be dedicated to cases that started out seemingly straightforward, but took a turn for the worse, requiring the operating IR's full expertise for a positive outcome. Showing cases from their own practice, presenters will try to demonstrate potential pitfalls and how even very complicated cases can be managed.

The video case presentations will highlight technical and clinical aspects of various procedures with the help of pre-taped interventions. There will also be several live transmissions from the Vienna General Hospital, during which the audience will have the chance to interact with the operating interventionalist.

The 2017 honorary lecture will be given by Prof. Klaus Hausegger, organiser of the biannual conference on complications in IR (ICCIR), who will explore what is keeping interventional radiology fascinating.

### New IROS Session Types in 2017

2017 will see the introduction of a very interesting session type called "Scientific Splash" which has been created to convey new scientific concepts and results. After the three best posters documenting new developments in IR have been presented, audience members will have the chance to ask their questions to the authors.

The also novel "Breaking News" session will showcase the latest international trends in IR, which are still at an early stage of their development but have the potential to have a major impact on the future of IR practice. Topics will include embolisation of haemorrhoids, electroporation of the pancreas and percutaneous AV fistula.

*Petra Mann, CIRSE Office*



"Breaking News" and "Scientific Splash" are two of this year's new sessions



C. A. Binkert  
Chairman  
of the IROS  
Programme  
Committee



P. L. Pereira  
Co-Chairman  
of the IROS  
Programme  
Committee

Cardiovascular and Interventional Radiological Society of Europe



# GEST 2017

E U R O P E



## Global Embolization Symposium and Technologies

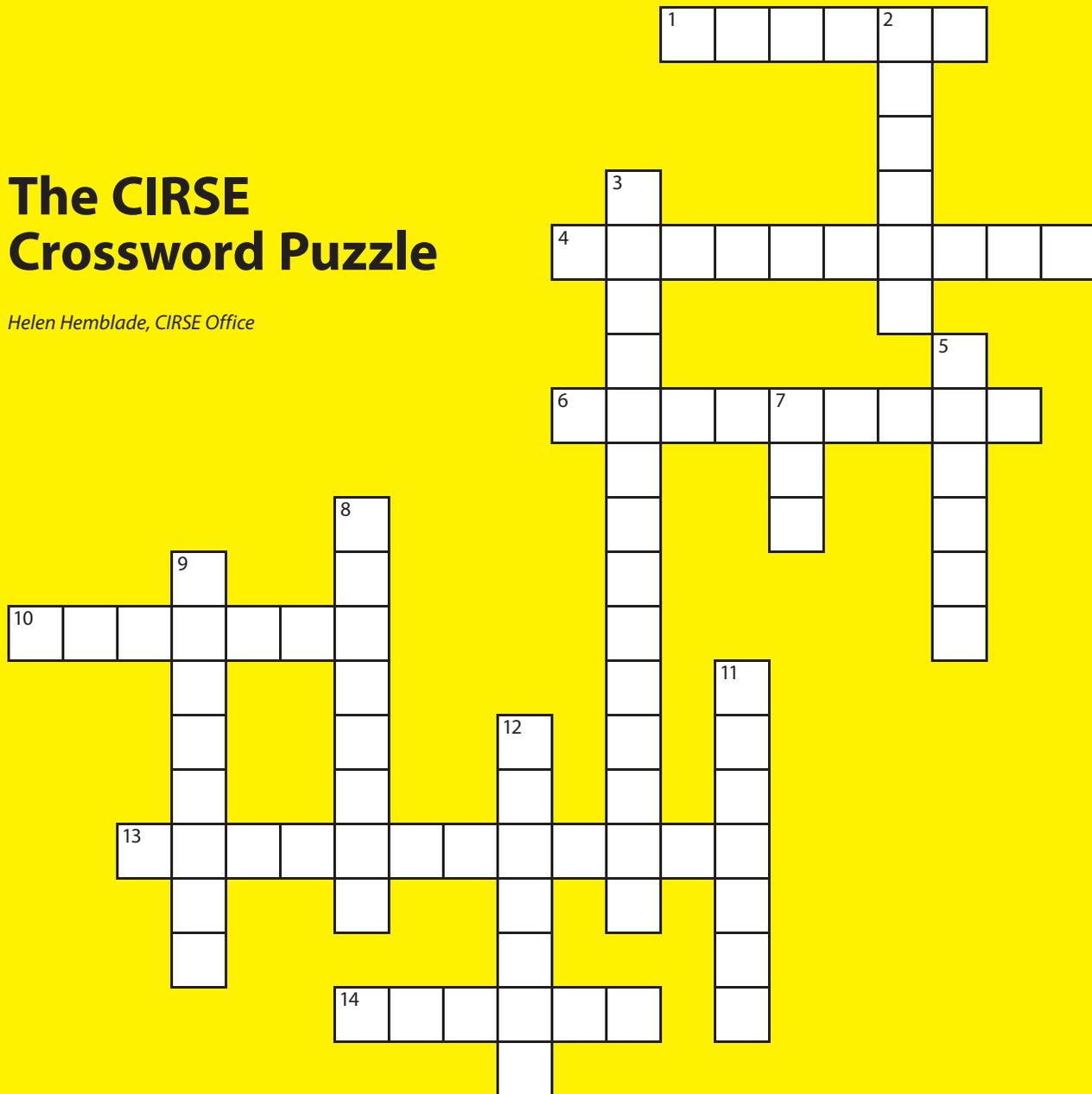
May 31 – June 03  
Florence, Italy

[www.gest2017.eu](http://www.gest2017.eu)

**CIRSE** foundation

# The CIRSE Crossword Puzzle

Helen Hemblade, CIRSE Office



## Horizontal

- 1. Imaging focus of this year's IDoR (6)
- 4. Contrast material for MRI (10)
- 6. An accomplished technique in PAE (9)
- 10. Hungry hormone (7)
- 3. A chilly intervention (12)
- 14. To calm (6)

## Vertical

- 2. Palms up (6)
- 3. Anagram: naive hen soups (13)
- 5. CVIR's ..... competition at CIRSE (6)
- 7. Acronym: New CIRSE support for young IRs (3)
- 8. Anagram: mangrove
- 9. Largest part of the brain (8)
- 11. The Nordic pretzel (7)
- 12. Award-winning femoropopliteal artery disease trial (7)

For answers to the crossword puzzle, go to [www.cirse.org/crossword](http://www.cirse.org/crossword)



*The European School of Interventional Radiology aims to provide training for physicians looking to begin a procedure in their clinic, learn a new technique or gather tips and tricks from experts.*

## ESIR 2017 Clinical Procedure Training Courses



If you missed this year's courses, you've got plenty of time to plan one for next year!

As we get ready to turn the calendar to a new year, be sure to make a note of next year's planned Clinical Procedure Training courses!

**DVT/PE Thrombolysis and Thrombectomy:  
Practical Clinical Training on the Safe Use of  
Current Medical Devices**

October 27-28, 2017  
Dublin (IE)

**The Future of Image-Guided Tumour Ablation**

December 14-15, 2017  
Innsbruck (AT)

**Critical Limb Ischaemia**

date TBA  
Rome (IT)

**Prostate Embolisation**

date TBA  
Milan (IT)

These courses are designed to provide a collaborative environment for IRs who are already familiar with the topic's theory and literature. Each course will include case discussions, practical, hands-on exercises, and "tips and tricks" from distinguished faculty on performing the procedure and their preferred devices.

*To learn more and register for a course, visit [www.cirse.org/esir2017](http://www.cirse.org/esir2017)*



