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Congress Report

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CIRSE IR
Patient Safety
Checklist

IR
news



CIRSE 2011- Flying the Flag for Our Discipline

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

CIRSE's largest annual congress to date was devoted to furthering the discipline

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Dear Colleagues,

I write as the days get shorter and time passes inexorably towards a new year, and new challenges for interventional radiology. I am honoured to have become CIRSE President and I thank you for your support over the last number of years and seek your continued support over the next two years.

CIRSE 2011 is over, I hope that you, like I, will have very fond memories of a great city and a great congress. The success of CIRSE 2011, with over six thousand participants is no accident. The quality of the congress has been steadily improving over the last six to seven years. This has come about because of the vision, determination and effort of previous CIRSE Presidents, Scientific Programme Chairmen, Executive Committees and the CIRSE Office.

There were many highlights of CIRSE 2011, which space restricts mentioning. Our Gold Medal recipient this year was Jim Reekers who has made, and continues to make, enormous contributions to the field of IR. The special sessions, workshops, and hot topic symposia were all very well attended. Many of you will remember the fantastic CIRSE 2011 Party. However, I hope you will not remember my attempts to tap into the CIRSE beer barrel. In my defence the instructions were in German and I am not an orthopaedic surgeon!

On a more serious note, there are continued challenges facing interventional radiology. It is important to remember that CIRSE through its overseas society memberships is now a global society. Interestingly, the same challenges face IR in other parts of the world as in Europe. I believe the two most important concepts for IR going forward are quality and patient safety - two areas which CIRSE places great emphasis on. Thus, the development of an IR curriculum for Europe is one of the important goals to accomplish over the next 12 months. Competency testing is equally as important and the EBIR is now firmly established with 50 doctors taking the EBIR examination in Munich. Now that the EBIR is established the focus is to make the exam a just, practical and reliable assessment of IR competency.

Patient safety is an issue dear to my heart and, with that in mind, we launched the IR Patient Safety Checklist at CIRSE 2011. The document is now available on the CIRSE website in both PDF and MS Word formats. Many institutions are already using the checklist and I would encourage those that are not to start doing so. Our commitment to patient safety is very important for IR as the European Union, national governments and health agencies are all highly focused on this area. I hope that CIRSE, as an organisation, can play a role in developing patient safety standards for IR throughout Europe by working with the EU and other patient safety organisations.

Although the challenges ahead are many, we have a good team in terms of the Executive Committee, Board and our dedicated CIRSE Office and I am confident that we will achieve our goals. Lastly, I would like to pay tribute to Jan Peregrin who despite knee replacement surgery and severe pain managed to keep the CIRSE ship afloat and sailing in the right direction during his term of office. Well done, Jan!

Michael Lee

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I hope that
CIRSE can play
a role in developing
patient safety
standards for IR
throughout Europe

The current issue of Intervention IQ focuses on IR's invaluable role in the management of trauma

The Trauma Issue

Few medical disciplines are in a better position to treat the complications of trauma than IR. Its combination of high-quality imaging and minimally invasive treatments for stemming unwanted blood flow can be used almost anywhere in the body, thus sparing patients from the additional trauma that major surgery inevitably causes.

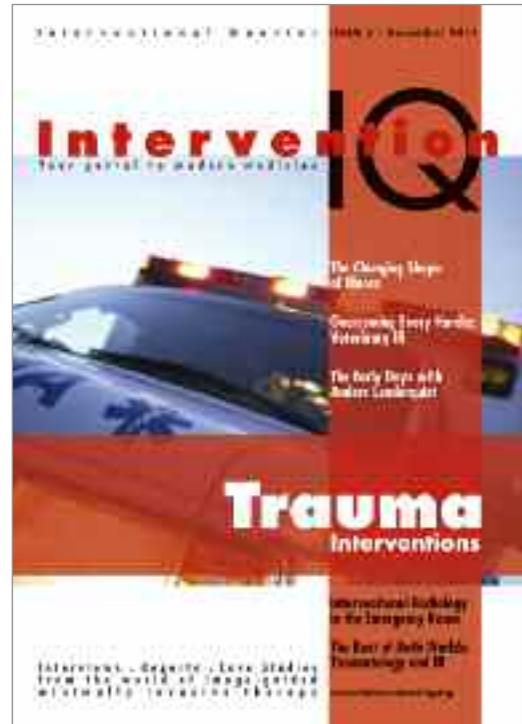
The current issue of Intervention IQ focuses on IR's invaluable role in the management of trauma, offering sound evidence of its benefits and providing you with a perfect tool for promoting the discipline to others. The issue features informative case studies from international IR experts and their patients as well as an overview of various forms of trauma.

How to use Intervention IQ

Intervention IQ is intended as a promotional tool to help interventional radiologists publicise the benefits of their outstanding discipline to others.

Pass Intervention IQ on to:

- **Colleagues from other specialties** to highlight the importance of interdisciplinary co-operation;
- **Medical students** to promote IR as a potential career choice and provide them with clear and concise information on IR's range of procedures;
- **Hospital managers and other key opinion leaders** to provide scientific, yet easy-to-understand, evidence of the benefits of the discipline as well as how it can help reduce hospital cost;
- Or use content from Intervention IQ to enhance a speech or presentation.



About Intervention IQ

Since its launch in 2009, Intervention IQ has done much to promote IR to its readers around the world. The magazine is supported by CIRSE and currently has a readership of 45,000 - a figure which includes hospital administrators, insurers, politicians and other medical specialists.

Other issues of Intervention IQ are available on the following topics:

- Diabetes - An interventional Response
- Understanding Cancer
- Cancer Interventions
- Stroke Interventions
- Women's Health

www.intervention-iq.org

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Visit the
Intervention IQ
website to
access all issues,
free-of-charge

CIRSE has created a patient safety checklist for IR based on the WHO surgical checklist model. The document is available on the CIRSE website in both PDF and MS Word formats

Safety First

A landmark study released by the American Institute of Medicine in 2000¹ was the first to shed light on the large number of deaths that occur each year due to medical errors. It showed how factors such as tiredness, stress and poor teamwork are often to blame for the avoidable fatalities that occur.

In 2009 the WHO pioneered a solution to the problem of human error in medicine by introducing the first Surgical Safety Checklist. A study² on the impact of the checklist in eight hospitals around the world showed a 36% reduction in both major morbidity and mortality rates. The checklist helped save time, improved teamwork and facilitated procedural planning.

A Patient Safety Checklist for IR

In line with the Society's aim to improve patient safety in IR, CIRSE has created the first-ever safety checklist for the discipline, based on the WHO model. The checklist, which was created by an expert working group led by Michael Lee, was successfully tested in four hospitals across Europe earlier this year.

The single-page document comprises of pre-procedural ("Sign-in") and post-procedural ("Sign-out") components and can easily be modified to suit the requirements of individual hospitals. The document is available on the CIRSE website in both PDF and MS Word formats and will be published in CVIR soon along with a corresponding white paper.

Why use the checklist?

It is easy to understand why so many groups have a vested interest in patient safety - it can save money, reputations and most importantly, it can save lives. However, it may not be clear how a simple checklist can help improve patient safety. According to Prof. Lee, the answer to this lies in the checklist's ability to alert IRs of common safety pitfalls and help ensure all important measures are taken before and after a procedure.

All CIRSE members are encouraged to incorporate the checklist into their clinical practice to help improve the safety dynamics of their hospital and according to Prof. Lee, "If one of these safety points saves a complication, then it is worthwhile".



The CIRSE IR Patient Safety Checklist was created by Michael J. Lee, Fabrizio Fanelli, Patrick Haage, Klaus A. Hausegger and Krijn P. van Lienden.

¹ Kohn et al. *To Err is Human: Building a Safer Health-care System* New England Journal of Medicine (2000)

² Kohn et al. (NEJM, 2000)

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"If one of these safety points saves a complication, then it is worthwhile"

Michael Lee

ECIO 2012



Third European Conference on Interventional Oncology

April 25-28, 2012
Florence, Italy

New Sessions at ECIO 2012

Hands-on Workshop on Image-guided Tumour Ablation

We are delighted to announce that a hands-on workshop on image-guided tumour ablation will be held at ECIO 2012 for the first time. Three sessions will be offered allowing participants to follow interactive presentations with experts in the field of interventional oncology.

€ 100,000 Education Grant for the "Referring Physician" Programme

The ECIO Incentive "Referring Physician" Programme allows radiologists who are fully registered for ECIO 2012 to invite their referring physician to the conference for free. CIRSE will provide free registration and up to € 1,000 for the travel expenses of the first 100 referring physicians who are signed up. For more information, please visit www.ecio2012.org.

Special EBIR preparation course

A special preparation course for the European Board of Interventional Radiology (EBIR) will also be offered. EBIR is the European qualification in interventional radiology and aims to standardise training and expertise in interventional radiology across Europe.

The next EBIR examination will take place in March 2012 during the European Congress of Radiology (ECR) in Vienna, Austria

EBIR - A Real Exam for a Real Profession



Three exams have taken place since the EBIR was first introduced in 2010 and the fourth is already in preparation. Rising application numbers reflect the popularity EBIR has garnered throughout the European IR community with the exam often serving as a springboard for the careers of young IRs. Under the chairmanship of Klaus Hausegger, the EBIR Committee is currently working on ways to enhance the exam, ensuring further success. To this end, the first German language exam was held at CIRSE 2011 in Munich and further languages are being considered for the future.

What is EBIR?

The European Board of Interventional Radiology (EBIR) is the European qualification in IR and aims to standardise training and expertise in the specialty across Europe. The exam has been commended throughout Europe for its high standard as well as its ability to transcend language barriers and differences in national training curricula. There are currently over 240 EBIR holders, a figure that is expected to grow rapidly over the next few years.

How can I apply?

EBIR candidates must be resident in Europe in the year of examination and must also be members of both CIRSE and the European Society of Radiology (ESR). A relevant curriculum vitae, a logbook of IR experience and a letter of support from the candidate's IR programme director or head of department will need to be submitted. For more detailed information on the exam, please visit www.cirse.org/ebir where candidates will also find sample questions and cases, information on the examination process itself and a recommended reading list.

Visit our YouTube Channel to watch interviews on EBIR and other CIRSE-related topics!
www.youtube.com/user/CIRSEsociety



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“EBIR is a great tool for our growing profession. I hope more young IRs will take the exam in the coming years!”

Anna-Maria Belli

INDUSTRY NEWS

Abbott Laboratories will separate into two publicly traded companies by the end of 2012

Abbott Splits into Two

In October this year, the company Abbott Laboratories announced its plans to split into two publicly traded companies. One of the companies will specialise in medical products and retain the Abbott name while the other will focus on research-based pharmaceuticals.

The company specialising in medical products will retain Abbott's existing diversified medical products portfolio, including its branded generic pharmaceuticals and devices, and plans to include new products and technologies in the future. Miles D. White will remain Chairman and CEO of the medical products company.

The research-based pharmaceutical company, for which a name has yet to be released, will include Abbott's current portfolio of proprietary pharmaceuticals and biologics. Further research is planned in specialty therapeutic areas such as chronic kidney disease, oncology, and neuroscience. Abbott's current Executive Vice President (Global Pharmaceuticals), Richard A. Gonzalez, will become Chairman and CEO of the research-based pharmaceutical company.

The transaction is expected to be completed by the end of 2012.

For a full press release, please refer to the Abbott website.

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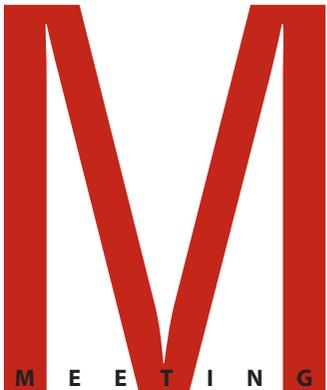
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CIRSE 2011 Congress Report

Over the years the annual congress has grown dramatically, reflecting the development of IR from a solely technical discipline to a mature clinical profession. A clear sign of maturity is the ability to be critically introspective and numerous sessions at CIRSE 2011 were dedicated to the in-depth, scientific evaluation of its procedures. IR's hot topics were also debated during the congress and presentations on numerous IR advances helped paint a picture of a discipline striving for excellence.



CIRSE 2011 was the largest annual congress to date with over 6,000 participants from all over the world

Showcasing Advances in the Field

Interventional radiology is a fast-evolving discipline, always at the forefront of medical innovation. The annual congress provided a perfect platform for attendees to get up to date with the latest advances that have taken place as well as those that still lay on the horizon. During CIRSE 2011, various experts shared the results of their research and numerous **"Free Paper Sessions"** provided attendees with information on novel scientific work from around the world.

Sanjiv Sharma gave an overview of the latest developments in the field of **intra-arterial stem cell delivery** which he argued had the potential to provide a viable therapeutic option for treating a variety of debilitating acute and chronic diseases. Prof. Sharma's institution, the All India Institute of Medicine, is a pioneer in intra-arterial delivery of stem cells and has launched numerous studies, many of which he presented during his lecture. Convinced of the great potential of the treatment, Prof. Sharma explained "I have little doubt that many of the devices that are used today will become decorative pieces in your drawing room and this treatment strategy will change the way we practice medicine". According to Prof. Sharma, the main benefits of the treatment lie in the nature of the stem cell itself - its plasticity as an unspecialised cell, its ability to travel to the site of tissue damage ("homing") and its ability to engraft with the host tissue. Intra-arterial stem cell delivery is currently being used in the treatment of PVDs and may be used for the treatment of diseases such as MS, Alzheimer's and Parkinson's in future.

Jeff Geschwind of Johns Hopkins University held a presentation on **anti-angiogenic drugs**, a topic he considers "a radical paradigm shift in the treatment of liver cancer". Prof. Geschwind was part of the renowned team at Johns Hopkins who discovered the link between bland embolisation and the hypoxic environments that stimulate angiogenesis. His presentation elucidated how chemoembolisation can increase angiogenic factors, leading to a vascularisation of cancer cells that can shorten the effects of the treatment. According to Prof. Geschwind, administering anti-angiogenic drugs - either continuously, in intervals or following chemoembolisation - can hem angiogenesis, thus prolonging the treatment benefits. Prof. Geschwind explained that "The rationale for combining chemoembolisation and anti-angiogenic therapy is there and the goal is clear - we want to prolong the efficacy of the cytotoxic therapy...". Research on this topic is now being carried out which Prof. Geschwind hopes "...will establish once and for all the efficacy of this combined approach".

The benefits of **bio-absorbable stents** over bare metal and drug-eluting stents were highlighted in a presentation by Thomas Schmitz-Rode of the Helmholtz Institute for Biomedical Technology (DE). Modern bio-absorbable stents are made of a magnesium polymer and many are currently either undergoing pre-clinical or clinical trials. Despite the initial success of the stents in trials, Prof. Schmitz-Rode explained that efforts are now being made to solve the common problem of strut fractures which can occur in the bio-absorbable polymer scaffolds. Prof. Schmitz-Rode also spoke about novel **cell-coated stents** - self-expanding stents, completely embedded in a tissue-engineered vascular graft. According to



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Prof. Schmitz-Rode, cell-coated stents can aid in "...the complete exclusion of the thrombogenic, atherosclerotic plaque by a solid tissue layer on the one hand and the luminal coating with a functional endothelial cell layer on the other hand". This, he argued, may prove particularly beneficial for regions which are at high risk of restenosis.

Jan Peregrin of the Institute for Clinical and Experimental Medicine in Prague (CZ) gave an overview of advances in **pancreatic islet transplantation**. Using data from his institute, which was among the first to provide the treatment, Prof. Peregrin highlighted the main complications that can result from islet transplantations including haemorrhages, elevated liver enzyme levels and, in rare cases, punctures of the biliary tract and vasovagal syncope. The treatment has been proven to be safe and can lead to significant reductions to daily insulin dosage as well as stabilisation of glucose control for many patients. However, Prof. Peregrin was keen to stress that islet transplantation does not always free patients from hyperglycaemic episodes and proper patient selection is often paramount to the success of the treatment.

A presentation on **irreversible electroporation (IRE)** was held by Riccardo Lencioni of Cisanello University Hospital in Pisa (IT). With the help of histological slides, Prof. Lencioni provided sound evidence of the efficacy and precision of the procedure which is now being used in numerous centres throughout Europe. **Light-activated drug therapy** - a novel, non-thermal cancer treatment - was also covered in Prof. Lencioni's presentation. "This technique uses light-emitting diodes to activate talaporfin sodium... a small drug mole-

cule, derived from chlorophyll that concentrates in tumours when administered intravenously". The talaporfin is triggered by a thin light-emitting activator which is placed into the tumour in a procedure that is comparable to a biopsy. The drug is capable of absorbing long-wavelength light, resulting in singlet oxygen that causes apoptotic cell death by oxidation and permanent tumour blood vessel closure. The non-thermal nature of the treatment means that healthy tissue, including vascular structures and ducts, are left intact and a possible heat-sink effect can be avoided.

Diagnostic imaging always forms an important part of the annual congress as advances in imaging often dictate future developments in IR. Luigi Solbiati of the General Hospital of Busto Arsizio (IT), held a presentation on **fusion imaging** - a cutting-edge modality which can provide accurate information on the number, size, location and anatomy of tumours. According to Dr. Solbiati "Every modality has its advantages and disadvantages... fusion imaging combines different modalities to make use of their unified advantages".

An informative presentation on high-tech, **robot-assisted CT-guided interventions** was given by Roy Santosham of Sri Ramachandra Medical College in Chennai (IN). Prof. Santosham, who played a central role in the development of the robotic system, explained its mechanics based on his own experience. He also showed how the system can be used to produce more accurate scans and to significantly reduce radiation dosage. Despite the precision of the robot, Prof. Santosham explained that it cannot and should not be used to replace the skilled work of a professional interventional radiologist.

Islet transplantation does not always free patients from hyperglycaemic episodes and proper patient selection is key





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CIRSE 2011 Congress Report

During the 2011 “CIRSE meets...” session attendees were also given insights into how IR clinical practice is dealt with in various countries

Promoting Proper Clinical Practice

As far back as 1968, Charles Dotter warned that if IRs were “unwilling or unable” to carry out their clinical practice responsibilities they would “become high-priced plumbers facing forfeiture of territorial rights based solely on imaging equipment others can obtain and skills others can learn”. Over four decades later, many IRs are still struggling to gain clinical control in their institutions. An “IR Management” track was held for the first time at CIRSE 2011, offering practical advice on a range of topics as well as updates on recent IR-related guidelines and policies.

Jim Reekers of the University of Amsterdam (NL), held a presentation on the newly released **Consensus Guidelines** of the International Working Group on the Diabetic Foot (IWGDF). Keen to underline the importance of IR’s inclusion in such guidelines, Prof. Reekers asserted “...if we want our treatments to be accepted we have to get our data into guidelines and present them to our other clinical colleagues”. The IWGDF Consensus Guidelines mark a major step forward for the discipline as it is one of the first recognised documents to state that IR is as effective as surgery. The guidelines also “...clearly state that a multi-disciplinary approach is essential and gives the best outcome”. Work on the IWGDF Consensus Guidelines began in 2010 and saw the co-operation of a multidisciplinary group of medical specialists including diabetologists, vascular surgeons, interventionalists and IRs. The guidelines will be published on the IWGDF website (www.iwgdf.org) soon.

The need for IR to become a **recognised clinical sub-specialty** was highlighted in a presentation by Andreas Adam of Guy’s and St Thomas’ Hospital in London (UK). Prof. Adam described possible

scenarios for the future of the discipline saying it could either remain “...the technical specialty of radiology” which would encourage turf battles, or separate from radiology completely which would mean losing a major source of referrals. Alternatively, IR could also be integrated into another discipline, but this would mean a loss of identity. Prof. Adam argued that becoming a recognised subspecialty is the model for the future that is “...compatible with what IRs do today” and one that would lead to the most growth and advancement for IR.

During the 2011 “**CIRSE meets...**” session attendees were also given insights into how IR clinical practice is dealt with in various countries. The German Society of Interventional Radiology (DeGIR) held presentations on professional policies, quality assurance and continuing education in their country. Members of the Interventional Radiology Society of Australasia (IRSA) described common procedures in their country including the treatment of vascular malformations, abdominal aneurysms and duct interventions.

A presentation by Anna-Maria Belli of St. George’s Hospital (UK) shed light on the importance of IRs taking responsibility for their procedures from start to finish. Speaking about the use of **prophylactic occlusion balloons** to avoid post-partum haemorrhage, Prof. Belli emphasised that “...IRs must form an active part of the team” in order to assure the success of the procedure. She encouraged IRs who carry out the procedure to be present at the delivery where they can also help treat complications that can occur. Prophylactic occlusion balloons can be used for women considered to be at risk of post-partum haemorrhages such as those with adherent placenta. Prof. Belli asserted that



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although the procedure is increasingly being demanded by obstetricians, IRs had to be aware that “it is an evolving technique which still needs to be carefully evaluated”.

Dierk Vorwerk of Klinikum Ingolstadt (DE) presented the results of a **survey on IR in European countries** that he conducted. The small-scale survey was carried out in 18 countries and respondents answered 14 questions on a range of clinical practice subjects. Interesting results from the survey included the fact that direct referral to IR is currently possible in most European countries and that the majority of IRs practise part-time alongside diagnostic work. The survey also shed light on the growing difficulty in recruiting medical students for IR throughout Europe.

Improving clinical practice was also the subject of a **morbidity and mortality conference** held on September 13. During the session, case reports of vascular and non-vascular interventions that led to preventable complications or deaths were presented and possible solutions were discussed.

Advocating Evidence-Based Medicine

In light of the international economic crisis, governments and other key policy makers are increasingly demanding scientific evidence of the efficacy of treatments. In this way, the evidence base for a procedure can affect reimbursement systems, research funding and hospital structures (e.g. allocation of machines or beds). CIRSE 2011's honorary Gruentzig and Roesch lectures both focused on the importance of **Evidence-Based Medicine (EBM)**, describing its effects on IR from different perspectives.

Jonathan Moss of Gartnavel General Hospital in Glasgow (UK) held this year's **Gruentzig Lecture**. In his thought-provoking lecture entitled “Evidence Based IR - Not How but If and When”, Prof. Moss pushed for IR to move past simply advocating the use of its procedures to openly discussing the cases in which they may not be the best option. The lecture emphasised the importance of IRs using sound “clinical judgement” and not treating patients they feel would be better off in the hands of another specialist. He argued that this will not decrease referrals to IR but rather aid in cementing the view of IR as a professional and reliable discipline.

This year's **Roesch Lecture** was held by Małgorzata Szczerbo-Trojanowska of Medical University of Lublin (PL). The lecture examined the role of EBM in controversial endovascular **carotid stenosis treatments**. According to Prof. Szczerbo-Trojanowska “EBM should always show that the medical benefits of a procedure outweigh its risks” and a scientific evidence base can only result from thorough research. However, Prof. Szczerbo-Trojanowska explained that numerous contemporary studies on carotid stenosis treatments (e.g. SAPPHERE trial, EVA 3S trial, SPACE trial) have been poorly designed and “...although regarded highly in EBM, various randomised trials have produced conflicting results”. This led Prof. Szczerbo-Trojanowska to question if EBM is always based on “good evidence” and she warned against “blindly following” studies. Prof. Szczerbo-Trojanowska also highlighted the importance of **Quality Improvement (QI)**, explaining “EBM is focused more on doing the right things whereas QI is focused more on doing things right”. When combined, these two aspects can “...direct us on how to do the right things, right”.

CIRSE 2011's
honorary
Gruentzig and
Roesch lectures
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the importance
of evidence-
based medicine





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The sessions described in this report are only a few examples of the wealth of lectures and workshops that took place during CIRSE 2011.

Many thanks to all CIRSE 2011 speakers for their valuable contribution to the success of the congress.

Missed a session?
Visit esir.org
to access the recordings!

Answering Key Questions

CIRSE 2011 saw the introduction of “**Hot Topic Symposia**” - plenary sessions during which the most controversial topics in IR were addressed. The topics discussed during this year’s symposia were “Image-guided Ablation Replaces Surgery in Resectable Liver Tumours” and “Is CCSVI a Real Entity?”

The Hot Topic Symposia on **Chronic Cerebro-Spinal Venous Insufficiency (CCSVI)** saw two prominent IRs defend their views on the efficacy of the treatment. Michael Dake of Stanford University (US) argued for the treatment’s use in MS and insisted that “A randomised controlled trial is the only way we are going to know if this has any merit whatsoever... we all want to get to the next step and if not CIRSE and Europe to show us the way then I don’t know who!” Prof. Reekers (Amsterdam, NL) held a presentation against the use of the treatment, based on its lack of level 1 evidence. During the presentation, Prof. Reekers whole-heartedly warned against offering unfounded treatments to desperate patient groups.

Numerous other debate sessions took place during the congress, where speakers voiced their opinion on a range of novel or controversial procedures. Antonin Krajina of Charles University Hospital (CZ) argued for **TIPS** to become the primary therapy for severe ascites. According to Prof. Krajina “You need to find a balance between the risks of the TIPS procedure and controllable portal hypertension by using medication and large volume paracentesis”. Prof. Krajina explained that the procedure, which is often criticised for inducing encephalopathy, increases liver function and treats well-known causes of ascites. However, complications can

arise and “...liver dysfunction may actually be increased as part of the portal blood flow passes the liver”. In conclusion, Prof. Krajina asserted that “As soon as the ascites is permanent or steadily progresses, it is better to do TIPS without delay”.

A presentation by Eric Verhoeven of Klinikum Nürnberg Süd (DE) advocated the use of **Fenestrated EVAR (F-EVAR)** in the treatment of abdominal aortic aneurysms with short or absent necks. According to Prof. Verhoeven, F-EVAR can help turn short or absent necks into long necks because “...you can customise your fenestrations in such a way that you end up with a neck of 22-25 mm”. Prof. Verhoeven also explained that numerous improvements have been made to the grafts recently and, in his opinion, “...when a patient has a suitable anatomy for a fenestrated graft, it should really be our first option”.

Xavier Buy of University Hospital of Strasbourg (FR) argued for the use of **thermal techniques for herniated discs** over the other methods available (chemical or mechanical). The thermal techniques currently in use include laser therapy and coblation, the latter being the most recent development of the two. Dr. Buy explained that although studies have shown coblation to be significantly better than purely mechanical techniques, randomised trials are still lacking. Alexis Kelekis of University of Athens (GR), who argued for the use of mechanical techniques in the treatment of herniated discs, warned that laser treatment can lead to extensive necrosis of cartilage and bone and may negatively affect surrounding nerves. According to Prof. Kelekis, a major shortcoming of the coblation procedure lies in the difficulty of visualising how much of the tissue has been ablated, a problem that is easily avoided in mechanical treatments.



Practice Makes Perfect



Hands-on Workshops

A Closer Look at Closure Devices

This workshop gave participants an overview of the closure devices currently on the market as well as the indications and contraindications for their use. Participants had the opportunity to try out various devices and were able to describe proper arterial puncture technique by the end of the session.

Embolization: Materials and Tools

Participants of this workshop were given a valuable insight into one of IR's most established treatments - embolization. The workshop focused on the use of common embolic agents such as coils, plugs, glue and onyx. By the end of the session, participants were able to differentiate between the most common embolic agents and had learned valuable lessons on how to avoid non-target embolization.

Hands-on Masterclasses

CIRSE 2011 participants also had the opportunity to improve their skills during various hands-on masterclasses. The simulated training sessions were held on a range of topics including angioplasty and stenting, EVAR, CLI and embolization.

IVC Filters

The advantages and disadvantages of different IVC filters were described during this workshop and participants were able to test various models for themselves. Expert faculty were on hand to answer all questions and share valuable tips on proper filter extraction and conversion.

Stroke Therapy

An increasing number of IRs are currently involved in various forms of stroke therapy. During this workshop, participants learned about this exciting branch of IR by testing various devices for intracranial thrombectomy on a flow model.

Tumour Ablation

During this workshop, participants were able to hone their skills by testing various ablation systems on a phantom. Participants received an informative overview of the basic principles of tumour ablation as well as practical advice on proper clinical application.

Varicose Veins

The workshop on this important yet often underrated branch of IR was offered for the very first time at CIRSE 2011. Participants were given an overview of the various forms of IR treatment for varicose veins as well as information on the set-up requirements for successful endovenous ablation.

Vertebral Augmentation Techniques

During this popular workshop, participants were able to practise the basics of good needle placement in a spinal vertebral body model under fluoroscopic guidance. Instructions on how to correctly prepare cement were given and an overview of literature on vertebral augmentation helped answer many burning questions.

Numerous hands-on workshops and simulated training sessions helped CIRSE 2011 participants fine tune their practical skills

CIRSE launched the largest PR campaign the society has ever staged during this year's annual congress

M M E E T I N G

A Major Campaign for a Major Discipline

Carefully selected radio and television media were invited to attend a round-table discussion, held on September 12

Media representatives from all over Germany were invited to attend a specially designed programme at CIRSE which included informative workshops and a round-table discussion with leading experts. The sessions focused on two areas in which IR has become an established treatment option - diabetes and oncology - shedding light on the benefits it can bring. Journalists were also offered professional assistance in the creation of IR-specific press texts and special information sheets were designed for their convenience.

Expert Opinions

Carefully selected radio and television media were invited to attend a round-table discussion, held on September 12. The multidisciplinary panel highlighted IR's potential for reducing the number of diabetes-related amputations, its achievements in the field of oncology and the importance of multidisciplinary co-operation. The session was moderated by the renowned internist and health expert, Dr. Marianne Koch, of the Bavarian Broadcasting Corporation (Bayerischen Rundfunk).



"A patient's treatment plan should not be dictated by referrals alone - if they end up with a surgeon they should not necessarily have surgery and if they end up with an oncologist chemotherapy may not be the only solution. An interdisciplinary decision needs to be made as to which course of treatment is most beneficial for the patient."
Martin Fuchs



"...IR's cutting-edge treatments are welcomed by patients who see it as a valuable alternative to open surgery as well as hospital managers who appreciate its potential for reducing costs."
Thomas Helmberger



"IR has revolutionised the treatment of stroke. We can access the site of a stroke through a small puncture in the groin and provide valuable treatment for patients who could otherwise not be treated."
Josef Tacke



The expert panel: (left to right) Arno Bücker (IR, Universitätsklinik des Saarlandes, Homburg/Germany), Petra-Maria Schumm-Draeger (endocrinologist and diabetologist, Städtisches Klinikum München, Munich/Germany), Martin Fuchs (oncologist, Klinikum Bogenhausen, Munich/Germany), Marianne Koch (internist and radio host for the Bavarian Broadcasting Corporation), Josef Tacke (IR, Klinikum Passau, Passau/Germany), Walter Gross-Fengels (IR, Asklepios Klinik, Hamburg/Germany), Reiner Hartenstein (internist, oncologist and President of Bavarian Cancer Society), Thomas Helmberger (IR, Klinikum Bogenhausen, Munich/Germany).



The Patient's Voice

Journalists also had the opportunity to attend informative media workshops where IR procedures were described in more detail. IR patients were present to share their stories, lending the workshops a valuable human angle.



"They tried everything to save the toes on my left foot but nothing helped and they had to be amputated. Thanks to this procedure, most toes on my right foot could be saved and all the wounds, including those on my left foot have closed up."

Simon Günther, diabetic foot patient



"At some point I was passed off as 'incurable' but now I am doing very well as you can see! The IR treatment was not painful - in fact I don't recall feeling anything at all!"

Geyer Lorenz, liver RFA patient



Journalists had the chance to examine IR devices for themselves.

Spreading the Message

Media coverage of the congress was outstanding with reports on IR and CIRSE 2011 featuring in various print, online, radio and TV media.



"IRs have a range of devices and procedures available to them with which to treat blocked blood vessels. Statistics have shown that IR treatments help reduce the number of amputations required."

Walter Gross-Fengels speaking to the Bavarian Broadcasting Corporation (Bayerische Rundfunk), 12.09.2011

Two media workshops were held where patients described their experiences with IR treatments



A series of information sheets were also created, offering journalists clear and concise information on IR's most successful procedures.



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A Major Campaign for a Major Discipline

Press releases and information sheets on IR are available on the CIRSE website



DZKF, Online Portal für Klinische Forschung, 07.08.2011
"Numerous studies have already proven the efficacy of IR treatments for HCC. As a result, both percutaneous and intra-arterial HCC therapies are now being added to treatment protocols alongside surgical methods."



Radio talk show "Gesundheitsmagazin" of the Bavarian Broadcasting Corporation (Bayerische Runkfunk), 28.08.2011
"IR gives hope to patients who cannot be treated using conventional methods... Only 10-15% of HCC patients are suitable for conventional treatment... IR has become the treatment of choice for the patient groups that are often deemed 'incurable'."



Süddeutsche Zeitung, 14.09.2011
"After walking through the CIRSE 2011 exhibition hall, it becomes clear that IRs do far more than 'take X-rays'... their procedures have become the gold standard for the management of diabetes complications."



European Hospital, September 2011 Issue
"Interventional radiologists throughout Europe are in a position to treat the consequences of diabetes in its different stages by means of minimally invasive, image-guided interventions."



Recruiting the Next Generation of IRs



Interventional radiology has what it takes to impress young medical students - it has innovative procedures, uses cutting-edge devices and provides viable solutions to problems when other disciplines cannot. Despite its understandable appeal, very few medical students eventually go on to pursue a career in IR, causing inevitable recruitment shortages.

The CIRSE 2011 Local Hosts, Thomas Helmberger (Klinikum Bogenhausen/DE) and Josef Tacke (Klinikum Passau/DE) played a key role in the programme, holding charismatic presentations on the discipline and answering the students' questions in detail. Further members of the CIRSE 2011 Local Host Committee also took the students on a tour of the exhibition space, where they gave demonstrations and allowed the students to try devices out for themselves.



A specially designed student programme was held during CIRSE 2011, which aimed to make the discipline more accessible to the next generation of physicians. Students from all over Germany were invited to take part and a 200 Euro travel and accommodation grant was presented onsite to the first 100 students residing outside of Munich.



Students were invited to CIRSE 2011 to join in a specially designed introductory IR programme





Honouring Leaders in the Field



Distinguished Fellowship was awarded to three outstanding IR experts: John A. Kaufman, Lindsay Machan and Anthony F. Watkinson

Gold Medal

Jim A. Reekers completed his undergraduate medical training at the University of Amsterdam in the Netherlands. Inspired by the work of Charles Dotter, he developed a special interest for IR, gaining Board Certification in diagnostic radiology in 1986. In 1999, he was appointed Professor of Radiology and Interventional Radiology at his alma mater - a position he still holds today.

Known for his dedication to IR and passion for evidence-based medicine, Prof. Reekers has been

the recipient of numerous awards and was also President of both CIRSE (2007-2009) and the Dutch Society of IR (1998-2010).

Prof. Reekers is truly a man of many talents - he is the author of numerous books and peer-reviewed articles, a charismatic speaker and educator, the inventor of various innovative devices, a talented painter and an avid musician.



Electronic Poster Awards 2011

SCIENTIFIC

MAGNA CUM LAUDE

Evaluation of a phase III clinical trial comparing transarterial chemoembolization (TACE) using irinotecan-loaded polyvinyl alcohol microspheres (DEBIRI) vs. systemic chemotherapy Folfiri (CT) for the treatment of unresectable metastases to the liver (LM) in patients with advanced colorectal cancer (MCRC)

G. Fiorentini, C. Aliberti, M. Tilli, A. Mambrini, G. Turrisi, P. Dentico, G. Benea

Cum Laude

Improved drug targeting of liver tumors following transarterial embolization (TAE) using magnetic nanoparticle (MNP) and lipiodol complex: preclinical assessment in a rabbit model of liver tumor

Y.I. Kim, C.-H. Ahn, E.-J. Cha, I.J. Lee, I. Ryoo, J.W. Chung

Is there a role for prophylactic gastroduodenal artery embolization in the management of patients with active upper GI hemorrhage?

S. Dixon, V. Chan, V. Shrivastava, M. Bratby, S. Anthony, R. Uberoi

Certificate of Merit

Transcatheter shunt occlusion for porto-systemic encephalopathy: interventional management and clinical outcome

K. Kobayashi, S. Hirota, H. Maeda, S. Yamamoto, S. Achiwa, Y. Kako, Y. Furukawa, M. Yamasaki, Y. Igarashi, T. Katsuura, R. Ishikura

A randomized phase II trial of irinotecan drug-eluting beads administered by hepatic chemoembolization with intravenous cetuximab (DEBIRITUX) versus systemic treatment with intravenous cetuximab and irinotecan in patients with refractory colorectal liver metastases and Kras wild-type tumors

A. Stein, M. Duex, R. Kickuth, A. Petrovitch, S. Pluntke, J. Ricke, C. Stroszczyński, T.J. Vogl, D. Arnold, P.L. Pereira

Trans-caval endoleak embolization (TCEE) of type I and II endoleaks occurring after endovascular abdominal aortic aneurysm repair (EVAR)

R. Gandini, D. Konda, M. Chiochi, D. Morosetti, A. Chiaravalloti, G. Loreni, G. Simonetti

Experience on the use of SIR-CIRSE guidelines for patient radiation dose management in neuro-radiology

E. Vano, J.M. Fernandez, R.M. Sanchez, L. Lopez Ibor, A. Gil, C. Serna

EDUCATIONAL

MAGNA CUM LAUDE

Insulation and temperature monitoring during tumor thermal ablation: state of the art

G. Tsoumakidou, J. Garnon, X. Buy, J.F. Cabral, A. Gangi

Cum Laude

Interventional MRI of the musculoskeletal system in children and adults: principles and procedures

J. Fritz, J.A. Carrino, C.D. Claussen, J.S. Lewin, P.L. Pereira

Percutaneous prostate cryoablation under MR-guidance: technique, advantages and limitations

G. Tsoumakidou, H. Lang, J. Garnon, X. Buy, E. Bieton, M. de Mathelin, C. Kauff, A. Gangi

Certificate of Merit

Treatment of orbital venous and lymphatic malformations with percutaneous sclerotherapy

G.K. Chiramel, S.N. Keshava, V. Moses, S. David, S. Sen

The role of primary percutaneous drainage in the management of acute necrotising pancreatitis: an evidence-based radiology review

E.J.P. McCarthy, N. O'Mahony, K. Cronin, C. Johnston, N. McEniff

Adrenal venous sampling: tips for technical success

S. Kubo, M. Ishii, E. Aoki

Pictorial review of gastrointestinal complications following open aortic aneurysm repair

R. Patel, S.K. Agarwal, S. Puppala



CIRSE thanks all Electronic Poster submitters for their valuable contributions to the scientific content of the congress



CIRSE 2011 Exhibitors

The 5,000 m² exhibition space at CIRSE 2011 provided the perfect platform for over 100 corporate partners who attended the congress to launch their most advanced medical devices.

Abbott Vascular International
Acandis
Acrostak
ActiViews
ALN Implants Chirurgicaux
amedo Smart Tracking Solutions
Andanza
Andramed
AngioDynamics
Argon Medical Devices
ArtVentive Medical
Asahi Intecc
Atrium Europe
Bard
Baylis Medical
B. Braun Medical
b.e.imaging.
BIBA Medical Interventional News
biolitec
Biotronik
Bolton Medical
Boston Scientific
Bracco
British Society of Interventional Radiology
BSD Medical
CareFusion
Celon - Olympus Surgical Technologies Europe
CeloNova BioSciences
Chongqing Haifu (HIFU) Technology
CID
CIVCO Medical Solutions
ClearStream Technologies
Cook Medical
Cordis, Johnson & Johnson
Covidien
Crux Biomedical
CVIR
Delcath Systems
ECIO 2012
Edizioni Minerva Medica
Ekos
Endovascular Today
eucatech
Eurocor
European Federation of Radiographer Societies (EFRS)
ev3 Europe
Galil Medical
GEM
Gore & Associates
Greek (Hellenic) Society of Interventional Radiology
Hexacath
H.S. Hospital Service
Idev Technologies
IROS 2012
iSYS Medizintechnik
Italian Society of Vascular and Interventional Radiology (SIRM)
Joline
Jotec
Lifetech Scientific
LINC 2012
Lombard Medical
Mavig
MDT Medical Instruments Division
Medcomp
Medex Research
Medical Research Company
Medrad Europe
Medtronic
Merit
Microsulis Medical
Möller Medical
Next Publishing Research and Media
Nordion
OptiMed Medizinische Instrumente
Orzone / "The Orcamp experience"
Pan Medical
PharmaCept
Philips Healthcare
PHS Medical
QualiMed Innovative Medizinprodukte
RF Medical
Siemens
Sirtex Medical Europe
Society of Gastrointestinal Intervention (SGI)
Society of Interventional Radiology (SIR)
Spectranetics International
StarMed
SteryLab
St. Jude Medical
Straub Medical
Synovate Healthcare
Synthes
Tecres
TeraRecon
Terumo Europe
TriVascular
Turkish Society of Interventional Radiology
UreSil
Vascular Solutions
Vidacare
Wisepress Medical Bookshop
Ziehm Imaging

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M E E T I N G

CIRSE would like
to thank its
corporate
partners for their
contribution to
the annual
congress!



Congress Newspapers Available Online!

CIRSE's Congress Newspaper is a valuable source of information on the congress, featuring articles on interesting sessions taking place on specific days. It also serves as a handy way of reliving the highlights of the congress long after it has finished.



This year's Congress Newspapers covered an array of interesting topics including:

SATURDAY

- EVAR: proof of a standard
- When the robot takes over: advances in robotics in IR
- EBIR – the next generation of IRs
- Drug-eluting beads and irinotecan: one step further
- PAD guidelines 2011



SUNDAY

- Is renal stenting dead?
- Is CCSVI a real entity?
- Superior hypogastric nerve block to reduce pain after UFE
- MWA of lung tumours
- Plaque imaging and characterisation



MONDAY

- Pedal occlusive disease – the last frontier for IR
- MRgFU for low-risk prostate cancer
- IR management of vertebral fractures
- Acute stroke imaging – a multimodal approach for better patient selection
- How good are drug-eluting balloons?



TUESDAY

- Combined approach for unresectable liver malignancies
- HCC: resection vs. ablation
- Angioplasty and bare stenting in below-the-knee recanalisation
- Transcatheter therapy in hepatic colorectal metastases



Access all four Congress Newspapers on the CIRSE website



ESIR 2012



European School of Interventional Radiology

In 2012, the CIRSE Foundation will organise nine local courses in different university hospitals around Europe.

Course Programme

Embolisation (Level 2-3)

April 20-21, 2012

Amsterdam/NL

Basic Vascular (Level 1)

May 11-12, 2012

Sofia/BG

Tumour Ablation (Level 2-3)

May 25-26, 2012

Novi Sad/RS

Venous Disease (Level 2-3)

June 22-23, 2012

Winterthur/CH

CLI & Diabetic Disease (Level 2-3)

October 5-6, 2012

Vienna/AT

Aortic & Thoracic Stent Graft (Level 3-4)

October 12-13, 2012

Rome/IT

Radiologia Intervencionista No Vascular (Level 2-3)

October 19-20, 2012

Bilbao/ES

Biliary Percutaneous Interventions (Level 1-2)

October 26-27, 2012

Brno/CZ

Liver Interventions (Level 2-3)

November 9-10, 2012

Munich/DE

For more information on upcoming ESIR courses, please contact office@esir.org

"One of the most important aspects I learned was how to choose the right materials for specific procedures"

Visiting Scholarship Grant

Hugo Rio Tinto

Since the very beginning of my residency, I have always been very interested in interventional radiology. It has always been rewarding for me to work in the IR department, especially on vascular procedures. When I came across the CIRSE Fellowship Grant Programme, I knew immediately that I had to apply for it.

My fellowship began on May 23, 2011 in the Cardiovascular Radiology Department at Hôpital Européen Georges Pompidou in Paris. The hospital has the largest IR centre in Paris. I would like to express my gratitude to Professor Marc Sapoval for kindly accepting me.

The Cardiovascular Radiology Department is physically separated from the Diagnostic Radiology Department but a strong connection between the two still exists. The IR team has three suites, equipped with a cone-beam CT and the most modern technology available. Sometimes it was hard for me to choose a suite to be in, as important procedures were taking place in all of them at the same time!



Left to Right: Marc Sapoval, Hugo Rio Tinto, Massimiliano Di Primio, Lambros Tselikas

Professor Sapoval and his team have experience in a wide range of procedures, both vascular and non-vascular. This programme gave me the opportunity to learn about interventional techniques and witness many different procedures including EVAR, UFE, IVC filters, chemo-embolisation, vertebroplasty and below-the-knee (BTK) interventions. It also gave me the possibility to become more familiar with procedures such as iliofemoral angioplasty and stenting as well as fistula management. One of the most important aspects I learned was



Hôpital Européen Georges Pompidou, Paris

how to choose the right materials for specific procedures. This was particularly important in BTK interventions, where a lot of different materials are available but not all of them are suitable for certain procedures.

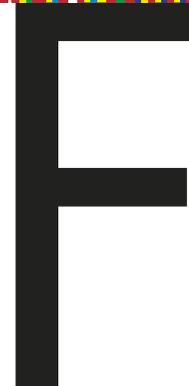
The hospital also holds multidisciplinary meetings with vascular surgeons, gynaecologists and other medical specialists where the most important cases and complications are thoroughly discussed. The successful procedures that follow prove that these meetings are definitely worthwhile.

I was also able to assist Professor Sapoval during his weekly consultations where he evaluates patients before and after procedures and also describes the expected clinical outcomes and possible complications to them.

I finished the Fellowship Grant Programme with all my educational goals fulfilled, even taking part in the creation of an important document on embolisation which will soon be submitted for publication.

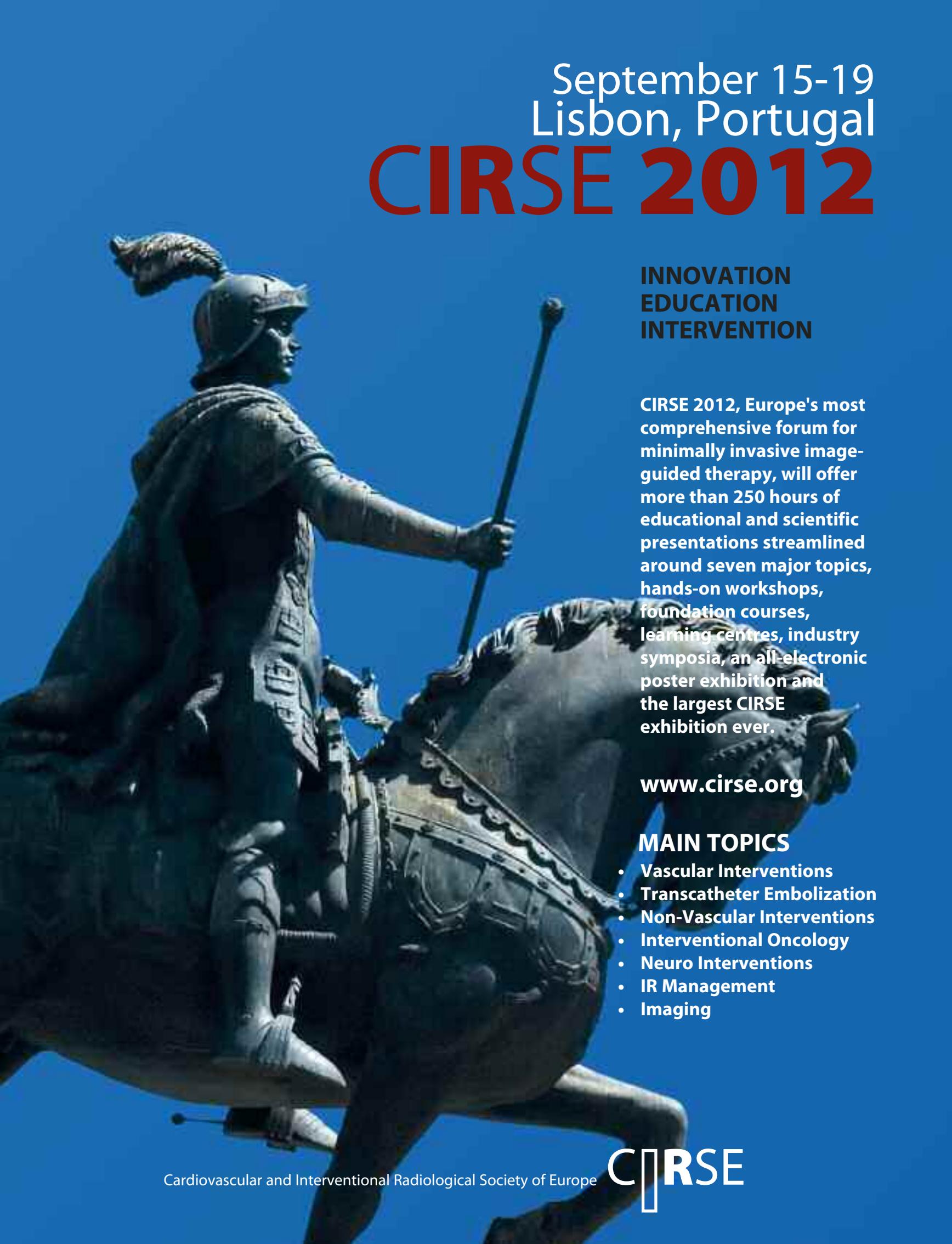
I would like to thank the CIRSE Foundation for the programme and the opportunity I had to participate this year.

Finally, I want to thank the team at Hôpital Européen Georges Pompidou - you were all absolutely wonderful! Thank you to the consultants, fellows, residents, radiographers and nurses. A special thanks to Lambros, Moncef, Ana and Massimiliano who showed me remarkable hospitality and with whom I enjoyed many moments I will never forget.



Hôpital Européen Georges Pompidou

- 814 beds
- 432 members of medical staff
- Centre for Rare Diseases



September 15-19
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EDUCATION
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CIRSE 2012, Europe's most comprehensive forum for minimally invasive image-guided therapy, will offer more than 250 hours of educational and scientific presentations streamlined around seven major topics, hands-on workshops, foundation courses, learning centres, industry symposia, an all-electronic poster exhibition and the largest CIRSE exhibition ever.

www.cirse.org

MAIN TOPICS

- **Vascular Interventions**
- **Transcatheter Embolization**
- **Non-Vascular Interventions**
- **Interventional Oncology**
- **Neuro Interventions**
- **IR Management**
- **Imaging**

“Now I am back in my department in Lublin where we would like to utilise the knowledge I gained and offer new treatments in our hospital”

Foundation Fellowship Grant

Magdalena Jarzabek



I would like to express my gratitude for having been given the CIRSE Foundation Fellowship Grant which allowed me the honour of spending six months at Guy's and St. Thomas' Hospital in London.

As a member and honorary contract holder of the General Medical Council, I was able to work as a Clinical Fellow in the Interventional Radiology Department under the supervision of Professor Andreas Adam and Doctor Tarun Sabharwal. This experience gave me the chance to broaden my overall knowledge in radiology, as well as to learn more about the new procedures and equipments used in IR.

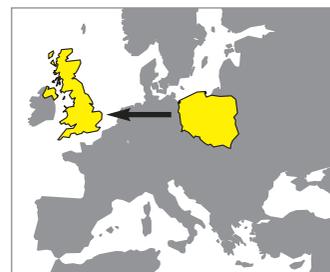
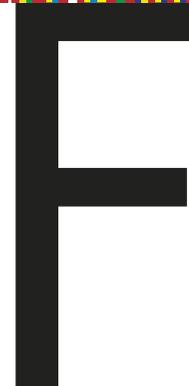
I was included in the rotation schedule in the hospital which gave me a real sense of how the hospital works. Furthermore, I participated in various procedures, which helped improve my skills. The vascular procedures I participated in included angioplasty and stenting, various embolisation procedures, vena caval filter placement, fistuloplasty and a number of venous access procedures. In addition, I was able to participate in my first ever transjugular liver biopsy and venous sampling procedures under the supervision of a consultant.

The non-vascular procedures I participated in included US and CT biopsies, balloon myotomy of the oesophagus and stent implantation, nephros-

omy, ureteric stent placement and biliary drainage. I also assisted in thoracic and abdominal aortic stent graft insertion and fenestrated, visceral aneurysm repair, duodenal and colonic stent implantation, vertebroplasty, biliary stent insertion and percutaneous gastrostomy. I was allowed to attend the multidisciplinary meetings that took place in the hospital, where difficult patient cases were discussed and followed up.

Working with Professor Adam's team gave me a rare chance to witness the use of many cutting-edge devices, some of which I was also able to try out myself. These included the Angio-Jet, Trellis and Outback. I participated in biodegradable oesophageal stent insertion, as well as in radiofrequency ablation of tumours, the latter of which I was collecting data on as a part of my scientific work. Now I am back in my department in Lublin where we would like to utilise the knowledge I gained and offer new treatments in our hospital.

I would like to thank Mr. R. Dourado, who kindly showed me various methods for decreasing radiation dosage. I would also like to express my gratitude to the whole team - the consultants, fellows, residents, nurses and radiographers - for their warm reception, helpful explanations and the great farewell party they organised for me! I hope to stay in touch with them all.



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- Founded over 800 years ago
- Home to the Florence Nightingale Museum

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