

3/2010

S O C I E T Y M E E T I N G F O U N D A T I O N

CIRSE Closure
Device Registry
Published

PR for IR
in Spain

First-ever
EBIR Exam
a Success

IR
news



CIRSE 2010 - Inspiring Growth and Great Community Spirit

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

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Annual Congress to Date!

Cardiovascular and Interventional Radiological Society of Europe

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Dear Colleagues,

This was my first year attending the annual congress as CIRSE President and, I have to say, I made a big mistake - I accepted too many scientific commitments, underestimating how busy the time schedule of a president would be. The good thing about such a mistake is the weight loss that occurs when you have no time to eat. Perhaps I will market my findings as a new form of diet!

Jokes aside, the busy schedule I had at CIRSE reflects the increasing wealth of information available at our annual congress. With over 250 hours of sessions, it is difficult to attend everything that is of interest. If you missed any sessions, please visit the new and improved esir.org website where you can find valuable webcasts and presentations from the congress.

The success of CIRSE 2010 is reflected in the numbers (see page 21) and would not have been possible without the support of its members. It is, therefore, with great pleasure, that we welcome our three newest group members - Italy, Croatia and Australia - to the CIRSE family. Benvenuti, Dobro došli, and Welcome!

With the continued support of CIRSE's members, numerous milestones have been passed. One such milestone is the EBIR examination, which took place for the first time during CIRSE. Congratulations to the 16 examinees who passed and many thanks to Robert Morgan for his hard work in organising it. Please see page 5 for more information on future exams.

The past few months have not only seen great developments in IR education - IR research has also seen its share and I am happy to announce that the results from CIRSE's independent Closure Device Registry have been published in CVIR. More research projects are being planned including CIRSE's IVC Filter Registry for which Michael Lee is the Principal Investigator.

With various developments taking place in our discipline, it has become more important to make them known to the public. For this reason, CIRSE has increased its press work by organising press conferences (see page 10), and distributing press releases to the media. The Central Office is also offering our members help with their national PR campaigns, an offer I encourage all member societies to take up as it is up to us to get the information about our discipline to the people who need it most - patients and, of course, our colleagues from other medical specialties.

The preparations for next year are already underway and to quote a wise colleague, "the end of one congress is already the beginning of the next". I want to encourage you to get actively involved in CIRSE 2011 - help widen its scientific scope by submitting your abstracts, inform colleagues on how to attend, send us any important or unusual advances in IR that you hear of, or, for the active ones among us, start training for our sports events! Any contribution will be greatly appreciated, so join me as I roll up my sleeves and set to work making CIRSE 2011 an even greater success!

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Benvenuti,
Dobro došli, and
Welcome to our
newest group
members - Italy,
Croatia and
Australia!



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CIRSE CLOSURE DEVICE REGISTRY

The Registry was closed within seven months due to the efficient work of CIRSE's researchers

CIRSE Vascular Closure Device Registry Published in CVIR

Jim A. Reekers, Primary Investigator for Closure Device Registry

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A new CIRSE registry on IVC Filters has been opened. Please visit www.cirse.org for information on enrollment



Closure devices are commonly used in vascular IR procedures to help control post-procedural bleeding. However, despite their common usage, few multi-centre studies have been carried out examining the devices. The independent Vascular Closure Devices Registry was opened by CIRSE in January 2009 with the aim of determining the safety and possible benefits of closure devices with an anchor and a plug. A total of 1,107 patients from ten European countries were included in the registry, which closed in August 2009.

Conclusions from the registry

The conclusions drawn from the registry were supported by results from previous small and large single-centre publications.

- It is safe to use closure devices with an anchor and a plug in IR procedures
- Low incidence of serious access site complications
- No visible difference in complications between antegrade and retrograde access and other parameters
- Previous claims that closure devices lead to early patient discharge could not be proven



The registry was kindly supported by St Jude Medical

To access your free online copy of the Closure Device Registry in CVIR, please visit the CIRSE Members' Lounge at www.cirse.org



The First Step Towards the Future of IR Training

Robert Morgan, EBIR Committee Chairman

S O C I E T Y



On October 1, 2010, 20 candidates sat the exam to receive the very first unified European IR qualification – the European Board of Interventional Radiology.

Interventional radiology is a relatively young subspecialty, and accordingly, there are still discrepancies with regard to procedures, training practices, and expertise between countries. In order to ensure more standardised IR care in Europe, the EBIR exam has been introduced, under the auspices of CIRSE.

This exam is the first of its kind, and represents a decisive step towards ensuring that patients in Europe are offered the very best care available, from highly skilled and qualified IR practitioners. This standardisation will also allow greater cross-border training and cooperation, as a recognisable European qualification will make it easier for both qualified and trainee IR practitioners to gain experience in different centres of excellence, and will standardise training and expertise in interventional radiology across Europe.

Another reason for introducing the exam is that the EBIR will be an important symbol that recognises trained interventional radiologists, both nationally and internationally. Despite the lengthy training IRs undergo, they currently receive no formal recognition of this training, and this leaves

the speciality vulnerable within the hospital environment. A formal certification such as EBIR will lend weight to the expertise of European IRs, allowing them to participate on an equal footing with their colleagues from other disciplines. It will ensure that IRs receive professional recognition from a wide variety of people – fellow IRs, other clinical colleagues and employers.

More recognition of the profession by both public and professionals will allow more patients to access the benefits of IR. The standardisation will ensure that patients throughout Europe are offered the same therapeutic opportunities, delivered by skilled and certified professionals.

The first exam took place on October 1, 2010, ahead of the annual CIRSE congress. It was run under the joint endorsement and supervision of CIRSE, the ESR and the UEMS, and was deemed to be a great success. 20 courageous candidates sat the exam, which consisted of a written component and 2 oral exams in selected areas of specialisation (vascular, non-vascular and oncology). Strict application criteria were enforced, ensuring that only those with sufficient hands-on experience were allowed to sit the exam. The high quality of both the exam and the candidates was the ideal start to this exciting venture.

Exclusively for CIRSE Fellows

Special regulations exist for CIRSE Fellows, who are eligible to apply to receive the EBIR without having to sit the exam. For more information on how to become a CIRSE Fellow or on the EBIR in general, please visit the CIRSE website.

Further exams are planned for March 2011 during the ESR congress in Vienna and September 2011 during CIRSE. Visit the CIRSE website to apply



European Society of Radiology



The standardised EU-wide exam is a collaborative project between CIRSE, ESR and the UEMS. For more information on the specifics of the examination, please visit www.cirse.org

The treatment options IRs can offer are particularly important given the ever-swelling patient base

IR Becomes Leading Force in Below-the-Knee Interventions

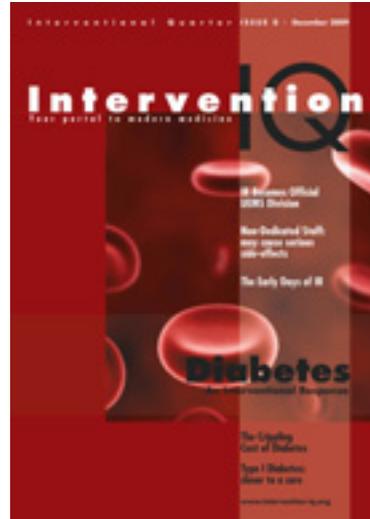
Below-the-Knee Interventions are steadily becoming an area in which interventional radiology is making a significant impact and with various established revascularisation techniques and many more advanced ones continuously being developed, this is a trend that is set to continue.

The treatment options IRs can offer are particularly important given the ever-swelling patient base. According to the WHO, the UN, and the World Bank, diabetes is set to reach pandemic levels in the near future, mainly due to poor lifestyle choices. Between 1985 and 2007, the incidence of diabetes rose from 30 million to 246 million, and is estimated to skyrocket to 380 million by 2025. Amongst other dangers, these diabetics are at significantly higher risk of lower limb amputation, as vascular damage caused by excessively high blood sugar levels commonly affects peripheral areas such as the feet. The American Diabetes Association estimated that in 2002, the U.S. economy lost \$ 39.8 billion due to lost work days, mortality and permanent disability.

However, IR can only help these patients if sufficient numbers of interventional radiologists choose to become active in this sphere. Accordingly, delegates at CIRSE 2010 were encouraged to get involved in this rewarding field by taking part in the various sessions that were being

offered such as introductory lectures for novices and advanced workshops for experts as well as dedicated satellite symposia offered by CIRSE's industry partners.

Interventional radiology can help these patients, as lower limb revascularisation is a viable alternative to amputation, being better for patients, health payors and society at large. In preserving the patient's physical integrity, IR offers patients independence and a better quality of life.



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IR can help many patients, as lower limb revascularisation is a viable alternative to amputation

View **Fabrizio Fanelli's** interview on BTK sessions at CIRSE 2010 at www.ESIR.org

The annual salary of:

3 doctors	+	5 nurses	+	1 dietician	+	1 secretary	+	3 auxiliary staff	=	8 BELOW-KNEE AMPUTATIONS
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There is strong evidence that a multidisciplinary approach can reduce amputation rates by a sizable percentage.

16 amputations		120 active ulcer cases management or 834 preventative cases
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Interventional Radiology in China



The Chinese Society of Interventional Radiology (CSIR) is not only one of the largest IR societies in the world, it is also one of the most active group members of CIRSE. The proactive nature of the group led to the first CIRSE Foundation Grant for China in 2010 and the incumbent CSIR President, Prof. Gao-Jun Teng, also actively supports the journal CVIR as its Chinese editor.

In recognition of the strong links between the two societies, members of CIRSE's Executive Board were invited to the 9th scientific meeting of CSIR to witness the work of the vibrant and well-organised society. A liaison meeting was also arranged, during which plans were established to further strengthen the partnership between CIRSE and CSIR. Important outcomes of the meeting included increasing the number of education grants for Chinese doctors visiting Europe and intensifying the scientific collaboration between both societies in future.

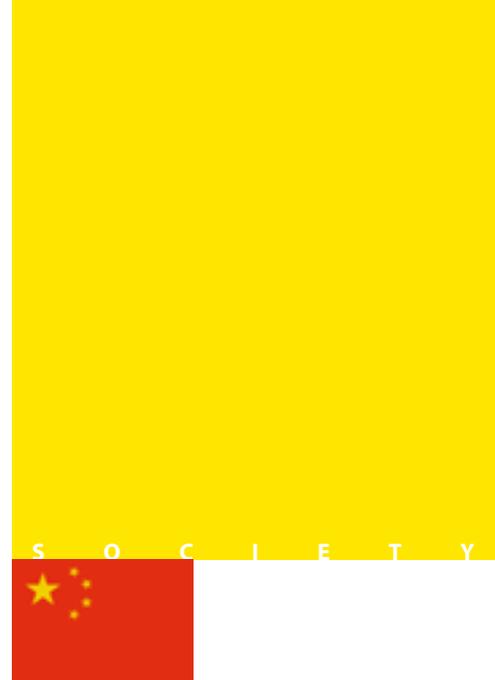


CIRSE in Chinese - a Slide from Jan Peregrin's presentation on the society

Many thanks to the Chinese Society, and most especially to Prof. Gao-Jun Teng and Dr. Mingsheng Huang for their kind hospitality. CIRSE looks forward to a bright and cooperative future!



- CSIR**
Chinese Society of IR
- Founded in 1990
 - Current President: Prof. Gao-Jun Teng

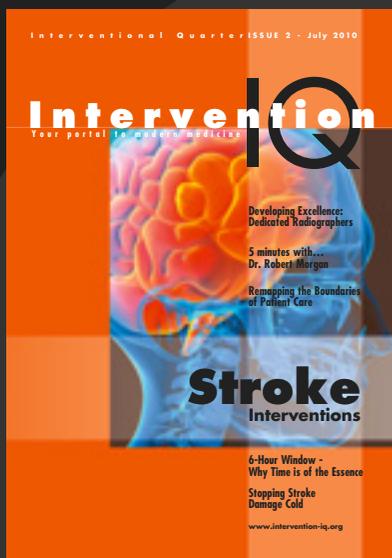


In September, CIRSE was invited to the 9th scientific meeting of the Chinese Society of IR in Guangzhou, China

Have you heard about IQ?

Proudly launched at CIRSE 2009, Interventional Quarter magazine is really making waves in the hospital community, and has proved to be a major PR tool for interventionalists everywhere.

Although a dedicated interventional radiology magazine, it is written so as to be accessible and engaging for non-IRs – hospital managers, health politicians, general practitioners and non-radiology specialists. In this way, IQ helps put interventional radiology in the spotlight, showing clinical colleagues the potential of IR.



Issue 2: Stroke Interventions (July 2010)

Interventional radiology is a valuable addition to the Dedicated Stroke Units that are becoming so prevalent – with potential for both preventing stroke and tackling it directly, IR can greatly help stroke patients. But how can all patients access scarce medical resources when time is of the essence?



Issue 1: Understanding Cancer (March 2010)

This forms the introduction to a 2-part series on interventional oncology – a fast-growing field that is offering cancer patients and their carers many new therapeutic options. Interventional oncology techniques can be used to target the tumour directly, to relieve pain or to diagnose cancer without the need for more invasive surgical biopsy.



Issue 0: Diabetes – An Interventional Response (December 2009)

The launch issue examines the extensive scope of diabetes, and the role IR can play in both managing its complications, and potentially, in curing the disease. Diabetes is the world's number one cause for lower limb amputation – find out how IR is reducing this burden.



Issue 3: Cancer Interventions COMING SOON!

A follow-up to Issue 1, this edition examines interventional oncology more closely. With exclusive reports and interviews from ECIO, Europe's top interventional oncology meeting, and with revealing patient cases, IQ shows exactly why these techniques are becoming ever more prevalent.

Interventional Quarter presents a major opportunity for all involved in the field to promote the benefits of minimally invasive therapy. It is currently being distributed to 35,000 readers, including 20,000 hospital managers. However, the message needs to be spread further, and we would like to encourage all IRs and industry partners to help - sign up to our mailing list and receive copies of the magazine to share with your colleagues from other specialties or contact IQ with any collaborative ideas you might have. We all work together to offer patients these options - so let's work together to make sure they know about them too.

A bound edition of the first four issues of IQ will be sent to all CIRSE members at the start of 2011.

DOWNLOADS FOR CIRSE MEMBERS

Take advantage of the complimentary items in the members' section of the CIRSE website



Download CIRSE Wallpaper for your Desktop

Tired of the same, dull image you see whenever you switch on your computer? Why not brighten up your desktop with attractive CIRSE wallpaper?

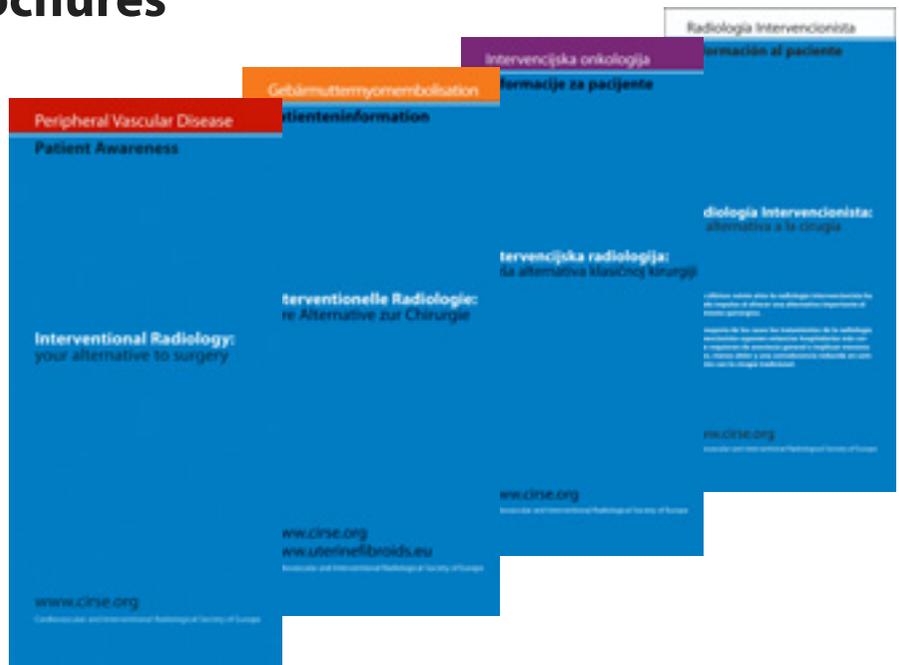
These designs and more can be downloaded for free on the CIRSE website.



Patient Awareness Brochures

CIRSE members in good standing are entitled to receive interventional radiology brochures to distribute among patients and referring physicians. This is a wonderful opportunity to inform the public about interventional radiology in general as well as UFE, PVD and interventional oncology.

Please be advised, at the moment, brochures are available in English, German, Croatian and Spanish.



Public relations was an essential new feature at the annual congress

PR for IR in Spain



Secretary of the Local Healthcare Minister of Valencia, Dr. Alfonso Bataller Vicent, and CIRSE President, Prof. Jan Peregrin

In all its endeavours, CIRSE's main aim is to help further the discipline of interventional radiology. A key tool in this effort lies in raising awareness of the benefits of the discipline among members of the general public as well as among other key stakeholders of the medical industry.

With this in mind, CIRSE organised a press conference in Valencia, Spain, one day prior to the annual congress. Media from around Spain were present at the event which focused on three main themes: CIRSE 2010 and the city of Valencia, the Global Statement Defining IR, and interventional oncology's role in treating liver cancer, one of the most common forms of cancer in Spain.

CIRSE 2010 and the city of Valencia

CIRSE 2010 was not only the largest IR congress in Europe, it was also the largest international medical congress ever to take place in the city of Valencia. The Secretary of the Local Healthcare Minister of Valencia, Dr. Alfonso Bataller Vicent, was a guest speaker at the press conference and shed light on the major impact CIRSE was going to have on the city.

CIRSE President, Jan Peregrin introduced the society, its aims, and achievements so far and also provided conference participants with the highlights and impressive statistics of CIRSE's annual congress.

Global Statement Defining IR

One of the main focuses of the meeting was the recently released "Global Statement Defining IR".



Former CIRSE President, Prof. Jim Reekers, and former SIR President, Dr. Brian Stainken

Former CIRSE President, Jim Reekers, and former SIR President, Brian Stainken, presented the important document, describing it as a milestone in IR's history as well as a sign of the strong collaboration that exists between the various IR societies around the world.

Interventional Oncology and Liver Cancer

The press conference also gave information on the role that IR is playing on tackling one of Spain's most prevalent forms of cancer - liver cancer. Prominent Spanish IR, Prof. José Ignacio Bilbao of the Clinica Universitaria de Navarra, Pamplona, and the Spanish Oncologist Dr. Andrés Cervantes of the Hospital Clínico Universitario, Valencia shared their insights on various interventional oncological procedures as well as the multi-disciplinary co-operation that is paramount to effectively treating patients.

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CIRSE members interested in receiving support for national press activities should please contact alomar@cirse.org

Press releases from the press conference can be found in the News Room of the CIRSE website



Interventional Radiologist, Prof. José Ignacio Bilbao and Oncologist, Dr. Andrés Cervantes

Content from the press conference featured in various Spanish media which painted an accurate picture of IR as a cutting-edge and effective alternative to surgical techniques.



ADN.es, 02.10.2010

"Each year there are ten new cases of liver cancer per 100,000 inhabitants in Spain and Interventional Radiology can burn, freeze and electrocute the tumour, reduce the blood flow to deprive it of nutrients and thus cause it to shrink."



Levante EMV, Valencia, 03.10.2010

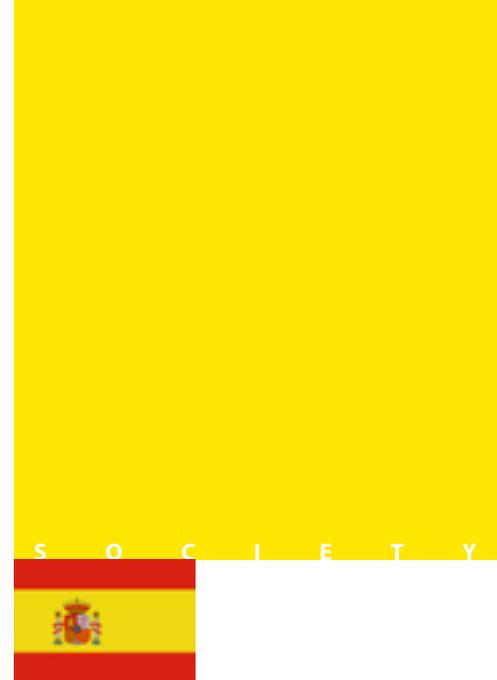
"Experts consider it 'very important' that Interventional Radiology is included in both curative and palliative treatments for diseases like cancer that require 'centres of reference in which patients receive global, multidisciplinary attention'."



La Razon, 02.10.2010

"Feria Valencia hosts, as of today, a meeting that foresees an economic impact of 12.5 million in the city."

"advances made in the last twenty years gave rise to technical solutions like subcutaneous techniques, that allow the insertion of small needles through the skin that are guided directly to the disease without affecting other parts of the body".



The press conference was carried out in cooperation with SERVEI, the Spanish Society of IR



A man in a dark suit and tie, wearing a lanyard with a badge, stands on a modern staircase. The staircase has a glass and metal ceiling structure. Other people are visible in the background, including a woman in a pink shirt on the stairs and a man in a light-colored shirt in the foreground. The lighting is bright, suggesting an indoor or well-lit outdoor setting.

CIRSE 2010

Taking intervention to another level

Impressions

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CIRSE 2010 - Helping Minimally Invasive Therapy Reach its Maximum Potential

All data point to UFE being a viable alternative to surgical management

The annual CIRSE congress is Europe's most influential interventional radiology platform, and 2010 was no exception. With over 5,600 attendees travelling to the host city of Valencia, it once again set records. The high attendance is representative of the meeting's scientific importance – CIRSE 2010 also featured a broader scientific programme than ever, with record numbers of scientific submissions and educational workshops.

Fibroid Embolisation

Amongst the many trends presented at the meeting, of particular note was the coverage given to uterine fibroid embolisation (UFE). Uterine fibroid embolisation is a widely performed alternative to hysterectomy, and its success has been largely driven by patient demand. As one of the most established and widely known IR procedures, it is, of course, important that scientific data be offered to support its wide usage. One session, **Current status of fibroid embolization**, provided a detailed overview of the current benefits and limitations of the procedure. It opened with an update of major clinical trials by former CIRSE President, Jim Reekers. Prof. Reekers presented a systematic review on follow-up from intervention until five years, detailing such trials as EMMY, REST, the Pinto and the Mara trials. All data points to UFE being a viable alternative to surgical management, with significantly better short-term results, and comparable mid- and long-term results, although a higher reinterventions rate for UFE than hysterectomy does, understandably, exist.

Ernesto Santos Martin discussed the ideal embolic material, as a wide range of options exist. His data

concluded that gel sponge, microspheres and non-spherical PVA all produce good results, but that spherical PVA is less effective. New materials such as acrylamido PVA beads and hydrogel beads coated with Polyzene F cannot be recommended at this early stage, and should be tested in controlled studies. He concluded that there is more than one ideal agent, and the choice of material will depend on the chosen endpoint.

Jean-Pierre Pelage presented evidence which countered his previous theory that large fibroids are not suitable for treatment with UFE. His own data, as well as data from Katsumori, Smeets and Spies indicate that while large fibroids may have a lower rate of complete response to UFE, they are not contra-indicated by size alone. However, he cautions against treating large fibroids with non-realistic expectations or for cosmetic motivations, or treating pedunculated subserosal or intracavitary fibroids. The potential for UFE as an adjuvant treatment to improve the efficacy of myomectomy was also addressed.

Jana Maskova discussed the complex issue of fibroids causing infertility vs. UFE-caused infertility. Fibroid as a sole factor of infertility is present in less than 10% of cases. Fibroids may also cause a number of complications during pregnancy, including miscarriage or bleeding. Location appears to be the main factor in both situations. About 6-7% of patients have type III utero-ovarian anastomoses which have flow towards the ovary. Embolisation in these patients can cause ovarian ischaemia and failure. Embolising type Ib anastomoses might lead to damage of the ovary, too. In terms of fertility outcomes following UFE, there is only one prospective randomised trial comparing



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UFE and myomectomy, the Mara trial of 2007. This data seems to show better fertility outcomes following myomectomy. Uterine fibroids are a heterogeneous condition, and thus clear guidelines for management of fibroids in infertile women are very difficult. Dr. Maskova recommends a comprehensive and individual approach to identify the best option for the patient.

Neurointerventions

Of equal interest was the new neurointerventions track at CIRSE 2010. This was introduced to reflect the growing role of IR in managing neurological disease and stroke.

Stroke represents one of the main causes of morbidity and mortality in industrialised countries, and is now an accepted neurological emergency where treatment is possible by a number of methods. The role of imaging, as well as evaluation and knowing the correct indications, has become essential as quick treatment is the key to adequate management. These topics were addressed in a dedicated session, *Essentials of acute stroke management: imaging and indications*. Another session was dedicated to **Essentials of acute stroke management: treatment**. The session opened with an update on intra-venous and intra-arterial thrombolysis from Ethem Murat Arsava, from Ankara, Turkey. Dr. Arsava outlined the current use of intravenous rtPA, which can obtain good results up to 4.5 hours following the ischaemic event. However, this treatment is not effective in treating proximal occlusions, and he therefore recommends using intra-arterial thrombolysis for all patients with proximal occlusions, with

unsuccessful recanalisation after intravenous thrombolysis or presenting outside the window of intravenous thrombolysis. A pilot study has shown the feasibility and safety of intra-arterial treatment after intravenous rtPA, and the ongoing multi-centre randomised IMS-III trial is now testing the efficacy of this approach versus intravenous rtPA alone.

Mechanical revascularisation was addressed by Hans Henkes. Prof. Henkes gave a comprehensive overview of the mechanical revascularisation options currently available – aspiration; enhanced aspiration (ThromCat); clot retrievers (including stent-structured retrievers); self-expanding stents; balloon dilation; balloon-expandable stents; crossing stents; and temporary stenting. Mechanical thrombectomy is possible using any of the above methods, or combinations, but treatment has to be individualised and remains technically demanding. He believes that MT is the future of endovascular stroke treatment.

The complications that can arise from intravenous stroke treatment were addressed by Thomas Mayer from Jena, Germany. Successful embolisation depends on the correct technique and tool being chosen for the occlusion site and type, which may be determined based on CT/MR imaging, angiography and peri-interventional findings. Secondary thrombolysis may occur if arteriosclerosis is present or thrombocyte inhibition is insufficient,



(1) Jim Reekers
(2) Jana Maskova

Neurointerventions were introduced to reflect the growing role of IR in managing neurological disease and stroke



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CIRSE 2010 - Helping Minimally Invasive Therapy Reach its Maximum Potential

The study concluded that vertebroplasty... produced significant pain relief with very low complication rates

which should be measured. Dissection can be caused by the catheter, microcatheter, wires, rigid spiral retriever, retraction of a captured device or proximal and intradural suction. Vessel rupture may be due to microwire and microcatheter perforation, balloon hyperinflation or pre-existing dissection (or even aneurysm). Late recanalisation, hyperperfusion and fibrinolytics can cause ICH and SAH in infarcted tissue. Anticoagulation and platelet inhibition have to be adjusted; if possible, heparinisation after intervention should be avoided. Blood pressure has to be managed according to recanalisation status. Fast and complete recanalisation may prevent haemorrhage.

Spinal interventions

Given the controversy* that has surrounded spinal interventions in the last year, it is to be expected that these controversies were discussed at CIRSE 2010. The **Update on spine interventions** session delivered the latest data in this field. Hendrik Fransen opened with updates on the latest trials. Following on from the good results of the Vertos I trial, the Vertos II study was started in 2003: a multicentre prospective double-blind prospective randomised study comparing vertebroplasty with conservative treatment. The inclusion criteria included vertebral compression fracture (Type A.1-3.1), local back pain for 6 weeks or less, bone oedema (MRI), osteopaenia or osteoporosis (T score = -2.5) and age > 50 years. The study concluded that vertebroplasty was not a risk factor for new osteoporotic compression fractures, and produced significant pain relief with very low complication rates – similar to the FREE trial results. The full results of Vertos II were presented at a separate session at CIRSE.

New devices for vertebral augmentation were evaluated by Giovanni Carlo Anselmetti of Candiolo, Italy. Despite the recent controversies regarding the NEJM articles, both vertebroplasty and kyphoplasty are currently applied in Europe due to the favourable clinical outcome reported by treated patients. Many new devices have also been developed to reduce the risk of cement leakage complications and to significantly restore initial vertebral height. High viscosity polymethylmethacrylate (PMMA) is one such development, and is now widely used for vertebroplasty procedures. Viscosity can also be increased using radiofrequency assistance, which heats the tip of the needle constantly. Dr. Anselmetti believes that generally, an experienced IR with high quality imaging systems can perform a satisfactory vertebroplasty procedure without new devices; however, they can be of use in select cases.

Francisco Aparisi from Valencia discussed *Percutaneous posterior element devices* in the treatment of degenerative disease, the most common cause of back pain. The development of minimally invasive spine surgery has been a major benefit to patients suffering from this complaint, and in the future, interventional radiology may have a role to play, either as part of a team approach or in training hybrid specialists.

* David F. Kallmes et al. *A Randomised Trial of Vertebroplasty for Osteoporotic Spinal Fractures*. *New England Journal of Medicine*. August 2009; 361 (6): 569-579 and Rachele Buchbinder et al. *A Randomised Trial of Vertebroplasty for Painful Osteoporotic Vertebral Fractures*. *New England Journal of Medicine*. August 2009;361 (6): 557-568



The *complications of vertebroplasty* were presented by Alexis Kelekis from Athens. The complication rate for bone augmentation ranges from 1 to 10% - material failures are rare, and technical complications are mainly related to leakage of bone cement, more frequently in metastatic lesions. Most leakages result from overzealous complete vertebral body filling. It is important to note that if significant neurological compromise were to occur, surgical colleagues must be available for immediate consultation or intervention. Vertebroplasty should therefore only be performed at sites where surgical back-up is available. Inappropriate needle positioning is another cause of complications. Procedural complications related to anaesthesia and radiation exposure must also be borne in mind. By recognising and avoiding the potential pitfalls described above, operators will markedly decrease their complications. Dr. Kelekis recommends the "Standards for the Performance of Percutaneous Vertebroplasty" produced by CIRSE, SIR and ACR.

Interventional Oncology

Interventional oncology is a rapidly growing subspecialty of IR, and featured prominently in the scientific programme. A session of particular note was **Interventional oncology at the cellular level**, at which the latest findings of the most prominent interventional oncology researchers were presented.

In *Tissue changes after ablation*, Constantinos Sofocleous of the Memorial Sloan-Kettering Cancer Center discussed the value of tissue examinations after ablation. Radiofrequency ablation of liver malignancies is recognised to be a safe and effective treatment option. One important limitation, however, remains the difficulty of margins evaluation

following the treatment, and this is the next consideration for ablation research. Tissue examinations from ablated tumours can be used as prognostic biomarkers of outcomes and identify patients at risk for local tumour progression after treatment. The development and improvement of these tissue examinations can be used to identify patients at risk that may benefit from additional treatment prior to the radiographic evidence of recurrent disease. The development of new methods to evaluate treatment effectiveness upon completion is of paramount importance for the development of ablative therapies as an alternative to open surgery.

Laura Crocetti from Pisa gave a presentation on *How to increase cellular death in local treatment*. With radiofrequency (RF) and microwave ablation, convection-induced heat loss (blood circulation) can significantly reduce the extent of thermally-induced coagulation. Several strategies for reducing blood flow during ablation therapy have been proposed, such as total portal inflow occlusion (Pringle manoeuvre), percutaneous occlusion of portal or hepatic vein, angiographic balloon catheter occlusion of the hepatic artery and embolisation of the tumour-feeding artery. Recently, a strategy to utilise the large zones of sublethal heating created during RF application in tissues surrounding the electrode has been developed. Experimental studies show that the cell death temperature

The development of new methods to evaluate treatment effectiveness upon completion is of paramount importance

- (3) *Ethem Murat Arsava*
- (4) *Thomas Mayer*
- (5) *Giovanni Carlo Anselmetti*
- (6) *Alexis Kelekis*
- (7) *Constantinos Sofocleous*
- (8) *Laura Crocetti*



M

M E E T I N G

CIRSE 2010 - Helping Minimally Invasive Therapy Reach its Maximum Potential

IRE represents a promising new method of ablation

threshold can be lowered by combining sublethal temperatures with chemotherapeutic agents, with tumour necrosis thus occurring at 45-50°C. In a pilot study, intra-arterial drug-eluting bead administration substantially increased the effect of RF ablation and did not cause any major complications.

Riccardo Lencioni, also from Pisa, spoke about the latest findings on *irreversible electroporation*. IRE is a method to induce irreversible disruption of cell membrane integrity resulting in cell death. IRE creates a sharp boundary between the treated and untreated area *in vivo*, suggesting that treatment planning can be performed with mathematical precision. IRE can effectively create tissue death in micro- to millisecond ranges of time – markedly faster than conventional ablation techniques. As a non-thermal technique, complete ablation to the margin of blood vessels is achievable without compromising the functionality of the blood vessels. Thus, IRE represents a promising new method of ablation.

Occupational Hazards and Radiation Dosage

As with any professional medical practice, health and safety standards are an integral part of interventional radiology. **Occupational Hazards in IR** addressed many of the more common problems faced by IRs, and provided succinct advice on how these challenges may be best overcome.

While cases of radiation overdose are thankfully rare, they are nonetheless an issue that should be carefully considered before performing any imaging procedure. The possible shortfalls and their solutions were discussed by two esteemed speakers, Efstathios Efstathopoulos, a medical radiation

physicist from Athens, Greece, and Gabriel Bartal, an IR from Kfar-Saba in Israel.

The rising popularity of IR procedures brings with it the attendant challenge of ensuring radiation safety for both patient and practitioner. The patient remains the main source of scattered radiation for the practitioner, thus ensuring low patient dose can also make for safer working conditions. Lower fluoroscopy time and dosage, beam collimation, rigorous planning, dedicated and well-maintained equipment and thorough training can all help lower the dose delivered. Medical simulators are advised as a means of lowering dosages – the more familiar the practitioner is with the technique and/or anatomy of the patient, the quicker the procedure can be completed.

IRs are also recommended to make use of protective shielding such as lead aprons, collars and glasses, bearing in mind that they should also cover the IR's left side; suspended ceiling screens; table-mounted lead curtains (should be tested regularly); and disposable protective drapes (expensive, but recommended where IR's hands are exposed to the radiation field). They are also recommended to use dosimetry measures, to archive fluoroscopy runs, and to pulse fluoroscopy.

Dr. Bartal then presented a related paper, *Incidence, prevention and management of musculoskeletal pain in IR*. While the leaded protective equipment required and recommended can reduce dose exposure, it can add significant strain to the practitioner's body. When considering that IRs will spend years of their careers standing for hours at a time in unergonomic positions wearing heavy protective apparel, it is not surprising that many



develop musculoskeletal problems. In a web-based survey of 424 interventional cardiologists, 42% reported spinal problems, and 28% reported hip, knee or ankle problems. Spine problems were related to annual procedural caseload and number of years in practice. One third reported that their spinal problems had caused them to miss work. Other studies have reported similar findings.

The problem of heavy protective apparel is aggravated by the location and height of monitors. These can cause additional strain to both the neck and eye muscles of the operator. Improper table height also feeds this problem. Current technology can place staff at risk of upper extremity musculoskeletal disorders, such as carpal or cubital tunnel syndromes.

However, "weightless aprons" have become available – Dr. Bartal demonstrated a home-made lead-apron suspension system that carried much of the weight for him. He also gave several tips for how to reduce strain to the spine and skeleton: use a belt to help support the weight; use a two-part lead apron rather than a head-to-toe apron that hangs from the shoulders; where possible, use a hanging device to support the weight of the apron; place one foot on a short stool under the fluoroscopy table; adjust the height of the monitor to suit the operator; and to protect the eye muscles from computer vision syndrome, look to a distance of 20 feet for 20 seconds every 20 minutes.

The *Medicolegal aspects in IR* were discussed by Peter Reimer. It is every practitioner's duty to obtain proper informed consent from the patient, at least 24 hours before the procedure and before any sedation has been given. This is to ensure both that the patient has a proper understanding

of all their options and what they are agreeing to, and to ensure that in the event of any complications, legal liability is limited. Complications cannot always be avoided, and it is important that patients affected should feel that the medical team involved is acting professionally. Should a legal claim arise, having robust documentation of all interactions with the patient should help protect you – hospital administration should be involved and insurance companies should be informed.

These sessions were just a few examples of the wealth of scientific content made available at CIRSE 2010. The programme also contained many other sessions, vascular and non-vascular, oncologic and clinical, as well as hands-on workshops, foundation courses, free papers and panel discussions. Some further highlights this year included a joint session with the European Society of Anaesthesiology and the Latin American Society for Interventional Radiology (SIDI), as well as joint workshops with the European Federation of Radiographer Societies. Following the success of the 2009 venture, Health Economics lectures were once again offered, and many cutting-edge scientific developments were addressed. Many of the presentations are available on www.esir.org, and many more breaking developments are foreseen for CIRSE 2011 in Munich – we look forward to seeing you there!

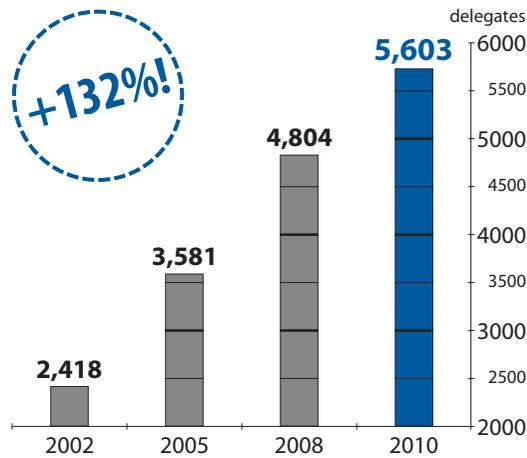
- (9) *Riccardo Lencioni*
- (10) *Efstathios Efstathopoulos*
- (11) *Gabriel Bartal*
- (12) *Mariano E. Giménez*

Missed a session
you wanted to
attend? Catch
it again on
www.esir.org



CIRSE 2010 - Inspiring Growth...

Thank you to all who participated in breaking all of CIRSE's past records!

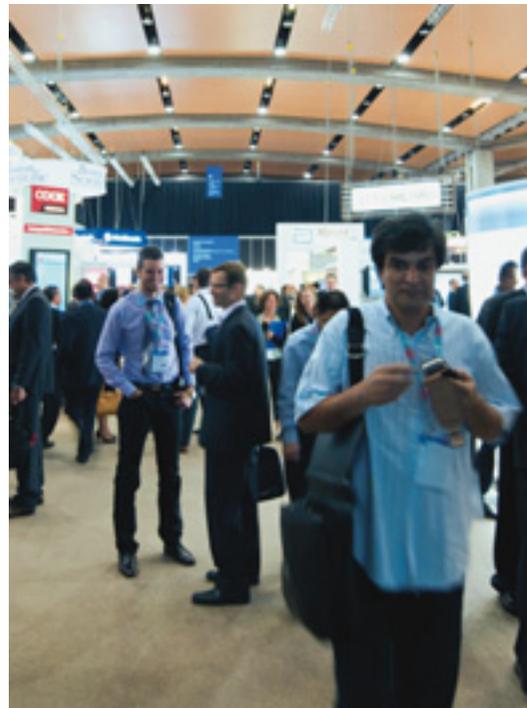




...and Great Community Spirit



- Over 5,600 participants from 80 countries
- More than 250 hours of sessions
- 1,250 submitted abstracts



CIRSE GOLD MEDAL

A strong alliance across the ocean - Fred Keller from Oregon, USA, was the 2010 Gold Medalist



CIRSE 2010 Gold Medal



FREDERICK S. KELLER

Dr. Frederick S. Keller has served as the Chairman of Diagnostic Radiology at Oregon Health & Sciences University (OHSU) since 1992 and as the Director of the Dotter Interventional Institute since 1993. As the Cook Professor of Interventional Therapy and Professor of Diagnostic Radiology, Surgery and Cardiovascular Medicine, he is active in both clinical and academic aspects of Interventional Radiology.

Between 1990 and 1999, Dr. Keller held various leadership positions in the Society of Cardiovascular and Interventional Radiology (SCVIR), including serving as Executive Council Chair and President.

In 2005, the Cook Group established an Endowed Chair, the Frederick S. Keller Chair of Interventional Radiology, in his honour at the Oregon Health and Science University.

Distinguished Fellowship was awarded to two European IR experts in recognition of their dedication to the field

Distinguished Fellowship



OKAN AKHAN

Prof. Okan Akhan is currently Professor of Radiology at the Radiology Department of Hacettepe University in Ankara, Turkey. He served as President of the Turkish Society of Interventional Radiology between 2001 and 2005 and was re-elected in 2008. In December 2009, Prof. Akhan was also elected president of the Turkish Society of Radiology, a position he will hold until 2011. Prof. Akhan is a committed activist for peace and human rights. He is one of the founders of the Human Rights Foundation of Turkey and has been a member of its Board since 1990. He has been a very active volunteer in the treatment of torture victims and has also co-authored a "Torture Atlas".



WILLEM P.TH.M. MALI

In 1987, Prof. Willem Mali became head of the Department of Radiology of the Utrecht Academic Hospital and subsequently Professor of Radiology. He has initiated and participated in many large scale studies to obtain answers to important questions on the value of new diagnostic and interventional procedures. Some examples of these studies are the DIST trial (iliac stent placement), COBRA (stereotactic breast biopsy), VERTOS (vertebroplasty), and MONET (value of breast MRI). In the last few years, Prof. Mali's research has been focused on MRgHIFU and optical imaging. Prof. Mali has served on several committees of the Dutch Health Council, most recently as the Chairman of the Committee on the Introduction of Colon Cancer Screening. He has also been a member of the Committee on Signalling New Developments in Cancer of the Dutch Cancer Foundation.



Elias Brontzos, Chairman of the Scientific Programme Committee, awards Dr. Georgia Tsoumakidou with the Educational Magna Cum Laude



EPOS Awards 2010

Congratulations to all EPOS Award winners and many thanks, again, to all those who contributed!

SCIENTIFIC MAGNA CUM LAUDE

DNA-microarray to profile the inflammation on embolization microspheres: comparison of two materials at 1 and 4 weeks in a sheep UAE model

V. Verret (Paris/FR), et al.

Cum Laude

Image quality and radiation exposure at computed tomography angiography of the supra-aortic arteries with 80 or 120 kVp protocol

D. Beitzke (Vienna/AT), et al.

Endovenous laser ablation and concomitant foam sclerotherapy: experience in 320 patients

S. Yilmaz (Antalya/TR), et al.



Dr. Xavier Buy won the Educational Cum Laude Award

EDUCATIONAL MAGNA CUM LAUDE

Vertebral augmentation techniques: from A to Z

G. Tsoumakidou (Strasbourg/FR), et al.

Cum laude

Percutaneous renal tumor ablation: radiofrequency or cryoablation?

X. Buy (Strasbourg/FR), et al.

Contrast-enhanced ultrasound in the follow-up of patients after endovascular abdominal aortic aneurysm repair (EVAR): a pictorial review

R. Iezzi (Rome/IT), et al.



Dr. Saim Yilmaz won the Scientific Cum Laude Award

Radiologically-inserted gastrostomy in patients with amyotrophic lateral sclerosis: a 1-year experience in 45 patients in a single institution.

Antonio Rampoldi¹, Carmelo Migliorisi¹, Paolo Banfi², Elisabetta Roma², Andrea De Gasperi³, Christian Lunetta², Massimo Corbo²

In the natural progression of amyotrophic lateral sclerosis (ALS), a state of malnutrition often develops, associated with reduced oral intake, caused by difficulties with swallowing, adequate salivation, and/or anorexia. As endoscopic gastrostomy (PEG) is not indicated in patients with severe respiratory impairment, an alternative is radiologically-inserted gastrostomy (RIG), involving air insufflation into the stomach under fluoroscopic guidance for tube insertion (Chiu et al., 2004; Shaw AS et al., 2004; Lewis D et al., 2009).

Methods: 45 patients with ALS (mean age, 62.3 years; age range, 34-82 years; 20 men, 25 women) who had bulbar impairment and a body mass index of less than 20 kg/m² or weight loss of greater than 10% were selected for placement of an enteral feeding tube. Patients with overnight oxygen desaturation or respiratory acidosis were referred for place-

ment of the RIG using a KIMBERLY-CLARK Introducer KIT & MIC-KEY 20 F Gastrostomy Feeding Tube. All procedures were performed under local anaesthesia with moderate sedation. Complications were recorded as periprocedural, early (<24 h), late (>24 h), major or minor. Deaths were recorded as related to the underlying ALS or secondary to RIG placement. Replacement RIG tube rate was recorded.

Results: The success rate of percutaneous radiological gastrostomy was 97%. Major complications occurred in 5% of patients after gastrostomy tube placement (1 perforation of the posterior wall of the stomach surgically repaired and 1 bleeding from a gastric vessel treated by endovascular embolization). Minor complications occurred in 5% of patients. No death was related to RIG placement. Replacement RIG tube rate was required in 7% of patients.

The mean survival time after the procedure was 174 days.

Discussion: The results of this study show no difference from those known from the literature for the radiologic method and confirm that RIG has significantly lower rates of major complications and higher survival than the endoscopic method of gastrostomy placement. (Chiú et al., 2004; Shaw AS et al., 2004; Lewis D et al., 2009).

Conclusion: Radiologically-inserted gastrostomy tube placement is confirmed to be an effective and reliable method for placing a feeding tube in ALS patients with respiratory failure.

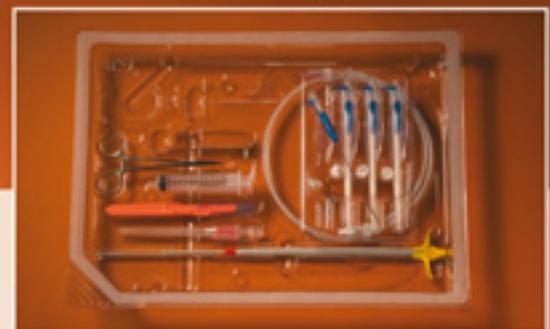
- (1) Interventional Radiology, Niguarda Ca' Granda Hospital Milan, Italy
- (2) Neuromuscular Omnicentre, Fondazione Serena Onlus, Niguarda Ca' Granda Hospital Milan, Italy
- (3) Anesthesia and Intensive Care Unit, Transplantation Department, Niguarda Ca' Granda Hospital Milan, Italy

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Inspirational Lectures at CIRSE 2010



View Roesch Lecture slides at www.ESIR.org

Delegates of CIRSE 2010 found no shortage of inspiring sessions and lectures for them to attend such as the annual Roesch and Gruentzig lectures held in honour of two of the great pioneers of the discipline.

Josef Roesch Lecture 2010

The Roesch Lecture was held by Prof. José Ignacio Bilbao and focused on the history of one of IRs most innovative techniques - TIPSS. The lecture shed light on the various developments that led to the establishment of the technique including advances in imaging and material design. Studies were also presented which proved that TIPSS is as effective as surgery and that, when used in the treatment of varicele bleeding, it is also more cost effective.

A central element of the lecture was the 1968 quote from the namesake of the lecture, Josef Rösch, stating that TIPSS was “a chance that favoured prepared minds”. Prof. Bilbao used the quote to show that the advent of TIPSS was only possible due to the creative and cutting-edge thinking of early IR pioneers - a form of thinking that is central to the continued development of the discipline.



Andreas Gruentzig Lecture 2010

The Gruentzig Lecture at CIRSE 2010 opened a new vein of discussion in interventional radiology. The lecture was held by Prof. Dierk Vorwerk who drew his inspiration for its creative theme from his love of cooking. While the idea of finding parallels between cooking and IR seemed strange at first, by the end of the lecture, delegates found that they had more in common with the chef at their favourite restaurant than they had previously thought.

Numerous parallels were drawn including the need for in-depth planning and work place organisation for both cooks and IRs as well as the importance of innovation and creativity. Turf battles can also arise in both professions. As Editor-in Chief of CVIR, Prof. Vorwerk stressed the adverse effect that submitting an IR paper to a non-IR journal can have on the discipline. Prof. Vorwerk urged IRs to counter this trend by submitting to IR journals despite the possible higher impact factor of the other journals.

An excerpt of the Gruentzig lecture can be found in Sunday's issue of the congress newspaper.

To access the newspapers, please visit the CIRSE website.



This year saw the introduction of another exciting topic to CIRSE's parallel sessions – a dedicated neurointerventions track which was added to increase awareness of the expanding role of IR in the management of stroke worldwide

A Meeting of Minds – CIRSE Brings Neurointerventions to the Forefront



Technological developments have enabled more interventional treatments in this region, and many interventional radiologists are now offering an indispensable support service to the stroke units of their hospitals – so much so, that it is now necessary for the interventional community as a whole to recognise and maximise the potential of this valuable service.

By including a new neurointerventions track, CIRSE did not intend to compete with neurological conferences. Rather, it intended to encourage IRs to get involved, and to keep those who are involved abreast with new developments and therapeutic options. There are many IRs with the requisite skills to perform these interventions who are not yet doing so, and this track will show them the impact and feasibility of their involvement in this crucial area.

Many neurointerventions sessions and workshops were on offer this year and delegates were especially encouraged not to miss the Special Session entitled “Essentials of acute stroke management: imaging and indications”.

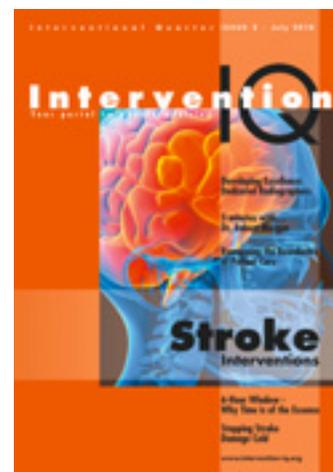
Growing demand

According to current WHO data, between 1981 and 2001, the number of minimally invasive preventative stroke treatments performed increased steadily, while surgical treatment numbers remained constant or declined. This clearly shows the growing importance of interventional treatments in stroke therapy. Interventional radiologists have much to offer their neurologist colleagues in caring for stroke patients. What is needed is for more IRs to ensure that they obtain and maintain the necessary skills to make a difference in those ischaemic stroke patients presenting at their hospitals who do not respond to systemic thrombolytic treatment. Local thrombolysis and mechanical thrombectomy may be the

only treatments that can save these patients, and most IRs have the basic requisite skills to perform them. Although these patients are a minority, it is still a substantial minority. For those patients, interventional radiology can save them from death or disability. Given that stroke is still the number one cause of disability in the developed world, the potential to make a difference is incredible.

IR also has a large contribution to make in the management of haemorrhagic stroke. While large haemorrhages are still removed surgically, IR therapies for aneurysm repair, AVM embolisation, and stenting of arterial dissections and aneurysms are becoming increasingly available. The role of the IR physician is therefore becoming more important, as there is a need for early treatment of such lesions, due to the higher risk of re-rupture in the days following haemorrhage.

IR also has preventative options to offer. While those at high risk of ischaemic stroke commonly undergo the surgical procedure of carotid endarterectomy, carotid artery stenting is providing a minimally invasive alternative. Many trials are currently underway to compare their outcomes, and while results are mixed, those which rely on data from well established centres are showing promising results for certain patient groups. As new IR technologies become available, the need to train stroke team members and increase awareness of these therapeutic capabilities has grown. This need for IR manpower has resulted in training programmes for both neuroradiologists and neurosurgeons, leading to the new subspecialty of the hybrid neurointerventionalist, but the demand is growing faster than these specialists can be recruited. By embracing this rapidly developing field, IR is in a position to meet this demand, and ensure that patients are offered the best therapy available.



For easily digestible information on Neurointerventions, please visit www.intervention-iq.org to view a copy of the last issue on “Stroke Interventions”.

Simulation played a big role in CIRSE 2010 as in previous years and participants were able to improve their practical skills in various hands-on sessions

Innovative Sessions at CIRSE 2010



The two new Hands-on Workshops which were introduced, Embolisation and Stroke Therapy, were very well attended

Hands-on Workshops

A Closer Look at Closure Devices

The focus of this workshop was on how to handle the various types of arterial closure devices which are currently available. An overview of the various devices was given including complications and results as well as indications and contraindications for their use.

Embolisation: Materials & Tools

NEW

These sessions covered the basic principles of embolisation, the different types of embolic agents available, how to choose an appropriate embolic agent and how to avoid non-target embolisation. The session took a primarily hands-on practical approach and participants were able to handle and use the various embolic agents.

IVC Optional/Convertible Filters

This workshop began with a ten minute introduction on the technical features of various IVC filters including their advantages and disadvantages when used in specific cases. Participants then had the opportunity to test the filters on models.

Skeletal Interventions/Vertebroplasty & Kyphoplasty

This workshop gave an insight into the principles and techniques of both skeletal procedures. After a brief theoretical introduction and hands-on demonstration, participants were able to practice needle placement, cement preparation and injection on plastic spine models under fluoroscopic guidance.

Stroke Therapy

NEW

A workshop on stroke therapy also featured at CIRSE 2010 to correspond with the new neuro-interventions track. During this workshop the participants had the opportunity to test several devices specifically designed for intracranial thrombectomy on a flow model.

Tumour Ablation: Tips and Tricks

The "Tumour Ablation" hands-on workshops gave participants the opportunity to participate in interactive sessions on all the ablation systems that are currently available (RFA, cryotherapy, microwave ablation, IRE). The first workshop was specifically tailored for ablation novices and subsequent workshops focused on ablation in different organs.





M M E E T I N G



Simulator Gallery

Sessions at the Simulator Gallery were held in a revised format at CIRSE 2010 with four Hands-on Masterclasses offered on the following topics: **Critical Limb ischaemia, Carotid Artery Interventions, Uterine Fibroid Embolisation, and EVAR/Prevention and Management of Endoleaks.** The new format placed more emphasis on interaction and groups were kept small. The sessions began with a lively, round table discussion after which delegates were able to practise techniques and procedures on simulators.

Orzone

This year CIRSE, in collaboration with the company Orzone, provided a completely new opportunity for education and interaction in a life-like training environment – Orcamp. CIRSE delegates had the opportunity to practice uterine artery embolisation in dedicated sessions led by proctors from the CIRSE faculty. Training equipment in Orcamp included a c-arm, control panel, operating table, monitors and of course a patient (a virtual simulator). The learning objectives for Orcamp included learning how to obtain optimal uterine images for the procedure, radiation protection skills, optimal choice of devices, and team communication.

Orcamp allowed delegates to train in life-like, simulated environments - an innovative form of training for an innovative discipline



Congress Newspapers Available Online!

Over the years, the Congress Newspaper has become an invaluable part of the annual congress. The newspapers are not only a source of information on interesting sessions taking place on specific days, they are also a resource on various IR techniques, a travel guide with tips on how to enjoy the city and also a handy way of re-living the excitement of the congress long after it has finished.



View all four Congress Newspapers on the CIRSE website

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

SATURDAY

- Current Status of Uterine Fibroid Embolisation
- Magnetic Resonance-guided Focused Ultrasound (MRgFUS) for the Palliation of Bone Tumours
- Varicose Veins: How to Establish a Vein Clinic
- HIFU: Does it Have a Role in Breast Cancer

SUNDAY

- Be Involved: Renal Artery Denervation may Dramatically Influence Management of Patients with Hypertension
- How to Reduce Radiation Risks for Interventional Radiology Personnel
- IR Management of Postpartum Haemorrhage
- Where do we Stand in Endovascular Aneurysm Treatment in 2010?

MONDAY

- The Role of CTA in the Management of Acute Aortic Syndrome
- The Interventional Radiologist as a Trauma-Physician
- Closure Devices: Are they Worth the Money?
- Multimodality Fusion Software for Interventional Oncology: Clinical Benefits

TUESDAY

- EVAR Follow-up - The Role of CEUS
- Challenges in GI Bleeding: Improving the Evidence Base
- Update on Fenestrated and Branched Stent-Grafts
- Irreversible Electroporation: Moving from Bench Investigation to Clinical Experience



Minimally invasive, percutaneous, reconstructive treatment for vertebral body fractures. VBS – Vertebral Body Stenting System.



Percutaneous

The VBS stents are introduced percutaneously into the vertebral body with only a stab incision required to place the access instruments.



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CIRSE 2010 Exhibitors

The exhibition space at CIRSE 2010 was constantly abuzz with delegates as they made the most of the innovative products being displayed, cutting-edge research being discussed, not to mention the numerous drinks and refreshments being offered. A total of 94 exhibitors showcased their products in the 5,000 m² space, which was the largest of any annual congress to date.



Many thanks to
all exhibitors
who contributed
to the success of
CIRSE 2010!

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ActiViews
AGA Medical
ALN Implants Chirurgicaux
Andramed
AngioDynamics
Angiotech
Argon Medical Devices
ArthroCare Interventional Therapies
Atrium Europe
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BIBA Medical Limited Interventional News
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Bioteque
Biotronik, Center of Vascular Intervention
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Celon medical instruments
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Chongqing Haifu (HIFU) Technology
ClearStream Technologies
Cook Medical
Cordis, Johnson & Johnson Medical
Covidien
CVIR - Cardiovascular and Interventional Radiology
Delcath Systems
Dendrite Clinical Systems
DePuy Spine
Edizioni Minerva Medica
Ekos
Elastrat
Endocare
Endovascular Today
ESIR.org
eucatech
Europrotex
ev3 Europe
Galil Medical
GE Healthcare
GEST 2011
Gore & Associates
GSIR - Greek Society of Interventional Radiology
HS Hospital Service

Imaging Management
InSightec
Invatec
IQ - Interventional Quarter
IROS 2011
Kimberly-Clark
Lifetech Scientific (Shenzhen)
LINC 2011
Lombard Medical Technologies
Maquet
Mavig
MDS Nordion
MDT Medical Development & Technology
Medcomp
Medex Research
Medrad Europe
Medtronic International Trading
Mentice
Merit Medical Systems
Microsulis Medical
Navilyst Medical
Nova Biomedical
OptiMed
Orzone / Orcamp Experience
Philips
SFICV - French Society of Cardio-Vascular Imaging
Siemens
SIR - Society of Interventional Radiology
Sirtex Medical Europe
SoBRICE - Brazilian Society of Interventional Radiology and Endovascular Surgery
Springer Science + Business Media
St. Jude Medical
STARmed
Straub Medical
Synovate Healthcare
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MAIN TOPICS

- **Vascular Interventions**
- **Transcatheter Embolization**
- **Non-Vascular Interventions**
- **Interventional Oncology**
- **Neuro Interventions**
- **Clinical Practice**
- **Imaging**

Access to ESIR Online is free of charge for CIRSE members

F O U N D A T I O N

ESIR Online Gets Upgraded



Over 3,000 presentations and webcasts are currently available on the new website

With a fresh new look and a wealth of valuable information, ESIR.org now offers you a user-friendly treasure chest of presentations and webcasts.

Also featured are interviews from IR experts on some of the key topics at CIRSE 2010 as well as the opportunity to vote for your favourite presentations online.

In the three weeks following CIRSE 2010, the new website was visited 8,838 times by 4,576 unique users. A total of 20,726 downloads were made (the equivalent of 244 GB). Access the site and find out what is making it so popular!

The new website offers you webcasts and presentations on all of IR's hot topics



Fabrizio Fanelli
on "Below the Knee Interventions"

"...it is important to establish in each centre a co-operation between IRs; clinical physicians, especially diabetologists for this kind of disease; and also surgeons, because when we are not able to solve the problem or must perform a combined therapy we also need the help of surgeons."



Dierk Vorwerk
on "Neurointerventions"

"...Neurointerventions have developed a lot of very interesting instruments that can be used for difficult situations in peripheral interventions or in visceral interventions...I think it is the obligation, even of IRs who are new,...to develop some knowledge about how to treat stroke properly."



David Kessel
on "Trauma Interventions"

"Trauma is one of the major killers of young people around the world and it's important that we get trauma services actively organised and get IRs incorporated in trauma algorithms where we can really make a big contribution to reducing mortality and morbidity, particularly as young people are most vulnerable to this."



Tarun Sabharwal
on "Bone Tumours and Patient Selection"

"I really do believe that this is one section in our IR field that is emerging, has potential and has great treatment options for patients... We've had fantastic advances in imaging with MRI, CT availability and also the advent of radiofrequency ablation, cementoplasty, cryoablation and all different aspects of pain management."



Philippe Pereira
on "Interventional Oncology"

"...when you look at the IR possibilities to treat patients with cancers, you have to differentiate between palliative and curative therapy and now we have the possibility as interventional oncologists, to treat patients and to cure patients, not only to prolong the survival of patients, but also to cure patients"



Giovanni Carlo Anselmetti
on "Bone Interventions"

"...vertebroplasty is a procedure intended to cure back pain only and not to cure osteoporosis, and every patient should know that after pain relief offered by vertebroplasty, they have to continue to be cured for osteoporosis by a rheumatologist..."



Find out what the experts think about a range of IR techniques

ESIR 2011

European School of Interventional Radiology

In 2011, the CIRSE Foundation will organise nine local courses in different university hospitals around Europe. All courses will be held in English.

Programme

Biliary Intervention

1-2 April, 2011
Amsterdam (NL)

CLI and Diabetic Disease

8-9 April, 2011
Rome (IT)

Extrahepatic Tumour Treatment

6-7 May, 2011
Frankfurt (DE)

Basic Vascular

3-4 June, 2011
Bucharest (RO)

Aortic Disease

10-11 June, 2011
Milan (IT)

Dialysis Access & Venous Interventions

1-2 July, 2011
Ingolstadt (DE)

Embolisation

14-15 October, 2011
Rome (IT)

Liver Interventions

28-29 October, 2011
Porto (PT)

Drainage, Biopsies & Venous Access

4-5 November, 2011
Dublin (IE)

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

CIRSE Foundation Visiting Scholarship Grant

Dimitrios Filippiadis

With this report I would like to express my gratitude to the CIRSE Foundation for honouring me with a grant for the year 2010 and thus providing me with the opportunity to visit the University Clinic of Bonn in Germany. At the University Clinic of Bonn, I tried to expand my knowledge of a rather new field of IR - nasolacrimal duct interventions. Nasolacrimal duct stenosis, obstruction, and the epiphora that can result from such obstructions, form part of a field in which IR is playing a major role, both in diagnosis and therapy. IR with its minimally invasive character, high success rates and very low complication rates should be considered either as a first-line of therapy or as an attractive alternative to open/endoscopic surgery.

Prof. K. Wilhelm and his team of interventional radiologists have extensive experience in nasolacrimal duct interventions as well as in the vast majority of IR techniques. During my stay in Bonn, I enjoyed a unique opportunity which allowed me to familiarise myself with the entire process of patient selection as well as the performance of diagnostic and therapeutic, nasolacrimal duct interventions. I also had the opportunity to perform such procedures using a Phillips Allura flat panel angiography system with integrated 3D and Xper CT guidance in an angiography suite setting. In addition, towards the end of my visit, we began writing an article on these techniques with the support of Prof. K. Wilhelm and we plan on submitting the article to CVIR.

I left Greece on a warm, sunny August morning where the temperature was 38°C and I landed at Bonn during a rain shower where the temperature was 12°C. However, the warm welcome that I received from everyone at the University Clinic was more than enough to make me feel at home. I was immediately integrated into the team and everyone tried their best to make things easy for me. I would like to express my gratitude to my supervisor, Prof. K. Wilhelm, for the time and effort he invested to give me the knowledge and practice for carrying out diagnostic and therapeutic minimally invasive techniques in the nasolacrimal ducts. I am grateful to the working team and particularly to Dr. Carsten Meyer for his invaluable assistance as well as for being so patient with my lack of German language skills. I hope to keep in touch with Prof. K. Wilhelm and Dr. Carsten Meyer



and welcome the opportunity to collaborate together in the future.

I must express my gratitude to the CIRSE Foundation for the grant which provided me with an excellent opportunity to discover a rather new field of IR, gain practical experience, and learn from true experts as well as to develop my capabilities in the rapidly growing field of nasolacrimal duct interventions. Visiting a hospital in a foreign country is a great way to be trained in new techniques and emerging imaging modalities. It is also gives great insights into how IRs in different countries acts inside their own suite and how they work and collaborate with their own team. CIRSE grants provide practice-based learning for young IRs who, in turn, gain more competence, professionalism and improve their interpersonal and communication skills.



University Clinic Bonn

- Established: 2001
- Approx. 4,500 members of staff
- 25 Institutes
- Prof. K. Wilhelm, Chief Doctor in Radiology Clinic

CIRSE Foundation Visiting Scholarship Grant

Pedro Filipe Sousa

In Portugal we have a five year residency programme in Radiology, and in the fifth year we are able to do sub-speciality training. In my second year in Radiology I “found” Interventional Radiology and decided to do it. In April 2009 I started my 18 month programme in Interventional Radiology, at São João Hospital in Oporto, Portugal.

When looking for a department in which I could obtain “international experience” I choose St. George’s Hospital in London, and applied for a 6 months programme with Prof. Anna-Maria Belli who kindly accepted me. And so, on January 4, 2010 I started my “live textbook” experience.

Prof. Belli and her team perform a wide range of procedures, covering almost all areas of IR except MSK interventions. The range of procedures they carry out goes from percutaneous nephrostomies to renal tumor cryoablation, from PTCs to SIRTs, and from peripheral PTAs to fenestrated EVARs.

At St George’s they have consultants who specialise in different areas of IR (vascular, gastrointestinal, genitourinary, etc...) and who participate in weekly meetings with the clinicians they work with, thus promoting IR and the relationship between clinicians and interventional radiologists. Prof. Belli also runs an outpatient UAE clinic, bringing IR to the patients who need it.

I had the opportunity to do a few procedures as “first operator” and also helped in many as “second operator”. I also participated in the ESIR Advanced Vascular Course at St George’s at the end of my programme.

To someone that is starting IR this is an excellent place to do a programme abroad and have access to a lot of different interventions, materials and ways to approach a variety of clinical scenarios. This fellowship also allowed me to meet some of CIRSEs’ Fellows and to learn about different cultures and the challenges that IR faces in different countries.



First, I would like to express my gratitude to Prof. Belli for her prompt answer and for all the kindness and hospitality she showed me during my programme. I also would like to thank all the consultants, fellows, residents, radiographers and nurses in the department.

Finally I’m grateful to the CIRSE Foundation whose Grant was an essential financial support in enabling me to participate in the programme.



St. George’s Hospital

- Established in 1733
- Approx. 6,000 staff members
- 1,000 beds
- Serves a population of 1.3 million across London

Cardiovascular and Interventional Radiological Society of Europe



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CIRSE foundation

F O U N D A T I O N

Presenting at Medical Meetings

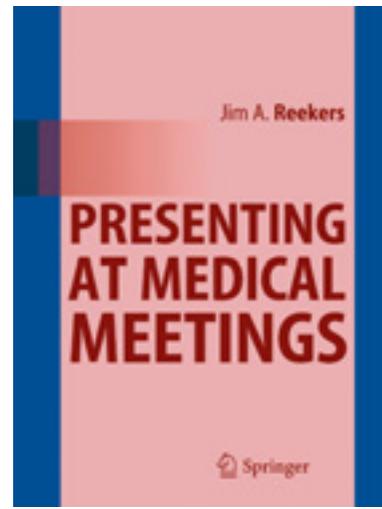
Jim A. Reekers

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Presenting your scientific data is an essential part of your research. It would be a pity if years of good research were not well received due to poor presentation.

A presentation is the "business card" of your work. The same is true for lectures on educational topics. Presenting is not a natural gift in the case of most doctors and it will take time, sometimes forever, to acquire this skill. However, there are basic rules about how to plan a presentation, how to make a PowerPoint communicative and how to speak to an audience.

The book "Presenting at Medical Meetings" gives a comprehensive overview of all aspects to bear in mind for a successful medical presentation. For those who do not want to climb the stage, this book also contains valuable information about the insides of the medical microcosmos and how to get the most out of your meeting even when you are not presenting.



This book is a must for all those at the beginning of their medical career, but can also help more senior lecturers to take a further step forward.

"Presenting at Medical Meetings" can be purchased at www.springer.com and on Amazon

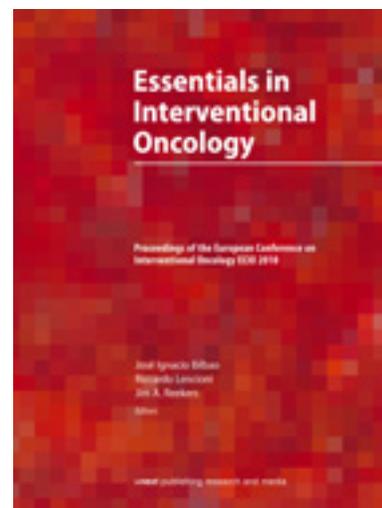
Essentials in Interventional Oncology

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Contributions from experts in the field have been carefully assembled and thematically ordered to provide a comprehensive reference book detailing recent breakthroughs in minimally invasive image-guided cancer therapy.

The first edition of the book, which is to be a living document, has been released and will be updated on a biennial basis.

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