

1/2011

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 Caval
Filter Registry

IR in Italy

2011
Committee
Elections

IR
news



**Certify Your
Expertise!**

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

EBIR - A Valuable Qualification
for the IRs of Tomorrow

Cardiovascular and Interventional Radiological Society of Europe

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Dear Colleagues,

I would like to start by paying my respects to our dear friend, Bill Cook, who recently passed away. I will never forget his inspirational character and kind, down-to-earth nature. I remember sitting with him in a famous bar in Prague one evening, drinking Pilsner beer and generally enjoying each other's company - he had a wonderful sense of humour and was a great supporter of our discipline. Rest in peace Bill, it was truly an honour to have known you.

The world of IR owes a lot to Bill Cook and other innovators, who helped develop the tools that we use to treat and save many lives around the world. Many of these IR innovations will be presented during our annual congress in Munich this year, for which the preparations are already well underway. The number of abstract submissions has increased this year and we expect attendance to be the highest ever. I would like to thank Elias and Rob for the hard work they put into creating a top quality scientific programme.

CIRSE 2011 will also provide a wonderful opportunity for young IRs to certify their expertise and kick start their careers with the EBIR examination.

As well as in English, the examination will be offered in the German language for the first time during the annual congress - open for any IR to take advantage of - and we hope to offer it in more languages in future.

Translating EBIR into German is a major step in underpinning the international nature of our society - over the years, more IR societies from around the world have opted to become CIRSE group members. Most recently, the IR societies of Australasia, Croatia and Italy joined, bringing with them their own unique perspectives on the discipline. Welcome to our society - we look forward to a bright and co-operative future together.

Lastly, I feel I should mention my upcoming knee-replacement surgery in May to correct a problem which is seriously affecting my mobility. For those of you who do not already know, I always wanted to be a cyborg so this is really just a means to an end and I plan on eventually running for Governor of California (or perhaps a wealthier state). I may be out of action for a few months after the operation but, in the words of one of the most famous cyborgs, I'll be back!

S O C I E T Y

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EBIR is a
wonderful
opportunity for
young IRs to
kick-start their
careers

ECIO 2012 European Conference on Interventional Oncology
April 25-28, 2012, Florence, Italy



A Legacy of Giving

In memory of William Alfred Cook, Founder of the Cook Group

January 27, 1931 - April 15, 2011

"Bill Cook left a lifetime legacy of giving that will last forever, his philosophy of putting people and patients first is responsible for our company's 48 years of unprecedented growth and success".

*Kem Hawkins
President, Cook Medical*

It is incredibly rare to speak of an individual whose passion, drive and innovation touched the lives of so many around the world, yet William Alfred Cook was such a figure.

As an entrepreneur, Mr. Cook was an inspiration and was once described as someone who "...truly epitomised the meaning of success". His company, Cook Medical, was started in 1963 in his spare room with only 1,500 dollars in invested capital and his wife as the sole employee. The business soon grew and is currently a two billion dollar global entity of 42 companies employing more than 10,000 people across the US, Europe, Asia and Latin America.

The world of IR owes much to Mr. Cook for his work as a pioneer in the development of cutting-edge, minimally invasive medical device technologies which have helped heal countless numbers of patients around the world.

As a philanthropist, Mr. Cook was dedicated to preserving the American architectural legacy for future generations to enjoy. Along with his family, Mr. Cook was involved in the renovation of several significant buildings in America. Mr. Cook also believed in the importance of high quality medical training and Cook Medical provided financial support to numerous training institutions as well as funding for some of CIRSE's Foundation Grants.

Mr. Cook will also be remembered as a loving husband and father and caring friend. He is survived by his wife Gayle Karch Cook, son Carl, daughter-in-law Marcy and granddaughter Eleanor.

The CIRSE Board, Committees and Members offer their most sincere condolences for this great loss. Our thoughts are with his family and friends at this difficult time.



Mr. Cook (right) accepted CIRSE's Gold Medal for his lifetime achievement in CIRSE 2008

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The primary goal of the CIRSE Caval Filter Retrieval Registry is to measure how successful the filter retrieval process is with different types of filters

Filtering Out the Truth

Robert Bauer

Following the successful completion of the CIRSE Angio-Seal Vascular Closure Device Registry, the Society launched into the New Year with another important enquiry.

While in 2009/2010 the aim of CIRSE's clinical research was to shed some light on the common usage of closure devices following vascular IR procedures, in 2011 all eyes are on IVC filters. More precisely, it is the procedure of retrieving these filters from the inferior vena cava that is being examined.

Vena cava filters have been in use for over 30 years and were originally intended to be left permanently within the inferior vena cava. Newer generations of the device are designed to be temporary and therefore retrievable from the vein. However, in practice the retrieval process has proven to have its complications (1) and the IR community has expressed the need for more research to be done.

What are we looking for?

Under the auspices of primary investigator Prof. Michael Lee, CIRSE has set out to address this lack of information by implementing a registry. The primary goal of the CIRSE Caval Filter Retrieval Registry is to measure how successful the filter retrieval process is with different types of filters. The registry is designed to provide an overview of the complications that occur during recovery and during filter dwell times.

How are we looking for it?

The registry is hosted online and will run for 12 months, during which it is hoped to receive information on at least 500 procedures.



Michael Lee
Principal Investigator,
CIRSE Caval Filter Retrieval Registry



In pursuit of its crucial goal to further substantiate the evidence-base of daily IR practice, CIRSE is confident the gathered data will provide the IR community with a better insight into the process of caval filter retrieval and help map out the complications that can be expected.

(1) Young T., Tang H., Hughes R.: Vena caval filters for the prevention of pulmonary embolism. *Cochrane Database of Systematic Reviews* 2010, Issue 2, accessed at www.thecochranelibrary.com

**For more information on the registry please visit
www.cirse.org/index.php?pid=610**

SOCIETY

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The registry is
hosted online
and will run for
12 months



European Board of Interventional Radiology
The European qualification in Interventional Radiology

Register now for the next EBIR examination which will take place on the occasion of CIRSE 2011 in Munich. The examination in Munich can be taken in English or German. All application materials must be submitted by June 3, 2011.

Certify your Expertise in Interventional Radiology

The European Board of Interventional Radiology (EBIR) is the European qualification in Interventional Radiology and aims to standardise training and expertise in the specialty across Europe.

Entry Criteria

- Candidates must be **members of CIRSE** (Cardiovascular and Interventional Radiological Society of Europe) **and ESR** (European Society of Radiology); European residency is also required in the year of the examination
- A relevant **curriculum vitae** and a **logbook** of IR experience
- A **letter of support** from the candidate's IR programme director

Benefits

- EBIR represents a **standardised European certification of expertise** in interventional radiology, recognised throughout Europe
- A successful EBIR examination is acknowledged as a **qualification of high value to the career development** of IRs in Europe
- The internationally acclaimed standard of the exam transcends borders and thereby **facilitates the free movement of IRs**
- Successful EBIR candidates receive the **EBIR Diploma** and are able to **use the official title (EBIR)**

For further information about EBIR, please visit our website at www.cirse.org/ebir or write to us at aksenzev@cirse.org

The examination consists of written and oral components.



CVIR is raising the bar for IR publications around the globe

CVIR - The Platform for Global Research

Dierk Vorwerk

I am delighted to say that 2010 was yet another successful year for Cardiovascular and Interventional Radiology. The impact factor continues to rise after climbing to 1.949 in 2009 (the 5-year impact factor reaching 1.756). Already the most established journal of interventional radiology, CVIR has now become the leading journal in the field!

Submissions

The number of submissions has also further increased - almost 800 single contributions in 2010 represent an increase of around 15% compared to the previous year. This represents a remarkable increase of 58% from 2007. Despite its bimonthly release, CVIR published nearly 1,300 pages of interventional and vascular radiological content in 2010, a figure which comes close to the number of manu-

scripts published in other monthly publications and is more than is published in many national radiological journals.

As in previous years, around two-thirds of all submissions were processed in the European offices, with the rest being published in the US-Asian offices. The leading submitting countries were USA, Japan and Germany closely followed by Italy, the UK and China.

Process Times

The "submission to first decision time" has been further improved and currently stands at 30 days for the European office (35 days in 2009). The rejection rate in 2009 was 60% and rose to 68% at the start of 2010.

... authors
recognise that
publication of
their manuscript
in CVIR means
a readership
well beyond the
borders of
Europe

Increase in submitted manuscripts 2007-2010



This year, two groups of authors were honoured with the prestigious Editor's Award

Awards and Acknowledgements

This year, the Editors once again decided to honour two groups of authors by awarding them with the prestigious Editor's Medal 2010. The medal went to the groups of José Ignacio Bilbao (Pamplona/ESP) and Maciej Pech (Magdeburg/DE).

In recognition of the hard work carried out by our reviewers, they were presented with CME certificates which specified the number of manuscripts reviewed and their estimated invested hours. The certificates could then be used to attain CME credits from their national accreditation body.

Special Lecture at CIRSE 2010

A special lecture was held during CIRSE 2010 in honour of our valuable contributors (authors, reviewers and Editorial Board members). The renowned guest speaker was Dr. Bill Curtis, expert in the field of publishing and Executive Vice President of Springer. His informative lecture gave an interesting insight into the world of publishing and its potential future developments. The slides from the presentation can be found in the CVIR section of the CIRSE website.

Spring Retreat 2010

In March 2010, a successful retreat was attended by the CIRSE Executive Board, CVIR's Editors and Editorial Team members as well as Springer representatives (CVIR's Publisher). The topics discussed covered strategies for maintaining and improving the high standards of the journal. The retreat also



Dr. Bill Curtis, Executive Vice President of Springer

resulted in numerous structural changes - including the appointment of Regional Editors (Francisco Carnevale for Brazil, Shozo Hirota for Japan, Sanjiv Sharma for India, Gao-Jun Teng for China and Alan Matsumoto for USA) and of the important role of Statistics Editor (Shandra Bipat, Amsterdam/NL).

Structural changes were also made in the Vienna Office - Tochi Ugbor joined the Editorial Team to support the Editors with the reviewing process. As has been the case for many years, managing editorship remains in the very capable hands of Deana Rodriguez (California/USA).

The Editors wish to thank CIRSE and its Executive Committee for their continuous support of the journal. This not only helps raise awareness of our wonderful discipline, it also helps further the knowledge of the journal's outstanding and international readership.



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View slides from
the Special
Lecture at CIRSE
2010 on the
CIRSE website



CVIR EDITOR'S REPORT

CVIR is now the official journal of most of the group member countries of CIRSE

An International Platform

CVIR is now the official journal of the following national societies:



Austrian Society of Interventional Radiology (ÖGIR)



German Society of Interventional Radiology (DeGIR)



Brazilian Society of Interventional Radiology and Endovascular Surgery (SoBRICE)



Indian Society of Vascular and Interventional Radiology (ISVIR)



British society of Interventional Radiology (BSIR)



Interventional Radiology Section of the Polish Medical Society of Radiology (PLTR)



Cardiovascular and Interventional Society of Turkey (TGRD)



Israeli Society of Interventional Radiology (ILSIR)



Chinese Society of Interventional Radiology (CSIR)



Japanese Society of Interventional Radiology (JSIR)



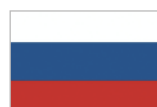
Czech Society of Interventional Radiology (CSIR)



Korean Society of Interventional Radiology (KSIR)



Danish Society of Interventional Radiology (DFIR)



Russian Society of Interventional OncoRadiology (SIOR)



Dutch Society of Interventional Radiology (NGIR)



Swiss Society of Cardiovascular and Interventional Radiology (SSCVIR)



Finnish Society of Interventional Radiology (FSIR)

The international nature of the journal appeals to many authors who recognise that publication of their manuscript in CVIR means a readership well beyond the borders of Europe.



Setting Standards

Dimitrios Tsetis

Throughout 2010, the CIRSE SOP Committee worked rigorously on the production of Quality Assurance Guideline Documents and Standards (QADS) for the benefit of CIRSE's members, and ultimately IR patients.

New Structural Guidelines

From the very beginning, one of the major goals of this Committee has been to standardise QADS, in order to provide evidence-based, high quality guidelines which could be applied globally in everyday IR clinical practice situations.

In this context, I am very happy to announce that the new "Structural Guidelines for CIRSE Quality Assurance Documents and Standards" are now available on the CIRSE website and will be in effect from April 1, 2011. This document was the fruitful result of a collaborative effort by the Executive Committee and SOP members who aimed to produce a framework fit for any guideline document, regardless of its topic.

Completed Documents

The following documents have been completed since my last SOP Chairman's Report in IR News (please note: not all documents have been published on the CIRSE website):

Title	Main Author
Standard of Practice for the Endovascular Management of Isolated Iliac Artery Aneurysms	R. Uberoi
Quality Improvement Guidelines for Endovascular Treatment of Traumatic Haemorrhage	D. Kessel
Quality Improvement Guidelines for Percutaneous Catheter-directed Intra-arterial Thrombolysis and Mechanical Thrombectomy for Acute Limb Ischemia	D. Karnabatidis
Standards of Practice Guidelines on Thermal Ablation of Primary and Secondary Liver Tumours	P. Pereira
Standards of Practice Guidelines on Radiofrequency Ablation of Kidney and Adrenal Tumours	M. van den Bosch

In addition to these, CIRSE's Commentary on the Treatment of Chronic Cerebro-Spinal Venous Insufficiency (CCSVI) has also been published on the CIRSE website. For more information on the CCSVI commentary, please email ugbor@cirse.org

Upcoming Documents

The following documents are soon to be completed:

Title	Main Author
Quality Improvement Guidelines for Imaging Detection and Percutaneous Treatment of EVAR Endoleaks	T. Rand
Quality Improvement Guidelines for Transarterial Chemoembolisation of Hepatocellular Carcinoma	G. Carrafiello
Quality Improvement Guidelines for Endovascular Treatment of Gastrointestinal Haemorrhage	V. Valek

I would like to reiterate the fact that the SOP Committee deliberately chose for all documents to cover topics in which IR plays a key role rather than focusing on specific interventional methods or techniques.

Endorsements and Joint Documents

Continuing CIRSE's long-standing co-operation with our American colleagues, the following SIR documents have been endorsed by CIRSE since my last report:

- Multi-disciplinary Practical Guidelines for Gastrointestinal Access for Enteral Nutrition and Decompression
- Practice Guideline for Sterile Technique During Vascular and Interventional Radiology Procedures

The following joint CIRSE/SIR documents are currently being drafted:

Title	CIRSE Representative
Joint Guidelines on Stroke Management	D. Rüfenacht, D. Vorwerk
Joint Guidelines on Procedures on Pregnant Patients	G. Bartal J. Damilakis D. Tsetis

The new Structural Guidelines for CIRSE's QADS are now available on the CIRSE website

CIRSE ON FACEBOOK

Why not join CIRSE on Facebook and invite your colleagues to join too!

You'll  this!

Maria Zoidl



ESIR Course "CLI and Diabetic Disease", Budapest (HU)



ESIR Course "Biliary Interventions", Amsterdam

Join CIRSE on Facebook and don't forget to give the page the thumbs-up!

CIRSE's presence on Facebook has added yet another dimension to the well tested concept of social media networking by offering a wonderful opportunity for the international IR community to gather and interact. Friends of CIRSE can now discover the latest news on IR-related topics, read comments by fellow friends and much more. Why not join CIRSE on Facebook and invite your colleagues to join too!

View information on events and meetings

With all of CIRSE's courses and upcoming events neatly displayed on Facebook, you will be spoilt for choice on what to attend. From ESIR to GEST, ECIO to CIRSE's annual congress, you will be kept well-informed of all the important times and dates.

Keep in contact with your colleagues

Use the Facebook page to stay in contact with your peers around the world or make new friends by sharing your experiences from past CIRSE events. Re-live the excitement from the annual congress through the array of videos and photos

which capture impressive congress moments, renowned speakers, innovative sessions and lively celebrations.

If you like what you see, give the page a thumbs-up by clicking the **Like** button in the right-hand corner. That's all it takes to become part of a bustling online IR community.

Benvenuti! Dobrodošli! Welcome!

IRs everywhere are open to similar opportunities, face similar challenges and strive for common goals. A key element for achieving these goals lies in forging alliances between national IR societies around the world.

CIRSE is dedicated to doing just that by providing a platform for IRs from various nations to meet, discuss and learn from each other. Over the years, many national IR societies have joined CIRSE, each bringing with them new perspectives and adding their own distinct cultural flair to CIRSE's IR family.



Italian Society of IR (SIRM)

- Founded: 1974
- Number of members: 700
- Main meeting: National Congress of Italian Vascular and Interventional Radiology
- Website: www.radiointerventistica.org

(For more information on the Italian IR Society, please see page 12)

Which opportunities does the future hold for IR in your country?

"The future will see more importance given to IR as an individual specialty. This is particularly important as it will give IRs greater control over the quality of their services. We also hope our collaboration with CIRSE will be mutually fruitful and will lead to more multi-centre studies..."

Francesco Florio, President, Italian Society of IR



Australasian Society of IR (IRSA)

- Founded: 1997
- Number of members: Approx. 240
- Main meeting: RANCZR
- Website: www.irsa.com.au

The IRSA primarily aims to:

- develop and support standards for the practice of interventional radiology.
- develop and support standards for the training of interventional radiologists.
- foster research in interventional radiology.

James P. Burnes, President,
Australasian Society of IR



Croatian Society of IR (SIRCRO)

- Founded: 2000
- Number of members: 34
- Main meeting: sIRcro
- Website: www.sircro.org

What do you hope collaboration with CIRSE will lead to?

"I hope it will give our younger members better access to information, as well as giving us, experienced IRs, more opportunities to compare our experiences and discuss complications. The collaboration with CIRSE will provide us with an international channel for discussing IR as a whole and also for sharing information about IR in Croatia with the CIRSE Community."

Vinko Vidjak, Chairman, Croatian Society of IR

S O C I E T Y

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CIRSE is happy
to announce its
most recent
group members
- Italy, Croatia
and Australia!



IR IN ITALY

Italian Vascular and Interventional Radiology

Francesco Florio

Interventional Radiology boasts a long history in Italy. The discipline is practiced throughout the country and a wide range of procedures and clinical applications are available. Interventional medicine started in Italy in the early 70s when the first arterial embolisations and percutaneous hepatobiliary procedures were performed.

The Italian Society of Vascular and Interventional Radiology

The Italian Society of Vascular and Interventional Radiology (with 700 members) is part of the Italian Society of Medical Radiology (SIRM) which currently has over 9,000 members.

The Italian Society of Vascular and Interventional Radiology was founded in 1974. Since its establishment, the following individuals have presided over the society: Lucio Di Guglielmo (1976-1978), Plinio Rossi (1978-1980), Roberto Passariello (1980-1984), Giovanni Simonetti (1984-1988), Gian Pietro Feltrin (1988-1992), Paolo Mannella (1992-1996), Giovanni Gandini (1996-2000), Gian Paolo Cornalba (2000-2004), Luciano Lupattelli (2004-2006), Giovanni Gandini (2006-2008 and 2008-2010) and Francesco Florio (since 2010).

The Italian Society of Vascular and Interventional Radiology endeavours to raise awareness in Italy about the benefits of IR. For this reason, the society is involved in numerous information campaigns and events organised for health officials, medical specialists from various disciplines and, of course, patients. Moreover, the society endeavours to support the training of young radiology students.

IR in Italy

Interventional radiology became a compulsory part of radiology training some years ago and since then, all young radiologists have been required to spend a period of their training time in an IR unit. Interventional radiology procedures are readily available throughout Italy - there is at least one IR centre in every university and major hospital, each offering various treatments depending on the available facilities.



IR centres in Italy

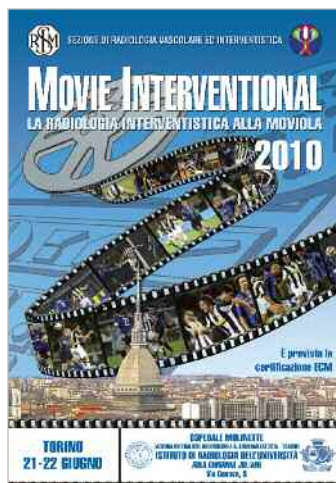
The Italian Society of Vascular and Interventional Radiology has at least one referral centre in every region of the country. These referral centres also help co-ordinate scientific activities, manage relations with health authorities, offer assistance in clinical cases which are difficult to treat and offer practical training for young radiologists.

IR Procedures Offered in Italy

At present, all IR procedures are offered in Italy, the most common being the endovascular treatment of steno-obstructive lower limb lesions, renal artery interventions, carotid district procedures and EVAR. The new recanalisation procedures for diabetic foot have also attracted many "pioneer-spirited" IRs in Italy who have started offering them to their patients. Many innovative IR procedures are widely used in oncology, including hepatic radioembolisation, and percutaneous

IR in Italy started in the early 70s when the first arterial embolisations and percutaneous hepatobiliary procedures were performed

...competition should be seen as positive because it often leads to interdisciplinary co-operation



hepatobiliary interventions which are generally considered an important part of IR. Spinal column interventional procedures (e.g. vertebroplasty, treatment of cervical and lumbar disc diseases and vertebral instability) are performed in several well qualified centres.

Fair competition exists between IRs and other medical specialties (e.g. cardiology and vascular surgery) in the field of peripheral and aortic endovascular treatment. Such competition should, however, be seen as positive because it often leads to interdisciplinary co-operation.

Meetings and Congresses

Every year, the Italian Society of Vascular and Interventional Radiology organises important events, such as:

"Movie Interventional" - held in the historic city of Turin. Live and pre-recorded case studies, as well as numerous scientific lectures, are presented during this innovative meeting. The aim of the meeting is to provide technical training on the most important non-vascular procedures.

"Gargano" - held in Puglia, is a morbidity-mortality meeting with lectures given by distinguished Italian speakers.

"Postgraduate Campus" - offers informative sessions and live cases, specifically tailored to the needs of radiologists in training.

"Local courses" - highly informative conferences held in various small towns.

"ICEP" - an annual congress held in Rome, is fully dedicated to Vascular Interventional Radiology. Live-cases and international speakers lend scientific weight to this event.

National Congress of the Italian Society of Vascular and Interventional Radiology -

organised every two years and traditionally held in one of the many beautiful Italian cities. In keeping with the society's goal of helping to train young radiologists, young congress attendees are also given the opportunity to lecture at the National Congress.

The near future will surely see further positive developments of interventional radiology in Italy. The range of procedures will expand and more effective treatments will be offered to patients. Most recently, the Italian Society of Vascular and Interventional Radiology has joined the list of CIRSE Group Members. It is hoped that this step will lead to increased mutual co-operation between our society and our colleagues in other IR societies.

...we hope CIRSE group membership will increase the mutual co-operation between our society and our colleagues in other IR societies...

European Congress of Radiology 2011

The European Congress of Radiology has long been regarded as one of the largest and most significant radiological congresses in the world. Held this year from March 3-7 in Vienna, Austria, the meeting was attended by over 20,000 delegates from 90 countries.

CIRSE was also present at the meeting and delegates were able to collect information on CIRSE's future meetings and events from the CIRSE booth.

Interventional Radiology's Key Position

As an essential sub-specialty in the field of radiology, IR always occupies an important position at the meeting and numerous IR-related sessions took place this year:

IMAGINE - A workshop which offered information on exciting technological developments in the field of diagnostic and interventional radiology. Key elements of the workshop included image-guided interventions and robotics, computer-assisted training, and integrated/interactive visualisation. The workshop was run by EIBIR - a research group in which CIRSE holds shares.



Interventional radiology: from scratch

to innovation - presented during an introductory session on the Iranian IR Society, this session shed light on the numerous benefits IR can bring to patients. Speakers also shared interesting facts about their plans for the development of IR in their country.

Introductory Sessions, Refresher Courses, and Special Sessions

- numerous other sessions and courses offered delegates introductory information on IR in the areas of trauma, PVD, ablation, and vascular interventions. Special Sessions on IR helped paint a fast-paced and advanced picture of the discipline.



IR always occupies an important position at the meeting and numerous IR-related sessions took place this year

This year's CIRSE evening during the ECR was held at the renowned Viennese Ethnographic Museum

Dinner and Dancing with Shiva and Mao Zedong

This year's CIRSE evening during the ECR was held at the renowned Viennese Ethnographic Museum (Museum für Völkerkunde) where guests sipped champagne, savoured delicious food, and enjoyed the company of their colleagues.

The Viennese Ethnographic Museum is home to one of the largest and most significant collections of ethnographic artefacts in the world.

Surrounded by statues of angry Indian goddesses, Mexican totem poles, West African bronzes and huge posters of Mao Zedong, curious guests were able to stroll through the museum's extensive exhibits. Exhibition guides were also on hand to answer questions. As always, no CIRSE party would be complete without dancing and guests danced the evening away to the rhythmic tunes of the live soul band.

ECR
2011

European Congress
of Radiology

S O C I E T Y



The Museum is home to one of the most significant collections of ethnographic artefacts in the world



CIRSE's CCSVI Commentary

Jim Reekers, Michael Lee, Anna-Maria Belli, Frederik Barkhof

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...this theory
does not fit into
the existing bulk
of scientific data
concerning the
pathophysiology
of MS

Chronic Cerebro-Spinal Venous Insufficiency or CCSVI is a putative new theory, which is suggested by some to have a direct causative relationship with the symptoms associated with multiple sclerosis (1). The core foundation of this theory is that there is abnormal venous drainage from the brain, due to outflow obstruction in the draining jugular vein and/or azygous veins. This abnormal venous drainage, characterised by special ultrasound criteria called the Venous Haemodynamic Insufficiency Severity Score (VHSS), is said to cause intracerebral flow disturbance or outflow problems, leading to peri-ventricular deposits (2). In the CCSVI theory, these deposits have a great similarity to the iron deposits seen around the veins in the legs in patients with chronic DVT. Dr. Zamboni who first described this new theory has promoted balloon dilatation to treat the outflow problems, thereby curing CCSVI and, by the same token, alleviating MS complaints.

However, this theory does not fit into the existing bulk of scientific data concerning the pathophysiology of MS. Nevertheless, there is an increasing acceptance of CCSVI and the associated balloon dilatation treatment worldwide, disregarding the fact that there is only low grade scientific evidence, mainly coming from one source. The treatment is called the "Liberation Treatment", and the results of the treatment can also be watched on YouTube. There are well-documented testimonies by MS patients who have gained improvement in their personal quality of life after the treatment. There are, however, no data available from patients who underwent unsuccessful treatments.

There are currently several centres actively promoting and performing balloon dilatation, with or without stenting, for CCSVI. However, it must be stated that no randomised trial data are available to back the theory behind the treatment or to support its use. There are also no RCTs currently in progress. Therefore, the basis for this treatment rests on anecdotal evidence and patient testimonies.

It is for these reasons that CIRSE feels that this is not a sound basis to currently offer this new treatment, which has not yet been part of an RCT.

The core of this new theory is the CCSVI syndrome, or the abnormal venous drainage from the brain. However, venous drainage from the head has impressive anatomical variation, which is not very well catalogued in most textbooks. Also, valves can be present at a variety of sites in the head and neck veins. Interventional radiologists who practise parathyroid sampling are well aware of the huge variety in venous anatomy. Besides the huge variation in normal venous anatomy the jugular veins have some natural narrowing at two sites and the azygous vein, prominent in the CCSVI theory, does not drain the brain at all. The azygous vein can clearly drain the spinal cord but not solely, as there are many intercostal venous collaterals which fulfil the same function.

In addition, the fact that this imaging is done in the supine position will have a great influence on blood flow and image interpretation. There have recently been randomised studies comparing so-called venous stenoses in patients with and without MS (3-4). Both studies show that there is no difference in the prevalence of venous stenoses between the two groups. This seems to be a very strong argument against the existence of CCSVI. However, physicians performing CCSVI treatment point out that these studies were not performed according to the specific Venous Haemodynamic Insufficiency Severity Score (VHSS) criteria. The other part of the theory is that the venous outflow obstruction needs to be treated. However, if there is a real haemodynamic venous outflow obstruction, there should also be a pressure gradient and this gradient should disappear after successful balloon dilatation. It has been shown, and confirmed by those who perform balloon dilatation for CCSVI, that over the so-called stenosis there is never a measurable pressure gradient. Those who

Please contact ugbor@cirse.org for more information on CIRSE's CCSVI Commentary

perform this treatment argue that it is not the pressure gradient but the change in outflow pattern, caused by this stenosis, that is the pathological entity.

What remains is the issue of anecdotal successful treatments. Undoubtedly there are some patients who obtain symptom relief after treatment for CCSVI, but this could be just a placebo effect. In itself, there is nothing wrong with the placebo effect, as long as we recognise it. Indeed, many treatment successes in medicine are based on or helped by a placebo effect. It is also known that the more invasive the treatment is and the more the treating physician believes in the treatment, the stronger the placebo effect. Furthermore, MS can affect emotional and labile responses and is characterised by spontaneous relapses and remissions. This makes the gathering of scientific evidence to support CCSVI theory difficult in anything other than an RCT.

What we now have is the dilemma of a new treatment being promoted and carried out by some early pioneers with the popular press trumpeting its success, and thus decreasing the chances of performing a properly conducted trial because it is considered unethical not to offer patients this new and promising treatment. The primary task of physicians is “primum non nocere” or not doing harm. We believe that one way harm can be caused is by offering treatments without any scientific proof of efficacy as well as the more usual forms of medical harm. Arguments such as; “There is nothing else”, or “Do you know how much they pay for medication that does not work?” are not valid or scientific to support the use of this treatment.

Confronted with these contradictions and lack of evidence for CCSVI treatment, some pioneers have taken to calling their work on MS patients a phase 1 study. However, a phase 1 study without a pro-

ocol, approval by a medical ethical committee, informed consent or safety committee oversight does not qualify. CIRSE believes that only properly conducted trials with significant scientific rigour can solve this dilemma. We believe that a small prospective randomised trial, with a sham treatment arm, is required. A trial monitored by an independent society, such as the Cardiovascular and Interventional Radiological Society of Europe (CIRSE) and/or the European Society of Neurology would be ideal.

As doctors and interventional radiologists, we certainly hope that all of the anecdotal reports detailing improvements in QOL will prove to be true, and that patients will benefit from this new treatment. We, as IRs, have a long history of introducing pioneering treatments that have proved to be of enormous benefit to patients over the last 30 years. Recently, new treatments such as fibroid embolisation, vertebroplasty and carotid stenting have all been tested in randomised trials. We believe that CCSVI treatment should be evaluated in the same manner. Furthermore, we believe that until real scientific data is available for CCSVI and balloon dilatation, this treatment should not be offered to MS patients outside of a well designed clinical trial.

This article was first published in CardioVascular and Interventional Radiology (CVIR, 2011 Feb;34(1):1-2)

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4. Doepp F, Paul F, Valdueza JM, Schmierer K, Schreiber SJ. No cerebrocervical venous congestion in patients with multiple sclerosis. *Ann Neurol.* 2010;68:173-83.



We believe that a small prospective randomised trial, with a sham arm, is required

A comprehensive range of IR topics was discussed at the congress including stroke therapy and clinical risk management

PR for IR in Salzburg

The Austrian city of Salzburg was the picturesque backdrop to IROS 2011 - the world's largest German-speaking IR congress held from January 13-15. The annual congress of the Austrian (ÖGIR), German (DeGIR), and Swiss (SSCVR) societies of interventional radiology was attended by over 770 participants. The numerous media representatives who were also present helped bring valuable information about IR to the general public.

Varied Programme

A comprehensive range of IR topics was discussed at the congress and major developments in key areas such as stroke therapy and clinical risk management were presented. Over the years, the congress has become known for holding innovative sessions. At IROS 2011, attendees were able to watch complex live operations, participate in practical hands-on workshops, and also find out about technological advances at industry satellite symposia.

Diverse Audience

Alongside the advanced sessions for the IR experts, congress organisers were also keen to tailor the programme to IR novices. Special programmes for young doctors offered a valuable introduction to the diverse procedures of the discipline. The importance of multi-disciplinary co-operation was also highlighted during the "Fit für den Facharzt" session - a special programme designed for GPs. In addition to this, radiological technicians had the opportunity to attend workshops on topics pertaining specifically to their field such as safety regulations and advances in imaging.

Large Media Response

Efforts made by the congress organiser to attract the media to the congress paid off and were reflected in the newspapers, websites and television programmes the congress featured in.

Rückenschmerz oft ein Fall für den Radiologen

Kongress. Radiologen werden vom Diagnostiker zum behandelnden Arzt. Nur im Extremfall wird ein Bandscheibenvorfall noch operiert.

JOSEF BRUCKMOSER

SALZBURG (ÖM). Die Radiologie wird sich in den kommenden Jahren zunehmend als Alternative zur Chirurgie positionieren. Hauptgebiete sind die Schmerztherapie, vor allem bei Rückenschmerzen, und die Onkologie. Dabei bietet die Radiologie minimalinvasive Methoden an, die zum Beispiel bei Bandscheibenvorfällen eine Operation überflüssig machen. Stattdessen werden Eingriffe etwa Injektionen - in ärztlicher Anleitung durchgeführt und mit bildgebenden Verfahren wie der Computertomografie (CT) beobachtet. Das erhöht die Zielgenauigkeit und die Sicherheit des Eingriffs, weil der behandelnde Arzt auf dem Monitor genau verfolgen kann, wie die Injektionsnadelungsführt werden muss.

Beim dritten Jahreskongress der deutschsprachigen Radiologen, der derzeit in Salzburg stattfindet, setzen sich mehr als 700 Fachärztinnen und Fachärzte mit neuen Methoden dieser interventionellen Radiologie auseinander. Darunter ist auch die Möglichkeit,

in der Chemotherapie den Wirkstoff direkt an den Tumor zu bringen und die Nebenwirkung der Medikamente zu verringern. In Deutschland ist bereits jeder zehnte Radiologe interventionell tätig. In Österreich sind es von den rund 850 Fachärztinnen und -ärzten knapp 110, die Eingrif-

fe an Patienten durchführen. „Wir hoffen, dass wir bis 2015 auf 150 bis 180 Kolleginnen und Kollegen kommen, die mit dieser Methode arbeiten“, sagte Franz Karmel, Präsident der Gesellschaft für interventionelle Radiologie.

Ein Hindernis sieht Karmel trotz des steigenden Bedarfs an dieser Art der Radiologie in der Ausbildung und in der Anzahlung der Krankenkassen. „Die Eingriffe sind sehr schonend“,

„Kolleginnen und Kollegen, die die Facharztausbildung abgeschlossen haben, bekommen im Krankenhaus häufig nur befristete Verträge. Sie spezialisieren sich daher lieber auf CT oder Ultraschall, weil sie dann allenthalben einsteigende Verträge bekommen.“

„Radiologen, die interventionell arbeiten wollen, brauchen den richtigen Platz im Krankenhaus.“ Trotzdem wendet sich die Radiologie bei Eingriffen am Patienten rasch aus. Primär Siegfried Thurnher, der heute Freitag, die Präzisionsgesellschaft übernimmt, zeigte dies am Beispiel von Rückenbeschwerden auf. „Wir können computertomographische Wurzelschmerzen bei Bandscheibenvorfällen durchführen, wir können Wirbelsäulenfrakturen zementieren, Distanzhalter einsetzen oder Onco injizieren.“

Der Anteil der Patienteninnen und Patienten, bei denen eine Operation unerlässlich ist, hat sich damit auf unter zehn Prozent verringert; auf Fälle mit Lähmungserscheinungen oder extremen anhaltenden Schmerzen.



Franz Karmel, Kongresspräsident

Salzburger Nachrichten, 14.01.2011, p.23

Readership: 262,000

"Radiologists are increasingly moving beyond diagnosis to providing treatment.... (Interventional) radiology will continue to position itself as an alternative to surgery. Key areas of this discipline include pain management - especially back pain - and oncology."



View
presentations
from IROS 2011
on ESIR Online

[illegible]

bekommt keine Nahrung mehr. Während der Behandlung wird der Patient mit Röntgen überwacht. Diese neue Methode hat einen weiteren Vorteil: Die Kunststoffteilchen können auch mit Chemotherapie-Wirkstoff beladen werden. Der wirkt auf diese Weise zielgerichtet und belastet nicht gesunde Regionen des Körpers.

ORF



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17. November 2011

Interventionelle Radiologie bietet viele Vorteile

Die interventionelle Radiologie ist ein zentraler Bestandteil der modernen Diagnostik und Therapie. Dieser Bereich umfasst eine Reihe von Interventionen, die mit Hilfe von bildgebenden Verfahren durchgeführt werden. Die Interventionen können diagnostisch oder therapeutisch sein. Die Interventionen werden in der Regel in einem Interventionen-Raum durchgeführt, der mit einer Röntgenanlage ausgestattet ist. Die Interventionen werden von einem Interventionen-Radiologen durchgeführt, der mit einer Interventionen-Radiologin zusammenarbeitet. Die Interventionen werden in der Regel in einem Interventionen-Raum durchgeführt, der mit einer Röntgenanlage ausgestattet ist. Die Interventionen werden von einem Interventionen-Radiologen durchgeführt, der mit einer Interventionen-Radiologin zusammenarbeitet.

Diese neuen Interventionen ermöglichen es, die Interventionen-Radiologie in der Interventionen-Radiologie zu integrieren. Die Interventionen-Radiologie ist ein zentraler Bestandteil der modernen Diagnostik und Therapie. Dieser Bereich umfasst eine Reihe von Interventionen, die mit Hilfe von bildgebenden Verfahren durchgeführt werden. Die Interventionen können diagnostisch oder therapeutisch sein. Die Interventionen werden in der Regel in einem Interventionen-Raum durchgeführt, der mit einer Röntgenanlage ausgestattet ist. Die Interventionen werden von einem Interventionen-Radiologen durchgeführt, der mit einer Interventionen-Radiologin zusammenarbeitet.

Für einen Interventionen-Radiologen ist es wichtig, die Interventionen-Radiologie in der Interventionen-Radiologie zu integrieren. Die Interventionen-Radiologie ist ein zentraler Bestandteil der modernen Diagnostik und Therapie. Dieser Bereich umfasst eine Reihe von Interventionen, die mit Hilfe von bildgebenden Verfahren durchgeführt werden. Die Interventionen können diagnostisch oder therapeutisch sein. Die Interventionen werden in der Regel in einem Interventionen-Raum durchgeführt, der mit einer Röntgenanlage ausgestattet ist. Die Interventionen werden von einem Interventionen-Radiologen durchgeführt, der mit einer Interventionen-Radiologin zusammenarbeitet.



Wichtige Regeln für eine erfolgreiche Therapie



[mehr Infos](#)



AKTUELLE PRINTAUSGABEN



ALLE JAHRE AUF EINEM



IQ harbours immense potential as a tool for promoting the discipline

Raising the IQ

You have undoubtedly experienced it yourself - patients with “untreatable” tumours that shrink dramatically after IR therapy; patients who were riddled with pain for years, but returned home to a pain-free life following a brief IR procedure; or patients who were deemed “hopeless” but who found effective treatment in IR. Interventional radiology is a revolutionary field of medicine with innovative treatments and therapies for a wide range of illnesses.

So, why aren’t the procedures being offered to more patients? The answer is simple - not enough key decision makers are aware of the minimally invasive alternatives IR provides. This lack of awareness has given rise to a key public relations tool - the magazine “Interventional Quarter”.

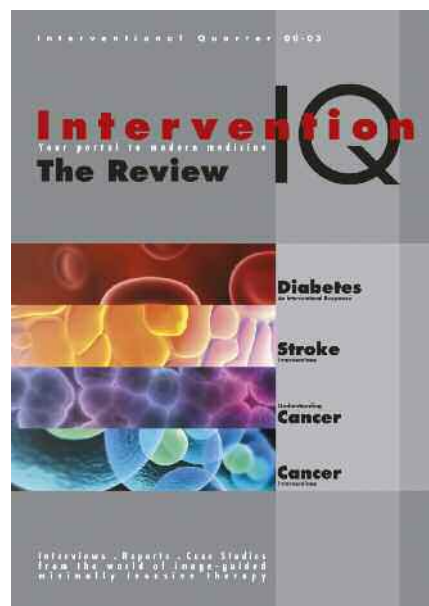
Providing the tool

Since its launch in 2010, Interventional Quarter (IQ) has done much to promote the discipline among non-IRs. IQ is the first magazine of its kind and has a current readership of 45,000 - a figure which includes hospital administrators, insurers, politicians and other medical specialists from all four corners of the globe.

The success of the magazine can be put down to its clear, concise and unbiased manner of communicating complex IR procedures to people who have little to no knowledge of the discipline. From politics to economics, clinical practice to key trials, each issue of the magazine offers a comprehensive look at IR’s role in the treatment of a specific illness or illness group. Patient cases and interviews with leading IRs lend an all-important human angle to articles, and information on the latest news from the field can be found on the IQ website.

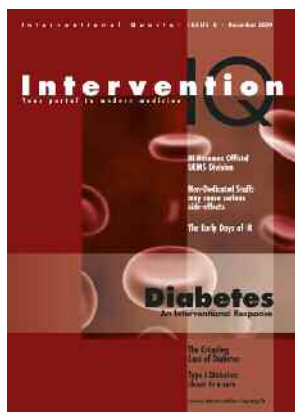
Spreading the word

Needless to say, IQ harbours immense potential as a tool for promoting the discipline. However, help is required to get the magazine into the hands of key decision makers. Why not slip it into your oncologist’s mailbox at work? You could also drop it on your hospital administrator’s desk or start a lively conversation about it at lunch with your surgical colleagues. The possibilities for getting others to read IQ are endless (however, we would prefer you to stay on the good side of the law) and so are the benefits that this can bring. So the next time you get your copy of IQ in the mail, don’t just read it, pass it on and do your part in raising the IQ about our discipline.



CIRSE is providing all its members with “The Review 00-03” - a bound edition of the issues of IQ published so far. Look out for your copy in the mail!

The IQ editorial team welcomes any feedback or content suggestions you wish to make. Please send these to: info@intervention-iq.org



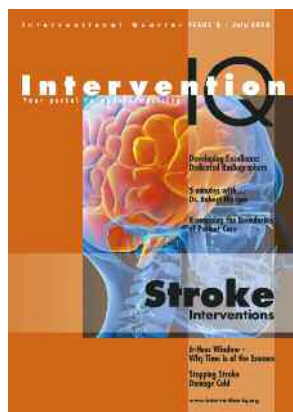
Issue 0:
Diabetes – An Interventional Response
(December 2009)

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.



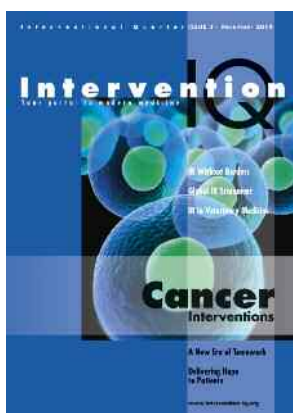
Issue 1:
Understanding Cancer
(March 2010)

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 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 3:
Cancer Interventions
(December 2010)

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.



All Issues of IQ
are available
free-of-charge at
www.intervention-iq.org

During this year's Committee Elections, held during the CIRSE 2011 General Assembly, eligible members will have the opportunity to cast their votes for the candidates of their choice

CIRSE Committee Elections 2011



All eligible members interested in standing for elections are invited to submit an application stating their desired position, enclosing a letter of motivation (max. 100 words), a curriculum vitae (max. 200 words) and a photo of themselves in jpg format.

Applicants should contact the CIRSE Office if they have not received written confirmation of receipt within two working days from sending their application. Please note that applications, for which no such confirmation has been sent, will be deemed invalid.

Please send all applications to zoidl@cirse.org by June 14, 2011

The following positions on the **Executive Board** will be vacant :

- Vice President
- Treasurer

ARTICLE 11, CIRSE Articles of Association Election of Officers of the Executive Board

Article 11.1

The Executive Committee shall nominate candidates for the office of Vice President and Treasurer. Members may propose candidates for consideration for nomination by the Executive Committee until ninety days prior to the scheduled date of such General Assembly.

Article 11.2

The Executive Committee shall nominate a maximum of two candidates for each function. Only current or former members of the Executive Committee are eligible for the function of Treasurer and Vice President. The rules of procedure set by the Executive Committee shall apply.

Article 11.3

Nominees shall reside in Europe, be professionally active and recognised internationally within Europe as leaders in the promotion of education, science, research and clinical practice in the field of Cardiovascular and Interventional Radiology.

The following positions on the **Executive Committee** will be vacant:

- Deputy Chairman of the Scientific Programme Committee
- Communication Officer
- Chairman of the Membership Committee
- Chairman of the Rules Committee
- Chairman of the Standards of Practice Committee

The following positions on the **Standing Committees** will be vacant:

- Member of the Membership Committee
- Member of the Rules Committee
- Member of the Standards of Practice Committee

ARTICLE 15, CIRSE Articles of Association Election of Officers of the Executive Committee

Article 15.1

All Members entitled to hold office are free to apply for their election to any position on the Executive Committee or the Standing Committees, subject to the requirements laid down in these Articles and the Rules of Procedure set by the Executive Committee. All candidacies must be notified at least ninety days before the date of the General Assembly at which an election will be held. Candidates can apply only for one position at the same time.

All applicants standing for elections to the Executive Board and Executive Committee must fulfill the Eligibility Requirements. To view the requirements, please log into the Members' Lounge of the CIRSE website.

Honouring Innovators



Rolf W. Günther Foundation Award

Throughout the ages, innovative thinkers have created inventions which have helped make our lives more comfortable, safer and generally more enjoyable. In the field of radiology for example, it was an innovative thinker named Charles Dotter who established our cutting-edge discipline.

CIRSE is dedicated to upholding the tradition of innovation in IR by encouraging its members to push beyond the status quo in search of advancement.

A new award for innovation

CIRSE is proud to announce the new Rolf W. Günther Foundation Award for Excellence in IR Innovation which will be presented for the first time this year during the Opening Ceremony of CIRSE 2011. Recipients will not only be awarded with a certificate of merit for their contributions to the field, but also a cash prize of € 5,000.

How to apply

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

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

R. W. Günther Foundation

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



All applications must be submitted by June 14, 2011 to zoidl@cirse.org

For more information, please visit the CIRSE website



M E E T I N G

Why Munich?

Munich is a multi-faceted city, well-suited for the challenge of hosting Europe's largest IR congress

CIRSE's annual congresses have taken us to some of the most beautiful cities in the world - from picturesque Lisbon to lively Copenhagen and from historical Rome to sunny Valencia. This year's congress will take us to the charming Bavarian capital, Munich - a multi-faceted city, well-suited for the challenge of hosting Europe's largest IR congress.

The Urban "Treasures"

CIRSE 2011 attendees will have a wealth of "urban treasures" to discover - there are beautiful art galleries to visit, scenic parks to lounge in, quaint cobble-stone alleyways to stroll down and interesting museums to lose yourself in.

The city boasts an eclectic blend of architectural styles, where traditional timber-framed cottages and ultra-modern glass office buildings harmoniously reside side-by-side. At a time when older buildings are increasingly disappearing from most cityscapes, Munich has managed to hold on to the old while embracing the new.

The Culinary Treats

CIRSE attendees should also expect to put on a few kilos. From Michelin star establishments to more modest eateries, Munich has an impressive list of restaurants in which many a culinary adventure has taken place. Local specialties (certainly not fit for the calorie-conscious) include "Weißwurst" (a traditional sausage made from minced veal and bacon) usually served with pretzels and (of course) beer; "Wurstsalat" (sausage salad); and "Obatzda" (traditional cheese spread).



The Congress Centre

Munich's geographical position at the centre of Europe makes it an ideal location for international meetings. The city attracts numerous prestigious congresses and conventions each year including the international jewellery convention "Inhorgenta" and the cutting-edge international trade fair for innovative electronics - "Productronica". These and most other large-scale congresses are held in the city's state-of-the-art congress centre - the International Congress Centre of Munich (ICM). The ICM will also be the location of CIRSE 2011 and will provide the necessary space to cater for the ever-growing attendee list.



The Transportation System

Munich has one of the strongest economies in Germany and is often seen as the economic engine of the southern region. The city's well-organised infrastructure underpins its economic success and is part of the reason why various international enterprises (e.g. Siemens, BMW and Allianz) have their headquarters in Munich.

The efficient buses, trams and metro system will not only make transport to and from the congress centre easy, their punctuality will also ensure you get there on time (or with plenty of time to spare).



The Beer

If all this talk of invaluable museum collections, picturesque parks and culinary adventures has not convinced you that Munich is the place for CIRSE 2011, then this might do the trick. Munich is home to the famous Oktoberfest and to the authentic German "Biergarten" or beer tavern - where beer is ordered by the litre (called a "Maß"). These taverns are a must for any visitor to Munich and are steeped in tradition. Beer-loving CIRSE attendees will be able to sample Munich's famous beer varieties such as "Weißbier" (wheat beer), "Starkbier" (9% alcohol content), and "Dunkelbier" (dark lager and dark wheat beer).

For more detailed information on Munich, look out for our "alternative" city guide in the next IR News which will include valuable insider tips from our local hosts

Upcoming ESIR Courses 2011

F O U N D A T I O N

BASIC VASCULAR, BUCHAREST/RO, JUNE 3-4, 2011

TARGET AUDIENCE

Physicians at level 1 (basic) who want to offer basic endovascular treatments.

COURSE CONTENT

How to gain arterial and venous access and closure

F. Fanelli (Rome/IT)

Aortic/Iliac interventions

J.A. Reekers (Amsterdam/NL)

SFA interventions

F. Fanelli (Rome/IT)

Below the knee interventions

R. Nechifor (Bucharest/RO)

Radiation protection and complication management

V. Berczi (Budapest/HU)



AORTIC DISEASE, MILAN/IT, JUNE 10-11, 2011

TARGET AUDIENCE

Physicians at level 3-4 (intermediate-advanced) with experience of endovascular therapy who wish to broaden their horizons in endovascular treatment of aortic disease.

COURSE CONTENT

A journey from open surgery to endovascular approach in aortic aneurysms

R. Chiesa (Milan/IT)

Aorta: from anatomy to 3 D reconstructions - Imaging and indication

G. Cornalba (Milan/IT), F. Perona (Milan/IT)

Infrarenal aortic disease (aneurysm and ruptures)

S. Müller-Hülsbeck (Flensburg/DE)

Secondary procedures in aortic stent grafting

R. Uberoi (Oxford/UK)

Thoracic aortic diseases (aneurysm and transaction)

T. Rand (Vienna/AT)

Aortic dissection

L. Inglese (Milan/IT)

DIALYSIS ACCESS & VENOUS INTERVENTIONS, INGOLSTADT/DE, JULY 1-2, 2011

TARGET AUDIENCE

Physicians at level 2-3 (intermediate) who wish to build on their knowledge of dialysis grafts and fistulas and venous interventions.

COURSE CONTENT

Interventions in dialysis grafts

D. Vorwerk (Ingolstadt/DE)

Interventions in autogenous dialysis fistulas

L. Turmel-Rodrigues (Tours/FR)

Treatment of DVT

G. O'Sullivan (Galway/IE)

Retrieval of intravascular foreign bodies

R. Uberoi (Oxford/UK)

Cava Filters and venous stenting

J. Neuerburg (Duisburg/DE)

For more information including programme details and registration information, please visit www.cirse.org

**EMBOLISATION,
ROME/IT, OCTOBER 14-15, 2011**

TARGET AUDIENCE

Physicians at level 2-3 (intermediate) who are interested in getting basic as well as advanced information on the different embolisation procedures and the use of different embolic agents and devices. A dedicated social programme will involve all attendees.

COURSE CONTENT

Acute abdominal haemorrhage bleeding trauma

O. van Delden (Amsterdam/NL)

AVMs

J. Jackson (London/UK)

TACE

M. Bezzi (Rome/IT)

Uterine fibroid embolisation

J.P. Pelage (Boulogne/FR)

Varicocele

F. Fanelli (Rome/IT)

**LIVER INTERVENTIONS,
PORTO/PT, OCTOBER 28-29, 2011**

TARGET AUDIENCE

Physicians at level 2-3 (intermediate) who wish to broaden their knowledge of endovascular liver interventions.

COURSE CONTENT

Liver tumour ablation

P. Almeida (Coimbra/PT)

**Radioembolisation and experience with
SIR Spheres**

J.I. Bilbao (Pamplona/ES)

**Radioembolisation and experience with
TheraSphere**

P. Vilares Morgado (Porto/PT)

Portal vein embolisation

A. Denys (Lausanne/CH)

HIFU

F. Orsi (Milan/IT)

Chemoembolisation

R. Garcia-Monaco (Buenos Aires/AR)

**DRAINAGE, BIOPSIES & VENOUS ACCESS,
DUBLIN/IE, NOVEMBER 4-5, 2011**

TARGET AUDIENCE

Physicians at level 2-3 (intermediate) who would like to enhance their knowledge of drainage, biopsies and venous access.

COURSE CONTENT

Drainage & Nephrostomies

D. Brophy (Dublin/IE)

Biopsies

J.P. Schäfer (Kiel/DE)

Peripheral lines and ports

M. Given (Dublin/IE)

Difficult venous access

D. Tsetis (Heraklion/GR)

F O U N D A T I O N



I had the opportunity to participate in an astounding 735 procedures... this was made possible by the experience and professionalism of the department

Foundation Fellowship Grant for South American Members

Ariel Sayegh

I want to begin this report by thanking the CIRSE Foundation for the fellowship grant and Cook Medical for their financial contribution which made my three-month stay at the University Hospital "Lozano Blesa" of Zaragoza, Spain, possible.

"El Clínico", as it is more popularly known, is the leading medical institution of the Health Sector Zaragoza III under the Aragon Health Service and has approximately 3,000 employees. Zaragoza is the fifth-largest city in Spain with over 700,000 inhabitants, beautiful architecture, friendly citizens, and countless restaurants in which to enjoy delicious Iberian ham and the famous "tapas", accompanied by several "cañas".

The purpose of my fellowship was to increase my knowledge in the field of embolotherapy. Working within the team of Prof. Miguel Angel de Gregorio, I helped carry out procedures as interesting as hepatic TACE, GI bleeding embolisation, and pre-operative embolisation of portal veins, as well as the treatment of varicoceles, epistaxis, pulmonary AVM, and uterine fibroids. I also had the opportunity to participate in a range of vascular and non-vascular procedures such as TIPS, IVC filters, local fibrinolytic therapy and mechanical fragmentation of massive pulmonary embolism with haemodynamic decompensation, embolisation of gastro-oesophageal varicose veins by portal hypertension, peripheral vascular interventional cases with PTA and stenting, hepatic RFA, carotid stenting, biliary drainage and stenting, colonic stenting, oesophageal stenting, percutaneous gastrostomy, and vertebroplasty.

During my three-month stay, we carried out approximately 60 interventions per week and I had



Front row, left to right: Dr. Joaquin Medrano, Dr. Jordi Bosch, Dr. Eva Lacoma, Dr. Mariana Brazzini, myself, Italian Fellow, Prof. de Gregorio
Back row: Nurses and Technicians from IR unit.



University Hospital "Lozano Blesa", Zaragoza - Spain.

the opportunity to participate in an astounding 735 procedures! This high number of procedures was made possible by the vast experience and professionalism of the IR Department staff including Prof. Miguel Angel de Gregorio,



University Hospital "Lozano Blesa"

- Leading medical institution in Zaragoza, Spain
- Approx. 3,000 members of staff
- Head of IR dept.: Prof. Miguel Angel de Gregorio

This grant was provided in co-operation with COOK Medical



I also had the opportunity to work with the Research Group of Minimally Invasive Techniques in the University of Zaragoza

Prof. Antonio Mainar, Dr. Jokin Medrano, Dr. Miriam Sanchez, Dr. Jordi Bosch and with the assistance of a friendly and well-trained team of nurses and technicians.

I also had the opportunity to collaborate with the research group in minimally invasive techniques (GITMI) from the University of Zaragoza. Led by Prof. de Gregorio, the group's research interests include the design and improvement of prosthetic materials, the application of radiofrequency ablation in the treatment of tumours, and vascular endothelial and tracheal tissue reactivity.



Prof. de Gregorio and Dr. Medrano carrying out pulmonary AVM embolisation.

During my fellowship I was able to attend CIRSE 2010 in Valencia. It was a great experience during which I was able to increase my knowledge of IR and meet colleagues from all over the world.

I am very grateful to the CIRSE Foundation for this Fellowship Grant, and I welcome the interaction between the Ibero-American Society of Interventional Radiology (SIDI) and CIRSE, as it gives young South American interventionists the opportunity to acquire high-level academic training at European institutions.

In conclusion, I wish to encourage young South American interventionists to apply for CIRSE's Foundation Grants, which will certainly provide them with a professionally meaningful experience.

My most sincere thanks go to the IR staff of the University Hospital "Lozano Blesa" for making my stay unforgettable and for extending their friendship to me.

See you soon partners...!!!



The co-operation between CIRSE and SIDI gives young South American interventionists the opportunity to acquire high-level academic training



CIRSE FOUNDATION GRANTS

The CIRSE Foundation Fellowship Grant provided me with a very precious training opportunity

Foundation Fellowship Grant

Feng Li



University Hospital Frankfurt

- IR Department established 1999
- 4,000 members of staff
- Head of department: Prof. Thomas Vogl

This grant was provided in co-operation with COOK Medical



I am a Chinese doctor, working in the affiliated hospital of Dalian Medical University, China. Last year, I was awarded a CIRSE Foundation Fellowship Grant which provided me with a very precious training opportunity.

Prof. Vogl, the Head of the Department of Diagnostic and Interventional Radiology at the Johann Wolfgang Goethe University, invited me to visit his hospital, so last September I went to Frankfurt for three months. There, I studied at the Department of Diagnostic and Interventional Radiology along with many other fellows who came from different countries. Every day, I was present in the interventional operation room, watching operations, learning how to improve my skills, and discussing puzzling problems with other fellows.

In the Department of Diagnostic and Interventional Radiology, there are about 15 tumour ablations every week, including radiofrequency ablation, microwave ablation, and laser ablation. Biopsies take place almost every day, including lung, liver, and bone biopsies. Around 20 chemo-embolisation procedures are carried out every day for various tumours including pulmonary tumours,

primary liver tumours, and liver metastases. I learned to perform vascular interventions such as aortic endovascular repair, and treatment for lower limb arterial occlusion disease. In my hospital, we rarely perform tumour ablations. I believe the numerous ablation procedures I witnessed every week in Frankfurt will be very helpful in my practice in China.

Every Monday morning, a small academic meeting concerning diagnostic radiology is held in which all fellows can participate. While in Frankfurt, I took part in three big academic meetings on the topic of interventional therapy. This also helped broaden my knowledge immensely.

During my time in Frankfurt, Prof. Vogl supported me greatly. He kindly helped me contact the dormitory in the hospital where I was given accommodation. This was very convenient for me.

I am very grateful for receiving this precious opportunity and I hope I will now be able to do much more during my routine IR work in China!

Thank you again.

...As for myself, this is only the beginning because I believe "where there is a will, there is a way"...

Foundation Fellowship Grant for South American Members

Valeria Aguiar

I would like to thank the CIRSE Foundation for the opportunity to participate in their grant programme for South American members and also express my gratitude to the sponsors who provided me with financial support.

I chose the institution Erasmus MC in Rotterdam, the Netherlands, where I stayed for a three-month period under the supervision of Prof. Pattynama and Dr. Leertouwer.

Erasmus MC is an established centre of academic excellence in research, and an advanced institution for training and for the treatment of complex illnesses. At the centre, I had the opportunity to share experiences with other talented colleagues, learn useful skills and new techniques, and use different devices. I was also able to follow various complex courses of treatment including embolotherapy, arterial leg therapy, and critical limb ischemia or PE preventions - areas in which Erasmus researchers have published excellent papers. I also participated in the first treatment of renal hypertension with RF, the treatment of numerous kinds of cancer with TACE and RF, marker placement in lung cancer, various US-guided procedures, trauma interventions, numerous TIPS procedures, as well as salvage interventions during transplantations.

The Interventional Radiology Department has four angio-suites, two of which are new and fully equipped with advanced machines. There are also frequent meetings and conferences with vascular surgeons and the hepatic transplantation team to discuss patient cases and courses of treatment.

During my stay in Europe I was also able to attend CIRSE for the first time in Valencia, Spain, where innovations in the field and highly informative lectures were presented.

My time at Erasmus MC was a great experience both professionally and personally and will be very important for my practice in Brazil now and in the future as an interventional radiologist. I will never forget it!

Once again I would like to thank Prof. Pattynama, Dr. Leertouwer as well as the fellow IRs I met, and the assistants and technicians; all of whom made me feel welcome. They were all very generous in



Case 1: Treatment of Right Internal Iliac Aneurism using Viahban 8mmx50mm and then covered stent Fluency 10x40mm (because Type I endoleak) in patient with previous bypass aorto-Biiliac.

sharing their time, attention and experience with me and were always ready to discuss any questions. They have my gratitude, respect and admiration. I certainly chose the right institution!

I wish to commend CIRSE for their role in investing in professional IR training and for promoting our discipline in Europe and all over the world. I would also like to express my gratitude to the Foundation for this initiative as I believe it is an excellent model of IR training.

As for myself, I am sure this is only the beginning because I believe "where there is a will, there is a way".



Erasmus MC University Medical Centre

- Established in the 1840s
- Approx. 1,329 beds
- Approx 9,721 members of staff

This grant was provided in co-operation with COOK Medical





CIRSE FOUNDATION GRANTS

My three-month stay at Guy's and St Thomas' Hospital gave me an excellent opportunity to broaden my knowledge of IR

Foundation Fellowship Grant

Ovidiu Parvu

I would like to express my gratitude to the CIRSE Foundation for awarding me one of its 2010 fellowship grants.

I arrived at St Thomas' Hospital at the beginning of September and stayed there for three months.

Guy's and St Thomas' Clinical Imaging Service performs over 260,000 investigations per year and is one of the largest medical imaging facilities in the United Kingdom. It uses state-of-the-art technology to provide the Trust's three hospitals with diagnostic, interventional and therapeutic services.

A Picture Archive Communication System (PACS) has been implemented across the whole organisation allowing instant access to digital images 24 hours a day. There are also three CT scanners, four MRI scanners (for diagnostic, interventional and research purposes), four angiography/interventional rooms (also used for paediatrics), and a newly commissioned endovascular suite in which diagnostic and interventional procedures are performed (e.g. liver interventions, embolisation procedures, vascular interventions, biopsies, line insertion and drainage). The Interventional Radiology Department is an extremely well-equipped, busy unit with an active endovascular aortic stent programme.

As a second year medical resident, the aim of my visit was to learn about peripheral arterial and venous interventions, US and CT-guided biopsy, drainage procedures, and to gain more experience in other vascular and non-vascular procedures.

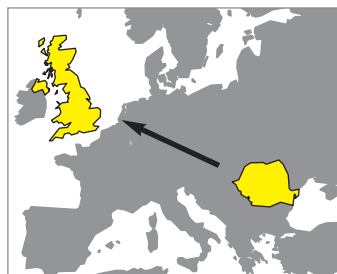
I was able to participate in a wide range of vascular and non-vascular procedures like line insertion (PICC lines, Hickman lines, subcutaneous ports), IVC filter placement, peripheral angioplasty/stenting, thrombolysis, US or CT-guided biopsies, drainages, percutaneous gastrostomy and gastro-



jejunostomy, percutaneous renal interventions and biliary interventions. I also assisted in uterine fibroid embolisation, vertebroplasty, radiofrequency ablation and endovascular aortic stent graft procedures.

Multidisciplinary meetings are held every week at the hospital (hepato-biliary, gastrointestinal, oncological and vascular) and I was able to attend and learn about the diagnosis of and treatment plans for complex cases. I was very impressed with the positive relationships that existed between the doctors from different disciplines and how they worked together to achieve the best results for the patient.

My three-month stay at Guy's and St Thomas' Hospital gave me an excellent opportunity to broaden my knowledge of IR. I am very grateful to Prof. Andy Adam and Dr. Tarun Sabharwal, and to their colleagues Dr. R. Salter, Dr. I. Ahmed, Dr. P. Gkoutzios, Dr. N. Karunanithy, Dr. A. McGrath, Dr. M. Farris, Dr. M. Hanif, Dr. M. Krokidis, Renato Durato and the other staff members of the department. I thank you all for your kindness and for the great educational training you provided me with.



Guys' and St. Thomas' Hospital

- One of the largest medical imaging facilities in UK
- Founded almost 900 years ago
- Home to the Florence Nightingale Museum

CIRSE Foundation Donations 2010/2011

We would like to express our gratitude to the numerous donors who lent financial support to the CIRSE Foundation in 2010 and the start of 2011.

Your donations will be directly invested in furthering our discipline by providing excellent IR training, and supporting research - activities which ultimately benefit the patient.

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