

1/2012

INFORMATION FOR MEMBERS

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

Patient Safety  
Goes to Brussels

A Move Towards  
e-Voting

CIRSE visits  
Argentina

# IR

## news



## Investing in the Future

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

An expanded student programme is being  
offered at CIRSE 2012

Cardiovascular and Interventional Radiological Society of Europe

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CARDIOVASCULAR AND INTERVENTIONAL  
RADIOLOGICAL SOCIETY OF EUROPE / 2012

Editorial Board: CIRSE Executive Committee  
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Graphics: LOOP.ENTERPRISES media  
www.loop-enterprises.com

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## Dear Colleagues,

There is an old adage that “the practice of medicine is an art not a science.” As we apply more science and evidence to medicine, the “art” of medicine gets lost. You might ask what is the “art” of medicine? I believe it is intuition and experience that is gained over many hours of study in a particular field of medicine. What I am really talking about is the process of becoming an expert.

In the world of IR, an expert would be someone who has comprehensive knowledge, good clinical judgement and the skills to perform IR procedures safely. The concept of an expert has always interested me and some time ago, I came across the following illustrative story.

Jose Raul Capablanca was a young Cuban chess player who in 1909 embarked on a world chess tour. He won 168 series of games in a row, in different countries, playing 28 players at a time. During these 168 games, he moved from chess-board to chessboard, making moves in two to three seconds. This extraordinary feat has never been duplicated.

Interestingly, when asked by the press at the end of his 168 game series how he managed to make his moves so quickly and without seeming to look at the board, his reply was “I see only one move ahead, but it is always the correct one.” At the time, this was perceived to be an arrogant statement from a cocky young chess player. However, learning theory now tells us that Capablanca was being truthful: his success lay in his expertise.

Experts are able to access chunks of information from long-term memory based on a particular pattern or set of circumstances, which allow them to take rapid action with seemingly little thought – a phenomenon called apperception. The good news is that anyone can become an expert; the bad news is that it requires long years of immersion in the subject.

Learning theory describes the differences between novices and experts in the following way: novices engage in effortful study, reach a level of proficiency and then relax. Experts however, keep learning and challenging themselves throughout their lifetime. This is an interesting concept, but you might ask what has this got to do with patient

safety? Well, in fact: everything. Robust training, continuous medical education and certification are all based on this concept of life-long learning.

Additionally, the IR Patient Safety Checklist helps to protect patients during the learning process of becoming an expert. Despite expertise, it may be difficult to remember every single item in terms of patient preparation or follow-up. The aviation industry realised this many years ago and have been using safety checklists to help reduce pilot error for the last 30 years or so. Similarly, the IR Patient Safety Checklist is designed to remind interventional radiologists to perform a safety check before each procedure to ensure the correct procedure is performed and to ensure appropriate follow-up is performed. It is available on the CIRSE website and I encourage you to use it or adapt it to your personal practice.

Other important objectives for CIRSE over the next 18 months include completing an IR curriculum. The curriculum is essential for young IRs and training programmes: it ensures that each knows the body of knowledge to be taught and learned. I hope the curriculum will be ready before the end of 2013, under the excellent stewardship of Professor Anna Belli, and that it will be adopted throughout many European countries

The EBIR is now going into its third year. In order to ensure that the EBIR remains a robust, just and fair test, I have sourced the expertise of an educationalist for future examinations. The combination of the curriculum and examination are important steps in securing the future of interventional radiology in Europe. Training, EBIR, the curriculum and CME are all integral elements of becoming an expert in IR; of the life-long learning in which CIRSE continues to play a pivotal role for its members.

There are many other ventures in which CIRSE is involved, but they are too many to mention. However, I would like to tell you about our e-voting initiative. You may already have received or shortly will receive an opinion poll asking whether the CIRSE membership would like to move to electronic voting for CIRSE committee elections. Because CIRSE is now a large society, I believe it is not fair to have a small number of members at a general

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Training, EBIR, the curriculum and CME are all integral elements of becoming an expert in IR



*The combination of the curriculum and examination are important steps in securing the future of interventional radiology in Europe*

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assembly elect committees. The democratic principle dictates that all CIRSE members should have a say in electing committee representatives and officers of the society. I hope you agree and I am hoping for a large response from you, the CIRSE members.

On a sadder note, one of the pioneers of interventional radiology has passed away. Professor Zeitler was one of the main drivers in establishing

IR as a clinical discipline in Germany, and was crucial to the establishment of CIRSE. He leaves behind an impressive legacy of clinical research, and will be sorely missed by his many friends and colleagues.

Finally, I wish all of you a very pleasant summer and hope to see you in Lisbon in September!

*Michael Lee*

## Putting e-Voting to the Vote

This April, CIRSE Members will be asked their opinion on whether future CIRSE committee elections should be held electronically on the World Wide Web, or should be held at the General Assembly, as is currently the case.

It is CIRSE's aim to guarantee access to the Committee Elections for every elective member in good standing, and e-voting offers the following advantages:

### Logistics

Providing sufficient room capacity for all potential voters who want to join the General Assembly at the congress venue is becoming more and more complicated. With a steadily growing number of congress attendants, an online voting process is the best solution.

### Fairness

All elective CIRSE Members will be able to vote even if they are, for any reason, prevented from participating in the CIRSE Annual Scientific Meeting.

### Safety

There are safe, certified and already tested electronic systems in place. Secure certificate mode (https) will avoid any attempts at misuse.

### Over to you...

The Executive Committee is convinced that this is the way forward for CIRSE – but it is the members' voices that count.

During April, the CIRSE office will be contacting all members with voting rights to conduct a preliminary opinion poll on this issue, asking members to fill out a short online survey. The statistics will be anonymised.

Should a majority decide in favour of the proposal, a motion will be added to this year's General Assembly agenda. At September's CIRSE Meeting in Lisbon, a vote (under existing society guidelines) will be taken on whether to adopt the new proposals. A 2/3 majority will be needed to ratify the proposal.

This proposal is the natural result of the incredible growth CIRSE has experienced in recent years, and is a way to further ensure that all our members can make their voices heard.

E-voting will  
allow every  
member to  
exercise their  
vote

The IR Patient Safety Checklist is available on the CIRSE website in both PDF and MS Word formats

## Making Waves in Brussels

At the CIRSE Congress last year, an important new initiative was launched: the IR Patient Safety Checklist.

This initiative was based on the success of the WHO Surgical Checklist, which was shown to help significantly reduce mistakes and decrease mortality<sup>1</sup>. A working group of experienced interventionists (Michael Lee, Fabrizio Fanelli, Klaus Hausegger, Patrick Haage and Krijn van Lieden) have adapted this concept to cater for the needs of practising IRs.

### Garnering political support

In an effort to raise awareness and use of this new tool, CIRSE contacted the European Commission's Health and Consumers Directorate-General to request their support of the initiative.

The office of Ms. Testori Coggi, Director-General, sent a very positive response, inviting CIRSE representatives to meet with them in Brussels to discuss patient safety and how best to implement it.

This meeting will give CIRSE representatives an ideal opportunity to bring the work of IRs in Europe to the attention of key decision makers, and inform them of the vital role interventional radiology plays in treating patients. It will also provide CIRSE with valuable insights into the mechanisms and viewpoints of European decision-makers, allowing us to tailor our future campaigns more effectively.

### Safety first

The IR Patient Safety Checklist is available on the CIRSE website, and can be modified to reflect in-house safety protocols. It aims to provide a further safety net in ensuring that safe and thorough medical protocol is met, which can be particularly valuable if an IR is faced with emergency or lengthy procedures. Having this additional step can help ensure that all IRs continue to provide their patients with minimally invasive procedures that adhere to rigorous safety standards.

<sup>1</sup> Kohn et al. (NEJM, 2000)

**CIRSE IR Patient Safety Checklist\***

**CIRSE**  
Cardiovascular and Interventional Radiological Society of Europe

Patient Name: \_\_\_\_\_  
 Patient ID: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male ☐ Female ☐  
 Ward: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_

Procedure: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROCEDURE PLANNING	YES	NO	N/A
Discussed referring Physician/MCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging Studies Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant Medical History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPN Prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Tools Present/Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasting/Thick Given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant Lab Tests Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthesia/analgesia Necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiolytic Medication Stopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-interventional ICU Bed Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contrast Allergy Prophylaxis Necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGN IN	YES	NO	N/A
All team members introduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Records with Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct patient/site/side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Equipment Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation screen/Lab Tests checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies and/or Prophylaxis Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics/other drugs administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent/Complications Discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGN OUT	YES	NO	N/A
Post-op Note Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital signs normal during procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications and CM Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Tests Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Samples Labelled and Sent to Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure Results discussed with Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-discharge instruction given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up tests/imaging ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up OPD appointment made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure results communicated to referer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\* Modified from RADPASS & WHO SURGICAL CHECKLIST

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The Directorate General invited CIRSE representatives to meet with them in Brussels



*CIRSE pays tribute to one of the great European pioneers of IR*

## In Memory of Prof. Eberhard Zeitler

Prof. Eberhard Zeitler was born on March 9, 1930 in Mylau, in the East of what is now the German Federal Republic. After a 14 month term of labour in an East German uranium mine "in service to the republic", Zeitler was finally allowed to matriculate at the Humboldt University Berlin in 1951. In September 1955, he completed his medical studies and obtained his MD one year later.

When the Berlin wall was erected in 1961, Zeitler and his family fled to West Germany. He practiced and conducted research first in Mainz and later in Cologne at the Aggertal-Klinik. While working in Mainz and Cologne, Zeitler was visited by numerous illustrious doctors of his time, and among them, in 1969, Charles Dotter, the father of percutaneous angioplasty (see interview with Prof. Olbert below).

In 1976, Zeitler answered the call of the Municipal Klinik in Nürnberg, where he headed the Department for Diagnostic and Interventional Radiology until 1995. During his tenure, he contributed significantly to the establishment of interventional radiology as an interdisciplinary-oriented and distinctly clinical medical discipline in Germany.

International co-operation, within Europe's borders and beyond, was always close to his heart. Countless honours, distinctions and awards from international radiological institutions bear witness to his innovative and often ground-breaking work in the field of interventional radiology. He published 425 scientific papers and 37 books and contributions to books, the main subjects being angiography, angioplasty, interventional radiology and MRI.



*Prof Zeitler at the first instalment of the symposium 1985 in Vienna, that would later become the annual CIRSE meeting.*

In his private life, Eberhard Zeitler was always a dedicated and loving husband and father. Five years after the death of his wife Christine, with whom he had three children, he married Thea Weglehner in 2005.

Prof. Eberhard Zeitler passed away on November 25, 2011 at the age of 81. The CIRSE Board and its Committees will remember him as an unremitting advocate of interventional radiology, whose scientific contribution and personal dedication to the discipline will continue to be felt for years to come.

CIRSE will  
remember him  
as an unremitting  
advocate of  
interventional  
radiology

## Prof. Olbert shares his recollections of his colleague and friend



From left to right: Prof. Olbert, Prof. Rabkin, Prof. Horvath, Prof. Zeitler, Prof. Belan at a congress in Moscow, 1989

### “He always championed the European ideal...”

**IR News speaks to Prof. Friedrich Olbert, the former Head of the Department for Angiography and Interventional Radiology in the Krankenhaus Lainz (Vienna), founding member of CIRSE and an old friend and travelling companion of Prof. Zeitler.**

*IR News:* Professor, how did you get to know Prof. Zeitler?

*Olbert:* We first met at a vascular surgery congress in 1964, at which Prof. Denck and I spoke about angiography for the first time. That is where I met Prof. Zeitler. From then on, we travelled together and became close friends. He dedicated a whole chapter to our friendship in his book (*ed.: Ärzte vor, mit, neben und nach mir*, August Goethe Publishing, 2008, only available in German).

*IR News:* The book also mentions his meeting with Charles Dotter, who had been struggling initially in the US...

*Olbert:* That's the very reason he brought Dotter to Europe. Dotter's PTA technique was not initially accepted in the US. For the surgeons over there, it was competition, and they fought this threat by sneering at it. After inviting Dotter to the Aggertalklinik, the technique was established in Europe and Zeitler's work proved it to be a real advancement in vascular therapy.

*IR News:* Would you say that this marks Zeitler's biggest achievement in Interventional Radiology?

*Olbert:* Yes, Zeitler played a huge role in the very introduction of interventional radiology in Europe. In fact, for Europe this marked the beginning of endoluminal therapy and indirectly the spread of this new technique. This was one of his greatest achievements.

*IR News:* Was this international co-operation and exchange of ideas something that he actively sought?

*Olbert:* Definitely. He always strove to bring different societies together. That was one of his main goals alongside establishing interventional radiology as a clinical discipline. He always championed the European ideal. Together with Zeitler, Hruby, Wanek and Pinet, I organised the first symposium in Vienna in 1985, bringing the existing angiological and cardiovascular societies together (*ed.: what would later become CIRSE*). We invited many colleagues from Western and Eastern Europe, as well as the US and Japan, which was sensational at the time.

*IR News:* What was your personal impression of Prof. Zeitler?

*Olbert:* He was caring and reliable, truth-loving, determined and a very tolerant person. And his life and work have shown that Prof. Zeitler was an enthusiastic European throughout.

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“Dotter's PTA technique was not initially accepted... Zeitler's work proved it to be a real advancement”

Friedrich Olbert

*The current issue of Intervention IQ highlights IR's increasingly important role in the management of venous disorders*

## All About Venous Interventions

With its sophisticated repertoire of image-guided endovascular interventions, IR provides effective and minimally invasive treatments for a range of venous disorders.

The highly specialised skills of interventional radiologists, centred on high-quality imaging, enable accurate venous access, which is essential for life-saving haemodialysis, rapid delivery of medication and nutrition, and targeted treatments for deep vein thrombosis. IR is also increasingly being turned to for elegant solutions to venous insufficiency, which can greatly affect patients' quality of life.

As well as examining these themes, the current issue of Intervention IQ considers the value of IR, given the high prevalence of venous disorders and the need for cost-effective treatments.

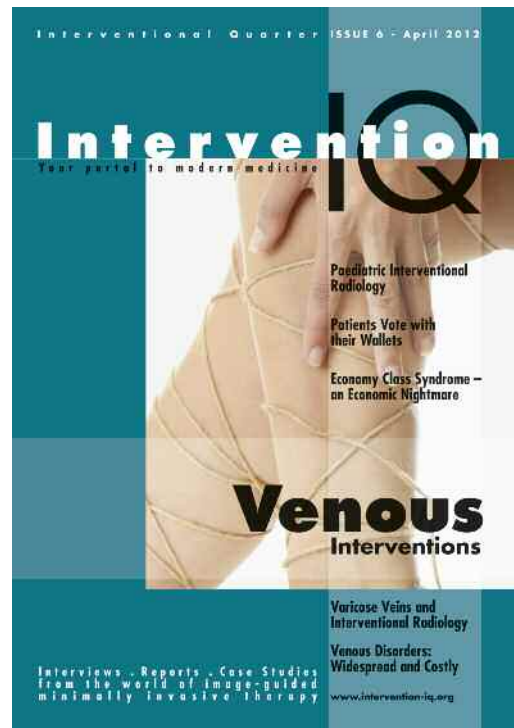
### How to use Intervention IQ

Intervention IQ is intended as a promotional tool to help interventional radiologists publicise the benefits of their outstanding discipline. Pass the magazine on to others and let the case studies, articles and interviews speak for themselves. Content from Intervention IQ could also be used to enhance speeches and presentations.

### Pass Intervention IQ on to:

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

**[www.intervention-iq.org](http://www.intervention-iq.org)**



### About Intervention IQ

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

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

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

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



*CIRSE welcomes new group members to the fold*

## New Members – New Perspectives

In the world of science and medicine, there are empirical absolutes, and IRs across the globe share the same scientific realities and advances. In clinical and economic terms, it is not so absolute: sometimes they face the same challenges; sometimes, a wealth of different perspectives can exist.

The global reach of CIRSE is important, as it offers IRs around the world two complementary benefits. As members of a professional society of qualified practitioners, IRs from countries big and small benefit from the “strength in numbers” of shared experience. Simultaneously, the society acts as a

platform for the exchange of different approaches and fresh perspectives that can help drive our specialty forward.

With this in mind, we are always delighted to welcome new members to the CIRSE family. This year, we will all benefit from two new group members, who promise to bring their own unique cultural and clinical perspectives to our society: Slovakia and Singapore.

We welcome you to CIRSE!



### **Slovak Society of Cardiovascular and Interventional Radiology (SKVIR) within Slovak Medical Association**

- Founded: January 2012
- Number of members: 50 active members
- Main meeting: Bratislava Interventional Radiology Days (BIRD), held in April

SKVIR President, Dr. Stanislav Okapec:

*“The Slovak Society of Cardiovascular and Interventional Radiology (SKVIR) was recognised and established within the Slovak Medical Association in January 2012 in Bratislava. SKVIR is the natural successor of the former Working Group on Cardiovascular and Interventional Radiology within the Slovak Radiological Society, which has been active since 2007.*

*“SKVIR is interested in promoting and supporting the development of modern minimally invasive IR methods in Slovakia, allowing patients to benefit from IR treatment procedures. SKVIR looks forward to collaboration with CIRSE and hopes it will contribute to further development of interventional radiology in Slovakia.”*



### **CVIR Subsection Singapore Radiological Society (SRS CVIR)**

- Founded: 2000
- Number of members: just over 40
- Main meeting: monthly meeting to share interesting and M&M cases; annual Workshop in Interventional Radiology Education Singapore (WIRES), held in July/August

SRS CVIR Chairman, Dr Tay Kiang Hiong:

*“The IR workload in Singapore is still rising with no signs of plateau. Our Ministry of Health have recently agreed to gazette IR procedures into the Table of Surgical Procedures, which will allow reimbursement of our procedures.*

*“Our Subsection's next mission is to push for recognition of IR as a subspecialty. We look forward to closer collaboration with CIRSE, particularly in the areas of IR education, research and best practices. We have much to learn from CIRSE and its vast membership and we are happy to share our experience and expertise with CIRSE members.”*

CIRSE is happy  
to announce its  
most recent  
group members  
– Slovakia and  
Singapore!

*This year's ECR offered a host of IR sessions and workshops – as well as an opportunity for the international IR community to get together at the CIRSE Members' Evening*

## Carving a Space at ECR

From March 1-5, Vienna played host to the European Congress of Radiology, the largest radiological gathering in Europe, which this year attracted over 20,000 delegates from 102 countries.

The congress catered for all radiological disciplines, with a number of sessions and workshops being dedicated to interventional radiology. It was especially encouraging to see the notable number of medical students and young radiologists who attended the IR sessions.

### Focus on IR

The European Congress of Radiology is a well-established annual event. While its main focus remains diagnostic radiology and advances in imaging, it also offers several sessions for interventional radiologists.

These sessions addressed a number of IR procedures, including trauma, women's health, renal, imaging, gastro-biliary and musculo-skeletal. Special attention was dedicated to the fast-growing areas of interventional oncology and neurointerventions, with ablation methods featuring highly on the programme.

### Encouraging collaboration

Many of this year's sessions were designed with interdisciplinary collaboration in mind. One of the scientific focal points was the role of imaging in oncology, not only in terms of the latest technical developments, but also the collaboration between the various disciplines involved in this field. This is of particular relevance to IRs, who often have to work closely with the non-IR colleagues. One session group, entitled 'Managing patients with cancer', included speakers from surgery, oncology, haematology and radiology, who discussed patient selection criteria and the multidisciplinary approach. These sessions were so popular that it has been decided to include this format as part of next year's programme.

### CIRSE presence

As always, CIRSE was highly visible at the congress, with three booths dedicated to informing delegates about our activities, publications and future meetings. These booths also served as a contact point and support service for our members, who we were delighted to welcome to our hometown.

### CIRSE Members' Evening

In order to bring society members together during ECR and give them an opportunity to catch up with their colleagues from far afield, CIRSE hosted a Members' Evening at the critically acclaimed Wien Museum.



The IR sessions at ECR offered a valuable taster for our exciting field

*The dedicated IR sessions attracted many young radiologists and medical students*

This event served as a meeting point for like-minded colleagues, who at an event as large and diverse as ECR, can often find it hard to exchange ideas with those from their own specialty. 150 members from around the world attended the event, allowing a valuable networking opportunity.

**More to come at CIRSE 2012!**

The IR sessions at ECR offered a valuable taster for an exciting field, and hopefully will inspire more radiologists to join us in Lisbon to explore the full spectrum of interventional radiology at CIRSE, the world's biggest dedicated IR congress!



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In order to bring together society members during ECR, CIRSE hosted a Members' Evening at the Wien Museum

*CIRSE is helping the EU regulate guidelines on referral criteria*

## Rethinking Referrals

Robert Bauer

**When is a referral for medical imaging necessary and appropriate? A difficult question, that CIRSE is helping the European Union answer in the course of an EU Tender concerned with establishing European guidelines for referral criteria for medical imaging.**

Article 6.2 of the European Commission Medical Exposures Directive stipulates that Member States must ensure that recommendations concerning referral criteria for medical exposures, including radiation doses, are available to the prescriber of medical exposures.

To support a scientifically sound and co-ordinated fulfilment of this requirement by Member States, the EU has invited a multidisciplinary medical consortium to devise a set of European guidelines. CIRSE has joined this consortium, co-ordinated by the European Society of Radiology, and will be represented on the project Steering Committee by Prof. Mario Bezzi.

The kick-off meeting, held on January 19 in Luxembourg, incorporated initial consultation from external experts from the WHO and IAEA and was very successful in outlining an appropriate operational structure for the project. Watch this space for updates on the developments of the Tender, which once completed, will set the parameters by which future medical imaging referral criteria must be chosen within the European Union.

**For further information, contact our Central Office ([bauer@cirse.org](mailto:bauer@cirse.org)).**



*Prof. Mario Bezzi is representing CIRSE on the project Steering Committee*



World Health Organization



IAEA

International Atomic Energy Agency

*The project has been commissioned by the WHO and the IAEA*

The Tender will set the parameters by which medical imaging referral criteria must be chosen within the EU



*More candidates sit the exam during ECR in Vienna*

## EBIR – Certify Your Expertise!



The most recent EBIR exam was held at the beginning of March, in tandem with the European Congress of Radiology in Vienna. 15 of the candidates were successful in their efforts, and join the prestigious ranks of EBIR holders.

This brings the tally of interventional radiologists holding the EBIR title to an impressive 260!

### Criteria changes

Due to the demanding nature of the exam, it has been decided to restrict eligibility to those who have completed their IR residency. This has already resulted in a higher pass ratio amongst those sitting the test. The EBIR Committee feels this is fairer to candidates, as it prevents unnecessary expense and disappointment for those not yet ready for the rigours of the exam.

### Revised structure

The exam consists of written and oral components, with two elective topics to be chosen for the oral section. These elective topics have been revised, with

- Embolisation and Venous IR
- Vascular IR
- Non-vascular IR and
- Interventional Oncology currently being offered.

**Visit our YouTube Channel to view interviews on EBIR and other CIRSE-related topics!**  
[www.youtube.com/user/CIRSEsociety](http://www.youtube.com/user/CIRSEsociety)



### Get ready for the next exam!

Another exam will be offered during CIRSE 2012 in Lisbon. The exam will begin on the first day of the congress (Saturday, September 15), and will only be offered in English. There are only 25 places available, which will be allocated on a first come, first served basis.

Those interested in sitting the September exam must apply by June 11. All details of how to apply are available on our website. The website also offers preparation advice and a recommended reading list.

**To find out more or to register, please visit [www.cirse.org/ebir](http://www.cirse.org/ebir).**



S O C I E T Y

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260 IRs now  
hold the  
prestigious  
EBIR title!



*Myriad innovative formats made this year's IROS more interactive and relevant than ever*

## Live, Interactive Learning at IROS 2012

The world's largest German-speaking IR congress – IROS 2012 – took place in January, against the striking backdrop of Salzburg.

IROS is the joint annual congress of 3 European societies for interventional radiology: the German society (DeGIR), the Austrian society (ÖGIR) and the Swiss society (SSCVR), making Salzburg, located in the West of Austria close to the borders with Germany and Switzerland, the ideal meeting place for this scientific meeting.

With just shy of 800 participants, this year's IROS was the biggest yet, and covered a wide range of topics and session formats.

### Varied programme

This year's programme encompassed a huge cross-section of what IR can offer. Scientific sessions allowed attendees to improve their knowledge of current trends in stroke management, pain relief, below-the-knee interventions, neurointerventions and women's health, among others. Other sessions offered advice and guidance on various clinical aspects, from patient preparation and informed consent to risk management.

This year's honorary lecture was delivered by Prof. Lothar J.G. Heuser on "Quality and Qualification in Interventional Radiology" – a theme that is central to the furthering of IR as a clinical profession, and one that was thoroughly reflected in the scientific programme.

### Innovative session formats

A range of different formats allowed for more targeted learning. Hands-On Workshops were offered for embolisation and stroke therapy; two Tumour Boards (lung and liver) were organised to discuss suitable oncological treatment strategies and patient selection.

A Morbidity and Mortality session allowed IRs to share their experiences of complications and fatalities, and learn how best to avoid them.



View  
presentations  
from IROS 2012  
on ESIR Online

*With almost 800 participants, this year's IROS was the biggest yet*



MTRA-Workshops and other dedicated courses catered for radiographers and other IR team members, while the many Satellite Symposia introduced the latest technologies and devices.

#### **Live interventions**

Most popular of all, however, were the six "Live-Op" sessions, which offered congress-goers the opportunity to attend a live intervention, via a satellite connection. Interventions were broadcast from the Kaiser-Franz-Josef-Spital Vienna and the Klinikum der Otto-von-Guericke-Universität

Magdeburg, and participants had the opportunity to speak with the performing interventionist during the procedure.

#### **Towards the future**

The next IROS meeting will be held in Berlin from January 17-19, and plans are already underway to refine the symposium further, making IROS 2013 better than ever.

*For more information, please visit [www.irosonline.org](http://www.irosonline.org)*

Six "Live-Op" sessions offered congress-goers the opportunity to attend a live intervention, via a satellite connection

*This important Latin American IR meeting has doubled its attendance since 2009*

## Hands-On in Argentina

Camilla Natlacen

The International Hands-On Course in Minimally Invasive Surgery and Interventional Radiology is organised annually by the Daicim Fundación (Argentine Foundation for Training, Assistance and Research in Minimally Invasive Surgery) and SIDI (Iberoamerican Society for Interventionism).

Mariano Gimenez who, together with Juan Oleaga and Eduardo Saad, is on the board of directors, approached us last summer and asked CIRSE to participate in this meeting – an invitation we gladly accepted.

The eleventh Hands-On Course took place from November 10-13 in Buenos Aires, Argentina. CIRSE presence was demonstrated through our information booth and our official representative, David Breen, who attended the meeting on our behalf and gave lectures on hepatic cancer and complications in hepatic tumour ablation.

The course programme was divided into several parts, covering x-ray and imaging, endoscopic interventions, embolisation and tumour ablation, all dealt with in a series of workshops and hands-on courses. In the latter, delegates could apply their recently acquired knowledge and perform numerous minimally invasive procedures on a total of 20 pigs. While most sessions were held in Spanish, they were all simultaneously translated into English, allowing international doctors to take part in this course as well.

The CIRSE booth, conveniently located near the coffee break station, was much frequented by the course attendees who – partly affiliated with CIRSE, partly not – showed great interest in our activities.

Looking at the final figures, it is safe to say that the Hands-On Course was a great success and has gained significant traction in recent years, establishing itself as one of the leading conferences for minimally invasive interventions and surgery in Latin America. With a total of 551 delegates in 2011, the International Hands-On Course has more than doubled its number of participants since



2009. This is also reflected in a vast increase in topics, activities and faculty since the first course 11 years ago. Participants come from all over South America, with Argentina ranking first among countries of origin, but international attendees and faculty were also present at the course.

The next International Hands-On Course in Minimally Invasive Surgery and Interventional Radiology will take place from November 8-11 2012 in Buenos Aires, and CIRSE will continue its support and collaboration. Active members Philippe Pereira and Okan Akhan are among the invited faculty and will represent our Society. In keeping with our support for our Latin American members, CIRSE President Michael Lee will attend the SIDI 2012 Congress in Panama City from August 16-18.

It is with great pleasure that we see our partnership and co-operation with our South American colleagues grow stronger every year. CIRSE currently counts 450 doctors from this continent among its members and is keen to support interventional radiology in the region.

The CIRSE booth was much frequented by the course attendees, who showed great interest in our activities



*CIRSE is delighted to support the growth of IR in Latin America*



We would also like to extend a special thank you to Mariano Gimenez for helping CIRSE to be well represented at the leading meetings for Interventional Radiology in South America.



*For further information about both the Annual SIDI Congress and the International Hands-On Course, please visit [www.intervencionismosidi.org](http://www.intervencionismosidi.org).*

S O C I E T Y

S

CIRSE currently counts 450 doctors from this continent among its members



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<sup>1</sup> Miller L, Philbeck T, Montez D, et al. Powered bone marrow biopsy procedures produce larger core specimens, with less pain, in less time than with standard manual devices. *Hematology Reports*;2011;3(e8):22-5.\*

<sup>2</sup> Swords RT, Anquita J, Higgins RA, et al. (2011). A prospective randomized study of a rotary powered device (OnControl) for bone marrow aspiration and biopsy. *Journal Clinical Pathology*;doi:10.1136/jclinpath-2011-200047.\*

\* Research sponsored by Vidacare Corporation.



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*Two major mergers have been announced in the medical device world*

## AngioDynamics to buy Navilyst

In January of this year, the company AngioDynamics announced its intention to buy Massachusetts-based device-maker Navilyst Medical.



Navilyst's range of devices is used by IRs, oncologists, cardiologists and surgeons in 76 countries. The company was originally formed in February 2008 from Boston Scientific's Fluid Management and Vascular Access business units. Its devices include ports, dialysis catheters, fluid management devices, PICCs and vascular access accessories. Of particular note is the trusted NAMIC® fluid management brand, which has been the gold standard in fluid management in the catheter lab setting for more than 40 years.

The acquisition will allow AngioDynamics to double its share of the vascular access market,

while also adding to its presence in the peripheral vascular market. The company drew 70% of its 2011 fiscal revenue from vascular devices, and currently produces a diverse range of its own drainage, dialysis, vascular access, oncology and venous products.

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

For more information, please refer to the AngioDynamics website.

## Johnson & Johnson acquires Synthes, Inc.

Last spring, Johnson & Johnson, one of the world's largest manufacturers of health care products, entered a definitive acquisition agreement with orthopaedic device manufacturer Synthes, Inc.



Synthes will be merged with the DePuy Companies of Johnson & Johnson, which already boasts a diverse orthopaedic and neurological portfolio. Together, they will comprise the largest business within the Medical Devices and Diagnostics segment of Johnson & Johnson.

Synthes is well known for its innovations in trauma, spine, cranio-maxillofacial and power tools. The company specialises in the development, manufacturing and marketing of instruments, implants and biomaterials for the surgical fixation, correction and regeneration of the human skeleton and its soft tissues.

Orthopaedics is a \$37 billion global market, and is expected to continue growing, due to an aging

population, patient desire to remain active, increasing rates of obesity and the resulting impact on joint disease, growing treatment demands in emerging markets, and a movement toward earlier intervention.

Synthes has particular strengths in the trauma sector, a \$5.5 billion market, and this purchase will give J&J a device company with almost half the trauma market and an operating margin of 35 percent.

The transaction is expected to close during the first half of 2012.

For more information, please refer to the Johnson & Johnson and Synthes websites.

S O C I E T Y

S

*CIRSE is striving to improve and standardise radiation protection across Europe*

## The MEDRAPET Project – Harmonising the Ionising

Robert Bauer

In 2011, CIRSE took its efforts to guarantee the highest possible standards of radiation protection to a new level and joined the EU-commissioned MEDRAPET project (MEDical Radiation Protection, Education and Training).

The driving belief behind MEDRAPET is that an integrated approach to radiation protection education and training harmonised at an EU level is a key prerequisite to ensuring excellence in medical provision. Accordingly, the European Commission issued a tender in 2010 calling for an international consortium to tackle the task of evaluating and consolidating the starkly differing levels of medical radiation protection training in European healthcare.

### CIRSE's involvement

CIRSE is represented strongly in the project, which is co-ordinated by the European Society of Radiology, with a total of 3 delegates. Our esteemed member, Prof. Dimitrios Tsetis, initially took up a seat in the MEDRAPET Steering Committee and was later joined by Dr. Efstathopoulos and Dr. Bartal to complete the CIRSE delegation of the multidisciplinary consortium. Working together with their colleagues from a wide range of disciplines (including radiographers and medical physicists), much has been achieved so far.

### Aims and initiatives

A European-wide survey was conducted to establish the status quo of radiation protection training and to pinpoint areas that require improvement. Following the elaboration of the consortium's suggestions, a free-of-charge workshop will be held in Athens to offer stakeholders the newest insights into medical radiation protection. Currently, the consortium is in the final process of drafting the new EU radiation protection guidelines for medical exposures.

CIRSE's ambitious involvement in this project has significantly contributed to the considerable success and publicity the project is enjoying, and will continue to ensure that the European voice of IR is heard in the important matter of radiation protection training.

**For more information, visit [www.medrapet.eu](http://www.medrapet.eu) or contact Robert Bauer at our Central Office ([bauer@cirse.org](mailto:bauer@cirse.org)).**



The following scientific societies make up the consortium:



European Society of Radiology, **ESR**, which is the organisation heading and co-ordinating the project, represented in the Project by John Damilakis



European Federation of Radiographer Societies, **EFRS**, represented in the Project by Graciano Paulo



European Federation of Organisations for Medical Physics, **EFOMP**, represented in the Project by Stelios Christofides



European Society for Therapeutic Radiology and Oncology, **ESTRO**, represented in the Project by Dag Rune Olsen



European Association of Nuclear Medicine, **EANM**, represented in the Project by Wolfram Knapp



Cardiovascular and Interventional Radiological Society of Europe, **CIRSE**, represented in the Project by Dimitrios K. Tsetis

An integrated approach to radiation protection education and training is a key prerequisite to ensuring excellence in medical provision

# The Award of Excellence and Innovation in IR



## Development

Interventional Radiology is a relatively young medical field. It took the perseverance, hard work and conviction of many dedicated physicians to help IR to develop into the fully recognised subspecialty it is today.

## Innovative Spirit

Without the continuous development and refinement of new devices and techniques by resourceful interventional radiologists, the ever-expanding range of treatments offered by our specialty would not have been possible.

## Recognition

Innumerable patients are grateful for the wide range of minimally-invasive alternatives to open surgery from which they can benefit nowadays. However, CIRSE also wishes to honour your dedication and excellence in IR and present your innovation to the IR community during the opening ceremony of CIRSE 2012.

***The recipient of this distinction will not only be awarded a certificate of merit for their contributions to the field, but also a cash prize of € 10,000.***

## How to apply

Send us your outstanding research results published or accepted by a peer-review scientific journal, 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 advances they may bring to IR.

## 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.



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

***All applications must be submitted by June 14, 2012 to [zoidl@cirse.org](mailto:zoidl@cirse.org)  
For more information, please visit the CIRSE website.***



# M

MEETING

## Investing in the IRs of the Future

The future of  
any specialty  
depends on  
attracting bright  
and enquiring  
minds to its  
ranks

Professors, be sure to tell your students!  
Following the success of the last two years, CIRSE is once again offering medical students the chance to attend our annual congress free of charge – and we'll even help with travel costs too!

### The World's Largest IR Student Initiative

The future of any specialty depends on attracting bright and enquiring minds to its ranks, and on those minds surpassing the existing scientific data with their own innovations and research.

At CIRSE 2011, a special effort was made to encourage medical students to come and learn about our specialty first hand. 130 undergraduate medical students from German-based universities enrolled in the programme, which offered free congress registration, a travel and accommodation grant for those based outside of Munich, and a dedicated "Meet the IRs" session. Feedback was so encouraging that the programme is being expanded for CIRSE 2012.

### What CIRSE 2012 offers

This year's student programme has been expanded to include undergraduate students from all over Europe, and is offering:

- Free registration to CIRSE 2012
- Hand-picked student programme
- Special introductory session and guided tour of exhibition (in English and in Portuguese)

- € 200 travel support to the first 200 non-local registrants (July 2 deadline)
- Shuttle to and from the congress centre
- Complimentary congress lunch

Students can apply through the CIRSE website:  
[www.cirse.org/students](http://www.cirse.org/students)

### A unique opportunity

For many medical students, their discovery of interventional radiology comes late in their careers. Radiology education has typically been presented in terms of diagnostics, and the more hands-on, clinically-oriented students often choose their field of specialisation without being fully aware of their options. Indeed, many of CIRSE's most active members started out as surgical registrars.

Additionally, students are rarely given the opportunity to experience a medical congress – even with discounts, the costs can be prohibitive. How can medical trainees get a feel for the environment, the devices, the research and the career options if they are only ever in the classroom?

In providing financial support to interested students, CIRSE hopes to provide medical trainees with a better understanding of interventional radiology. It gives students a wonderful opportunity to witness firsthand the scale and reach of our specialty, as well as meeting qualified IRs and exploring what areas interest them.





*Our 3<sup>rd</sup> Student Incentive Programme will be bigger and better than ever!*

M  
M E E T I N G



**Register online before July 2  
to avail of the travel and  
accommodation grant!**

[www.cirse.org/students](http://www.cirse.org/students)

***What the students thought***

*"Finally a society realised that without support, students don't have the possibility to visit congresses."*

*"Interesting, exciting and entertaining. I was really impressed."*



This year's  
student  
programme has  
been expanded  
to include  
undergraduate  
students from  
all over Europe





## Discover IR in Lisbon

For CIRSE 2012,  
we will be  
returning to  
Lisbon, the city  
of explorers



The Age of Discovery is far from over, and this September, Lisbon will be showcasing the latest discoveries in the realm of minimally invasive medicine!

For CIRSE 2012, we will be returning to Lisbon, the city of explorers. Our congress there in 2009 was a huge success, and we are looking forward to enjoying the benefits of this welcoming and well-connected city once more.

### Our venue

The congress centre, Centro de Congressos de Lisboa, offers us sufficient room for our many

sessions, workshops and exhibitions, as well as excellent facilities for our expected 6,000 delegates. Conveniently located 6 km from the city centre in the parish of Belém, it lies within easy reach of many hotels.

### Getting there

Lisbon is served by Lisbon Portela Airport (Aeroporto da Portela), which is located 7 km north of the city centre. As one of the largest airports in Southern Europe, this international airport is a European hub, as well as having played a starring role in the classic film, Casablanca.





## *This year's Annual Meeting will take place in the Portuguese capital of Lisbon*

M  
M E E T I N G

The national carrier, TAP Portugal, has the airport as its main base, and budget carrier easyJet will also be basing its operations there from April 2012. This will offer congress-goers excellent flight connections to a wide range of destinations. Recently refurbished, the airport is now connected to the city's extensive metro network.

### **Getting about**

Lisbon's public transport system is reliable and well-planned. The metro forms the main skeleton of the network, with buses, trams and funicular services filling in the gaps. The trams of Lisbon are particularly worth a trip – originally introduced in the 19th century from the USA, these little yellow wonders were dubbed "americanos". The small, old-fashioned carriages are perfectly suited to Lisbon's steep hills and narrow streets, and have become one of the icons of modern Lisbon.

In addition to the excellent public transport facilities, CIRSE will be organising a complimentary shuttle bus service from key points around Lisbon.

All congress delegates will be invited to avail of this dedicated service.

### **Where to stay**

Our official travel partners, Kuoni and Buzz Portugal, have plenty of accommodation and travel suggestions to make, and details can be found on the CIRSE webpage. Kuoni is also offering group bookings, making it easier for national or local society delegations to find accommodation together.

While the congress will be an intense affair, offering sessions and learning opportunities from 08:00 until 18:00, our travel partners have some recommendations for those who wish to recharge in the evening by exploring Lisbon's many attractions. Those looking for suggestions can contact Kuoni directly at [cirse2012@ch.kuoni.com](mailto:cirse2012@ch.kuoni.com), or can find ideas at [www.visitlisboa.com](http://www.visitlisboa.com).

Lisbon provides the ideal stage for the world's largest IR congress, and we look forward to seeing you there in September!

CIRSE will be organising a complimentary shuttle bus service from key points around Lisbon



*One of the highlights of this year's ESIR programme is the exciting new course in Rome*

## ESIR Highlight: Aortic and Thoracic Stent Graft

Fabrizio Fanelli & Mario Bezzi



Participants will be offered the chance to train on 3 simulators for aortic stent-graft deployment

This year, the ESIR Course on Thoracic and Abdominal Aortic Disease will be held in Rome on October 12-13, 2012. The course venue will be "Sapienza" University of Rome.

The experience gained from several successful courses on embolisation has suggested a need for a new course based on theory and hands-on practice. The course on Thoracic and Abdominal Aortic Disease will fill this niche. Didactic activity will concentrate on giving attendees updated and exact information about the different types of endoprostheses commercially available today, while also individually training each participant to put their use into practice.

### Day 1

Formal lessons and discussion of clinical cases concerning aortic pathology and endovascular treatment will be the core activities of the first day of the course.

### Day 2

During the second day, various hands-on sessions will be scheduled to deal with:

- choice of procedural strategy
- technical factors of each endoprosthesis, and
- training in percutaneous closure devices

Hands-on sessions based on flow models will allow the course attendees to personally examine the different characteristics of each endoprosthesis and learn how to practically release them.

### Simulation

The course programme is going to include, for the first time, some extra sessions, during which participants will be offered the chance to train on three simulators for aortic stent-graft deployment, offered for this event by our industry partners.

Each simulator will have two participants at work under the guidance of a tutor. These special sessions will be held early on the Saturday before the regular classes, and again during the lunch break, offering in total more than 10 hours of simulation.

### Limited places available

As the main target of the course is to give attendees the opportunity to completely perform a case, the number of colleagues who can be admitted to the course will obviously be limited. Places will be allocated on a "first come, first served" principle, so early application is advised.

*As places are limited, early registration is advised!*



Dr. Fabrizio Fanelli,  
Local Host



Dr. Mario Bezzi,  
Local Host

Congress participants will have at their disposal a room dedicated to 3D reconstruction of CT images to evaluate pre- and post-treatment images.

#### What's new in Rome?

- Flow model sessions
- Closure devices hand-on sessions
- Extra simulation sessions
- Hand-on sessions for imaging analysis and procedure planning
- A series of selected cases on CD
- Collection of up-to-date articles on CD
- CD of didactic support and informative material

and what's more, all course attendees will be offered free apps for i-pad/i-phone!

#### See you in Rome!

We are excited to be hosting this dynamic course, which aims to give attendees an all-round experience of aortic stent-grafts. We are sure that all participants will return home satisfied with what they have experienced, from theory to practice. See you there!

## ESIR Local Courses 2012

**The 2012 ESIR course programme is offering 9 courses in different European university hospitals.**

#### Embolisation

Amsterdam (NL), April 20-21  
(recommended for level 2-3 / Intermediate)

#### Basic Vascular

Sofia (BG), May 11-12  
(recommended for level 1 / Basic)

#### Tumour Ablation

Novi Sad (RS), May 25-26  
(recommended for level 2-3 / Intermediate)

#### Venous Disease

Winterthur (CH), June 22-23  
(recommended for level 2-3 / Intermediate)


#### CLI & Diabetic Disease

Vienna (AT), October 5-6  
(recommended for level 2-3 / Intermediate)

#### Aortic & Thoracic Stent Graft

Rome (IT), October 12-13  
(recommended for level 3-4 / Intermediate - Advanced)

#### Radiología Intervencionista No Vascular

(course in Spanish language)   
Bilbao (ES), October 19-20  
(recommended for level 2-3 / Intermediate)

#### Biliary Percutaneous Interventions

Prague (CZ), October 26-27  
(recommended for level 1-2 / Basic - Intermediate)

#### Liver Interventions

Munich (DE), November 9-10  
(recommended for level 2-3 / Intermediate)

To register for  
any Local  
Courses,  
please visit  
[www.cirse.org/  
esir2012](http://www.cirse.org/esir2012)



# ICCIR 2012



## International Conference on Complications in Interventional Radiology

**June 14-16, 2012  
Poertschach, Austria**

### Learning Through Experience - ICCIR

Learning from your mistakes is important, but it is also helpful to learn from the mistakes of others. With this in mind, the CIRSE Foundation is once again hosting the International Conference on Complications in Interventional Radiology (ICCIR) from June 14-16.

#### **Alpine retreat**

For the 2<sup>nd</sup> year, the Alpine town of Poertschach will play host to this unique and important forum. The location, a small, quiet town on Lake Woerth in Southern Austria, is the ideal setting, allowing for an intense and intimate gathering, which relies on serious debate and the willing engagement of participants. The town is also easily accessible from a number of international airports, such as Ljubljana, Graz, Salzburg, Klagenfurt and Vienna.

#### **Intensive learning**

The focal point of the congress is case presentations and case reports. The high scientific level is maintained by a distinguished faculty, consisting of renowned interventional radiologists, as well as experts from our partner disciplines.

The meeting acts as an open forum for the discussion of complications, allowing young doctors to learn and benefit from the experience of their older colleagues in a structured and meaningful way. It is also highly useful for established IRs who are extending their practice to offer additional techniques, as valuable advice on best practice and complication management can be gathered.

#### **Varied topics**

The cases include a wide range of procedural complications, such as peripheral interventions, EVAR, tumour therapies and biopsies, TIPS and stroke management. The full scientific programme is available on the congress website. All cases will be presented and moderated by experienced IRs.

#### **Register now!**

Registration is up and running, and you can secure your place at the congress through the congress website, which can also be accessed directly through the CIRSE website. The congress website also offers helpful advice on travel and accommodation, as well as information on travel grants.

[www.iccir2012.org](http://www.iccir2012.org)



*"Alongside attending the procedures... I learned to co-operate with the anaesthetists, nurses, technicians, and physicians from IR or other disciplines."*

## Fellowship Education Grant

Haidong Zhu

Between September and January, I had the good fortune to train at the Interventional Radiology Unit of the Policlinico Umberto I°, Sapienza University of Rome. This opportunity was made possible by a Fellowship Education Grant from the CIRSE Foundation.

Currently, this unit is the No. 1 vascular IR centre in Italy. Every year, more than 1000 vascular procedures are performed in this unit. The unit has three operational rooms, equipped with three digital subtraction angiography machines and three anaesthetic machines and some ultrasonic equipment. The faculty includes two chief physicians, two attending physicians and some residents, nurses and technicians, and is directed by Dr. Filippo Maria Salvatori.

Due to the location of the hospital, construction reforms are forbidden for protection of historical sites. Therefore, the IR unit has devices distributed on different floors of the "Radiology Centre" building and the operational unit from other departments. However, all the equipment is reasonable and efficient, meeting the demands of different IR procedures.

Follow-up and image archiving is given great importance, and currently, the oldest follow-up data are 12 years old. The faculty of the unit place great emphasis on clinical research, including partaking in international multi-centre RCTs, and retrospective analysis of the data in their unit. Submission of abstracts and oral presentation in different scientific meetings is encouraged. Nearly every young physician in the unit has such experience.

The main objective of my fellowship was to improve my ability in arterial leg therapy (including critical limb ischaemia). However, I actually attended a huge range of procedures, including vascular and non-vascular procedures. The vascular procedures I attended included recanalisation, catheter-directed thrombolysis and mechanical thrombectomy of obstructed lower limbs arteries, EVAR, TIPSS, renal stenting, transjugular liver biopsies, and TACE, amongst others. The non-vascular procedures included microwave ablation, RFA and PEI for HCC, ureter stent insertion or exchange, biliary plastic stent placement, drainage procedures and percutaneous biopsy of soft tissue mass, lymph nodes and internal organs.



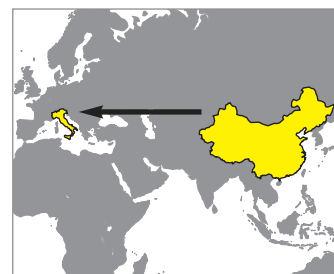
Alongside attending the procedures, I learned how to prepare for sedation or anaesthesia in different procedures, and how to treat acute allergy reaction with an anaesthetist. From all of these procedures, I learned to co-operate with the anaesthetists, nurses, technicians, physicians from IR or other disciplines in a team. I also had the opportunity to attend a number of courses and meetings related to IR during my time in Rome.

The hosts, Dr. Fabrizio Fanelli and Dr. Mario Bezzi were very friendly, and told me many interesting IR stories related to the IR procedures – the history, clinical information, results of previous therapies, reasons for the treatments – and gave me many chances to practise. The young physicians (Dr. Massimiliano Allegritti, Dr. Pierleone Lucatelli, Dr. Emanuele Boatta, Dr. Alessandro Cannavale, Dr. Mario Corona and Dr. Tonino Bruni) helped me greatly in my training and living in Rome. In addition, Tanja Valentinitsch from the CIRSE Foundation and Lisa Giardina Grifo, the secretary of the unit have given me much help. I appreciate everything they have done for me and thank the CIRSE Foundation and COOK Medical for the training grant.



F O U N D A T I O N

F



### Policlinico Umberto I°, Sapienza University of Rome, Italy

- Policlinico Umberto I° is the largest public hospital in Italy
- It is the No. 1 vascular IR centre in Italy
- Every year, more than 1000 vascular procedures are performed here

*This grant was provided in co-operation with COOK Medical*



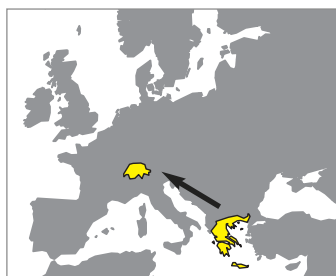


## CIRSE FOUNDATION GRANTS

*"Interacting with new colleagues and a different health system was an incredibly useful experience that has altered the way I practise medicine."*

## Visiting Scholarship Grant

Katerina Koulia



### Kantonsspital Winterthur

- 530 beds
- 2,600 employees
- Offering radiology since 1900

In September, I was lucky enough to spend a one month Visiting Scholarship in "Kantonsspital Winterthur". I am afraid that words cannot really express how thankful I am to Prof. Binkert and everybody in CIRSE who made this come true. It was an AMAZING experience. The only thing that I regret is that I did not stay longer!

I went to Winterthur directly from Munich following the CIRSE 2011 congress. The hospitality and warm welcome from everybody made me feel at home from day one. From whatever point I look at it, this was an invaluable experience for me.

I had the chance to observe and participate in procedures that we did not perform at my institution in Athens at that time, such as venous ablation, vertebroplasty, fibroma embolisation, pelvic congestion treatment and EVAR. I learnt new procedures and materials and I picked up advanced technical skills. Interacting with new colleagues and a different health system was another incredibly

useful experience that has altered the way I practise medicine.

But my "gain" was not only scientific and professional. I made new friends, and I came to appreciate the beautiful landscapes of Switzerland and the great restaurants of Zürich! I may have spent only one month in Winterthur, but it was a very fruitful one.

I am very grateful to CIRSE for accepting my application for a one month CIRSE Visiting Scholarship. I am also very thankful to Prof. Binkert from Switzerland who accepted me at the Institut für Radiologie, Kantonsspital Winterthur. This scholarship gave me the opportunity to spend an amazing month with Prof. Binkert and his team at a very well organised interventional radiology department.

It has been an experience that I can wholeheartedly and unreservedly recommend to anyone wanting to expand their interventional experience.

*"It is in every IR's best interests to see our specialty thrive in an ever-threatened professional environment."*

## Fellowship Education Grant

Emilio Sanín

My hospital in Medellín treats many patients with peripheral vascular disease and traumatic injuries. We also have a strong transplant programme from which a lot of patients are referred to the IR department. However, our experience with oncology patients is limited to a few TACE procedures each year, biliary drainages, and many nephrostomies for patients with pelvic cancer, mainly cervical. The hospital's plans for the near future involve expanding its oncology programme.

Accordingly, the main purpose of the visit to the Clínica Universidad de Navarra (CUN) IR Department, led by Prof. José I. Bilbao, was to participate in an active Interventional Oncology programme and receive training for the treatment of this type of patients. Their pioneer radioembolisation programme has produced vast amounts of data on this matter and continues to search for new applications, data on the mechanism of action, and pathologic correlation with imaging findings.

During my 3-month stay at CUN, I actively participated in almost 20 radioembolisation procedures, multiple intra-arterial chemotherapies (mainly for osteosarcomas and secondary liver tumours), many embolisation procedures for gastrointestinal haemorrhage in oncology patients and placed over 40 port-a-caths. There is a strong hepatology clinic in this institution, and IR plays a very active role in the care of these patients. We performed many portal-venous pressure gradient measurements, many biliary interventions including around 10 metallic stent placements, a few TIPS, several RFAs in primary and secondary liver tumours and treated a few hepatic vein stenoses in liver transplant patients. The palliative care also included placement of several percutaneous gastrostomies. There is a growing interest for the endovascular management of arteriovenous fistulas at CUN and we performed quite a few angioplasties. Also, a symposium on vascular access for dialysis and AVF care was carried out by the nephrology department, in which I got to participate as a tutor for the ultrasound evaluation of AVF.



Additionally, I got to participate in a weekly liver tumour board with oncologists, surgeons, hepatologists, nuclear medicine, diagnostic and interventional radiology and nurses/social workers. These boards were very instructional and allowed me to view a broader perspective on the management of these patients. I also participated in the collation of information for ongoing clinical research in the field of radioembolisation, and attended the GEST Europe meeting in Paris at the end of April.

The three months I spent at the Clínica Universidad de Navarra will be unforgettable, both professionally and personally. I had the opportunity to live in a different culture, try new foods, visit new and exciting places and meet wonderful people who showed me a different, slower way of life. I didn't get to see the running of the bulls this year but this, and getting to visit my new friends, will serve as an excuse to travel to beautiful Pamplona in the future.

I would like to finish by expressing my great debt of gratitude to the CIRSE Foundation for making this experience possible. I know it is in every Interventional Radiologist's best interests to see our specialty thrive in an ever-threatened professional environment. Such efforts to help peers receive quality education are a truly effective way to ensure that IR will not only survive, but also live to see a bright future. I strongly encourage the Foundation to continue this programme and help IR grow in other regions of the world. Once again, many, many thanks!

F O U N D A T I O N

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### Clínica Universidad de Navarra (CUN)

- One of the busiest centres in Europe for radioembolisation
- An average of 40-50 radioembolisations are performed annually
- Prides itself on its multidisciplinary set-up

*This grant was provided in co-operation with COOK Medical*



