

2/2012

INFORMATION FOR MEMBERS

IR
news

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CVIR's New
Impact Factor

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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

Join us at the 27th Annual CIRSE Congress,
September 15-19, 2012

Cardiovascular and Interventional Radiological Society of Europe

Content

S	O	C	I	E	T	Y	1	Lines from the President			
S	O	C	I	E	T	Y	2	CVIR's New Impact Factor			
S	O	C	I	E	T	Y	3	Grants from Senior Members			
S	O	C	I	E	T	Y	4	New Group Member Profile – Slovakia			
S	O	C	I	E	T	Y	6	CIRSE Members Honoured Internationally			
S	O	C	I	E	T	Y	7	New Social Media			
S	O	C	I	E	T	Y	8	CCSVI Warning			
S	O	C	I	E	T	Y	9	Alliance for MRI Update			
M	E	E	T	I	N	G	11	Lisbon 2012 Guide			
M	E	E	T	I	N	G	12	Honorary Lectures			
M	E	E	T	I	N	G	14	Sports Event at CIRSE 2012			
M	E	E	T	I	N	G	15	General Assembly			
M	E	E	T	I	N	G	16	CIRSE Party			
M	E	E	T	I	N	G	17	Simulation Training in Lisbon			
M	E	E	T	I	N	G	18	Satellite Symposia			
M	E	E	T	I	N	G	24	Student Incentive Programme			
F	O	U	N	D	A	T	I	O	N	25	ESIR Autumn Courses
F	O	U	N	D	A	T	I	O	N	26	ECIO 2012 Report
F	O	U	N	D	A	T	I	O	N	28	Mark Your Calendar – ECIO 2013
F	O	U	N	D	A	T	I	O	N	29	Foundation Grant Awards
F	O	U	N	D	A	T	I	O	N	32	GEST Europe 2013

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Disclaimer

IR News is designed to provide information on the activities, congresses and educational ventures of the Cardiovascular and Interventional Radiological Society of Europe (CIRSE). While the information in this publication is believed to be true, neither the Editorial Board nor the Editorial Team can accept any legal responsibility for any errors or omissions made. All contributors are responsible for ensuring that submitted articles are their own original work. Contributed articles do not necessarily reflect the views of the IR News or of CIRSE.



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Our annual meeting is fast approaching and I am looking forward to a great meeting of science, education and technology

Do you need the eggs?

Michael J. Lee

As I watch the Olympics, I can't help but ponder at the change in ethos from amateur to professional. Professional soccer players, professional cyclists, professional golfers and basketball players are all competing at the Olympic Games. Although I do wonder whether the change is for the best or not, I think the move to professionalism in sports is simply reflecting the reality at ground level. This march toward professionalism in sport should be a spur to interventional radiology to do likewise for our specialty and for our patients.

The move to IR subspecialty status within the house of radiology occurred some years ago at the UEMS and is now a reality in a number of European countries. Subspecialty status, coupled with direct referrals and clinical care of patients, are necessary steps to become more "professional". In this day and age, I believe it is delusional to think that "amateur" interventional radiologists can prosper. This reminds me of the husband who brought his wife to see the local doctor. The doctor asked the man what was wrong with his wife. The husband replied, "my wife thinks she is a hen." The doctor asked how long this was going on for and the husband replied, "approximately three months." The doctor asked why the husband had not brought his wife sooner. He replied, "I would have, but we needed the eggs." This story is analogous to interventional radiologists who are deluded in thinking that being a good technician will protect their status and their specialty. We have to stop thinking that "we need the eggs."

CIRSE also has become a professional organisation with a professional office staff, professional congress organisation, and professional publishing, coupled with support from legal and accounting professionals. These changes have made the CIRSE meeting into the premier interventional meeting in Europe and has allowed the CIRSE Board and Executive Committee to pursue the IR agenda in Europe.

I am happy to report that the Curriculum for IR is now in its final stages and will be ready before the end of 2012. The task force led by Prof. Anna Belli has performed a mammoth task in completing this important document. The curriculum will hopefully achieve widespread penetration throughout Europe and act as a benchmark for training programmes in the future. The curriculum, of course, feeds into the EBIR examination and will be used to blueprint the examination. These two endeavours are vital to harmonise training in IR throughout Europe and to produce well-qualified, competent IRs. Additionally,

an undergraduate curriculum has been completed by a task force led by Prof. Elias Brountzos and will be distributed shortly, again helping to initiate IR teaching programmes at undergraduate level.

In terms of education, CIRSE is delivering more and more courses, meetings, schools and workshops, and has a unique online database of educational materials in ESIRonline. We have appointed Mario Bezzi as the Editor-in-Chief of ESIRonline, and with his editorial team, he is in the process of streamlining and restructuring our online educational materials. This will eventually make our database a very valuable resource for members.

Space limits the description of all of the other task forces and endeavours that are ongoing, but I would like to mention a few: Prof. Andy Adam is heading up an Interventional Oncology task force; Dr. Leo Lawler is in charge of a task force to produce IR smart phone apps; and a radiation protection task force will be set up shortly. These are just some of the many projects that are ongoing at this time.

Our annual meeting is fast approaching and I am looking forward to a great meeting of science, education, technology and importantly, friendship. The scientific programme, under the expert stewardship of Dr. Rob Morgan, is cutting-edge, educational and exciting. We will be honouring Dr. Peter Mueller from Massachusetts General Hospital in Boston with the Gold Medal. He is a worthy recipient for his work in IR and his acceptance of many Europeans as fellows over the years.

In terms of good news for IR, I would like to inform you that Andy Adam has been honoured by the Queen of England and is now Andy Adam CBE (Commander of the Order of the British Empire). Importantly, the CBE citation reads "for his services to Interventional Radiology". Congratulations, Andy! In addition, Amman Bolia and Jim Reekers will receive the Guenther Award for their discovery and promotion of subintimal angioplasty. Congratulations to both.

Finally, I would like to thank all of the IRs who have selflessly volunteered their time to the CIRSE cause over the past year. It is great to see that so many IRs care about their specialty and want to volunteer. Thanks also to the CIRSE office staff for their tireless and professional work on our behalf.

See you in Lisbon!



S O C I E T Y

S

Moves towards professionalism have made the CIRSE meeting the premier interventional meeting in Europe

CVIR's Impact Factor – Still on the Rise



CVIR's impact factor has continuously risen over the past years, reaching new heights in 2010 when it passed the 2.000 mark for the first time in the journal's history.

In 2011, the impact factor rose to 2.093, reinforcing the journal's established position as a leader in the field.

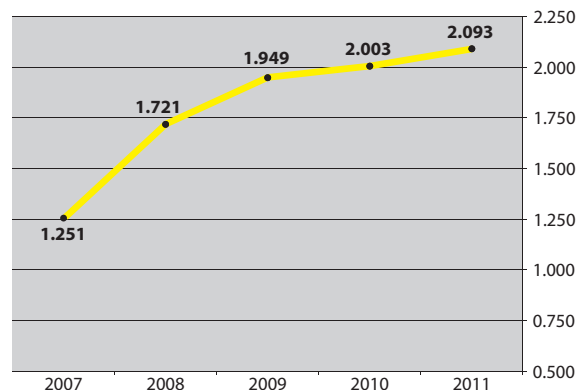
CVIR's increased impact factor also corresponds with the other successes the journal enjoyed in 2011: quicker turnover times (on average less than 28 days from submission to first decision), higher submission rates and significant increases in the number of full-text downloads of CVIR articles.

CIRSE warmly congratulates CVIR's Editor-in-Chief, Dierk Vorwerk, and the Editorial Team for this great achievement!

This success would also not be possible without the hard work and continued support of CVIR's contributing reviewers and authors.

For this reason, CIRSE and the publisher Springer will be hosting a special reception in their honour during CIRSE 2012. The reception will also see CVIR's most active authors and reviewers presented with special awards and prizes for their efforts. Admission to the reception is restricted to CVIR reviewers, authors and Editorial Board members.

To submit a manuscript to CVIR, please visit <https://mc.manuscriptcentral.com/cvir>



CVIR's ever-increasing impact factor is accompanied by higher submission rates and increased full-text downloads

Grants offered by senior CIRSE Members are encouraging and incentivising innovation and excellence

Honouring Innovation, Supporting Hard Work

Over the years, CIRSE has striven to encourage and support our members in their endeavours, from training all the way through to political and clinical support. It is therefore heartening to see senior members making concerted efforts to ensure that they can share their successes with the IR community.

Recently, both Prof. Rolf Günther and Prof. Jim Reekers (familiar faces to us all) have independently, and very generously, established grant programmes to support the furtherment of IR.

The Rolf W. Günther Foundation Award for Excellence in IR Innovation

CIRSE Gold Medallist, former Grüntzig lecturer and Chairman of the CIRSE Honours Committee Rolf Günther has established a new award for Excellence in IR Innovation. This was presented for the first time at last year's Annual Meeting, and will this year be awarded to Prof. Jim Reekers and Dr. Amman Bolia for their ground-breaking work in subintimal angioplasty.

This award celebrates one of the key aspects of interventional radiology – that of innovation. From the earliest days, IR has been a discipline of pioneers and problem-solvers, and this new grant from the Rolf W. Günther Foundation will help encourage IRs to continue this trend.

This award will be presented during the CIRSE Opening Ceremony, on Saturday, September 15, at 14:30.

For information on how to apply for future awards, please visit www.rwguenther-stiftung.de



Prof. Rolf W. Günther



Prof. Jim A. Reekers

The JRFoundation Grants

The JRFoundation is a privately funded charity which was established in 2010. It is run by former CIRSE President Prof. Jim Reekers, and aims to provide financial support for trainee and newly qualified IRs.

The JRFoundation offers two grant categories: publication grants and travel grants.

The publication grants are open to all European medical students, residents, fellows and researchers under the age of 35, who are producing an English-language publication or thesis on IR. The grant is €500 and is intended to support printing costs. A fixed number of grants are available annually.

Travel grants are again open to European medical students, residents, fellows and researchers under the age of 35, who have an accepted scientific abstract on IR at a European medical congress. The grant is intended to support the applicant with travel expenses. A fixed number of grants are available, with 10 special travel grants that were provided through CIRSE for young interventional radiologists attending the International Congress on Complications in Interventional Radiology earlier this year.

For more information on the grants available, please visit www.jrfoundation.nl

S O C I E T Y

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It is heartening
to see senior
members sharing
their successes
with the IR
community

Earlier this year, CIRSE was proud to welcome the Slovak Society of Cardiovascular and Interventional Radiology as a Group Member

Slovak Society of Cardiovascular and Interventional Radiology (SKVIR)

The History of Interventional Radiology in Slovakia

Slovakia is a small country in the heart of Europe with 5.4 million inhabitants. Interventional radiology has a long history in Slovakia. The pioneers of interventional radiology in Slovakia are Jan Kodaj, Jozef Glomba and Stanislav Okapec.

The use of IR procedures dates back to the '80s, when in 1985 the first iliac and femoropopliteal percutaneous transluminal angioplasty was performed. In the early '90s, percutaneous biliary procedures, adrenal venous sampling, renal artery stenting, vena cava filter placement, and preoperative and intracranial embolisations began to be implemented.

The first TIPS procedure was performed in 1996, in 1999 the first endovascular abdominal aneurysm repair and intracranial aneurysm embolisation with detachable coils, the first TEVAR procedure in 2003 and a total percutaneous endovascular aneurysm repair in 2008.

At present, IR procedures and services are available in many different IR units and centres throughout the whole country. Most of the procedures are offered in three major cardiovascular centres and in university hospitals. The leading IR centre is ODIR NUSCH (Department of Diagnostic and Interventional Radiology, National Institute of Cardiovascular Diseases, Bratislava) treating about 2,500 patients with endovascular procedures annually. Among these are more than 300 CAS procedures, more than 100 intracranial aneurysm embolisations and about 100 patients with endovascularly treated aortic diseases per year.

A wide spectrum of therapeutic IR procedures is routinely performed in Slovakia, including PTA, stenting and mechanical/pharmacomechanical thrombectomy for PAO and CLI, CAS, renal artery stenting, embolisation procedures, RFA, vena cava filter placement, vertebroplasty, percutaneous biliary interventions, TACE and endovascular treatment of DVT. Many innovative procedures are progressively incorporated and investigated, including total percutaneous endografting in local anaesthesia, renal denervation, and cell therapy for critical limb ischaemia.

SKVIR

The key step in the development and recognition of interventional radiology in Slovakia as a medical sub-specialty was the establishment of the Working Group of Cardiovascular and Interventional Radiology within the Slovak Radiological Society in 2007. The first chairman of the Executive Committee was Dr. Vulev. Soon afterwards, the first interventional radiology congress was held in 2008 in Bratislava, the capital of Slovakia.

The Slovak Society of Cardiovascular and Interventional Radiology (SKVIR) was recognised and established within the Slovak Medical Association in January 2012 in Bratislava as the natural successor of the former Working Group of Cardiovascular and Interventional Radiology within the Slovak Radiological Society. The founders of SKVIR were Dr. Kodaj, Dr. Okapec, Dr. Chalanyi, Dr. Vulev and Dr. Vozar. At present, SKVIR has about 50 active members, almost all of them interventional radiologists. SKVIR applied for CIRSE group membership in 2012 and subsequently joined CIRSE as a group member.

IR Meetings and Congresses

The main scientific meeting of the society is the Bratislava Interventional Radiology Days (BIRD), which is being held every other year in Slovakia's capital. The congress programme focuses its attention on special interventional radiology lectures, live endovascular cases and interactive panel discussions, as well as hands-on workshops. The rising popularity of IR in Slovakia was seen at the last meeting in 2012, which attracted more than 140 participants, and where 34 presentations and eight live cases were presented during the meeting. Another educational meeting held annually is "SFV", which focuses mainly on presenting case reports dealing with tips, tricks and complications in interventional radiology.

IR Education

Interventional radiology became a part of postgraduate radiology training in Slovakia a long time ago. Since then young radiologists have to spend a period of training in IR units. Moreover a specialised certified postgraduate programme in

At present, IR services are available in many different IR units throughout the whole country

NEW GROUP MEMBERS

The pioneers of interventional radiology in Slovakia include Jan Kodaj, Jozef Glomba and Stanislav Okapec



cardiovascular and interventional radiology has been designed and approved in co-operation with the Slovak Medical University and Ministry of Health of the Slovak Republic since 2009. The website of the society (www.angio.sk) provides useful educational information for patients about IR procedures and also provides updates about society activities for its members and other professionals interested in IR services.

SKVIR goal

The goal of SKVIR is raising professional standards in providing health care in the field of vascular and non-vascular interventional radiology and

education in Slovakia, as well as the protection of the professional interests of its members. The main task will be the further development of technical, scientific and educational activities in cardiovascular and interventional radiology, together with related medical disciplines both at home and abroad, and co-operation with other IR societies, especially with CIRSE. SKVIR will provide promotion and propagation of IR to the Slovakian population, allowing patients to benefit from IR procedures.

For more information on postgraduate IR training in Slovakia, visit www.angio.sk

The main scientific meeting is the Bratislava Interventional Radiology Days (BIRD), held every other year

AWARDS

We congratulate our Members, Andy Adam and Dimitrios Kelekis, on the honours they have received in recognition of their work in IR

CIRSE Members Honoured Internationally

Earlier this year, two long-standing CIRSE Members received prestigious awards recognising their contribution to medicine. We congratulate them warmly, and thank them for their role in bringing IR to the forefront of modern medicine.



Professor Andreas Adam, CBE

Andy Adam, former CIRSE President and much-valued contributor to CIRSE's many projects, was this year recognised in Queen Elizabeth II's birthday honours list. The title of CBE (Commander of the Most Excellent Order of the British Empire) has been bestowed upon him for services to interventional radiology.

A clinician at St. Thomas' Hospital, Andy Adam has spent his professional career contributing to interventional radiology. His research work has shaped clinical practice internationally, and he has made extensive contributions to medical and scientific literature. In addition to his CIRSE Presidency, he has served as President of seven other national and international societies, including the Royal College of Radiologists (UK) and the European Society of Radiology, and has received numerous honours and awards.

This latest honour is well deserved, and we join the Queen in thanking him for the service he has thus far rendered to interventional radiology.



Professor Dimitrios Kelekis, SIR Gold Medallist

At this year's SIR meeting in San Francisco, Dimitrios Kelekis was awarded with their prestigious Gold Medal. Prof. Kelekis has played an important role in CIRSE, serving on numerous committees and generously giving his time and expertise to furthering the discipline.

He is a true leader in Greek radiology, having furthered both diagnostic and interventional radiology during his 40-year career. He has been particularly instrumental in improving patient care, and raising awareness of IR amongst Greek patients and physicians. In the course of his career, Prof. Kelekis has developed and chaired a number of high-quality radiology and interventional radiology departments throughout Greece.

He pioneered IR in his homeland during the late '70s and '80s, introducing diagnostic angiography, angioplasty, embolotherapy, percutaneous biliary and urinary tract interventions and fallopian tube recanalisation, and training young radiologists in how to perform them.

Prof. Kelekis is the founder and chair of the Hellenic Society of Interventional Radiology, a position he has held since 1990. We congratulate him on this recognition of his achievements.

We thank
Prof. Adam and
Prof. Kelekis for
their role in
bringing IR to
the forefront of
modern
medicine

CIRSE is expanding its online presence, with a new website, video clips, and strong media channels

A fresh new look for CIRSE on the web

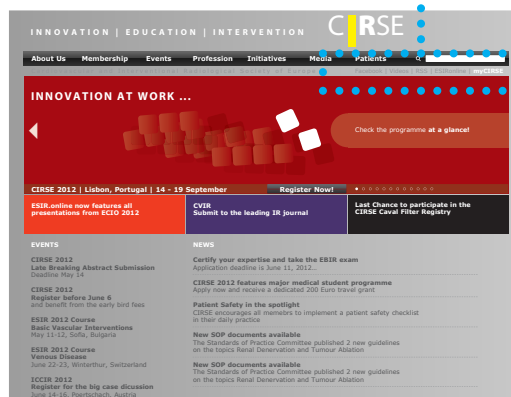
CIRSE's official website has had a facelift! The extensive redesign has been carried out with usability in mind and the result is a modern communication hub to fit CIRSE's role as a dynamic society with a growing global membership.

The wide range of information hosted on the website has been streamlined and reorganised under a new intuitive menu structure, consisting of the following headings:

- **About Us**
Information about the working structure of CIRSE is given including Committees, Task Forces, Statutes and contact information for the Central Office.
- **Membership**
The different categories of membership and corresponding benefits are explained as well as how to join the Society.
- **Events**
Everything you need to know about the annual congress and other meetings. Detailed information on the year's ESIR courses and summaries of past events are also included.
- **Profession**
Documents such as the IR Syllabus, Standards of Practice and the IR Safety Checklist can be downloaded here. Details on educational resources such as ESIRonline and CVIR, as well as EBIR and education grants are also housed in this section.
- **Initiatives**
CIRSE is involved in a number of initiatives to further interventional radiology. From inspiring medical students, to research and registries, to advocacy on a European level, it's all here.
- **Media**
This area includes the Publications Centre where a number of the Society's publications are listed, with many available as PDF files for download. CIRSE's wider media activities, such as those at congresses, are also highlighted.
- **Patients**
Intended for patients and the public, this section explains IR and the wide role of the interventional radiologist.

www.cirse.org
www.facebook.com/CIRSEsociety
www.facebook.com/ECIONews
www.youtube.com/CIRSEsociety

Facebook | Videos | RSS | ESIRonline



The new CIRSE homepage offers quick and easy access to a wide range of online tools.

A connected community

Alongside the *myCIRSE* log-in button, a row of quick links can now be seen. These links serve as a useful index pointing to CIRSE content that is to be found beyond the main website, such as ESIRonline, the educational resource in IR.

CIRSE is committed to making the best use of modern technology to keep in touch with Members from all over the world. Accordingly, CIRSE's official social media channels are also included in the quick links bar. The *Facebook* link takes you to the Society's official Facebook page, *CIRSEsociety*, where news from the CIRSE community and photographs from events are regularly shared. *ECIONews*, CIRSE's second Facebook page, is dedicated to the European Conference on Interventional Oncology.

A growing collection of state-of-the-art videos, offering conference reviews and impressions are presented on the *CIRSEsociety* YouTube channel, which can also be found via the quick-link bar.

Keep informed via RSS

In addition to regularly visiting the website, integrated RSS feeds provide a convenient way to keep abreast of CIRSE's latest events and activities.

Why not subscribe to one of the tailor-made news feeds in your web browser, feed-reader, or inbox? That way you will always be kept up to date when new events, news items or photographs are posted to the CIRSE website or Facebook pages.

The result is a modern communication hub to fit CIRSE's role as a dynamic society

The FDA have recently released a warning on the use of a controversial minimally invasive treatment for CCSVI

FDA Raises Concerns About IR Treatment for MS

In May this year, the FDA (U.S. Food and Drug Administration) released a warning regarding the potential dangers of using balloon angioplasty to treat chronic cerebrospinal venous insufficiency (CCSVI).

Incidences of injuries and death have been associated with the use of an experimental procedure that is sometimes called “liberation therapy” or the “liberation procedure” to treat chronic cerebrospinal venous insufficiency (CCSVI).

Some researchers believe that CCSVI, which is characterised by stenosis of veins in the neck and chest, may cause or contribute to multiple sclerosis (MS) by impairing blood drainage from the brain and upper spinal cord. However, studies exploring a link between MS and CCSVI are inconclusive, and the criteria used to diagnose CCSVI have not been adequately established.

“Because there is no reliable evidence from controlled clinical trials that this procedure is effective in treating MS, FDA encourages rigorously-conducted, properly-targeted research to evaluate the relationship between CCSVI and MS,” said Dr. William Maisel, chief scientist and deputy director for science in the FDA’s Center for Devices and Radiological Health.

The experimental procedure uses balloon angioplasty devices or stents to widen narrowed veins in the chest and neck. However, the FDA has learned of death, stroke, detachment and migration of the stents, damage to the treated vein, blood clots, cranial nerve damage and abdominal bleeding associated with the experimental procedure. Balloon angioplasty devices and stents have not been approved by the FDA for use in treating CCSVI.

Complications following CCSVI treatment can be reported through MedWatch, the FDA Safety Information and Adverse Event Reporting programme.

The FDA also is notifying physicians and clinical investigators in the USA who are planning or conducting clinical trials using medical devices to treat CCSVI that they must comply with FDA regulations for investigational devices. Any procedures conducted are considered significant risk clinical studies and require FDA approval, called an investigational device exemption.

The FDA will continue to monitor reports of adverse events associated with “liberation therapy” or the “liberation procedure” and keep the public informed as new safety information becomes available.



CIRSE's CCSVI Investigations

Given the uncertainties surrounding this controversial procedure, CIRSE (as the European Society representing the IR community) felt itself duty-bound to investigate this procedure and its outcomes. A number of prominent researchers, including Jim Reekers, Michael Lee, Anna-Maria Belli and Frederik Barkhof, carried out investigations on our behalf, and published a white paper on their findings in CVIR in December 2010.

Their findings form the **CIRSE Commentary on the Treatment of Chronic Cerebrospinal Venous Insufficiency**, available on the Society website.

Their findings included:

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

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

“... we believe that until real scientific data are available for CCSVI and balloon dilatation, this treatment should not be offered to MS patients outside of a well-designed clinical trial.”

Stroke, stent migration, cranial nerve damage, blood clots and abdominal bleeding are associated with the experimental procedure

A European Commission proposal on worker safety has threatened the future of MRI in Europe – but progress is being made...

Alliance for MRI – The latest news

Background

In December 2002, a health and safety proposal was made at the European Commission, which sought to protect workers in heavy industry from excessive exposure to electromagnetic fields (EMF), which can cause pain, dizziness and twitches. It was a sensible suggestion, but did cause a few delegates to raise the question: will this affect medical MRI usage? They were assured that it would not, and in April 2004, the directive was accepted and a transposition deadline of 30 April 2008 was adopted by the EU.

True implications

Unfortunately, the directive was indeed to have profound implications for the medical use of MRI, and in order to negotiate a solution, the Alliance for MRI was founded by various European, national and scientific interest groups, and began lobbying work and negotiations.

Current status

Once the full impact of the directive was understood, the European Commission issued a reprieve until April 2012. As discussion could not be finalised by this time, the legislation has been postponed again, until 31 October 2013, in the hope that a solution can be reached.

Under the Danish Presidency, the following amendment was proposed:

*"Based on the discussions, a revised MRI derogation with a narrower scope, limited to certain MRI activities, has been introduced by the Presidency in the compromise proposal on the basis of an assumption that not the whole MRI sector faces the problem of exceeding the exposure limit values contained in the Presidency compromise proposal."*¹

The Alliance for MRI welcomes this suggestion, as it clarifies the safety standards in place for workers' safety, but maintains that there is no need for limit values for MRI technology. They are therefore encouraging all doctors who work in imaging to raise awareness of the importance of the MRI Derogation for patients in Europe.

What you can do:

- Contact your MEPs ahead of the Employment and Social Affairs Committee vote at the beginning of October
- Contact your Ministries of Labour and Social Affairs/Health and Safety

More information on the campaign and the facts surrounding it can be found at www.alliance-for-mri.org



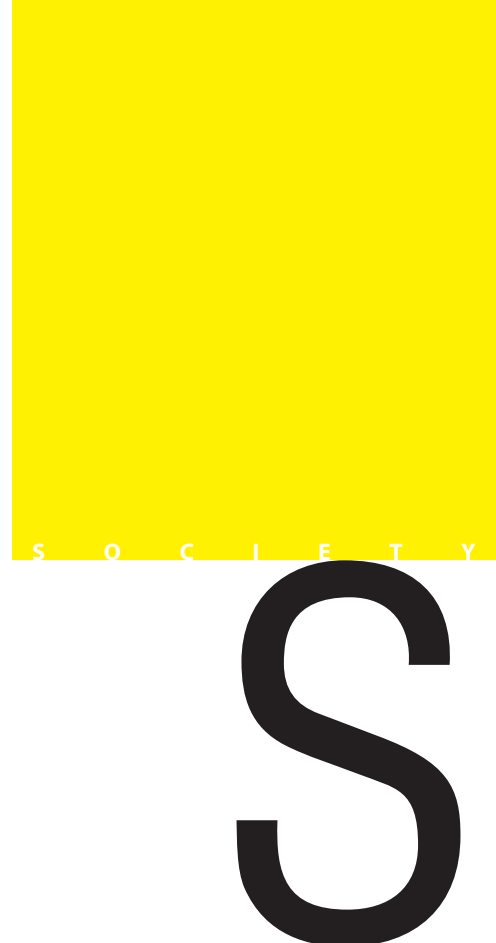
MRI:

- Safer – free from hazards of ionising radiation
- Unrivalled quality – excellent at imaging soft tissue
- Unique information – demonstrates body's mechanical and physiological properties
- Excellent potential for IR – can visualise borders of tumours
- Low risk – in use for over 25 years; negligible evidence of ill-effects

Endangered scenarios:

- Interventional MRI
- Some functional MRI – research on deaf-blind studies
- Imaging of children – nurse-supervised to avoid anaesthesia
- Anaesthetised patients or those who require monitoring
- Research applications
- Servicing and maintenance of MRI machines

¹ taken from the EMF Directive Council Progress Report



The Alliance for MRI is encouraging all doctors to get involved on behalf of their patients



More effective for you, a real alternative for her.

Surgery can be a daunting prospect for her, that's why Philips has designed Sonalleve MR-HIFU. It takes non-invasive MR-HIFU treatment to a new level with advanced planning, real time temperature monitoring and volumetric ablation. This combination of MR and HIFU allows fast and targeted ablation of uterine fibroids. Improve your healthcare services while restoring her balance. Discover how MR-HIFU can benefit both her and you at www.philips.com/Sonalleve.

The Philips Sonalleve MR-HIFU uterine fibroid therapy system is not for sale in North America.

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September 15-19
Lisbon, Portugal
CIRSE 2012

**Join us in Lisbon this
September for the year's
biggest IR congress!**

As CIRSE 2012 is just around the corner, we've put together a handy guide to this year's congress, including some sessions of interest, events during the congress, and casting your vote at the General Assembly.

More detailed information can be found via our digital resources:

- www.cirse.org/cirse2012
- www.facebook.com/CIRSEsociety
- RSS feeds
- CIRSE 2012 App

- 12 Andreas Gruentzig Lecture**
- 13 Josef Roesch Lecture**
- 14 Sports Events**
- 15 General Assembly**
- 16 CIRSE Party**
- 17 Simulator Gallery**
- 18 Satellite Symposia**
- 24 Student Programme**



Andreas Gruentzig Lecture

Afshin Gangi – New frontiers in musculoskeletal tumour management

Afshin Gangi is known to us all as a pioneer of musculoskeletal IR, which he decided to pursue following his IR residency under Prof. R.F. Dondelinger, and his subsequent graduation from the Medical School of Strasbourg.

During a six-year fellowship at the same hospital, he acquired an MSc in medical biology, with an emphasis on medical imaging, from the University Claude-Bernard in Lyon, followed in 1997 by a PhD in laser physics from CNRS Strasbourg.

In 2000, he was appointed Professor of Diagnostic and Interventional Radiology at the University Hospitals of Strasbourg. In 2003, he took up a position of Associate Professor at King's College, London, where he worked closely with Prof. Andy Adam. He returned to France in 2006, and was made responsible for the Master of Research ISTI Specialty in Paris.

Since 2007, he has worked as Head of Radiology and Nuclear Medicine at the University Hospitals of Strasbourg. Prof. Gangi is a familiar face at CIRSE, presenting regularly at meetings and having served on the Executive Committee from 2007-2008. Prof. Gangi is widely published, and has served on the editorial boards of Investigative Radiology, Radiologie Journal du CEPUR and the Journal de Radiologie (Société Française de Radiologie).

He holds many awards for his clinical and investigative work, including both a Magna Cum Laude and a Cum Laude award from the RSNA in 1999, the Magna Cum Laude of the European Congress of Radiology 2002, and the Medal of Royal College of Radiologists, London 2003.

His main areas of interest remain bone and spine interventions, and he is widely recognised as one of the foremost researchers in this field.

Hot Topic Symposium

Following the Andreas Gruentzig Lecture, a Hot Topic Symposium on vertebral augmentation will take place. This plenary session will involve brief lectures from recognised experts, before a round-table discussion involving both speakers and audience is held.

Vertebral augmentation

*Moderators: A. Gangi (Strasbourg/FR),
M.J. Lee (Dublin/IE)*

There is still an indication for vertebroplasty after the randomised trials – Con

P.M. Bernecker (Vienna/AT)

There is still an indication for vertebroplasty after the randomised trials – Pro

W.A. Clark (Sydney, NSW/AU)

When vertebroplasty is the treatment of choice

H. Fransen (Gent/BE)

When kyphoplasty and stentoplasty are a better solution than vertebroplasty

P.F. Heini (Bern/CH)

Discussion and closing remarks by the moderators

**Sunday, September 16, 14:30-16:00
Auditorium 1**



Josef Roesch Lecture

Dušan Pavčnik – Preclinical IR research: what it does for you

A native of Ljubljana, Slovenia, Dušan Pavčnik is well known amongst the interventional community as an outstanding teacher and researcher. Following his medical studies, PhD and residency in Ljubljana, he completed a fellowship in the Department of Radiology at Harvard Medical Center and Brigham and Women's Hospital in Boston.

He was later to work as a visiting scientist at MD Anderson Cancer Center in Houston, Texas with Sidney Wallace, and as a recipient of the Research Fellowship with Cesare Gianturco.

His hospital career began as Chief Radiologist in the Department of Radiology at the General Hospital Sempeter in Nova Gorica, Slovenia. In 1983, he returned to Ljubljana to join the interventional team headed by Ivo Obrez. At this time, he was appointed Assistant Professor of Radiology at Ljubljana University School of Medicine – in 1993, he was appointed Professor of Radiology. His teaching was greatly appreciated by students, who named him best teacher in radiology in the early 1990s.

In 1995, he moved to the Dotter Interventional Institute at Oregon Health & Science University in Portland, Oregon as Professor of Interventional Radiology Research. In 2000, he was awarded the Josef Roesch Chair/Professorship of Interventional Radiology Research. He is currently Director of Research at the Institute and has recently been awarded an NIH R01 Grant to investigate modified surfaces to capture endothelial progenitor cells for venous applications.

Prof. Pavčnik has contributed to a wide variety of interventional procedures and devices. He is the inventor of the Square Stent, and co-inventor on 18 patents. He has published over 120 scientific publications, 17 book chapters and is co-author of a book on diagnostic and interventional radiology. Prof. Pavčnik is on the editorial boards of CVIR, and Radiology and Oncology, and his scientific exhibits have won numerous awards at national and international meetings.

Prof. Pavčnik is one of the world's leading clinical IRs, and we are delighted to honour him at CIRSE 2012.

Hot Topic Symposium

Following the Josef Roesch Lecture, a Hot Topic Symposium on renal denervation will take place. This plenary session will involve brief lectures from recognised experts, before a round-table discussion involving both speakers and audience is held.

Renal denervation

Moderators: M.J. Lee (Dublin/IE), J.A. Reekers (Amsterdam/NL)

Concept of renal denervation

P.J. Blankestijn (Utrecht/NL)

How bad is RF for the renal artery?

C. Jilek (Munich/DE)

Pro renal denervation: an opportunity IR should not miss

M. Voskuil (Utrecht/NL)

Con renal denervation: as there is not enough evidence

M. Azizi (Paris/FR)

Closing discussion

**Tuesday, September 18, 13:00-14:30
Auditorium 1**





BTG

CHARITY RUN at CIRSE 2012

**Go an extra 2 miles
for children with cancer!**

CIRSE and Biocompatibles invite you to take part in the **BTG Charity Run and Football Cup** on **Saturday, September 15, at 19:00.**

This light-hearted evening event will be in aid of the **Österreichische Kinder-Krebs-Hilfe (Austrian Childhood Cancer Organisation)**. Our football teams are all ready for kick-off, but there's still plenty of room for cheerleaders, and last-minute entrants to the Charity Run are most welcome!

A delicious buffet of snacks and drinks will be provided from 19:45 onwards, and shuttle buses will bring you from the congress centre to the sports arena, and from there to some central points in the city following the event.

Anyone wishing to join the 3.2 km Charity Run can sign up at the **Kuoni "Hotels, Tours & Social Events" Stand** located in the entrance hall of the congress centre. Participants in the Run are requested to donate a minimum of EUR 10 in aid of our chosen charity.

**Be sure to join us for an evening
of sport and socialising!**

**Saturday, September 15, at 19:00
at Belenenses Stadium (Estádio do Restelo, 1449-015 Lisbon)**

Shuttle buses leave from outside the Congress Centre Entrance at 18:40!

For more information please visit www.cirse.org or contact us at info@cirse.org



CIRSE supports compliance with ethical standards. Therefore, CIRSE emphasises that the present invitation is directed to participants of CIRSE 2012 and recommends that the participants who want to take part in the BTG Charity Run and/or Football Cup shall bear any and all costs in this context (including donations) themselves.

Kindly note that participation in the BTG Charity Run and/or Football Cup is NOT included in the CIRSE 2012 registration fee!



Awaiting your decisions – The CIRSE General Assembly 2012

All members in good standing are invited to join us in Lisbon for the CIRSE General Assembly



Come and join the dynamic CIRSE community to catch up on the Society's latest developments and to vote on important issues and set the course for future activities, on September 17 when the annual CIRSE General Assembly takes place.

E-Voting

In order to guarantee access to the Executive Committee Elections for every elective member in good standing, e-voting shall be introduced as a fair, anonymous, safe and logistically optimal alternative to the former voting process.

In April, a preliminary opinion poll was conducted among eligible CIRSE Members who filled out a short online survey. An overwhelming majority decided in favour of the proposal and a motion was added to this year's General Assembly agenda. Be there in Lisbon, when a vote will be taken (under existing society guidelines) on whether to adopt the new proposal. 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.

Articles of Association


An increasing number of members necessitates an increasing number of activities and dedicated people to lead them. As well as expanding the scope of the prestigious projects carried out by our various task forces, CIRSE welcomes the new Editor-in-Chief of ESIRonline, the Chairperson of EBIR and the Scientific Programme Chair of ECIO to the Executive Committee.

Log in to the members' area of our website www.cirse.org and find an overview of the required changes to the articles of association, together with the invitation to and agenda of the General Assembly. These documents will help you to decide beforehand how you want to cast your vote.



This proposal is
a way to further
ensure that all
our members
can make their
voices heard

**General Assembly
Monday, September 17
13:00-14:30
Auditorium 6**

A large, vibrant pink bougainvillea leaf is positioned on the left side of the page, partially overlapping the text. The leaf's intricate vein structure is clearly visible, and its color is a bright, saturated pink. The background is a clean, white surface.

CIRSE 2012

Party

Tuesday, September 18, 20:00
Pátio da Galé, Lisbon

Held at the stunning location of the Pátio da Galé, the CIRSE 2012 Party will be the perfect opportunity to meet colleagues and friends on a late summer evening.

Dinner will be served in the impressive Sala dos Riscos. After dinner, the German band "Fresh Music Live" will entertain you with live versions of well-known modern songs and standards in their own inimitable style.

A great party is guaranteed!

You can choose to join us for the dinner and party, or if you prefer to have dinner elsewhere in the city, the party only.

Make sure to secure your tickets for the CIRSE 2012 Party!

Please refer to the "Hotel, Tours & Social Events" counter at the Congress Centre.

*Kindly note that the CIRSE Party is a seated dinner. Table or seat reservation is not possible.
CIRSE supports compliance with ethical standards. Therefore, CIRSE emphasises that the present offer (made by KUONI Destination Management operated by Buzz Portugal DMC) is directed to participants of CIRSE 2012 and recommends that the participants who want to accept the present offer shall bear any and all costs in this context themselves.*



Principles to practice: education and simulation skills training at CIRSE 2012

M
M E E T I N G

Hands-on practice is essential if interventional skills are going to be mastered fully. The tried-and-tested format of this popular workshop consists of round-table discussions followed by practice with the aid of high-fidelity simulators.

Each session is intended for delegates with a specific level of experience (core, intermediate or advanced). The round-table discussions are themed around learning objectives, which relate to a specific clinical or procedural topic.

The delivery of each session allows a flexible response to delegates' interests, and emphasis is placed on small group teaching, allowing close interaction with the expert faculty. Equipment and devices will be available to demonstrate deployment technique.

The topics of the CIRSE 2012 **Principles to Practice** training sessions will be:

- **Basics of angioplasty and stenting (core level):** intended for those with limited experience of angioplasty and stenting.

- **Basic embolisation techniques (core/intermediate level):** delegates should already be familiar with the techniques of peripheral angioplasty and stenting.
- **Acute aortic syndromes (intermediate level):** requires some experience and understanding of vascular intervention and imaging. Experience of performing EVAR will be helpful.
- **Contemporary carotid artery stenting (intermediate/advanced level):** delegates should already be familiar with the techniques of angioplasty and stenting. Those with some experience of CAS will be most likely to benefit.

Each session lasts 2 hours, with 1 hour of discussion and 1 hour on the simulators. We continue to evolve these sessions building on positive feedback and suggestions for improvement. This year the maximum group size will be 8, to allow each delegate more time on the simulator. Numbers are strictly limited by capacity and advance booking is recommended. Places are allocated on a first-come, first-served basis. A waiting list will be held in case of cancellations.

To sign up for a session, please visit www.cirse.org/simulation2012

A maximum group size of 8 allows each delegate more time on the simulator

Satellite Symposia, organised by various medical companies, will provide information on the latest IR devices and techniques

Satellite Symposia



Saturday, September 15, 2012

13:00-14:00

SY 401 Medrad Interventional Auditorium 6
DVT and CLI rapid flow restoration with thrombectomy and atherectomy
Moderator: M.J. Garcia (Newark, DE/US)

Arterial + Venous

401.1 PEARL registry updates
M.J. Garcia (Newark, DE/US)

Venous

401.2 DVT experience with AngioJet thrombectomy and cost-effectiveness
G.J. O'Sullivan (Galway/IE)

401.3 Aggressive treatment for (sub)massive PE
G. Baldereschi (Florence/IT)
 Discussion

Arterial

401.4 Atherectomy effectiveness in PAD
A.P. Mehrle (Bartlesville, OK/US)
 401.5 Pharmacomechanical thrombectomy for BTK
F. Arienzo (Naples/IT)
 Discussion

13:00-14:00

SY 402 Philips Healthcare Auditorium 1
Quantifiable & reproducible results in image-guided interventional oncology
Moderator: B.T. Katzen (Miami, FL/US)

402.1 Towards standardisation of image-guided DEB-TACE
J.-F.H. Geschwind (Baltimore, MD/US)

402.2 Seeing better is treating better: Image-guided tumour ablation
A. Gangi (Strasbourg/FR)

402.3 MR-guided HIFU, a new tool for image-guided interventional oncology
B.J. Wood (Bethesda, MD/US)

13:00-14:00

SY 403 Sirtex Medical Auditorium 8
Where does SIRT fit into the treatment of inoperable mCRC, HCC and mNETs?
Moderator: J.I. Bilbao (Pamplona/ES)

403.1 SIR-Spheres microspheres in the treatment algorithm for inoperable colorectal liver metastases
M. Pech (Magdeburg/DE)

403.2 SIR-Spheres microspheres in the treatment of inoperable HCC
R. Golfieri (Bologna/IT)

403.3 SIR-Spheres microspheres in the treatment of inoperable liver dominant neuroendocrine tumours
N. Schäfer (Zurich/CH)

16:15-16:55

SY 608 InSightec Ltd. Room 1.15
MR-guided focused ultrasound – expanding frontiers in gynaecology, oncology and neurosurgery
Moderator: M. Bezzi (Rome/IT)

608.1 New generation focused ultrasound fibroid ablation with ExAblate
M. Matzko (Dachau/DE)

608.2 Beyond the blood-brain barrier: promising FUS results in neurosurgery and oncology
A. Napoli (Rome/IT)

Satellite Symposia



Sunday, September 16, 2012

- 07:50-08:20
SY 801 St. Jude Medical Auditorium 3
Renal denervation for hypertension – an EnligHTN approach
- 801.1 *M.B. Matson (London/UK)*
 801.2 *M. Lobo (London/UK)*
- 08:00-08:20
SY 802 Gore & Associates Room 3.A
Latest clinical evidence on stents versus stent grafts for SFA occlusive disease: what approach makes sense?
Moderators: G. Krupski-Berdien (Reinbek/DE), E.L. Verhoeven (Nuremberg/DE)
- 802.1 *VIASTAR 1-year multicentre prospective randomised trial results: does SFA endoluminal bypass really outperform stents for SFA occlusive disease and when do I use them?*
J. Lammer (Vienna/AT)
- 08:00-08:20
SY 803 Spectranetics International B.V. Room 3.B
Update on actual peripheral treatment options
- 803.1 *J. Brookes (London/UK)*
- 13:00-14:00
SY 1201 Boston Scientific Auditorium 6
Chronic total occlusion challenges: crossing and treating tips & tricks
Moderator: A.-M. Belli (London/UK)
- 1201.1 *Introduction*
A.-M. Belli (London/UK)
- 1201.2 *Strategies for recanalising occlusions above and below the knee – Featuring recorded live demonstration*
A. Schmidt (Leipzig/DE)
- 1201.3 *What is the evidence for new technologies above and below the knee?*
D. Derouck (Seraing/BE)
- 1201.4 *Closing comments*
A.-M. Belli (London/UK)
- 13:00-14:00
SY 1202 Covidien Auditorium 8
15 years of thermoablation: the right balance between safety and innovation
Moderators: A. Denys (Lausanne/CH), A. Gangi (Strasbourg/FR)
- 1202.1 *Tips and tricks for a safer thermoablation of bone tumours*
A. Gangi (Strasbourg/FR)
- 1202.2 *Safety and new indications in extra hepatic ablations*
G. Carrafiello (Varese/IT)
- 1202.3 *RFA and thermosensitising drugs: a way for the future*
A. Denys (Lausanne/CH)
- 1202.4 *Thermoablation: from routine to very difficult cases. When adjunctive measures are required*
G.M. Richter (Stuttgart/DE)
- 13:00-14:00
SY 1203 Terumo Europe Auditorium 1
Rapid exchange – shifting paradigms in SFA treatment
Moderators: P. Haage (Wuppertal/DE), G. Torsello (Münster/DE)
- 1203.1 *3-year Misago® results*
I. Boos (Karlsruhe/DE)
- 1203.2 *Recorded case from Münster – RX treatment of the SFA*
A.G. Schwindt (Münster/DE)
- 1203.3 *Osprey 1-year results*
K. Kichikawa (Nara/JP)

Satellite Symposia



1203.4 Recorded case from Frankfurt –
RX treatment of the SFA

J. Ruef (Frankfurt/DE)

1203.5 Glimpse into the future, stem cell therapy
B. Amann (Hamburg/DE)

14:30-15:30

SY 1303 AngioDynamics Auditorium 6
**Clinical evidence for irreversible
electroporation: state of the art**
Moderator: A. Nilsson (Uppsala/SE)

1303.1 IRE as an alternative in non-resectable
tumour of liver – initial experience
A. Nilsson (Uppsala/SE)

1303.2 Irreversible electroporation (IRE) in liver
tumours: the Regensburg experience
P. Wiggermann (Regensburg/DE)

1303.3 Clinical experience with the
NanoKnife system
G. Narayanan (Miami, FL/US)

1303.4 The ONC-205 HCC Study and the ALICE
Trial: safety and efficacy of IRE
J. Rieke (Magdeburg/DE)

14:30-15:30

SY 1304 Siemens Auditorium 8
**Innovations in interventional radiology –
clinical experience and application demo**

1304.1 syngo DynaCT in complex interventions:
the Singapore General Hospital experience
B.S. Tan (Singapore/SG)

1304.2 Update on syngo DynaCT in neuro
interventions
P. Vilela (Almada/PT)

1304.3 Interactive session: syngo DynaCT and
preprocedural planning in liver
interventions – gadget or must?
T.F. Jakobs (Munich/DE)

17:30-17:50

SY 1507 St. Jude Medical Room 3.A
**Ambulatory endovascular repair for pe-
ripheral arterial disease: clinical and
healthcare resource assessments using
Angio-Seal® Vascular Closure Device**

1507.1 *Y. Gouëffic (Nantes/FR)*

Monday, September 17, 2012

08:00-08:20

SY 1601 Endologix Room 3.B
**Will be EVAS the new standard of care
for EVAR?**
*Moderator: J.P.M. de Vries
(Nieuwegein/NL)*

1601.1 NELLIX: technology and clinical data
A. Holden (Auckland/NZ)
Discussion

08:00-08:20

SY 1602 Vidacare Room 3.A
**OnControl powered bone biopsy
system: initial experience and com-
parison with manual biopsy devices**

1602.1 *R. Han (Boston, MA/US)*

11:30-12:30

SY 1901 Cordis Auditorium 1
**Patient-based outcomes in peripheral
endovascular treatment: How are you
doing?**
Moderator: J.A. Reekers (Amsterdam/NL)

1901.1 How long is a meter for a claudicant?
Patient targeted treatment
M.J.W. Koelemaj (Amsterdam/NL)

1901.2 New SFA treatments, do patient do
better after 2 years?
J.A. Reekers (Amsterdam/NL)

Satellite Symposia



1901.3 Extensive BTK interventions and live happily ever after?

P.E. Huppert (Darmstadt/DE)

1901.4 Which endpoints to use in the future after peripheral revascularisation

R.J. Hinchliffe (London/UK)

11:30-12:30

SY 1902 Covidien Auditorium 8
Managing the challenging SFA lesion: new tools in our hands

Moderator: F. Airolidi (Peschiera Borromeo/IT)

1902.1 Introduction by the chairman

F. Airolidi (Peschiera Borromeo/IT)

1902.2 Managing CTO crossing: new tools in our hands

A.G. Schwindt (Münster/DE)

1902.3 How to expand the options for SFA stenting

F. Airolidi (Peschiera Borromeo/IT)

1902.4 Global clinical evidence: DURABILITY II

M. Bosiers (Dendermonde/BE)

1902.5 The DURABILITY series: a wealth of data

J. Verbist (Bonheiden/BE)

1902.6 Discussion

11:30-12:30

SY 1903 Terumo Europe Auditorium 6
DC Bead®: a clinical update

Moderator: T. de Baère (Villejuif/FR)

1903.1 Comparison of survival of HCC patients treated with DC Bead® or conventional TACE in Montpellier hospital

B. Gallix (Montpellier/FR)

1903.2 Results of a phase II trial evaluating DEBIRI™ as a neoadjuvant treatment of easily resectable liver metastases from CRC

J. Lammer (Vienna/AT)

1903.3 Results of a first-line trial evaluating DEBIRI™ in combination with FOLFOX and Avastin in CRCm

R.C.G. Martin (Louisville, KY/US)

1903.4 Pharmacokinetics of DC Bead® loaded with Sutent in an animal model

A. Denys (Lausanne/CH)

13:00-14:00

SY 2002 Cook Medical Auditorium 1
Latest progress on drug-eluting technologies

Moderator: M.D. Dake (Stanford, CA/US)

2002.1 Update on ZILVER PTX – 3 year out

M.D. Dake (Stanford, CA/US)

2002.2 "How I use" PTX-coated devices

P. Diwakar (London/UK)

2002.3 ZILVER PTX economics (based on French experience)

M.R. Sapoval (Paris/FR)

2002.4 "How I use" combination therapy devices in my practice

A. Schmidt (Leipzig/DE)

14:15-15:15

SY 2003 Abbott Vascular Auditorium 1
Endovascular technologies for the leg: longer term data and future technologies

2003.1 Longer term data: real life experience of endovascular first approach in TASC C and D patients and 2-year BRAVISSIMO TASC A and B data

K. Deloose (Dendermonde/BE)

2003.2 Technologies for the future: resorbable scaffold in BTK – 12 month follow-up of the Absorb scaffold

M. Bosiers (Dendermonde/BE)

2003.3 Technologies for the future: resorbable scaffold in the SFA – recorded ESPRIT case

D. Scheinert (Leipzig/DE)

2003.4 Complex lesion access with today's technologies – the ArmadaXT way

R. Gandini (Rome/IT)



Satellite Symposia



Tuesday, September 18, 2012

14:15-15:15

SY 2004 Delcath Systems, Inc. Auditorium 2
Hepatic chemosaturation therapy:
expanding the therapeutic approaches
of interventional radiology
Moderator: B.T. Katzen (Miami, FL/US)

- 2004.1 Concentrated therapy: critical importance of disease control in the liver
F. Orsi (Milan/IT)
- 2004.2 Chemosaturation: targeting both visualised and occult liver tumours
T.J. Vogl (Frankfurt/DE)
- 2004.3 The pivotal role of the IR in patient management: oncologist's perspective
P.F. Ferrucci (Milan/IT)

14:15-15:15

SY 2005 Merit Medical Auditorium 8
Prostate embolisation featuring Embo-
sphere® Microspheres: interactive vi-
deo case presentation and discussion
Moderator: R. Salem (Chicago, IL/US)

- 2005.1 Prostate embolisation: considerations for the interventional radiologist
M.R. Sapoval (Paris/FR)
- 2005.2 Embolising the prostate: interactive video-based discussion
F.C. Carnevale (São Paulo/BR)
- 2005.3 Prostate embolisation: discussion
R. Salem (Chicago, IL/US)

18:00-18:40

SY 2307 Bard Room 3.A
New generation Drug Coated Balloon
Moderator: G. Tepe (Rosenheim/DE)

- 2307.1 Levant I, 24-month data
A. Schmidt (Leipzig/DE)
- 2307.2 Pre-clinical safety foundation of Lutonix Drug Coating Technology
E.R. Ladich (Gaithersburg, MD/US)

08:00-08:20

SY 2401 Spectranetics International B.V. Room 3.B
Does debulking before DEB make
sense?

- 2401.1 *J.C. van den Berg (Lugano/CH)*

11:30-12:30

SY 2701 BIOTRONIK Auditorium 8
Join the SFA revolution: first the
claims, now the evidence
Moderator: O.C. D'Archambeau
(Edegem/BE)

- 2701.1 4EVER study 12-month data – practical implications
K. Deloose (Dendermonde/BE)
- 2701.2 4F in practice: lessons from Bern
N. Diehm (Bern/CH)
- 2701.3 Patency of the Pulsar 18 stent in patients with SFA TASC C and D lesions
M. Lichtenberg (Essen/DE)
- 2701.4 Scoring Balloons in the femoral-popliteal segment
E. Blessing (Heidelberg/DE)
- 2701.5 The simple ideas are the best: experiences with BIOTRONIK Lux DEB technology
G. Tepe (Rosenheim/DE)

11:30-12:30

SY 2702 Medtronic Auditorium 1
Drug-eluting balloon and the evolving
evidence in claudication therapy
Chairman: J. Lammer (Vienna/AT)
Co-chairman: F. Fanelli (Rome/IT)

- 2702.1 Introduction and learning objectives
J. Lammer (Vienna/AT)
- 2702.2 IN.PACT DEB pre-clinical evidence
R. Virmani (Gaithersburg, MD/US)

Satellite Symposia



- 2702.3 1-year results from the PACIFIER randomised trial
M. Werk (Berlin/DE)
- 2702.4 2-year results from the DEB-SFA Italian Registry
A. Micari (Palermo/IT)
- 2702.5 Role and promise of DEB for the treatment of SFA-ISR
E. Stabile (Mercogliano/IT)
- 2702.6 Claudication and the value of leaving nothing behind
Y. Gouëffic (Nantes/FR)
- 2702.7 Q&A and take home message
J. Lammer (Vienna/AT)

11:30-12:30

- SY 2703 St. Jude Medical Auditorium 6**
How versatile is the Amplatzer Vascular Plug as an embolic solution?
Moderator: J.A. Vos (Nieuwegein/NL)

- 2703.1 Use of the Amplatzer Vascular Plug in emergency cases
G. Carrafiello (Varese/IT)
- 2703.2 Use of the Amplatzer Vascular Plug in a pulmonary arteriovenous malformation
J.A. Vos (Nieuwegein/NL)
- 2703.3 Use of the Amplatzer Vascular Plug in aortoiliac aneurysmal disease
G.S. Goh (London/UK)

13:00-14:00

- SY 2803 Terumo Europe Auditorium 6**
AZUR® Peripheral HydroCoil®: a clinical update
Moderator: J.-P. Pelage (Caen/FR)

- 2803.1 HydroCoil® configuration changes depending on temperature modifications: study results
R. López-Benitez (Bern/CH)
- 2803.2 Occlusion and recanalisation with fibred coils vs. AZUR® HydroCoil®: results in an animal model
J.-P. Pelage (Caen/FR)
- 2803.3 AZUR® HydroCoil®: animal lab results guiding clinical practice
M. Guimaraes (Charleston, SC/US)
- 2803.4 Hydrogel coils vs. fibred coils in the prophylactic embolisation of the GDA prior to Y-90 radioembolisation
G.A. Maleux (Leuven/BE)



insplRing the future

The CIRSE Student Incentive Programme is attracting more attention than ever



The 2012
initiative has
already attracted
over 300
registered
students from
across Europe

Prepare to welcome the IRs of tomorrow to CIRSE 2012, thanks to our exclusive undergraduate medical student programme!

We are proud to report that the positive feedback received last year from students highlighted the importance of continuing and expanding this special programme. CIRSE gave students the chance to see a new side of medicine, and they described the experience as being *"exciting and entertaining," "inspirational"* and *"an optimal concept"*.

Interventional radiology is often neglected at undergraduate level, and this unique programme gives students an opportunity to discover what a career in IR can offer before they choose their specialisation. In this way, we hope to encourage more trainee doctors to strengthen our ranks, and to spread awareness of IR to those who choose other paths.

The 2012 initiative has already attracted over 300 registered students from across Europe, and we are looking forward to welcoming them to our Annual Meeting, and giving them a taste of what interventional radiology has to offer them as clinicians.

To ensure that the participants get the most out of the congress, we have recommended a range of courses and sessions that are especially relevant for medical students, as well as doctors just starting out in their careers.



Furthermore, sessions dedicated to our student attendees include:

Introducing IR (in Portuguese language)

Saturday, 15 September, 11:00-12:00

Introducing IR (in English language)

Saturday, 15 September, 13:00-14:00

Simulation Training – Basics of angioplasty and stenting

Saturday, 15 September, 16:30-17:30

With the kind co-operation of Mentice and Simbionix

Simulation Training – Basic embolisation techniques

Sunday, 16 September, 16:15-17:15

With the kind co-operation of Mentice and Simbionix

In addition, a range of **Learning Centres** have been organised in kind co-operation with a number of CIRSE's corporate members.

Please note, registration for undergraduate medical students is free of charge. For more information, please visit www.cirse.org/students

**It's not too late ...
sign up for the ESIR Autumn Courses now!**

ESIR 2012

Courses

European School of Interventional Radiology

CLI & Diabetic Disease Vienna (AT), October 5-6, 2012

This course is designed for physicians at an intermediate level who wish to build on their existing experience in the treatment of critical limb ischaemia.

You will learn about:

- Diagnosis and treatment goals
- Endovascular devices and tools
- Access and interventions including recanalisation techniques
- Specifics of diabetic foot management
- Interdisciplinary teamwork and clinical care

Aortic & Thoracic Stent Graft Rome (IT), October 12-13, 2012

This course is designed for physicians at an intermediate and advanced level with existing expertise in aortic and thoracic stent grafts who wish to broaden their horizons in the field.

You will learn about:

- Indications for treatment and patient selection
- The role of EVAR and other treatment options
- Pre- and post-procedural imaging
- Device selection and techniques
- Possible complications and their management

Radiología Intervencionista No Vascular Bilbao (ES), 19-20 de octubre, 2012

(course in Spanish language)

El curso tratará los siguientes temas:

- Técnicas intervencionistas en los conductos biliares, el tracto urinario y el tracto digestivo
- El papel del ultrasonido en el tratamiento aconsejado
- Gestión de complicaciones
- Seguimiento del paciente
- Protección de radiación pertinente

Este curso está diseñado para médicos de niveles 2-3 (intermedio) quienes desean mejorar sus conocimientos y capacidades en intervenciones no vasculares.

Biliary Percutaneous Interventions Prague (CZ), October 26-27, 2012

This course is intended for physicians at basic and intermediate level who wish to offer percutaneous biliary interventions.

You will learn about:

- Imaging techniques for diagnosis and work-up
- Practical techniques, including tips and tricks
- Details and comparison of treatments for benign and malignant lesions
- Treatment evaluation
- Contra-indications and complications

Liver Interventions Munich (DE), November 9-10, 2012

This course is designed for physicians at an intermediate level who wish to broaden their knowledge of liver interventions.

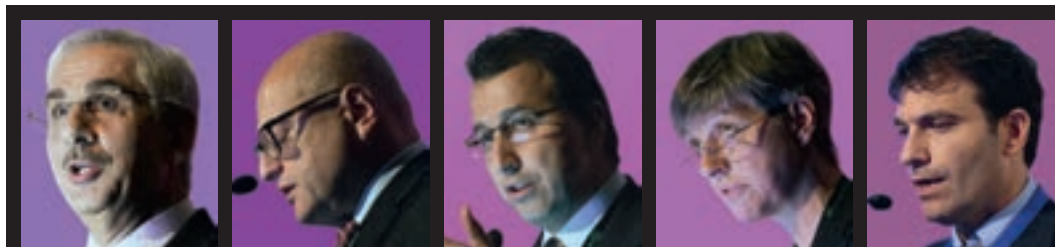
You will learn about:

- Indications for various treatment options
- Ablation techniques
- Embolisation techniques including chemo- and radio-embolisation
- Complications
- Clinical results

**For the detailed programme
or further information,
please visit www.cirse.org
or write to office@esir.org**

The Third Conference on Interventional Oncology was another success, with 1,120 delegates attending

ECIO 2012 Report



The Third European Conference on Interventional Oncology (ECIO) was a ground-breaking one: following the success of previous years, it was announced that the biennial congress will now become an annual fixture in the interventional radiological calendar.

From April 25-28, 1,120 delegates from more than 60 countries joined us in Florence, Italy for ECIO 2012. These delegates took part in over 40 hours of educational sessions, covering a diverse spectrum of oncological considerations.

Innovation Goes Annual

This success underpinned the decision to make ECIO an annual event. The reasons for this shift are self-evident: as a fast-growing and dynamic field with rapidly evolving technologies, it is essential to offer specialists a regular forum for scientific exchange.

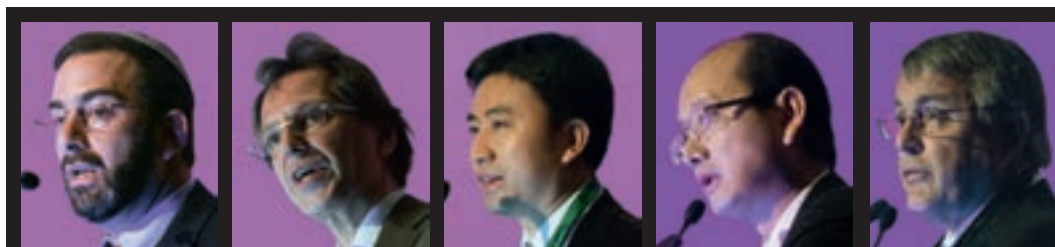
An annual ECIO will provide this forum, allowing both interventional radiologists and other cancer specialists the opportunity to stay up to date with advances in medical technology and trials, improve their expertise and meet with top specialists from around the world.

Something for everyone

In addition to the many IRs who attended, there were also a significant number of physicians from other disciplines, many of whom attended under the innovative "Bring Your Referring Physician" programme, which aims to facilitate the attendance of medical collaborators such as oncologists, hepatologists, surgeons, nephrologists and gastroenterologists.

Interdisciplinary collaboration is universally recognised as being the cornerstone of effective treatment, and this theme ran throughout the entire congress, with speakers from many oncological backgrounds – not to mention our joint sessions with the International Liver Cancer Association (ILCA) and the World Conference on Interventional Oncology (WCIO).

Recognising the importance of the conference, many representatives of medical device companies took the opportunity to attend and deliver a range of satellite symposia and learning centres. Furthermore, the state-of-the-art technical exhibition space allowed industry partners to showcase some of the latest equipment and devices used in interventional oncology.

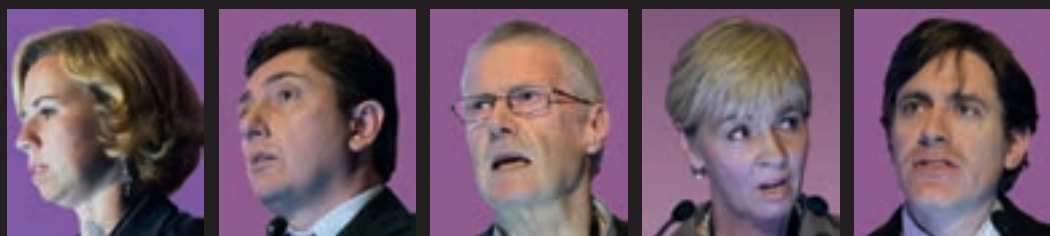


All sessions
from ECIO 2012
can be viewed
online at
www.esir.org



ECIO 2012

F



New advances, new formats

New session formats were introduced to maximise the sharing of scientific know-how, including a "Meet the Professors" format in which expert practitioners discussed how they select and treat patients for given clinical cases. Cases ranged from transcatheter treatment of liver tumours to hepatic and extrahepatic tumour ablation, and e-voting enabled the audience to actively participate.

An Interactive Session on complication avoidance and management also featured e-voting, engaging the audience in a crucial aspect of the specialty, and new Hands-on Workshops allowed participants to practice ablation techniques under the guidance of experts.

With these and established sessions, such as workshops, clinical and technical focus sessions and guest lectures, ECIO 2012 showcased the excellent technical skills, sound clinical management and well-founded research that characterise interventional oncology.

Honorary lecture

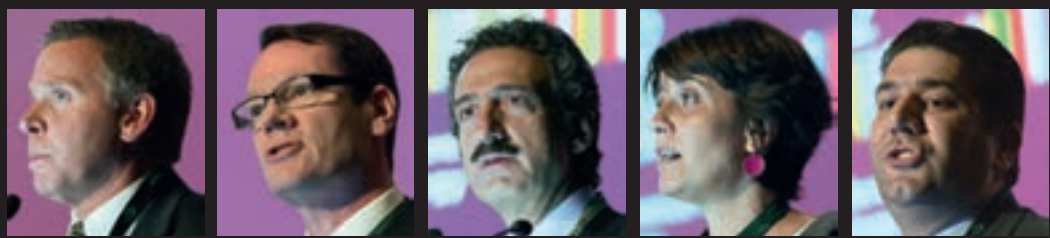
This year's honorary lecture, *Treating cancer in the transparent patient*, was delivered by Prof. Andy Adam. The lecture dealt largely with the clinical and political aspects of interventional oncology, and Prof. Adam argued that in order to deliver robust and effective treatment safely, interventional oncology (and interventional radiology generally) must remain anchored within the radiology department, as well as developing their natural partnership with radiation oncologists further.

Top themes

Amidst the wealth of sessions on offer, two themes emerged as the most popular: interventional management of HCC, for which a wealth of supporting data already exists, and training in interventional oncology.

This underlines the demand for top quality training and education in the field, and ECIO is proud to fill this demand with our new annual programme. Mark your calendars for Budapest, June 2013!

For information
on next year's
ECIO in
Budapest, visit
www.ecio.org



Cardiovascular and Interventional Radiological Society of Europe

ECIO
goes annual!
Mark your
calendar!

ECIO 2013



**Fourth European Conference
on Interventional Oncology**

**June 19-22
Budapest | Hungary**

www.ecio.org

CIRSE

"I finished the Fellowship Grant Programme with all my educational goals fulfilled, even taking part in [various] studies"



Fellowship Education Grant

Michalis Kelogrigoris

From the beginning of my residency, I have had a great interest in interventional radiology, especially in non-vascular procedures. When I applied for the CIRSE Fellowship Grant Programme last year, I was a radiology resident in the Computed Tomography and Interventional Radiology Department of Sotiria Chest Diseases Hospital, Athens, Greece. The chief of our department, Dr. Loucas Thanos, who is an expert in non-vascular interventions of the body and a CIRSE fellow, always encourages the residents who are interested in interventional radiology to apply for the CIRSE Fellowship Grant Programme, which I was lucky enough to be accepted for.

My fellowship began on January 15, a few weeks after I completed my residency and passed my state exams. Prof. Vlastimil Válek kindly accepted me for a three-month placement at the Radiology Department of the University Hospital of Brno, in the Czech Republic, and I would like to express my gratitude to him for this.

The University Hospital of Brno was established in 1998. It has 2094 beds, 4500 employees and 40 clinics and departments and it is the only hospital in Brno and all of Moravia which provides patients with basic, specialised and highly specialised care in all medical branches, regardless of the nature of the disease, severity of the accident or the patient's age. The Radiology Department of the University Hospital of Brno consists of various sub-departments (X-ray, US, CT, MRI, Vascular and Non-Vascular interventional radiology), all fully equipped with the most modern technology available.

This programme gave me the opportunity to become more familiar with interventional procedures such as percutaneous radiofrequency ablation of liver, lung and kidney lesions (techniques, tips, tricks, complications and outcomes), CT-guided biopsies, CT-guided percutaneous drainage procedures, CT-guided therapies of back pain, and transcatheter chemoembolisation (indications, particles, complications and outcomes). I also had the opportunity to spend two days per week in the non-vascular department, where I learned a lot about the management of benign and malignant biliary obstructions (drainage, biodegradable stents, intraluminal RF ablation, percutaneous transhepatic manometry of the biliary tract) and the management of benign and malignant oesophageal stenosis (dilatations, biodegradable stents).



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

Prof. Valek also arranged for me to spend a week at the Radiology Department of Všeobecná University Hospital in Prague under the supervision of Dr. Josef Horejs. There, I witnessed some more CT-guided procedures (RF ablation of liver and lung lesions, biopsies, drainages) and also US-guided and stereotactically-guided biopsies of breast lesions. Furthermore, I was allowed to watch the Nanoknife ablation of a pancreatic tumour in the operating room, something completely new for me!

I finished the Fellowship Grant Programme with all my educational goals fulfilled, even taking part in studies on intraluminal radiofrequency ablation, radiofrequency ablation of pancreatic tumours and the use of biodegradable stents in benign and malignant oesophageal and biliary strictures.

I would like to thank the CIRSE Foundation for honouring me with a CIRSE 2011 Fellowship Grant.

I would also like to thank all the consultants, fellows, residents, radiographers and nurses for their warm welcome, helpful explanations and remarkable hospitality. And I send special thanks to Dr. Tomas Andrasina, my supervisor, who made everything easier for me and made me feel at home!

F O U N D A T I O N




University Hospital of Brno, Czech Republic

- Established on January 1, 1998
- 2094 beds, 4500 employees and 40 clinics and departments
- The only hospital in all of Moravia to provide basic, specialised and highly specialised care in all medical branches

This grant was provided in co-operation with COOK Medical





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¹ Miller L, Philbeck T, Rontozis Z, 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(4):23-6.*

² Swends KE, Anguila J, Higgins RA, et al. (2011). A prospective randomized study of a rotary powered device (OnControl) for bone marrow aspiration and biopsy. *Journal of Clinical Pathology* doi:10.1136/jclinpath-2011-200047.*

* Research sponsored by Vidacare Corporation.



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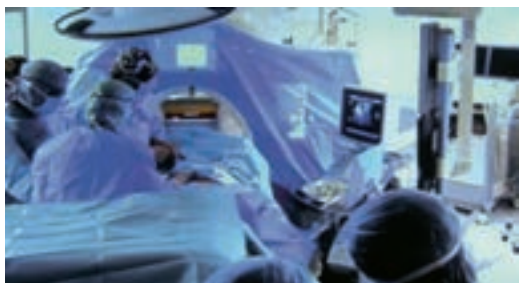
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"It is amazing how omnipotent cement is: not only for osteoporotic fractures, but also in lytic metastases or pathologic fractures in weight-carrying bone parts"

Fellowship Education Grant

Matthias Fürstner



Every good radiology department is obviously located in the basement, and Prof. Gangi's Department for Non-vascular Interventions at Hôpitaux Universitaires de Strasbourg is no exception. I was very happy when I was accepted for the three-month CIRSE grant in Strasbourg. I had already worked quite a lot in the field of interventional radiology with Prof. Hausegger as part of my residency, but I have always been interested in non-vascular procedures. In the hospital where I am based, Klinikum Klagenfurt, I performed a lot of biopsies, drainages, nerve-root blocks and a few radiofrequency procedures.

So already armed with some practical knowledge, I started my trip. Those CIRSE members who know the rock band Guns 'n Roses may be familiar with their famous song, Paradise City. I had the chance to learn and work with a well-organised team in paradise city – Strasbourg. Under the guidance of Prof. Gangi, I got to know a very talented team with a lot of knowledge, humanity and humour. Prof. Gangi presides over an open MR, a CT and an angiosuite. From 8 a.m. to 8 p.m., these facilities are used exclusively for non-vascular interventions – only occasionally will an HCC chemoembolisation be performed.

On my first day, I was really surprised when I had to dress up in scrubs and enter the working unit wearing a surgical mask and hat – which I wore all day long! The first lesson I learned was to take extreme care when working on bone – which occurred quite frequently during my time in Strasbourg.

Every day except Tuesday, an anaesthesiologist is present for all the large non-vascular interventions like vertebroplasties, radiofrequency ablation of different organs and cryotherapy for all different kinds of tissue. It is amazing how omnipotent cement is: not only for osteoporotic fractures, but also in lytic metastases or pathologic fractures in weight-carrying bone parts. I learned a lot about pain management, especially in the palliative setting.

My personal gratitude goes to Prof. Gangi, who is an excellent teacher, but also to his team, Dr. Julien 'the wrestler' Garnon, Dr. Georgia 'stylish' Tsoumakidou, Dr. Xavier 'football' Buy and Dr. Enescu, who guided me through all procedures and integrated me into the daily workflow. They gave me all the theoretical information I needed and answered all my questions with patience.

Working as a part of the team felt great. I got the opportunity to discuss how to solve single cases and also took part in very complex procedures like cryotherapy of the prostate. One highlight was the combination of open surgery and CT-guided cryotherapy in a very complex single-kidney tumour which could not be reached by percutaneous approach alone in the CT-suite.

Once again, I would like to express my gratitude to the CIRSE Foundation for awarding me one of its 2011 Fellowship Grants. In those three months, I got to know new colleagues who gave me an excellent opportunity to broaden my knowledge of non-vascular IR, but I also found wonderful new friends who I can't wait to meet again at CIRSE 2012 in Lisbon.

Back home, I have already applied my new knowledge and I am looking forward to performing more vertebroplasty procedures. I thank you all for your kindness and for the great educational training you provided me with.



Hôpitaux Universitaires de Strasbourg

- Comprises 7 individual institutes
- Capacity of 2540 beds
- Number 1 employer in Alsace: 11,445 employees in 2010
- Winner among six government-selected University Hospital Institutes (IHU) in the field of minimally invasive image-guided surgery

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CIRSE foundation

"I want to encourage the CIRSE Foundation... to continue providing these grants to South and Central American students... IR is still in its early development in this part of the world"

Fellowship Education Grant

Gil Alfonso Badallo

I would like to express my gratitude to CIRSE Foundation and Cook Medical for the fellowship grant – their financial contribution made my three-month stay at the University Hospital "Lozano Bleza" of Zaragoza, Spain possible; I had the privilege of training there from March through to May 2011. The city of Zaragoza is not only a beautiful city; it has one of the best and most well-organised IR departments in the world.

During my stay in the IR department, I had the chance to take part in approximately 550 vascular and non-vascular procedures under the supervision of Dr. Miguel Angel de Gregorio Ariza and his experienced staff, including Dr. Antonio Mainar, Dr. Jokin Medrano, Dr. Jordi Bosch, Dr. Miriam Sanchez, and Dr. Arturo Fredes, as well as the well-trained team of technicians and nurses who made my stay more enjoyable.

The IR team held multidisciplinary meetings every week with other medical departments in order to select the best possible treatment options for every particular case.

This was a very valuable experience for me and I had the opportunity to learn about TIPS, IVC filters, peripheral vascular interventional cases using PTA, stenting, pulmonary and hepatic RFA, local fibrinolytic therapy and mechanical treatment of pulmonary embolism, carotid stenting, biliary draining and stenting, oesophageal stenting, percutaneous gastrostomy, and colon stenting on a daily basis.

I am extremely grateful to the CIRSE Foundation for this Fellowship Grant, as well to Prof. Miguel Angel de Gregorio for accepting me, since this gave me the opportunity to participate at a high level training institution and inspired me to pursue a career in Interventional Radiology. I strongly recommend my fellow South American Interventional Radiologists to apply for CIRSE's Foundation Grants, since it has given me a new and different perspective of IR.



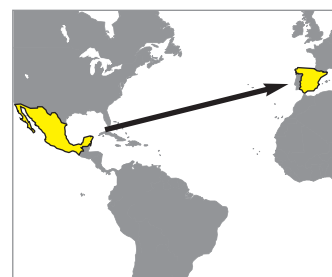
I thank Dr. de Gregorio and his friendly staff for their kindness and warm welcome, as well as all their valuable lessons. They have all my admiration and respect. I know I will see you all again very soon.

I want to encourage the CIRSE Foundation in co-operation with SIDI to continue providing these grants to South and Central American students, and to let them know how inspiring this is for us. IR is a discipline still in its early development in this part of the world, and there are never enough experienced people in this area, despite a great number of young radiologists interested in it. We are counting on you all!



F O U N D A T I O N

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University Hospital "Lozano Bleza" of Zaragoza, Spain

This grant was provided in co-operation with COOK Medical



