3/2014
INFORMATION FOR MEMBERS

IR news

SOCIETY
EBIR heads Down Under

MEETING
Review the congress highlights

FOUNDATION
ESIR helps further PAE

Opening doors for interventional radiology

INNOVATION EDUCATION INTERVENTION

The 29th Annual CIRSE Congress took place in Glasgow from September 13-17, 2014

Cardiovascular and Interventional Radiological Society of Europe

Content

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"The coming year marks the Society's official 30th anniversary. I look forward to celebrating the many achievements of both CIRSE and the IR subspecialty with you throughout 2015!"

Dear colleagues,

Yet another productive year draws to a close. CIRSE 2014 was a great success, with Glasgow providing the perfect backdrop. We couldn't have asked for more. With over 6,400 delegates, attendance was excellent. The feedback also confirmed that CIRSE continues to meet its goal of offering high-quality educational and scientific programmes. The numbers speak volumes. Over 91% of delegates indicated that the sessions fully met their specified learning objectives – the highest rate ever achieved – and over 98% of participants praised the two Evidence Fora – which focused on EVAR and TEVAR – as valuable learning experiences.

Looking ahead to CIRSE 2015, there will be a new feature making its debut: the Interdisciplinary Endovascular Aortic Symposium (IDEAS). This is a two-and-a-half-day stand-alone programme featuring 14 hours of targeted education. IDEAS will take place in the same building as, and parallel to, the Annual Meeting. Delegates who have registered for either event will be able to attend these specialised sessions.

Another new element that will be introduced at CIRSE 2015 draws on the collaborative tradition of tumour boards: the Multidisciplinary Expert Boards will feature stimulating interdisciplinary exchanges on challenges encountered in the oncological and vascular fields.

Eye on interventional oncology

But there is plenty more to look forward to before then. The Preliminary Programme for ECIO 2015, which will be held in Nice in late April, is already available online. Featuring concise research overviews, interactive video learning sessions, a joint session with the European Society for Medical Oncology, and multidisciplinary tumour boards, the conference offers an excellent opportunity to review the field's greatest achievements and remaining challenges. With its emphasis on multidisciplinary cooperation, it also promises to be of interest to an increasingly broad audience. I encourage you to peruse the many interesting sessions on offer.

IR as a clinical subspecialty

The clinical nature of IR and establishing IR as a subspecialty in Europe is one of CIRSE's main goals. The value of this strategy was reinforced recently. IR achieved subspecialty status in Greece in April 2012. However the Society of Vascular Surgery in Greece appealed to the Supreme Court to revoke this decision on the basis that interventional radiologists did not have clinical training. The Greek Society of IR and the Hellenic Society of Radiology were able to demonstrate that clinical training is included in the two-year IR training curriculum, and the vascular surgeons' appeal was rejected. This is an extremely important precedent for any future challenges and emphasises the importance of clinical training and infrastructure in our subspecialty.

While Europe remains our main geographic focus, CIRSE's initiatives are bringing change beyond its borders. As is reported in this issue, after attending an ESIR course on prostate artery embolisation in Spain, an Egyptian IR recently performed the first procedure of its kind in Alexandria. In the meantime, the EBIR is being adopted by the Interventional Radiological Society of Australasia and the first examination will take place in Australia in February 2015.

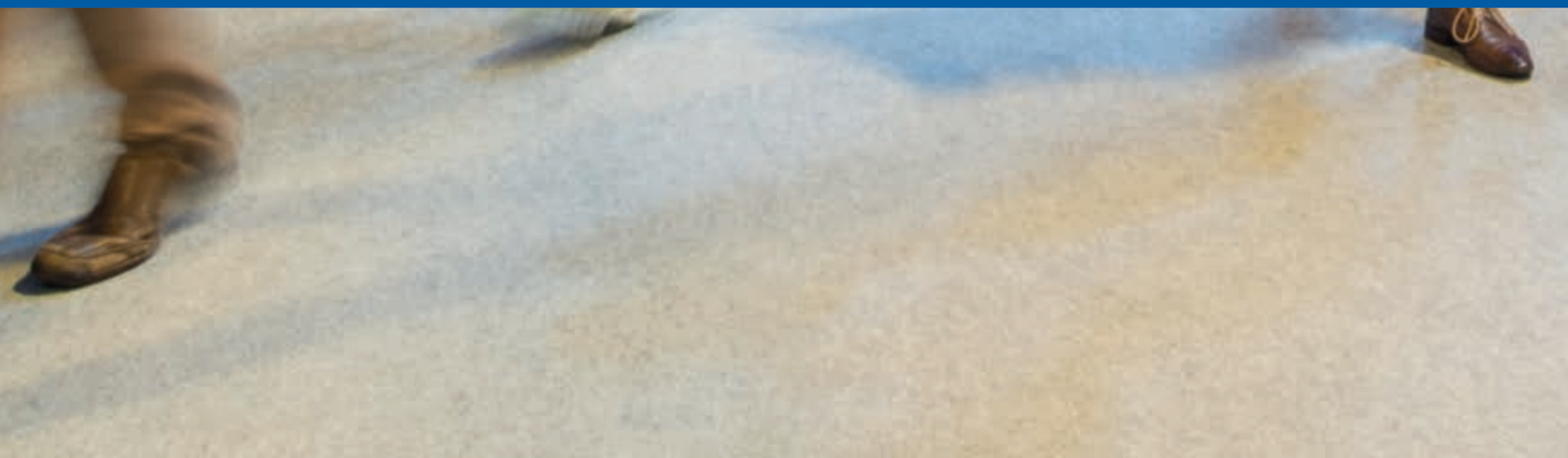
Good news

Y-90 radioembolisation was recently recognised in the updated ESMO guidelines on the management of metastatic colorectal cancer. I hope we will now see more interventional oncological treatments incorporated into cancer guidelines. I am also pleased to report that the winners of the 2013 CIRSE Award of Excellence and Innovation, who developed a radiopaque gel for the treatment of endoleaks, vascular malformations and venous disease, have signed an agreement with Cook Medical that allows them to develop and commercialise their product. Interventional radiologists are great innovators and I am sure we will see many more such fruitful exchanges between researchers and industry in the future.

So there is a lot to celebrate. As I am sure you are aware, the coming year marks the Society's official 30th anniversary. I look forward to celebrating the many achievements of both CIRSE and the IR subspecialty with you throughout 2015!

Looking ahead to CIRSE 2015, there will be a new feature making its debut: the Interdisciplinary Endovascular Aortic Symposium (IDEAS)

6,432	Delegates from
78	Countries
250	Hours of Education
1,275	Abstracts
5,800 m^2	of Exhibition Space
101	Exhibitors
14	New Products launched
572	Unique Live-Stream Viewers



CIRSE 2014 Congress Report

M E E T I N G

CIRSE 2014 – Showcasing the Best in IR

CIRSE's Annual Meeting has long been recognised as Europe's premier IR meeting, and CIRSE 2014 was no exception, featuring first-rate scientific and educational content, impressive technological breakthroughs and thought-provoking exchanges.

The programme again focused on six core themes in IR, but, for the first time, sessions ran parallel, making it easier for delegates to seamlessly follow the clinical tracks. As always, all tracks – vascular interventions, interventional oncology, transcatheter embolisation, non-vascular interventions, neurointerventions and IR management – included a variety of session formats, including lectures, discussions and hands-on workshops.

The **Live Stream**, introduced in 2012, again made it possible for those who could not make it to Glasgow to still benefit from the event's many excellent sessions, allowing them to follow online lectures presented in the four largest lecture halls. Over 570 made use of this option, an increase of almost 10% from the previous year.

Scientific Programme Highlights

This year's Hot Topic Symposia on *Treatment of DVT and PE: paradigm shift?*, which brought together leaders in endovascular blood clot treatment to discuss the relevance of newly-available techniques, drew the biggest crowd, with 1,275 attending. In the second HTS, four presenters offered insights into high-intensity focused ultrasound, addressing various aspects of the modality, including whether it may offer benefits beyond those provided by more established treatment options.

New EVAR devices and techniques are being developed at a dizzying pace. The **Abdominal Aorta Evidence Forum** addressed the most up-to-date research on endovascular aneurysm sealing and iliac sidebranch grafts for aorto-iliac aneurysms, different techniques for pararenal aortic aneurysms, and provided an update on relevant trials. The **Thoracic Aorta Evidence Forum** focused on the rapidly evolving use of endovascular stent-grafts to treat thoracic aortic aneurysms.

TOP 5: CIRSE 2014's Best-Attended Scientific Sessions

1. Treatment of DVT and PE: paradigm shift? (1,275)
2. Andreas Gruentzig Lecture (1,050)
3. Controversies in BTK treatment (850)
4. Basic principles of femoro-popliteal disease treatment (800)
5. Controversies in SFA treatment (755)

CIRSE 2014 – Showcasing the Best in IR

The **Amazing Interventions** session, a feature that premiered at CIRSE 2013 and already constitutes a highlight of the event, again showcased innovative solutions to a variety of challenging situations.

The ***Controversies* series** also proved highly popular. Eminent experts in the field first squared off on the merits of bioabsorbable stents, drug-eluting stent patency rates, and the use of drug-eluting balloons in all SFA lesions, in a session focusing on *Controversies in SFA Treatment*.

In a session tackling *Controversies in BTK Treatment*, experts debated the value of embolic protection devices, the use of drug-eluting stents in all short lesions, and the angiosome concept.

A broad range of issues, ranging from revascularisation in acute stroke and embolisation in iatrogenic bleeding to back pain treatment, was covered in this year's **Interactive Case Sessions**, which aim to help practitioners learn about how to best approach difficult cases and possible complications.

The Main Auditorium was packed during the **Film Interpretation Quiz**, which combines work with play, with the last man standing being declared the winner. This year, Dr. Stephen Merrilees, an interventional radiologist from New Zealand, was the winner and will benefit from free registration to next year's Annual Meeting.

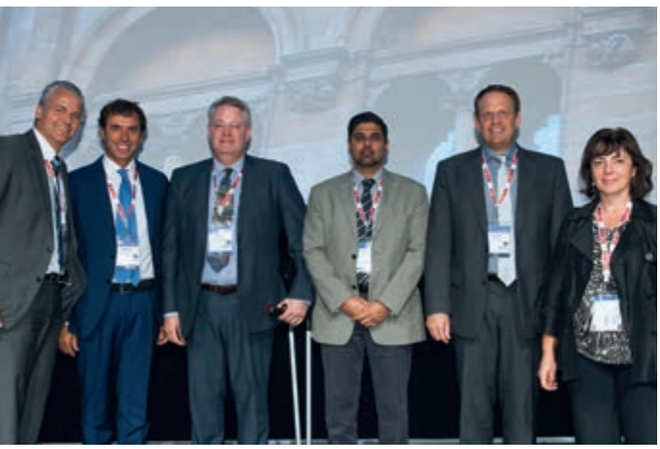
We'd like to thank all faculty members, delegates and industry partners for making the Annual Meeting such a huge success – we hope to see you in Lisbon next year!

View presentations from CIRSE 2014 online at ***www.esir.org***

Peruse additional photos from the event in the online gallery: ***www.gallery.cirse.org***

Top nationalities attending CIRSE 2014

UK	488
Italy	358
Germany	332
USA	325
France	218
Netherlands	189
China	165
Spain	158
Poland	149
Russian Federation	149



CIRSE 2014 – Honorary Lectures and Awards

The Opening and Awards Ceremony highlighted the exceptional contributions of select physicians and researchers, with the Reel Time Band providing lively musical entertainment. CIRSE President Anna Belli and the Chairmen of the Local Host Committee, Jon Moss and Raman Uberoi, formally opened the meeting, welcoming the delegates to Glasgow.

The **Gold Medal** was awarded to Prof. Jan Peregrin, a recognised authority on renal interventions and former CIRSE President. Three practitioners were awarded **Distinguished Fellowships**: Dr. Michael D. Dake, professor at Stanford University and director of its Catheterization and Angiography Laboratories; Prof. Jonathan Moss, consultant interventional radiologist at the Greater Glasgow and Clyde Health Board; and Prof. Dimitrios Siablis, a pioneer in below-the-knee endovascular treatment and former Radiology Department Chairman at the University Hospital of Patras.

The Guenther Foundation's **Award of Excellence and Innovation in IR** recog-

nised the work of a team of IR researchers from the Netherlands for their efforts to develop Holmium-166 microspheres, the first radioactive microspheres that can be visualised *in vivo* on multimodal imaging.

Two articles were awarded with the **CVIR Editor's Medal**; these focused on the treatment of long superficial femoral artery lesions and symptomatic uterine fibroids, respectively. The awards were accepted by group representatives Dr. Nicholas Chalmers and Dr. Ganapathy Ananthakrishnan.

Prof. Philippe Pereira's **Andreas Gruentzig lecture** tackled the topic of creating standardised clinical guidelines for interventional oncology, while Prof. Francisco Carnevale, who delivered the **Josef Roesch Lecture**, focused on prostatic artery embolisation, addressing new indications and state-of-the-art methods.

Gold Medal
Jan Peregrin

Distinguished Fellows
Mike Dake
Jon Moss
Dimitrios Siablis

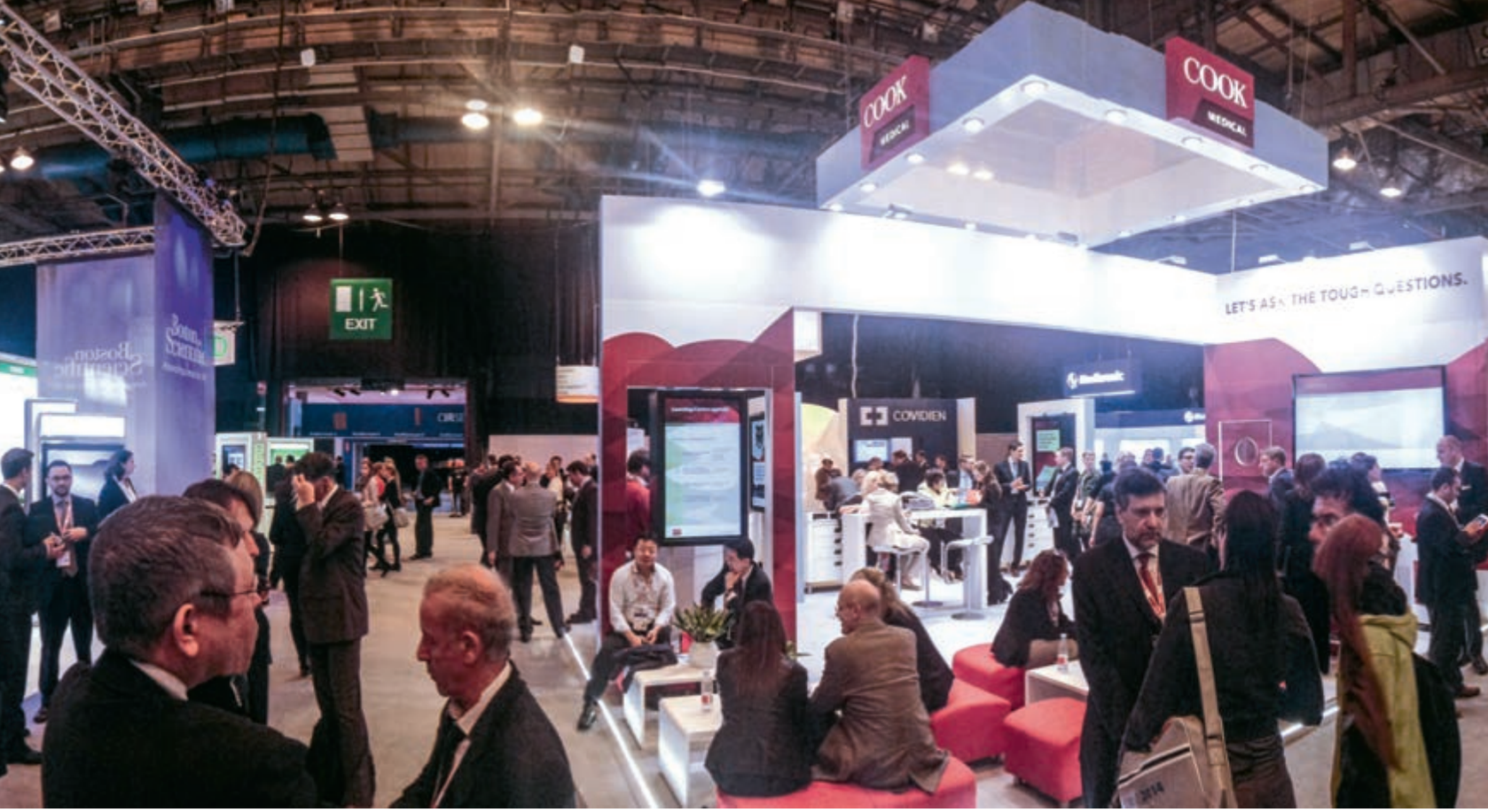
CVIR Editor's Medal
Nicholas Chalmers et al.
Ganapathy Ananthakrishnan et al.

Award of Excellence and Innovation
Holmium-166 Group, Utrecht

CIRSE 2014 – Industry Partners Highlight Newest Devices and Developments

As always, this year's Annual Meeting attracted high-calibre companies from around the globe, who seized the opportunity to showcase their latest innovations at the **Technical Exhibition**, which offered 8,500 m^2 of exhibition, learning centre and meeting space. Over 100 industry partners participated, with many taking advantage of the specialised audience, launching a total of 14 new products.

Twenty-two companies contributed to a total of 32 **Satellite Symposia** held during the event. These covered a broad range of topics, including ablation of liver tumours, drug-eluting technologies, SFA interventions, stentoplasty, and liquid embolic systems. Six corporate partners offered **Learning Centres**, which again proved invaluable, providing delegates with a tangible introduction to the newest devices and equipment. While



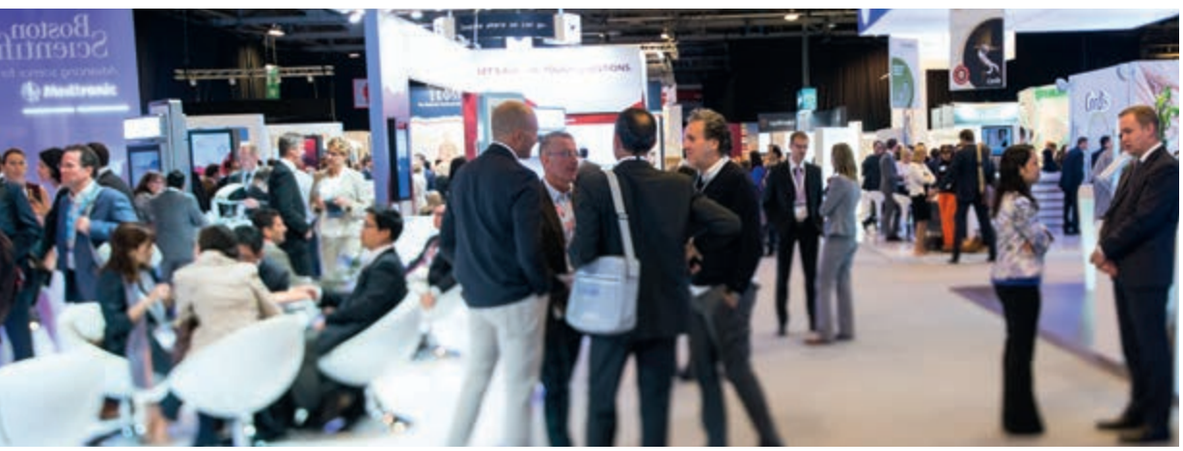
the focus was on vascular devices, other areas were also covered, and some presentations were targeted specifically at students considering the possibility of pursuing careers in IR.

In order to inform delegates and members of the new advances being showcased within the Technical Exhibition, CIRSE filmed a series of "Technology Snapshot" videos, which were broadcast via the live stream, and made available on CIRSE's YouTube channel.

Strong industry support is a major driving force behind the Annual Meeting, permitting CIRSE to invest in the many elements necessary for providing delegates with the rigorous scientific content and rewarding educational experiences they have come to expect. We would like to thank our corporate partners for their valued contributions!

Product Launches

Terumo (x5)
Covidien (x3)
Terarecon (x1)
Medtronic (x1)
Hansen Medical (x1)
Cordis (x1)
Boston Scientific (x1)
Apriomed (x1)



CIRSE 2014 – Radiation Protection Pavilion Offers Practical Solutions

The Radiation Protection Pavilion, which made its debut in Glasgow, was a huge success. Prominently located in the Exhibition Hall, the Pavilion included an Eye-Check Area, a Scientific Information Area and a Technical Information Area, covering a total area of over 240 m^2. It offered practical tips and informational material, as well as tailored industry exhibits showcasing relevant products.

To raise awareness of the risk of cataracts faced by interventional radiologists, complimentary eye check-ups (vision testing and lens opacity screening) were available for registered members. These were ably conducted by Dr. Kurt Spiteri Cornish and Dr. Paul Yihseng Chua, and proved immensely popular. Available slots were quickly fully booked, with almost 100 members getting their eyes checked.

The Pavilion is the Radiation Protection Subcommittee's latest initiative, and resulted from cooperation between the Subcommittee and select industry partners. Be sure to look out for the next instalment of this project, which will be unveiled at CIRSE 2015!

www.cirse.org/rpp

CIRSE 2014 – BTG Sports Event: Competing for a Worthy Cause

The BTG Charity Run and Football Cup once again combined having fun with doing good. This year's competition took place at the Scotstoun Stadium. Runners competed in a 3.2 kilometre race, with Robert Thomas finishing first with a time of 12′ 17″. Ana María Ierardi was the quickest female racer, completing the run in 13′ 41″. The Football Cup was also fiercely contested. Eight teams squared off, with Team France crowned the winner.
A great time was had by all!

More importantly, the event raised €6,368 for the Austrian Childhood Cancer Organisation, an independent charity that helps families struggling with childhood cancer. The funds will support a variety of camps run by the organisation, which offer recreational activities, psychological support and vital camaraderie for cancer survivors between the ages of 8 and 17, as well as their siblings.

Many thanks to BTG for generously sponsoring the event, and to all who participated or joined the fun by cheering from the sidelines!

TOP 3

Women's Race
1. Ana María Ierardi (13′ 41″)
2. Valerie Fishu (14′ 27″)
3. Alena Snaider (14′ 57″)

Men's Race
1. Robert Thomas (12′ 17″)
2. Olaf Kaujma (12′ 30″)
3. Francois Cornelis (12′ 35″)

Football Cup
1. France
2. Italy
3. Czech Republic

CIRSE 2014 – Student Programme Inspires Future IR Generations

The ever-popular Student Programme again brought together a diverse group of medical students interested in learning more about IR. Almost 400 students participated in the programme. These students benefited from a variety of tailored sessions dedicated to matters such as introducing them to the field of IR and providing advice on how to make the most of their attendance.

Students were especially encouraged to take part in the interactive workshops held in the various Learning Centres in cooperation with corporate partners, and to attend sessions in the Simulator Gallery that were targeted specifically at students and gave them the opportunity to learn about, and try handling, various devices.

In addition, the students had ample opportunity to engage with like-minded peers, with a Student Lounge available during the entire event, and a Student Evening hosted at a local pub. We are confident that their experience encouraged them to keep exploring the intriguing world of IR!

Poster Awards 2014

SCIENTIFIC
MAGNA CUM LAUDE

Pilot study of percutaneous isolated pancreas perfusion chemotherapy: pharmacokinetic and histological assessment in a pig model
S. Murata[1], S. Onozawa[1], T. Mine[1], T. Ueda[1], F. Sugihara[1], D. Yasui[1], S. Kumita[1], M. Satake[2]; [1]Tokyo/JP, [2]Chiba-ken/JP

Cum Laude

Feasibility and effects of transcatheter arterial embolization for frozen shoulder refractory to non-surgical management
Y. Okuno; Tokyo/JP

Novel method for performing percutaneous transluminal renal angioplasty (PTRA) under non-contrast MRA guidance overlaid on fluoroscopy image
Y. Morita, T. Fukuda, E. Tateishi, K. Ozaki, Y. Sanda, S. Kanzaki, M. Higashi, N. Yamada, H. Naito, Y. Iwashima, S. Nakamura, Y. Kawano; Suita, Osaka/JP

Certificate of Merit

Transjugular intrahepatic portosystemic shunt (TIPS) versus balloon-occluded retrograde transvenous obliteration (BRTO) for the treatment of gastric varix
D.Y. Lee[1], S.J. Lee[1], M.D. Kim1, Y.H. Kim[2], J.Y. Won[1], S.I. Park[1], I.J. Kim[1], Y. Yoon[1]; [1]Seoul/KR, [2]Daegu/KR

Unresectable neuroendocrine liver metastases treated by transcatheter intraarterial therapy: results of a Japanese multicenter study
O. Ikeda[1], Y. Sato[2], Y. Baba[3], T. Yasumoto[4], K. Osuga[5], D. Abo[6], H. Gobara[7], K. Yamakado[8], S. Hirota[9], T. Minami[10]; [1]Kumamoto/JP, [2]Nagoya/JP, [3]Kagoshima/JP, [4]Toyonaka/JP, [5]Osaka/JP, [6]Sapporo/JP, [7]Okayama/JP, [8]Tsu/JP, [9]Nishinomiya/JP, [10]Kanazawa/JP

Evaluation of medical students' knowledge of interventional radiology (IR) before and after adoption of the CIRSE undergraduate IR curriculum
K.A. Pennycooke, S. Shaikh, S.S. Alnafisee, M.J. Lee; Dublin/IE

Effectiveness of ultrasound-guided platelet rich plasma (PRP) injections after needle tenotomy in the treatment of chronic tendinopathies: a prospective study
J.-C. Brichaux; Bayonne/FR

Fibered platinum coils vs vascular plugs in pelvic varices embolization for the treatment of pelvic congestion syndrome: 1-year follow-up randomized study
A. Laborda, M. Sanchez Ballestin, I. De Blas, M.A. de Gregorio; Zaragoza/ES

EDUCATIONAL
MAGNA CUM LAUDE

Celiac ganglion neurolysis: an underused palliative procedure
M.-G. Knuttinen, M. Salahi, R.C. Gaba, J. Minocha, J.T. Bui, P. Giulianotti, C.E. Ray, Jr.; Chicago, IL/US

Cum Laude

How to perform safe spinal and pelvic thermal ablations
G. Tsoumakidou, J. Garnon, I. Enescu, M.A. Thenint, F. Bing, A. Gangi; Strasbourg/FR

BRTO for gastric varices – advanced techniques and in-depth ideas to overcome anatomical difficulties and lack of required devices
M. Horikawa[1], M. Yamamoto[2], K. Yamada[2], T. Kaji[2], K.J. Kolbeck[1], K. Farsad[1], F.S. Keller[1], J.A. Kaufman[1]; [1]Portland, OR/US, [2]Tokorozawa/JP

Certificate of Merit

Paracentesis-induced circulatory dysfunction: a primer for the interventional radiologist
A. Lindsay[1], C.E. Ray, Jr.[2], J.T. Bui[2], J. Minocha[2], R.C. Gaba[2], M.-G. Knuttinen[2]; [1]Aurora, CO/US, [2]Chicago, IL/US

Extrahepatic collateral blood supply to hepatocellular carcinoma (HCC): the anatomical and imaging features of extrahepatic collateral arteries and procedural complications related to transcatheter arterial chemoembolization (TACE) through these arteries
S. Kanasaki[1], T. Hirose[1], Y. Hamanaka[1], K. Fumoto[1], S. Ota[2], A. Furukawa[3]; [1]Kyoto/JP, [2]Otsu/JP, [3]Tokyo/JP

Anterolateral thigh flap: anatomic variations and preoperative imaging technique for surgical planning
T. De Beule, W. Van Deun, J. Vranckx, G.A. Maleux, S. Heye; Leuven/BE

Doppler ultrasonography of arteriovenous fistulae in hemodialysis patients: far more than just for diagnosis
J.R. Fortuño, E. Criado, A. Alguersuari, J.F. Falco-Fages, J. Perendreu, J. Branera; Sabadell/ES

Drug-eluting stent placement in the bifurcation and trifurcation of the tibial arteries: how I do it
S.G. Prabhudesai, A. Parthipun, A. Diamantopoulos, I. Ahmed, N. Karunanithy, K.N. Katsanos; London/UK

M E E T I N G

Scientific and Educational Posters continue to be an important part of the CIRSE meeting

Interdisciplinary
Endovascular
Aortic Symposium

IDEAS

2015

September 27-29

Lisbon/Portugal

Aortic interventions require an interdisciplinary approach and strong teamwork. To reflect this, IDEAS brings together noted vascular surgeons, interventional radiologists, cardiologists and anaesthesiologists for 2.5 days of scientific education.

JOIN US AS WE EXPLORE A VARIETY OF KEY TOPICS IN EVAR AND TEVAR, INCLUDING:

- Current and potential future optimal imaging strategies for surveillance after EVAR
- What does the evidence tell us about the management of aortic dissection?
- Update on EVAR indications, devices and outcomes
- Management of short necked and juxtarenal abdominal aortic aneurysms
- Ruptured abdominal aortic aneurysms: do the trials provide more questions than answers?
- Strategies for aortic arch and thoracoabdominal aneurysms
- Hybrid techniques
- Prevention and management of endoleaks and complications

and much more ...

www.aorticideas.org

INNOVATION | EDUCATION | INTERVENTION

Cardiovascular and Interventional Radiological Society of Europe

PR for IR in Scotland

Tochi Ugbor, CIRSE Office

MEETING

All eyes were on Scotland this September as the referendum took centre-stage in media reports around the world. With CIRSE 2014 taking place in Glasgow at around the same time, the society helped launch a major PR campaign to shift some of that media attention to interventional radiology. The campaign was run in collaboration with the British Society of Interventional Radiology and sought to highlight the important role that IR plays in the treatment of diabetic foot.

A novel format

Public relations campaigns held during the Annual Congress have become a tradition, with each campaign tailored to suit the local audience. While in previous years press conferences and round-table discussions have been held, CIRSE 2014 saw the introduction of novel press Q&A sessions. Journalists were allotted time slots during which they could discuss with and ask questions of a group of medical experts. This meant that the journalists who wished to attend could do so at a time that best suited their schedules.

Journalists were also free to visit specific lectures of interest and were given specially tailored tours of the exhibition hall. A Press Office was also set up so journalists could work on site and collect information packs on various IR procedures.

Multidisciplinary panel

A specially selected group of medical experts were present during the Q&A sessions to answer the journalists' questions. The multidisciplinary panel comprised of interventional radiologists (Drs. Trevor Cleveland, Jonathan Moss, Iain Robertson and Raman Uberoi), a vascular surgeon (Dr. Cliff Shearman) and a diabetologist (Dr. Mike Edmonds).

The ever-important human angle was provided by an IR patient who was present to share his story (pictured above right). Steuart Robson (63), of Addlestone, Surrey, told the press how IR treatment helped save him from a looming foot amputation. "My quality of life has improved immensely. In my view specialist, multi-disciplinary diabetic foot clinics… which can give people access to less invasive treatments like IR, should be rolled out to every region across the UK."

Excellent media coverage

Media coverage resulting from the PR campaign was outstanding and included a television slot on the popular STV programme "The Riverside Show" as well as articles in various newspapers, including the Scottish Sun and the Sunday Post.

The PR campaign also drew the interest of celebrity comedian Fred MacAulay (pictured above left). As the parent of a diabetic son, Mr. MacAulay visited CIRSE 2014 to speak to the experts and explore the exhibition hall. He was also interviewed by numerous journalists and spoke of "…the importance of using modern, minimally invasive techniques to help diabetic patients".

The PR campaign also drew the interest of celebrity comedian Fred MacAulay

LEADERS IN ONCOLOGIC INTERVENTIONS

ECIO 2015

Sixth European Conference on Interventional Oncology

including a joint session with the **European Society for Medical Oncology** (ESMO)

Join us for ...
Multidisciplinary tumour boards, new horizons sessions and lots of tips and tricks for local tumour management

www.ecio.org

April 22-25, 2015
Nice, France

CIRSE Cardiovascular and Interventional Radiological Society of Europe

The Greek Supreme Court has recently upheld a decree recognising interventional radiology as a clinical subspecialty – dismissing claims of patient endangerment from vascular surgical groups.

A Herculean effort: defending subspecialty status in Greece

Since 2013, CIRSE has been pursuing a campaign to have interventional radiology recognised as a distinct subspecialty within the house of radiology. In tandem with initiatives such as the IR Syllabus and Curriculum, the European Board of Interventional Radiology and the Patient Safety Checklist, this aims to position IR as a clinically distinct profession, requiring dedicated training and specific resources.

The situation throughout Europe is currently quite diverse, and in a number of countries, the national IR societies have pushed for legal recognition, with many succeeding. One such country is Greece, where the Ministry of Health granted interventional radiology subspecialty status in April 2012.

Legal challenge
Swift on the heels of this decision came a legal challenge from the Greek Society of Vascular Surgery, on the basis that interventional radiologists lacked the necessary skills and training to enable them to properly manage patients before, during and after their procedures. This, claimed the plaintiffs, could pose a significant threat to public health.

Mounting a defence
To counter these claims, the Greek Society of Interventional Radiology and the Hellenic Society of Radiology joined forces. They demonstrated that the two-year subspecialisation curriculum – which is now mandatory for all prospective interventional radiologists – incorporates clinical training throughout the duration of the programme. Clinical responsibility and patient care, they argued, is a key competency of interventional radiology.

The two-year interventional radiology programme follows five years of radiology residency and a board exam. Training covers a number of fields, including vascular and non-vascular procedures, embolisation and interventional oncology. Trainees are involved in drug prescription, clinic attendance, ordering laboratory and imaging studies for diagnosis and follow-up, and managing cases. This training leaves those who complete it well equipped to deal with patients face-to-face, and coordinate their care in collaboration with their other clinical colleagues.

The court's decision
After reviewing the evidence, Greece's Supreme Court rejected the Society of Vascular Surgery's claim in August 2014. This verdict is regarded as a clear validation of the clinical competencies of Greek interventional radiologists, and lays a strong foundation for interventional radiologists admitting patients to wards and seeing them in clinics. In practice, many have done this for years, but it was always the result of negotiations within the individual hospital. The Supreme Court's decision now gives a clear-cut clinical role to interventional radiology.

Implications
The verdict may also have implications for the practice of IR elsewhere: this is believed to be the first instance of interventional radiology successfully protecting its subspecialty status from a legal challenge.

CIRSE Vice-President Elias Brountzos, who works at Attikon University Hospital, Athens, was one of the interventional radiologists involved in defending IR's subspecialty status. According to Prof. Broutzos: "It is very encouraging that the Supreme Court has acknowledged that the clinical training the interventional radiologists undergo equips us to properly assess and treat patients. The original decision of the Ministry for Health was a great coup for us; this challenge and the court's decision now removes all doubt: IR in Greece is a clinical subspecialty.

"It was always clear that a set curriculum, rigorous training and certification was the way forward – for us and for our patients – but this court case shows that such practices really are essential for a modern medical specialty, and we would encourage our colleagues in others countries to ensure that they adopt similar practices, if they have not done so already."

"This court case shows that clinical training and certification really are essential for a modern medical specialty"

The EBIR is to be adopted as the official certification standard for interventional radiologists in Australia and New Zealand.

Beyond Europe: the EBIR Goes Global

Uta Melzer, CIRSE Office

S O C I E T Y

IRs choosing to certify their expertise with the EBIR now hail from all over the globe

The EBIR, the examination offered by CIRSE for physicians seeking to certify their expertise in IR, continues to expand at an impressive rate. Radiologists based in Europe are already increasingly turning to EBIR to prove their skills, with the most recent exam, held in Glasgow during CIRSE 2014, fully booked. Now colleagues from other parts of the world are joining them in growing numbers.

Branching out beyond Europe

To cater to increasing interest in the exam outside of Europe, a limited number of places were made available to overseas members in March 2014. Corresponding members from countries such as South Africa, India and Saudi Arabia have already made use of this opportunity.

Now the exam will become even more international. Thanks to a recent agreement and cooperation with the Interventional Radiology Society of Australasia (IRSA) and the Royal Australian and New Zealand College of Radiologists (RANZCR), from 2015 onward, EBIR is going to be employed as the certification standard in Australia and New Zealand. Colleagues from these two countries who are members of IRSA are already able to register for the first EBIR examination in the region, which will be held in Melbourne in early February. We look forward to working with our Antipodean colleagues!

The value of certifying your expertise

Mastering interventional radiological techniques, which are constantly evolving, is a life-long learning process. An excellent starting point is obtaining board certification by way of the EBIR, which was established in 2010 to provide a coherent measure of an interventional radiologist's clinical knowledge.

The exam is an increasingly recognised qualification that supports interventional radiologists looking to demonstrate their skills and experience in IR when dealing with other clinical colleagues and with the general public. The exam also facilitates the free movement of IRs by providing a recognised qualification that serves as proof of training supplemental to any national qualifications, which still vary considerably within Europe. The qualification is currently held by 359 interventional radiolo-

The European exams also offer a limited number of places to overseas candidates.

gists. The exam, which consists of a written and an oral component, assesses the candidates' knowledge of all aspects of IR treatments, including diagnosis, procedural details, equipment selection, outcomes, patient safety and potential complications. For the oral exam, candidates are tested on two clinical themes, which they can choose from four options: vascular IR, non-vascular IR, oncology IR, and embolisation and venous IR.

Physicians aren't the only ones who benefit: the EBIR also serves to enhance patient safety. It is crucial for candidates to be familiar with assessing and managing patients before, during and after procedures; identifying and minimising complications and procedural risks; as well as ensuring appropriate aftercare and follow-up. These important elements are laid out in the European Curriculum and Syllabus for Interventional Radiology, which forms the basis for the examination, and are also reflected in the exam questions.

Taking the exam

Physicians interested in taking the exam can benefit from preparatory material available on ESIRonline. The extensive material includes a workshop entitled *Taking the EBIR* (WS 3004), held at CIRSE 2014 by Prof. Klaus Hausegger (Klagenfurt/AT) and Prof. Peter Reimer (Karlsruhe/DE), who outlined the structure of the CIRSE IR Curriculum and the EBIR, the exam's entry criteria, and its evaluation principles. They also addressed how to prepare for the exam, including by explaining how additional, subject-specific material available on ESIRonline can best be used for that purpose. In 2015, two EBIR examinations will take place in Europe: in Vienna during ECR (March 4-5, 2015), and at CIRSE 2015 in Lisbon (September 25-26, 2015). Places are limited and are offered on a first come, first served basis.

Physicians from Australia and New Zealand who are members of IRSA and fulfil the eligibility criteria will be able to register for the first EBIR examination held in co-operation with IRSA/RANZCR until December 21. The exam will take place in Melbourne (February 6-7, 2015). Additional information is available at **www.cirse.org/IRSA**.

To sign up for another EBIR exam or to obtain further information, please visit **www.cirse.org/ebir**.

The first exam in the southern hemisphere will be held in Melbourne from February 6-7

CardioVascular and Interventional Radiology
The official journal of the Cardiovascular and Interventional Radiological Society of Europe

CVIR

The international CVIR community is growing quicker than ever, so we've expanded our online media tools to reach our stakeholders around the world.

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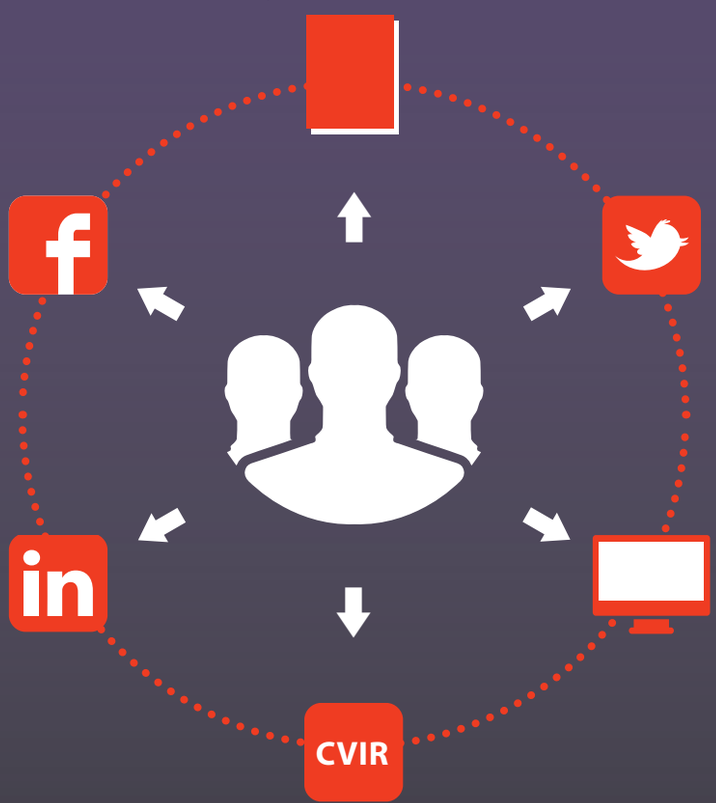

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Have the world of IR at your fingertips, anytime, anywhere.

The winners of the 2013 award have signed a licencing agreement with Cook Medical, allowing them to proceed with the development and commercialisation of their product.

A Stepping Stone to Bigger Things

Marina Tomic, CIRSE Office

Prof. Soulez accepts the Award of Excellence and Innovation at CIRSE 2013

In 2013 the Award of Excellence and Innovation was presented to a group of doctors from Montreal, Canada, for their outstanding innovation in the field of embolisation. Prof. Gilles Soulez and Prof. Sophie Lerouge developed a radiopaque gel that combines occlusive and sclerosing properties for the treatment of endoleaks, vascular malformations and venous disease.

Several months later, the two professors, representing the University of Montreal and the Ecole de Technologie Supérieure, signed a licensing agreement with Cook Medical, allowing them to proceed with the development and commercialisation of their product. Prof. Soulez noted: "This agreement will be instrumental for purposes of performing phase II clinical testing before commercialisation, and to continue our pre-clinical work on optimising the gel for clinical applications other than endoleaks, such as AVM, venous malformation, and portal and venous embolisation."

The innovative gel was created by the professors and their team at CHUM Research Centre at the University of Montreal, and consists of a mixture of chitosan (a natural biocompatible polymer), sodium tetradecylsulfate (STS – a well-known sclerosing agent) and iodine contrast agent. This innovation holds great potential for a variety of IR procedures since currently available agents, such as ethanol, sodium tetradecylsulfate, coils, particles, Onyx and glue, can only be used in either vascular occlusion or endothelial ablation.

The new gel overcomes these limitations, combining multiple characteristics in one agent. Unlike ethanol and Onyx, the gel offers suitable radiopacity permitting good visualisation during placement. Furthermore, its advanced gelation kinetics enable precise control at injection, and help to reduce migration – a feature other products, such as ethanol and STS, are lacking. Finally, due to its high biocompatibility this new embolic agent could be applied to larger areas without systemic toxicity, in contrast to Onyx where DMSO toxicity strongly limits the volume of each injection.

To date, the material has been patented in the US and Canada and has been featured in two papers. Innovator Dr. Soulez emphasised that "the CIRSE prize served as a strong advocate for our technology, and we really want to thank the Guenther Foundation and CIRSE for giving us this opportunity."

The link between academic research, societies such as CIRSE, and industry partners is a crucial element for ensuring a fruitful future for interventional radiology. Dr. Soulez added: "We hope this technology will be accessible to interventional radiologists and their patients in the near future."

The CIRSE award certainly contributed to the advancement of this promising new innovation, which might become a highly valuable material for embolisation and IR in general.

"The CIRSE prize served as a strong advocate for our technology, and we really want to thank the Guenther Foundation and CIRSE for this opportunity."

A wide range of video-learning sessions, lectures and workshops will be offered at next year's conference.

ECIO 2015: Eye on Interventional Oncology

The scientific programme reflects the importance of effective inter-disciplinary cooperation

With interventional oncology expanding at a rapid rate, keeping pace with latest developments can be a challenge in everyday settings. ECIO, now well established as an annual event, provides updates on the most recent research results, techniques and technical advances, allowing practitioners to take stock of the field's greatest achievements and remaining challenges in a structured setting.

Interdisciplinary Cooperation
While patients now benefit from a vast array of specialist knowledge, effectively pooling that knowledge in order to optimise care can be challenging. Embracing interdisciplinary collaboration is absolutely vital. The educational programme provided at ECIO reflects an appreciation of that reality. The sessions on offer again include several Multidisciplinary Tumour Boards, addressing various aspects of liver and lung cancer treatment. In addition, CIRSE remains committed to working with diverse partner societies on a range of joint sessions, and are delighted that the Japanese Society of Interventional Radiology (JSIR), the European Society for Medical Oncology (ESMO), and the World Conference on Interventional Oncology (WCIO) will be participating in the event.

Comprehensive Educational Content
As always, this year's scientific programme is both comprehensive and multi-faceted. Core themes include liver cancer, covering both early and intermediate HCC, as well as colorectal liver metastases; lung cancer, focusing on stage I non-small cell lung cancer and pulmonary metastases; and musculoskeletal tumours, addressing techniques for pain management, tumour destruction and bone stabilisation. Sessions will cover broad ground, scrutinising both established and experimental applications.

Participants will also again be able to benefit from Video Learning Sessions, which were introduced last year and were very well received. These sessions demonstrate how to perform a wide variety of percutaneous treatments by guiding delegates through major interventions step by step. This year, sessions will cover the liver, lung and kidney, as well as pain management in various specific contexts.

Honorary Lecture
The Honorary Lecture promises to be another highlight. Dr. Yasuaki Arai, who is currently serving as the president of JSIR, will be delivering the address. Dr. Arai has been at the forefront of the discipline of interventional oncology in the Asia-Pacific; he both directs the National Cancer Center Hospital in Tokyo and serves as the Chief of its Department of Diagnostic Radiology. His speech is entitled *Beyond the evidence – the true goal of interventional oncology*.

The location of next year's event – beautiful Nice in southern France – likely requires little introduction. But it might surprise you that the city also represents a very practical choice: excellent flight connections are available, and Italy, Switzerland and Spain are all within driving distance.

We look forward to welcoming you to Nice!

The successful Referring Physician Incentive Programme will once again be available to all scientific delegates.

6 YEARS OF ECIO – 6 REASONS TO ATTEND

1. Video Learning Sessions
This interactive session format made its debut last year, and due to the hugely positive response received, it has been decided to extend the sessions on offer this year, to cover liver interventions, lung and kidney therapies, and pain management, guiding you through the procedures step by step.

2. Best IO Papers
Interventional oncology is a growing field, and both new advances and data supporting existing therapies are of the utmost importance. The *Best IO Papers* session will round up some of the most interesting research from the past year, allowing you a concise overview of current trends.

3. Joint Session with ESMO
To both reflect and enhance the multidisciplinary nature of interventional oncology, joint sessions are held with other medical societies. These provide valuable insights into collaborative possibilities. Our long-time partners, the European Society for Medical Oncology will join us again for a fascinating session.

4. Multidisciplinary Tumour Boards
Much as they do in the hospital setting, these tumour boards enable participants to actively discuss treatment strategies for specific HCC and lung cancer cases. Guided by the mixed-specialty panel, the audience can vote on optimal therapeutic approaches and discuss the likely outcomes.

5. Referring Physician Incentive Programme
For many years, the Referring Physician Programme has been enabling interventionists to bring their non-radiologist colleagues to the meeting, where they can see the range of therapies on offer, and the evidence for their use, first-hand. Will you be bringing your colleague to Nice this year?

6. Nice la belle
'Nice the Beautiful' is a wonderful destination for a congress – its picturesque surroundings and mild climate have resulted in the third busiest airport in France, many international train connections, and the second largest hotel capacity in the country. The perfect place for a congress: in hosting ECIO 2015, the city has plenty to inspire not only impressionists, but also interventionists!

To register for the congress and to book your hotel room, please visit **www.ecio.org**.
Check out the videos from ECIO 2014: visit our video channel at **www.youtube.com/CIRSEsociety**.

Nice is both a beautiful and very practical location for the event

The latest ESMO guidelines on the management of metastatic colorectal cancer include indications for the use of radioembolisation.

Y-90 Radioembolisation Recommended in Updated ESMO Clinical Guidelines

Uta Melzer, CIRSE Office

S O C I E T Y

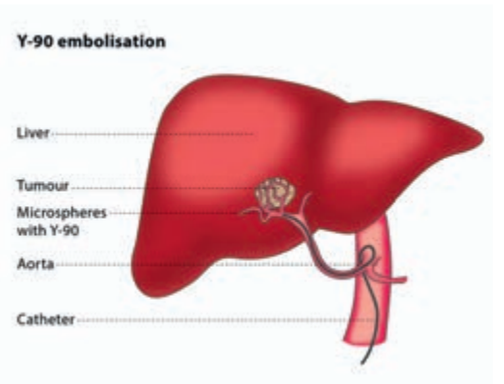
CIRSE Registry for SIR-Spheres Therapy

Interventional radiology's contribution to the fight against cancer keeps growing, but that reality has not necessarily been fully reflected in major international treatment guidelines. A recent development, however, indicates that the oncological community has taken note of one particular procedure. In September, newly published clinical guidelines on the diagnosis, treatment and follow-up of metastatic colorectal cancer, issued by the European Society for Medical Oncology (ESMO), endorsed the use of radioembolisation in certain situations. Specifically, the guidelines note that in patients with liver-limited metastases for whom chemotherapy has failed, treatment with yttrium-90 (Y-90) resin microspheres can prolong the time to tumour progression.

The guidelines now recognise the procedure's role in prolonging time to tumour progression in select patients

Y-90 radioembolisation, also known as selective internal radiation therapy (SIRT), is a predominantly palliative treatment that combines radiation therapy and embolisation to shrink tumours. It involves injecting microspheres filled with the radioactive isotope yttrium-90 into the tumour-feeding vessels, where they are carried into the arterioles and selectively lodge in the tumour microvasculature. The microspheres are small enough to nest themselves into the arterioles around the tumour cells, but large enough not to pass through the capillaries and enter the venous system. As a targeted procedure, radioembolisation permits physicians to use considerably higher and more effective radiation doses than those used in conventional radiotherapy. It can significantly extend a patient's life expectancy and improve quality of life. In some patients, the procedure can also serve as a bridge to transplantation or to downstage tumours to allow for surgery.

The guidelines acknowledging Y-90 radioembolisation's value in delaying tumour progression in certain patients suffering from metastatic colorectal cancer were published in a September 2014 supplement to the Annals of Oncology. They were drafted by four European physicians, who cited the following multi-centre randomised controlled study in support of their recommendation: "Phase III trial comparing protracted intravenous fluorouracil infusion alone or with yttrium-90 resin microspheres radioembolisation for liver-limited metastatic colorectal cancer refractory to standard," which was published in the Journal of Clinical Oncology in 2010.



The CIRT Registry

CIRSE has long been convinced of the procedure's potential to play an important role in oncology. This confidence is reflected in the decision to initiate a multinational observational study – the CIRSE Registry for SIR-Spheres Therapy (CIRT) – which aims to collect extensive data on the real-life application of radioembolisation with Y-90-loaded SIR-Spheres in patients with primary or secondary liver tumours. The initiative is being guided by the CIRT Steering Committee, a multi-disciplinary group of highly qualified radioembolisation experts chaired by Prof. José Ignacio Bilbao. The registry's goal is to obtain a better understanding of the procedure in real-life clinical situations, and to allow for the exploratory analysis of an unprecedented volume of radioembolisation data. CIRSE also hopes to bolster the evidence-based approach to interventional radiology by supporting these types of projects.

CIRSE is delighted by ESMO's recognition of Y-90 radioembolisation's contribution to cancer care, and looks forward to celebrating similarly important endorsements of interventional oncology in the future.

The Industry News section aims to keep readers abreast of relevant mergers and acquisitions within the IR industry.

A new Interventional Oncology division for Terumo Europe

Terumo Europe has announced that it will create a new division specialising in interventional oncology. To date, peripheral artery disease (PAD) and interventional oncology have been managed as one unit, but as of April 1, 2015, they will be divided. The creation of this new division will permit Terumo to strengthen its position as a leading interventional oncology device manufacturer in Europe. Plans also include an increased investment in comprehensive clinical trials.

Terumo is a pioneer in high-quality technologies for interventional oncology, encompassing a wide range of cancer treatment options. With its more than 90 years of experience, it is a well-established company known for its advanced devices utilised in various medical specialties.

www.terumo-europe.com

TERUMO

Spectranetics acquires the Stellarex™ Drug-Coated Balloon from Covidien

Spectranetics Corporation announced the acquisition of Covidien's Stellarex™ drug-coated angioplasty balloon platform for $30 million. The platform is expected to receive European CE mark approval in late 2014 or early 2015, upon which it will be launched on the European market. Distribution in the USA will commence following FDA approval, which is anticipated for 2017. By acquiring Stellarex, Spectranetics will add to its diverse portfolio of products for vascular conditions.

The Stellarex™ DCB Platform is used for the treatment of peripheral arterial disease. The EnduraCoat™ technology used in Stellarex enables precise and efficient drug delivery and prevents drug loss during transfer. Currently, the platform is still in its developing stages and not available in any market. Further clinical studies are planned, which will also be transitioned to Spectranetics.

Spectranetics is a global manufacturer of single-use interventional devices, primarily for procedures within the cardiovascular system. The company's product range is abundant, encompassing devices such as laser catheters, balloons, guidewire retrieval devices, laser sheaths and dilator sheaths.

www.spectranetics.com

S O C I E T Y

S

Strategic moves have implications for both the vascular and interventional oncology markets

Cardiovascular and Interventional Radiological Society of Europe

ESIR 2015

Courses

European School of Interventional Radiology

The New Year brings a host of new courses, giving both experts and beginners the chance to improve their skills in a number of clinical areas.

Critical Limb Ischaemia – Diagnosis, Treatment and Parameters for Success
Expert Course
Amsterdam/NL, March 27–28

TIPS and Portal Venous Disease
Fundamental Course
Rome/IT, May 8-9

Arterial Problems in Obstetrics and Gynaecology
Fundamental Course
Flensburg/DE, June 12-13

Prostate Embolisation
Expert Course
Milan/IT, October 29-30

Effective HCC Treatments – Advanced Local Therapies
Expert Course
Lausanne/CH, November 13-14

DVT and Pulmonary Thromboembolic Diseases
Fundamental Course
Dublin/IE, November 27-28

The Future of Image-Guided Tumour Ablation –
Targeting Techniques and High-End Clinical Strategies
Expert Course
Innsbruck/AT, December 11-12

CIRSE foundation

The ESIR Course on prostate embolisation encourages an Egyptian doctor to perform the first PAE in Alexandria.

Prostate embolisation on the rise

Marina Tomic, CIRSE Office

In the charming surroundings of Zaragoza, a group of interventional radiologists gathered in May 2014 to discuss the potential of a novel but promising procedure – prostate artery embolisation (PAE), which is used for elderly patients suffering from benign prostatic hyperplasia (BPH). Experts from around the world offered to share their experience and expertise with enthusiastic and inquisitive participants attending the ESIR Course. The faculty included renowned Brazilian interventional radiologist Prof. Francisco Carnevale – one of the pioneers who spearheaded this challenging but promising treatment.

Benign prostatic hyperplasia is a very common condition that affects men over the age of 50, with up to 75% of men developing at least one of the symptoms in their 70s. These include lower urinary tract symptoms, sleep disturbance, urinary tract infections, the development of bladder stones, and in the worst-case scenario, urinary retention and kidney failure. The standard treatment for this debilitating condition is usually a transurethral resection of the prostate (TURP); however, in recent years the minimally invasive alternative of prostate artery embolisation has been gaining momentum. Its aim is to shrink the prostate by embolising the blood vessels, and thus relieve the patient of his symptoms, allowing him to return to a normal, undisturbed life.

Several studies have reported positive outcomes, significantly ameliorating the patient's quality of life, with only minimal side effects. However, as it is still in its early stages and technically highly complex, it requires further studies to optimise the treatment, reduce possible complications and risks, and gain more credibility.

Due to the procedure's enormous potential and increasing significance as an alternative therapy to surgery, the ESIR Expert Course in Zaragoza attracted numerous interested physicians. Among them was Egyptian IR Dr. Hassan Abdelsalam, who benefitted greatly from this valuable training and soon decided to apply his newly acquired knowledge back in his home country:

Prof. Carnevale and Dr. Abdelsalam

"After attending the ESIR course in Zaragoza and watching Prof. Carnevale perform live cases and listening to his tips and tricks, as well as all the interactive discussions during the live cases and during the course dinner, I was confident enough to perform my first case."

In August 2014, he performed the first prostate artery embolisation in Alexandria, making a small but important contribution to the worldwide spread of this innovative new treatment. His patient had been suffering from BPH for years, being forced to use a urinary catheter. Two weeks after the successful procedure, he was freed from the catheter and his prostate volume had reduced considerably, leading to a happier and more comfortable life.

If you missed the ESIR course but wish to inform yourself about this potentially beneficial new treatment option, visit ESIROnline at **www.esir.org** for more detailed insights.

A 2015 course on prostate embolisation will be held in Milan from October 29-30.

"After attending the ESIR course in Zaragoza and watching Prof. Carnevale perform live cases, I was confident enough to perform my first case."

"For someone enthusiastic about the field of interventional radiology, it was the equivalent of being asked to spend all day playing football with one's favourite professional players!"

F O U N D A T I O N

Fellowship Education Grant

Luca De Paoli

Klinikum Klagenfurt

- Third-largest hospital in Austria
- Approx. 4,000 staff members
- Over 1,400 beds

In early 2014, I had the opportunity to take a break from my work as a resident doctor at the University Hospital Cattinara in Trieste, Italy, and to spend three months in the interventional radiology unit of the KABEG Klinikum in Klagenfurt, Austria as a visiting fellow.

I spent February through April at the hospital, where I was involved in both the diagnostic and therapeutic care of over 300 patients. Upon my arrival, I was warmly greeted by Professor Klaus Hausegger, the head of the radiology department, who immediately introduced me to the sizeable department and its interventional unit.

The Klinikum has two modern, fully-equipped angiography suites. One of them houses a single-plane C-arm, while the other has a bi-plane C-arm, which is particularly useful when performing neurovascular procedures.

I found the experience truly amazing. It enabled me to observe and take part in a number of interventional procedures that I had never before witnessed. These included TIPS, the placement of central venous catheters, AVM and aneurysm embolisation, as well as other complex procedures, such as treatments for critical limb ischaemia and aortic aneurysm repair.

For someone enthusiastic about the field of interventional radiology, it was impossible not to enjoy my time in such a great department. It was the adult equivalent of being asked to spend all day playing football with one's favourite professional players!

The mix of clinical and radiological issues was particularly interesting to me, as it required focusing on aspects of care that I had never before encountered or considered. My stay exposed me to numerous "tips and tricks", and at the end of my visit, I was in a great position to return to my hospital in Trieste and share the many things I had experienced with my colleagues there.

I have always believed that cultural exchanges that involve sharing different ideas and experiences are the best way to acquire more knowledge and improve one's skills, and I can confirm that participating in CIRSE's fellowship programme was the perfect way to do so.

If I have one regret, it is that 3 months felt too short, and I would have been delighted to extend my stay. That having been said, I am very grateful for the time I was able to spend in Klagenfurt. I would like to thank everyone at the hospital, as well as the CIRSE Foundation, for making this wonderful experience possible.

"It is very encouraging to know that CIRSE has faith in the efforts and passions of young fellows like me."

Fellowship Education Grant

Pedro Lopes

The Portuguese five-year radiology programme offers the possibility of dedicating the final year to a subspecialisation. From the beginning, I knew that I wanted to specialise in interventional radiology. As part of my subspecialisation programme, I had the great opportunity to work in the interventional radiology department of St. George's Hospital in London for three months.

The head of department, who I want to thank for kindly accepting me, is Prof. Anna-Maria Belli, who not only is a highly skilled interventional radiologist, but also an excellent teacher and a person who is passionate about passing on her knowledge to others. I was also welcomed by a great team of consultants, fellows, nurses and radiographers with the same mind-set as Prof. Belli. This allowed me to feel part of the team and to enjoy working and learning with them.

With this fellowship programme I had the chance to participate in interventions that I was not familiar with, such as aorto-iliac and lower limb arterial interventions, venous thrombolysis and stenting, IVC filter placement and retrieval, transjugular liver biopsies and renal denervation, and many others besides. Our routine work also included various other interventions such as TACE, TIPS, dialysis, arteriovenous fistula angioplasty and stenting, gastrostomies, nephrostomies, percutaneous biliary drainage and stenting, and ultrasound- and CT-guided biopsies and drainages.

It was also very interesting to observe that some procedures (for example, uterine artery embolisation and varicocele embolisation) were performed with a slightly different technique than the one I was used to. That also applied to the choice of some devices and methods; for instance, the use of cryoablation for the ablation of renal tumours. Thanks to this experience, I have gained a deeper understanding of the various techniques and am now able to analyse their strengths and weaknesses in order to decide on the optimal treatment for my future patients.

Pedro Lopes and part of the interventional radiology team of St. George's Hospital.

During my stay I also participated in interdisciplinary meetings where some interesting cases were discussed. These meetings are very important because they enable us to make decisions based on the sum of multiple perspectives and skillsets. The IR department also held journal clubs, morbidity and mortality discussions and team meetings. These meetings enabled me to collect lots of valuable "take home messages".

After this experience, I feel even more motivated to become an interventional radiologist. I am also confident that I will be able to provide my department at home with new input and so contribute to enhancing knowledge and expertise in interventional radiology.

In addition to the professional element, living in London allowed me to get in touch with a variety of cultures and have access to a wide cultural scene. I cherish the memories of riverside walks, the bustle of Leicester square and Covent Garden, runs in the royal parks and the musical Billy Elliot.

As a recipient of a fellowship education grant, I would like to express my gratitude to the CIRSE Foundation. It is very encouraging to know that CIRSE has faith in the efforts and passions of young fellows like me. This exchange of ideas and knowledge supported by CIRSE will surely be fruitful to all in the future.

St. George's Hospital

- Established in 1733
- Nearly 8,000 staff members
- Serves a population of 1.3 million
- 1,000 beds

Cardiovascular and Interventional Radiological Society of Europe

GEST 2015

E U R O P E

EUROPEAN SCHOOL OF INTERVENTIONAL RADIOLOGY
Part of ESIR

Global Embolization Symposium and Technologies

June 24-27
Seville | Spain

www.gest2015.eu

CIRSE foundation

A revamped ESIRonline brings a wealth of outstanding content directly to your screen.

ESIRonline: An ever-expanding resource

Uta Melzer, CIRSE Office

ESIRonline, CIRSE's extensive IR educational resource, keeps expanding and improving. Redesigned and relaunched in August, it features several significant changes. The new layout includes a revised home page and an updated, state-of-the-art search function.

Previously a service offered only to CIRSE members, annual subscriptions are now available to non-members, with a significant discount for individuals who purchase the service in connection with registering for a congress. Additional information is available at **www.cirse.org/ESIRsubscribe**.

CIRSE 2014 content

The content continues to grow at an impressive rate, and subscribers now have access to over 900 presentations and posters from CIRSE 2014. A new and very practical feature was introduced leading up to CIRSE 2014: the Online Programme Planner permitted delegates to browse the event's scientific programme, peruse abstracts and assemble their own personalised schedule. Even after the Annual Meeting, it remains possible to browse presentations and webcasts from the conference via the planner.

The Live Stream again made it possible for those who could not make it to Glasgow to nonetheless benefit from the event's many excellent sessions, allowing them to follow online lectures presented in the four largest lecture halls. Over 570 made use of this option, an increase of almost 10% from the previous year. This year, the Live Stream for the first time also featured a "technology snapshots" section, containing short videos filmed at the CIRSE 2014 technical exhibition, introducing new IR devices.

Themed packages

The continuously expanding material also includes several newly released topic packages. Introduced in 2013, these bundle select material that addresses particular themes, and are compiled and continuously updated by the ESIRonline Editorial Board. New packages cover *High-Intensity Focused Ultrasound, Stroke Intervention, Lung Tumour Ablation, Liver Tumour Ablation: an update, SFA: from standard treatment to medicated devices,* and *HCC: transarterial treatments.*

EBIR preparation

Physicians interested in taking the EBIR exam also stand to benefit from targeted preparatory material, including a workshop entitled *Taking the EBIR*, held at CIRSE 2014, which outlines the structure of the CIRSE IR Curriculum and the EBIR, the exam's entry criteria, and its evaluation principles. The session also points out how other subject-specific material available on ESIRonline can best be used for exam preparation purposes.

The ESIRonline Editorial Board is not resting on its laurels. Various efforts are underway to ensure that ESIRonline continues to remain a truly first-rate educational resource for practitioners seeking to deepen their expertise in IR, with a feature highlighting a "case of the month" currently in development.

F O U N D A T I O N

ESIRonline, already a first-rate resource, now features several new practical elements

"Both cryoablation and MRI-guided procedures were, before this, completely unknown to me."

F O U N D A T I O N

Fellowship Education Grant

Raúl García Marcos

Thanks to a CIRSE Foundation grant, I was able to spend April to June of 2014 in the department of *'Imagerie interventionnelle de Strasbourg'* with Professor Gangi and his team. The department is primarily focused on oncological and musculoskeletal interventions.

The most important objective of my stay at the Nouvel Hôpital de Strasbourg was to gain knowledge and experience of musculoskeletal interventional radiology techniques, either through oncological interventions or through image-guided pain treatments.

Other objectives included learning how they organise their workload and manage patients with musculoskeletal disorders, as well as assisting in case discussions and learning about symptoms, materials used, and treatment plans.

Hôpitaux Universitaires de Strasbourg

- Comprises 7 individual institutes, including the Nouvel Hôpital de Strasbourg
- Capacity of 2,540 beds
- Winner among six government-selected university hospital institutes (IHU) in the field of minimally invasive image-guided surgery

The department

The department of '*imagerie interventionnelle'* is structured in a modern and functional way. Thanks to the work of nursing staff, a complete and detailed check-list is completed in the patients' reception area in order to provide further information regarding both patients and the safety of procedures. Depending on the procedures required, patients are distributed between three sub-areas within the department, comprising of a MRI scanner, a CT scanner, and an angiography machine. The majority of interventional procedures are conducted within these three areas.

The unit also comprises a post-anaesthetic recovery room, where specialised nurses supervise the recuperation and post-procedural pain management of patients, closely collaborating with anaesthetists. Once a week, this same room is also used for ultrasound-guided procedures, such as joint infiltrations or biopsies.

Raúl Garcia Marcos and Afshin Gangi

Experience

Image-guided musculoskeletal interventions have developed greatly in the last few years. Thanks to Prof. Gangi's fantastic team, I gained experience and knowledge in image-guided pain treatments and tumour ablation techniques, providing both curative and palliative care. I was able to experience the management of patients, interventional procedures and follow-up care, the uses and suitability of each of the ablation techniques available in the department (cryotherapy, microwaves, radiofrequency and laser), and witness how they are guided (MRI, image fusion, CT).

These techniques, alongside close collaboration with other specialities including traumatology, neurosurgery and rheumatology, allow patient management to be improved; their excellent results are evident in both publications and communications.

"The most valuable experience was meeting a group of very capable, versatile and dynamic radiology technicians."

The interventional team at Nouvel Hôpital de Strasbourg

I assisted in treatment procedures such as epidural, facet joint and peri-radicular therapy, vertebroplasty, stentoplasty, rhizolysis and infiltrations guided by ultrasound (thanks to Dr. Morel).
The following are the predominant oncological procedures: tumour ablation, palliative treatment of oncological pain, percutaneous cementoplasty, chemoembolisation, and biopsies of bone and soft tissue. I assisted in procedures that combined ablation and cementoplasty techniques guided by different imaging techniques. Both cryoablation and MRI-guided procedures were, before this, completely unknown to me.

The most frequently occurring disease is osteoporosis and low lumbar syndrome, but this didn't hinder me in learning about a wide range of other diseases and treatments, such as bone cysts, infiltration and ablation in the cranio-vertebral region, percutaneous treatment of degenerative disc disease, percutaneous fixation and reduction, and endovascular interventions.

I acquired a new understanding of the protective and isolation processes used in thermal ablation procedures, which aim to reduce damage to nervous, vascular and visceral structures. I learned to improve antiseptic techniques used extensively throughout the department daily.

I was able to assist in department sessions that take place every Tuesday and also in multidisciplinary meetings, and under strict supervision of the medical team, to consult patients and collaborate in interventional procedures.

Working hours were made even more enjoyable by the relaxed yet organised environment, where we were able to enjoy listening to music – an innovative and pleasant experience for both staff and patients.

The most valuable experience was meeting a group of very capable, versatile and dynamic radiology technicians. The efforts of a large staff including both anaesthetists and specialised anaesthetist nurses, will hopefully pave the way for advances in anaesthetist knowledge of interventional procedures, and in turn, advances in radiologic knowledge concerning pain management, sedation and related complications.

Led by the example of current fellow Dr. Thenint, I was fortunate to be able to experience a teaching fellows programme equipped with great competencies. The rest of the medical team cannot go unmentioned; Dr. Garnon, who provided me with laughter and teaching, as well as the rest of the medical staff (Dr. Bing, Dr. Enescu, Dr. Boatta, Dr. Tsoumakidou), residents and external rotating staff, whose expertise and guidance ensured I enjoyed myself and benefited from my stay at the hospital.

To conclude, I would like to express my gratitude to the CIRSE Foundation for awarding me one of its 2014 Fellowship Grants.

"One of the most important aspects for me was the possibility to discuss chemoembolisation and ablation techniques for HCC and liver metastases with the IR team."

F O U N D A T I O N

Visiting Scholarship Grant

Hugo Rio Tinto

Left to right: Hugo Rio Tinto and Franco Orsi

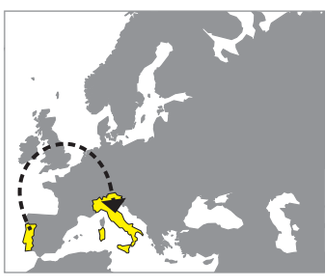
My Visiting Scholarship took me to the Radiology Department of the Istituto Europeo di Oncologia (IEO) in Milan, Italy, under the supervision of Prof. Franco Orsi, who was kind enough to accept me.

In my home institution in Lisbon – the Hepatobiliary Pancreatic and Transplantation Centre at Hospital Curry Cabral – my main activities are oncologic interventions, in particular hepatobiliary ones. I am especially interested in the use of new agents and technologies for embolisation, and RFA and MWA ablations, since I perform these procedures extensively. My main objective at IEO was to learn about different methods for these procedures, and this was certainly achieved. On top of that, I also had the opportunity to observe hepatic and pancreatic interventions.

Another engaging aspect was observing different approaches to the same IR technique. I followed various procedures such as HCC embolisation, percutaneous and laparoscopic RFA ablations, and pancreatic high-intensity focused ultrasound (HIFU). The IR suite in Milan is equipped with both a C-arm and a CT scanner, which is very useful for some procedures.

The Istituto Europeo di Oncologia specialises in US-guided HIFU, so I was very eager to learn about the indications for this treatment, as well as pre-procedural work-up, how the procedure is performed at this hospital and the results obtained by the group. I had the chance to participate in two tumour boards where different specialties discussed several cases to identify a combined strategy for each patient. One of the most important aspects for me was the possibility to discuss chemoembolisation and ablation techniques for HCC and liver metastases with the IR team. I also assisted in other procedures, such as US- and CT-guided biopsies and Hickman line insertions and removals. In my free time, I ventured out to explore Milan and the Lake Como area, which is one of the most beautiful areas in central Europe.

I would like to express my sincere gratitude to the CIRSE Foundation for the programme and this unique opportunity I was given. I want to thank the entire IEO team, including consultants, radiographers and nurses, who were very friendly and welcoming. I am especially thankful to Drs. Franco Orsi, Guido Bonomo, Lorenzo Monfardini and Paolo Della Vigna for their remarkable hospitality. It was a great pleasure to work with this wonderful and professional group of people.



Istituto Europeo di Oncologia (IEO)

- One of the world's most prestigious hospitals
- Founded in 1994
- Fastest growing comprehensive cancer centre in Europe
- More than 100,000 patients per year