



LEADERS IN ONCOLOGIC INTERVENTIONS

# ECIO 2017

European Conference  
on Interventional Oncology

April 23-26  
Bilbao, Spain

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



PRELIMINARY  
PROGRAMME

CIRSE

Cardiovascular and Interventional Radiological Society of Europe

# LEADERS IN ONCOLOGIC

**Interventional oncology is evolving rapidly, continually exploring new territories and making exciting progress. Keeping abreast of these changes can be a challenge, but the annual European Conference on Interventional Oncology offers all oncology practitioners a comprehensive forum for education and exchange.**

The upcoming congress will be held in Bilbao, Spain, and will once again cover a broad cross-section of clinical topics, ranging from well-established IO therapies, such as local ablation of HCC, to newer clinical areas, such as immunotherapy and genomics. You can find the full programme within this brochure, as well as information about important deadlines and key highlights.

## Revisiting colorectal metastases

Following the warm reception of the extended focus on colorectal liver metastases in 2016, the 2017 programme will once again embrace this important theme, with

several sessions examining different aspects of the disease: epidemiology, ESMO guidelines and available therapies; follow-up, quality and efficacy; and the current evidence, including results of the CLOCC and SIRFLOX trials, and discussions of what endpoints should be pursued. A special Multidisciplinary Tumour Board will also explore *CRC metastases beyond the guidelines*.

## An emphasis on evidence

This data-based analysis will be a common strand throughout the congress, with a number of sessions committed to presenting and even questioning the current guidelines and evidence, such as the *Best IO papers of 2016*, which will see authors of the most influential clinical papers present their work and take questions. Another session will equip delegates with concrete information on how they can support data acquisition within IR.



A. Adam



J.I. Bilbao



C.A. Binkert



E. Brountzos



T. de Baère



A. Denys



A. Gangi



J.-F.H. Geschwind

## COMMITTEES

### Advisory Board

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Thierry de Baère (FR)  
Johannes Lammer (AT)  
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Miguel González de Garay (Bilbao)  
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Borja Peña (Bilbao)  
Ignacio Terreros (Barakaldo)  
José Urbano (Madrid)

# INTERVENTIONS

## Clinical involvement

To encourage more IOs to get involved in tumour boards and clinical management, ECIO 2017 will offer a number of useful sessions, including ones on tumour biology, how to get started in IO practice, general patient management, complication management and a morbidity and mortality conference.

## And so much more...

The conference will of course be exploring new technologies and clinical applications, such as intra-tumoural viral therapy, intra-arterial immunotherapy, and new drugs for advanced HCC. Clinical fields such as breast, kidney, lung and MSK tumours will be thoroughly examined, while special "how I do it" lectures will guide novices through liver, lung, kidney and bone interventions.

## Our destination

We are excited to be bringing ECIO to Spain for the first time, and have chosen the picturesque Basque city of Bilbao as our location. Located in the city's former shipyard, our congress centre, the Euskalduna Complex, is a fine example of 21<sup>st</sup> century Bilbao architecture, and won the Enric Miralles award for architecture at the 6<sup>th</sup> Spanish Architecture Biennial in 2001.

Located in the city centre, and close to the international airport, the multi-purpose complex boasts a range of facilities, including excellent catering facilities that offer both cafeteria options and Michelin-star restaurants. The congress centre is within walking distance of the city's hotels, but is also served by a rich network of buses, taxis and trams. It was voted the world's best congress centre in 2003, and is sure to offer us all the facilities required to host another rich and multifaceted congress.

We hope you will enjoy browsing the scientific programme, and look forward to welcoming you to Bilbao!



B. Hamm



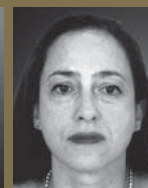
T.K. Helmberger



J. Lammer



R. Lencioni



K. Malagari



J.H. Peregrin



P.L. Pereira



J.A. Reekers

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## Preliminary Faculty

*as per printing date – subject to change*

Arai Y.	Tokyo/JP	Jennings J.	St. Louis, MO/US
Aristu J.	Pamplona/ES	Kenny L.M.	Brisbane, QLD/AU
Arnold D.	Lisbon/PT	Krokidis M.E.	Cambridge/UK
Bale R.	Innsbruck/AT	Lagerveld B.W.	Amsterdam/NL
Beets-Tan R.G.H.	Amsterdam/NL	Lange N.T.	Bonn/DE
Bilbao J.I.	Pamplona/ES	Lasarte J.J.	Pamplona/ES
Bonekamp D.	Heidelberg/DE	Lencioni R.	Miami, FL/US
Breen D.J.	Southampton/UK	Malagari K.	Athens/GR
Burrell M.	Barcelona/ES	Maleux G.	Leuven/BE
Buy X.	Bordeaux/FR	Martens U.	Heilbronn/DE
Callstrom M.R.	Rochester, MN/US	Mazzaferro V.	Milan/IT
Caridi J.G.	New Orleans, LA/US	Orsi F.	Milan/IT
Cervantes A.	Valencia/ES	Palussière J.	Bordeaux/FR
Chevallier P.	Nice/FR	Papagelopoulos P.J.	Athens/GR
Corcoran R.B.	Boston, MA/US	Páramo J.A.	Pamplona/ES
Crocetti L.	Pisa/IT	Pereira P.L.	Heilbronn/DE
de Baère T.	Villejuif/FR	Peynircioglu B.	Ankara/TR
den Brok M.H.M.G.M.	Nijmegen/NL	Poston G.J.	Liverpool/UK
Denys A.	Lausanne/CH	Quoix E.	Strasbourg/FR
Deschamps F.	Villejuif/FR	Rao P.P.	Dombivli/IN
Duran R.	Lausanne/CH	Reimer P.	Karlsruhe/DE
Durand-Zaleski I.	Paris/FR	Ricke J.	Magdeburg/DE
Erinjeri J.P.	New York, NY/US	Rodríguez J.	Pamplona/ES
Ferrone C.R.	Boston, MA/US	Salem R.	Chicago, IL/US
Filippiadis D.K.	Athens/GR	Sangro B.	Pamplona/ES
Frija G.	Paris/FR	Schäfer N.	Lausanne/CH
Fuchs M.	Munich/DE	Sharma R.	London/UK
Garnon J.	Strasbourg/FR	Sofocleous C.T.	New York, NY/US
Gebauer B.	Berlin/DE	Solbiati L.	Rozzano/IT
Geschwind J.-F.H.	New Haven, CT/US	Stacul F.	Trieste/IT
Gibbs P.	Melbourne, VIC/AU	Steib J.-P.	Strasbourg/FR
Gil-Bazo I.	Pamplona/ES	Suh R.D.	Los Angeles, CA/US
Gillams A.	London/UK	Treasure T.	London/UK
Goldberg N.	Jerusalem/IL	Tselikas L.	Villejuif/FR
Golfieri R.	Bologna/IT	Urrutikoetxea A.	San Sebastián/ES
Guiu B.	Montpellier/FR	van den Bosch M.	Utrecht/NL
Hechelhammer L.	St. Gallen/CH	Vari A.	Rome/IT
Helmberger T.K.	Munich/DE	Vera R.	Pamplona/ES
Hinshaw J.L.	Madison, WI/US	Vilgrain V.	Clichy/FR
Hoffmann R.-T.	Dresden/DE	Wood B.J.	Bethesda, MD/US
Jakobs T.F.	Munich/DE		



## Honorary Lecture

### Jean Palussière

Dr. Jean Palussière studied medicine and graduated from Bordeaux University. Following medical school, he completed his residency in Bordeaux. His first internship was in an intensive care unit, following which he opted to pursue radiology. During different internships, he progressively became familiar with vascular and interventional radiology.

At the end of his residency, he moved to Central Africa for a one-year sabbatical, where he took part in different health missions in the equatorial forest (North Congo). He returned to Bordeaux to be an assistant for two years in the vascular radiology department under Prof. Nicolas Grenier. Towards the end of 1995, to prepare for the future launch of the interventional radiology unit at Institut Bergonié, Jean moved to Institut Gustave Roussy, Villejuif, for six months where he met Prof. Alain Roche and Dr. Thierry de Baère. These six months proved to be decisive; he gained a lot of experience in this dedicated IR department that was the first of its kind in France. As well as teaching him numerous technical skills, the remarkable organisation was a source of motivation and inspiration.

Back in Bordeaux, he started to develop IR at Institut Bergonié. In 1999, the first angiosuite was installed and in 2002, the anaesthetists agreed to work in the CT room. Soon after, the first patients were treated with radiofrequency ablation for lung tumours. Since the beginning, the close partnership with Institut Gustave Roussy and Thierry de Baère led to the creation of a common database and numerous collaborative articles. In parallel, Dr. Palussière was carrying out research on HIFU and MR thermometry in Chrit Moonen's university laboratory. Ablation in clinical practice was rapidly growing and alongside cementoplasty, became the main expertise developed in Bergonié.

In 2012, the arrival of Xavier Buy, the former right-hand man of Afshin Gangi, contributed to the growth of IR in the hospital. Now, along with Vittorio Catena, three interventional radiologists work in the department.

Dr. Palussière has been a guest speaker at different universities and conferences across Europe and the USA due to his expertise in thermal lung and breast tumour ablation. Since 2003, he has been a member of CIRSE and an active participant at the annual congress, and at the ECIO meeting, where he has given countless presentations on the treatment of lung and breast tumours.

Jean Palussière is married and has 3 children. An avid outdoorsman, he could only be induced to leave the IR field by 'a life in the mountains'. Ski touring is one of his main passions.

## Honorary Lecture

### Metastatic colorectal cancer and percutaneous thermal ablation: a happy marriage?

Monday, April 24  
10:30-11:30





# ECIO 2017

**Collaborating Against Cancer Initiative**

## €100,000 Education Grant

**CIRSE supports the "Collaborating Against Cancer" initiative with €100,000!**

**The ECIO initiative allows radiologists with a full registration for ECIO 2017 in Bilbao to invite their non-radiologist colleague to the conference free of charge.**

**The first 100 referring physicians to sign up will receive free registration and up to €1,000 travel support.**

**For further information and registration please go to [www.ecio.org](http://www.ecio.org)**

# What's hot in 2017?

## 1 Video Learning Sessions

This hugely popular format will be continued in 2017, giving delegates a step-by-step overview of how our experts perform ablation on various liver, lung, kidney, bone and thyroid lesions.

## 2 Multidisciplinary Tumour Boards

Providing a cross-specialty platform for the active discussion of treatment strategies for colorectal metastases and lung tumour cases, these sessions will mimic real-world clinical scenarios, and show how patient-focused treatment consensus is best reached.

## 3 Best IO Papers

Rounding up some of the most acclaimed and interesting research from the past year, this cutting-edge session will give a concise overview of current trends, and offer an opportunity to pose questions to the authors.

## 4 Promoting IO evidence

Along with the *Best IO Papers* session, this year will see several sessions bring evidence to the fore, addressing guidelines, the status of ongoing and recently completed trials, and featuring various invited scientific papers.

## 5 Comprehensive education with experts in field

Congress feedback consistently praises the high calibre of the ECIO faculty, which will once again include noted experts from a broad spectrum of oncological applications, such as lung, liver, bone, kidney, breast, etc. – both from within the IR field and beyond!

## 6 Hands-on Device Training

Alongside a comprehensive lecture programme, practical training in tumour ablation will be offered. Five Hands-on Device Training sessions will be held; those wishing to take part are advised to pre-register.

## 7 Biggest technical exhibition of oncological devices

ECIO's technical exhibition is the world's largest device exposition that is purely focused on cancer diagnosis and treatment. It offers delegates a unique opportunity for interaction with device manufacturers.

## 8 Bilbao

A former industrial stronghold of Spain, Bilbao offers a fitting location for the congress. Our venue, the Euskalduna Complex, has been awarded for both its design and its congress services, and is conveniently located in the city centre, a short journey from the international airport.






## Monday, April 24

 e-voting  recommended for EBIR preparation



## Tuesday, April 25

## Wednesday, April 26

30					
45					
08:00	Satellite Symposia				
15					
30					
45					
09:00	<b>CF 1501</b> Breast cancer patients – the IO add-on		<b>VL 1502</b> How I do it – lung, kidney, bone		
15					
30					
45					
10:00	p16		p16		
15	Break				
30					
45					
11:00	<b>CF 1601</b> MSK tumours beyond the spine		<b>CF 1602</b> Complication management		<b>TA-HDT 5</b> Tumour ablation – Alternative techniques
15					
30					
45					
12:00	p16		p17		p17
15	Lunch break				
30					
45					
13:00	Satellite Symposia				
15					
30					
45					
14:00	Satellite Symposia				
15					
30					
45					
15:00	Break				
15					
30					
45					
16:00	<b>CF 1801</b> Genomics in cancer		<b>VL 1802</b> How I do it – liver		
15					
30					
45					
17:00	p17		p18		
15	Break				
30					
45					
18:00	<b>CF 1901</b> Spinal tumours		<b>CF 1902</b> Promoting IO evidence		
15					
30					
45					
19:00	p18		p18		
	Satellite Symposia				

**CF:** Clinical Focus Session  
**HL:** Honorary Lecture  
**HDT:** Hands-on Device Training  
**MM:** Morbidity & Mortality Conference  
**MTB:** Multidisciplinary Tumour Board  
**PS:** Paper Session  
**TF:** Technical Focus Session  
**VL:** Video Learning Session

## Sunday, April 23

08:30-10:00

### Clinical Focus Session



#### CF 101 Colorectal cancer patients – the challenge

- 101.1 Demographics and need for treatment  
*A. Cervantes (Valencia/ES)*
- 101.2 Treatment strategies according to the new ESMO guidelines  
*D. Arnold (Lisbon/PT)*
- 101.3 Who is the ideal candidate for liver surgery?  
*C.R. Ferrone (Boston, MA/US)*
- 101.4 Invited scientific paper
- 101.5 Local ablation in oligometastatic disease  
*A. Gillams (London/UK)*
- 101.6 Intra-arterial therapies in advanced metastases  
*P.L. Pereira (Heilbronn/DE)*

10:30-12:00

### Clinical Focus Session



#### CF 201 Immunotherapy for cancer

- 201.1 Cancer and immune reaction  
*J.J. Lasarte (Pamplona/ES)*
- 201.2 Immunoscore: is it more relevant than TNM?  
*J. Rodríguez (Pamplona/ES)*
- 201.3 Checkpoint inhibitors  
*M. Fuchs (Munich/DE)*
- 201.4 T-cell therapy and vaccination in solid tumours  
*to be announced*
- 201.5 IO and immunotherapy in cancer  
*J.P. Erinjeri (New York, NY/US)*

10:30-12:00

### Clinical Focus Session



#### CF 202 Colorectal cancer and IO: where is the evidence?

- 202.1 CLOCC trial in detail  
*G.J. Poston (Liverpool/UK)*
- 202.2 Evidence for surgery as a curative treatment  
*A. Denys (Lausanne/CH)*
- 202.3 SIRFLOX trial in detail  
*P. Gibbs (Melbourne, VIC/AU)*
- 202.4 Does progression-free survival translate into overall survival?  
*R. Sharma (London/UK)*
- 202.5 Evidence in endpoints for IO in CRC mets  
*R. Salem (Chicago, IL/US)*

10:30-12:00  
**Hands-on Device Training**  
**TA-HDT 1 Tumour ablation – Radiofrequency**

13:00-14:30  
**Satellite Symposia**

15:00-16:30  
**Multidisciplinary Tumour Board**  
**MTB 401 CRC metastases – beyond the guidelines**



*Co-ordinator: T.K. Helmberger (Munich/DE)*

15:00-16:30  
**Technical Focus Session**  
**TF 402 Cutting-edge developments**



- 402.1 Drug-eluting particles  
*R. Duran (Lausanne/CH)*
- 402.2 Thermal ablation  
*L. Crocetti (Pisa/IT)*
- 402.3 Radioembolisation  
*M. van den Bosch (Utrecht/NL)*
- 402.4 Invited scientific paper
- 402.5 Intra-tumoural viral therapy  
*L. Tselikas (Villejuif/FR)*
- 402.6 Intra-arterial immunotherapy  
*B.J. Wood (Bethesda, MD/US)*

15:00-16:30  
**Hands-on Device Training**  
**TA-HDT 2 Tumour ablation – Radiofrequency**

17:00-18:30  
**Clinical Focus Session**  
**CF 501 Follow the colorectal cancer patients: quality and efficacy**



- 501.1 What are the guidelines?  
*R. Vera (Pamplona/ES)*
- 501.2 Does expensive and short-term imaging follow-up affect the outcome?  
*R.G.H. Beets-Tan (Amsterdam/NL)*
- 501.3 PET-CT: a critical review  
*N. Schäfer (Lausanne/CH)*
- 501.4 PRO, PCO and PREM – what do they tell us?  
*P. Reimer (Karlsruhe/DE)*
- 501.5 Changing healthcare systems: what are convincing outcome measures?  
*I. Durand-Zaleski (Paris/FR)*

17:00-18:30

**Clinical Focus Session****CF 502 Getting IO into practice**

- 502.1 Curriculum in IO  
*P.P. Rao (Dombivli/IN)*
- 502.2 How to increase patient referral  
*J.G. Caridi (New Orleans, LA/US)*
- 502.3 Patient pathway in IO  
*J. Ricke (Magdeburg/DE)*
- 502.4 Interaction with other disciplines  
*J.I. Bilbao (Pamplona/ES)*
- 502.5 How do I promote IO services to my administration?  
*R.-T. Hoffmann (Dresden/DE)*

18:30-19:00

**Satellite Symposia**

# ECIO investigates...

## Colorectal Liver Metastases

Last year at ECIO, metastatic colorectal liver cancer (mCRC) took centre stage and it's easy to see why: of the 1.4 million new CRC patients each year worldwide, around 15% have liver metastases at diagnosis, around 60% develop these during follow-up and around 50% will die from liver metastases. Due to its prevalence and the ongoing research surrounding it, mCRC will again be a core theme of this year's congress, and a range of sessions featuring interventionalists, oncologists and surgeons will explore the current status of this topic, looking at how and at what stage interventional oncology can manage the disease.

### Medical Background

From 1957 until 1995, colorectal cancer was considered a chemo-resistant disease because of the minimal effect the lone medical drug for CRC, Fluorouracil, had on patients, with only a 20% response rate and a median survival of 1 year. In 2000, two new agents, Irinotecan and Oxaliplatin, were introduced and CRC began to be considered a chemo-sensitive disease, as the response rate rose to 50% and the median overall survival went up to nearly 2 years.

Nowadays, further steps have been taken with biological therapies, and the therapy arsenal has grown, adding anti-epidermal growth receptor antibodies and anti-angiogenics to the list of potential treatments. With these and other advances, the response rate has gone above 50% and, in some groups of patients, the median survival is greater than 3 years.

### Combining Forces

The most commonly used minimally invasive therapies in the treatment of mCRC consist of radioembolisation, transarterial chemoembolisation (TACE) and thermal ablation. Despite a lack of clinical data, the recent advance of combination therapies, such as TACE with systemic therapy or thermal ablation with resection, has been shown to have significant impact on survival rates and a possibility to curatively benefit unresectable patients. When used in conjunction, these combination therapies can have major results. Progress with drug-eluting particles, thermal ablation, radioembolisation, intra-tumoural viral therapy and intra-arterial immunotherapy will be discussed in a Technical Focus Session on "Cutting-edge developments".

### New Evidence in Minimally Invasive Therapies

After presenting initial results in the past, this year two trials will be examined further in depth during a Clinical Focus Session on evidence for colorectal cancer and IO. Initial results

for SIRFLOX, which compared SIRT with FOLFOX to FOLFOX alone as a first-line treatment for non-resectable CRCLM, indicated that adding SIR-Spheres Y-90 resin microspheres to a chemotherapy regimen yielded a statistically significant improvement in PFS in the liver compared to chemotherapy alone. And initial results for CLOCC, which took place between 2002 and 2007 and evaluated patients with unresectable mCRC using a combination of systemic therapy and local RFA, showed that, after a median follow-up of 9.2 years, overall survival was favoured in the RFA arm with 35.9% compared to 8.9% in the chemotherapy alone arm.

The importance of developing data and promoting IO evidence will be emphasised in a session dedicated to ongoing studies, registries and randomised trials. Presentations will be given on CIRT, the European-wide CIRSE Registry for SIR-Spheres Therapy which seeks to collect data on the real-life clinical application of SIR-Spheres, and CIREL, the CIRSE Registry for LifePearl Microspheres which seeks to gather data on the delivery of transcatheter arterial chemoembolisation (TACE) using beads loaded with Irinotecan and related clinical outcomes throughout Europe. And the value of registries versus randomised trials will also be debated.

### The Rise of the MDT

Currently, it's clear that no single method can satisfy all the requirements for a complete therapy of colorectal metastases: no one discipline has the complete answer to curing this disease, and it is essential to remember that these treatments are complementary, not competitive. Systemic and local therapies continue to move closer together, and interdisciplinary action is necessary to carry on that development.

This interdisciplinary teamwork will be highlighted in the Multidisciplinary Tumour Board which will cover the topic "CRC metastases – beyond the guidelines". This combination of interventional radiologists, surgeons, and surgical oncologists will discuss a range of cases, each providing their own expert opinion and also engaging the audience through the CIRSE app voting tool.

The wide selection of sessions available aims to provide IRs with ample advice and information to be able to join the discussion on the treatment of colorectal metastases and equips them with strategies to play an effective and positive role on their local Tumour Board.

## Monday, April 24

07:45-08:15

### Satellite Symposia

08:30-10:00

### Clinical Focus Session



#### CF 801 Lung metastases

- 801.1 Rationale for local treatment – does it help patients?  
*I. Gil-Bazo (Pamplona/ES)*
- 801.2 Resection – current status and evidence  
*T. Treasure (London/UK)*
- 801.3 Invited scientific paper
- 801.4 SBRT – current status and evidence  
*L.M. Kenny (Brisbane, QLD/AU)*
- 801.5 Thermal ablation – current status and evidence  
*T. de Baère (Villejuif/FR)*
- 801.6 Round-table discussion

08:30-10:00

### Clinical Focus Session

#### CF 802 Understanding tumour biology

- 802.1 Hypoxia and anoxia – friend or enemy?  
*B.J. Wood (Bethesda, MD/US)*
- 802.2 IO procedures inducing tumour spread  
*C.T. Sofocleous (New York, NY/US)*
- 802.3 Post-ablation inflammation and immune reactions – the bad  
*N. Goldberg (Jerusalem/IL)*
- 802.4 Post-ablation inflammation and immune reactions – the good  
*M.H.M.G.M. den Brok (Nijmegen/NL)*
- 802.5 Combined locoregional and systemic immunotherapy  
*L. Tselikas (Villejuif/FR)*

10:30-11:30

#### HL 901 Honorary Lecture

- 901.1 Metastatic colorectal cancer and percutaneous thermal ablation: a happy marriage?  
*J. Palussière (Bordeaux/FR)*

10:30-12:00

### Hands-on Device Training

#### TA-HDT 3 Tumour ablation – Microwave

11:30-12:00

### Paper Session

#### PS 902 The best IO papers of 2016

13:00-14:30

### Satellite Symposia



15:00-16:30  
**MTB 1101 Multidisciplinary Tumour Board**  
**Lung tumours – beyond the guidelines**



*Co-ordinator: J. Palussière (Bordeaux/FR)*

15:00-16:30  
**CF 1102 Clinical Focus Session**  
**IO in HCC: early and intermediate**



- 1102.1 From Barcelona to Hong Kong: the HCC classifications  
*B. Sangro (Pamplona/ES)*
- 1102.2 What to do when on the waiting list for transplantation  
*V. Mazzaferro (Milan/IT)*
- 1102.3 Local ablation in early stage: do we compete with surgery?  
*L. Crocetti (Pisa/IT)*
- 1102.4 Intermediate stage: is there room for radioembolisation?  
*R. Salem (Chicago, IL/US)*
- 1102.5 Intermediate stage: what are the indications for combined therapy?  
*T.F. Jakobs (Munich/DE)*

15:00-16:30  
**TA-HDT 4 Hands-on Device Training**  
**Tumour ablation – Microwave**

17:00-18:30  
**CF 1201 Clinical Focus Session**  
**IO in HCC: what's new?**

- 1201.1 Current status of classifying HCC and tailoring therapy: an update  
*J.-F.H. Geschwind (New Haven, CT/US)*
- 1201.2 New drugs in advanced HCC  
*B. Sangro (Pamplona/ES)*
- 1201.3 Bland embolisation vs. drug-eluting beads: the evidence  
*K. Malagari (Athens/GR)*
- 1201.4 RF vs. microwave in tumours up to 4 cm: the evidence  
*A. Denys (Lausanne/CH)*
- 1201.5 Cryoablation vs. RF  
*to be announced*
- 1201.6 SARAH trial  
*V. Vilgrain (Clichy/FR)*
- 1201.7 Idarubicin TACE  
*B. Guiu (Montpellier/FR)*

17:00-18:30

**Clinical Focus Session****CF 1202 Primary lung cancer**

- 1202.1 An update of systemic therapy of NSCLC  
*U. Martens (Heilbronn/DE)*
- 1202.2 Surgery, SBRT, local ablation: an appraisal of the pre- and post-treatment lung function  
*E. Quoix (Strasbourg/FR)*
- 1202.3 Invited scientific paper
- 1202.4 SBRT  
*J. Aristu (Pamplona/ES)*
- 1202.5 Local ablation  
*X. Buy (Bordeaux/FR)*
- 1202.6 Imaging follow-up of SBRT and ablation  
*R.D. Suh (Los Angeles, CA/US)*

18:30-19:00

**Satellite Symposia**

# ECIO investigates...

## Clinical Management

As interventionalists continue to push forward each year on efforts to advance personalised patient care and clinical management, the sessions provided on these important topics become more and more pertinent. This year, ECIO is highlighting this aspect of interventional oncology by making the clinical side of patient care a core theme.

### Creating a Continuum of Care

Taking on the clinical responsibility of patients, including initial assessment, procedure planning, complication management and follow-up are all essential parts of developing a care regime for interventional patients.

In order to assist IOs on this front, Clinical Focus Sessions will cover topics such as *Getting IO into practice*, *Recipes for general patient management* and *Complication management*. Presentations throughout these sessions will address patient demographics, determining the ideal patients for specific treatments, assessing the patient's general condition, pain management, the patient pathway in IO and increasing patient referral: all matters which are necessary to keep in mind when creating a continuum of care for patients.

A special Morbidity and Mortality Conference on the last day will also feature complications that went wrong and how to avoid them happening in the future.

### Best Care MDTs

Clinical management is not a lone endeavour but entails working as a team to provide the best care for the patient. Faculty members at ECIO are not IOs alone, but include surgeons, medical oncologists and other specialities. Last year's conference had nearly 30% attendance from non-radiologists, which shows that multidisciplinary teamwork is on the rise.

This year, multidisciplinary discussions will take a greater focus in many of the sessions. Multidisciplinary Tumour Boards featuring IOs and other specialists will discuss a variety of colorectal liver metastases and lung tumour cases, as well as best methods for working in MDTs to solve issues in order to improve outcomes of patients with cancer.

### Strengthening Evidence

Another important topic which will be addressed within the core theme of clinical management is increasing IO evidence. After last year's successful incorporation of the new Invited Scientific Papers feature, this will continue again at ECIO 2017 with many sessions containing a scientific paper presentation relevant to the session's theme. This, alongside the *Best IO papers* session, emphasises the significance of clinical research in this subspecialty.

A session on *Promoting IO evidence* will also invite discussions on the value of registries versus randomised trials, ongoing studies and several of CIRSE's newest registries: the CIRSE Registry for SIR-Spheres Therapy (CIRT) and the CIRSE Registry for LifePearl Microspheres (CIREL).

### A Personalised Approach

Personalised therapy is on the rise with new data coming into play in fields such as immunotherapy, radiomics and genomics. Immunotherapy will be addressed in the Clinical Focus Session *Understanding tumour biology*, where talks will take place on the combination of locoregional and systemic immunotherapy, the positive and negative aspects of post-ablation inflammation and immune reactions, and the potential of IO procedures inducing tumour spread.

Radiomics and genomics will be looked into further in a Clinical Focus Session *Genomics in cancer*, where a general overview of the concepts will be provided before turning to such topics as genomics and percutaneous biopsy, radiomics in MRI and PET-CT and what these might mean for the future of cancer care.

General patient management and a more clinically focused practice are of growing importance in IO. Because of this, it is necessary to have a thorough understanding of the wide range of therapeutic possibilities that now exist and a constantly evolving knowledge of which patients will benefit most from specific therapy options. By examining the broader context of clinical care, ECIO is showing a dedication to the progress of interventional oncology beyond procedures alone.

## Tuesday, April 25

07:45-08:15

### Satellite Symposia

08:30-10:00

#### Clinical Focus Session



#### CF 1501 Breast cancer patients – the IO add-on

- 1501.1 Demographics and need for treatment  
*A. Urrutikoetxea (San Sebastián/ES)*
- 1501.2 Local treatment in metastatic breast cancer: the oncologist's perspective  
*to be announced*
- 1501.3 Ablation of breast tumours  
*J. Palussière (Bordeaux/FR)*
- 1501.4 Invited scientific paper
- 1501.5 IO in metastatic liver disease  
*F. Orsi (Milan/IT)*
- 1501.6 IO in metastatic bone disease  
*D.K. Filippiadis (Athens/GR)*

08:30-10:00

#### Video Learning Session

#### VL 1502 How I do it – lung, kidney, bone

- 1502.1 Lung cryoablation  
*F. Deschamps (Villejuif/FR)*
- 1502.2 Kidney microwave ablation  
*J.L. Hinshaw (Madison, WI/US)*
- 1502.3 Bone consolidation  
*J. Garnon (Strasbourg/FR)*
- 1502.4 Thyroid radiofrequency ablation  
*F. Stacul (Trieste/IT)*

10:30-12:00

#### Clinical Focus Session



#### CF 1601 MSK tumours beyond the spine

- 1601.1 Bone consolidation in cancer patients: biomechanical and surgical  
*P.J. Papagelopoulos (Athens/GR)*
- 1601.2 Indications and limits of SBRT  
*to be announced*
- 1601.3 Invited scientific paper
- 1601.4 Ablation and consolidation  
*R.-T. Hoffmann (Dresden/DE)*
- 1601.5 Management of benign bone tumours excluding osteoid osteoma  
*J. Jennings (St. Louis, MO/US)*
- 1601.6 Treatment options for soft tissue tumours  
*X. Buy (Bordeaux/FR)*

10:30-12:00

**CF 1602 Clinical Focus Session**  
**Complication management**



- 1602.1 Liver thermal ablation  
*L. Solbiati (Rozzano/IT)*
- 1602.2 TACE  
*Y. Arai (Tokyo/JP)*
- 1602.3 Radioembolisation  
*B. Peynircioglu (Ankara/TR)*
- 1602.4 Kidney cryoablation  
*D.J. Breen (Southampton/UK)*
- 1602.5 Lung ablation  
*R.D. Suh (Los Angeles, CA/US)*
- 1602.6 Bone ablation  
*J. Garnon (Strasbourg/FR)*

10:30-12:00

**TA-HDT 5 Hands-on Device Training**  
**Tumour ablation – Alternative techniques**

13:00-14:30

**Satellite Symposia**

15:00-16:30

**CF 1801 Clinical Focus Session**  
**Genomics in cancer**



- 1801.1 Genomics – a general concept?  
*R.B. Corcoran (Boston, MA/US)*
- 1801.2 Is genomics changing the percutaneous biopsy business?  
*G. Frija (Paris/FR)*
- 1801.3 Radiomics in MRI  
*D. Bonekamp (Heidelberg/DE)*
- 1801.4 Radiomics – new markers in PET-CT  
*N. Schäfer (Lausanne/CH)*
- 1801.5 Iomics – what could it mean?  
*R. Lencioni (Miami, FL/US)*

15:00-16:30

**Video Learning Session****VL 1802 How I do it – liver**

- 1802.1 Complex liver thermal ablation  
*P. Chevallier (Nice/FR)*
- 1802.2 Liver DEB-TACE  
*R. Golfieri (Bologna/IT)*
- 1802.3 Liver balloon TACE  
*T. de Baère (Villejuif/FR)*
- 1802.4 Liver radioembolisation  
*P. Reimer (Karlsruhe/DE)*
- 1802.5 Portal vein and hepatic vein embolisation  
*R. Duran (Lausanne/CH)*

17:00-18:30

**Clinical Focus Session****CF 1901 Spinal tumours**

- 1901.1 Spinal surgery in cancer patients  
*J.-P. Steib (Strasbourg/FR)*
- 1901.2 Indications and limits of SBRT  
*L.M. Kenny (Brisbane, QLD/AU)*
- 1901.3 Invited scientific paper
- 1901.4 Ablation and augmentation  
*J. Jennings (St. Louis, MO/US)*
- 1901.5 Management of benign tumours  
*to be announced*
- 1901.6 The role of embolisation  
*L. Hechelhammer (St. Gallen/CH)*

17:00-18:30

**Clinical Focus Session****CF 1902 Promoting IO evidence**

- 1902.1 CIRT  
*J.I. Bilbao (Pamplona/ES)*
- 1902.2 CIREL  
*P.L. Pereira (Heilbronn/DE)*
- 1902.3 Overview ongoing studies  
*to be announced*
- 1902.4 How to bring a product to market?  
*N.T. Lange (Bonn/DE)*
- 1902.5 The value of registries vs. randomised trials  
*G.J. Poston (Liverpool/UK)*

18:30-19:00

**Satellite Symposia**



# ECIO investigates...

## Musculoskeletal Cancers

Bone cancers have traditionally been a strong area of focus for the oncological world – while primary bone tumours are rare, bones are a particularly prevalent area for metastatic growth, and such lesions can severely compromise quality of life for many cancer patients.

Painful metastatic bone tumours are generally treated using radiotherapy (RT), which provides excellent and fast-acting pain relief. Quick, cheap and effective, it will remain the go-to treatment for most bone metastases. However, spine and pelvic lesions do not respond well to traditional RT, and even in tumours located in the extremities, ensuring adequate consolidation remains a challenge. For such cases, IR options may help bridge this gap.

This year's programme offers sessions dedicated to both spinal and non-spinal tumours, with each giving an overview of the treatment types available, as well as a Video Learning Session presentation that will guide those watching through bone consolidation step by step.

### **Ablation in cure or palliation**

While cure remains the hope of every oncologist and patient, IO with curative intent is currently mainly confined to benign lesions, as well as some smaller, slow-growing malignant lesions. Palliation is a more commonly pursued goal, and aims at reducing pain, decompressing and debulking the tumour, and preventing fractures.

A number of ablation modalities exist, and the various properties seem to be advantageous in certain settings. Cryotherapy is particularly favoured, as it is associated with a lower pain response, although thermal protection is still a key concern, and knowledge of the relevant anatomy is essential to prevent injuries. Ablation can be combined with other treatments such as surgery, chemotherapy, radiotherapy and osteoplasty.

Current evidence indicates that ablation may be particularly useful for tumours that don't respond well to chemotherapy, such as chondrosarcoma. The existing data addresses a mixed range of histologies (melanoma, renal and others), but the Mayo Clinic experience, presented at ECIO 2015, has achieved 87% overall local control (CI 75-93%). Although the disease-free interval is generally short (average 6 months), ablation seems to offer an extended survival of approximately 4 years, shifting the clinical focus to a quality of life issue, but due to its ability to offer good functional preservation, ablation is a potential front-line therapy.

Sessions at this year's conference will feature presentations on ablation, including "Ablation and consolidation" and "Ablation and augmentation".

### **Focused Ultrasound**

Delivered under US or MR guidance, high-intensity focused ultrasound (HIFU) is totally non-invasive, does not involve ionising radiation, and has low complication rates. Patients whose radiation therapy failed, who refused it or who had other contraindications for RT are the most suitable candidates for HIFU. Therapeutic results are achieved within a few days with minimal side effects, including minor bone weakening, skin injuries or fractures. It does not exclude future treatments such as radiation therapy, surgery or ablation. So far, HIFU has only been used with palliative intent mainly in long bones and the pelvis; however, its application could potentially extend to treating benign lesions or debulking primary bone neoplasms.

A prospective, single-arm, multi-centre study is being jointly conducted in Rome and Bologna. As of 2015, 72 patients with 87 non-spinal lesions and VAS  $\geq 4$  had been enrolled. While not complete, individual cases show great promise, and delivered immediate and dramatic pain relief. Clinical experience thus far indicates that not only can MRgFUS be used as primary technique in pain palliation; it has a potential role in achieving local tumour control.

### **Bone consolidation: cementoplasty vs. osteosynthesis**

Cementoplasty is particularly suited for compression fractures of the vertebrae, but cement leakage from high-pressure areas is a constant concern, and to protect against this, filling should be stopped before optimal consolidation is achieved.

Consolidation of the pelvis or proximal femur raises other challenges. Bone cement is not appropriate for tension or sheer stress, and fractures frequently occur despite consolidation in e.g. femoral head, pubis, iliac crest, acetabular roof. Leakage through fracture lines is again a consideration. To overcome both, percutaneous screw fixation can be employed. The procedure is similar to a biopsy, and can be performed under fluoroscopy, but 3D acquisition is needed to assess placement. One drawback of screw fixation is that metastasis growth can displace the screw. In such cases, combined use of screws and cement is a good option.

ECIO 2017 will include coverage of biomechanical and surgical bone consolidation in cancer patients and a special Video Learning Session on bone consolidation.

## Wednesday, April 26

08:30-10:00

### Clinical Focus Session

#### CF 2101 Kidney tumours



- 2101.1 Demographics and need for treatment  
*to be announced*
- 2101.2 Evidence-based nephron-sparing surgery  
*B.W. Lagerveld (Amsterdam/NL)*
- 2101.3 Evidence-based ablation vs. resection outcomes  
*to be announced*
- 2101.4 Palliative intervention in metastatic renal tumours  
*M.R. Callstrom (Rochester, MN/US)*
- 2101.5 The CIRSE SOP paper on RCC (cT1a)  
*M.E. Krokidis (Cambridge/UK)*

08:30-10:00

### Clinical Focus Session

#### CF 2102 Recipes for general patient management



- 2102.1 Assessing the patient's general condition  
*M. Fuchs (Munich/DE)*
- 2102.2 Analgosedation vs. ITN  
*R. Bale (Innsbruck/AT)*
- 2102.3 Peri-interventional pain management  
*A. Vari (Rome/IT)*
- 2102.4 Peri-interventional antibiotics  
*G. Maleux (Leuven/BE)*
- 2102.5 Anticoagulation and anti-aggregants: how to deal with them  
*J.A. Páramo (Pamplona/ES)*
- 2102.6 Postembolisation syndrome management (PES)  
*B. Gebauer (Berlin/DE)*

10:00-10:45

### Satellite Symposium

11:15-12:45

#### MM 2201 Morbidity & Mortality Conference

Co-ordinators: *M. Burrel (Barcelona/ES), P. Chevallier (Nice/FR)*



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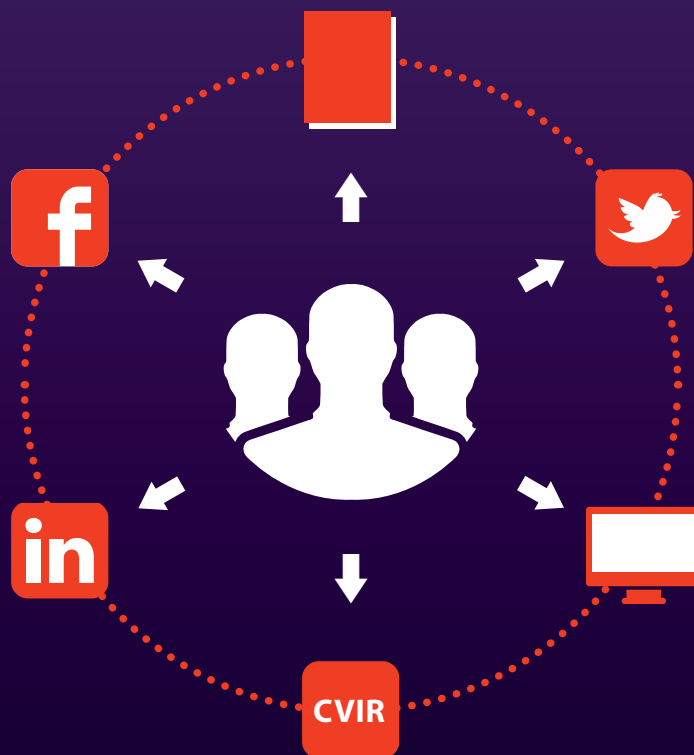


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## Registration

Online registration (secured payment) for ECIO 2017 is available at [www.ecio.org](http://www.ecio.org).

Please note that your registration must be submitted and full payment needs to be received by the respective registration deadlines. Otherwise the respective next higher fee will be due. Furthermore, please be advised that incomplete registrations (not containing full name, email and address) cannot be processed.

### Registration Fees

#### Early – until January 19, 2017 (23:59 CET)

Congress Registration	€ 590
CIRSE Member	€ 390
Resident / Nurse / Radiographer*	€ 250
Undergraduate Medical Student**	€ 0

#### Until March 9, 2017 (23:59 CET)

Congress Registration	€ 790
CIRSE Member	€ 550
Resident / Nurse / Radiographer*	€ 385
Undergraduate Medical Student**	€ 0

#### After March 9, 2017

Congress Registration	€ 860
CIRSE Member	€ 750
Resident / Nurse / Radiographer*	€ 420
Undergraduate Medical Student**	€ 0

\* To be accompanied by a certificate, signed by the head of department.

\*\* To be accompanied by a confirmation of student status at the time of congress, a one page CV and a copy of a valid photo ID.

Registration fee inclusive VAT if applicable.

**Reduced CIRSE Member registration** is only available for members of CIRSE (Cardiovascular and Interventional Radiological Society of Europe) in good standing.

### Method of payment

Registration fees are to be paid in Euros (€) by:  
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Name changes will be handled as a cancellation and new registration.

### Additional information

All ECIO 2017 registrants will be able to print out an invoice of registration using their personal login details at [www.ecio.org](http://www.ecio.org).

Invoices will be issued by: CIRSE Congress Research Education GmbH, Neutorgasse 9, 1010 Vienna, Austria

## CME Credit Allowance

An application will be made to the EACCME® for CME accreditation of ECIO 2017.

## Important Addresses

### Congress Venue

Euskalduna Conference Centre  
Abandoibarra, n°4  
48011 Bilbao, Spain

### Organising Secretariat

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### Email Contacts

For general enquiries about the ECIO 2017 meeting, please send an email to [info@cirse.org](mailto:info@cirse.org).

In case of queries concerning registration for the ECIO 2017 meeting, please send an email to [registration@ecio.org](mailto:registration@ecio.org).

For information about the scientific programme of ECIO 2017, please send an email to [liebhart@cirse.org](mailto:liebhart@cirse.org).

## Accommodation

In cooperation with our travel partner Kuoni DMC, CIRSE has secured a great number of hotel rooms in Bilbao for the benefit of our congress participants. For further information about the official CIRSE hotels and room bookings, please refer to [www.ecio.org](http://www.ecio.org).

If you have any questions, please do not hesitate to contact:

### Kuoni Travel Ltd. Destination Management

Contact: Carla Navia  
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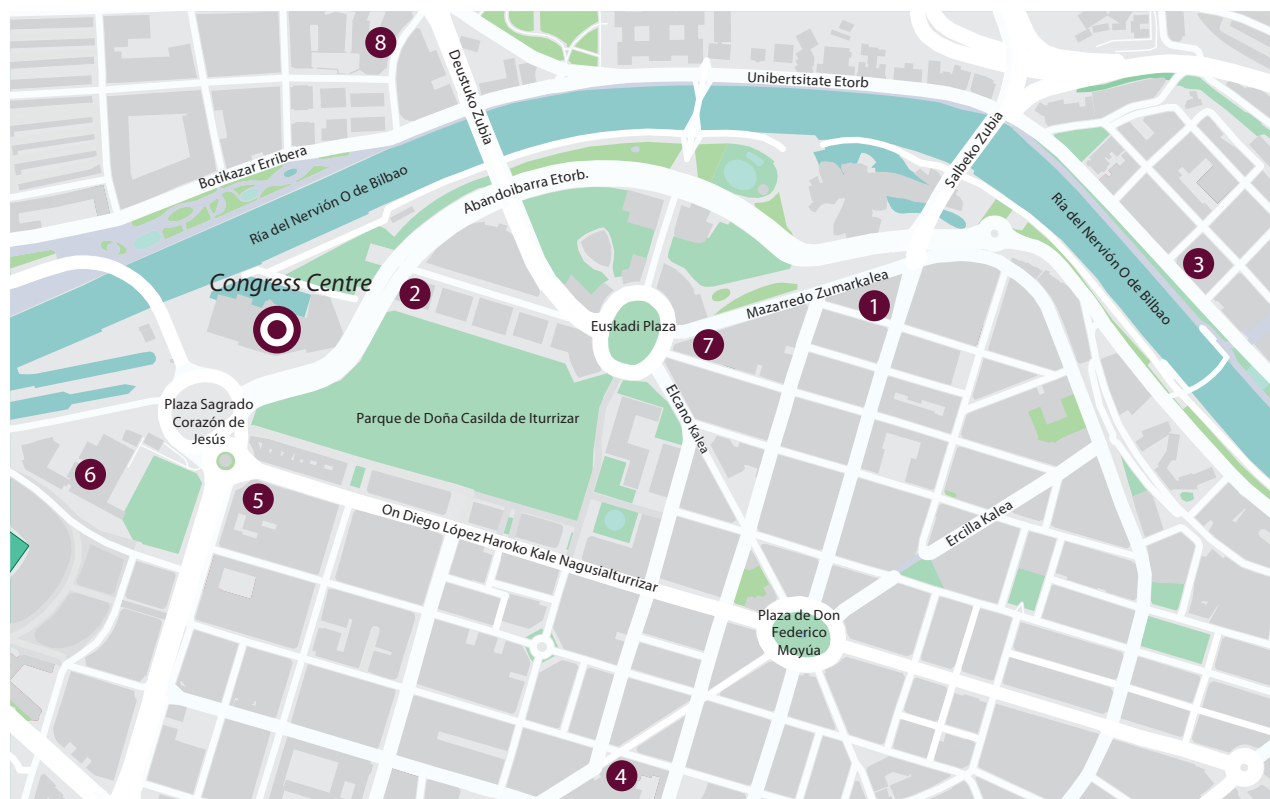
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### List of hotels

Hotel name	Category	Single room (€)	Double room (€)	Travel time public transport	Travel time taxi
1 Gran Hotel Domine Bilbao	5*	150	160	15 min.	7 min.
2 Melia Bilbao	5*	145	160	walking distance	
3 Hesperia Bilbao	4*	142	154	15 min.	11 min.
4 Ercilla	4*	133	145	walking distance	
5 NH Collection Villa De Bilbao	4*	157	170	walking distance	
6 Hesperia Zubialde	4*	132	143	walking distance	
7 Miro	4*	130	142	10 min.	5 min.
8 NH Bilbao Deusto	3*	113	124	walking distance	

All rates are in Euros (€), per room, per night, including breakfast and taxes.

## Bilbao City Map





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The official congress website is: **[www.ecio.org](http://www.ecio.org)**  
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