ECIO 2018 – Exploring the Depths of Interventional Oncology

Each year, interventional oncology continues to stack up more evidence and pave new roads for the treatment of cancer patients. As this field of medicine flourishes, the European Conference on Interventional Oncology seeks to offer a space for innovative developments to take centre stage and for delegates to hear the latest updates in the field.

A Comprehensive Programme

ECIO 2018 will focus on a wide range of clinical topics, from genomics and immunotherapy to HCC and musculoskeletal cancer. The Scientific Programme Committee, chaired by Afshin Gangi and Alban Denys, has been hard at work creating a high-quality programme with a variety of sessions. Clinical and Technical Focus sessions will highlight the latest advances in popular and novel therapies with themes such as Colorectal cancer in 2018 and Follow-up imaging after intervention: towards consensus, while a Video Learning session will feature first-hand insight into how experienced practitioners are performing specific procedures, such as multipolar liver ablation, chemosaturation, pancreatic electroporation and bone biopsy. With a Clinical Focus session scheduled on avoiding complications and Multidisciplinary Tumour Boards planned on kidney cancer, and primary lung cancer and metastases, there is bound to be a subject of interest for everyone working in the oncologic field.

The Basic Course for Beginners will also be introduced, which will highlight a different organ each year, starting off with MSK in oncology. This course will include three
distinct sessions, based on the content included in the European Curriculum and Syllabus for IR, and will feature discussions on the “Fundamentals of IO in bone and image-guided biopsy”, “Percutaneous ablation of bone and soft tissue lesions” and “Spinal intervention: interventions in vertebral body compression fractures (VBCF)”. Participation is free but limited, so be sure to pre-register around January!

Teamwork is Key

As in past years, ECIO will continue to increase its multidisciplinary influence by inviting interventional radiologists to bring along a colleague from a different field for free through the Collaborating Against Cancer Initiative. With almost one third of participants from other specialties attending each year, the European Conference on Interventional Oncology is the best place to genuinely learn with and from other disciplines.

ECIO 2018 in Vienna

We would like to extend a warm invitation to ECIO 2018, hosted in the historic city of Vienna, Austria from April 22-25. For the first time at an ECIO congress, we have invited medical professionals to submit their abstracts for presentation, thus speaking to an even larger audience than ever before. With so many key decision makers and medical professionals together for this premier educational event devoted to interventional oncology, we are looking forward to a fantastic programme. Make sure to join us for three and a half days of education and exchange!

We look forward to seeing you in Vienna!

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Preliminary Faculty

Subject to change

Adema G.J.
Ahmed M.
Arai Y.
Arnold D.
Ayuso C.
Bale R.
Bargellini I.
Basile A.
Bezzi M.
Borensztein M.
Breen D.J.
Breitkopf R.
Buy X.
Callstrom M.R.
Carrafiello G.
Cazzato R.L.
Chevallier P.
Cioni R.
Croce L.
de Baër T.
Denys A.
Deschamps F.
Dieckmann K.U.
Digklia A.
Drake B.
Duran R.
Ferrone C.R.
Feydy A.
Filippiadis D.K.
Fuchs M.
Fürstner M.P.
Füttner J.J.
Galon J.
García-Mónaco R.D.
Garin E.
Garnon J.
Gaubert J.-Y.
Gillams A.
Goldberg N.
Golfieri R.
Golzarain J.
Gómez F.M.
Grasso R.F.
Guil B.
Helmerber T.K.
Hervás-Stubs S.
Hocquelet A.
Hoffmann R.-T.
Iezzi R.
Italiano A.
Jennings J.W.
Jougon J.
Kéleikis A.D.
Kenny L.M.
King A.J.
Klompenshouwer E.
Koch G.
Kurup A.N.
Lam M.G.E.H.
Lencioni R.
Mahnkop A.H.
Malagari K.
Malek N.P.
Marcia S.
Martens U.
Marzioni M.
Masi G.
Narayanan G.
Nilsson A.
Odisio B.C.
Ottensmeier C.
Palussière J.
Paradis V.
Pereira P.L.
Putzer D.
Ricke J.
Rio Tinto H.
Rodriguez J.
Ruers T.
Ryan A.G.
Sabharwal T.
Salem R.
Sangro B.
Schäfer N.
Schmidinger M.
Sorger O.
Sharma R.
Smerdou C.
Smit E.F.
Solbiati L.
Solomon S.B.
Sommer C.-M.
Stedman B.
Suh R.D.
Szé D.
Treasure T.
Tselikas L.
Tsoumakidou G.
vanden Hoven A.
van Strijen M.J.L.
Veltin A.
Vilares Morgado P.
Vilgrain V.
Willard-Gallo K.
Wood B.J.

Brisbane, QLD/AU
Southampton/UK
Amsterdam/NL
Strasbourg/FR
Rochester, MN/US
Utrecht/NL
Miami, FL/US
Marburg/DE
Athens/GR
Tübingen/DE
Cagliari/IT
Heilbronn/DE
Ancona/IT
Pisa/IT
Miami, FL/US
Uppsala/SE
Houston, TX/US
Southampton/UK
Bordeaux/FR
Clay/FR
Heilbronn/DE
Innsbruck/AT
Munich/DE
Lisbon/PT
Pamplona/ES
Amsterdam/NL
Waterford City/IE
London/UK
Chicago, IL/US
Pamplona/ES
Lausanne/CH
Vienna/AT
Bondy/FR
London/UK
Pamplona/ES
Amsterdam/NL
Rozzano/IT
New York, NY/US
Stuttgart/DE
Southampton/UK
Los Angeles, CA/US
Stanford, CA/US
London/UK
Villejuif/FR
Lausanne/CH
Utrecht/ NL
Nieuwegein/ NL
Orbassano/IT
Porto/PT
Clay/FR
Brussels/BE
Bethesda, MD/US
Matthew Callstrom is a Professor of Radiology and Vice Chair for the Department of Radiology at Mayo Clinic in Rochester, Minnesota. He serves as the Director of the Ultrasound Research Center. He has been on staff as a consultant at the Mayo Clinic for over 15 years. He is board certified in diagnostic radiology and was Chair of the Division of Ultrasound for five years. His clinical focus is in the use of image-guided intervention to treat cancer and he has led several clinical trials in this area.

He earned his B.S. degree in Chemical Engineering from the University of Minnesota-Twin Cities, and, after, completed his Ph.D. in Chemistry under the guidance of Paul G. Gassman also at the University of Minnesota-Twin Cities. Following this, he undertook his Postdoctoral Fellowship at Harvard University under the guidance of George M. Whitesides. He then completed medical school, radiology residency training, and his fellowship in cross-sectional imaging at the Mayo Clinic College of Medicine.

Dr. Callstrom’s teaching and mentoring activities cover a wide range of topics and span a significant portion of his career. As a physician researcher, he has participated in ongoing career and leadership development training. He has also shared his expertise through many Visiting Professorship presentations. He is a member of the Editorial Board of Cardiovascular and Interventional Radiology. He serves as a reviewer for multiple journals, including Radiology, European Radiology and the Journal of Vascular and Interventional Radiology. In addition, he has held memberships with a variety of professional organisations. His most recent external affiliations include the American Medical Association, the Radiological Society of North America, World Congress of Interventional Oncology where he is past Program Chair, the Society of Interventional Radiology and the Society of Interventional Oncology.

Both as a scholar and practitioner, he has been the recipient of numerous honours and awards, including recognition as the Distinguished Mayo Clinician in 2014, receiving the Exemplary Mentor Certificate at Claremont Graduate University in 2011 and the Lodwick Award from Harvard University in the Musculoskeletal Imaging and Intervention Division in 2008. He is actively engaged in educational activities related to interventional oncology through numerous invited national and international presentations.

Dr. Callstrom is accomplished in basic and translational research. His research efforts include the development of new image-guided methods for treatment of cancer, investigation of predictive models for treatment outcomes and developing and understanding the determinants of local recurrence and survival in patients with hepatocellular carcinoma undergoing thermal ablative therapies. His medical research focus areas include: ultrasound, fusion imaging, interventional spine research, tumour ablation and image-guided treatment of lung, liver, kidney, bone, and soft tissue neoplasms. He has been the recipient of industry, federal and foundation grants for trials on which he served as Principal Investigator or Co-Investigator. His work has resulted in over 150 publications and patents.
€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 2018 in Vienna 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
What’s hot in 2018?

1 **Video Learning Session**

During this session, delegates get the rare opportunity to not only view how certain procedures are being performed but also to hear the presenter give advice and talk about potential challenges. Not to be missed!

2 **Multidisciplinary Tumour Boards**

These highly popular sessions gather experts from different disciplines to discuss a range of cases, promising dynamic audience participation. Sessions this year will focus on primary lung cancer and metastases, and kidney cancer.

3 **Free Paper Sessions**

For the very first time at ECIO, researchers from a range of medical disciplines have been invited to send in their abstracts. These new sessions will feature presentations on the chosen papers.

4 **Promoting IO evidence**

Alongside the Free Paper sessions, a large part of the programme will focus on guidelines and trials and some sessions, such as the *Follow-up imaging after intervention* session, will focus purely on evidence. Scientific papers will once again be presented throughout the Clinical Focus sessions.

5 **Basic Course**

This newly introduced format aims to offer a basic course series for beginners, focusing on a different organ each year. At ECIO 2018, the topic of this six-hour course will be *MSK in oncology* and will feature three distinct sessions, allowing a limited number of participants to receive a comprehensive overview on the topic.

6 **Comprehensive education with experts in the field**

The success of ECIO lends itself largely to the fantastic faculty moderating and delivering presentations from the field of IR and beyond!

7 **Hands-on Device Training**

The Hands-on Device Training (HDT) sessions aim to provide an overview of available technologies. Separate sessions will look at radiofrequency ablation, microwave ablation, cryoablation and laser ablation, as well as image guidance. Pre-registration is required.

8 **Biggest technical exhibition of oncological devices**

ECIO’s technical exhibition offers delegates a unique opportunity to interact with device manufacturers. It is the largest IO device exposition focusing on cancer diagnosis and treatment.

9 **Vienna**

With its fantastic public transport system and international accessibility, this historical Central European city is the ideal setting for our 9th IO conference. From coffeehouses and world-famous art, to contemporary and traditional architecture around every corner, it certainly is a city worth exploring!
Sunday, April 22

08:30-10:00

**Clinical Focus Session**

**CF 101** Colorectal cancer in 2018

- 101.1 Tumour biomarkers and metastatic colorectal cancer  
  G. Masi (Pisa/IT)
- 101.2 Treatment strategies according to the ESMO guidelines  
  D. Arnold (Hamburg/DE)
- 101.3 Immunotherapy in metastatic colorectal cancer: present and future  
  A. Italiano (Bordeaux/FR)
- 101.4 Scientific paper
- 101.5 Local treatment in oligometastatic disease: current role  
  P.L. Pereira (Heilbronn/DE)
- 101.6 Intra-arterial therapies in liver dominant disease  
  T. de Baère (Villejuif/FR)

10:30-12:00

**Clinical Focus Session**

**CF 201** Immunotherapy: how does it work

- 201.1 Tumour micro-environment  
  K. Willard-Gallo (Brussels/BE)
- 201.2 Not all cancers are candidates for immunotherapy: why?  
  C. Ottensmeier (Southampton/UK)
- 201.3 T-cell therapy: what you need to know  
  S. Hervás Stubbs (Navarra/ES)
- 201.4 Scientific paper
- 201.5 Tumour vaccination: local vs. systemic  
  J. Rodríguez (Pamplona/ES)
- 201.6 Radiation and immunotherapy  
  R. Sharma (London/UK)

10:30-12:00

**Technical Focus Session**

**TF 202** Image guidance: case-based discussion

- 202.1 Ultrasound: current and future development  
  L. Solbiati (Rozzano/IT)
- 202.2 CBCT applications: vascular and non-vascular  
  M.J.L. van Strijen (Nieuwegein/NL)
- 202.3 Combined angio and CT  
  B. Guiu (Montpellier/FR)
- 202.4 MR and PET in IO  
  J. Garnon (Strasbourg/FR)
- 202.5 Robotic and stereotaxic assistance in IO  
  D. Putzer (Innsbruck/AT)
- 202.6 Hybrid rooms for IO?  
  G. Carrafiello (Milan/IT)
10:30-12:00
**Hands-on Device Training**

**TA-HDT 1**  
Tumour ablation – Radiofrequency

*Coordinators: T. Sabharwal (London/UK), C.-M. Sommer (Stuttgart/DE)*

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

15:00-16:30
**Clinical Focus Session**

**CF 401**  
Colorectal cancer: role of locoregional therapies

- **401.1**  
The oncologist’s point of view: intra-arterial therapies – when, how and what to expect  
  *G. Masi (Pisa/IT)*

- **401.2**  
  Combined analysis of the global FOXFIRE studies  
  *R. Sharma (London/UK)*

- **401.3**  
  Scientific paper

- **401.4**  
  Hepatic arterial infusion chemotherapy (HAIC): what are the indications?  
  *Y. Arai (Tokyo/JP)*

- **401.5**  
  What is the role of thermal ablation after the CLOCC trial?  
  *T. Ruers (Amsterdam/NL)*

- **401.6**  
  The role of ablation in extrahepatic metastasis  
  *T.K. Helmberger (Munich/DE)*

15:00-16:30
**Clinical Focus Session**

**CF 402**  
Recent developments

- **402.1**  
  Drug-eluting particles  
  *I. Bargellini (Pisa/IT)*

- **402.2**  
  Drug delivery and HIFU  
  *B.J. Wood (Bethesda, MD/US)*

- **402.3**  
  Dosimetry in radioembolisation  
  *E. Garin (Rennes/FR)*

- **402.4**  
  Scientific paper

- **402.5**  
  Intratumoural viral therapy  
  *D. Sze (Stanford, CA/US)*

- **402.6**  
  Immunotherapy plus ablation or DEB-TACE  
  *R. Lencioni (Miami, FL/US)*

15:00-16:30
**Hands-on Device Training**

**TA-HDT 2**  
Tumour ablation – Radiofrequency

*Coordinators: T. Sabharwal (London/UK), C.-M. Sommer (Stuttgart/DE)*
17:00-18:30

**Clinical Focus Session**

**CF 501**  Neuroendocrine liver metastases

501.1  Demographics, epidemiology, clinical presentation
  to be announced

501.2  Patient selection for local therapies
  L. Tselikas (Villejuif/FR)

501.3  Radionuclide imaging and therapy in neuroendocrine tumours (Theranostics)
  B. Drake (Plymouth/UK)

501.4  Transarterial therapy: chemoembolisation and bland embolisation
  H. Rio Tinto (Lisbon/PT)

501.5  Transarterial therapy: radioembolisation
  M.G.E.H. Lam (Utrecht/NL)

17:00-18:30

**Technical Focus Session**

**TF 502**  Tips and tricks: case-based discussion

502.1  Kidney cancer: central disease
  to be announced

502.2  Lung insufficiency and primary cancer
  R.D. Suh (Los Angeles, CA/US)

502.3  Peripheral liver tumours
  M.P. Fürstner (Klagenfurt/AT)

502.4  Focal prostate ablation: avoiding rectal injury
  J.J. Fütterer (Nijmegen/NL)

502.5  Pelvic bone ablation: how to avoid neurological complications
  R.F. Grasso (Rome/IT)

17:00-19:00

**Basic Course**

**BC 503**  MSK in oncology – Fundamentals of IO in bone and image-guided biopsy

503.1  R.L. Cazzato (Strasbourg/FR)

503.2  A. Feydy (Paris/FR)

503.3  D.K. Filippiadis (Athens/GR)

18:30-19:00

**Satellite Symposia**
ECIO investigates…

Immunotherapy and IO

Dubbed as the “new kid on the block” of cancer treatment, the past few ECIO meetings have touched upon the exciting topic of immunotherapy. This year, we shall delve deeper to better inform interventional oncologists and collaborate with other disciplines to harness its potential. ECIO 2018 will include a comprehensive, dedicated session on immunotherapy which will cover patient selection, TILs therapy and combination treatments as well as a Scientific Paper. Other sessions will include speakers covering immunotherapy combined with ablation and DEB-TACE, and immunotherapy for liver cancers.

The Basics

CTLA-4 and PD-1 are negative signals which tune the immune response down, and, now, with specific monoclonal antibodies (anti-CTLA4 and anti-PD-1) it is possible to interact with these actions. By using checkpoint inhibitors, such as Ipilimumab and Nivolumab, the negative signals are blocked, thus releasing the brake, allowing for a positive effect on the immune response, with a potentially strong abscondal effect. Significant clinical activity has been reported with CTLA-4 and PD-1 blocking agents, particularly in melanoma and NSCLC, as well as promising trials for HCC.

Although these checkpoint-blocking antibodies enhance tumour response, they can also result in some adverse events such as diarrhoea, fatigue, rash and endocrinopathies, but most seriously, with < 5% of cases developing pneumonitis. These adverse events can be managed by delaying the study drug and administering corticosteroids. Patients to avoid include those with auto-immune diseases, brain metastases, and those on “higher dose” steroids.

The Evolution

One of the biggest challenges arising from the use of checkpoint inhibitors is immune resistance to the therapy and immune toxicity from anti-CTLA4 and anti-PD-1. One way to overcome these is with local treatment. Local treatment can cause stimulating effects that act systemically: when the brakes of immunity are cut, the T-cells can treat cancer cells elsewhere. Intra-tumoural immunomodulation of anti-CTLA4 antibodies can have better results than systemic treatment, even in the case of brain metastases. In-situ immunisation addresses the complexity of the tumour with a high local drug concentration, which can provide a therapeutic response, as compared to a low-dose systemic treatment which often displays a toxic response. Although PD-1/ PD-L1 blockade is beginning to be used as a therapy for more diseases, with roughly a 20% response rate in each, we cannot yet determine which tumours will respond to these treatments. 50-55 ongoing trials on immunotherapy at the Institut Gustave Roussy in France (10 of which include local injection of immunomodulating agents) aim to provide more clinical data on these methods.

Over the last 15 years, several studies have shown the effectiveness of thermal ablation on the immune system, whereas cryoablation has shown both positive and negative effects, the cause of which has not been well documented. In a 2011 study following RFA, antibodies against known tumour-associated antigens (TNKS and NY-BR-1) were seen to be increasing in 8% of patients: a small but positive effect, proving that thermal ablation induces the immune system to react, leading to tumour cell death. Hypo- and hyper-ablation methods both have immune-stimulating properties but effects are dependent on technical parameters, which may play a dominant role in the balance between necrotic cell death and apoptotic, the details of which have been neglected so far in clinical studies. Thermal ablation induces immunogenic tumour cell death, releases immunogenic signals, stimulates changes in immune cell subsets and cytokine production, and, although modestly, induces anti-tumour immunity. Several clinical trials are currently recruiting to build a greater repertoire of the effects of immunomodulation.

At ECIO 2016, Prof. Jens Ricke questioned whether Y-90 could be a suitable inductor of in-vivo tumour vaccinations, and about the possibility that this effect could be enhanced by adding a checkpoint inhibitor. An unpublished study of breast cancer metastases with Y-90 radioembolisation injected into the right liver lobe resulted in spontaneous regression of tumours in the left liver lobe despite no treatment on that side, pointing out that this may prove Y-90’s positive effect. Key questions here are, however, still left to be answered, including determining the best dose rate, dose distribution, type of checkpoint inhibitor and fractionation.

Although the future holds promise, it is important to remember that little is known about the effects of immunotherapy and there is a potential that it could cause, in some cases, accelerated growth rates in tumours remote from RFA sites. It is essential to perform more studies to determine the results from using different tools alongside immunotherapy.
Monday, April 23

07:45-08:15
Satellite Symposia

08:30-10:00
Clinical Focus Session
CF 801  Intrahepatic cholangiocarcinoma
801.1  Demographics, epidemiology, clinical presentation and genetics
  M. Marzioni (Ancona/IT)
801.2  How to choose among the various liver-directed treatments
  B.C. Odisio (Houston, TX/US)
801.3  Presurgical management: increasing the future remnant liver
  A. Denys (Lausanne/CH)
801.4  Percutaneous ablation in cirrhotic and non-cirrhotic patients
  A. Hocquelet (Lausanne/CH)
801.5  Intra-arterial therapies: the evidence
  R. Golfieri (Bologna/IT)

08:30-10:00
Clinical Focus Session
CF 802  Understanding tumour biology
802.1  Hypoxia and anoxia – friend or enemy?
  to be announced
802.2  Local procedures inducing tumour spread
  M. Ahmed (Boston, MA/US)
802.3  Scientific paper
802.4  Post-ablation inflammation and immune reactions – the good
  G.J. Adema (Nijmegen/NL)
802.5  Post-ablation inflammation and immune reactions – the bad
  N. Goldberg (Jerusalem/IL)
802.6  Combined locoregional and systemic immunotherapy: clinical results
  B.J. Wood (Bethesda, MD/US)

10:30-11:30
HL 901  Honorary Lecture
901.1  Building the IO department for the future
  M.R. Callstrom (Rochester, MN/US)

10:30-12:00
Hands-on Device Training
TA-HDT 3  Tumour ablation – Microwave
  Coordinators: R.-T. Hoffmann (Dresden/DE), A.J. King (Southampton/UK)
11:30-12:00

**FP 902**  
**Free Paper Session**

13:00-14:30

**Satellite Symposia**

15:00-16:30

**Clinical Focus Session**

**CF 1101**  
**Lung metastases**

1101.1 Rationale for local treatment  
*E.F. Smit (Amsterdam/NL)*

1101.2 SBRT: current evidence?  
*K.U. Dieckmann (Vienna/AT)*

1101.3 Rationale for thermal ablation  
*R.D. Suh (Los Angeles, CA/US)*

1101.4 Scientific paper

1101.5 Technical considerations of thermal ablation  
*F. Deschamps (Villejuif/FR)*

1101.6 Clinical and imaging follow-up  
*J. Palussière (Bordeaux/FR)*

15:00-16:30

**Clinical Focus Session**

**CF 1102**  
**HCC in 2018**

1102.1 HCC classifications: a reappraisal  
*R. Salem (Chicago, IL/US)*

1102.2 Hep. B and Hep. C: where to use antiviral therapy in HCC  
*N.P. Malek (Tübingen/DE)*

1102.3 Local ablation: which technology  
*L. Crocetti (Pisa/IT)*

1102.4 Intermediate stage: when radioembolisation should come first?  
*B. Sangro (Pamplona/ES)*

1102.5 Scientific paper

1102.6 Intermediate stage: what are the indications for combined IO therapies?  
*J. Ricke (Munich/DE)*

1102.7 Immuno-oncology: future directions for HCC  
*A. Digklia (Lausanne/CH)*

15:00-16:30

**Hands-on Device Training**

**TA-HDT 4**  
**Tumour ablation – Microwave**

*Coordinators: R.-T. Hoffmann (Dresden/DE), A.J. King (Southampton/UK)*
17:00-18:30  
**Clinical Focus Session**  
**CF 1201**  
**IO in HCC: clinical practice**

1201.1 Diagnostic imaging of HCC  
*C. Ayuso (Barcelona/ES)*

1201.2 Added value of biopsy  
*V. Paradis (Clichy/FR)*

1201.3 TACE: a critical appraisal of clinical results  
*K. Malagari (Athens/GR)*

1201.4 Scientific paper

1201.5 New techniques in TACE  
*P. Chevallier (Nice/FR)*

1201.6 Radioembolisation: what has changed with the recent trials?  
*V. Vilgrain (Clichy/FR)*

17:00-18:30  
**Multidisciplinary Tumour Board**  
**MTB 1202**  
**Primary lung cancer and metastases**

*Coordinators: T. de Baère (Villejuif/FR), S.B. Solomon (New York, NY/US)*

*Panellists: K.U. Dieckmann (Vienna/AT), M. Fuchs (Munich/DE), T.K. Helmberger (Munich/DE), J. Jougon (Pessac/FR), E.F. Smit (Amsterdam/NL)*

17:00-19:00  
**Basic Course**  
**BC 1203**  
**MSK in oncology – Percutaneous ablation of bone and soft tissue lesions**

1203.1 *R.L. Cazzato (Strasbourg/FR)*

1203.2 *A. Feydy (Paris/FR)*

1203.3 *D.K. Filippiadis (Athens/GR)*

18:30-19:00  
**Satellite Symposia**
Although radioembolisation has been an available treatment option for several years, recent data on treating patients with metastatic colorectal cancer (mCRC) and hepatocellular carcinoma (HCC) has begun to demonstrate a clearer picture of its clinical promise. A range of sessions at ECIO 2018 will touch on radioembolisation, including dosimetry, recent evidence and complications.

**FOLFOX + SIRT = ?**

In 2014, the European Society for Medical Oncology (ESMO) included radioembolisation with Y-90 resin microspheres in its guidelines for patients with liver-limited metastases failing the available chemotherapeutic options, citing that it can prolong the time to patients tumour progression. Past studies, providing the basis of knowledge on the use of radioembolisation with Y-90 resin microspheres to treat mCRC, have indicated that radioembolisation has a role in chemotherapy-refractory mCRC but also delays liver progression and possibly improves overall survival when added to first-line chemotherapy regimens.

The 2015 SIRFLOX trial greatly enhanced knowledge of the use of radioembolisation with Y-90 resin microspheres (SIR-Spheres) in combination with first-line chemotherapy for patients with liver-dominant mCRC. In SIRFLOX, patients were recruited with non-resectable liver-only or liver-dominant mCRC with no previous chemotherapy for advanced disease. After screening, 530 were randomised to receive mFOLFOX chemotherapy (± bevacizumab) or mFOLFOX chemotherapy (± bevacizumab) plus a single session of SIRT with Y-90 resin microspheres. The primary endpoint was progression-free survival (PFS) at any site, and there was no significant difference between the groups (median PFS 10.7 months in the SIRT group and non-SIRT group, respectively). However, and quite importantly, assessment of PFS in the liver with a competing risks analysis showed that patients whose treatment included SIRT had a 7.9-month improvement in PFS in the liver from 12.6 to 20.5 months and a 31% reduced risk of the tumours in their liver progressing. Similar liver resection rates were observed in the two arms of the study.

In 2017, Hasan et al. released the results of a meta-analysis of three studies (SIRFLOX, FOXFIRE and FOXFIRE Global) with pooled data from over 1,100 patients which confirmed that the addition of SIRT with Y-90 resin microspheres to mFOLFOX did not see an improvement in overall survival. However, alongside increasing the likelihood of radiologic response and prolonging liver-specific PFS, an unexpected and intriguing finding that emerged from the subgroup analysis was a marked improvement in OS with the addition of SIRT to FOLFOX in patients with right-sided tumours; this, of course, needs to be further investigated.

**Over to SARAH**

In 2011, the Sorafenib vs. radioembolisation in advanced hepatocellular carcinoma (SARAH) study, a controlled, open-label, multicentre investigator and initiated phase 3 trial got underway in France. Patients with locally advanced or inoperable HCC, who did not respond to other treatments or had two failed rounds of transarterial chemoembolisation, were randomised to SIRT with Y-90 resin microspheres, or oral sorafenib 400 mg twice daily. The primary endpoint of the study was OS and secondary endpoints included PFS time to radiological progression at any site and in the liver as the first event, tumour response, quality of life, and safety and toxicity. Both the side-effect profile and quality of life scores were significantly better over time in the SIRT group compared to the sorafenib group (p=0.005).

While the results did not show an improvement in overall or progression-free survival, the study did prove that the use of selective internal radioactive therapy (SIRT) was better tolerated than sorafenib for the treatment of patients with advanced liver cancer. There was also early evidence that SIRT, using the radiopharmaceutical Yttrium-90 (SIR-Spheres microspheres), reduced radiologic progression in the liver and improved tumour responses to a greater extent that did sorafenib. Prof. Valérie Vilgrain, Principal Investigator, presented the results at the International Liver Congress in Amsterdam and ECIO 2017, stating, “in terms of what matters for patients, the findings from this first large head-to-head comparison of liver-directed SIRT and systemic chemotherapy with sorafenib also show clearly that liver-directed procedures with SIR-spheres result in a significantly better tolerance of treatment and quality of life... I believe this consideration should be a critical factor in selecting first-line treatment for this patient population in the future.” Prof. Vilgrain will revisit the topic during her talk in the session IO in HCC: clinical practice.

**CIRSE and CIRT**

Since the beginning of 2015, CIRSE has been conducting a European-wide registry, the CIRSE Registry for SIR-Spheres Therapy (CIRT), to collect data on how radioembolisation therapy with SIR-Spheres is being used to treat liver tumours. Now, two and a half years in, the registry has already been able to recruit 30 hospitals from eight different countries and has enrolled over 700 patients. This extensive research project, launched under the direction of an interdisciplinary Steering Committee and headed by radioembolisation expert, Prof. José Ignacio Bilbao, aims to provide robust data to support the use of IR and its cutting-edge therapies, and help identify the patients who can benefit from radioembolisation.
Tuesday, April 24

07:45-08:15
**Satellite Symposia**

08:30-10:00
**Multidisciplinary Tumour Board**

**MTB 1501** Kidney cancer

*Coordinator: D.J. Breen (Southampton/UK)*

*Panellists: M. Bezzi (Rome/IT), M. Schmidinger (Vienna/AT), G. Tsoumakidou (Lausanne/CH)*

08:30-10:00
**Clinical Focus Session**

**CF 1502** Immunotherapy in 2018

1502.1 Immunoscore: is it more relevant than TNM?  
*J. Galon (Paris/FR)*

1502.2 Targeting immunogenic cell death with conventional anticancer therapies: are all equally effective?  
*to be announced*

1502.3 Gene therapy and interventional oncology: searching for synergism  
*to be announced*

1502.4 Scientific paper

1502.5 Local expression of immunostimulating antibodies in the tumour micro-environment: myth or reality?  
*C. Smerdou (Pamplona/ES)*

1502.6 Adoptive cell therapy in cancer: a review of clinical applications  
*to be announced*

10:30-12:00
**Clinical Focus Session**

**CF 1601** MSK: curative treatment

1601.1 Diagnostic imaging and role of biopsy  
*A.D. Kelekis (Athens/GR)*

1601.2 Bone tumour ablation: which technique and where?  
*J.W. Jennings (St. Louis, MO/US)*

1601.3 Avoiding neurological complications during ablation  
*A.N. Kurup (Rochester, MN/US)*

1601.4 Scientific paper

1601.5 Embolisation combined with ablation: when and where?  
*A.G. Ryan (Waterford City/IE)*

1601.6 Bone consolidation technique: which technique and where?  
*X. Buy (Bordeaux/FR)*

10:30-12:00
**Clinical Focus Session**

**CF 1602** Safety belts and airbags: complications and how to avoid them

1602.1 Liver thermal ablation  
*P. Chevallier (Nice/FR)*

1602.2 TACE  
*Y. Arai (Tokyo/JP)*

1602.3 Radioembolisation  
*R. Cioni (Pisa/IT)*
1602.4 Kidney ablation
M. Borensztein (Buenos Aires/AR)
1602.5 Lung ablation
A. Veltri (Orbassano/IT)
1602.6 Pancreatic ablation
A. Nilsson (Uppsala/SE)

10:30-12:00
**Hands-on Device Training**

**TA-HDT 5** Tumour ablation – Cryoablation and laser ablation

*Coordinators: F.M. Gómez (Barcelona/ES), A.H. Mahnken (Marburg/DE)*

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

15:00-16:30
**Clinical Focus Session**

**CF 1801** MSK: palliative treatment

1801.1 Systemic management of pain
R. Breitkopf (Innsbruck/AT)
1801.2 IO or SBRT: when and where
L.M. Kenny (Brisbane, QLD/AU)
1801.3 Thermal ablation: with or without consolidation
S. Marcia (Cagliari/IT)
1801.4 Scientific paper
1801.5 Embolisation in pain palliation
R.D. Garcia-Mónaco (Buenos Aires/AR)
1801.6 Percutaneous consolidations: cement, screw …
G. Koch (Strasbourg/FR)

15:00-16:30
**Video Learning Session**

**VL 1802** How I do it

1802.1 Lung ablation: anaesthesia and positioning
J. Palussière (Bordeaux/FR)
1802.2 Multipolar ablation of the liver
O. Seror (Bondy/FR)
1802.3 Liver radioembolisation in central tumours
A. van den Hoven (Utrecht/NL)
1802.4 Combined techniques: ablation and embolisation
R. Iezzi (Rome/IT)
1802.5 Hilar cholangiocarcinoma: preparation for surgery
R. Duran (Lausanne/CH)
1802.6 Chemosaturation
B. Stedman (Southampton/UK)
1802.7 Tricky bone biopsy
A. Basile (Catania/IT)
1802.8 Pancreatic electroporation
G. Narayanan (Miami, FL/US)
15:00-16:30

**Hands-on Device Training**

**TA-HDT 6 Tumour ablation – Image guidance**

*Coordinators: R. Bale (Innsbruck/AT), L. Solbiati (Rozzano/IT)*

17:00-18:30

**Clinical Focus Session**

**CF 1901 Follow-up imaging after intervention: towards consensus**

1901.1 Evidence and current practice in thermal ablation for liver metastasis  
*E. Klompenhouwer (Amsterdam/NL), co-author: M. Maas (Amsterdam/NL)*

1901.2 Evidence and current practice in TACE for liver cancer  
*P. Vilares Morgado (Porto/PT)*

1901.3 Evidence and current practice in TARE for liver cancer  
*N. Schäfer (Lausanne/CH)*

1901.4 Evidence and current practice in thermal ablation for lung cancer  
*J.-Y. Gaubert (Marseille/FR)*

1901.5 Evidence and current practice in thermal ablation for renal cancer  
*S.B. Solomon (New York, NY/US)*

Panel discussion

Conclusions from the expert panel and further directions for clinical practice

17:00-18:30

**FP 1902 Free Paper Session**

17:00-19:00

**Basic Course**

**BC 1903 MSK in oncology – Spinal intervention: interventions in vertebral body compression fractures (VBCF)**

1903.1 *R.L. Cazzato (Strasbourg/FR)*

1903.2 *A. Feydy (Paris/FR)*

1903.3 *D.K. Filippiadis (Athens/GR)*

18:30-19:00

**Satellite Symposia**
ECIO investigates…

Musculoskeletal Interventions

From more traditional methods, such as surgery and radiotherapy, to emerging therapies, such as SBRT and biomechanical surgery, to very promising ablative therapies, there are many options available to treat this diverse group of tumours. Due to the wide range of treatment options available, close collaboration between disciplines is essential in order to give the patient the best option possible. Alongside the clear role of imaging know-how and minimally invasive therapy options, the interventional oncologist also plays an important role in tumour board discussions and the patient’s clinical care. Over the past couple of years, ECIO has explored many areas of MSK interventions, such as spinal tumours, non-spinal bone and soft tissue tumours. At ECIO 2018, MSK interventions will once again be a core theme as well as the topic of a new session format, Basic Course.

Imaging and Biopsy

A large part of the diagnosis in musculoskeletal lesions can rely on biopsy. However, while biopsy is an important tool in the diagnosis of MSK tumours, it can carry a significant adverse effect, especially in malignant tumours. Careful planning of which kind of biopsy and imaging modality is paramount, as is thorough imaging prior. MRI is usually the chosen technique for pre-biopsy imaging of both bone and soft tissue lesions as it gives an idea of which areas to be avoided and which imaging could be used for the biopsy itself, as well as defining whether there is a local joint involved. The type of imaging technique used for the biopsy can vary depending on a range of factors. In general, ultrasound, Doppler or fluoroscopy can be used.

There are certain lesions, such as non-ossifying fibroma, fibrous dysplasia and osteoma, which do not require biopsy. In terms of choosing the biopsy, this, again, is a MDT decision. So diverse is the literature on biopsy for MSK tumours that in 2015, Traina et al. produced a review of current concepts including 21 articles of diagnostic data which aimed to define the general approach to biopsy for a range of conditions. They observed that incisional biopsy was more expensive than the percutaneous biopsy methods. In deep musculoskeletal tumours, they noted that incorporating ultrasonography or computed tomography for guidance is easy and safe, and can be useful for increasing the accuracy of the biopsy. Advantages of a percutaneous technique compared with an incisional one are the low risk of contamination and the minimally invasive nature.

Complications from biopsy can include bleeding, particular care should, therefore, be taken in vascular areas; neural damage, avoided by pre-procedure planning and the use of CT; fractures, extra care with lesions which are very lytic. Above all, the MDT approach is vital for ensuring that the biopsy is necessary and successful. The Video Learning session How I do it will feature a presentation on tricky bone biopsies.

Curative or Palliative?

Palliation is currently a more commonly pursued goal for interventional oncologists treating MSK tumours, and aims at reducing pain, decompressing and debulking the tumour or preventing further fractures. Therapies used in the palliation include systemic treatment, SBRT, thermal ablation, embolisation and percutaneous consolidations, such as cementoplasty. For large soft tissue tumours, cryoablation, in particular, can be a good option, resulting in minimal pain, improved healing, and protection of skin and nerves.

Curative intent is currently mainly confined to benign lesions, as well as some smaller, slow-growing malignant lesions. One of the most common minimally invasive methods for MSK tumours is ablation, including laser, radiofrequency, microwave, cryoablation, radiofrequency ionisation and MR-guided HIFU. Ablation can also be combined with other treatments such as surgery, chemotherapy, radiotherapy and osteoplasty. In some cases, it has been suggested that ablation and embolisation can be combined for treating certain tumours. This topic along with numerous others will be discussed in two Clinical Focus sessions exploring palliative and curative therapies, respectively.

Back to Basics

A newly introduced format, the Basic Course, aims to offer a basic course series for beginners, focusing on a different organ each year. At ECIO 2018, the topic of this six-hour course will be Musculoskeletal Interventions and will feature three distinct sessions, structured from the content included in the European Curriculum and Syllabus for IR. It will allow a limited number of participants to receive a comprehensive overview on the topic to take back to their own practice.
Wednesday, April 25

08:30-10:00
Clinical Focus Session
CF 2101 Kidney tumours

2101.1 Guidelines: EAU, ESMO, CIRSE arguments
D.J. Breen (Southampton/UK)

2101.2 Biopsy in renal ablation: when and how?
G. Tsoumakidou (Lausanne/CH)

2101.3 Scientific paper

2101.4 Ablation T1b tumours
to be announced

2101.5 Evidence-based ablation vs. resection outcomes
to be announced

2101.6 Adrenal metastasis ablation
A.J. King (Southampton/UK)

08:30-10:00
Clinical Focus Session
CF 2102 The role of local tumour treatment in oligometastatic disease: time for an honest conversation

2102.1 Oligometastatic disease: does it exist?
T. Treasure (London/UK)

2102.2 Which patients should receive systemic therapy?
U. Martens (Heilbronn/DE)

2102.3 Local tumour treatment: the role of the surgeon
C.R. Ferrone (Boston, MA/US)

2102.4 Interventional oncology: how I select my patients
A. Gillams (London/UK)

2102.5 SABR, conventional radiotherapy or nothing at all – which choice when?
L.M. Kenny (Brisbane, QLD/AU)

2102.6 Panel discussion

10:00-10:45
Satellite Symposium

11:15-12:45
MM 2201 Morbidity & Mortality Conference

Coordinators: J. Garnon (Strasbourg/FR), J. Golzarian (Minneapolis, MN/US)
Build your IR career with a strong endorsement!

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Upcoming examinations:
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www.cirse.org/ebir
Hands-on Device Training

Tumour ablation

Percutaneous ablation plays an increasingly fundamental role for the loco-regional treatment of cancer. Ablation technologies and equipment for live image guidance are developing quickly.

This Hands-on Device Training (HDT) aims to provide an overview of available technologies. Separate sessions will look at radiofrequency ablation, microwave ablation, cryoablation and laser ablation, as well as image guidance.

After a short kick-off presentation by the HDT coordinators, participants will have the opportunity to learn about the specifics, as well as the safe and effective use of the available technology in a hands-on setting.

Each HDT will feature a round-table discussion with the coordinators at the end of each session allowing participants to ask questions and give feedback.

**Sunday, April 22**

**TA-HDT 1 – Radiofrequency** 10:30-12:00

**TA-HDT 2 – Radiofrequency** 15:00-16:30

*Coordinators: T. Sabharwal (London/UK), C.-M. Sommer (Stuttgart/DE)*

**Monday, April 23**

**TA-HDT 3 – Microwave** 10:30-12:00

**TA-HDT 4 – Microwave** 15:00-16:30

*Coordinators: R.-T. Hoffmann (Dresden/DE), A.J. King (Southampton/UK)*

**Tuesday, April 24**

**TA-HDT 5 – Cryoablation and laser ablation** 10:30-12:00

*Coordinators: F.M. Gómez (Barcelona/ES), A.H. Mahnken (Marburg/DE)*

**TA-HDT 6 – Image guidance** 15:00-16:30

*Coordinators: R. Bale (Innsbruck/AT), L. Solbiati (Rozzano/IT)*

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Basic Course

**MSK in oncology**

This new format aims to offer a basic course series for beginners, focusing on a different organ each year. At ECIO 2018, the topic of this six-hour course will be *MSK in oncology* and will feature three distinct sessions, structured according to the content included in the new European Curriculum and Syllabus for IR. It will allow a limited number of participants to receive a comprehensive overview of the topic, from diagnostics, imaging, treatment to follow-up. At the end of this interactive course, each participant will receive a confirmation of attendance.

*Speakers: R.L. Cazzato (Strasbourg/FR), A. Feydy (Paris/FR), D.K. Filippiadis (Athens/GR)*

**Sunday, April 22**  17:00-19:00

**BC 503 – Fundamentals of IO in bone and image-guided biopsy**

**Monday, April 23**  17:00-19:00

**BC 1203 – Percutaneous ablation of bone and soft tissue lesions**

**Tuesday, April 24**  17:00-19:00

**BC 1903 – Spinal intervention: interventions in vertebral body compression fractures (VBCF)**

*Pre-registration is required for the Basic Course (at no extra cost) and will be available in January.*
Registration

Online registration (secured payment) for ECIO 2018 is available at 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 18, 2018 (23:59 CET)
- Congress Registration: € 610
- CIRSE Member: € 410
- Resident / Nurse / Radiographer*: € 270
- Undergraduate Medical Student**: € 0

Until March 8, 2018 (23:59 CET)
- Congress Registration: € 810
- CIRSE Member: € 570
- Resident / Nurse / Radiographer*: € 405
- Undergraduate Medical Student**: € 0

After March 8, 2018
- Congress Registration: € 880
- CIRSE Member: € 770
- Resident / Nurse / Radiographer*: € 440
- 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 20% Austrian VAT.

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:
- Bank transfer or Credit Card (Visa or Mastercard)

Cancellation of congress registration
CIRSE GmbH offers all pre-registered participants the possibility to take out cancellation insurance with its partner "Europäische Reiseversicherung". The insurance can only be booked during and until finalisation of the online registration process. The refund of the participant’s registration fee due to cancellation of the registration or the change of registration category is only possible with a valid insurance. All requests must be made to "Europäische Reiseversicherung" directly. Refunds will be given according to the terms and conditions of the "Europäische Reiseversicherung". CIRSE GmbH shall not be responsible for any refunds of registration fees.

Name changes will be handled as a cancellation and new registration.

Additional information
All ECIO 2018 registrants will be able to print out an invoice of registration using their personal login details at www.ecio.org.

Invoices will be issued by: CIRSE Congress Innovation Research GmbH, Neutorgasse 9/6, 1010 Vienna, Austria

CME Credit Allowance
An application will be made to the EACCME* for CME accreditation of ECIO 2018.

Important Addresses

Congress Venue
Reed Messe Wien
Messeplatz 1
1021 Vienna, Austria

Organising Secretariat
CIRSE Central Office
Neutorgasse 9
1010 Vienna, Austria
Phone: +43 1 904 2003
Fax: +43 1 904 2003 30
Email: info@cirse.org
Web: www.ecio.org

Email Contacts
For general enquiries about the ECIO 2018 meeting, please send an email to info@cirse.org.

In case of queries concerning registration for the ECIO 2018 meeting, please send an email to registration@ecio.org.

For information about the scientific programme of ECIO 2018, please send an email to scientific@cirse.org.
Accommodation

In cooperation with our travel partner Kuoni Congress, CIRSE has secured a great number of hotel rooms in Vienna for the benefit of our congress participants. For further information about the official ECIO hotels and room bookings, please refer to www.ecio.org.

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

Kuoni Destination Management Austria GmbH
Contact: Karin Amstler
Lerchenfelder Gürtel 43
1160 Vienna, Austria

List of hotels

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All rates are in Euros (€), per room, per night, including breakfast and taxes.
The European Conference on Interventional Oncology is organised by CIRSE (Cardiovascular and Interventional Radiological Society of Europe).

The official congress website is: www.ecio.org

To contact the CIRSE Central Office or members of the committee please write to info@cirse.org.

ECIO 2018 Preliminary Programme
In case of any enquiries or comments, please contact us at info@cirse.org

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For complete information please refer to the local Summary of Product Characteristics.