LEADERS IN ONCOLOGIC INTERVENTIONS

ECIO 2018

European Conference on Interventional Oncology

April 22-25
Vienna, Austria

www.ecio.org

PRELIMINARY PROGRAMME

CIRSE

Cardiovascular and Interventional Radiological Society of Europe

LEADERS IN ONCOLOGIC

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

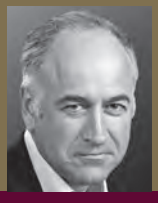

A. Gangi


A. Denys


R. Bale


A. Basile


J.I. Bilbao


D.J. Breen


L. Crocetti


T. de Baère

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Heinz Zoller (Innsbruck)

INTERVENTIONS

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!


F. Fanelli


T.K. Helmberger


R.A. Morgan


J. Palussière


P.L. Pereira


W. Prevoo


T. Sabharwal

Content

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Subject to change

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Martens U.	Heilbronn/DE
Marzioni M.	Ancona/IT
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Vilgrain V.	Clichy/FR
Willard-Gallo K.	Brussels/BE
Wood B.J.	Bethesda, MD/US

Honorary Lecture

Matthew R. Callstrom

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.

Honorary Lecture
Building the IO department for the future

Monday, April 23
10:30-11:30

ECIO 2018

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 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

CF 101
Colorectal cancer in 2018
p8

Break

CF 201
Immunotherapy: how does it work
p8

TF 202
Image guidance: case-based discussion
p8

TA-HDT 1
Tumour ablation – Radiofrequency
p9

Lunch break

Satellite Symposium

Satellite Symposium

Break

CF 401
Colorectal cancer: role of locoregional therapies
p9

CF 402
Recent developments
p9

TA-HDT 2
Tumour ablation – Radiofrequency
p9

Break

CF 501
Neuroendocrine liver metastases
p10

TF 502
Tips and tricks: case-based discussion
p10

BC 503
MSK in oncology – Fundamentals of IO in bone and image-guided biopsy
p10

Satellite Symposia

Monday, April 23

Satellite Symposia

CF 801
Intrahepatic cholangiocarcinoma
p12

CF 802
Understanding tumour biology
p12

Break

HL 901
Honorary Lecture
p12

FP 902
Free Paper Session
p13

TA-HDT 3
Tumour ablation – Microwave
p12

Lunch break

Satellite Symposium

Satellite Symposium

Break

CF 1101
Lung metastases
p13

CF 1102
HCC in 2018
p13

TA-HDT 4
Tumour ablation – Microwave
p13

Break

CF 1201
IO in HCC: clinical practice
p14

MTB 1202
Primary lung cancer and metastases
p14

BC 1203
MSK in oncology – Percutaneous ablation of bone and soft tissue lesions
p14

Satellite Symposia

e-voting

Tuesday, April 24

- 08:00 Satellite Symposia
- 09:00 **MTB 1501** Kidney cancer *p16*
- 09:00 **CF 1502** Immunotherapy in 2018 *p16*
- 10:00 *Break*
- 11:00 **CF 1601** MSK: curative treatment *p16*
- 11:00 **CF 1602** Safety belts and airbags: complications and how to avoid them *p16-17*
- 11:00 **TA-HDT 5** Tumour ablation – Cryoablation and laser ablation *p17*
- 12:00 *Lunch break*
- 13:00 Satellite Symposium
- 14:00 Satellite Symposium
- 15:00 *Break*
- 16:00 **CF 1801** MSK: palliative treatment *p17*
- 16:00 **VL 1802** How I do it *p17*
- 16:00 **TA-HDT 6** Tumour ablation – Image guidance *p18*
- 17:00 *Break*
- 18:00 **CF 1901** Follow-up imaging after intervention: towards consensus *p18*
- 18:00 **FP 1902** Free Paper Session *p18*
- 18:00 **BC 1903** MSK in oncology – Spinal intervention: interventions in vertebral body compression fractures (VBCF) *p18*
- 19:00 Satellite Symposia

Wednesday, April 25

- 09:00 **CF 2101** Kidney tumours *p20*
- 09:00 **CF 2102** The role of local tumour treatment in oligometastatic disease: time for an honest conversation *p20*
- 10:00 Satellite Symposium
- 11:00 *Break*
- 12:00 **MM 2201** Morbidity & Mortality Conference *p20*

BC: Basic Course
CF: Clinical Focus Session
HDT: Hands-on Device Training
MTB: Multidisciplinary Tumour Board
TF: Technical Focus Session
VL: Video Learning Session

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 *e-voting*
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 abscopal 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

ECIO investigates…

Breakthrough Articles in IO: Radioembolisation

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 and 10.2 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 *e-voting*
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 *MSK in oncology* 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** *e-voting*

Coordinators: J. Garnon (Strasbourg/FR), J. Golzarian (Minneapolis, MN/US)

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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)

Pre-registration is required for all Hands-on Device Training sessions (at no extra cost) and will be available in January.

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
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Messeplatz 1
1021 Vienna, Austria

Organising Secretariat
CIRSE Central Office
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1010 Vienna, Austria
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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

	Hotel name	Category	Single room (€)	Double room (€)	Travel time public transport	Travel time taxi
1	Grand Hotel Wien	n/a	240,00	267,00	20 min	10 min
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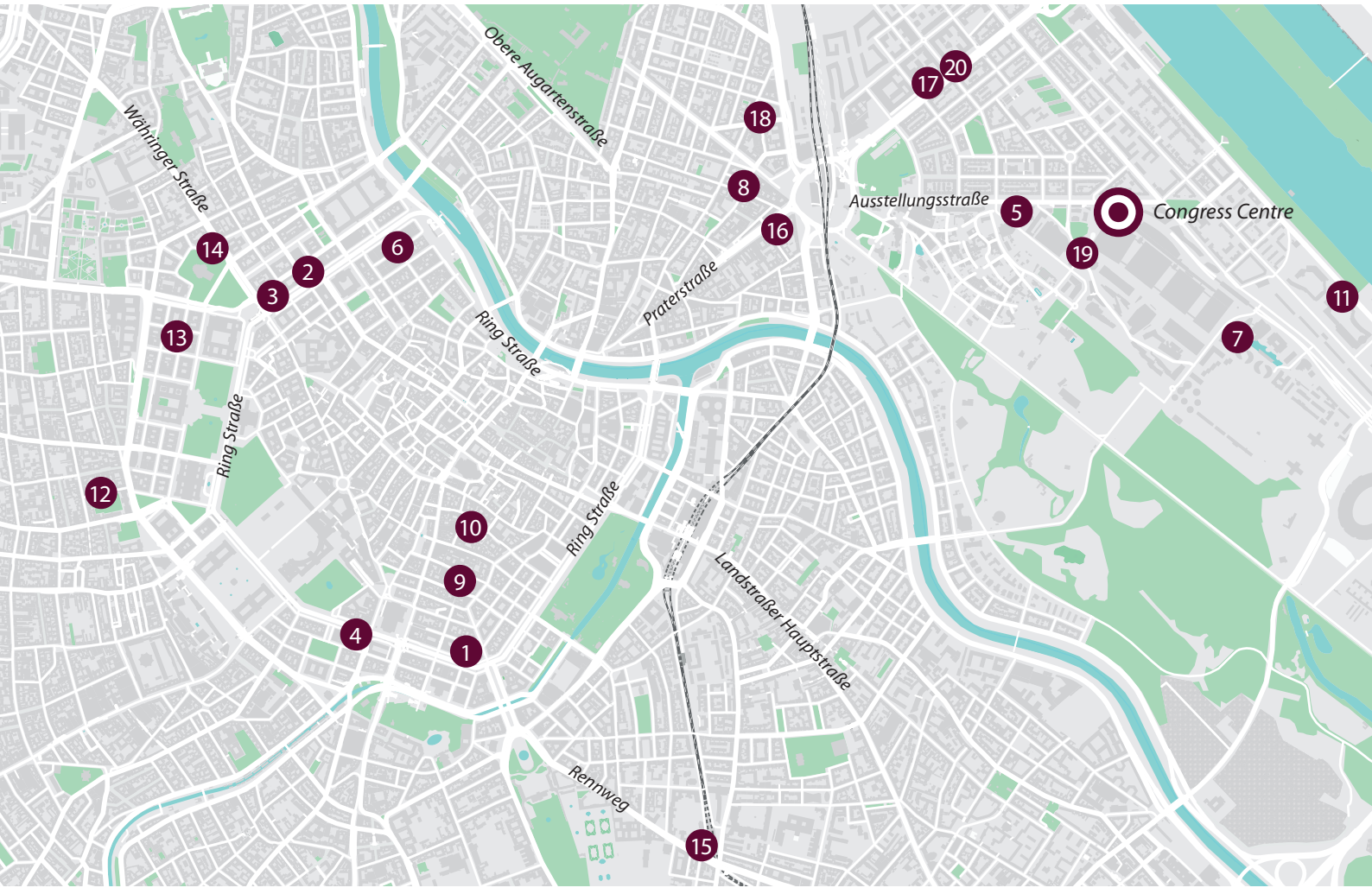
3	Hotel De France	n/a	185,00	210,00	10 min	10 min
4	Le Meridien	n/a	235,00	255,00	20 min	10 min
5	Motel One Wien-Prater	n/a	80,24	105,12	walking distance	
6	Palais Hansen Kempinski	5	275,00	295,00	15 min	10 min
7	Courtyard by Marriott Messe	4	195,00	215,00	walking distance	
8	Der Wilhelmshof	4	189,00	199,00	10 min	5 min
9	Hotel Astoria	4	180,00	200,00	20 min	15 min
10	Hotel Europa	4	180,00	200,00	15 min	15 min
11	Hotel Hilton Vienna Danube	4	215,00	235,00	10 min	5 min
12	Hotel Rathaus Wein & Design	4	178,00	240,00	10 min	10 min
13	Hotel Rathauspark	4	167,00	183,00	15 min	15 min
14	Hotel Regina	4	190,00	210,00	10 min	10 min
15	Hotel Savoyen	4	180,00	200,00	20 min	15 min
16	Austria Classic Hotel Wien	3	150,00	160,00	10 min	5 min
17	Hotel Ibis Messe	3	89,00	109,00	10 min	5 min
18	Hotel KUNSThof	3	127,59	146,18	10 min	5 min
19	Hotel Messe Wien	3	180,00	200,00	walking distance	
20	Hotel Ibis Budget Messe	3	55,00	69,00	10 min	5 min

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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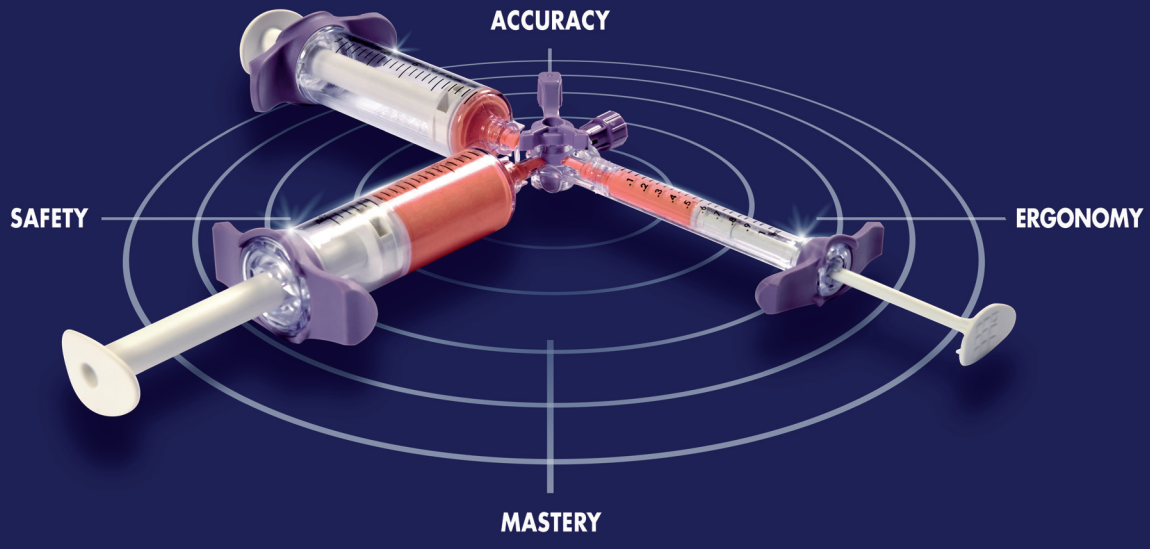

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LIPIODOL® ULTRA-FLUID. Composition: Ethyl esters of iodized fatty acids of poppy seed oil 10 mL, corresponding to an iodine content of 480 mg/mL. **Indications(**)**: In diagnostic radiology - Hysterosalpingography - Ascending urethrography – Lymphography – Sialography - Fistulography and exploration of abscesses - Exploration of frontal sinuses - Pre and post-operative cholangiography. In interventional radiology – Visualisation and localization (by selective intra-arterial use during CT) of liver lesions in adults with known or suspected hepatocellular carcinoma - Visualisation, localisation and vectorisation during Trans-Arterial Chemo-Embolisation (TACE) of hepatocellular carcinoma at intermediate stage, in adults – Selective embolization in combination with Histoacryl glue (particularly for arteriovenous malformation or aneurysms) – Selective injections of LIPIODOL® ULTRA-FLUID into the hepatic artery for diagnostic purposes where a spiral CT scan is not practical. In endocrinology - Prevention of severe cases of iodine deficiency. **Posology and method of administration (*)**: have to be adapted according to the type of examination, the territories explored, the age and weight of the patient. The volume to be administered depends on the particular requirements of the technique and the size of the patient. Contraindications: Hypersensitivity to LIPIODOL® ULTRA-FLUID - Confirmed hyperthyroidism - Patients with traumatic injuries, recent haemorrage or bleeding – Hysterosalpingography during pregnancy or acute pelvic inflammation – Bronchography. In interventional radiology (Trans-Arterial Chemo-Embolization), Administration in liver areas with dilated bile ducts unless drainage has been performed. **Special warnings and special precautions for use(*)**:There is a risk of hypersensitivity regardless of the dose administered. Lymphography: Pulmonary embolism may occur immediately or after few hours to days from inadvertent systemic vascular injection or intravasation of LIPIODOL ULTRA-FLUID: Perform radiological monitoring during LIPIODOL® ULTRA-FLUID injection and avoid use in patients with severely impaired lung function, cardiorespiratory failure or right-sided cardiac overload. Hypersensitivity: all iodinated contrast agents can lead to minor or major hypersensitivity reactions, which can be life-threatening. These hypersensitivity reactions are of an allergic nature (known as anaphylactic reactions if they are serious) or a non-allergic nature. They can be immediate (occurring within 60 min) or delayed (not occurring until up to 7 days later). Anaphylactic reactions are immediate and can be fatal. They are dose-independent, can occur right from the first administration of the product, and are often unpredictable: avoid use in patients with a history of sensitivity to other iodinated contrast agents, bronchial asthma or allergic disorders because of an increased risk of a hypersensitivity reaction to LIPIODOL® ULTRA-FLUID. Thyroid: can cause hyperthyroidism in predisposed patients. Lymphography saturates the thyroid with iodine for several months and thyroid exploration should be performed before radiological examination. Chemo-Embolization: Trans-Arterial Chemo-Embolisation is not recommended in patients with decompensated liver cirrhosis (Child-Pugh ≥8), advanced liver dysfunction, macroscopic invasion and/or extra-hepatic spread of the tumour. Renal insufficiency must be prevented by correct rehydration before and after the procedure. Oesophageal varices must be carefully monitored. Hepatic intra-arterial treatment can progressively cause an irreversible liver insufficiency in patients with serious liver malfunction and/or undergoing close multiple sessions. The risk of superinfection in the treated area is normally prevented by administration of antibiotics. Embolization with glue: An early polymerisation reaction may exceptionally occur between LIPIODOL® ULTRA-FLUID and certain surgical glues, or even certain batches of glue. Before using new batches of LIPIODOL® ULTRA-FLUID or surgical glue, the compatibility of LIPIODOL® ULTRA-FLUID and the glue must be tested in vitro. **Interaction with other medicinal products and other forms of interaction (*):** Metformin, Beta blockers, vasoactive substances, angiotensin-converting enzyme inhibitors, angiotensin-receptor antagonists, Diuretics, Interleukin II. **Fertility, pregnancy and lactation (*)**: LIPIODOL® ULTRA-FLUID must only be used in pregnant women if absolutely necessary and under strict medical supervision. Breastfeeding should be discontinued if LIPIODOL® ULTRA-FLUID must be used - **Effects on ability to drive and use machines:** The effects on ability to drive and to use machines have not been investigated - **Undesirable effects(*)** most adverse effects are dose-related and dosage should therefore be kept as low as possible :hypersensitivity, anaphylactic reaction, anaphylactoid reaction, vomiting, diarrhea, nausea, fever, pain, dyspnea, cough, hypothyroidism, hyperthyroidism, thyroiditis, pulmonary embolism, cerebral embolism, retinal vein thrombosis, lymphoedema aggravation, hepatic vein thrombosis, granuloma. **Overdose (*)** The total dose of LIPIODOL® ULTRA-FLUID administered must not exceed 20 mL - **Pharmacodynamic properties (*)** Pharmacotherapeutic group: X-ray contrast media, iodinated; ATC code: V08A D01.Water-insoluble iodinated contrast medium. **Presentation (**)** - 10 mL glass ampoule, box of 1 - 10 mL glass ampoule, box of 50. **Marketing authorization holder (*)**: Guerbet - BP 57400 - F-95943 Roissy CdG cedex – FRANCE. **Information:** tel : 33 (0) 1 45 91 50 00. **Revision:** September 2, 2015.

(*) For complete information please refer to the local Summary of Product Characteristics
(**) Indications, volumes and presentations may differ from country to country.
Reporting of suspected adverse reactions is important as it helps to continuously assess the benefit-risk balance. Therefore, Guerbet encourages you to report any adverse reactions to your health authorities or to our local Guerbet representative.

VECTORIO® is a medical device of Class Is (CE 0459) intended to be used by healthcare professionals only. Manufacturer: Medex, a Guerbet Group company. **Intended use: Lipiodol® Resistant Mixing & Injection System for conventional Trans-Arterial Chemo-Embolization (cTACE).**
For complete information please refer to country's local Package Information Leaflet & Vectorio® Instruction For Use (IFU).

Countries in which cTACE indication is registered: France, Japan, South Korea, Austria, Peru, Turkey, Hungary, Czech Republic, Mongolia, Argentina, The Netherlands, Vietnam, Mexico, Thailand, Taiwan & Brazil

For a copy of the SPC/ IFU, please contact a member of Guerbet.

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