

1/2016

INFORMATION FOR MEMBERS

SOCIETY

MEETING

FOUNDATION

Horizon 2020
calls on IR

Aortic
interventions
return

New prostate
embolisation
courses

IR

Cardiovascular and Interventional Radiological Society of Europe

news



IROS meeting calls for Europe to embrace neurointerventions

INNOVATION

EDUCATION

INTERVENTION

The joint annual meeting of the Austrian, Swiss and German IR societies analysed the implications of recent stroke trials

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LINES FROM THE PRESIDENT

"The European trainee forum closes a gap in our training pathway, neatly bridging the undergraduate training opportunities and the EBIR exam that certifies expertise."

Dear colleagues,

As the poets tell us, spring is a time of growth and new beginnings, and this is certainly true for the CIRSE community this year. A number of existing projects continue to unfold, and the seeds of several new ventures have been sown.

I am particularly happy to announce a new training initiative, CIRSE's European trainee forum, which aims to provide post-graduate training opportunities for residents, as well as providing more tailored educational content and networking opportunities for this cohort at our congresses. This subcommittee was officially instigated last September, with Dr. Greg Makris (University Hospital Oxford) being appointed chairperson. Since then, other energetic subcommittee members have been recruited, and the inaugural meeting will take place in Dublin during ECIO 2016.

This initiative builds on the great work that has been done in fostering undergraduate IR education, by means of both our undergraduate curriculum and our hugely popular student programme – which, incidentally, will be run once again at our annual meeting, offering free registration to all European undergrads and a modest travel grant to a limited number of participants. I urge all who are involved in teaching institutes to encourage your students to attend!

The European Trainee Forum closes a gap in our training pathway, neatly bridging the undergraduate training opportunities, and the EBIR exam that fully-trained interventionists can take to certify their expertise. We recently had 25 candidates sit the exam during ECR in Vienna, and will welcome another batch at both CIRSE 2016 in Barcelona, and in Queenstown, New Zealand during the IRSA meeting in August!

ESIRonline

Another project that continues to flourish is ESIRonline. Under the leadership of Mario Bezzi, this vast educational resource has become an

active vehicle for keeping our members apprised of the very latest in clinical excellence. His four-year term has come to an end, and we thank him for his dedication. We are certain that the new Programme Director, Stefan Müller-Hülsbeck, will continue his good work, as well as bringing some fresh ideas to the table.

An active global community

Many of our group members and partner societies have already made good use of 2016, and a number of notable events have featured in the IR calendar. ECR 2016 gave us a chance to welcome many of our members to our hometown of Vienna, while our Swiss, Austrian and German colleagues held their joint annual meeting in snowy Salzburg. Neurointerventions were a highlight this year, with the honorary lecture examining recent trial data and their implications for service provision.

This theme is set to be a key area of debate for us all in 2016, and will also form one of the Hot Topic Symposia at CIRSE 2016 in Barcelona. Those seeking more robust hands-on training would do well to secure a place on December's ESIR course, *Mechanical Thrombectomy in Acute Ischaemic Stroke*, to be held in The Hague under the direction of neurointerventions expert Dr. Hans van Overhagen.

Before then, there will be many more opportunities to refine your IR practice, including ECIO 2016 in Dublin, the ESIR prostate embolisation course in Ankara in May, and the Asia-Pacific's premier IR meeting, APCCVIR, which will be held in the beautiful garden city of Suzhou, China at the end of April. The congress organisers have kindly invited CIRSE to participate at the meeting, and Past-President Anna Belli, treasurer Rob Morgan and I are thrilled to be presenting at the *CIRSE meets APSCVIR* session. We urge all who will be visiting the congress to attend the session and to visit us at our info-booth onsite!

Elias Brountzos



S O C I E T Y

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We are pleased to represent CIRSE at the APCCVIR, to be held in the beautiful garden city of Suzhou

An opportunity for IRs around the globe to catch up and represent the subspecialty, the European Congress of Radiology (ECR) took place on March 2-6 in Vienna, Austria.

IR in the limelight at ECR 2016

Helen Hemblade and Michelle Weiss, CIRSE Office

Getting the year started in a big way, over 25,000 participants gathered in Vienna from March 2-6 for the European Congress of Radiology, including a large cohort of interventional radiologists.

As the largest radiology congress in Europe, ECR offers a dedicated number of sessions focusing on IR. This year, Scientific Sessions and Refresher Courses in the IR track included topics such as ablation beyond the liver, current trends in TACE and radioembolisation, neurointerventions, imaging and non-vascular techniques in the abdomen, and imaging and endovascular treatment of pulmonary embolism.

Alongside ECR, CIRSE also offered multiple events at its central office, including a case-writing workshop and the opportunity for 30 IRs to take the highly esteemed EBIR exam. The next exam will take place during CIRSE's annual meeting in Barcelona this September.

CIRSE Members' Evening

Continuing a wonderful tradition, CIRSE once again hosted a Members' Evening giving guests the chance to relax and socialise with their friends and colleagues away from the busy congress environment. This year, the event was



Adding to the presence of IR at the congress, CIRSE also played an active part by providing a society information booth where delegates could learn more about the society and pick up a copy of the new Preliminary Programme for CIRSE 2016. CIRSE also participated again in the EuroSafe Imaging poster session. This year, the poster session was converted to an online platform, providing attendees a quiet environment to read up on the latest initiatives promoting awareness and safety measures for radiation protection.



at the prestigious ThirtyFive: the 35th floor of the Vienna Twin Towers. High above the city, in an ultramodern atmosphere of luxury and harmony, guests were welcomed in with cocktails and delicious appetisers and invited to unwind while they were treated to a flying buffet with an array of specialty dishes. Our resident DJ helped to set the ambiance throughout the night, creating a cool, casual setting. With so many familiar faces, it was a pleasant night filled with lively conversation, friendship and community.



SOCIETY

An info booth at the congress allowed delegates to pick up a copy of the new Preliminary Programme

CIRSE once again took the opportunity to bring its members together to exchange ideas at the traditional Members' Evening event.



Between cocktails and dinner, new CIRSE President Elias Brountzos delivered a few words to the guests, talking about the society's role in safeguarding future education by encouraging research and enriching complex collaborations. In this vein, he went on to discuss the society's standing in the EU: Italy, CIRSE's second largest ambassador, have recently founded the Italian European Society of Interventional Radiology, while *La Société Française de Radiologie* have also established an interventional radiology branch, FRI.

He also highlighted the importance of young doctors in IR, and as such, fostering a systematic approach to IR training, celebrating and encouraging the development of CIRSE educational programmes, such as the EBIR (European Board of Interventional Radiology) exam and ESIR (European School of Interventional Radiology) courses.

Referring to the subspecialty in general, Professor Brountzos spoke of changing mindsets, stressing that interventionalists' clinical role in patient management must be further asserted. He finished by thanking all the volunteers, members, reviewers and industry partners, and expressed his enthusiasm for the upcoming ECIO, ICCIR and CIRSE meetings taking place in 2016.



S O C I E T Y

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Elias Brountzos welcomed the guests before saying a few words about CIRSE's objectives in 2016 and beyond

Benefit from the CIRSE Research Network's extensive services and database for support with European funding proposals.

Horizon 2020 calls on IR

Helen Hemblade, CIRSE Office

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The Luminus proposal received the "Seal of Excellence" for reaching the stringent criteria

The demand for innovative, quality medical research is high, and interventional radiology is no exception: such data would not only help chart the exciting growth of the subspecialty but also cement its pioneering role within European healthcare. Finding the resources and tackling the red tape, however, renders this demand tricky to satisfy. To this effect, the EU created the Horizon 2020 programme which will provide over €70 billion in funding between 2014 and 2020 in the European Research Area. On October 13, 2015, the European Commission adopted the work programme for 2016-17, investing almost €16 billion in research and innovation.

While the Horizon 2020 programme offers a positive option for those eager to bring their ideas to fruition, sufficient prior knowledge of the European research funding process is beneficial when drafting proposals, and early access to calls offers a decisive time advantage. Prof. Philippe Pereira, who represents CIRSE's interests in EIBIR, and erstwhile Chairperson of the CIRSE Research Committee Prof. Afshin Gangi created the CIRSE Research Network in 2013 with the aim of providing such support. Over the past couple of years, the network has facilitated faster and better matching of experts, centres and EU research openings while keeping members constantly informed about funding opportunities and policy developments with the CIRSE Research Network Newsletter.

The European Institute for Biomedical Imaging Research (EIBIR) which was established by the European Society of Radiology (ESR) in 2006 and of which CIRSE became a co-shareholder in 2010, plays an integral part in the process by providing services such as help in proposal writing, assistance in consortium building using the EIBIR Network and online access to the directory of the EIBIR Members' Network. Alongside EIBIR's services, members of the Research Network can also benefit from CIRSE's expertise and support when competing for European funding, increasing their chances of obtaining grants for clinical and preclinical research.

Luminus Project Proposal

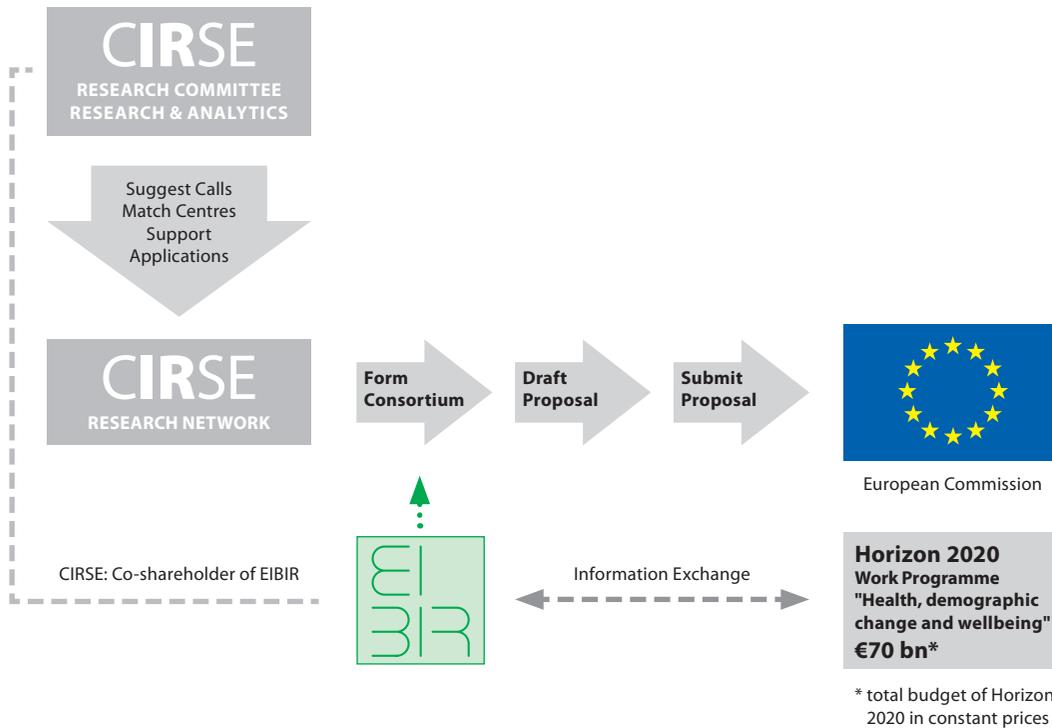
The breadth of research topics relevant to interventional radiology is constantly growing and, due to the nature of the discipline, requires parallel emphasis on techniques and medical devices. In 2015, the Luminus (*Light based unique minimal invasive medical device for lung cancer diagnosis*) proposal aimed for funding from Horizon 2020 for a pre-market evaluation of a minimally invasive diagnostic device for real-time diagnosis of breast, lung or liver cancer. Behind the proposal was French company Nodeal Medical, in collaboration with the world-famous oncology centre Institut Gustave-Roussy and Université Paris-Sud, and moreover with the input of interventional radiologists and a CIRSE member as Coordinating Investigator. This project benefitted from CIRSE support, which consisted of liaising between the consortium and EIBIR.

The Luminus proposal was regrettably unsuccessful, albeit reaching the minimum threshold for funding. The result of the proposal was nonetheless very encouraging, taking into account the high standards and tough competition and more so because Luminus received the "Seal of Excellence": a quality label given to proposals that reach the stringent criteria but cannot be funded in the chosen call.

We are delighted to add that EIBIR had a great success rate in the last round of funding, with six Stage-2 proposals being favourably evaluated and passing the threshold. Four projects will receive substantial European Commission funding and have been invited to grant agreement negotiations. Two projects even scored the maximum number of 15 points and received outstanding evaluation reports. EIBIR will act as the project coordinator of one project and will be a partner for project management and communication in three other projects. This high number of positive evaluations is a huge success and testament to EIBIR's expertise.

CIRSE RESEARCH NETWORK

The CIRSE Research Network currently comprises 224 centres across Europe.



How can I get involved in Horizon 2020?

Under the 2016-2017 work programme *Health, Demographic Change and Wellbeing* (which aims to promote healthy ageing and personalised healthcare), interventional radiologists will find the following relevant calls:

- Comparing the effectiveness of existing health-care interventions in the adult population – planned opening: 29.07.2016
- New therapies for rare diseases – planned opening: 29.07.2016

Your submitted proposal will be evaluated against three main criteria (excellence, impact, and quality and efficiency of implementation). For each criterion, a maximum of five points can be achieved. The minimum threshold to receive funding is 12 points, but depending on the competing proposals, it may happen that proposals with more than 12 points are rejected due to oversubscribed calls, as was the case with Luminus. Proposals that reach the threshold

and are not successful will receive the "Seal of Excellence", signifying their quality to alternate funding sources.

We encourage you to contact the Research and Analytics Department (research@cirse.org) should you have any ideas or projects planned. The team can help with reviewing proposals, consultations, consortium building, and networking and liaising with EIBIR.



The CIRSE Research Network currently comprises **224 centres** all over Europe. To join the Research Network please send an email to the CIRSE Research & Analytics Department at research@cirse.org, indicating your full name and (if available) your CIRSE Member ID.

The 2016-2017 work programme offers several calls relevant to IRs

OBITUARY

On January 17, the IR community lost one of its greatest pioneers: Prof. Josef Rösch, a treasured member and esteemed colleague.

Remembering Josef Rösch

Prof. Josef Rösch was one of the great pioneers of interventional radiology, and one who continued to innovate throughout his long and fruitful career.

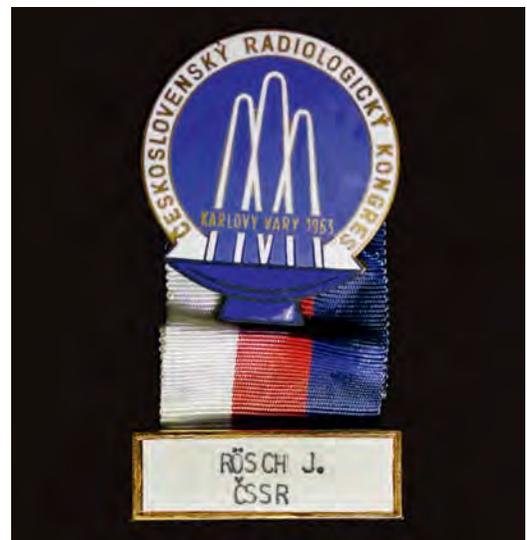
Born in Pilsen, Czechoslovakia (today the Czech Republic) in 1925, he earned his medical degree at Charles University in Prague in 1950 before completing his radiologic training at the Central Military Hospital in Prague. Dr. Rösch began his angiographic career with transperietal splenoportography in 1954, later adding visceral angiography. While in Prague, he wrote two monographs: *Transperietal Splenoportography* and *Radiology of Spleen and Pancreas*. The latter became a prime teaching book, and was translated into four languages. He became Doctor of Medical Sciences at Charles University in Prague in 1965, and Docent in 1966.

Josef Rösch was intimately connected with a moment that many consider to mark the birth of interventional radiology, serving as Secretary of the 1963 Czechoslovak Radiological Congress, where invited speaker Charles Dotter inspired the radiological community to reimagine angiography as a therapeutic procedure. His talk certainly inspired Dr. Rösch, who moved to the USA in 1967 to pursue this fledgling discipline following an invitation from Dr. Dotter himself.



Aside from a two-year visiting professorship at UCLA, Dr. Rösch worked at Oregon Health and Science University ever since. At OHSU, he served as Chief of Cardiovascular Radiology and, in the late 1980s, was instrumental in establishing the Dotter Interventional Institute, of which he was

the Founding Director until 1993. Prof. Rösch retired from clinical practice in 1995, but continued to focus on research and education until his final days.



His research has covered diverse aspects of IR, from super-selective catheterisation techniques, visceral angiography and transjugular liver procedures to coronary angiography, fallopian tube recanalisation and expandable stents.



Pioneering team working on the creation of experimental TIPS. From L-R, J. Rösch, N. Ross, W. Hanafee, H. Snow.

Josef Rösch helped organise the legendary Karlsbad Congress, where interventional radiology was introduced to the world

OBITUARY

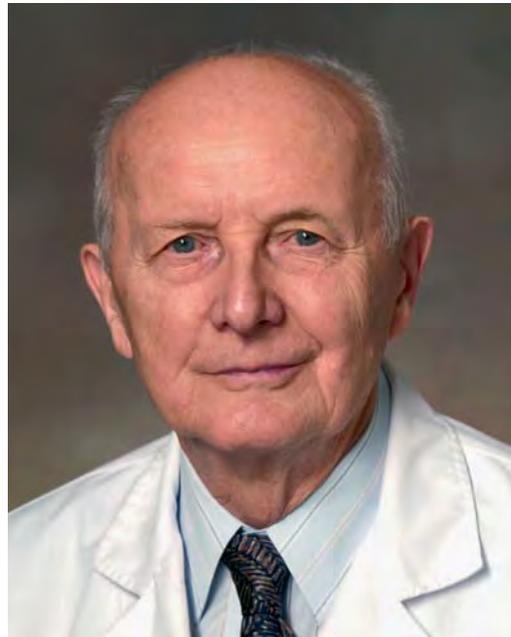
The CIRSE leadership extends its deepest condolences to Prof. Rösch's family, as well as his colleagues and friends in Portland.

An innovator in his field, Dr. Rösch developed the TIPS techniques in 1969, and introduced embolisation of gastrointestinal haemorrhage in 1972. In the 1980s, his research focused on the use of endoluminal prostheses, including their use in TIPS. His work helped introduce TIPS to clinical practice.

A prolific writer, Prof. Rösch authored or co-authored 493 scientific papers and book chapters, two books, and 23 scientific exhibits; contributed to 17 teaching films/videos and CDs; and served as co-editor of two books. Although based in North America, he played an active role in encouraging and supporting the IR community in Central and Eastern Europe, and helped organise a great number of educational events, particularly in his native city of Prague. He is a fellow of both CIRSE and SIR, an honorary fellow of the ACR, a member of the RSNA and the American Heart Association, and an honorary member of many radiological societies worldwide.

His work has been recognised with many awards and honours, not least an OHSU research professorship, the Josef Rösch Chair of Interventional Radiology Research, and eponymous honorary lectures by both the Society of Interventional Radiology of the Czech Republic and CIRSE.

However, it would not be unfair to say that these awards bestowed as much honour on the giver as the recipient – Josef Rösch was a true pioneer, inspiring successive generations with his hard work, inquisitive thinking and dedication to science. CIRSE is proud to have marked its 30th anniversary by bestowing its highest honour, the Gold Medal, upon so worthy a recipient in September 2015. We are deeply saddened to hear of his passing, and send our heartfelt condolences to his family, as well as his friends and colleagues in Portland and beyond.



"Present day interventionalists have a more defined clinical practice, with numerous established techniques, tools and devices to select from. Despite this, interventionalists should always be thinking about potential improvements in present procedures or developing new techniques. An innovative, creative mind must be an integral part of every interventionalist."

To learn more about the development of IR, and Josef Rösch's invaluable contribution, please visit www.cirse.org/30years

S O C I E T Y

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His life was dedicated to finding innovative ways to treat disease, and to giving others the knowledge to follow suit

2016 is CVIR's "Year of Innovation"!



NEW journal cover.

NEW and improved manuscript management system.

NEW monthly journal issues.

NEW simplified guidelines for authors.

NEW format planned for CVIR Reception at CIRSE 2016.

Make the most of this momentum
by submitting your manuscript to CVIR –
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The official journal of the Cardiovascular and Interventional Radiological Society of Europe

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CVIR

CardioVascular and Interventional Radiology

An updated exam structure more closely reflects the syllabus topics of the European Curriculum and Syllabus for Interventional Radiology.

EBIR – growing with the specialty

Michelle Weiss, CIRSE Office

Since 2010, the EBIR examination offered by CIRSE has continually sought to provide a solid structure for IRs to certify their expertise and advance their career. Whether just starting out or further along in the profession, receiving the EBIR qualification is the perfect means for an IR to carry on their development. Now with a new format, the EBIR continues to position interventional radiology as an ever-evolving field filled with life-long learning opportunities.

Exam Structure

Based on essential elements included in the European Curriculum and Syllabus for Interventional Radiology, the EBIR exam is divided into two sections – an oral and a written examination – which cover important features of every IR's practice. The curriculum has been designed to standardise training and assessment of IRs and pays particular attention to patient safety, from initial assessment to identifying and minimising risks to aftercare. The syllabus topics, meant to outline required procedural knowledge, include vascular interventions, non-vascular interventions, interventions of the genito-urinary tract and renal transplants and interventions of the musculoskeletal system.

Recently updated in order to more inclusively reflect and assess the syllabus topics, the new design of the oral examination sees candidates move through ten stations, each with a separate case, in which the candidate must interpret radiological images and discuss the case, including diagnosis, step-by-step procedural details, equipment selection, safety and potential complications. This section of the exam will now last 100 minutes and each ten-minute station will be evaluated by a well-trained IR examiner. The written examination, lasting 120 minutes, comprises 60 multiple choice

questions, each allocated equally with no negative marking for wrong answers. Although the final score will reflect a cumulative result, both the oral and written exam must be passed independently of each other.

Benefits

The EBIR certification not only serves as a measure of an IR's clinical knowledge, but also enables the free movement of IRs by providing a common standard of excellence (supplemental to national qualifications) across Europe and, increasingly, the world. Recently having expanded into Australia and New Zealand, EBIR certification continues to grow globally as a qualification standard, and the qualification is currently held by over 400 interventional radiologists.

Certify your Expertise!

For those interested in taking the exam, valuable information on how to prepare can be found on the EBIR website, and an extensive collection of preparatory material, such as video lectures and presentations, are also available on ESIRonline.

The next exam offered in Europe corresponds with CIRSE 2016 in Barcelona, Spain on September 9 and 10. The exam can accommodate a maximum of 30 candidates (25 with European residency and 5 with non-European residency) and places are allocated on a first come, first served basis, so early registration is recommended. For IRs in Australia and New Zealand, there will also be an exam offered in co-operation with IRSA in Queenstown, New Zealand on August 1 and 2.

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



European Board of Interventional Radiology

S O C I E T Y

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The next exam
takes place in
Barcelona from
Sept 9-10!

This year's Interventional Radiology Olbert Symposium welcomed more than 900 German-speaking IRs to Salzburg.

IROS 2016 – Kicking off the interventional year

Petra Mann, CIRSE Office

Since its establishment 35 years ago, the Interventional Radiology Olbert Symposium has become the most important meeting for minimally invasive procedures in Central Europe. Better known as IROS, the annual meeting of the German, Austrian and Swiss societies for interventional radiology brings together more than 900 IRs to discuss the discipline's latest developments and most pressing issues.

This year's IROS programme featured 60 sessions offering 57 hours of education in a multifaceted array of formats.

In addition to old favourites such as basic courses leading up to IR certification, refresher courses, and a morbidity and mortality conference, this year's programme also featured a new session type entitled "A case that wouldn't let me sleep", in which an expert panel discussed instances in which seemingly standard cases turned out to be much more complicated than originally thought and required all their expertise for a positive outcome.

Another session type particular to IROS are the "IR Specialty Courses": a crossover format featuring four online modules prior to the congress and four sessions at IROS focusing on radiation safety.

After attending all eight sessions, participants can take the exam for the certificate "Spezialkurs Interventionsradiologie für Ärzte nach RöV" (special radiation protection course "interventional radiology for physicians") required by German regulations.

The ever-popular hands-on workshops focused on oncology, stroke and venous interventions this year. In dedicated hot topic symposia, experts presented new findings and discussed IR's most hotly debated issues, including endovascular therapy of acute stroke, colorectal liver metastases and prostate embolisation.

Two live feeds from the University Clinic of Graz gave audience members the chance to talk to the performing interventionists during the procedures (the recanalisation of severely mechanically stressed vascular segments and carotid stenting, respectively).

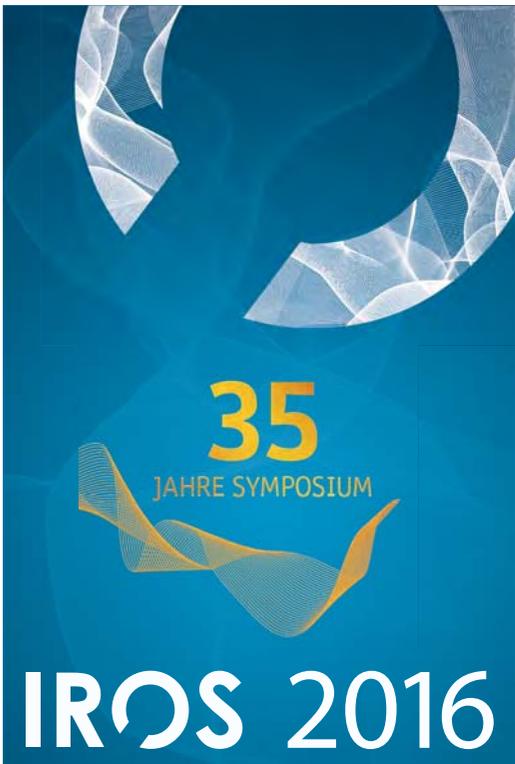
In five video case sessions supported by the industry, a taped interventional procedure was shown, while the interventionist who had performed the procedure commented on its technical and clinical aspects. Before each video, the patient history was described and relevant products shown. After seeing the procedure,

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57 hours of German-language presentations and workshops kick-started the interventional year



Unique and innovative format types helped fuel lively discussion on a number of hot-button IR issues.



participants had the opportunity to ask questions and debate its various aspects. The procedures covered various parts of the interventional spectrum, including fast TACE access and the treatment of highly complex SFA lesions.

Offering further education not only to interventional radiologists but also to radiographers has been an important focus for the IROS programme committee. This has resulted in a great turnout of radiological assistants and radiographers who, in 2016 particularly, flocked to the hands-on workshops on biopsy techniques and cerebral interventions.

At the Opening and Award Ceremony, spinal intervention expert Afshin Gangi was recognised with honorary membership of the German Society of Interventional Radiology (DeGIR). Dr. Franz Karnel was inducted into the ranks of honorary members of the Austrian IR Society (ÖGIR).

Named after the German radiologist who performed the first percutaneous transluminal angioplasty in Europe, the Eberhard Zeitler medal has been awarded to outstanding interventional radiologists since 2013. This year the medal was granted to Prof. Gerd Nöldge.

In a heartfelt laudation, Prof. Markus Dux und Prof. Christian Stroszczynski took a look at Prof. Nöldge's life and work as a trail-blazer for IR, including his part in the team that carried out the first successful TIPS procedure in 1988, further strengthening Germany's reputation as one of the leading hotspots for IR innovation.

This year's honorary lecturer, Dr. Jens Fiehler, gave a very interesting talk on thrombectomy in acute stroke and what we have learned for future studies, taking a close look at how studies in the area must be conducted to lead to hard evidence.

After this very successful kick-off for the interventional year, the IROS programme planning committee is already busy putting together next year's IROS, which will take place in Germany's most exciting city – cultural hotspot Berlin – from January 12-14, 2017.

S O C I E T Y

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All presentations
are available
to view on
www.esir.org

CIRT REGISTRY

CIRT continues to expand its data collection across centres of expertise in Europe.

CIRT continues to advance

Michelle Weiss, CIRSE Office

Started in 2014, the CIRSE Registry for SIR-Spheres Therapy (CIRT), under the direction of an interdisciplinary Steering Committee headed by radioembolisation expert Prof. José Ignacio Bilbao, is continuing on its path to gain thorough scientific evidence throughout Europe on the use of radioembolisation with SIR-Spheres for liver tumours. The registry has now enrolled over 200 patients in medical centres with expertise in this procedure and currently extends across six European countries. As CIRT moves forward, even more countries are being lined up for inclusion in this important data collection project.

This extensive research project aims to provide robust data to support the use of IR and its cutting-edge therapies, and help identify the patients that radioembolisation can benefit. As CIRT marks the first post-market study that is sponsored exclusively by CIRSE, this project plays an important role in paving the way for CIRSE's involvement in future research possibilities.

For more information on the CIRT registry visit www.cirse.org/cirt



Straub Endovascular System



„Rotational thrombectomy is an efficient, safe and rapidly-working technique.“

M. Bulvas, LINC 2016

Get convinced by the Straub Medical Endovascular System during CIRSE 2016!

www.straubmedical.com

As the subspecialty of IR continues to grow, CIRSE is developing a new support system for trainees and IRs at the beginning of their career.

The CIRSE European Trainee Forum

Ben Raho, CIRSE Office



Recipients of the R.W. Günther Foundation Travel Grants at CIRSE 2015 (including Dr. Makris, far left). Residents and fellows are encouraged to apply for the 2016 grants!

Regardless of how innovative, technologically advanced and quickly expanding a medical field may be, without a next generation of well-trained specialists its future will be cast in doubt. To make sure IR will continue its success story in the next decades, CIRSE has developed a comprehensive strategy to engage with medical students and IRs-in-training to secure a steady stream of fresh minds into the discipline.

Supporting the next generations of IRs

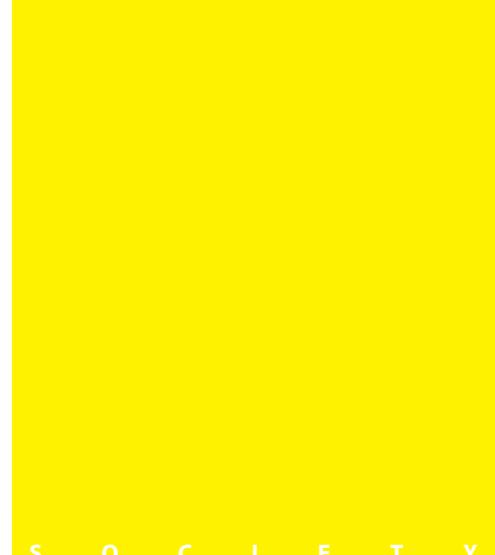
For several years now, CIRSE has been running the immensely popular and continually growing CIRSE Student Programme at the annual congress. Since its beginning, the programme has offered more than 1,000 students a glimpse into interventional radiology and, as participant surveys have shown, has served to significantly improve both the participant's knowledge of IR and their likelihood of choosing it as their future career.

Once undergraduate medical students make the decision to become an interventional radiologist, they must still undergo several years of medical training. In order to better support this group on their way to becoming full medical professionals and to supplement other educational activities, CIRSE has now launched a European trainee forum. Its purpose is threefold: 1. to create a space within CIRSE for IR trainees, 2. to enhance the participation of IRs-in-training in international scientific and educational activities, and 3. to further their careers in interventional radiology by creating networking opportunities. The forum also aims to increase CIRSE's understanding of national differences and particularities in IR training by delivering effective support for anyone pursuing IR as their medical discipline.

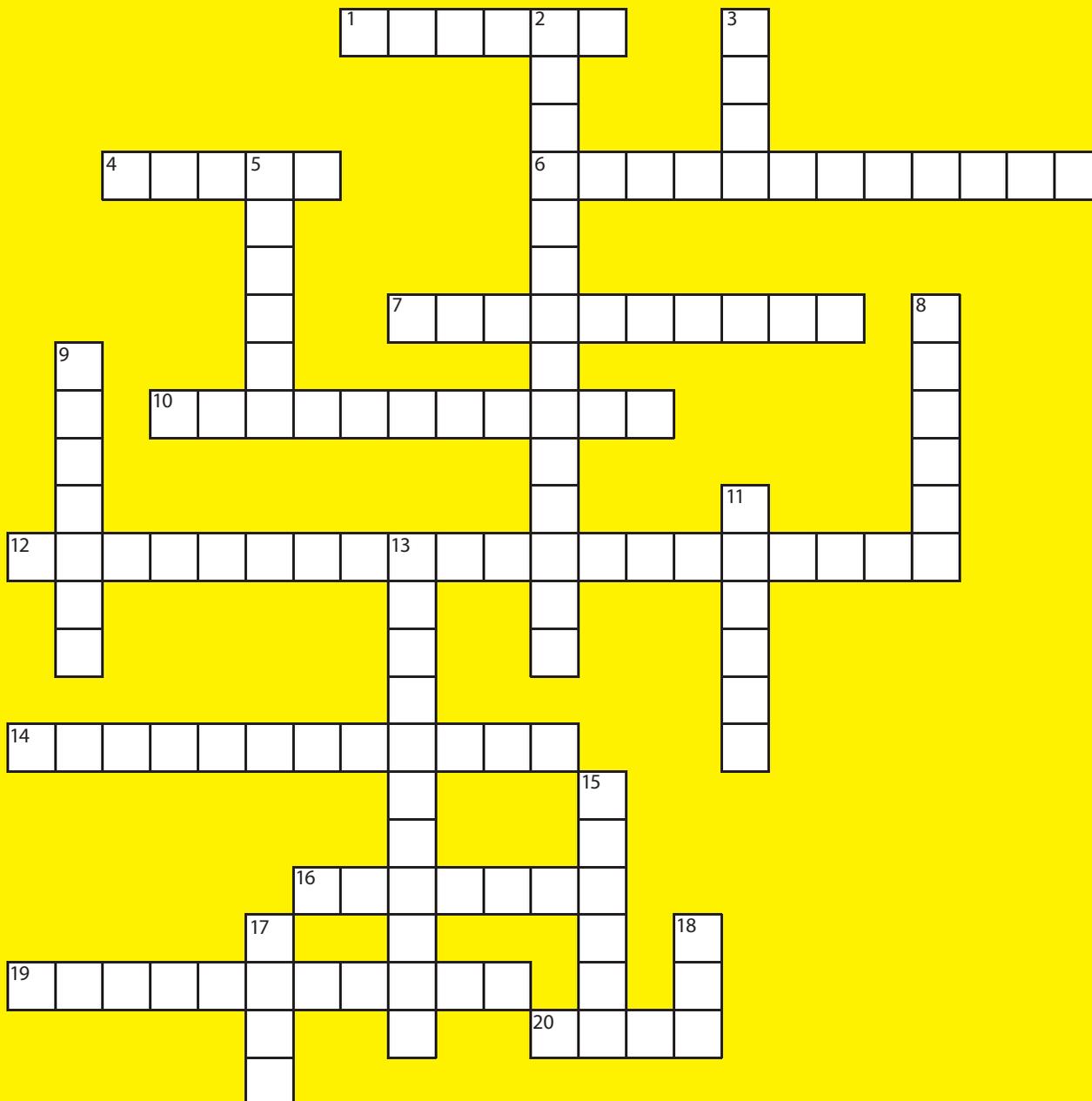
The forum is headed by Dr. Greg Makris (University Hospital Oxford) and was officially formed as a subcommittee in late 2015. However, rather than being a top-down organised, closed group, the forum takes a co-operative and inclusive approach, encouraging participation from all IRs-in-training or those just beginning their career. The Subcommittee will first meet at ECIO in Dublin in April 2016 and will regularly regroup at CIRSE congresses. Within the next few years, the forum will work towards offering special sessions tailored to the needs and interests of young IRs and trainees, focusing especially on enhanced international co-operation and networking, as well as encouraging young IRs to play an active role in European research projects. Furthermore, to make CIRSE congresses even more attractive to future interventional radiologists, this year at CIRSE 2016, a designated trainee area will be featured for the first time.

This forum will also be involved with the before-mentioned CIRSE Student Programme to further increase its impact and help raise the number of European medical students that opt for a career in interventional radiology. A further goal is to make IR a more attractive choice for female medical students, who are, unfortunately, still under-represented.

With the establishment of the European trainee forum, CIRSE aims to develop its assistance for the next generation of interventional radiologists, ensuring the future of IR as a discipline. It is set to become a driving force in CIRSE over the next few years and openly encourages input and ideas from all CIRSE Members with regard to any issues and concerns facing young interventional radiologists and those still in training.



The Forum Subcommittee will first meet at ECIO in Dublin this April and will regularly regroup at CIRSE congresses



Crossword Puzzle

Helen Hemblade, CIRSE Office

Across

1. Number of cranial nerves (6)
4. Exciting new thoughts, held in September in Barcelona (5)
6. Recent acute ischaemic stroke studies favour this treatment (12)
7. Water-loving molecule (10)
10. Provocative move (11)
12. How majority of post-transplant urinomas are treated (12,8)
14. Alternative to radiofrequency ablation in treatment of renal tumours (12)
16. Promoting IR in Asia Pacific (7)
19. Anagram: Nojostemjuy (11)
20. Suffix meaning inflammation (4)

Down

2. Procedure to stabilise a spinal fracture (14)
3. Embolisation agent (4)
5. CIRSE 2007 (6)
8. Not prone (6)
9. Under CT guidance, which line to get to kidney when performing a percutaneous nephrostomy (7)
11. The valve is located between the left atrium and left ventricle (6)
13. Type V endoleak (11)
15. Straight down American trainee pathway (6)
17. A place to park a ship, or a central venous access device (4)
18. Willis-Ekbom disease abbreviated (3)

With a newly adopted Code of Ethical Business Practice, MedTech Europe is promoting consistent and transparent behaviour.

Adapting with MedTech Europe's New Regulations

Michelle Weiss, CIRSE Office

As European medical technology continues to develop, ethically sound industry involvement is of vital importance. This is one reason why MedTech Europe, which consists of the European Diagnostic Manufacturers Association (EDMA), representing the European in vitro diagnostic industry, and Eucomed, representing the European medical devices industry, was formed in 2012. Since then, they have also sought to improve the sustainability of healthcare systems and extend the availability of advancing medical technology to more people.

On December 2, 2015, in Brussels, members of EDMA and Eucomed approved the joining of each organisation's separate code of ethics into a new, common one: the MedTech Europe Code of Ethical Business Practice. As of January 1, 2016, the majority of the Code is classified as being in a transition period, which will last until December 31, 2017.

Within the adapted Code, they have outlined that this transition period will serve to phase out direct individual sponsorship for educational events, with the new code to be in full effect by the end of 2017. While direct individual sponsorship will no longer be possible from December 31, 2017, educational grants will play a more prominent role, allowing companies to support events in a more wide-spread and fairer manner.

Ethical MedTech

In order to assist companies in the task of analysing the Code, Eucomed has supported the creation of a user-friendly platform called Ethical MedTech. This platform aims to promote ethical and Code-compliant projects amongst the European MedTech members. One of their main projects is the Conference Vetting System (CVS), an initiative that provides convenient access for companies to determine if an educational event aligns with the ethical standards dictated in the Code. Through an online calendar, each

upcoming event's current compliancy status can be observed, displaying if they have been deemed ethically sound or not. This centralised system seeks to alleviate the difficulties faced by companies in deciding whether a conference can be supported and aims to eliminate misinterpretations of the Code, thus providing consistency and transparency in industry behaviour.

Moving Forward with Ethical MedTech and the Updated Code

Through the years, CIRSE has remained dedicated to supporting compliance with ethical standards, which is why we have been submitting our educational events for evaluation since 2014 when the CVS was first launched. CIRSE has received positive ratings from our submissions to the CVS and will continue to seek appraisal for all future congresses and training sessions. Our first congress of the year, the European Conference on Interventional Oncology (ECIO), coming up on April 17-20, has been labelled compliant. The European School of Interventional Radiology (ESIR) Clinical Procedure Trainings in Ankara and Amsterdam are currently under review, and more events will be added for approval throughout the year.

As direct support is phased out and educational grants are phased in, CIRSE intends to collaborate closely with industry sponsors to provide funding for members to attend our educational events. We are counting on the industry's unabated commitment to supporting health care professionals in receiving extensive education in their field. Under the guidance of our newly appointed Education Programme Coordinator, Patrick Haage, CIRSE will be actively shaping our educational programmes in order to receive maximal educational grant allocations for future congresses and training courses. Stay tuned for more information on these updates and the process of applying for educational grants in the future!

S O C I E T Y

S

CIRSE utilises
Ethical
MedTech's
Conference
Vetting System
and prepares for
future changes
in company
sponsorship

ESIRonline

A WEALTH OF IR LEARNING

INNOVATION | EDUCATION | INTERVENTION



CIRSE 2015
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now online!

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CIRSE 2015
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VIDEO LEARNING SESSIONS

ECIO 2016

Watch one of last year's Video Learning presentations
to see what you can expect at ECIO 2016!



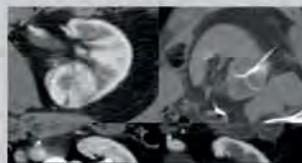
IROS 2016
Alle Highlights jetzt online!



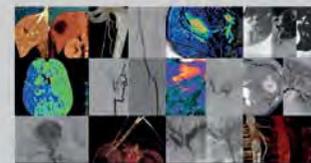
**Aortic stent grafting –
an update**



**Prostate artery
embolisation**



**Renal tumour ablation –
an update**



Topic Packages:
Browse all ESIRonline packages

CIRSE members and congress attendees benefit from a special service: over 9,000 presentations, webcasts and abstracts from CIRSE events since 2006 are available on ESIRonline, year-round.

Log into ESIRonline at www.esir.org using your myCIRSE details and explore the most extensive online educational resource in interventional radiology, featuring the latest congress recordings as well as specially compiled topic packages!

www.esir.org

Supported by:



SIEMENS

Following four years of dedicated service, Editor-in-Chief Mario Bezzi is handing the reins to Stefan Müller-Hülsbeck.

ESIRonline: new horizons

After four years at the head of ESIRonline, Mario Bezzi is passing the torch to the new ESIRonline Programme Director Stefan Müller-Hülsbeck (Flensburg/DE), who is currently assembling a new Programme Committee. Representatives from across the entire spectrum of IR (Vascular IR, Non-Vascular IR, Interventional Oncology, Embolisation and Neurointerventions) will collaborate to develop new material for online education in the near future.

ESIRonline's renaissance

ESIRonline has long been used as an archive for CIRSE's congress presentations, but as the collection expanded, it became increasingly difficult for users to identify presentations relevant to their educational needs. To bring additional structure and clarity, the CIRSE Executive Board established an editorial board in 2012, led by Mario Bezzi.

Under his tenure, ESIRonline has changed from an unstructured group of diverse presentations to a carefully curated educational resource. The committee and office staff have worked hard to improve the programming and interface, as well as to carefully index presentations so as to make them easily searchable by presenter, congress, topic, and a number of other parameters.

Most notable of all are the packages, which have been released at regular intervals to provide comprehensive overviews of the latest clinical data pertaining to a specific topic. These packages include not only recent congress presentations, but standards of practice documents and other external references.

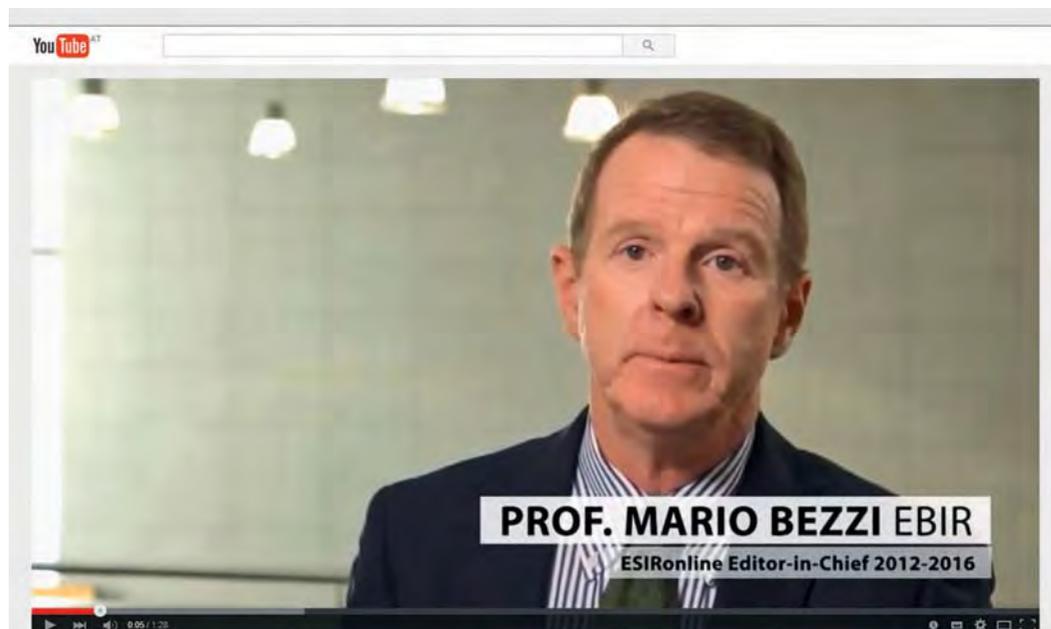
In order to make these features as accessible as possible, Prof. Bezzi recently put together a guided video tour of the database, explaining how to get the most from ESIRonline. It is publically available on CIRSE's YouTube channel – be sure to check it out!

Moving forward

This good work will be continued by incoming ESIRonline Programme Director Stefan Müller-Hülsbeck and his new committee. While this team will undoubtedly bring fresh ideas for improving this useful resource, the regular issue of topic packages will be continued in 2016. As a new initiative to showcase interesting lectures, special topic package promotions will soon include expert review videos.

We welcome Prof. Müller-Hülsbeck to the Executive Committee, and wish him well in his new role!

View the introductory video:
www.youtube.com/CIRSEsociety



S O C I E T Y

S

We thank
Mario Bezzi for
his years of
service, and
welcome Stefan
Müller-Hülsbeck!

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

Medtronic announces the launch of OsteoCool™ RF Ablation System

Medtronic recently announced FDA clearance and U.S. launch of the OsteoCool™ RF Ablation System. For physicians who treat patients with painful spine metastases, the OsteoCool System is the only cooled radiofrequency (RF) ablation technology that offers simultaneous, dual-probe capabilities, providing procedural flexibility and predictable, customised treatment.

In November, Medtronic received expanded indications for Kyphon Xpede® Bone Cement, which now includes clearance for the treatment of microfractures that can be caused by cancer cells breaking down bone, forming osteolytic lesions. Where indicated, the OsteoCool Bone Access Kit can be used for a subsequent, physician-directed procedure such as cementoplasty (i.e. vertebroplasty or kyphoplasty).

Medtronic acquired the OsteoCool technology and associated intellectual property from Baylis

Medical on December 16, 2015 and partnered with the company to further innovate the system.

The system is temperature controlled and uses internally water-cooled probes to prevent overheating of surrounding tissue during the procedure. The 17-gauge, bipolar probes are available in three lengths and may be used through a variety of cannula sizes. Because two OsteoCool RF ablation probes can be used simultaneously, the system supports a variety of ablation scenarios accommodating unique patient and procedural needs. CE-marking of the device is currently pending.

www.medtronic.com

Medtronic
Further, Together

A new cooled radiofrequency ablation technology for treating bone lesions has been launched

Boston Scientific receives FDA approval and CE Mark for AngioJet™ ZelanteDVT™ thrombectomy catheter

Boston Scientific announced in November that it has received both FDA approval and a CE Mark for the AngioJet™ ZelanteDVT™ thrombectomy catheter to treat deep vein thrombosis (DVT) in large-diameter upper and lower limb peripheral veins.

The ZelanteDVT catheter is the first AngioJet catheter designed specifically to treat DVT. The ZelanteDVT catheter was designed to efficiently remove large venous clot burdens and facilitate rapid restoration of blood flow, potentially decreasing procedural time, quickly relieving symptoms and reducing late complications.

The ZelanteDVT Thrombectomy Set is intended for use with the AngioJet Ultra Console to break apart and remove blood clots, including DVT,

from iliofemoral and lower extremity veins greater than or equal to 6.0 mm in diameter, and upper extremity peripheral veins greater than or equal to 6.0 mm in diameter. It is also intended for use with the AngioJet Power Pulse™ technique for the controlled and selective infusion of physician specified fluids, including thrombolytic agents, into the peripheral vascular system.

www.bostonscientific.com

Boston Scientific
Advancing science for life™

The Award of Excellence and Innovation in IR

Innovative Spirit

During CIRSE 2015, the R.W. Günther Foundation honoured the Leman Research Group from Lausanne, Switzerland, for their research on drug-eluting beads loaded with anti-angiogenic agents for chemoembolisation.

Development

The continuous development and refinement of new agents, devices and techniques by resourceful interventional radiologists will further expand the remarkable spectrum of treatments offered by our specialty.

Recognition

Innumerable patients are grateful for the wide range of minimally invasive alternatives to open surgery from which they can now benefit. Furthermore, CIRSE also wishes to honour your dedication and excellence in IR and present your innovation to the IR community during the opening ceremony of CIRSE 2016.

Recipients of this distinction will be awarded with a certificate of merit for their contributions to the field, as well as a cash prize of €5,000.

How to apply

Send us your groundbreaking research results, details of a novel technique you developed or the cutting-edge equipment you have just patented. Our board of reviewers welcomes all your innovations and looks forward to the advances they may bring to IR.

R.W. Günther Foundation

We warmly thank the R.W. Günther Foundation for kindly sponsoring the award. The Foundation is based in Aachen, Germany and aims to promote science and research, especially in the field of radiological sciences and diagnostic and interventional radiology, as well as to support national and international co-operation.



Please note that all applications must be submitted with a relevant CV or, in the case of research groups, a description of the members involved.

All applications must be submitted by May 19, 2016 to hofmann@cirse.org. For more information, please visit the CIRSE website.



Barcelona Beckons...

... and this useful guide will help both first-timers and repeat visitors to get there and explore with ease.

Barcelona has consistently been ranked as one of the world's best congress destinations

Located on the east coast of Spain in Catalonia, Barcelona is a city that has carved a name out for itself as being independent, international and innovative. Well-known as the cultural playground to many visionaries of the past, including Antoni Gaudí and Salvador Dalí, Barcelona continues to be a leader in cultural evolution today, as was evident when, in 2014, Barcelona was designated as the first European Capital of Innovation ("iCapital") by the European Commission for "introducing the use of new technologies to bring the city closer to citizens".

It is this brave and enthusiastic embrace of game-changing innovations that we hope to harness for our 31st Annual Meeting, where the latest advances in IR techniques and technologies will be showcased alongside the most recent clinical data.

Our venue

CIRSE has previously held three meetings in Barcelona, and is delighted to be returning: the city offers the ideal infrastructure for large congresses, with excellent accommodation and transport, and many services catering to visitors.

Hosting up to 300,000 congress participants per year, it is not surprising that Barcelona was named the number one congress city in the world for 2014 by the International Congress and Convention Association (ICCA) and has consistently been ranked in the top five since 2001.

This year's annual meeting will be held in the impressive *Centre de Convencions Internacional de Barcelona* (CCIB), which lies right on the seafront in the modern Diagonal Mar district.

The luminous and vast CCIB building, designed by José Luís Mateo, promises to be an excellent setting to kick off lively discussions.

The CCIB is easily reached by public transport. The El Maresme Forum stop is located a five-minute walk from the centre, served by both the metro line 4 and the tram line 4. You can also get to the CCIB by bus (line 7, stop 16: Forum station).

How to reach Barcelona

As the third most-visited city in Europe, Barcelona enjoys excellent connections from all over the world and is served by three airports in proximity to the city. Barcelona's largest airport, known as El Prat, is located 13 km southwest of the centre. A train into the city costs €4.10 and takes around 25 minutes. A 20-minute taxi ride into the city costs around €25.

The Aerobus service between the airport and the centre of Barcelona (Plaça Catalunya) runs from 06:00 to 01:00 (to Barcelona) and from 05:30 to 00:15 (to the airport) every day: prices are from €5.90. Buses come every five minutes and the journey takes around 30 minutes.

The Girona and Reus Airports, both just over 100 km away from Barcelona to the north-east and south, are served by budget airline Ryanair and offer bus and taxi connections to the city centre.

Arriving by train from Marseille, Paris or Lyon on the TGV is another option and takes approximately four to six hours. You can find more information by visiting their website (www.sncf.com/en/trains/tgv).



M M E E T I N G

Flight discounts

CIRSE has once again teamed up with the Star Alliance™ network to offer conference-goers deals on their flights. More information about participating airlines can be found online (www.cirse.org/flights). Be sure to include the Convention Code TP09S16 when booking to receive your special discount!

Travelling around the city

Barcelona benefits from an excellent transport network that will make getting from the conference to your accommodation and around the city a breeze. The city is well-connected by metro, bus (TMB), tram, urban railway (FGC) and regional rail. Tickets can be bought at all stations or at the airport on arrival.



The most economical option is a T10 ticket which costs €9.95 and gets you ten journeys on any transport within Zone 1, including the regional train to El Prat Airport. For unlimited travel on all transport, there is the HolaBCN! card. Options include the three-, four- and five-day Barcelona travel cards: you can pre-order these for a 10% discount!

Eating out

Known for its captivating dining scene, Barcelona is the perfect place to satisfy your appetite after an intensive day at the congress. Join a colleague in sauntering through the enchanting streets to find a place to sample some *tapas* (mini plates of food to share), or *tapas'* little sister, *pincho* (food on a spike or toothpick, usually bought individually).

And don't forget the selection of freshly caught fish! Facing directly onto the Mediterranean Sea, Barcelona is stocked with delicious seafood restaurants, paella being one of the specialties not to miss. Head down to the old fisherman's quarter, Barceloneta, for the real classics!



Lunch is typically eaten between 13:30 and 15:30 and dinner typically between 21:00 and 23:30. Many restaurants will close during the late afternoon (generally 16:00 to 20:00), and remain open anywhere from midnight until 03:00 on Mondays through Saturdays, while many tend to be closed or have earlier closing hours on Sunday.

CIRSE delegates benefit from special discounts with Star Alliance – www.cirse.org/flights

Radiation Protection Pavilion at **CIRSE 2016**

September 10-14 | Barcelona, Spain

CAN YOU HANDLE THE RISK?

Radiation Protection Pavilion at CIRSE 2016

1. Get a free eye check-up

CIRSE is once again offering complimentary ophthalmological check-ups (vision testing and lens opacity screening) to members.

2. Get expert advice

Learn about the health hazards linked to high levels of occupational exposure to radiation – consult our best-practice guides and information materials, or take a seat and listen to a brief talk hosted by our Subcommittee or industry partners.

3. Explore state-of-the-art protective technologies

Discuss the latest products for protection and dose management with select industry partners, who will be on hand to address any questions you may have.

4. Train and test yourself

Try out various virtual environments and interactive tools to train your radiation protection skills. Afterwards, test your knowledge with our online electronic quiz.

www.cirse.org/rpp

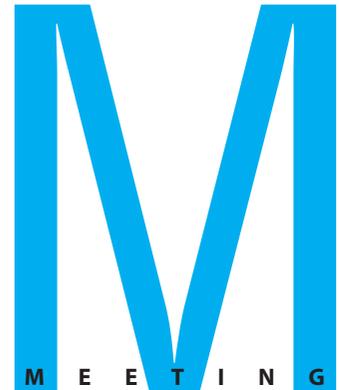
Cardiovascular and Interventional Radiological Society of Europe

CIRSE
RADIATION
PROTECTION



Paradigm Shift: Acute Ischaemic Stroke

Helen Hemblade, CIRSE Office



Acute stroke is the prevalent cause for disability among adults in the industrialised world and one of the most common causes for death globally. Thought-provoking new studies, technological advances and the increasing need for interventionalists in this area mean that treatment for acute stroke remains an animated topic and hence of as much interest to the general interventional radiologist as to those closely involved in the area. Making up part of the extensive neurointerventions track, Professors Tommy Andersson and Klaus Hausegger will examine the aforementioned themes, and generate wider discussion in a Hot Topic Symposium on the treatment of acute ischaemic stroke.

Prior to this past year, clinical studies had provided neutral or even negative results on endovascular treatment of acute ischaemic stroke. But recently, results from several studies, most notably MR CLEAN (a multi-centre, randomised trial, which was carried out from 2010-2014), have proved otherwise. The Amsterdam-based study revealed that patients who were treated with IA intervention within six hours of symptom onset in addition to usual care had an increase in functional independence in daily life at three months, without an increase in mortality – according to the modified Rankin scale (used to measure the level of dependency following a neurological disability). Intra-arterial treatment consisted of arterial catheterisation with a microcatheter and delivery of a thrombolytic agent, mechanical thrombectomy or both. The study notably made the use of advanced imaging techniques and the newest devices obligatory.

Following these positive results across five studies (ESCAPE, REVASCAT, SWIFT PRIME, EXTEND IA and MR CLEAN), the HERMES collaboration was set up in order to pool individual patient data across diverse populations. This meta-analysis showed that for every 100 patients with a large-vessel anterior-circulation ischaemic stroke treated with endovascular thrombectomy, 38 will have a less disabled outcome than with best medical management alone, and 20 more will achieve functional independence, irrespective of geographical or patient characteristics. Results also suggest a strong trend of endovascular treatment being beneficial for up to even eight hours from symptom onset.

In the recently published two-year CRISP study (CT perfusion to predict response to Recanalization in Ischemic Stroke Project) of 102 ischaemic stroke patients in the USA who had endovascular therapy, researchers found that when CT perfusion imaging is performed, large areas of brain tissue can be safely salvaged up to 18 hours after stroke symptoms begin. According to this study, there was no significant association between time to treatment and good outcomes when the CT perfusion imaging showed salvageable brain tissue. Such a confluence of exciting new evidence alongside technological advances ultimately throws open the debate of who, exactly, is eligible to perform endovascular neurological procedures: general interventional radiologists with specific training or only neuro-interventional radiologists? This, and the question of how this could be rolled out between dedicated stroke centres and hospital units, will provide thrilling discussion in the Hot Topic Symposium and many other sessions at this year's annual meeting in Barcelona!

Join us for an
exciting discussion
at this year's Hot
Topic Symposium!



Currently, most uncomplicated Type B dissections are managed medically, with a mortality rate of 10%; however, the morbidity rate is significant, mostly due to dynamic malperfusion and, to a lesser extent, static malperfusion. Whether TEVAR provides an effective alternative will be debated by our multidisciplinary panel, with reference to various clinical trials, including INSTEAD and INSTEAD XL.

Although TEVAR appears to offer good outcomes in uncomplicated acute type B dissections, it is not a straightforward procedure: a delicate balancing act must be found between adequately sealing the entry tears, while avoiding excessive coverage of the aorta, to lower the risk of spinal cord ischaemia. Various innovations, such as using bare stent scaffolding for distal extension of the previously implanted stent graft (the petticoat technique) have been investigated. The risks of TEVAR, and the possible methods of reducing them, will be examined in detail.

Abdominal aorta – challenging proximal neck

A key factor in the durability of EVAR is the proximal neck, and a number of morphological features can impair the fixation of the endograft, including neck length, diameter and angulation, as well as the presence of thrombus or calcification. Some of these issues can potentially be resolved by improved device engineering, while others may be hallmarks of disease progression that may dislodge even the most expertly deployed device.

An infrarenal neck angle $> 45^\circ$ is associated with a significantly increased risk of initial type IA endoleak. However, device placement can help

lessen neck angulation: after successful EVAR, the degree of both suprarenal and infrarenal neck angulation decreases, with this process continuing for up to 3 years postoperatively. This phenomenon is certainly a factor to be considered when weighing up the risks of stent grafting in a sharply angulated proximal neck.

Since 1990, endovascular graft design has been continually refined. Displacement, branch vessel occlusion and endoleaks are very real concerns, and device innovations such as fenestrated stent grafts, self-expanding stents with infrarenal active fixation and the chimney technique have all sought to overcome these risks. Of course, even with these endovascular options, open surgical repair is still an option, and our expert panel will discuss which therapy offers which patients the best outcomes.

Get involved

Endovascular aortic repair is a highly challenging field, both in terms of technical skills, anatomical knowledge and emotional resilience, but offers great rewards. In order to guide beginners through the procedure, two case-based discussion workshops will be held on the opening day of IDEAS 2016.

All CIRSE delegates will enjoy full access to this varied programme which, together with the new venous and arterial tracks, makes up a complete endovascular programme.

More information on the event can be found in the CIRSE 2016 Preliminary Programme, or on the dedicated IDEAS website: www.aorticideas.org

Aortic emergencies, such as post-dissection TAAA, will be the focus of a Hot Topic Symposium



● Infarcts in 70.6%
 ● Infarcts ("black hole sign") was associated with greater prostate volume reduction
 ● PAE needs to induce ischemia

Journal of Endourology
 Nathan F et al. AJR Am J Roentgenol. 2014 Oct;198(4):1011-1016

CIRSE 2

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M E E T I N G

CIRSE meets the European Association of Urology

A special joint meeting offers new insights into the use of prostate artery embolisation.

With interest in PAE steadily growing, this joint session may provide some fascinating insights

Every year, the CIRSE meeting invites partner societies to actively take part. In recent years, we have been lucky enough to welcome the Chinese Society of Interventional Radiology, the Israeli Society of Interventional Radiology (ILSIR) and the European Society of Hypertension, among other distinguished guests.

This year, CIRSE will host a joint session with our esteemed colleagues from the European Association of Urology (EAU). This comes at an auspicious time, as we see a growing interest in prostatic artery embolisation. This is still a relatively new procedure, and this timely session may help refine our understanding of the therapy and best identify patients who may benefit.

Founded in 1972, the European Association of Urology (EAU) represents the leading authority within Europe on urological practice, research and education. Over 15,000 medical professionals have joined its ranks and contribute to their mission: to raise the level of urological care throughout Europe and beyond.

The EAU supports medical professionals active in the field of urology through many of its scientific, professional, educational and awareness-building initiatives, such as career development, clinical guidelines, political activities, networking with peers and advancing urological science.

The EAU supports residents, young urologists and experienced specialists throughout their career with programmes for continuing medical education. In addition, the EAU offers a wide

range of events and courses to interact with the best specialists in the field of urology. The annual EAU congress is the largest urology-related event in the world.

The EAU clinical guidelines, reflecting the most up-to-date evidence-based recommendations to clinicians, are crucial for the successful treatment of patients. The EAU guidelines are unparalleled in that regard and used all across the world.

Major urological research is published in their scientific journals, *European Urology*, (impact factor 13,938) and the newly introduced *EU Focus*. Through political activities, the EAU brings together the voices of medical professionals, researchers, innovators and patients in a European platform to keep urological topics on the political agenda.

Tuesday, September 13
11:30-12:30

CM 2701 CIRSE meets the European Association of Urology

- Explanation of LUTS to interventional radiologists
- Surgical and medical therapy for benign prostate hyperplasia
- For which patient is PAE most feasible? (the radiologist's view)
- For which patient is PAE most feasible? (the urologist's view)



Cardiovascular and Interventional Radiological Society of Europe

Register
now!

ICCIR 2016



**International Conference
on Complications in
Interventional Radiology**

**June 9-11
Poertschach | Austria**

www.iccir.eu

CIRSE foundation

Following the success of the last two years' prostate embolisation courses, ESIR is offering two such training sessions in 2016.

ESIR Clinical Procedure Training: Prostate Artery Embolisation

Michelle Weiss, CIRSE Office

First performed in 2009, prostate arterial embolisation therapy has been gaining popularity worldwide ever since. Due to this increasing interest, as well as full attendance and positive feedback at last year's course in Milan, this year the ESIR Programme Committee is offering two Clinical Procedure Training courses on this exciting new procedure: one in Ankara in May, and one in Paris in November.

These courses will provide a communicative learning space for experienced practitioners, who are already well-acquainted with the literature and theoretical aspects of prostate embolisation, to discuss the details of their own experiences with this novel therapy. It also offers a setting in which practitioners may clarify any questions or concerns they have on the procedure with renowned innovators in this new clinical area.

Background

Prostate artery embolisation (PAE) is a procedure used to treat elderly patients who suffer from benign prostatic hyperplasia (BPH). BPH frequently occurs in men over the age of 50, and up to 75% of men develop at least one symptom of BPH by the time they reach their 70s. Lower urinary tract symptoms are the most common complaints resulting from BPH, and can include frequent need to urinate, urinary incontinence, decreased urine flow, and incomplete bladder emptying. This urine retention can, in time, lead to bladder stones, urinary tract infections and, in the worst-case scenario, bladder damage and kidney failure.

By embolising the blood vessels to induce ischaemia and thus shrink the prostate, this procedure relieves the patient of his symptoms with minimal side effects and offers an alternative to the traditional surgery, a transurethral resection of the prostate (TURP), at a quarter of the cost and without the risk of injuring the bladder neck or disturbing sexual function. This procedure has been proven effective in several studies, but is still quite new and technically highly complex due, in part, to the variations in prostatic artery anatomy, thus adding to the difficulty in differentiating the prostatic arteries alongside the arteries of neighbouring organs.

Although a challenging and time-consuming technique, this new procedure is being taken up by some innovative interventional radiologists in an attempt for it to become an alternative treatment for all patients who are prospective candidates for BPH surgery. To gain significant recognition will take time and many clinical studies will need to be conducted by teams of PAE experts. The publications on PAE, headed primarily by leaders in this field, Prof. Carnevale in Brazil, and Dr. Pisco in Portugal, have already taken huge steps in gaining recognition for the treatment by showing that it is safe and effective (offering improvements in patients' International Prostate Symptoms Score and quality of life), but much work is left to be done. By conducting more clinical trials and publishing the results, PAE therapy will hopefully gain due credit through scientific evidence and become a feasible option for all patients, not only those with high surgery risk.



Performing interventionists answer questions during a live transmission

Clinical Procedure Training caters to IRs who are acquainted with the literature and theoretical aspects of PAE

The courses will feature presentations on methods and materials, detailed accounts from experienced practitioners and interactive discussions during live cases.

What to expect

These courses seek to inform those keen to get actively involved in this ground-breaking field and train them to become experts in this therapy. Led by distinguished international faculty and local hosts Bora Peynircioglu, in Ankara, and Marc Sapoval, in Paris, the courses will feature presentations on methods and materials used and preferred, detailed accounts of the procedure from experienced practitioners, as well as interactive discussions during live cases performed by Prof. Carnevale. Outlined in the syllabus, the aim of the courses will be to take an in-depth look at the different aspects of BPH, the role of urodynamic testing, and patient selection for PAE. A comparative discussion of the different therapy options for BPH, including TURP, LASER, open surgery and PAE, will also occur.

Through step-by-step explanations of the procedure, including tips and tricks, participants of the course will be guided along the complexities of this technique, starting with identification of the various arterial branches (inferior vesical, internal pudendal, obturator and superior vesical) where the prostatic artery can originate from, and moving through detailed angiogram images in order to pinpoint the precise location where embolisation should occur and which spots need to be avoided.

This will be the third year that ESIR offers this course topic and it has already proven educational and inspirational, providing the knowledge and

detailed explanations for participants to return home and perform the PAE procedure with greater confidence; as was the case for Egyptian IR Dr. Hassan Abdelsalam who, after attending the prostate embolisation course in Zaragoza in May 2014, returned to Egypt with new insights and familiarity and completed the first PAE in Alexandria.

Ankara and Paris

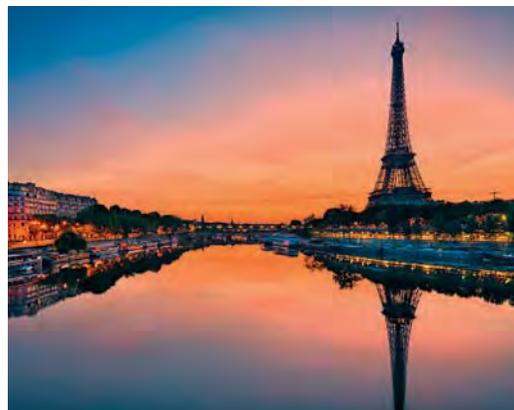
The first PAE course of 2016 will take place on May 23-24 in Ankara, Turkey at the Hacettepe University; the second on November 29-30 in Paris, France at the Hôpital Européen Georges Pompidou.

Join the action

If you wish to gain valuable information and training on this cutting-edge treatment option, you won't want to miss the opportunity to attend one of these two Clinical Procedure Training courses in Ankara and Paris!

Registration for an ESIR course not only includes attendance at the course, teaching materials and provisions, but also one-year access to ESIRonline (www.esir.org), the educational platform for interventional radiology. Early registration fees are offered until eight weeks before the course date: spaces fill up fast, so reserve your spot as soon as possible!

Register online at www.cirse.org/esir2016



Early Bird fees
are offered until
8 weeks before
the course begins –
register at
[www.cirse.org/
esir2016](http://www.cirse.org/esir2016)

Neurointerventions are becoming an important focus area for the IR community, and a dedicated ESIR course will offer participants the opportunity to delve into this fascinating subject.

ESIR Clinical Procedure Training: Mechanical Thrombectomy in Acute Ischaemic Stroke

Petra Mann, CIRSE Office

During the last decade, stroke treatment has changed dramatically. Previously patients with non-haemorrhage stroke were mostly treated conservatively with a wait-and-see policy, but the introduction of thrombolysis finally provided physicians with an active treatment modality. With intra-arterial thrombectomy, a whole new treatment strategy was introduced.

Since several prospective randomised trials have proved its effectiveness and safety compared with intravenous treatment only, intra-arterial thrombectomy has become the standard treatment of choice. For this reason, CIRSE is offering an ESIR course on mechanical thrombectomy in acute ischaemic stroke. This Clinical Procedure Training is designed for participants with prior knowledge of the literature and theoretical aspects of the treatment and will cover a wide range of aspects, such as the logistics of stroke treatment, treatment options, treatment windows, techniques, complication occurrence and complication treatment. After the presentations given by the expert faculty, attendants will have the opportunity to become familiar with the most common thrombectomy devices in the hands-on workshops.

The training will be held in The Hague (NL) from December 9-10, and will be hosted by stroke expert Dr. Hans van Overhagen. Participants will benefit from the following modules:

- How to organise a stroke service
- Clinical diagnosis of stroke and IV treatment
- CTA & angiographic anatomy of Circle of Willis
- Occlusion and pseudo-occlusion of the ICA
- Results of IAT & IVT from the literature
- Complications of IAT
- How to perform IAT
- Thrombectomy - practise on flow models
- Patient case discussions

At the end of this training, participants will be ready to introduce a thrombectomy programme at their institute or extend the quality, as well as the quantity, of their existing programmes.

Revisiting stroke intervention in The Hague

The 2014 ESIR Course on stroke intervention hosted by Dr. van Overhagen in The Hague received excellent feedback: 91% of its participants rated the presentations as very good or good, and 100% of participants gave the same top two ratings to its educational content. 93% said they would recommend the course to their colleagues.

The hands-on course was attended by physicians from places as far away as Azerbaijan and Vietnam, showing that training in stroke intervention is a pressing issue around the globe. This is one of the reasons why a further stroke course has been included in the 2016 programme.



The workshop will equip participants with the knowledge to introduce a thrombectomy programme at their institute

A new CIRSE Task Force led by Prof. Klaus Hausegger is also looking to establish co-operation with other medical societies in the field.

CIRSE Stroke Therapy Task Force

Recognising the increasing importance of intra-arterial treatment of non-haemorrhagic stroke, CIRSE recently established a dedicated Stroke Therapy Task Force with the aim of establishing co-operation with other medical societies in the field, eventually leading to the definition of standards for training and stroke centres. The

Task Force, under the leadership of stroke expert Prof. Klaus Hausegger, will also be revising and updating current literature. Upon its recommendation, CIRSE recently endorsed the *Mechanical thrombectomy in acute ischemic stroke consensus statement* by ESO-Karolinska.

Acute stroke treatment at IROS 2016

Being the most important IR meeting in Central Europe, IROS offered an array of sessions on acute stroke management, including a hot topic symposium and several workshops on recanalisation.

In his IROS 2016 Honorary Lecture, Dr. Jens Fiehler examined what the IR community has learned for future studies of thrombectomy in acute stroke,

scrutinising mistakes from the past as well as successful studies, such as the MR CLEAN and ESCAPE trials, and suggesting ways future studies must be conducted to lead to irrefutable evidence.

The German-language presentation is available to view on www.esir.org

Learn more about stroke therapy with ESIRonline!

- FC 104 – Basic principles of acute stroke intervention (CIRSE 2015)
- SS 204 – In-depth diagnostic and treatment concepts in acute stroke (CIRSE 2015)
- SS 902 – How to improve acute stroke management: new horizons (CIRSE 2015)
- ICS 1002 – Acute stroke revascularisation: from simple to challenging (CIRSE 2015)

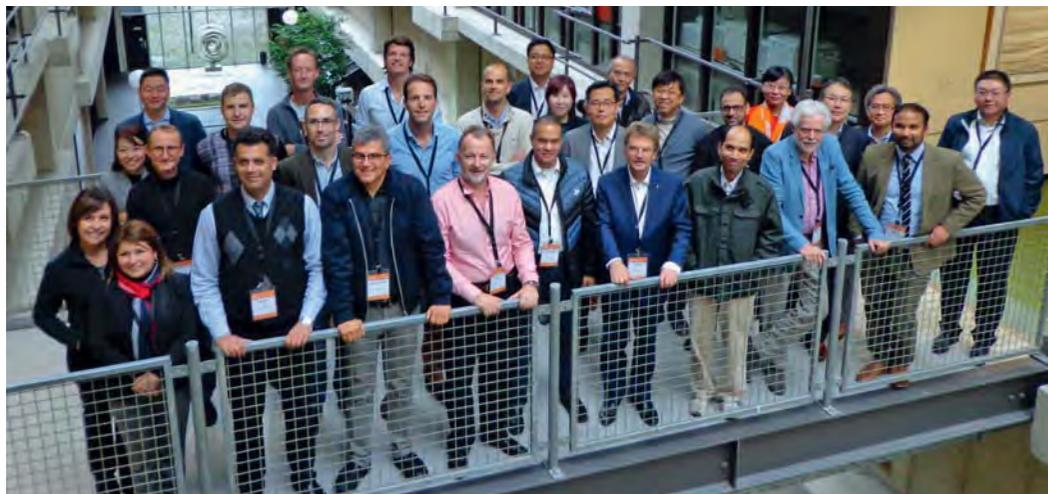


A great number of stroke presentations are available on www.esir.org

An experienced faculty offers a unique opportunity to get better acquainted with the clinical management of CLI.

ESIR Clinical Procedure Training: Critical Limb Ischaemia

Helen Hemblade, CIRSE Office



Faculty and participants at the 2015 ESIR CLI course in Amsterdam.

Early Bird discounts are available up to 8 weeks before the course begins!

It is not only the growing number of cases and clinical developments in endovascular treatments that has sparked much interest in critical limb ischaemia (CLI) for IRs; it is also the ill-defined clinical status of CLI, which remains just that. While the current diagnosis of CLI is based on clinical symptoms such as pain at rest, non-healing ulcers, or gangrene, which can be supported by ABI, absolute ankle pressure, toe pressure, and transcutaneous oxygen measurement, the result of revascularisation with or without a patent bypass or PTA by any technique for the endpoint limb salvage is around 85%, according to longstanding evidence. However, it has been shown that about 50% of patients who have CLI will not lose their limb, and their ulcers will heal without revascularisation. It is also known that around 15% of patients with CLI will lose their leg despite revascularisation. Therefore, according to the definition of CLI, 50% do not need revascularisation and 15% will not benefit from any revascularisation. The big objective for the coming decade regarding CLI is therefore to develop tests to identify the 35% for whom revascularisation is necessary. Such personalised treatment would lead to a huge reduction in costs, without the sacrifice of limbs.

Local Host

Prof. Jim Reekers addressed the above issue alongside various treatment options and the colourful

history of IR procedures for CLI in his Josef Roesch lecture at the CIRSE 2015 annual meeting. As host, he will offer his years of expertise in the field to experienced practitioners who wish to learn more about endovascular approaches to CLI at the 2016 ESIR course in Amsterdam.

Prof. Reekers has been an active member of CIRSE for many years and has over 20 years' experience in treating CLI – from when he started in the experimental early '80s to the introduction of stents to advances in endovascular treatment today. ESIR is honoured to have such an accomplished individual coordinating the programme.

A great reception in 2015

The ESIR Expert Course, *Critical Limb Ischaemia – Diagnosis, Treatment and Parameters for Success*, in Amsterdam in October 2015 welcomed 32 physicians from 14 different countries. The faculty included Prof. Fanelli of Rome, Prof. Huppert of Darmstadt, Prof. Mick Lee of Dublin and Amsterdam local, Prof. Koelemaj. On the first day, initial presentations explored pertinent epidemiological considerations, addressed diagnostic and planning matters and reviewed present relevant materials. In the afternoon, recorded live cases were examined and Prof. Huppert went over current evidence after Prof. Reekers had suggested a set of parameters for success.

Hands-on learning will be a central feature of the course, allowing participants to get to grips with the devices available.

The next day took a more hands-on approach with small group workshops on relevant issues within the topic, such as multidisciplinary teams and working with new devices. For the first time, silicone training materials from United Biologics were used during the hands-on sessions. Participants could use the arterial leg bundles and lower leg arterial model to experiment with devices and attempt to simulate occlusion.

These workshops culminated in a "tips and tricks for your diabetic foot clinic" section by Prof. Reekers. Participants were then able to reflect on what they had learnt in the round table discussions at the end of the course, as well as deliberate over further questions or queries. Thanks to the participants' well-established knowledge of the topic, the course was able to go into depth in scrutinising new evidence, addressing current treatment and identifying parameters for success over the two-day duration.

Back to A'dam

This ESIR course will once again be held at the Academic Medical Center in Amsterdam. Following feedback, this year's training will put special emphasis on modern procedural training and practical exercises, in the form of more small-group workshops and recorded live cases, where appropriate. Highlights include a group discussion on working in a multidisciplinary team and a guided visit of the hospital. A joint review of challenging cases will permit participants to clarify remaining queries and take stock of what they have learned.

Commonly known for its canals, culture and coffee shops, the city with more bikes than residents is considered one of the most liberal in Europe. The Dutch capital has grown from a 12th century fishing village into a multicultural international hotspot, with an abundance of nightlife, restaurants, and museums and home to around 180 nationalities. Affiliated with the University of Amsterdam, the Academic Medical Center is one of the foremost research centres in the Netherlands, as well as one of its largest hospitals.

Dates

Friday, October 21 and Saturday, October 22

Faculty

F. Fanelli, Rome (IT)
P. E. Huppert, Darmstadt (DE)
M. Lee, Dublin (IE)
J.A. Reekers, Amsterdam (NL)

Accommodation

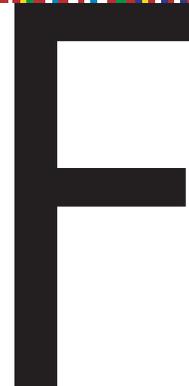
Please find below a list of recommended hotels. As a dance festival takes place in Amsterdam this weekend, early booking is recommended.

Park Plaza Victoria Amsterdam
Damrak 1-5, NL - 1012 LG, Amsterdam
Phone: +31 (0) 20 62 34 255
Fax: +31 (0) 20 62 52 997
Email: bookamsterdam@pphe.com

Tulip Inn Amsterdam Riverside
Provincialeweg 38, NL - 1108 AB Amsterdam
Phone: +31 (0)20 312 1416
Fax: +31 20 312 1465
Email: info@tulipinnamsterdamriverside.nl

Novotel Amsterdam City
Europaboulevard 10, NL - 1083 AD Amsterdam
Phone: +31 (0) 20 541 1123
Fax: +31 20 646 2823
Email: H0515@accor.com

To find out more or to register, visit
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