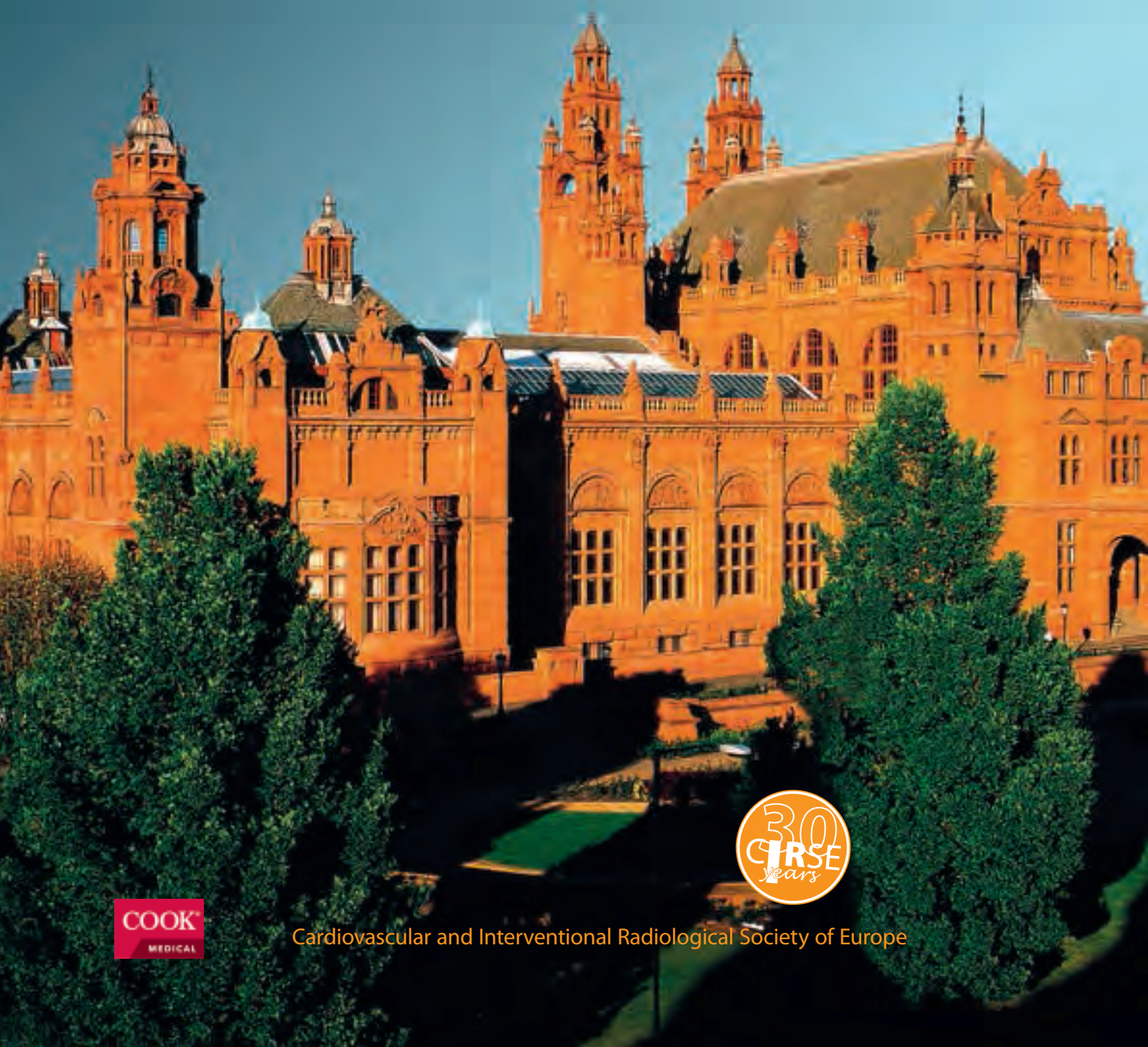


Glasgow, UK
September 13-17
CIRSE 2014

**PRELIMINARY
PROGRAMME**



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29th ANNUAL MEETING AND POSTGRADUATE COURSE

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The Preliminary Programme CIRSE 2014

If you have any queries or comments,
please contact us at info@cirse.org

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Facts & Figures CIRSE 2013:

6,594 Participants

94 Countries

1,368 Abstracts

250 Hours of Education

101 Exhibitors

5,800 m² of Technical Exhibition

523 Unique Live-Stream Viewers

www.cirse.org

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Local Host Committee
Co-Chairperson



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Local Host Committee
Co-Chairperson

Dear Colleagues,

A growing number of medical conditions can now be treated with minimally invasive, image-guided procedures. This is clearly reflected in the CIRSE Annual Congress, and great care is taken to ensure that our programme permits generalists, specialists and sub-specialists alike to stay on top of those latest breakthroughs in the field that are most relevant to their work.

For several years, our programme has been split into six tracks that each focus on core themes in IR. Delegates have reported that this structure allows them to easily create their own tailor-made schedule and focus on the topics that are of most interest to them.

This year, the Scientific Programme Committee has further improved this structure by carefully refining the time schedule. Sessions will now run parallel, making it easier for delegates to seamlessly follow our clinical tracks, and so ensuring that they get the most from the congress.

The Vascular Track will once again be a major focus of the congress, encompassing a wide range of pathologies. More than 50 hours of vascular education will be offered, including 15 Special Sessions, 12 Workshops, 4 Fundamental Courses and more than 10 Hands-on Workshops. Evidence Fora will examine the latest clinical data on endovascular aneurysm repair, while *Controversies in SFA treatment* and *Controversies in BTK treatment* will see the most contentious issues openly debated by renowned vascular experts. Coupled with an Interactive Case Session entitled *Challenging venous interventions* and a Hot Topic Symposium (*Treatment of DVT and PE: paradigm shift?*), the Vascular Track offers ample learning opportunities for novice and expert alike.

Interventional oncology and transcatheter embolisation are two further areas in which IRs have become more active in recent years. This year, the interventional oncology track will explore many new clinical applications, such as neuroendocrine tumours, and will offer a range of case-based Workshops and Hands-on Workshops, covering the basic skills needed to treat liver, kidney or bone tumours. Embolotherapy, meanwhile, will be comprehensively discussed in a number of key sessions and workshops, including the *Controversies in transcatheter embolisation* debate and the Interactive Case Session on iatrogenic bleeding.

These three tracks will be complemented by separate tracks dedicated to Neurointerventions, Non-Vascular Interventions and IR Management, and more information about these can be found inside.

Not only is the annual CIRSE meeting the most content-rich event on minimally invasive therapies, it is also the most cost-efficient. To mark the start of CIRSE's 30th Anniversary celebrations, we are offering our members a reduced registration fee of just €300, and we invite all of you to partake of this unique jubilee offer!

It has been many years since CIRSE was last in the UK, and we are very much looking forward to returning. Glasgow has a stellar reputation as a conference city, and offers an ideal venue for our ever-growing congress. The city is easy to reach thanks to its three local airports, and the Scottish Exhibition and Conference Centre is a mere three metro stops from Glasgow's bustling city centre, which offers congress-goers much to see and do in the evenings.

We look forward to welcoming you all to Glasgow for the launch of our 30-year anniversary celebrations!

Excellence in Interventional Radiology

CIRSE Gold Medallists

2014	J.H. Peregrin
2013	J.I. Bilbao
2012	P.R. Mueller
2011	J.A. Reekers
2010	F.S. Keller
2009	J. Lammer
2008	J.E. Abele, B. Cook
2007	A. Adam
2006	B.T. Katzen
2005	J.F. Reidy
2004	J.L. Struyven
2003	C.L. Zollikofer
2002	J.H. Göthlin, J.-J. Merland, E.P. Zeitler
2001	E. Boijesen, F. Olbert, F. Pinet
2000	P. Rossi
1999	A.M. Lunderquist
1998	D.J. Allison
1997	R.W. Günther

CIRSE Distinguished Fellows

2014	M.D. Dake, J.G. Moss, D. Siablis
2013	J.B. Spies, B.S. Tan, P.R. Taylor
2012	G.M. Richter, M. Szczerbo-Trojanowska, K.R. Thomson
2011	J.A. Kaufman, L. Machan, A.F. Watkinson
2010	O. Akhan, W.P.T.M. Mali
2009	A.A. Nicholson, A.C. Roberts
2008	K. Mathias, H.P. Rousseau
2007	K.H. Barth, D.A. Kelekis
2006	A. Rosenberger, G. Simonetti
2005	F.S. Keller, A.J. Roche
2004	A. Besim, B. Läubli, P.R. Mueller, R. Yamada
2003	K. Hiramatsu, F. Joffre, H. Uchida
2002	C. L'Herminé, J.-M. Rius, M.R. Dean
2001	J.-M. Bigot, J. Edgren
2000	J.-C. Gaux, L. Horváth
1999	U. Tylén
1998	A.R. Essinger
1997	J.H. Göthlin, J.L. Struyven
1996	M.J. Amiel, P. Rossi
1995	U. Erikson
1994	D.J. Allison
1993	E.P. Zeitler
1992	I.P. Enge, A.M. Lunderquist, F. Olbert
1991	A. Pinet, F. Pinet
1990	A. Baert, L. Di Guglielmo, G. Van Andel
1989	J.-L.M. Lamarque, R. Passariello
1988	E. Boijesen, C.B.A.J. Puylaert, E. Voegeli

Gruentzig Lecture

2014	P.L. Pereira
2013	A. Holden
2012	A. Gangi
2011	J.G. Moss
2010	D. Vorwerk
2009	R. Lencioni
2008	C. Becker
2007	J.C. Palmaz
2006	L. Solbiati
2005	A.C. Roberts
2004	E.P.K. Strecker
2003	K.R. Thomson
2002	P.A. Gaines
2001	B.T. Katzen
2000	J.L. Struyven
1999	S. Wallace
1998	R.W. Günther
1997	P. Rossi
1996	J. Rösch
1995	D.J. Allison
1994	E.P. Zeitler

Roesch Lecture

2014	F.C. Carnevale
2013	M. Bezzi
2012	D. Pavčnik
2011	M. Szczerbo-Trojanowska
2010	J.I. Bilbao
2009	M.D. Dake
2008	J.A. Kaufman
2007	K. Ivancev
2006	L. Machan
2005	H.P. Rousseau
2004	F.S. Keller
2003	J. Rösch

Award of Excellence and Innovation in IR

2013	S. Lerouge, G. Soulez
2012	A. Bolia, J.A. Reekers

The Award of Excellence and Innovation in IR



Innovative Spirit

During CIRSE 2013, the R.W. Günther Foundation honoured the innovation of a multidisciplinary research team from CHUM, University of Montreal, Canada. Their work has resulted in a recently patented radiopaque gel, combining occlusive and sclerosant properties. This novel combination opens exciting new possibilities for the treatment of endoleaks, vascular malformations and venous disease.

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 2014.

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 22, 2014 to hofmann@cirse.org. For more information, please visit the CIRSE website.



Distinguished Fellow

Michael D. Dake

Michael D. Dake is known internationally as a major contributor to the development of vascular stent-grafting and image-guided treatments for arterial and venous diseases. Since 2008, Dake has been the Thelma and Henry Doelger Professor in Stanford University's Department of Cardiovascular Surgery and the Medical Director of the Stanford Catheterization and Angiography Laboratories. Dake's current research is focused primarily on endovascular device development, vascular biology and molecular imaging. Recent notable investigative work from his laboratory includes published reports on in vivo vascular tissue engineering research.

From 2005 to 2008, Dake was the Chair of the Department of Radiology and the Harrison Distinguished Medical Teaching Professor of Radiology at the University of Virginia Health System in Charlottesville. In addition, he held professorial appointments in the Department of Medicine (pulmonary diseases) and Surgery at the School of Medicine. During this time, he led the development of a new research facility for the department with the construction of the state-of-the-art home for its research division, the Snyder Translational Research Building at the Fontaine Research Park.

Dr. Dake initially joined Stanford in 1990 as section chief of Cardiovascular and Interventional Radiology and co-director of the Catheterization and Angiography Laboratories. During his 15 years in that role, his research focused on endovascular device development and management of aortic pathologies. Dake and his team's landmark research into the use of stent-grafts for the treatment of aortic pathologies, which was detailed in two articles published in the *New England Journal of Medicine*, dramatically changed the way physicians manage thoracic aortic aneurysms and dissections.

Notable firsts recorded by the IR team he led while at Stanford include: the first published report of endovascular treatment (catheter-directed thrombolysis and stents) of patients with ilio-femoral venous obstruction; publication of the first report of carotid artery stent placement; initial publication detailing the use of venous stents for treatment of benign intracranial hypertension; first aortic stent-graft performed in the US; report of the first series of thoracic aortic stent-grafts for management of thoracic aortic aneurysms and subsequently, acute aortic dissection; first report of stent-graft management of isolated iliac artery aneurysms; first publication to describe the use of covered stents to treat neurovascular arterial disease; initial published experience of vertebral artery stent placement; first report of stent-graft use in patients with femoropopliteal arterial disease; first article to report ascending aortic stent-graft placement; and first paper

to describe the placement of an aortic stent-graft within an elephant trunk graft to complete repair of a thoracic aneurysm.

Dake is a graduate of Harvard College, where he was voted First Class Marshall by his graduating class, and Baylor College of Medicine in Houston, where he completed an internship, residency and chief residency year in internal medicine. He pursued fellowship training in pulmonary diseases and a residency and chief residency in radiology at the University of California San Francisco, where he was awarded the Elmer Ng, M.D. Award presented to the outstanding graduating resident in diagnostic radiology. He went on to complete subspecialty training in vascular and interventional radiology at UCSF. Dake has mentored over 100 interventional radiology fellows (including 25 international trainees in research programmes of one year or longer). Five of his trainees have been awarded the annual Gary J. Becker Young Investigator Award by the Society of Interventional Radiology (SIR). In addition to being an advisor to numerous governmental, philanthropic, societal and medical device organisations, he currently serves on the editorial boards of six medical journals.

Dake is the author or co-author of more than 250 peer-reviewed articles and the holder of 25 US patents. He is editor of *Abrams' Angiography*, the current standard reference text in the field. Throughout his career, he has been recognised with many honours and awards. In 1999, the American Heart Association selected him to deliver the Charles T. Dotter Memorial Lecture. In 2004, he was awarded a Doctor Honoris Causa by the French Republic and the Université de la Méditerranée (Aix-Marseille). In the same year, he was honoured with the Outstanding Alumni Award from UCSF, Department of Radiology. He delivered the SIR's Dr. Charles T. Dotter Lecture at its 32nd Annual Scientific Meeting in 2007, received the 2012 SIR Foundation *Leaders in Innovation* Award and is a 2014 recipient of a Gold Medal, the Society's highest honour given to those who have helped ensure the future of interventional radiology by advancing the quality of medicine and patient care. In 2009, he was named CIRSE's Josef Roesch Honorary Lecturer. A recipient of Magna and Summa Cum Laude RSNA Scientific Exhibit Awards, he has delivered more than 1,600 invited presentations, including 21 eponymous lectures, and authored 101 book chapters and 512 published abstracts.

CIRSE Opening Ceremony and Awards

Michael D. Dake will be awarded on

Saturday, September 13, 14:30-16:00



Distinguished Fellow

Jonathan G. Moss

Jon Moss received his initial medical training at the University of Edinburgh, graduating with the title of Bachelor of Medicine, Bachelor of Surgery (MBChB) in 1979. He undertook five years of surgical training before becoming a Fellow of the Royal College of Surgeons of Edinburgh. In 1985, he chose to specialise in radiology, again at Edinburgh, and became a Fellow of the Royal College of Radiologists in 1989.

Between 1991 and 1992, Professor Moss completed a fellowship in interventional radiology under Julio Palmaz at the University of Texas, San Antonio, Texas. This was followed by his appointment as consultant interventional radiologist at the Greater Glasgow and Clyde Health Board, where he has remained for the last 22 years. His academic and research expertise was formally recognised by the University of Glasgow in 2007, when he was awarded an honorary chair in radiology.

Although still a practising interventionist, he has focused more recently on research and committee work. A past secretary of the British Society of Interventional Radiology (BSIR), Prof. Moss has been instrumental in developing the BSIR national registries which include BIAS, a performance indicator registry for iliac interventions. More recently he oversaw (in collaboration with the Health Foundation and BSIR) the making of a film called "The System". This aimed to draw attention to patient safety and used IR as the clinical vehicle. In recognition of his exceptional contribution to British interventional radiology, he will be awarded the BSIR Gold Medal 2014 at November's annual meeting.

He has sat on numerous panels and committees including the UK Working Party for Vascular Access for Dialysis Patients, the Interventional Radiology in Obstetrics & Gynaecology Working Party, the National Renal Audit Vascular Access Implementation Group and the Data Monitoring Committee of the Improve Trial (EVAR for ruptured AAA). He is currently on the Interventional Procedures Panel for the National Institute for Health Research (UK) and the Interventional Procedures Advisory Committee for NICE.

Prof. Moss has written 19 book chapters, 70 publications and has delivered many presentations and lectures at national and international meetings. His clinical practice consists of both vascular and non-vascular interventional radiology and his research interests focus primarily on renovascular disease, vascular access and uterine fibroids. He has been involved in a number of grant-funded pivotal studies e.g. REST and ASTRAL trials and is currently joint grant-holder of the FEMME (UAE) trial and chief investigator of the CAVA (venous access) trial.

He has been involved with CIRSE for many years and, in recognition of his achievements and distinguished contributions to interventional radiology, was honoured with Fellowship in 2001 and delivered the Andreas Gruentzig Honorary Lecture in 2011. Prof. Moss is on the editorial board of CVIR and currently chairs the CIRSE Renal Denervation Task Force. He is a member of the CIRSE Research Committee and serves on CIRSE's Executive Committee in his capacity as co-chair of the Local Host Committee for CIRSE 2014 in Glasgow.

Outside medicine he enjoys the outdoor life, which includes sailing, mountaineering, diving and running. He is a man who seldom sits still, and leads an active life both inside and outside the angiosuite.

CIRSE Opening Ceremony and Awards

Jonathan G. Moss will be awarded on

Saturday, September 13, 14:30-16:00



Distinguished Fellow

Dimitrios Siablis

Dimitrios Siablis was born and went to school in Megalopoli, a town in southern Greece. After earning his medical degree from the Aristotle University of Thessaloniki in 1975, he subsequently specialised in radiology at St. Andrew's General Hospital in Patras, a city in western Greece, and was appointed consultant radiologist at the hospital in 1983.

During his tenure in St. Andrew's General Hospital, Dimitrios Siablis began practicing interventional radiology, sparking his interest in the field and leading him to focus his Ph.D. thesis, which he completed at the University of Patras' School of Medicine in 1986, on the sub-discipline. In 1988, he attended a 3-month training course in IR at the Vienna General Hospital (Allgemeines Krankenhaus der Stadt Wien) in Austria. In 1996, he was further trained in innovative IR methods as a research fellow in the Department of Interventional Radiology at Guy's & St. Thomas' Hospital in London.

In 1989, Dimitrios Siablis was appointed Assistant Professor of Radiology at the University of Patras' School of Medicine. He began his clinical and academic career at the newly built University Hospital of Patras, where he led the Interventional Radiology Unit, which has remained under his close guidance and supervision throughout his entire career. In 2005, he was both named full professor and appointed Chairman of the Radiology Department, a post he served in until September 2013.

Prof. Siablis's academic and clinical work has covered an impressive spectrum of vascular and non-vascular interventional procedures, and encompasses training radiology residents, delivering lectures to post-graduate students and supervising Ph.D. candidates.

In addition, Prof. Siablis developed a special interest in research, particularly on the endovascular treatment of peripheral arterial disease. He led many pilot projects and clinical studies on the topic, participated as principal investigator in multi-centre clinical trials and authored or co-authored over 130 papers in international peer-reviewed journals. He has also written or co-written multiple book chapters and abstracts, and has delivered over 200 lectures at national and international scientific meetings. Prof. Siablis is considered a pioneer

in below-the-knee (BTK) endovascular treatment, as he published the first BTK DES study in 2005, and has contributed to numerous publications in this field. He was twice awarded the CVIR Editor's Medal for his research, and has served as editor of the *Journal of Endovascular Therapy* (JEVT) for several years.

Under Prof. Siablis's leadership, the interventional radiology unit at the University Hospital of Patras became one of the most active university IR departments in Greece. By choosing competent and distinguished partners, he created an interventional team that produced significant research and clinical work that is respected and recognised around the globe. He also established the neuroradiology unit at the hospital, the first such unit in western Greece.

Prof. Siablis has also actively participated in various scientific societies. He was elected both President of the Medical Association of Patras (2004-2011) and General Secretary of the Hellenic College of Radiology (2007-2013) for two consecutive terms, and currently serves as Vice-President of the Hellenic Society of Interventional Radiology and Neuroradiology and as a Member of the Hellenic Society of Radiology. Prof. Siablis is also EBIR-certified and a CIRSE Fellow, having participated in every CIRSE meeting since the 1985 inaugural congress in Vienna.

His dedication to interventional radiology is multi-faceted. Prof. Dimitrios Siablis was among the Greek radiologists who lobbied to have interventional radiology and neuroradiology officially recognised as subspecialties of radiology by the Greek state. In 2009, he was appointed Chairman of the Committee of Subspecialisation in Interventional Radiology and Neuroradiology by the Central Health Council of Greece. The Committee completed its work in 2011, when the two subspecialties were officially recognised within Greece. During his tenure, Prof. Siablis was also appointed chairman of the examination committee that awards subspecialty certification to Greek interventional radiologists.

Prof. Dimitrios Siablis currently lives in Patras with his beloved family, and continues to engage in a variety of scientific and clinical work.

CIRSE Opening Ceremony and Awards

Dimitrios Siablis will be awarded on

Saturday, September 13, 14:30-16:00



Gold Medallist

Jan H. Peregrin

Jan Peregrin was born on February 3, 1951, in Hradec Králové in what was then Czechoslovakia, to parents who were both physicians. He attended primary school, grammar school and finally, the Medical Faculty of Charles University, graduating in 1975. Immediately after graduation, he started working at the Department of Radiology of the Prague-based Institute for Clinical and Experimental Medicine (IKEM), where he has been employed – with some minor interruptions – ever since.

As a young physician, he pursued a career in diagnostic radiology and passed the Board Examination I in 1978. Very soon, he developed a keen interest in cardiovascular and interventional radiology, which was then just a newly emerging subspecialty. He began to perform not only diagnostic angiography and peripheral balloon angioplasty, but was also involved in coronary angiography and angioplasty. At that time, he trained several Czech interventional cardiologists who later became prominent experts in the field, but he eventually decided to quit cardiology to fully concentrate on both vascular and non-vascular interventional radiological procedures. He passed the Board Examination II in radiology in 1981.

From 1984-1987, he spent three years in Kuwait as Assistant Professor at the newly opened Medical Faculty at the University of Kuwait. He was among the first doctors to perform peripheral angioplasty in Kuwait. The local living conditions and diseases differed greatly from those commonly encountered in Europe, and gave him an excellent opportunity to perform numerous nephrostomies and to percutaneously remove many kidney stones.

Back in Prague, he became Deputy Head in the newly created Department of Diagnostic and Interventional Radiology of IKEM, followed by his subsequent appointment as the Department's Head. From 1993-2009, he served as an external lecturer at the Faculties of Medicine of Charles University in Prague and in Hradec Králové. In 1998 he was appointed Assistant Professor and in 2008, full Professor of Charles University in Prague.

In Prague, Prof. Peregrin was closely involved in the postgraduate education of interventional radiologists, and was instrumental in organising the eight Prague International Workshops on Interventional Radiology, in collaboration with the Dotter Institute between 1994 and 2002. Largely thanks to his relentless efforts, interventional radiology became a recognised subspecialty of radiology in the Czech Republic with a board examination, and Prof. Peregrin currently serves as its Chief Examiner.

Jan Peregrin is the author and co-author of more than 200 scientific and educational papers and book chapters, as well as the author of numerous papers at scientific and educational congresses.

He has been a CIRSE Member since 1985, and has held several positions within the CIRSE Board since the late 1990s. In 1999, he was the local organiser of the CIRSE Annual Meeting in Prague. In 2005, he was elected Treasurer of CIRSE, followed by his post as Vice President of CIRSE between 2007 and 2009, culminating in his position as the Society's President from 2009-2011.

In his free time, he likes reading – particularly fantasy and science-fiction books. His other major interest is rock and blues music of the 1960s. When he was young, he was a competitive table tennis player with a rather high national ranking. Nowadays he still plays in the local veteran table tennis league and also enjoys tennis and skiing.

Jan Peregrin is married to Hana, who is a paediatrician and the mother of their two children: their son is a neurologist, and their daughter graduated from the Faculty of Social Sciences of Charles University and works in the travel industry.

CIRSE Opening Ceremony and Awards

Jan H. Peregrin will be awarded on

Saturday, September 13, 14:30-16:00



Gruentzig Lecturer

Philippe L. Pereira

Philippe Pereira was born in November 1959 in Mazingarbe, France. From 1978 to 1984, he studied medicine in Lille, France, followed by a three-year residency in internal medicine (Department of Pneumology) at the University of Lille. He earned his medical degree from the University of Lille in 1987. His doctoral thesis, obtained *summa cum laude*, was dedicated to the treatment of lung cancers. His military service was completed through a one-year residency in the emergency department of the University of Lille and Maubeuge, after which he started a two-year position as medical assistant, which he pursued in tandem with his post-doc studies in macromolecular biochemistry.

In 1990 he moved to Germany and started his residency in radiology at the Johannes Wesling academic hospital of Minden, advancing to the position of staff radiologist four years later. During this time, he spent several months in the interventional radiology department of the Institut Gustave-Roussy in Paris under the chairmanship of Professor Alain Roche, and visited the Interventional MRI Department of the Brigham and Women's Hospital in Boston several times.

After acquiring solid experience as a staff radiologist in the 1,300-bed academic hospital in Minden, as well as publishing his first papers (already related to chemoembolisation and invasive diagnostics), Philippe Pereira started his university career in 1995 at the Department of Radiology at the Eberhardt-Karls-University of Tübingen, chaired by Prof. Claus Claussen. He completed his research at the Faculty of Tübingen on Diagnostic and MR-guided interventions of bone marrow diseases, and was subsequently appointed Professor of Radiology in 2001, progressing to Deputy Chairman of the department in 2004. Since 2008, he has been Head of the Department of Radiology, Minimally Invasive Therapies and Nuclear Medicine at SLK-Clinics, Academic Hospitals of the Ruprecht-Karls-University of Heidelberg, and is affiliated to the University of Tübingen as Professor of Radiology and Research Director.

Prof. Pereira's research focuses on oncologic interventions such as percutaneous thermotherapy, arterial embolisation and the use of image-guided techniques for the treatment of malignancies, especially interventional MR imaging and perfusion studies. His broad repertoire of expertise in interventional radiology includes experience in the invasive diagnosis of functional neuroendocrine tumours, and MR-guided interventions and pain treatments.

Philippe Pereira is an active member of numerous national organisations. Since 1999 he has been on the Executive Committee of the German Society of Interventional Radiology (DeGIR, previously AGIR), as well as several working groups of the German Cancer Society. He is also a member of the S3-guideline panels for colorectal cancer and hepatocellular carcinoma. Internationally, he is actively involved in the Cardiovascular and Interventional Radiological Society of Europe (CIRSE), the European Congress of Interventional Oncology (ECIO), the Interdisciplinary Treatment of Liver Tumors (ITLT), the World Congress of Interventional Oncology (WCIO), the European Society of Gastrointestinal and Abdominal Radiology (ESGAR), and more recently in the Global Embolization Symposium and Technologies (GEST), among others. He has received awards from ECR, RSNA, ESGAR, WCIO and ISMRM.

Following several years of CIRSE Membership, Philippe Pereira became a Fellow of the Society in 2007, and is a member of the European Board of Interventional Radiology. He served on the Executive Committee from 2011 to 2013. Prof. Pereira is now active within CIRSE's Research Committee and Oncological Alliance Subcommittee, and has been co-ordinating collaboration between CIRSE and the European Institute for Biomedical Imaging Research (EIBIR) for the last 3 years.

Prof. Pereira is a reviewer for *CVIR*, *European Radiology*, *Radiology*, *Journal of Hepatology*, *Investigative Radiology*, *JVIR* and *Röntgenfortschritte*, amongst others. His research and clinical expertise has been published in many peer-reviewed journals, with more than 220 scientific publications in *Radiology*, *CVIR*, *Investigative Radiology*, *JMRI* and others, in addition to over 40 book chapters.

Several scientific meetings and symposia have invited Prof. Pereira to deliver keynote speeches, and he continues to play an active role in teaching throughout Europe. Due to his strong interest in biotechnology and medical engineering, he both advises and actively participates in several advisory boards for further development of innovative technologies and study concepts in interventional oncology. He has also succeeded in raising sufficient funds to initiate several clinical studies, particularly in the field of image targeted liver tumour therapy.

Andreas Gruentzig Lecture

Standard clinical guidelines for interventional oncology: where are we at present?

Sunday, September 14, 14:30-15:00



Roesch Lecturer

Francisco C. Carnevale

Francisco Carnevale was born in Sao Paulo in 1966, and studied medicine at the city's University of Mogi das Cruzes from 1985 to 1990. In 1991, he began his residency in general and experimental surgery in the Liver Transplantation Department of the University of Sao Paulo's (USP) medical school.

The possibility of using imaging to treat patients with minimally invasive techniques drew him to interventional radiology. In 1994, Dr. Carnevale completed a clinical fellowship in IR at USP's hospital, when Dr. Renan Uflacker encouraged him to pursue an IR fellowship in the United States. He did so at several institutions, including the Medical University of South Carolina (under Uflacker's supervision); Houston's MD Anderson Cancer Center (with Sydney Wallace); the University of California, San Diego (with Horacio D'Agostino); the University of Pittsburgh (under Albert Zajko's group); and Chicago's Children's Memorial Hospital (under James Donaldson's guidance).

Profs. Wilfrido Castañeda-Zuñiga and Manuel Maynar invited him to complete a clinical fellowship in Spain in 1996. At the Hospital Nuestra Señora del Piño, he was tutored by Juan Maria Pulido Duque and Elias Gorriz Gomez, and at the Hospital de Gipuzkoa by Mariano De Blas, Santiago Merino and Jose Maria Egaña, whose group performed the first AAA endovascular repairs in Spain for the EUROSTAR project. During this time, Dr. Carnevale built strong relationships with CIRSE members, including Profs. Jose Ignacio Bilbao and Miguel Angel De Gregorio. He is grateful to all of his mentors, including those not mentioned.

Francisco Carnevale completed his Ph.D. in IR back at USP in 1999, supervised by Mariano De Blas. His thesis on percutaneous treatment of chronic iliac artery occlusion was later published in CVIR.

Dr. Carnevale has served as chief of USP's IR unit since 2002. He loves both spending time in the interventional suite and teaching. He coordinates introductory and post-graduate coursework, directs the fellowship programme, participates in a wide range of administrative meetings, and has tutored and evaluated over 30 doctoral and master candidates. Having worked hard to build relationships across several disciplines, the IR department is strong in research, education, pre-clinical and clinical studies.

Prof. Carnevale is a leader in the field of prostate embolisation. After collaborating on a pre-clinical study at Boston's Beth Israel Hospital, he initiated the first clinical study of

prostate artery embolisation for benign prostatic hyperplasia at USP in 2008. In 2013, he presented a lecture on this at the U.S. National Institutes of Health, and participated in a consensus meeting on related research needs with the Society of Interventional Radiology (SIR) and the American Urological Association. Prof. Carnevale is the medical monitor and principal investigator of the FDA-approved study on prostate artery embolisation with embosphere® microspheres compared to transurethral resection of the prostate for the treatment of symptomatic benign prostatic hyperplasia, which will involve patients at 12 international centres in Europe and the United States. Other main research areas include vascular liver diseases, biliary interventions, portal hypertension, and adult and paediatric liver transplantation-related procedures.

A co-founder of the Brazilian Society of Interventional Radiology and Endovascular Surgery and its president from 2009-2010, Dr. Carnevale is now in charge of international relations. He is a member of several other societies, including the Brazilian College of Radiology, the European Society of Radiology, SIR and CIRSE.

The second edition of *Radiologia Intervencionista e Cirurgia Endovascular*, a vital reference guide on interventional radiology and endovascular surgery edited by Prof. Carnevale and published in 2006, is forthcoming. He has also written 25 book chapters, and authored or co-authored over 50 peer-reviewed articles, with 250 related citations and an "h" index of 9. Dr. Carnevale has served as associate editor for *Radiologia Brasileira* and *CVIR*, and as reviewer for several journals, including *Journal of Vascular and Interventional Radiology*, *Liver Transplantation*, *Journal of Pediatric Transplantation*, and *Journal of Urology*. He has also given over 150 speeches and 100 presentations at congresses.

Prof. Carnevale is married to the lovely Ana Maria, with whom he has two children, Marina and Rafael. He enjoys gardening, climbing fruit trees with his kids, playing with the family's Dachshund, preparing barbecues and mixing his own caipirinhas. Dr. Carnevale relishes his morning jogs for peaceful moments, to protect his health and to prepare for the day ahead.

Josef Roesch Lecture

Prostatic artery embolisation: familiar concept, new indication and state-of-the-art methods

Tuesday, September 16, 14:30-15:00

Preliminary Faculty

as per printing date – subject to change

Adam, A. *	London/UK	Darcy, M.	St. Louis, MO/US
Åkesson, M.	Malmo/SE	Das, M.	Maastricht/NL
Al-Kutoubi, A.M.	Beirut/LB	de Baère, T. *	Villejuif/FR
Almeida, P.A.M.S.	Viseu/PT	de Gregorio, M.A. *	Zaragoza/ES
Andersson, T.	Stockholm/SE	de Haan, M.W. *	Maastricht/NL
Anselmetti, G.C.	Turin/IT	Defreyne, L.	Ghent/BE
Antonios, T.F.	London/UK	Denys, A. *	Lausanne/CH
Arepally, A.	Atlanta, GA/US	Deschamps, F. *	Villejuif/FR
Arsava, E.M.	Ankara/TR	Dörfler, A.	Erlangen/DE
Atar, E.	Petah Tikva/IL	D'Souza, S.P.	Preston/UK
Bale, R.	Innsbruck/AT	Dupuy, D.E.	Providence, RI/US
Barnacle, A.M.	London/UK	Düx, M. *	Frankfurt/DE
Bartal, G.	Kfar-Saba/IL	Efstathopoulos, E.P.	Athens/GR
Basile, A. *	Catania/IT	Ettles, D.F. *	Hull/UK
Belli, A.-M. *	London/UK	Fallon, M.	Edinburgh/UK
Bérczi, V. *	Budapest/HU	Fanelli, F. *	Rome/IT
Beregi, J.-P.	Nimes/FR	Filippiadis, D.K.	Athens/GR
Bezzi, M. *	Rome/IT	Forrer, F.	St. Gallen/CH
Bhattacharya, J.	Glasgow/UK	Funovics, M.A. *	Vienna/AT
Bilbao, J.I. *	Pamplona/ES	Gal, G.	Odense/DK
Binkert, C.A. *	Winterthur/CH	Gandini, R.	Rome/IT
Bize, P.E. *	Lausanne/CH	Gangi, A. *	Strasbourg/FR
Bollen, T.L.	Nieuwegein/NL	Garnon, J.	Strasbourg/FR
Bonafé, A.	Montpellier/FR	Gebauer, B.	Berlin/DE
Boyer, L. *	Clermont-Ferrand/FR	Geschwind, J.-F.H.	Baltimore, MD/US
Boyvat, F. *	Ankara/TR	Gillams, A. *	London/UK
Bratby, M.	Oxford/UK	Giroux, M.-F.	Montreal, QC/CA
Breen, D.J.	Southampton/UK	Goffette, P.P. *	Brussels/BE
Brennan, P.	Dublin/IE	Goh, G.S. *	London/UK
Brodmann, M.	Graz/AT	Goldberg, N.	Jerusalem/IL
Brookes, J.A.	London/UK	Golzarian, J.	Minneapolis, MN/US
Brountzos, E. *	Athens/GR	Gouttefangeas, C.	Tuebingen/DE
Buecker, A. *	Homburg/DE	Grosso, M.	Cuneo/IT
Burgmans, M.C.	Leiden/NL	Grunwald, I.Q.	Oxford/UK
Burnes, J.P. *	Clayton, VIC/AU	Haage, P. *	Wuppertal/DE
Buy, X.	Bordeaux/FR	Hacking, N.	Southampton/UK
Cahill, A.M.	Philadelphia, PA/US	Hamady, M.S. *	London/UK
Carnevale, F.C.	São Paulo/BR	Hamilton, C.R.	Houston, TX/US
Carrafiello, G. *	Varese/IT	Harris, M.	Southampton/UK
Chalmers, N. *	Manchester/UK	Haskal, Z.J.	Charlottesville, VA/US
Chatziioannou, A.N. *	Athens/GR	Hatzikidakis, A. *	Heraklion/GR
Chavan, A.	Oldenburg/DE	Hausegger, K.A. *	Klagenfurt/AT
Chopra, R.	Dallas, TX/US	Helmberger, T.K. *	Munich/DE
Clark, T.W.I	Philadelphia, PA/US	Henkes, H.	Stuttgart/DE
Cleveland, T.J.	Sheffield/UK	Herlihy, T.	Dublin/IE
Crocetti, L. *	Pisa/IT	Hohl, C. *	Siegen/DE

Holden, A.	Auckland/NZ	Manzi, M.G.	Abano Terme/IT
Huppert, P.E.	Darmstadt/DE	Markus, H.S.	London/UK
Iezzi, R.	Rome/IT	Martin, D.F.	Manchester/UK
Ingram, S.	Edinburgh/UK	Martin, R.C.G.	Louisville, KY/US
Jackson, R.	Newcastle-upon-Tyne/UK	Martínez de la Cuesta, A.	Pamplona/ES
Jahnke, T. *	Neumünster/DE	Mathias K.	Dortmund/DE
Januel, A.C.	Toulouse/FR	Matsui, O.	Kanazawa/JP
Januszewicz, M.	Warsaw /PL	Matzko, M.	Dachau/DE
Jargiello, T.	Lublin/PL	McBride, K.D.	Dunfermline/UK
Karani, J.B.	London/UK	McCafferty, I.J.	Birmingham/UK
Karnabatidis, D. *	Patras/GR	McEniff, N. *	Dublin/IE
Kato, M.	Krefeld/DE	McPherson, S.J. *	Leeds/UK
Katsanos, K.N. *	London/UK	McWilliams, R.G. *	Liverpool/UK
Katzen, B.T.	Miami, FL/US	Melzer, A.	Dundee/UK
Kaufman, J.A.	Portland, OR/US	Meng, Z.	Shanghai/CN
Kee, S.	Los Angeles, CA/US	Minko, P.	Homburg/DE
Kelekis, A.D. *	Athens/GR	Monfardini, L.	Milan/IT
Kenny, L.M.	Brisbane, QLD/AU	Morgan, R.A. *	London/UK
Kessel, D.O. *	Leeds/UK	Moss, J.G. *	Glasgow/UK
Keussen, I.	Lund/SE	Mühlenbruch, G.	Würselen/DE
Kichikawa, K.	Nara/JP	Müller-Hülsbeck, S. *	Flensburg/DE
Kinney, T.B.	San Diego, CA/US	Muto, M.	Naples/IT
Kirk, A.	Glasgow/UK	Napoli, A.	Rome/IT
Kiyosue, H.	Yufu/JP	Orsi, F. *	Milan/IT
Klavžar, M.	Ljubljana/SI	O'Sullivan, G.J. *	Galway/IE
Kobeiter, H.	Créteil/FR	Palena, L.M.	Abano Terme/IT
Köcher, M. *	Olomouc/CZ	Palussière, J.	Bordeaux/FR
Kouli, K.S. *	Athens/GR	Park, S.J.	Daejeon/KR
Krajina, A. *	Hradec Králové/CZ	Patel, U.	London/UK
Krokidis, M. *	Cambridge/UK	Paulo, G.N.	Coimbra/PT
Kucher, N.	Berne/CH	Pech, M.	Magdeburg/DE
Lammer, J. *	Vienna/AT	Pekarič, D.	Ljubljana/SI
Lawler, L.P. *	Dublin/IE	Pelage, J.-P.	Caen/FR
Lee, M.J. *	Dublin/IE	Pellerin, O.	Paris/FR
Lencioni, R. *	Pisa/IT	Peregrin, J.H. *	Prague/CZ
Lewandowski, R.J.	Chicago, IL/US	Pereira, P.L. *	Heilbronn/DE
Liebig, T.	Köln/DE	Pfammatter, T. *	Zurich/CH
Lohle, P.N.M.	Tilburg/NL	Phillips-Hughes, J. *	Oxford/UK
Lönn, L.B. *	Copenhagen/DK	Pollak, J.	New Haven, CT/US
Macdonald, S. *	Sunnyvale, CA/US	Poston, G.J.	Liverpool/UK
Madureira, A.M.	Porto/PT	Pozzi-Mucelli, F.	Trieste/IT
Maher, M.	Dublin/IE	Prevoo, W.	Amsterdam/NL
Mahnken, A.H. *	Marburg/DE	Ptohis, N. *	Athens/GR
Malagari, K. *	Athens/GR	Punamya, S.	Singapore/SG
Manninen, H.I. *	Kuopio/FI	Qanadli, S.D.	Lausanne/CH
Manyonda, I.	London/UK	Radeleff B.A. *	Heidelberg/DE

* EBIR Diploma holders

**European Board of Interventional Radiology**

Rand, T. *	Vienna/AT	Szeberin, Z.	Budapest/HU
Raoul, J.-L.	Marseille/FR	Tacke, J. *	Passau/DE
Raupach, J.	Hradec Králové/CZ	Tanaka, T.	Kashihara/JP
Reekers, J.A. *	Amsterdam/NL	Tepe, G. *	Rosenheim/DE
Rehani, M.	Vienna/AT	Tesdal, I.K. *	Friedrichshafen/DE
Reimer, P. *	Karlsruhe/DE	Thomson, K.R. *	Melbourne/AU
Rhim, H.	Seoul/KR	Trerotola, S.O.	Philadelphia, PA/US
Richter, G.M. *	Stuttgart/DE	Tsetis, D.K. *	Iraklion/GR
Rilling, W.S.	Milwaukee, WI/US	Tsoumakidou, G.	Strasbourg/FR
Roberts, A.C.	La Jolla, CA/US	Turk, A.S.	Charleston, SC/US
Robertson, I. *	Glasgow/UK	Tutton, S.M.	Milwaukee, WI/US
Roček, M. *	Prague/CZ	Uberoi, R. *	Oxford/UK
Rousseau, H.	Toulouse/FR	Válek, V. *	Brno/CZ
Ryan, A.G.	Waterford City/IE	Valle, J.W.	Manchester/UK
Ryan, M. *	Dublin/IE	van Delden, O.M. *	Amsterdam/NL
Sabharwal, T. *	London/UK	van den Bosch, M.	Utrecht/NL
Sailer, A.M.H.	Maastricht/NL	van Lienden, K.P.	Amsterdam/NL
Salem, R.	Chicago, IL/US	van Overhagen, H. *	The Hague/NL
Sapoval, M.R. *	Paris/FR	van Strijen, M.J.L.	Nieuwegein/NL
Schmid, A.	Erlangen/DE	Vari, A.	Rome/IT
Schmieder, R.E.	Erlangen/DE	Verhoeven, E.	Nuremberg/DE
Schroth, G.	Berne/CH	Vidal, V.	Marseille/FR
Schürmann, K. *	Dortmund/DE	Vilares Morgado, P.	Porto/PT
Seror, O.	Bondy/FR	Vilgrain, V.	Clichy/FR
Sharma, S.	Delhi/IN	Vorwerk, D. *	Ingolstadt/DE
Shoenfeld, R.B.	West Orange, NJ/US	Vrachliotis, T.-E.G. *	Athens/GR
Sierre, S.	Buenos Aires/AR	Wagner, H.-J. *	Berlin/DE
Sofocleous, C.T.	New York, NY/US	Waldenberger, P. *	Linz/AT
Soulez, G.	Montreal, QC/CA	Walser, E.M.	Galveston, TX/US
Spelle, L.	Paris/FR	Watkinson, A.F. *	Exeter/UK
Spiliopoulos, S. *	Rion/GR	Weber, J.	St. Gallen/CH
Stoneham, M.D.	Oxford/UK	West, D.J. *	Stoke-on-Trent/UK
Stracke, C.P.	Essen/DE	Wigmore, S.J.	Edinburgh/UK
Stuart, R.C.	Glasgow/UK	Wilkinson, J.	London/UK
Sullivan, M.	Oxford/UK	Wohlgemuth, W.A.	Regensburg/DE
Szczerbo-Trojanowska, M.	Lublin/PL	Wolf, F. *	Vienna/AT
		Zeleňák, K.	Martin/SK

* EBIR Diploma holders



European Board of Interventional Radiology



CIRSE meets ... Israel



Interventional radiology has a long history in Israel, and has been in use since the very early days of the specialty, developing in step with the discipline's blossoming in the USA and Europe.

This academic kinship is long-standing: the late Prof. Alex Rosenberger, one of Israel's most respected IR pioneers, was one of the founding fathers of CIRSE, as well as being President of the 1986 CIRSE Annual Meeting in Jerusalem.

Established 10 years ago, the Israeli Society of Interventional Radiology (ILSIR) consists of over 55 active members who practice in all fields of IR. These members are spread amongst 21 recognised IR units throughout Israel. About a third of ILSIR members are fellowship trained in the USA, Canada or the UK, and in 2013, a dedicated fellowship in IR was founded.

Several years ago, ILSIR joined the CIRSE family of national societies, and was formally invited by the CIRSE Executive Committee to participate in a CIRSE meets Israel session at CIRSE 2014 in Glasgow. This session will showcase some of the most interesting IR research currently being conducted in Israel – as a country that is known for its start-up companies and technical prestige, it comes as no surprise that this session will be devoted to innovations in IR.

Gabriel Bartal
President, Israeli Society of Interventional Radiology (ILSIR)

The CIRSE meets... programme has proved to be an important platform for establishing and strengthening the relations between CIRSE and its distinguished Group Members – the national societies in the field of interventional radiology. Experts from various regions around the world have provided interesting insights into the current status of interventional radiology as well as the state of specific procedures and conditions in their home countries.

Tuesday, September 16, 10:00-11:00

CM 2605 CIRSE meets Israel: Innovations in IR

*Moderators: G. Bartal (Kfar-Saba/IL),
A.-M. Belli (London/UK)*

2605.1 Advances and innovations in tumour ablation: from Israel with love

N. Goldberg (Jerusalem/IL)

2605.2 Novel endovascular solutions to arch, perirenal and abdominal aortic aneurysms

E. Atar (Petah Tikva/IL)

2605.3 Advances in endovascular simulation

G. Bartal (Kfar-Saba/IL)



How to navigate the scientific programme in this booklet

The programme is designed to facilitate itinerary planning allowing delegates to follow one of these themes with little or no overlap. In this booklet you will find colour codes for each of the six main themes. Those codes can be found throughout the whole programme (programme overview, main theme description, programme in chronological order). This way you will easily recognise your topics of interest.

VASCULAR INTERVENTIONS

As always, the major focus of the CIRSE Annual Meeting will be its Vascular Track. The original component of the IR armoury, vascular interventions have expanded to encompass a wide range of pathologies, and form a crucial part of our clinical practice. Four Fundamental Courses will focus on aorto-iliac, carotid, femoro-popliteal and renal artery disease, and a further 15 Special Sessions, 12 Workshops and more than 10 Hands-on Workshops will be dedicated to vascular interventions, providing more than 50 hours of vascular education. This ample programme allows vascular specialists the option of spending the entire congress focusing purely on their chosen specialty. Trials and evidence will form an integral part of this year's programme, and the hugely popular Evidence Fora will return once more, scrutinising interventions in both the abdominal and thoracic aorta. Additionally, an Interactive Case Session entitled *Challenging venous interventions* will allow participants to get involved in the cases presented, as well as learning from others' experiences. This year, a Hot Topic Symposium is dedicated to the important vascular issue of *Treatment of DVT and PE: paradigm shift?* As treatment plans for DVT and PE change, a need to compare approaches emerges. This promises to be a lively debate, with experts sharing their opinions and knowledge on the subject. Following the popularity of BTK and SFA topics at CIRSE 2013, the hottest debates in these areas will be explored in the Special Sessions *Controversies in SFA treatment* and *Controversies in BTK treatment*, where further heated discussions are likely to occur.

INTERVENTIONAL ONCOLOGY

Interventional oncology forms an integral part of the CIRSE congress. The discipline has expanded rapidly in recent years, and keeping the IR community abreast of new innovations is crucial. To this end, a number of exciting sessions are planned, to allow IRs of all levels of expertise to broaden their knowledge. Four Fundamental Courses will provide a clear introduction to the topic, with three devoted to hepatic and one to renal interventions. These will be augmented by five dedicated Workshops where cases will be discussed and five Hands-on Workshops that will demonstrate the basic skills needed to treat liver, kidney or bone tumours, giving participants a chance to try out their newly learned skills on phantom models. The programme will not shy away from the difficult questions, and several controversial issues will be addressed. In the Hot Topic Symposium, the role of HIFU will be probed – does it bring added clinical value which is not currently offered by thermal ablative technologies or is it just another IR modality? An Interactive Case Session will examine possible complications of transarterial hepatic treatments and how to minimise their likelihood and impact, while a dedicated Special Session will debate various controversies in liver tumour ablation, such as the future role of HIFU, microwave ablation and IRE. The programme has much more to offer, and this year, as well as addressing the established and still growing role of IR in liver cancer treatment, the Special Sessions will also focus on newer IR applications for other pathologies, such as lung cancers, biliary and pancreatic malignancies and metastatic neuroendocrine tumours.

TRANSCATHETER EMBOLISATION

Paying tribute to the fact that embolotherapy has become an important part of IR, being performed regularly and exclusively by interventional radiologists, CIRSE 2014 will dedicate a great number of hours to the field. The popular *Controversies* format will this year be employed for the embolotherapy track, giving the audience the possibility to follow lively discussions examining both sides of the debate. One of the questions that will be asked at *Controversies in transcatheter embolisation* is whether prostatic artery embolisation is inferior to transurethral resection of the prostate. The value of bariatric gastric artery embolisation as a treatment for obesity will also be debated, as will whether liver hypertrophy is best treated with radioembolisation or portal vein embolisation. All doctors with an interest in embolisation will benefit from this animated discussion. Apart from these, many more sessions will feature interactive and hands-on elements, where delegates can try out a range of tools and technologies. Delegates will also be able to test their knowledge at the Interactive Case Session: *Embolisation in iatrogenic bleeding*. The expanded number of Special Sessions will examine bleeding control in both trauma care and the gastro-intestinal tract, as well as vascular malformations, treatment options for fibroids, and the up-and-coming field of benign prostatic hyperplasia embolisation.

NEUROINTERVENTIONS

With the further development of devices used for stroke treatment, interventional radiologists play an important role in the diagnosis and treatment of stroke. CIRSE 2014 will support this role, providing the most up-to-date information on image-guided stroke therapies. For the first time, studies and trials will be a crucial component of the Neurointerventions Track, with a Special Session on *Interventional acute stroke treatment: trials update and outlook* scheduled. This session will evaluate both completed and ongoing trials, as well as closely examining patient selection. To give an outsider's view on how image-guided therapies are faring, a noted neurologist will join us to discuss the future of acute stroke treatment. Other focus sessions are also planned, including the Special Session *Chronic ischaemia of the brain: revascularisation*, which will discuss management of conditions which can lead to ischaemic stroke. In order to allow delegates to actively participate, an Interactive Case Session *Revascularisation in acute stroke: technical problems and solutions* will be held, allowing audience members to test themselves and learn from their peers. Participants will be able to further enhance their knowledge of neurointerventions at two Hands-on Workshops on stroke therapy and at three case-based discussion Workshops. It is clear that CIRSE 2014 will be a hub for neurointerventions, for both experts and non-experts.

NON-VASCULAR INTERVENTIONS

While receiving far less media attention than fast-moving fields such as interventional oncology, non-vascular interventions remain an important part of every IR's repertoire, and are crucial to a hospital's ability to provide state-of-the-art patient care across a range of pathologies. This year's Non-Vascular Track will ensure many important interventions are addressed, both in the more informal setting of Workshops (five will be offered in 2014), and at two dedicated Hands-on Workshops, where participants can try out vertebroplasty and kyphoplasty techniques for themselves. An Interactive Case Session on *Back pain treatment: disc and facet joints* will bring the theory behind the procedures to life, allowing a deeper understanding of the therapies and their possible complications. Four Special Sessions will address the highly sought after skills needed for enteral and parenteral nutrition, biliary interventions, and pancreatitis treatment, as well as the newly emerging field of spine interventions. The spine interventions session will communicate the latest clinical evidence for the treatment of various spine-impacting pathologies, including benign tumours and bone cysts. Preoperative embolisation in the spine, as well as indications, patient selection, tools, techniques, complications and follow-up will be addressed.

IR MANAGEMENT

It has long been acknowledged that clinical engagement is needed if interventional radiological procedures are to remain within the radiological specialty. Radiologists who specialise in image-guided treatments must be prepared to accept clinical responsibility for their patients and ensure a high standard of training and quality assurance. The IR Management Track provides useful information to IRs who wish to strengthen their clinical presence within their hospital. Patient safety is of the utmost importance, and this year, the track will examine this from several angles. Optimal care and the patient's perspective will be discussed in *Pre-, peri- and post-IR patient care*, which will address such issues as patient selection and informed consent, sedation, and follow-up. Taking a broader view, *Patient safety and quality assurance in interventional radiology* will investigate how hospitals and health boards can assess patient safety generally, and what role regulatory agencies and professional bodies can play in this process. Tying in with the CIRSE Society's radioprotection activities, *Practical issues in dose management* will address various radiation hazards and how these can be minimised – both from the performing IR's perspective and from a management perspective. Education is a key feature of this track, and the two Workshops will highlight central aspects of educating future IRs. CIRSE is delighted to report that the number of EBIR holders continues to grow, and the Workshop *Taking the EBIR* will provide information on how to prepare for the exam. The Workshop *IR training and accreditation* will give a general overview of the process of IR training and recognition of this training and skill-set.

CIRSE Session Types

Amazing Interventions

The aim of this session is to present examples of unusual and difficult interventional procedures. Acclaimed experts in interventional radiology will present brief cases of their most unusual and challenging procedures. The emphasis of the session will be to highlight innovative ways that interventional radiologists can solve difficult problems and get out of trouble. It is envisaged that the session will be both educational and entertaining.

"CIRSE meets ..." Session

The "CIRSE meets ..." programme proved to be an important platform for establishing and strengthening the relations between CIRSE and its distinguished Group Members – the national societies in the field of interventional radiology. *For the detailed programme, please refer to page 15.*

Evidence Forums

Evidence Forums are a type of Special Session focusing on the outcomes of major trials investigating devices or techniques for conditions commonly treated by interventional radiologists. Each forum will consist of several short talks presented by leaders in the field. Each speaker will present the evidence for and against the use of a specific device or technique for the treatment of the disease under evaluation. At the end of the session, the moderator will summarise the evidence presented and provide conclusions regarding the best method of treatment based on the current evidence.

Film Interpretation Quiz

The Film Interpretation Quiz is one of CIRSE's most popular sessions and will be run as a "last man standing" quiz. The Quiz Master will present the audience with two possible answers to each case – those choosing incorrectly will be eliminated and must sit down, while those who get the answer right will continue to the next case. The last few contestants left standing will be invited onstage for a head-to-head finale.

Fundamental Courses

Fundamental Courses cover a specific area of interventional radiology, focusing on basic principles and illustrating the procedure in a step-by-step fashion. They are designed for radiologists in training and new consultants, as well as for experienced consultants who require a refresher course on the subject. There will be plenty of time for questions and discussion. Each session will last one hour.

For the detailed programme, please refer to pages 24-25.

Free Paper Sessions

Researchers will present original papers on new and original aspects of cardiovascular and interventional radiology. Selected papers will be gathered into sessions, each dealing with a homogenous topic. There will be time for discussion between researchers and attendees after each presentation.

Featured Papers:

In order to achieve a more interactive format to the Free Paper sessions, one paper per session will be highlighted. More time

will be dedicated to this featured paper by means of further questions prepared prior to the meeting by the moderator. This will ensure a more structured and thorough discussion of the topic.

Hands-on Workshops

The participants of Hands-on Workshops can follow live demonstrations of interventional techniques and practice certain procedures under the guidance of a technician and/or instructor. *For the detailed programme, please refer to pages 52-57.*

Hot Topic Symposia

The Hot Topic Symposia aim to address important IR topics that are current and controversial in the setting of a plenary session. Invited speakers will give brief lectures on important aspects of the subject under discussion. A major feature of these sessions will be a round table discussion involving the speakers and the audience.

For the detailed programme, please refer to pages 26-29.

Interactive Case Sessions

CIRSE's Interactive Case Sessions are divided into several topics. After two presenters have shown individual cases, the audience is asked for its opinion on treatment. These interactive sessions provide an excellent learning experience on how to approach and work up difficult cases and deal with complications that may arise.

Morbidity & Mortality Conference

The Morbidity and Mortality Conference will analyse interventional radiology cases which led to complications and/or deaths that could have been avoided. This session provides a valuable learning experience for everyone involved in interventional radiology. The session will be dedicated to vascular and non-vascular cases.

Satellite Symposia

Satellite Symposia are organised by industrial companies and take place at lunchtime as well as in the morning and in the evening in order to avoid time conflicts with the main scientific programme. During these sessions cutting-edge information on interventional equipment and techniques is provided. *The Satellite Symposia programme will be published in the main programme.*

Special Sessions

Special Sessions are designed to impart the latest knowledge on topics of interest to interventional specialists. These sessions are the backbone of the CIRSE meeting and are specifically chosen by the programme planning committee because of their importance in daily practice.

Workshops

During Workshops you will have the chance to learn from your colleagues' expertise in an informal, interactive manner. Workshops will entail individual cases and discussion points with regard to the particular interventional topic. Attendees can contribute their opinions and ask questions in small groups.

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Exhibitors

The CIRSE Annual Scientific and postgraduate Educational Meeting has established itself as the leading gathering for all professionals devoted to the field of cardiovascular and interventional radiology in Europe. CIRSE 2013 saw an attendance of over 6,500 participants from 94 countries worldwide. More than 110 companies took the opportunity to promote their products.

CIRSE's technical exhibition features the largest and most comprehensive assembly of cutting edge equipment and devices for image-guided minimally invasive therapy in Europe. CIRSE would like to thank the following companies for their participation at CIRSE 2013 and looks forward to welcome them again in Glasgow for CIRSE 2014!

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Biotronik	Merit Medical
Bolton Medical	Möller Medical
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Cook Medical	RF Medical
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Dfine	Sterylab
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Glasgow, UK
September 13-17
CIRSE 2014

Scientific Programme

- 24-25 Fundamental Courses**
- 26-29 Hot Topic Symposia**
- 30-31 Evidence Forums**
- 32-33 Controversies in IR**
- 34 Radiographer Programme**
- 35-38 Saturday, September 13**
- 39-42 Sunday, September 14**
- 43-45 Monday, September 15**
- 46-49 Tuesday, September 16**
- 50 Wednesday, September 17**
- 52-57 Hands-on Workshops**

IN THE SPOTLIGHT

FUNDAMENTAL COURSES

The new Fundamental Courses focus on the basic principles of specific areas of interventional radiology, illustrating the procedure step by step. They are designed for newly qualified IRs, radiologists who are still completing their fellowships, IRs who wish to expand their practice into new areas, or those who simply wish to refresh their knowledge on the subject. Questions and discussions are strongly encouraged. Each session lasts one hour. This year, the courses will cover a number of topics from the “Vascular Interventions” and “Interventional Oncology” tracks.

The Essentials of Vascular Interventions

Saturday, September 13

08:30-09:30

FC 101 Basic principles of carotid artery intervention

- 101.1 Indications for carotid artery stenting – patient triage
T.J. Cleveland (Sheffield/UK)
- 101.2 How to perform a typical carotid artery stenting procedure
F. Fanelli (Rome/IT)
- 101.3 Tips and tricks for difficult carotid artery stenting procedures
M. Szczerbo-Trojanowska (Lublin/PL)
- 101.4 Managing procedural complications
E. Brountzos (Athens/GR)

10:00-11:00

FC 201 Basic principles of renal artery intervention

- 201.1 Current indications for renal percutaneous transluminal angioplasty/stenting
J.G. Moss (Glasgow/UK)
- 201.2 Technique – the typical renal artery percutaneous transluminal angioplasty/stenting procedure
J.H. Peregrin (Prague/CZ)
- 201.3 Current evidence and indications for renal denervation
M.R. Sapoval (Paris/FR)
- 201.4 Technique – renal denervation
J.A. Reekers (Amsterdam/NL)

Monday, September 15

08:30-09:30

FC 1701 Basic principles of aorto-iliac disease treatment

- 1701.1 Treatment triage: which patients are eligible candidates?
I. Robertson (Glasgow/UK)
- 1701.2 Technique – lesions at the aortic bifurcation
D.K. Tsetis (Iraklion/GR)
- 1701.3 Technique – aortic and iliac artery stenoses
T. Jahnke (Neumünster/DE)
- 1701.4 Recanalising the acute and chronic aorto-iliac occlusion
S.D. Qanadli (Lausanne/CH)

10:00-11:00

FC 1801 Basic principles of femoro-popliteal disease treatment

- 1801.1 Treatment triage: which patients are suitable candidates?
J.-P. Beregi (Nîmes/FR)
- 1801.2 Technique – treating TASC A-D lesions
S. Müller-Hülsbeck (Flensburg/DE)
- 1801.3 Role of drug-eluting stents/balloons in the SFA and popliteal artery
G. Tepe (Rosenheim/DE)
- 1801.4 Patient follow-up and indications for re-intervention
J. Lammer (Vienna/AT)

The Essentials of Interventional Oncology

Sunday, September 14

08:30-09:30

FC 901 Basic principles of early-stage HCC management

- 901.1 Diagnostic criteria and staging work-up
V. Vilgrain (Clichy/FR)
- 901.2 Role of surgery: resection and transplantation
S.J. Wigmore (Edinburgh/UK)
- 901.3 Radiofrequency ablation: results and complications
R. Lencioni (Pisa/IT)
- 901.4 Emerging ablation techniques
P.L. Pereira (Heilbronn/DE)

10:00-11:00

FC 1001 Basic principles of intermediate-advanced HCC management

- 1001.1 Clinical management of the intermediate-advanced HCC patient
J.-L. Raoul (Marseille/FR)
- 1001.2 Conventional chemoembolisation
T. de Baère (Villejuif/FR)
- 1001.3 Chemoembolisation with drug-eluting beads
J.-F.H. Geschwind (Baltimore, MD/US)
- 1001.4 Radioembolisation
J.I. Bilbao (Pamplona/ES)

Tuesday, September 16

08:30-09:30

FC 2501 Basic principles of renal cancer management

- 2501.1 Triage of the small renal cancer patient
J. Tacke (Passau/DE)
- 2501.2 Ablation: results and complications
D.J. Breen (Southampton/UK)
- 2501.3 Surgery: results and complications
M. Sullivan (Oxford/UK)
- 2501.4 Patient follow-up and imaging
J. Garnon (Strasbourg/FR)

10:00-11:00

FC 2601 Basic principles of hepatic colorectal metastases management

- 2601.1 Triage of the metastatic colorectal patient for local treatment
G.J. Poston (Liverpool/UK)
- 2601.2 Ablation: results and complications
T.K. Helmberger (Munich/DE)
- 2601.3 Intra-arterial chemotherapy: results and complications
O. Pellerin (Paris/FR)
- 2601.4 Radioembolisation: results and complications
R. Salem (Chicago, IL/US)

IN THE SPOTLIGHT

HOT TOPIC SYMPOSIUM: DVT AND PE

The Hot Topic Symposia create a space to address some of the most controversial issues in current IR practice. This year, one such session will be dedicated to the discussion of deep vein thrombosis and pulmonary embolism, asking whether the latest IR techniques for treating these dangerous conditions have led to a rethinking of best clinical practice.

Examining this difficult question will be four of the foremost experts in endovascular treatment of blood clots, who will discuss different aspects of modern practice before taking part in a round-table discussion inviting questions from the audience.

Treatment of DVT and PE: paradigm shift?

What is certain is that DVT and pulmonary embolism represent a serious challenge for modern healthcare provision. Modern lifestyles embrace activities that increase the risks, such as use of oral contraceptives, smoking, long-haul flights, sedentary lifestyles and obesity.

Despite being a vascular condition, DVT and PE present across a broad range of patient groups, including those with no underlying morbidity, and those suffering from seemingly unrelated complaints, such as cancer patients. In such patients, the altered blood chemistry and need for bed rest increases their risk of blood clots dramatically, with approximately 5-10% of cancer patients affected. Thus, management of blood clots is an essential skill for all IRs, even those whose caseloads are predominantly non-vascular.

Currently, roughly 200,000 new cases of DVT are diagnosed each year in the USA (which has a comparable population size to Europe). What is most notable is that it affects both young and old, healthy and unwell, with devastating results: venous thromboembolism is the third biggest cause of cardiovascular mortality after stroke and heart attack.

Post-thrombotic syndrome

More common still is post-thrombotic syndrome (with estimates ranging from 20-70% of DVT patients, depending on the source). This condition arises when the clot is left in place, increasing pressure within the vein and leading to pain, swelling, cramping and skin discolouration. Symptoms can occur up to two years following DVT, and PTS can progress to painful and difficult-to-treat ulcers in 5-10% of DVT patients. Several long-term studies have shown that PTS entails notable medical costs and a marked loss of ability to perform everyday activities, such as standing or working.

Since the 1950s, anticoagulants and bed rest have been widely used to treat DVT. But this treatment fails to prevent post-thrombotic syndrome in more than 70% of ilio-femoral DVTs, and more sophisticated treatment techniques are clearly called for.



Stephen Kee



Nils Kucher



Gerard J. O'Sullivan



Kenneth R. Thomson

The role of IR

A number of image-guided techniques exist for managing DVT and pulmonary embolism, but in the absence of level 1 evidence, it is still unclear which treatment methods are best employed – nor is it fully clear how to correctly select patients for the appropriate therapy.

Acute pulmonary embolism is a major medical emergency, with non-treatment resulting in a mortality rate of approximately 30%. Treatment begins with haemodynamic support for hypotensive patients and administration of anticoagulants, but additional therapies are often called for, such as thrombolytic drugs or embolectomy. These therapies can be delivered under image-guidance, and the possible benefits of doing so will be discussed by Nils Kucher (Berne/CH) in *Emerging therapies for pulmonary embolism*, who will also examine the role of IVC filter placement.

However, preventative therapies are preferred, where possible, and the three remaining speakers will examine the various treatment options for treating deep vein thrombosis itself, including catheter-directed thrombolysis, thrombectomy, angioplasty and stenting. The latest evidence will be presented by Stephen Kee (Los Angeles, CA/US) in *Aggressive treatment of deep vein thrombosis: what the trials have taught us*, while Ken Thomson (Melbourne/AU) will closely examine

Catheter-directed thrombolysis for DVT: tips, tricks and pitfalls. Finally, session moderator Gerard O'Sullivan (Galway/IE) will discuss the range of thrombectomy devices available in Single session therapy for DVT: devices and patient selection.

These therapies can greatly reduce the devastating impact of DVT and venous thromboembolism, and this Hot Topic Symposium will be the ideal opportunity to learn about the supportive evidence that is emerging and how this information can improve treatment paradigms.

Sunday, September 14, 15:00-16:00

HTS 1302 Treatment of DVT and PE: paradigm shift?

Session Coordinator and Moderator: G.J. O'Sullivan (Galway/IE)

- 1302.1 Emerging therapies for pulmonary embolism
N. Kucher (Berne/CH)
- 1302.2 Aggressive treatment of deep vein thrombosis: what the trials have taught us
S. Kee (Los Angeles, CA/US)
- 1302.3 Catheter-directed thrombolysis for DVT: tips, tricks and pitfalls
K.R. Thomson (Melbourne/AU)
- 1302.4 Single session therapy for DVT: devices and patient selection
G.J. O'Sullivan (Galway/IE)

IN THE SPOTLIGHT

HOT TOPIC SYMPOSIUM: HIFU

CIRSE's Hot Topic Symposia are a discussion forum for the most hotly debated issues in current IR practice. One such issue to be tackled at CIRSE 2014 is the role of high-intensity focused ultrasound, and whether it may have benefits beyond those offered by more established ablation modalities. Four invited experts will examine MR-guided HIFU from a variety of clinical perspectives, before taking part in a round-table discussion moderated by Scientific Programme Deputy Chairman, Christoph Binkert.

HIFU: Just another IR modality?

The necrosis-inducing properties of focused ultrasound have been understood for decades, but it was only recently that it was paired with a suitable image-guidance modality that could provide real-time thermal feedback. New generation MR and ultrasound devices provided this opportunity, and researchers have been eagerly investigating the clinical possibilities.

Currently, MRgHIFU is approved for the treatment of uterine fibroids in Europe, the US, Canada, Asia and Australia. Further research is being conducted on other indications, with clinical trials evaluating HIFU's role in cancers of the liver, breast, brain, pancreas, bone and prostate.

The possible advantages

While other thermal ablation modalities rely on percutaneous probe insertion, the unique characteristic of HIFU is its non-invasiveness. As acoustic waves pass through tissue, some of that energy is absorbed and converted to heat. By focusing multiple beams on a tiny area, temperatures can be achieved that induce tissue necrosis, allowing benign and malignant growths to be ablated without puncturing the patient's skin.

This raises interesting clinical possibilities: if proved to be safe and effective, a non-invasive therapy could revolutionise medicine. Not only would it be preferable to both surgical and percutaneous alternatives, it would also broaden the clinical indications for treatment to those currently precluded from these therapies. These are exciting possibilities – but whether they are feasible remains to be seen.

The mechanisms

At the focal spot, a number of phenomena occur: heating, cavitation and coagulation necrosis. Investigating and understanding these mechanisms has allowed doctors to expand the possible applications of HIFU. While cavitation-induced tissue damage was originally avoided due to its unpredictable nature, it is now thought that this can be harnessed to enhance the efficacy of ablation. Other research is being conducted into the use of sub-lethal ultrasound energy for targeted drug delivery, using it to deploy heat-sensitive liposome carriers in the vicinity of the tumour.

While these investigations are at an early stage, current evidence does show that for a number of clinical applications, HIFU appears to be a safe therapy that does not rule out other treatment options, and achieves best results in small tumours (in terms of both clinical benefits and costs).



Rajiv Chopra



Matthias Matzko



Andreas Melzer



Alessandro Napoli

Novel investigations

While the idea of a non-invasive ablation modality is hugely attractive, evidence for its use is still in its infancy. However, early studies are promising, and it has shown a survival benefit in pancreatic cancer patients – a patient group that suffers the highest case-fatality rate of all cancers, due to the typical late diagnoses and the limited eligibility for surgical resection.

Breast interventions are another area of significant interest, with promising early results. Other research teams are looking to improve HIFU's efficacy in the liver, by devising a model for respiratory motion compensation, to allow the maximum thermal dose to be deployed to the tumour while preserving adjacent healthy tissue. Yet other groups are devising ways to overcome the typical limitations of HIFU – long treatment times and beam distortion caused by patient habitus.

Consulting the experts

While many of these investigations are being conducted on the use of US-guided HIFU, with the use of contrast-enhanced ultrasound garnering particular interest, this Hot Topic Symposium will be devoted to MR-guided HIFU, and the current status of investigations.

Opening the session will be Andreas Melzer (Dundee/UK), who will guide the audience through Principles of MR-HIFU: what an IR should know. Narrowing the focus still further, Matthias Matzko (Dachau/DE) will discuss its use in treating uterine fibroids, and how patients can be best selected for treatment. Alessandro Napoli (Rome/IT) will examine another clinical application, MRgHIFU for painful bone lesions, and whether its role is palliative or potentially curative. Finally, the possibility for non-invasive treatment of prostate cancer will be expanded upon by Rajiv Chopra (Dallas, TX/US), who will ask if the transurethral approach is a safe and viable option. The session will conclude with a round-table discussion led by SPC Deputy Chairman Christoph Binkert (Winterthur/CH), during which questions from the audience will be taken.

Tuesday, September 16, 15:00-16:00

HTS 2902 HIFU: Just another IR modality?

Session Coordinator and Moderator: C.A. Binkert (Winterthur/CH)

- 2902.1 Principles of MR-HIFU: what an IR should know
A. Melzer (Dundee/UK)
- 2902.2 MR-HIFU for uterine fibroids: which patients should be treated?
M. Matzko (Dachau/DE)
- 2902.3 MR-HIFU for painful bone lesions: palliation or more?
A. Napoli (Rome/IT)
- 2902.4 MR-HIFU for prostate: is the transurethral approach the right one?
R. Chopra (Dallas, TX/US)

IN THE SPOTLIGHT

CIRSE CONSIDERS THE EVIDENCE

The Evidence Fora allow interventional radiologists to keep pace with the latest developments in the treatment of select conditions. Experts present the most up-to-date research on a particular treatment option, using trials and evidence to support their case. This equips the audience with clear and rigorous information, enabling them to judge what therapy is suitable for their patients, and obtain valuable insights into how the field is progressing.

Among the topics this year are abdominal and thoracic aortic treatments, with presentations and discussions addressing whether practitioners have sufficiently scrutinised the drawbacks and benefits of recent breakthroughs in the field.

Evidence Forum: Abdominal Aorta

The variety of currently available devices is impressive, and recent improvements resolve some of the most criticised aspects of EVAR. The chimney technique, which involves placing a stent or stent-graft parallel to the main aortic stent-graft, uses standard aortic stent-grafts, and so avoids delays inherent in relying on customised stent-grafts. Branched grafts have been praised for involving low mortality, but have also been criticised for their cost and questionable long-term efficiency.

Iliac-branched devices also continue to evolve, with newer, more complex versions including side-branches necessitating a cross-over catheterisation and use of a stent-graft to bridge the gap between the internal iliac artery and the iliac branch, entailing a delicate balancing act of multiple factors.

Endovascular aneurysm sealing may help tip the scales in favour of endovascular repair. Hailed as a potential game-changer for AAA treatment, technological break-throughs promise to simplify the procedure, broaden applicability, and make it possible to achieve durability with minimal follow-up intervention.

Keeping pace with these developments requires confronting the multiple costs and benefits they involve, including with respect to particular patient groups, as well as differentiating between when the techniques are merely possible and available and when they are appropriate and necessary.



Image courtesy Dr. Richard McWilliams

**Tuesday, September 16,
08:30-09:30**

SS 2503 Abdominal aorta – Evidence forum

- 2503.1 Branched versus chimney EVAR
E. Verhoeven (Nuremberg/DE)
- 2503.2 Iliac sidebranch graft for aorto-liliac aneurysms
L.B. Lönn (Copenhagen/DK)
- 2503.3 Trials update for planned and emergency EVAR
R.G. McWilliams (Liverpool/UK)
- 2503.4 Endovascular aneurysm sealing (EVAS)
O. Pellerin (Paris/FR)

Thoracic and Abdominal Aortic Treatments

EVAR was initially hailed as a potentially revolutionary treatment for aortic aneurysms, with many hoping that the minimally invasive procedure would result in reduced morbidity and mortality compared with open surgical repair. But these bright expectations were not realised.

The complex, individually-tailored stent grafts devised for the treatments are expensive, hard to deploy, and prone to both damage and displacement. The need for re-intervention remains a costly problem. New devices and techniques addressing these flaws are being developed at a dizzying pace, and while such progress is welcome, there is a risk that these innovations are being enthusiastically embraced without their benefits and drawbacks having been sufficiently scrutinised. These sessions will take a dispassionate look at the evidence available, providing some much needed clarity.

Evidence forum: Thoracic Aorta

With specialists increasingly using endovascular stent grafts to treat thoracic aortic aneurysms, developments in TEVAR also warrant a closer look. The procedure is rapidly evolving, and new insights into indications and advances in imaging technology are adding to the many issues that specialists need to consider.

Despite considerable progress, serious risks persist. Aortic dissection remains a potential complication, and TEVAR-induced risks still include serious neurologic complications such as paraplegia or paraparesis, intracranial stroke, and spinal cord ischaemia. It is vital for practitioners to be aware of the relevant risk factors, as well as of adjunctive procedures available to reduce some of the risks for select patients, and of relevant treatment options for complications that nonetheless occur.

In the meantime, TEVAR shows particular promise for patients with connective tissue diseases such as Marfan syndrome, who are at especially high risk of dying during open surgery. However, using the procedure on such patients comes with important limitations and risks of its own. The session will impart an overview of the evidence from by experts in the field, followed by a panel discussion and an opportunity for the audience to pose questions.

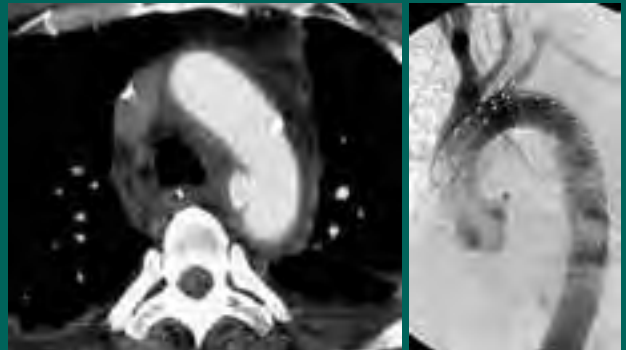


Image courtesy of Dr. Olivier Pellerin

**Tuesday, September 16,
10:00-11:00**

SS 2603 Thoracic aorta – Evidence forum

- 2603.1 TEVAR for thoracic aortic aneurysm and aortic dissection
M.A. Funovics (Vienna/AT)
- 2603.2 TEVAR for aortic trauma and Marfan syndrome
T. Pfammatter (Zurich/CH)
- 2603.3 TEVAR induced neurologic and vascular complications
A. Chavan (Oldenburg/DE)
- 2603.4 Total aortic arch aneurysm exclusion
R.A. Morgan (London/UK)

IN THE SPOTLIGHT

CONTROVERSIES IN IR: SFA AND BTK

As always, this year's Controversy Sessions provide a forum for spirited discussions on controversial issues that divide the IR community. Featuring three sets of cutting-edge debates each, these sessions will push practitioners to re-think their presumptions by confronting them with the best arguments both for and against particular aspects of superficial femoral artery revascularisation and below-the-knee interventions. The programme also gives a voice to the audience, with the moderator relying on hand-held e-voting devices to gauge its views both immediately before and after the debates.

SFA – what devices deliver best results?

Revascularisation of the superficial femoral artery in peripheral arterial disease offers great potential in reducing morbidity and restoring patients' quality of life. However, practitioners disagree as to what exact methods yield the best short- and long-term results. Specifically, some interventional radiologists insist that standard percutaneous transluminal angioplasty continues to represent the best option for treating SFA. Others maintain that drug-eluting stents produce better outcomes five years after the procedure.

Similarly, many physicians agree that drug-eluting balloons can be appropriate, but disagree as to whether these are a wise choice in cases involving highly-calcified or longer lesions. Finally, bioabsorbable stents, made of resorbable polymers or metals with or without antiproliferative drug elution, are heralded by some as offering all the advantages and none of the complications of conventional stents, while others caution against what they view as premature exuberance about this new technology.

**Saturday, September 13,
11:30-12:30**

SS 301 Controversies in SFA treatment

- 301.1 Drug-eluting stents will show better 5-year patency rates than PTA: Pro
K.N. Katsanos (London/UK)
- 301.2 Drug-eluting stents will show better 5-year patency rates than PTA: Con
N. Chalmers (Manchester/UK)
- 301.3 Drug-eluting balloons in all SFA lesions: Pro
G. Tepe (Rosenheim/DE)
- 301.4 Drug-eluting balloons in all SFA lesions: Con
M. Katoh (Krefeld/DE)
- 301.5 Bioabsorbable stents have a future: Pro
A. Holden (Auckland/NZ)
- 301.6 Bioabsorbable stents have a future: Con
T.W.I. Clark (Philadelphia, PA/US)

BTK – are new approaches being embraced too quickly?

Over the past 50 years, interventional radiologists have continuously refined below-the-knee interventions, which have become ever more vital in light of longer life-expectancy and rising diabetes rates. But related technological advancements have triggered both progress and controversy. For example, proponents of distal embolic protection devices point out that they can reduce the risk of distal embolisation, a potentially devastating complication. Critics respond that, with quality evidence lacking, the devices themselves are capable of producing serious complications, and with cost a relevant factor, their use cannot be considered reasonable.

In the meantime, there is little doubt that the development of stents coated with anti-restenotic agents has dramatically changed available endovascular therapies. Some interventional radiologists are already convinced that they should be favoured over more traditional endovascular treatments in all short BTK lesions. However, others caution against what they see as a potentially overly-broad application of the technique, urging practitioners to devise more individualised treatment strategies. Finally, practitioners disagree about the extent to which direct source artery revascularisation, an approach based on the so-called angiosome concept, has contributed to progress made in lower extremity preservation. Viewers will benefit from vigorously-presented arguments from both sides of the spectrum.

**Sunday, September 14,
10:00-11:00**

SS 1003 Controversies in BTK treatment

- 1003.1 Distal embolic protection devices are reasonable: Pro
S. Müller-Hülsbeck (Flensburg/DE)
- 1003.2 Distal embolic protection devices are reasonable: Con
D.F. Ettles (Hull/UK)
- 1003.3 Drug-eluting stents in all short BTK lesions: Pro
H. van Overhagen (The Hague/NL)
- 1003.4 Drug-eluting stents in all short BTK lesions: Con
T. Rand (Vienna/AT)
- 1003.5 The angiosome concept: Pro
M. Brodmann (Graz/AT)
- 1003.6 The angiosome concept: Con
K.A. Hausegger (Klagenfurt/AT)

Workshops for radiographers

Interventional radiology is very much a team effort. Optimal patient care can only be delivered if the physician and the other team members, such as radiographers, are well trained and highly professional in what they do.

A growing number of radiographers working in the field of interventional radiology are attending the annual CIRSE congress. In order to cater to this development, CIRSE and the European Federation of Radiographer Societies (EFRS) are organising two interactive workshops especially designed for radiographers and nurses.

Sunday, September 14

11:30-12:30

RWS 1104 EFRS Workshop 1

Core team in interventional radiology: a way to optimise radiological procedures

1104.1 D. Pekarovič (Ljubljana/SI)

1104.2 M. Klavžar (Ljubljana/SI)

*Co-authors: D. Kuhelj (Ljubljana/SI),
U. Zdešar (Ljubljana/SI)*

Learning objectives

After participating in this workshop, attendees will be familiar with:

- the role of different professions in interventional radiology (radiologist, radiographer, medical physicist and service engineer)
- common communication issues, as well as suggestions on how to avoid these
- how to set up a programme to ensure efficient patient management, including radiation safety for patients and staff
- practical examples of efficient workflow with emphasis on using team effort to optimise output

Monday, September 15

11:30-12:30

RWS 1904 EFRS Workshop 2

The current role of IR radiographers: an Irish perspective

1904.1 M. Maher (Dublin/IE)

1904.2 T. Herlihy (Dublin/IE)

Learning objectives

After participating in this workshop, attendees will be familiar with:

- the current role progression situation for IR radiographers in Ireland
- underlying reasons behind this system of role progression
- structuring plans required to facilitate radiographer role progression
- consequences of role progression – both positive and negative
- current changes in IR that could precipitate radiographer role progression in IR

A series of two workshops organised in co-operation with the



Saturday, September 13

08:30-09:30

FC 101 **Fundamental Course** Basic principles of carotid artery intervention

- 101.1 Indications for carotid artery stenting – patient triage
T.J. Cleveland (Sheffield/UK)
- 101.2 How to perform a typical carotid artery stenting procedure
F. Fanelli (Rome/IT)
- 101.3 Tips and tricks for difficult carotid artery stenting procedures
M. Szczerbo-Trojanowska (Lublin/PL)
- 101.4 Managing procedural complications
E. Brontzos (Athens/GR)

08:30-09:30

SS 102 **Special Session** Embolic agents: when, where and how

- 102.1 Coils and plugs – indication and technique
M. Pech (Magdeburg/DE)
- 102.2 Gelatin foam and particles: classification, indication and technique
K. Zeleňák (Martin/SK)
- 102.3 Liquid embolic agents: technique, results and complications
W.A. Wohlgemuth (Regensburg/DE)
- 102.4 Sclerosant agents: indication, technique and endpoints
J.P. Burnes (Clayton/AU)

08:30-09:30

SS 103 **Special Session** Enteral tubes, enteral and parenteral nutrition

- 103.1 Percutaneous gastrostomy
N. McEniff (Dublin/IE)
- 103.2 Percutaneous direct jejunostomy and gastrojejunostomy
H. van Overhagen (The Hague/NL)
- 103.3 Cecostomy
A.M. Cahill (Philadelphia, PA/US)
- 103.4 Parenteral nutrition
B. Gebauer (Berlin/DE)

08:30-09:30

SS 104 **Special Session** Visceral IR

- 104.1 Clinical and imaging assessment of mesenteric ischaemia
K. Schürmann (Dortmund/DE)
- 104.2 Management of acute mesenteric ischaemia
J. Raupach (Hradec Králové/CZ)
- 104.3 Management of chronic mesenteric ischaemia
L.P. Lawler (Dublin/IE)
- 104.4 Treatment of visceral artery aneurysms
M.S. Hamady (London/UK)

PTP-HoW 1 **Hands-on Workshop** Principles to practice: education and simulation skills training / Basic principles of EVAR deployment

*Coordinators: D.O. Kessel (Leeds/UK),
I. Robertson (Glasgow/UK)*

- PTP 1.1 Group 1 (08:30-11:10)
- PTP 1.2 Group 2 (10:20-13:00)

10:00-11:00

FC 201 **Fundamental Course** Basic principles of renal artery intervention

- 201.1 Current indications for renal percutaneous transluminal angioplasty/stenting
J.G. Moss (Glasgow/UK)
- 201.2 Technique – the typical renal artery percutaneous transluminal angioplasty/stenting procedure
J.H. Peregrin (Prague/CZ)
- 201.3 Current evidence and indications for renal denervation
M.R. Sapoval (Paris/FR)
- 201.4 Technique – renal denervation
J.A. Reekers (Amsterdam/NL)

10:00-11:00

SS 202 Special Session
Controversies in transcatheter embolisation

- 202.1 Prostate artery embolisation is inferior to transurethral resection of the prostate: Pro
M. Harris (Southampton/UK)
- 202.2 Prostate artery embolisation is inferior to transurethral resection of the prostate: Con
N. Hacking (Southampton/UK)
- 202.3 Bariatric gastric artery embolisation: Pro
A. Arepally (Atlanta, GA/US)
- 202.4 Bariatric gastric artery embolisation: Con
R.C. Stuart (Glasgow/UK)
- 202.5 Radioembolisation is superior to portal vein embolisation for liver hypertrophy: Pro
R. Salem (Chicago, IL/US)
- 202.6 Radioembolisation is superior to portal vein embolisation for liver hypertrophy: Con
A. Denys (Lausanne/CH)

10:00-11:00

SS 203 Special Session
Interventional oncology: improving results through advanced technologies

- 203.1 Stereotaxy and robotic assistance
R. Bale (Innsbruck/AT)
- 203.2 PET-CT
C.T. Sofocleous (New York, NY/US)
- 203.3 Fusion imaging
M.J.L. van Strijen (Nieuwegein/NL)
- 203.4 Magnetic resonance navigation
A. Gangi (Strasbourg/FR)

10:00-11:00

SS 204 Special Session
Metastatic neuroendocrine tumours

- 204.1 Clinical and pathological aspects of metastatic neuroendocrine tumours
J.W. Valle (Manchester/UK)
- 204.2 Systemic and radionuclide therapies
F. Forrer (St. Gallen/CH)
- 204.3 Chemoembolisation and bland embolisation
B.A. Radeleff (Heidelberg/DE)
- 204.4 Radioembolisation
R.J. Lewandowski (Chicago, IL/US)

10:00-11:00

ICS 205 Interactive Case Session
Revascularisation in acute stroke: technical problems and solutions

- 205.1 *T. Andersson (Stockholm/SE)*
- 205.2 *I.Q. Grunwald (Oxford/UK)*

11:15-12:45

CD-HoW 1 Hands-on Workshop
A closer look at closure devices

*Coordinators: S. Müller-Hülsbeck (Flensburg/DE),
 R. Uberoi (Oxford/UK)*

11:15-12:45

EMT-HoW 1 Hands-on Workshop
Embolisation: materials and tools / coils & plugs

*Coordinators: A. Martínez de la Cuesta (Pamplona/ES),
 E.M. Walser (Galveston, TX/US)*

11:30-12:30

SS 301 Special Session
Controversies in SFA treatment

- 301.1 Drug-eluting stents will show better 5-year patency rates than PTA: Pro
K.N. Katsanos (London/UK)
- 301.2 Drug-eluting stents will show better 5-year patency rates than PTA: Con
N. Chalmers (Manchester/UK)
- 301.3 Drug-eluting balloons in all SFA lesions: Pro
G. Tepe (Rosenheim/DE)
- 301.4 Drug-eluting balloons in all SFA lesions: Con
M. Katoh (Krefeld/DE)
- 301.5 Bioabsorbable stents have a future: Pro
A. Holden (Auckland/NZ)
- 301.6 Bioabsorbable stents have a future: Con
T.W.I. Clark (Philadelphia, PA/US)

11:30-12:30

SS 302 Special Session
Trauma: bleeding control

- 302.1 Infrastructure and logistics for adequate trauma treatment
O.M. van Delden (Amsterdam/NL)
- 302.2 Embolisation in the unstable patient
S.J. McPherson (Leeds/UK)
- 302.3 Stent and stent-grafting in the trauma patient
T. Sabharwal (London/UK)
- 302.4 Predictors of failure and success of embolisation for traumatic bleeding
S.J. Park (Daejeon/KR)

11:30-12:30

SS 303 Special Session
Bone pain in cancer patients

- 303.1 Non-IR treatment options
M. Fallon (Edinburgh/UK)
- 303.2 Ablation and embolisation
X. Buy (Bordeaux/FR)
- 303.3 Cementoplasty and osteosynthesis
F. Deschamps (Villejuif/FR)
- 303.4 HIFU
A. Napoli (Rome/IT)

11:30-12:30

SS 304 Special Session
Complicated portal hypertension management

- 304.1 Indications and current evidence for TIPS
P.E. Huppert (Darmstadt/DE)
- 304.2 Treatment of portal vein obstruction
I. Keussen (Lund/SE)
- 304.3 Interventional management of hypersplenism
T. Tanaka (Kashihara/JP)
- 304.4 Indications and current evidence for BRTO
M. Darcy (St. Louis, MO/US)

11:30-12:30

SS 305 Special Session
Interventional acute stroke treatment: trials update and outlook

- 305.1 Studies on image-guided patient selection
K.A. Hausegger (Klagenfurt/AT)
- 305.2 Completed stroke treatment studies and trials
G. Schroth (Berne/CH)
- 305.3 Ongoing stroke treatment studies and trials
D. Vorwerk (Ingolstadt/DE)
- 305.4 The future of acute stroke treatment: the neurologist's view
H.S. Markus (London/UK)

13:00-14:00

Satellite Symposia

13:00-14:30

ST-HoW 1 Hands-on Workshop
Stroke therapy

Coordinators: *H. van Overhagen (The Hague/NL), J. Weber (St. Gallen/CH)*

13:00-14:30

TA-HoW 1 Hands-on Workshop
Tumour ablation: tips and tricks / liver

Coordinators: *T.K. Helmberger (Munich/DE), A.D. Kelekis (Athens/GR)*

14:30-16:00

OP 501 CIRSE Opening Ceremony and Awards

16:00-17:30

EMT-HoW 2 Hands-on Workshop
Embolisation: materials and tools / coils & plugs

Coordinators: *A. Martínez de la Cuesta (Pamplona/ES), E.M. Walser (Galveston, TX/US)*

16:00-17:30

TA-HoW 2 Hands-on Workshop
Tumour ablation: tips and tricks / liver

Coordinators: *T.K. Helmberger (Munich/DE), A.D. Kelekis (Athens/GR)*

16:15-17:15

WS 601 Workshop
Varicose vein ablation: case-based discussion

- 601.1 *D.J. West (Stoke-on-Trent/UK)*
- 601.2 *F. Boyvat (Ankara/TR)*

16:15-17:15

WS 602 Workshop
Complex supra-aortic interventions: case-based discussion

- 602.1 *D. Vorwerk (Ingolstadt/DE)*
- 602.2 *K. Mathias (Dortmund/DE)*

16:15-17:15

WS 603 Workshop
**Gastro-intestinal bleeding:
 case-based discussion**

- 603.1 *V. Vidal (Marseille/FR)*
 603.2 *A.N. Chatziioannou (Athens/GR)*

16:15-17:15

WS 604 Workshop
**New approaches for AVM and AVF: lessons
 from neurointervention – case-based
 discussion**

- 604.1 *A.C. Januel (Toulouse/FR)*
 604.2 *L. Spelle (Paris/FR)*

16:15-17:15

WS 605 Workshop
**Interventions in renal transplants: case-based
 discussion**

- 605.1 *U. Patel (London/UK)*
 605.2 *M. Januszewicz (Warsaw/PL)*

16:15-17:15

WS 606 Workshop
**Advanced lung ablation: case-based
 discussion**

- 606.1 *J. Palussière (Bordeaux/FR)*
 606.2 *W. Prevoo (Amsterdam/NL)*

16:15-17:15

Satellite Symposia

17:30-18:30

WS 701 Workshop
**Dialysis access interventions:
 case-based discussion**

- 701.1 *S.P. D'Souza (Preston/UK)*
 701.2 *M. Roček (Prague/CZ)*

17:30-18:30

WS 702 Workshop
**Lines, catheters and ports:
 case-based discussion**

- 702.1 *T.-E.G. Vrachliotis (Athens/GR)*
 702.2 *K.P. van Lienden (Amsterdam/NL)*

17:30-18:30

WS 703 Workshop
**Vascular malformation management:
 case-based discussion**

- 703.1 *M. Köcher (Olomouc/CZ)*
 703.2 *I.J. McCafferty (Birmingham/UK)*

17:30-18:30

WS 704 Workshop
**Flow modification techniques: lessons from
 neurointervention – case-based discussion**

- 704.1 *J. Bhattacharya (Glasgow/UK)*
 704.2 *T. Liebig (Cologne/DE)*

17:30-18:30

WS 705 Workshop
**Interventions after liver transplantation:
 case-based discussion**

- 705.1 *M.C. Burgmans (Leiden/NL)*
 705.2 *J.B. Karani (London/UK)*

17:30-18:30

WS 706 Workshop
IR training and accreditation

- 706.1 *J.A. Kaufman (Portland, OR/US)*
 706.2 *M.J. Lee (Dublin/IE)*

17:30-18:30

Satellite Symposia

Sunday, September 14

08:00-08:20

Satellite Symposia

08:30-09:30

FC 901 Fundamental Course **Basic principles of early-stage HCC management**

- 901.1 Diagnostic criteria and staging work-up
V. Vilgrain (Clichy/FR)
- 901.2 Role of surgery: resection and transplantation
S.J. Wigmore (Edinburgh/UK)
- 901.3 Radiofrequency ablation: results and complications
R. Lencioni (Pisa/IT)
- 901.4 Emerging ablation techniques
P.L. Pereira (Heilbronn/DE)

08:30-09:30

SS 902 Special Session **Renal denervation**

- 902.1 Renal denervation: current evidence
T.F. Antonios (London/UK)
- 902.2 Procedural approach and technique: overview
M.J. Lee (Dublin/IE)
- 902.3 Complications and their management
A. Schmid (Erlangen/DE)
- 902.4 Renal denervation: beyond hypertension
J.G. Moss (Glasgow/UK)
- 902.5 Summary
R.E. Schmieder (Erlangen/DE)

08:30-09:30

SS 903 Special Session **Spine interventions**

- 903.1 Osteoid osteoma and osteoblastoma
A. Gangi (Strasbourg/FR)
- 903.2 Aneurysmal bone cyst
M. Muto (Naples/IT)
- 903.3 Pre-operative embolisation
A.G. Ryan (Waterford City/IE)
- 903.4 Aggressive haemangioma
S.M. Tutton (Milwaukee, WI/US)

08:30-09:30

SS 904 Special Session **Bleeding: hepato-spleno-GI tract**

- 904.1 Embolisation and BRTO for gastric or ectopic varices: technique and results
H. Kiyosue (Yufu/JP)
- 904.2 Acute upper gastro-intestinal bleeding: from imaging to endovascular treatment
R. Uberoi (Oxford/UK)
- 904.3 Acute lower gastro-intestinal bleeding: from imaging to endovascular treatment
L. Defreyne (Ghent/BE)
- 904.4 Spleen trauma management: when and how to embolise
P.E. Bize (Lausanne/CH)

08:30-09:30

SS 905 Special Session **Acute stroke: diagnostic and therapeutic concepts**

- 905.1 "One-stop shop" angio stroke imaging: benefits
A. Dörfler (Erlangen/DE)
- 905.2 Direct thromboaspiration/adapt technique
A.S. Turk (Charleston, SC/US)
- 905.3 Direct distal thromboaspiration combined with stent retrievers
G. Gal (Odense/DK)
- 905.4 New generation stent retrievers: any improvement?
A. Bonafé (Montpellier/FR)

PTP-HoW 2 Hands-on Workshop **Principles to practice: education and simulation skills training / The role of endovascular treatment in the diabetic foot**

*Coordinators: D.O. Kessel (Leeds/UK),
I. Robertson (Glasgow/UK)*

- PTP 2.1 Group 1 (08:30-10:40)
- PTP 2.2 Group 2 (09:40-11:50)
- PTP 2.3 Group 3 (10:50-13:00)

10:00-11:00

FC 1001 Fundamental Course
Basic principles of intermediate-advanced HCC management

- 1001.1 Clinical management of the intermediate-advanced HCC patient
J.-L. Raoul (Marseille/FR)
- 1001.2 Conventional chemoembolisation
T. de Baère (Villejuif/FR)
- 1001.3 Chemoembolisation with drug-eluting beads
J.-F.H. Geschwind (Baltimore, MD/US)
- 1001.4 Radioembolisation
J.I. Bilbao (Pamplona/ES)

10:00-11:00

ICS 1002 Interactive Case Session
Challenging venous interventions

- 1002.1 *S.O. Trerotola (Philadelphia, PA/US)*
- 1002.2 *M.W. de Haan (Maastricht/NL)*

10:00-11:00

SS 1003 Special Session
Controversies in BTK treatment

- 1003.1 Distal embolic protection devices are reasonable: Pro
S. Müller-Hülsbeck (Flensburg/DE)
- 1003.2 Distal embolic protection devices are reasonable: Con
D.F. Ettles (Hull/UK)
- 1003.3 Drug-eluting stents in all short BTK lesions: Pro
H. van Overhagen (The Hague/NL)
- 1003.4 Drug-eluting stents in all short BTK lesions: Con
T. Rand (Vienna/AT)
- 1003.5 The angiosome concept: Pro
M. Brodmann (Graz/AT)
- 1003.6 The angiosome concept: Con
K.A. Hausegger (Klagenfurt/AT)

10:00-11:00

SS 1004 Special Session
Treatment options for benign prostatic hyperplasia

- 1004.1 Non-IR treatment options: surgical and medical
M. Harris (Southampton/UK)
- 1004.2 Prostate artery embolisation: indications and results
F.C. Carnevale (São Paulo/BR)
- 1004.3 Prostate artery embolisation: technique
M.A. de Gregorio (Zaragoza/ES)
- 1004.4 Prostate artery embolisation: difficult arterial anatomy
J. Golzarian (Minneapolis, MN/US)

10:00-11:00

SS 1005 Special Session
Chronic ischaemia of the brain: revascularisation

- 1005.1 Carotid stenting today: standard practice or increasingly infrequent?
P. Brennan (Dublin/IE)
- 1005.2 Intracranial stenting after the SAMMPRIS study: dead or alive?
H. Henkes (Stuttgart/DE)
- 1005.3 How to avoid peri-interventional stroke, haemorrhage and hyperperfusion
G. Schroth (Berne/CH)
- 1005.4 Management of hyperperfusion syndrome
E.M. Arsava (Ankara/TR)

11:15-12:45

CD-HoW 2 Hands-on Workshop
A closer look at closure devices

*Coordinators: S. Müller-Hülsbeck (Flensburg/DE),
 R. Uberoi (Oxford/UK)*

11:15-12:45

EMT-HoW 3 Hands-on Workshop
Embolisation: materials and tools / liquid agents

*Coordinators: A. Martínez de la Cuesta (Pamplona/ES),
 E.M. Walser (Galveston, TX/US)*

11:30-12:30

Satellite Symposia

11:30-12:30

RWS 1104 EFRS Workshop
Core team in interventional radiology: a way to optimise radiological procedures

- 1104.1 *D. Pekarovič (Ljubljana/SI)*
- 1104.2 *M. Klavžar (Ljubljana/SI)*

13:00-14:00

Satellite Symposia

13:00-14:30

ST-HoW 2 Hands-on Workshop
Stroke therapy

*Coordinators: H. van Overhagen (The Hague/NL),
 J. Weber (St. Gallen/CH)*

- 13:00-14:30
TA-HoW 3 Hands-on Workshop
Tumour ablation: tips and tricks / thyroid gland
Coordinators: T.K. Helmberger (Munich/DE), A.D. Kelekis (Athens/GR)
- 14:30-15:30
Satellite Symposium
- 14:30-16:00
Honorary Lecture / Hot Topic Symposium
- 14:30-15:00
HL 1301 Andreas Gruentzig Lecture
- 1301.1 Standard clinical guidelines for interventional oncology: where are we at present?
P.L. Pereira (Heilbronn/DE)
- 15:00-16:00
HTS 1302 Treatment of DVT and PE: paradigm shift?
- 1302.1 Emerging therapies for pulmonary embolism
N. Kucher (Berne/CH)
- 1302.2 Aggressive treatment of deep vein thrombosis: what the trials have taught us
S. Kee (Los Angeles, CA/US)
- 1302.3 Catheter-directed thrombolysis for DVT: tips, tricks and pitfalls
K.R. Thomson (Melbourne/AU)
- 1302.4 Single session therapy for DVT: devices and patient selection
G.J. O'Sullivan (Galway/IE)
- 16:00-17:30
EMT-HoW 4 Hands-on Workshop
Embolisation: materials and tools / liquid agents
Coordinators: A. Martínez de la Cuesta (Pamplona/ES), E.M. Walser (Galveston, TX/US)
- 16:15-17:15
WS 1401 Workshop
Chronic total occlusion interventions: case-based discussion
- 1401.1 *M. Dux (Frankfurt/DE)*
 1401.2 *T. Jargiello (Lublin/PL)*
- 16:15-17:15
WS 1402 Workshop
Endoleak management: case-based discussion
- 1402.1 *R.G. McWilliams (Liverpool/UK)*
 1402.2 *R. Iezzi (Rome/IT)*
- 16:15-17:15
WS 1403 Workshop
Trauma: case-based discussion
- 1403.1 *M. Grosso (Cuneo/IT)*
 1403.2 *F. Wolf (Vienna/AT)*
- 16:15-17:15
WS 1404 Workshop
New concepts and tools for acute stroke revascularisation: case-based discussion
- 1404.1 *C.P. Stracke (Essen/DE)*
 1404.2 *A.S. Turk (Charleston, SC/US)*
- 16:15-17:15
AI 1409 Amazing Interventions
Coordinator: R.A. Morgan (London/UK)
- 16:15-17:15
Free Papers
- 17:00-18:30
RD-HoW1 Hands-on Workshop
Renal denervation
Coordinators: F. Fanelli (Rome/IT), G.S. Goh (London/UK)
- 17:30-18:30
WS 1501 Workshop
DVT treatment: case-based discussion
- 1501.1 *G.J. O'Sullivan (Galway/IE)*
 1501.2 *K.R. Thomson (Melbourne/AU)*
- 17:30-18:30
WS 1502 Workshop
IVC filters: case-based discussion
- 1502.1 *M.-F. Giroux (Montreal, QC/CA)*
 1502.2 *R. Uberoi (Oxford/UK)*

17:30-18:30

■ **WS 1503** **Workshop**
UFE: case-based discussion

1503.1 *P.N.M. Lohle (Tilburg/NL)*1503.2 *A.M. Madureira (Porto/PT)*

17:30-18:30

■ **WS 1504** **Workshop**
Complicated portal hypertension management: case-based discussion

1504.1 *I.K. Tesdal (Friedrichshafen/DE)*1504.2 *G.M. Richter (Stuttgart/DE)*

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposia

Monday, September 15

08:00-08:20

Satellite Symposia

08:30-09:30

FC 1701 Fundamental Course

Basic principles of aorto-iliac disease treatment

- 1701.1 Treatment triage: which patients are eligible candidates?
I. Robertson (Glasgow/UK)
- 1701.2 Technique – lesions at the aortic bifurcation
D.K. Tsetis (Iraklion/GR)
- 1701.3 Technique – aortic and iliac artery stenoses
T. Jahnke (Neumünster/DE)
- 1701.4 Recanalising the acute and chronic aorto-iliac occlusion
S.D. Qanadli (Lausanne/CH)

08:30-09:30

SS 1702 Special Session

Vascular trials update

- 1702.1 Carotid
S. Macdonald (Sunnyvale, CA/US)
- 1702.2 Thoracic aortic aneurysm
H. Rousseau (Toulouse/FR)
- 1702.3 Femoro-popliteal segment
E. Atar (Petah Tikva/IL)
- 1702.4 Infrapopliteal segment
S. Sharma (Delhi/IN)

08:30-09:30

SS 1703 Special Session

Pancreatitis

- 1703.1 State-of-the-art imaging and staging/grading systems
T.L. Bollen (Nieuwegein/NL)
- 1703.2 Endoscopic and surgical treatment options
D.F. Martin (Manchester/UK)
- 1703.3 Percutaneous management
M. Ryan (Dublin/IE)
- 1703.4 Treatment of vascular complications
R. Jackson (Newcastle-upon-Tyne/UK)

08:30-09:30

SS 1704 Special Session

Biliary and pancreatic malignancies: treatment options

- 1704.1 Intrahepatic cholangiocarcinoma: interventional treatment
G. Carrafiello (Varese/IT)
- 1704.2 Hilar cholangiocarcinoma: intraluminal therapies
V. Válek (Brno/CZ)
- 1704.3 Pancreatic tumours: irreversible electroporation
R.C.G. Martin (Louisville, KY/US)
- 1704.4 Pancreatic tumours: high intensity focused ultrasound
Z. Meng (Shanghai/CN)

08:30-09:30

SS 1705 Special Session

Treatment options for fibroids

- 1705.1 Non-IR treatment options: surgical and medical
I. Manyonda (London/UK)
- 1705.2 UAE: evidence
J.-P. Pelage (Caen/FR)
- 1705.3 UAE: pain and complication management
V. Bérczi (Budapest/HU)
- 1705.4 High intensity focused ultrasound
M. Matzko (Dachau/DE)

08:30-10:00

IVC-HoW 1 Hands-on Workshop

IVC filters

Coordinators: *O. Pellerin (Paris/FR)*,
T. Sabharwal (London/UK)

PTP-HoW 3 Hands-on Workshop

Principles to practice: education and simulation skills training / Diagnosis and treatment of acute aortic syndromes

Coordinators: *D.O. Kessel (Leeds/UK)*,
I. Robertson (Glasgow/UK)

- PTP 3.1 Group 1 (08:30-10:40)
- PTP 3.2 Group 2 (09:40-11:50)
- PTP 3.3 Group 3 (10:50-13:00)

10:00-11:00

FC 1801 Fundamental Course**Basic principles of femoro-popliteal disease treatment**

- 1801.1 Treatment triage: which patients are suitable candidates?
J.-P. Beregi (Nîmes/FR)
- 1801.2 Technique – treating TASC A-D lesions
S. Müller-Hülsbeck (Flensburg/DE)
- 1801.3 Role of drug-eluting stents/balloons in the SFA and popliteal artery
G. Tepe (Rosenheim/DE)
- 1801.4 Patient follow-up and indications for re-intervention
J. Lammer (Vienna/AT)

10:00-11:00

SS 1802 Special Session
Venous forum

- 1802.1 Pelvic congestion syndrome
A. Basile (Catania/IT)
- 1802.2 Endothermal treatment of varicose veins
J.A. Kaufman (Portland, OR/US)
- 1802.3 Non-endothermal treatment of varicose veins
M. Åkesson (Malmö/SE)
- 1802.4 Management of central venous obstruction
P. Haage (Wuppertal/DE)

10:00-11:00

ICS 1803 Interactive Case Session**Back pain treatment: disc and facet joints**

- 1803.1 *G.C. Anselmetti (Turin/IT)*
- 1803.2 *A.D. Kelekis (Athens/GR)*

10:00-11:00

SS 1804 Special Session**Controversies in liver tumour ablation**

- 1804.1 Will radiofrequency ablation replace surgery for small liver metastases?
A. Gillams (London/UK)
- 1804.2 Will microwave ablation replace radiofrequency ablation?
M. Bezzi (Rome/IT)
- 1804.3 Is there a role for irreversible electroporation in the liver?
O. Seror (Bondy/FR)
- 1804.4 Is high intensity focused ultrasound in the liver clinically acceptable?
F. Orsi (Milan/IT)

10:00-11:00

SS 1805 Special Session**Patient safety and quality assurance in interventional radiology**

- 1805.1 What is quality assurance? Lessons from radiation oncology
L.M. Kenny (Brisbane/AU)
- 1805.2 The role of regulatory agencies: do they help or do they hinder?
J. Wilkinson (London/UK)
- 1805.3 How CIRSE can improve patient safety in IR
A.-M. Belli (London/UK)
- 1805.4 Quality improvement guidelines in interventional oncology
T. de Baère (Villejuif/FR)

11:15-12:45

RD-HoW 2 Hands-on Workshop
Renal denervation

*Coordinators: F. Fanelli (Rome/IT),
G.S. Goh (London/UK)*

11:30-12:30

Satellite Symposia

11:30-12:30

RWS 1904 EFRS Workshop**The current role of IR radiographers: an Irish perspective**

- 1904.1 *M. Maher (Dublin/IE)*
- 1904.2 *T. Herlihy (Dublin/IE)*

13:00-14:00

Satellite Symposia

13:00-14:30

IVC-HoW 2 Hands-on Workshop
IVC filters

*Coordinators: O. Pellerin (Paris/FR),
T. Sabharwal (London/UK)*

13:00-14:30

TA-HoW 4 Hands-on Workshop**Tumour ablation: tips and tricks / bone & soft tissue**

*Coordinators: T.K. Helmberger (Munich/DE),
A.D. Kelekis (Athens/GR)*

14:30-15:30

Satellite Symposium

14:30-16:00

FI 2101 Film Interpretation Quiz

Coordinators: S. Macdonald (Sunnyvale, CA/US),
O.M. van Delden (Amsterdam/NL)

16:00-17:30

EMT-HoW 5 Hands-on Workshop**Embolisation: materials and tools / particulate agents**

Coordinators: A. Martínez de la Cuesta (Pamplona/ES),
E.M. Walser (Galveston, TX/US)

16:15-17:15

WS 2201 Workshop**Complex lower limb interventions: case-based discussion**

2201.1 R. Gandini (Rome/IT)

2201.2 L. Boyer (Clermont-Ferrand/FR)

16:15-17:15

WS 2202 Workshop**Catheterisation techniques with micro-catheters: case-based discussion**

2202.1 F. Pozzi-Mucelli (Trieste/IT)

2202.2 A.H. Mahnken (Marburg/DE)

16:15-17:15

WS 2203 Workshop**Basic principles of Y-90: case-based discussion**

2203.1 J.I. Bilbao (Pamplona/ES)

2203.2 R. Salem (Chicago, IL/US)

16:15-17:15

WS 2204 Workshop**Renal interventions: case-based discussion**

2204.1 L. Monfardini (Milan/IT)

2204.2 G. Tsoumakidou (Strasbourg/FR)

16:15-17:15

Free Papers

16:15-17:15

General Assembly

17:00-18:30

RD-HoW 3 Hands-on Workshop**Renal denervation**

Coordinators: F. Fanelli (Rome/IT),
G.S. Goh (London/UK)

17:30-18:30

WS 2301 Workshop**The challenging diabetic foot: case-based discussion**

2301.1 K.N. Katsanos (London/UK)

2301.2 S. Ingram (Edinburgh/UK)

17:30-18:30

WS 2302 Workshop**Visceral artery aneurysms: case-based discussion**

2302.1 K. Zeleňák (Martin/SK)

2302.2 P.P. Goffette (Brussels/BE)

17:30-18:30

WS 2303 Workshop**Advanced approaches in Y-90: case-based discussion**

2303.1 W.S. Rilling (Milwaukee, WI/US)

2303.2 M. van den Bosch (Utrecht/NL)

17:30-18:30

WS 2304 Workshop**GI-stenting: case-based discussion**

2304.1 T. Sabharwal (London/UK)

2304.2 J. Phillips-Hughes (Oxford/UK)

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposia

Tuesday, September 16

08:00-08:20

Satellite Symposia

08:30-09:30

FC 2501 Fundamental Course

Basic principles of renal cancer management

- 2501.1 Triage of the small renal cancer patient
J. Tacke (Passau/DE)
- 2501.2 Ablation: results and complications
D.J. Breen (Southampton/UK)
- 2501.3 Surgery: results and complications
M. Sullivan (Oxford/UK)
- 2501.4 Patient follow-up and imaging
J. Garnon (Strasbourg/FR)

08:30-09:30

SS 2502 Special Session

Acute lower limb ischaemia

- 2502.1 Epidemiology, clinical presentation and imaging
A. Buecker (Homburg/DE)
- 2502.2 Morbidity, mortality, limb loss rates and patient selection
G.S. Goh (London/UK)
- 2502.3 Thrombolysis: evidence and technique
D.O. Kessel (Leeds/UK)
- 2502.4 Mechanical thrombectomy: evidence and technique
H.-J. Wagner (Berlin/DE)

08:30-09:30

SS 2503 Special Session

Abdominal aorta – Evidence forum

- 2503.1 Branched versus chimney EVAR
E. Verhoeven (Nuremberg/DE)
- 2503.2 Iliac sidebranch graft for aorto-liliac aneurysms
L.B. Lönn (Copenhagen/DK)
- 2503.3 Trials update for planned and emergency EVAR
R.G. McWilliams (Liverpool/UK)
- 2503.4 Endovascular aneurysm sealing (EVAS)
O. Pellerin (Paris/FR)

08:30-09:30

SS 2504 Special Session

Vascular malformations: state-of-the-art management

- 2504.1 Vascular malformation (VM) classification, clinic and typical imaging features
G. Soulez (Montreal, QC/CA)
- 2504.2 Technique and material for low-flow VMs
J.P. Burnes (Clayton/AU)
- 2504.3 Technique and material for high-flow AVMs
P. Waldenberger (Linz/AT)
- 2504.4 Special considerations in paediatric VMs
A.M. Barnacle (London/UK)

08:30-09:30

SS 2505 Special Session

IR clinical specialty

- 2505.1 Key requisites for the IR practice
J.A. Kaufman (Portland, OR/US)
- 2505.2 Demonstrating quality through data
P. Reimer (Karlsruhe/DE)
- 2505.3 IR: multidisciplinary team
A. Adam (London/UK)
- 2505.4 IR: stand-alone
C.R. Hamilton (Houston, TX/US)

08:30-10:00

IVC-HoW 3 Hands-on Workshop

IVC filters

Coordinators: *O. Pellerin (Paris/FR)*,
T. Sabharwal (London/UK)

PTP-HoW 4 Hands-on Workshop

Principles to practice: education and simulation skills training / Basic principles of peripheral arterial intervention

Coordinators: *D.O. Kessel (Leeds/UK)*,
I. Robertson (Glasgow/UK)

PTP 4.1 Group 1 (08:30-10:40)

PTP 4.2 Group 2 (09:40-11:50)

PTP 4.3 Group 3 (10:50-13:00)

10:00-11:00

FC 2601 Fundamental Course
Basic principles of hepatic colorectal metastases management

- 2601.1 Triage of the metastatic colorectal patient for local treatment
G.J. Poston (Liverpool/UK)
- 2601.2 Ablation: results and complications
T.K. Helmberger (Munich/DE)
- 2601.3 Intra-arterial chemotherapy: results and complications
O. Pellerin (Paris/FR)
- 2601.4 Radioembolisation: results and complications
R. Salem (Chicago, IL/US)

10:00-11:00

SS 2602 Special Session
Chronic critical limb ischaemia

- 2602.1 Clinical presentation and wound management
V. Bérczi (Budapest/HU), Z.R. Szeberin (Budapest/HU)
- 2602.2 Drug therapy: salvage or adjunctive
M. Bratby (Oxford/UK)
- 2602.3 Patency vs. clinical success of revascularisation
S. Spiliopoulos (Rion/GR)
- 2602.4 Procedural complications and their management
H.I. Manninen (Kuopio/FI)

10:00-11:00

SS 2603 Special Session
Thoracic aorta – Evidence forum

- 2603.1 TEVAR for thoracic aortic aneurysm and aortic dissection
M.A. Funovics (Vienna/AT)
- 2603.2 TEVAR for aortic trauma and Marfan syndrome
T. Pfammatter (Zurich/CH)
- 2603.3 TEVAR induced neurologic and vascular complications
A. Chavan (Oldenburg/DE)
- 2603.4 Total aortic arch aneurysm exclusion
R.A. Morgan (London/UK)

10:00-11:00

ICS 2604 Interactive Case Session
Embolisation in iatrogenic bleeding

- 2604.1 *A. Krajina (Hradec Králové/CZ)*
- 2604.2 *A.F. Watkinson (Exeter/UK)*

10:00-11:00

CM 2605 CIRSE meets
CIRSE meets Israel: Innovations in IR

- 2605.1 Advances and innovations in tumour ablation: from Israel with love
N. Goldberg (Jerusalem/IL)
- 2605.2 Novel endovascular solutions to arch, peri-renal and abdominal aortic aneurysms
E. Atar (Petah Tikva/IL)
- 2605.3 Advances in endovascular simulation
G. Bartal (Kfar-Saba/IL)

11:15-12:45

RD-HoW 4 Hands-on Workshop
Renal denervation

Coordinators: *F. Fanelli (Rome/IT), G.S. Goh (London/UK)*

11:15-12:45

VV-HoW 1 Hands-on Workshop
Varicose veins

Coordinators: *J.A. Brookes (London/UK), K.D. McBride (Dunfermline/UK)*

11:30-12:30

SS 2701 Special Session
NSCLC and lung metastases: treatment options

- 2701.1 Surgery for NSCLC: patient selection
A. Kirk (Glasgow/UK)
- 2701.2 Stereotactic radiation therapy of NSCLC: indications and results
L.M. Kenny (Brisbane/AU)
- 2701.3 Ablation of NSCLC: indications and results
D.E. Dupuy (Providence, RI/US)
- 2701.4 Ablation of pulmonary metastases: indications and results
A. Gillams (London/UK)

11:30-12:30

SS 2702 Special Session
Pedal angioplasty

- 2702.1 Imaging, indication and patient selection
D. Karnabatidis (Patras/GR)
- 2702.2 Dedicated material and procedural patient management
H. Kobeiter (Créteil/FR)
- 2702.3 Technique and complication management
M.G. Manzi (Abano Terme/IT)
- 2702.4 Digital artery access for foot artery recanalisation
L.M. Palena (Abano Terme/IT)

11:30-12:30

SS 2703 Special Session
Haemodialysis access management

- 2703.1 Endovascular treatment of immature fistulas
C. Hohl (Siegen/DE)
- 2703.2 Stent-grafts: current evidence in grafts and native fistulas
Z.J. Haskal (Charlottesville, VA/US)
- 2703.3 Drug-eluting balloons: current evidence
R.B. Shoenfeld (West Orange, NJ/US)
- 2703.4 Paediatric dialysis: state-of-the-art interventions
S. Sierre (Buenos Aires/AR)

11:30-12:30

SS 2704 Special Session
Practical issues in dose management

- 2704.1 Radiation hazards: skin injuries, cataract and neoplasms
M. Rehani (Vienna/AT)
- 2704.2 How to implement a radiation protection safety culture in your department
E.P. Efsthopoulos (Athens/GR)
- 2704.3 Education and training in fluoroscopy-guided procedures: what, who and how
G.N. Paulo (Coimbra/PT)
- 2704.4 How to optimise angiographic equipment settings for radiation protection
G. Bartal (Kfar-Saba/IL)

13:00-14:00

Satellite Symposia

13:00-14:30

TA-HoW 5 Hands-on Workshop
Tumour ablation: tips and tricks / kidney

Coordinators: *T.K. Helmberger (Munich/DE),
A.D. Kelekis (Athens/GR)*

14:30-15:30

Satellite Symposium

14:30-16:00

Honorary Lecture / Hot Topic Symposium

14:30-15:00

HL 2901 Josef Roesch Lecture

- 2901.1 Prostatic artery embolisation: familiar concept, new indication and state-of-the-art methods
F.C. Carnevale (São Paulo/BR)

15:00-16:00

HTS 2902 HIFU: Just another IR modality?

- 2902.1 Principles of MR-HIFU: what an IR should know
A. Melzer (Dundee/UK)
- 2902.2 MR-HIFU for uterine fibroids: which patients should be treated?
M. Matzko (Dachau/DE)
- 2902.3 MR-HIFU for painful bone lesions: palliation or more?
A. Napoli (Rome/IT)
- 2902.4 MR-HIFU for prostate: is the transurethral approach the right one?
R. Chopra (Dallas, TX/US)

16:00-17:30

VV-HoW 2 Hands-on Workshop
Varicose veins

Coordinators: *J.A. Brookes (London/UK),
K.D. McBride (Dunfermline/UK)*

16:15-17:15

WS 3001 Workshop
TIPS and BRTO: case-based discussion

- 3001.1 *K. Kichikawa (Nara/JP)*
- 3001.2 *S. Punamiya (Singapore/SG)*

16:15-17:15

WS 3002 Workshop
Haemoptysis: case-based discussion

- 3002.1 *P. Minko (Homburg/DE)*
- 3002.2 *J. Pollak (New Haven, CT/US)*

16:15-17:15

WS 3003 Workshop
New technologies in liver tumour ablation: case-based discussion

- 3003.1 *D.K. Filippiadis (Athens/GR)*
- 3003.2 *L. Crocetti (Pisa/IT)*

16:15-17:15

WS 3004 Workshop
Taking the EBIR

3004.1 K.A. Hausegger (Klagenfurt/AT)

3004.2 P. Reimer (Karlsruhe/DE)

16:15-17:15

Free Papers

16:15-17:15

Satellite Symposium

17:30-18:30

WS 3101 Workshop
**Complex EVAR interventions:
case-based discussion**

3101.1 B.T. Katzen (Miami, FL/US)

3101.2 T. Pfammatter (Zurich/CH)

17:30-18:30

WS 3102 Workshop
**Management of ENT bleeding:
case-based discussion**

3102.1 A.M. Al-Kutoubi (Beirut/LB)

3102.2 G. Mühlenbruch (Würselen/DE)

17:30-18:30

WS 3103 Workshop
Advanced TACE: case-based discussion

3103.1 O. Matsui (Kanazawa/JP)

3103.2 K. Malagari (Athens/GR)

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposium

Wednesday, September 17

08:30-09:30

SS 3201 **Special Session** Image fusion for vascular interventions

- 3201.1 Fundamentals and rationale for image fusion
H. Kobeiter (Créteil/FR)
- 3201.2 Zero contrast intervention: a realistic ambition?
M. Das (Maastricht/NL)
- 3201.3 Fusion for peripheral artery disease
A. Holden (Auckland/NZ)
- 3201.4 Fusion for endovascular prosthesis placement
A.M.H. Sailer (Maastricht/NL)

08:30-09:30

SS 3202 **Special Session** Combination therapies of liver tumours

- 3202.1 Ablation and transarterial therapy
H. Rhim (Seoul/KR)
- 3202.2 Ablation with systemic therapies
N. Goldberg (Jerusalem/IL)
- 3202.3 Combining transarterial and systemic therapies
J.-F.H. Geschwind (Baltimore, MD/US)
- 3202.4 Ablation with immunotherapy
C. Gouttefangeas (Tuebingen/DE)

08:30-09:30

SS 3203 **Special Session** Biliary interventions

- 3203.1 Percutaneous treatment of malignant hilar lesions
P. Vilares Morgado (Porto/PT)
- 3203.2 Treatment of benign strictures, including roux loop approach
M. Krokidis (Cambridge/UK)
- 3203.3 Percutaneous treatment of bile duct stones
P.A.M.S. Almeida (Viseu/PT)
- 3203.4 Percutaneous cholecystostomy and gallbladder stone management
J. Phillips-Hughes (Oxford/UK)

10:00-11:00

SS 3301 **Special Session** IVC filters

- 3301.1 Current evidence
N. Ptohis (Athens/GR)
- 3301.2 Unusual locations for IVC filter placement
A.C. Roberts (La Jolla, CA/US)
- 3301.3 Complications of IVC filter placement
T.B. Kinney (San Diego, CA/US)
- 3301.4 Difficult IVC filter retrieval
C.A. Binkert (Winterthur/CH)

10:00-11:00

ICS 3302 **Interactive Case Session** Complications in transarterial hepatic treatments

- 3302.1 *P.L. Pereira (Heilbronn/DE)*
- 3302.2 *R.J. Lewandowski (Chicago, IL/US)*

10:00-11:00

SS 3303 **Special Session** Pre-, peri- and post IR patient care

- 3303.1 Pre-operative assessment and preparation
K.S. Koulia (Athens/GR)
- 3303.2 IR relevant sedation and analgesia techniques
A. Vari (Rome/IT)
- 3303.3 IR relevant locoregional techniques
M.D. Stoneham (Oxford/UK)
- 3303.4 Post-interventional patient management
T.J. Cleveland (Sheffield/UK)

11:30-12:30

MM 3401 **Morbidity & Mortality Conference and Closing**

Coordinators: *A. Hatzidakis (Iraklion/GR)*,
A.F. Watkinson (Exeter/UK)

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Hands-on Workshops

A closer look at closure devices

Coordinators: S. Müller-Hülsbeck (Flensburg/DE),
R. Uberoi (Oxford/UK)



Vascular closure devices (VCDs) are commonly utilised to manage arterial puncture sites after therapeutic arterial interventions.

This hands-on workshop will introduce and discuss VCDs currently available on the market in a comprehensive and balanced manner, including indications for use, optimal technique and contraindications, as well as potential complications and their management. Furthermore, many tips and tricks for the proper use of closure devices during daily practice will be shared during the hands-on component. The course will be concluded with a dedicated tutorial of the “preclose” technique for closing large arterial punctures for total percutaneous aortic repair.

Thanks to the opportunity to try currently available closure devices first-hand, all participants should be able to understand their various principles and indications by the end of the workshop.

Learning objectives

- To become familiar with the currently available vascular closure devices for peripheral and aortic interventions
- To understand when and how to successfully use a vascular closure device
- To know when not to use a vascular closure device and how to avoid complications
- To gain experience with the “preclose” technique required for total percutaneous treatment of aortic aneurysms

CD-HoW 1 **Saturday, September 13**
11:15-12:45

CD-HoW 2 **Sunday, September 14**
11:15-12:45

Please note that participants need to register in advance at an extra cost of €75.

Embolisation: materials and tools

Coordinators: A. Martínez de la Cuesta (Pamplona/ES),
E.M. Walser (Galveston, TX/US)



This series of hands-on workshops provides an overview of current embolisation materials and techniques.

In each workshop session a brief introduction is followed by participants rotating between 4-6 tabletop demonstrations. The workshops may be attended as a series or individually. Participants will engage informally with instructors and try out various embolic materials on anatomical and flow models. The emphasis of the sessions is a hands-on practical approach. Participants can handle and/or deliver embolisation with mechanical, liquid or particulate embolic agents (according to the session). This course is intended for those with limited experience with embolisation or those wishing to refresh their knowledge.

Learning objectives

- To understand the basic principle of embolisation
- To become familiar with common embolic agents
- To be able to choose an appropriate embolic agent
- To know how to correctly prepare and deliver the chosen agent
- To understand how to avoid non-target embolisation and other complications

EMT-HoW 1 **Saturday, September 13**
Coils & plugs 11:15-12:45

EMT-HoW 2 **Saturday, September 13**
Coils & plugs 16:00-17:30

EMT-HoW 3 **Sunday, September 14**
Liquid agents 11:15-12:45

EMT-HoW 4 **Sunday, September 14**
Liquid agents 16:00-17:30

EMT-HoW 5 **Monday, September 15**
Particulate agents 16:00-17:30

Please note that participants need to register in advance at an extra cost of €75.

IVC filters

Coordinators: O. Pellerin (Paris/FR),
T. Sabharwal (London/UK)



IVC filters are widely used across Europe. All feature technical advantages and drawbacks that make them more or less difficult to retrieve or convert.

The workshop will start with a 10-minute introduction focused on the technical features of the filters available in the room. Participants will then have the opportunity to test the filters on models, with the help of experts who will be on hand. This workshop is aimed at vascular IRs who perform IVC filter placement and want to learn the specific techniques of filter extraction and conversion.

Learning objectives

- To understand the basic technical features of IVC filters and be able to choose an appropriate device
- To practise the step-by-step technique for implantation and removal
- To learn technical tips and tricks

IVC-HoW 1 **Monday, September 15**
08:30-10:00

IVC-HoW 2 **Monday, September 15**
13:00-14:30

IVC-HoW 3 **Tuesday, September 16**
08:30-10:00

Please note that participants need to register in advance at an extra cost of €75.

Principles to practice: education and simulation skills training

Coordinators: D.O. Kessel (Leeds/UK), I. Robertson (Glasgow/UK)



This popular series of workshops comprises a one-hour round-table discussion with experts in the field, delivering key knowledge and practical tips, followed by one hour of hands-on experience using high-fidelity simulators.

Each session is aimed at delegates with a specific level of experience (core, intermediate or advanced). The round-table discussions are themed around learning objectives which relate to a specific clinical or procedural topic.

The delivery of each session is flexible to respond to delegates' interests, and emphasis is placed on small group teaching allowing close interaction with the expert faculty. Equipment and devices will be available to demonstrate deployment technique.

PTP-HoW 1 **Saturday, September 13**
Basic principles of EVAR deployment
08:30-13:00

PTP-HoW 2 **Sunday, September 14**
The role of endovascular treatment in the diabetic foot
08:30-13:00

PTP-HoW 3 **Monday, September 15**
Diagnosis and treatment of acute aortic syndromes
08:30-13:00

PTP-HoW 4 **Tuesday, September 16**
Basic principles of peripheral arterial intervention
08:30-13:00

Please note that participants need to register in advance at an extra cost of €75.

Renal denervation

Coordinators: F. Fanelli (Rome/IT),
G.S. Goh (London/UK)



Transcatheter renal denervation is a therapy for patients with treatment-resistant hypertension, a condition that leads to a higher risk of major cardiovascular events.

In this workshop an overview of sympathetic nervous system anatomy, physiology and physiopathology will be followed by a description of the technical aspects of renal denervation. During the hands-on part of the course, participants will learn how to use currently available devices in order to become familiar with the procedure and be able to compare their characteristics. Experienced tutors will be present in an informal setting to discuss technical tips and tricks, getting you ready to start your renal denervation practice.

Learning objectives

- To understand treatment-resistant hypertension and its relationship with the sympathetic nervous system
- To understand the principles of patient selection
- To learn how to start a renal denervation practice
- To understand the technical aspects of renal denervation
- To be familiar with the principles and handling of a variety of devices
- To receive the latest research data

RD-HoW 1 **Sunday, September 14**
17:00-18:30

RD-HoW 2 **Monday, September 15**
11:15-12:45

RD-HoW 3 **Monday, September 15**
17:00-18:30

RD-HoW 4 **Tuesday, September 16**
11:15-12:45

Please note that participants need to register in advance at an extra cost of €75.

Stroke therapy

Coordinators: H. van Overhagen (The Hague/NL),
J. Weber (St. Gallen/CH)



An increasing number of interventional radiologists are involved in intra-arterial therapy for acute cerebral stroke. There is increasing evidence that urgent restoration of cerebral circulation by mechanical thrombectomy is one of the most important factors determining the fate of patients with acute ischaemic stroke.

In this workshop participants will have the opportunity to test several devices specifically designed for intracranial thrombectomy on a flow model under the supervision of well-known experts in the field.

Learning objectives

- To understand the principles of mechanical thrombectomy in patients with embolic stroke
- To achieve a standardised technique in a step-by-step manner
- To become familiar with typical devices and their handling
- To get an impression of how it works from training with the flow model
- To discuss technical and clinical problems

ST-HoW 1 **Saturday, September 13**
13:00-14:30

ST-HoW 2 **Sunday, September 14**
13:00-14:30

Please note that participants need to register in advance at an extra cost of €75.

Tumour ablation: tips and tricks

Coordinators: T.K. Helmberger (Munich/DE),
A.D. Kelekis (Athens/GR)



The hands-on workshop on tumour ablation provides five sessions which include introductory interactive case discussions and practical training in the basic principles of all currently available ablation systems. The case discussions will highlight indications and contraindications, as well as complications and ways to avoid or minimise them.

Participants will then have the opportunity to get familiar with the equipment and the procedure itself, to practice ablation using various systems under the guidance of international ablation experts and to perform ultrasound-guided ablation on in vitro models.

By the end of the workshop participants, even those with little or no experience in tumour ablation, will be familiar with a range of ablation techniques and be aware of tips and tricks for safe and efficacious clinical application.

TA-HoW 1 **Saturday, September 13**
Liver 13:00-14:30

TA-HoW 2 **Saturday, September 13**
Liver 16:00-17:30

Learning objectives

- To understand the most appropriate indications for hepatic tumour ablation according to present guidelines
- To know how to choose the right ablation technique for each lesion
- To understand the liver contraindications for local ablation techniques
- To understand how to enhance the efficacy of a specific ablation technique by adjuvant techniques and how to minimise or avoid the most commonly encountered complications
- To become familiar with ultrasound-guided liver ablation

TA-HoW 3 **Sunday, September 14**
Thyroid gland 13:00-14:30

Learning objectives

- To understand the most appropriate indications for thyroid gland ablation according to present guidelines
- To understand how to avoid or minimise the most commonly encountered complications
- To be aware of tips and tricks for safe and efficacious clinical application
- To become familiar with ultrasound-guided thyroid ablation

TA-HoW 4 **Monday, September 15**
Bone & soft tissue 13:00-14:30

Learning objectives

- To understand the most appropriate indications for bone tumour ablation according to present guidelines and to know how to choose the right ablation technique for each lesion
- To understand the contraindications for local bone ablation techniques
- To understand how to enhance the efficacy of a specific ablation technique by adjuvant techniques and how to avoid or minimise the most commonly encountered complications
- To become familiar with ultrasound-guided soft tissue ablation

TA-HoW 5 **Tuesday, September 16**
Kidney 13:00-14:30

Learning objectives

- To understand the most appropriate indications for renal tumour ablation according to present guidelines and to know how to choose the right ablation technique for each lesion
- To understand how to enhance the efficacy of a specific ablation technique by adjuvant techniques and how to avoid or minimise the most commonly encountered complications
- To become familiar with ultrasound-guided renal ablation

Please note that participants need to register in advance at an extra cost of €75.

ESIR 2014

Courses



European School of Interventional Radiology

To allow more tailored learning, ESIR will be restructuring its courses slightly in 2014. Two categories, expert and fundamental, will now be offered. Course co-ordinators will be given more scope to structure the course to best communicate the subject matter, and a greater emphasis will be placed on hands-on learning.

Expert Courses

These courses are specially designed for delegates who are already familiar with the theory of and literature on the topic. To reflect this, lecture times are reduced, in order to allow more time for practical learning, and focusing on tips and tricks.

Prostate Embolisation

Zaragoza, Spain, May 30-31

Hospital Clinico Universitario CIBA

Practical Approach to HIFU

Milan, Italy, June 6-7

European Institute of Oncology

Management of Resistant Hypertension: Renal Artery Denervation

Paris, France, October 27-28

Hôpital Européen Georges Pompidou

Stroke Intervention

The Hague, Netherlands, November 14-15

Haga Teaching Hospital

Fundamental Courses

Fundamental courses cater for those doctors who are either beginning their IR career, or who wish to refresh or broaden their existing portfolio. Lectures will focus on both theory and clinical application, with sufficient time also given to hands-on learning.

Embolisation in Acute Haemorrhage

London, United Kingdom, May 9-10

Royal London Hospital

Peripheral Arterial Disease

Homburg, Germany, May 23-24

University Hospital Saarland

Genitourinary Interventions

Prague, Czech Republic, October 17-18

Institute for Clinical and Experimental Medicine

Venous Access and Dialysis

Marseille, France, December 11-12

CHU Timone – University Hospital

For more information, please visit www.cirse.org/esir2014

Varicose veins

Coordinators: J.A. Brookes (London/UK),
K.D. McBride (Dunfermline/UK)



Endovenous treatment of symptomatic varicose veins has become more and more accepted throughout Europe. IRs are well suited to perform these therapies as they have the required skills, but unfortunately many are not yet familiar with the available techniques and devices.

This hands-on workshop gives an opportunity to gain familiarity with the most commonly used techniques and devices for endovenous therapy, including the handling of different fibres and probes and the corresponding generators. Participants will learn how to best access the vein with ultrasound guidance, how to apply tumescent anaesthesia and how to use the appropriate devices. In addition there will be the opportunity to gain insightful advice from expert users.

Learning objectives

- To learn about the different methods for endovenous treatment
- To obtain practical experience with different devices
- To receive hands-on training in ultrasound-guided venous access
- To learn the technique of tumescent anaesthesia

VV-HoW 1

Tuesday, September 16

11:15-12:45

VV-HoW 2

Tuesday, September 16

16:00-17:30

Please note that participants need to register in advance at an extra cost of €75.

General Information

Congress Dates

CIRSE 2014 will take place from September 13-17, 2014.

Congress Venue

SECC – Scottish Exhibition and Conference Centre

Exhibition Way

Glasgow G3 8YW | United Kingdom

Phone: +44 141 248 3000 | Fax: +44 141 226 3423

Email: info@secc.co.uk

CIRSE Secretariat

CIRSE Central Office

Neutorgasse 9/6 | AT - 1010 Vienna

Phone: +43 1 904 2003 | Fax: +43 1 904 2003-30

Email: info@cirse.org

Exhibition Management

MAW

Bettina Kreiner, Christine Mahatsek, Dominik Udolf

Phone: +43 1 536 63-35, -34, -64 | Fax: +43 1 535 6016

Email: cirse@media.co.at

Accommodation

Kuoni Destination Management UK

Contact: John Cardie

Skypark, 14 Elliot Place

Glasgow G3 8EP | United Kingdom

Phone: +44 7718 403 010

Email: cirse2014@ch.kuoni.com

CME Credit Allowance

European Accreditation will be applied for at the EACCME (European Accreditation Council for Continuing Medical Education) in order to validate the credits in CIRSE participants' European home countries. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

All CME activities approved by the EACCME are valid for recognition by the American Medical Association (AMA) towards the Physician's Recognition Award (PRA). For details how to convert EACCME credits to AMA PRA category 1 credits, please contact the AMA (www.ama-assn.org). Live educational activities occurring outside of Canada and recognised by the UEMSE-ACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

CIRSE 2013 in Barcelona, Spain, was granted 26 hours of European external CME credits.

Congress Registration

Register before June 5, 2014 and benefit from reduced early bird registration fees!

Online registration (secured payment) for CIRSE 2014 is now available on www.cirse.org. Please note that your registration must be submitted and all fees paid by the respective deadlines. Incomplete registrations (not containing full name and address) cannot be processed.

Registration Fees (€)

Until June 5, 2014

CIRSE Member	€ 300
Non-Member	€ 720
Resident* (CIRSE Member)	€ 270
Resident* (Non-Member)	€ 320
Nurse/Radiographer* (CIRSE Member)	€ 190
Nurse/Radiographer* (Non-Member)	€ 300
Undergraduate Student**	€ 0

Until July 10, 2014

CIRSE Member	€ 580
Non-Member	€ 895
Resident* (CIRSE Member)	€ 455
Resident* (Non-Member)	€ 520
Nurse/Radiographer* (CIRSE Member)	€ 290
Nurse/Radiographer* (Non-Member)	€ 400
Undergraduate Student**	€ 0

After July 10, 2014

CIRSE Member	€ 675
Non-Member	€ 970
Resident* (CIRSE Member)	€ 475
Resident* (Non-Member)	€ 550
Nurse/Radiographer* (CIRSE Member)	€ 440
Nurse/Radiographer* (Non-Member)	€ 550
Undergraduate Student**	€ 0

* to be accompanied by a certificate signed by the Head of Department

** for undergraduate medical students. Students' registrations must be accompanied by a certificate or letter from the university, confirming the undergraduate medical student status and by a copy of a valid ID and a one-page CV.

Reduced registration fees for CIRSE 2014 are only available for members who have been in good standing during the years 2013 and 2014 (individuals who become CIRSE Members in 2014 will be able to benefit from reduced congress fees for the meeting in 2015).

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 offers all participants the possibility of taking out cancellation insurance with our partner, Europäische Reiseversicherung (see www.cirse.org). CIRSE will not provide refunds after a cancellation of registration. All requests for refund have to be issued to Europäische Reiseversicherung.

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

Additional information

All CIRSE 2014 registrants will be able to print out an invoice of the registration using their personal log-in details at www.cirse.org.

Invoices will be issued by:

CIRSE Congress Research Education GmbH,
Neutorgasse 9, 1010 Vienna, Austria

Further information on hotel booking and registration is available at www.cirse.org



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Destination Glasgow!



Tucked away in the north-western corner of Europe lies a hidden gem: vibrant and welcoming Glasgow. But all eyes will be on Glasgow in 2014 when the city becomes the stage for a host of international get-togethers, from the 2014 Commonwealth Games to CIRSE 2014!

Why Glasgow?

Not only does Glasgow boast the award-winning Scottish Exhibition and Conference Centre (the venue for CIRSE 2014), it has a proud history of science and technology. A hub of trans-Atlantic trade and ship-building expertise, the city's enthusiastic embrace of the Industrial Revolution made it one of the world's pre-eminent centres for chemicals, engineering and textiles. This passion lives on, and Glasgow forms part of Scotland's 'Silicone Glen', as well as boasting a large number of bio-technology and petro-chemical research facilities. With these and its many science and engineering museums, the city has rebranded itself a *City of Science*, thanks to a partnership of over 50 organisations.

Academic hub

The CIRSE Annual Meeting is devoted to the exchange of knowledge. This tradition is also part of Glasgow's heriage, which formed an important centre of the Scottish Enlightenment. Even now, Glasgow has the second largest student population in the UK, and its universities are internationally renowned as centres of learning and research.

Cultural gems

Glasgow's industrial and academic clout made it wealthy, and this wealth transformed the city, which has been recognised as one of the UK's top cities for architecture. Well-preserved Victorian sandstone buildings sit comfortably alongside the Art Nouveau works of Charles Rennie Mackintosh and the modern creations of architects such as Norman Foster.

Visitors can also enjoy Glasgow's many parks, museums and art galleries, most of which are open free of charge. Its unique and cosy character make it a hit with visitors, and the city's excellent track record in hosting major conferences mean that we can look forward to a congress to remember.

A city with character

Glasgow has a bustling, cosmopolitan character, and the urban regeneration schemes of the 1970s and 1980s have transformed it into a forward-thinking cultural melting pot, with a vibrant music scene, many stylish boutiques and art spaces, and a reputation for having the UK's best selection of vegetarian and vegan restaurants.

However it hasn't lost its Scottish soul, and the beautiful shores of Loch Lomond, the majesty of Stirling castle, and the heady scent of world-famous distilleries are just a short journey away. With three airports located nearby (Glasgow, Edinburgh and Glasgow Prestwick), getting there couldn't be easier.

At CIRSE 2014, Glasgow will once again be at the forefront of research and technology – be sure to join us for a congress to remember!

How to reach Glasgow

Glasgow is served by three airports close to the city which are Glasgow International Airport, Glasgow Prestwick Airport and Edinburgh Airport.

Glasgow International Airport is located about 13 kilometers west of the centre of Glasgow and the main direct long haul and transatlantic entry airport into Scotland. There is a daily service from New York (Newark) and twice-daily service to Dubai. Furthermore you will find shuttle flights between Heathrow and Gatwick as well as Amsterdam and Dusseldorf. For more information please visit www.glasgowairport.com

Glasgow Prestwick Airport is about 50 km south west of Glasgow and a major hub for Ryanair. For more information please visit www.glasgowprestwick.com

Edinburgh International Airport is approximately 60 km away and about 45 minutes drive. Several (low cost) carriers offer routes to and from Edinburgh that are not available from either Glasgow International or Prestwick. For more information please visit www.edinburghairport.com

A shuttle service between Edinburgh Airport and Glasgow city centre will be available. For more details please visit www.cirse.org



Transportation in and around Glasgow

CIRSE will offer a complimentary* Travel Pass which can be used on various methods of transport in and around the city including subway, bus, rail and ferry travel. The pass is issued in the form of a "Zone Card" and will cover the "All Zones" SPT

area. This allows the pass to be used throughout the city centre in Glasgow and beyond the city boundary as far North as Loch Lomond as far West as the Islands of Arran and Bute.

* complimentary for delegates with a full congress registration (scientific badges); only one ticket per person. Additional tickets are available for GBP 8.80 via KUONI. For more information please visit www.cirse.org

Accommodation

In cooperation with its travel partner Kuoni DMC, CIRSE has secured a great number of hotel rooms in Glasgow for the benefit of our congress participants.

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

Kuoni Destination Management UK

Contact: Mr John Cardie

Skypark, 14 Elliot Place

Glasgow G3 8EP | United Kingdom

Phone: +44 (0) 141 375 1394

Email: cirse2014@ch.kuoni.com

Individual bookings:

The hotels and rates offered overleaf can be used for individual bookings (up to and including 9 rooms) only. CIRSE supports compliance with ethical standards, and therefore emphasises that the participants shall bear any and all costs in this context themselves.

Online hotel reservation is now available at
<http://www.cirse.org/accommodation>.

Group Bookings (10 rooms and more):

Special booking conditions may apply. Please contact KUONI Destination Management UK via Email or phone.

CANCELLATION POLICY (Individual bookings)

Cancellations until July 13, 2014:

100% refund with a handling fee of £20 (GBP).

Cancellations between July 14, 2014 and August 3, 2014:

50% refund with a handling fee of £20 (GBP).

Cancellations received after August 3, 2014:

No refund can be made, 100% cancellation fee will apply on the full stay.

No shows: Your hotel room will be cancelled after first night of no show and the full amount of your stay will be charged automatically.

Early Departure: Guests will be charged in full for checking out prior to the departure date confirmed.

All cancellations and changes are to be addressed to Kuoni in writing.

Please note that accommodation for additional nights is strictly subject to the hotel's availability.

All necessary refunds will be made after the congress.

Kuoni shall act as a mediator only and cannot be held responsible for any loss incurred or any damage inflicted on persons or objectives irrespective of whatsoever cause. Only written agreements shall be valid. The place of jurisdiction shall be London.

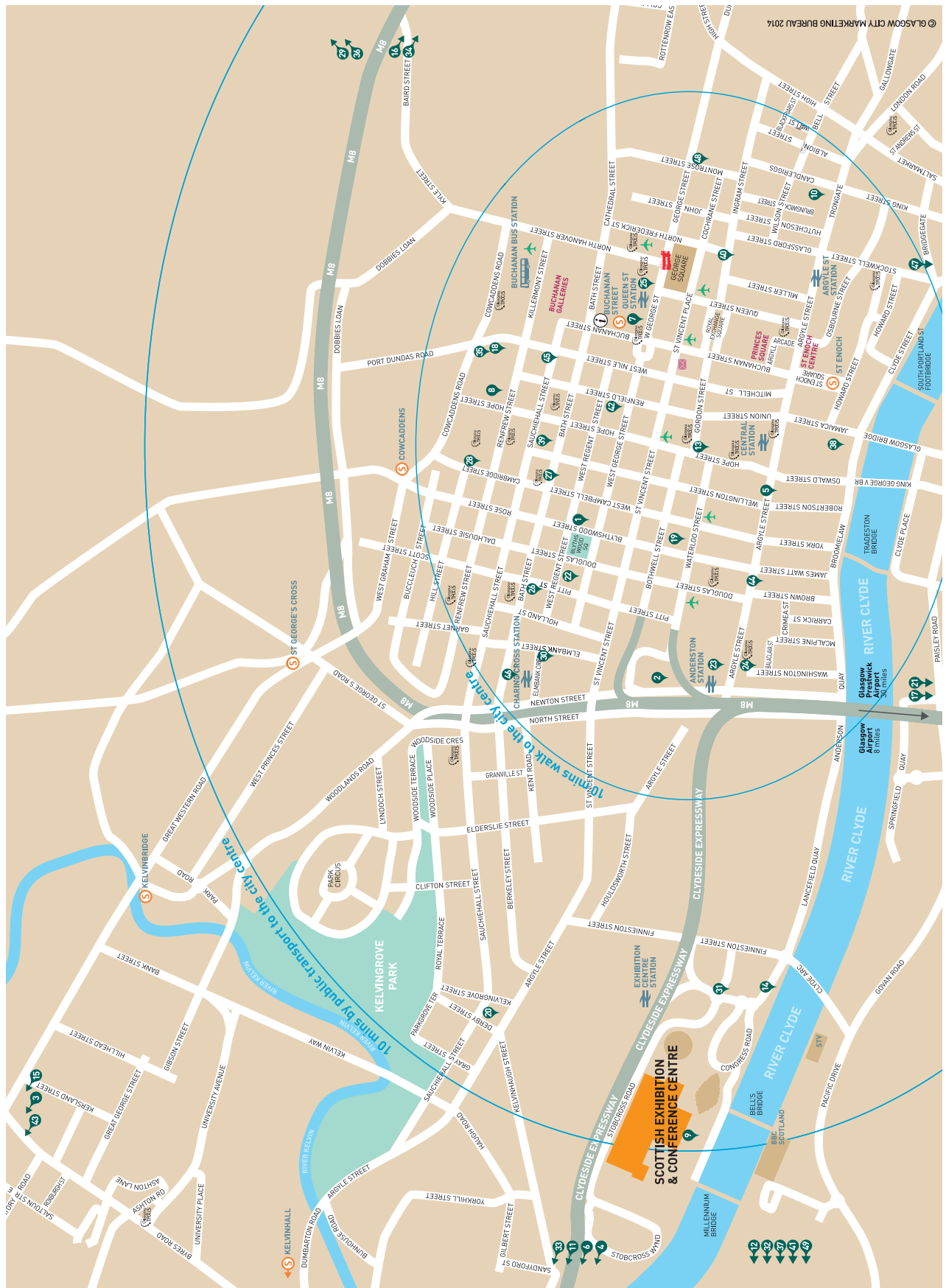
Hotel List CIRSE 2014 Glasgow

Hotel Name	Cat'	Single (£)*	Double (£)	Travel time	
				public transport	t a x i
1 Blythswood Hotel	5*	260	270	17 min.	7 min.
2 Hilton Glasgow (standard rooms)	5*	185	195	12 min.	5 min.
Hilton Glasgow (executive rooms)	5*	235	245	12 min.	5 min.
Hilton Glasgow (king deluxe rooms)	5*	235	245	12 min.	5 min.
3 Hotel Du Vin @ 1 devonshire gardens	5*	250	260	20 min.	12 min.
4 Mar Hall	5*	285	295	60 min.	20 min.
5 Radisson Blu	5*	190	200	15 min.	10 min.
6 Beardmore	4*	135	145	35 min.	20 min.
7 Carlton George	4*	210	220	20 min.	10 min.
8 Citizen M	4*	119	129	15 min.	10 min.
9 Crowne Plaza	4*	189	199	4 min. walk	
10 Fraser Suites	4*	160	180	15 min.	10 min.
11 Gleddoch House	4*	135	145	60 min.	25 min.
12 Glynhill Hotel	4*	120	170	50 min.	15 min.
Glynhill Hotel (executive rooms)	4*	140	200	50 min.	15 min.
Glynhill Hotel (Junior Suite)	4*	225	225	50 min.	15 min.
13 Grand Central	4*	185	195	8 min.	8 min.
Grand Central (Executive Rooms)	4*	220	230	8 min.	8 min.
14 Hilton Garden Inn	4*	159	172	4 min. walk	
15 Hilton Grosvenor (Standard Rooms)	4*	180	190	25 min.	10 min.
Hilton Grosvenor (Executive Rooms)	4*	210	220	25 min.	10 min.
16 Hilton Strathclyde	4*	120	130	60 min.	20 min.
17 Holiday Inn East Kilbride	4*	189	189	70 min.	25 min.
18 Holiday Inn Theatreland (Standard Rooms)	4*	189	219	20 min.	10 min.
Holiday Inn Theatreland (Executive Rooms)	4*	219	219	20 min.	10 min.
19 Indigo Hotel	4*	245	255	12 min.	6 min.
20 Lorne Hotel	4*	109	119	12 min.	6 min.
21 Macdonald Cruthersland House	4*	220	220	100 min.	35 min.
22 Malmaison (Standard Rooms)	4*	170	190	20 min.	10 min.
Malmaison (Superior Rooms)	4*	190	190	20 min.	10 min.
Malmaison (One Bedroom Suite)	4*	220	220	20 min.	10 min.
Malmaison (Duplex Suite)	4*	250	250	20 min.	10 min.
23 Marriott	4*	200	210	10 min.	6 min.
24 Menzies Hotel	4*	160	170	15 min.	10 min.
25 Millennium	4*	149	159	20 min.	10 min.
26 Novotel	4*	165	175	17 min.	8 min.
27 The Art House	4*	160	180	15 min.	10 min.
28 Thistle (Standard Rooms)	4*	185	200	20 min.	10 min.
Thistle (Executive Rooms)	4*	235	250	20 min.	10 min.
29 Westerwood	4*	110	130	75 min.	25 min.
30 Best Western City	3*	99	109	20 min.	10 min.
31 Campanile	3*	95	105	5 min. walk.	
32 Campanile Glasgow Airport	3*	95	105	40 min.	15 min.
33 Erskine Bridge Hotel	3*	74	79	35 min.	20 min.
34 Holiday Inn Express Strathclyde Park	3*	120	120	70 min.	20 min.
35 Holiday Inn Express Theatreland	3*	139	139	18 min.	10 min.
36 Halo Crowwood	3*	99	99	50 min.	20 min.
37 Holiday Inn Glasgow Airport	3*	120	120	60 min.	20 min.
38 Jurys Inn	3*	172	181	15 min.	6 min.
39 Marks Hotel (Standard Rooms)	3*	189	189	15 min.	10 min.
Marks Hotel (Executive Rooms)	3*	204	204	15 min.	10 min.
40 Mercure Glasgow City	3*	105	115	20 min.	10 min.
41 Normandy Hotel	3*	83	91	50 min.	20 min.
42 Park Inn By Radisson	3*	165	165	15 min.	10 min.
43 Pond Hotel	3*	115	125	20 min.	10 min.
44 Premier Inn Argyle Street	3*	125	135	11 min.	5 min.
45 Premier Inn Buchanan Galleries	3*	125	135	20 min.	10 min.
46 Premier Inn Charing Cross	3*	94	103	13 min.	5 min.
47 Premier Inn City Centre South	3*	125	135	25 min.	8 min.
48 Premier Inn George Square	3*	125	135	20 min.	10 min.
49 Ramada Glasgow Airport	3*	95	105	55 min.	20 min.

* Double Room Single Use

All Rates are in GBP (British Pound), per room, per night, including breakfast & taxes.

CIRSE in no way arranges or decides which kind of hospitality an industry partner offers to a participant nor does it influence the decision of an industry partner as to which hotel they book for (or for which hotel they reimburse the costs to) the participants in any way.



Make it simple Act safer*



MICROTHERMX
Microwave Ablation System

*Data on file

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