

Lisbon, Portugal
September 26-30
CIRSE 2015



PRELIMINARY PROGRAMME

ANNUAL MEETING AND POSTGRADUATE COURSE



Cardiovascular and Interventional Radiological Society of Europe

INNOVATION | EDUCATION | INTERVENTION

Facts & Figures CIRSE 2014:

6,432 Participants

78 Countries

1,275 Abstracts

250 Hours of Education

98 Exhibitors

5,800 m² of Technical Exhibition

572 Unique Live-Stream Viewers

www.cirse.org



30th ANNUAL MEETING AND POSTGRADUATE COURSE

Contents

General Information

2	Committees / Welcome Address
4	Excellence in Interventional Radiology
6	Dignitaries
58	General Information
59	Registration
61	Exhibitors
62	Destination Lisbon
65	Accommodation
67	City Map

Scientific Programme

16	Preliminary Faculty
20	Session Types and Main Themes
24	IDEAS
26	Venous Interventions
28	Multidisciplinary Expert Boards
29	Controversies in Arterial Intervention
30	Evidence Fora
32	Hot Topic Symposium – Paediatric IR
33	The X-Session
34	Radiographer Programme
35	CIRSE meets China
	Foldout Timetable
37	Hands-on Workshops
40	Programme

The Preliminary Programme CIRSE 2015

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

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Chairperson



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Committee Chairperson



Belarmino Gonçalves
CIRSE 2015 Local
Host Committee
SPC Representative

Dear Colleagues,

Once again, we find ourselves returning to Lisbon to celebrate the biggest IR event of the year. This year, however, we will have more than one event to celebrate: not only will CIRSE be launching the first Interdisciplinary Endovascular Aortic Symposium (IDEAS), but it will also be celebrating its 30th birthday, and we look forward to seeing a good turn-out of friends old and new.

Why Lisbon?

Previous annual meetings have shown that Lisbon is an ideal place to host a congress of this scale. Its popularity as a tourist destination makes it easily accessible, with multiple flights available daily, and provides us with ample hotel space and excellent transport facilities. The famed "City of Explorers" offers an inspiring venue for us to explore new scientific territories, and chart how far we've come in the last 30 years.

High-quality education

CIRSE places great emphasis on investing in high-quality educational and scientific programmes that offer true value to participants. The outstanding reviews of CIRSE 2014 underscore the wisdom and success of that approach. Over 91% of delegates indicated that the sessions on offer fully met their specified learning objectives – the highest rate ever achieved.

Introducing young practitioners to IR and encouraging them to hone their skills in the subspecialty is another major priority. The Fundamental Courses, which are targeted primarily at radiologists-in-training and new consultants, are clearly achieving that goal. Over 97% of delegates indicated that they learned from these sessions, and 95% deemed the information presented relevant to their practice needs.

Other specialised sessions also garnered impressive praise, with over 98% of participants characterising the two well-attended Evidence Fora, *Abdominal Aorta* and *Thoracic Aorta*, as valuable learning experiences.

Focus on aortic interventions

The evident interest in EVAR and TEVAR inspired the introduction of a new feature that will make its debut at CIRSE 2015: the Interdisciplinary Endovascular Aortic Symposium (IDEAS). A two-and-a-half-day stand-alone programme featuring 14 hours of targeted education, IDEAS will run in the same building as, and parallel to, the Annual Meeting. Delegates

who have registered for either event will be able to attend these specialised sessions and the CIRSE 2015 industry exhibition.

Scientific highlights

Interdisciplinary collaboration is an essential part of modern medical practice, and we are committed to welcoming practitioners from other specialties to our Annual Meetings. The Multidisciplinary Expert Boards, which draw on the collaborative tradition of tumour boards, feature stimulating interdisciplinary exchanges on commonly encountered challenges in the oncological and vascular fields.

Good practice can only be achieved – and maintained – by ongoing debate and critical evaluation. To this end, Hot Topic Symposia on both aortic intervention and paediatric interventions are planned, as are a number of *Controversies* sessions addressing radiation safety, arterial intervention and venous disease. To ensure that best practice is decided based on clinical data, the popular Evidence Fora will examine the use of peripheral angioplasty and drug-eluting devices.

Other programme highlights for CIRSE 2015 include four Venous Fora, tackling diverse aspects of venous interventions. The high turnout for 2014's session on DVT and PE suggests these will be particularly attractive to our delegates.

Our "CIRSE Meets..." session will host a delegation from China, and we look forward to learning how the discipline is developing in the Far East.

Celebrate 30 years of CIRSE!

CIRSE 2015 marks the organisation's 30th anniversary, and our celebrations will include a one-off event, the X-Session, presented by six former CIRSE presidents, who will recall important formative moments from their clinical careers, and reflect on how the field of IR has grown and progressed since their early involvement.

Lisbon offers a great opportunity to celebrate our diverse community and explore our growing specialty, and promises to be a congress to remember.

Come celebrate 30 years of excellence in IR with us in Lisbon!

Excellence in Interventional Radiology

CIRSE Gold Medallists

2015	J. Roesch
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

2015	R. Lencioni, K. Malagari, H.I. Manninen, G.-J. Teng
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

2015	G. Soulez
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. Roesch
1995	D.J. Allison
1994	E.P. Zeitler

Roesch Lecture

2015	J.A. Reekers
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. Roesch

Award of Excellence and Innovation in IR

2014	M.G.E.H. Lam, J.F.W. Nijssen, M.A.A.J. van den Bosch
2013	S. Lerouge, G. Soulez
2012	A. Bolia, J.A. Reekers

The Award of Excellence and Innovation in IR



Innovative Spirit

During CIRSE 2014, the R.W. Günther Foundation honoured the innovation of a multidisciplinary research team from Utrecht, the Netherlands, for their innovative work in developing Holmium-166 microspheres, the first radioactive microspheres that can be visualised *in vivo* on multimodal imaging.

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 2015.

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 28, 2015 to hofmann@cirse.org. For more information, please visit the CIRSE website.



Distinguished Fellow

Riccardo Lencioni

Riccardo Lencioni, Professor and Director of Diagnostic Imaging and Intervention at the Pisa University School of Medicine, Italy, is one of the world's foremost interventional oncology specialists, and is particularly well-known for his influential work on liver cancer.

In 1994, while still a radiology resident, Prof. Lencioni published the first European study on the combined use of chemoembolisation and ethanol injection for the treatment of hepatocellular carcinoma (HCC), in *Cardiovascular and Interventional Radiology*. This was followed one year later by his seminal work on prognostic factors for HCC patients treated with local ablation. The criteria for identifying long-term survivors, published in his 1995 paper in *Cancer*, were confirmed as the best outcome predictors for liver transplantation, and are currently accepted worldwide for defining early-stage HCC.

Prof. Lencioni has always been on the cutting edge of research in interventional oncology. He conducted the first randomised controlled trial on the use of radiofrequency ablation for HCC in 2003, and the first intention-to-treat analysis of long-term survival of treated patients in 2005. The results of these studies led to the recognition of image-guided ablation as the standard of care for non-surgical patients with early-stage HCC in international guidelines. Riccardo Lencioni also launched the first programme on RFA of lung tumours in Europe, culminating in the publication of the first international, multicentre trial on the topic in *The Lancet Oncology* in 2008.

With the advent of molecular-targeted agents in cancer treatment, Riccardo Lencioni has opened a new chapter in clinical research, focusing on investigating the potential synergies between these novel therapeutic options and interventional techniques. He was the principal investigator for the two largest multicentre randomised controlled trials assessing the clinical benefits of innovative regimens, including combinations of systemically-active drugs and loco-regional therapies. With more than 1,000 patients recruited at nearly 200 sites worldwide, these studies, both recently completed, represent the very first global clinical studies ever conducted in the field of interventional oncology.

Riccardo Lencioni was also part of the research group that showed, for the first time in medical history, that a genetically-engineered virus injected directly into a tumour via an image-guided percutaneous approach has the potential to improve survival in cancer patients, in a study published in *Nature Medicine* in 2013. He is also well-known for being the lead author of the modified RECIST criteria (mRECIST) for the evaluation of tumour response in HCC.

His scientific contributions have received considerable international recognition, including awards for the most-cited publications from the editors-in-chief of *European Radiology* and *Cardiovascular and Interventional Radiology*, for his ground-breaking papers on RFA of liver metastases and chemoembolisation with drug-eluting beads. He has been an honorary lecturer at several conferences, including at CIRSE 2009 and ECIO 2014.

Prof. Lencioni is actively involved with numerous scientific societies and organisations, including CIRSE, SIR, EAR, ECR, RSNA, WCIO, ESGAR, ILCA and SIRM. He has held numerous offices within CIRSE, including as Chairman of the Standards of Practice Committee, Chairman of the Membership Committee, and ECIO Programme Committee Chairman from 2008 to 2013. He currently serves as Chairman of the WCIO. In 2007, he co-founded the International Liver Cancer Association, of which he is the Executive Secretary.

In addition, Riccardo Lencioni has authored 182 articles in peer-reviewed, international journals indexed in PubMed, as well as numerous chapters in textbooks on interventional radiology, gastroenterology, oncology and surgery. He has also served as editor of nine books, including the landmark volume "Embolization Therapy: Principles and Clinical Applications", published in 2015. According to the SCOPUS database, his publications have been cited in international scientific literature over 13,000 times, amounting to an *h*-index of 53.

CIRSE Opening and Awards Ceremony
Riccardo Lencioni will be awarded on

Saturday, September 26, 14:30-16:00

Distinguished Fellow

Katerina Malagari



Katerina Malagari is an associate professor of radiology in the IR division of the Department of Radiology at the University of Athens, in Greece. She pursued her undergraduate studies at the university's medical school. Dr. Malagari also completed her residency in radiology in Athens, and was board certified in 1990. Two years later, she obtained her Ph.D. from the University of Athens.

Dr. Malagari completed various fellowships, including one in Chest at the University of Alabama at Birmingham, and a fellowship in interventional radiology at the University of Athens. She obtained her EBIR certification in 2010.

Her clinical and research interests centre on embolisation, with a special focus on interventional oncology. She is currently part of Prof. Dimitris Kelekis's research team, working with Dr. Mary Pomoni at Evgenidion Hospital and Attikon University Hospital, which is chaired by Dr. Nikolaos Kelekis. She also actively contributes to efforts to develop scientific protocols for research in interventional oncology, and is part of the National Referral Centre for Liver Diseases and Hepatocellular Carcinoma of Greece.

An editorial board member of CVIR, Dr. Malagari is also an active reviewer for various other scientific journals, including *Hepatology*, *Hepatogastroenterology*, *European Radiology*, *Chest* and *European Respiratory Journal*. She has also contributed to sixteen books, distributed both in Greece and internationally, and has published 107 articles in peer-reviewed journals.

Her publications focus on chemoembolisation of HCC, with recent articles assessing the response of HCC to transarterial chemoembolisation with mRECIST criteria and contrast-enhanced US, the safety and efficacy of chemoembolisation of HCC with Hepasphere 30-60 μm , and chemoembolisation with doxorubicin-eluting beads for unresectable HCC.

Dr. Malagari is an active member of various multidisciplinary committees and of several international societies, including CIRSE, SIR, the American Roentgen Ray Society, and the European Society of Thoracic Imaging, serving as President of the latter's Annual Meeting in 2007. She contributed to CIRSE's quality assurance guidelines for the endovascular treatment of occlusive lesions of the subclavian and innominate arteries, served on the Scientific Programme Committee for ECIO 2013, and has given numerous presentations at CIRSE Annual Meetings and ECIO and GEST conferences.

Her work has been recognised with the Best Scientific Paper award at ESTI 2005. She was also part of the team awarded the CVIR's Editor's Medal in 2012.

CIRSE Opening and Awards Ceremony

Katerina Malagari will be awarded on

Saturday, September 26, 14:30-16:00



Distinguished Fellow

Hannu I. Manninen

Hannu Manninen graduated high school in Hankasalmi, Finland. He completed his M.Sc. degree in medical physics and his M.D. degree at the University of Kuopio in 1980. He finalised his thesis in diagnostic radiology in 1985 and completed his residency in Kuopio University Hospital in 1987. He was appointed head of the 1st Department of Radiology at Kuopio University Hospital in 1989. In 2004, he was both promoted to chairman of the entire radiology clinic, and became Professor of Interventional Radiology at the University of Eastern Finland.

His main clinical expertise is in cardiovascular imaging and a wide range of interventional radiology. He began performing coronary and general vascular interventions in the late 1980s and now predominantly performs aortic and neuroradiological interventions.

Professor Manninen is the author or co-author of more than 150 peer-reviewed original publications and he has written 20 reviews or book chapters, mainly focused on cardiovascular imaging and interventional radiology. For more than 25 years, his main areas of scientific interest have been endovascular therapies for peripheral ASO, including pioneering prospective studies of infrapopliteal PTA and gene therapy. He has been the principal investigator in two prospective randomised trials, comparing hysterectomy with endovascular embolisation of uterine leiomyomas and evaluating the placement of drug-eluting stents with bypass surgery for treatment of femoropopliteal ASO. Recently he has also focused on aortic interventions and novel techniques for treatment of intracranial aneurysms and acute stroke. He has been the principal supervisor in nine completed theses and has been a reviewer of eight theses in several Finnish universities.

He was a member of Editorial Board of *European Radiology* from 2002-2007, *Acta Radiologica* in 2004, and *Cardiovascular and Interventional Radiology* since 2008.

Professor Manninen's committee appointments include membership of the Board of Administration of the Radiological Society of Finland from 1996-1998, Vice-President from 2001-2003 and President from 2004-2005. He has also been an administrative member of the Finnish Medical Society Duodecim from 1995-1997 and the Finnish Society of Angiology from 1995-2002. He was a member of the Council of Medical Faculty of Kuopio University from 2001-2003 and a president of Finnish Society of Interventional Radiology from 1997-1998. Professor Manninen is also EBIR-certified and a CIRSE Fellow. He was the local chairman of the first advanced ESIR course on vascular interventions, held in Kuopio in 2008, and since 1996, has organised ten national meetings in Kuopio University Hospital focusing on vascular imaging and interventions, including lectures and live cases transmitted from angio-suites and operating theatres. He has also held numerous hands-on training sessions using pig models for small groups of young interventional radiologists in the National Laboratory Animal Center in the University of Eastern Finland.

Professor Manninen is married to Pirjo, who is a specialist in occupational medicine, and they have two adult children, Otto and Elina. In his free time, he enjoys an outdoor life, which includes gardening together with Pirjo as well as forestry in his small forest estate. During the summer, he practices rowing at Lake Kallavesi and during the long snowy winter of Kuopio, cross-country as well as off-track skiing. His passion for saunas exceeds even Finnish norms and he daily warms up one of the four saunas of his house or summer cottage.

CIRSE Opening and Awards Ceremony

Hannu I. Manninen will be awarded on

Saturday, September 26, 14:30-16:00



Distinguished Fellow

Gao-Jun Teng

Dr. Gao-Jun Teng is a professor and the Chair of Radiology and Vascular Surgery at Zhongda Hospital, Southeast University in Nanjing, China.

Dr. Teng graduated from medical school in 1982, and completed his radiology residency and interventional radiology fellowship training in 1986 and 1987 respectively. His strong research interests led him to complete his MSc and PhD degrees soon after. From July 1995 to March 1998, he was a research fellow at the Division of Interventional Radiology at the Dartmouth-Hitchcock Medical Centre, under Dr. Michael Bettmann's mentorship.

At the time of Dr. Teng's residency, interventional radiology had only just been introduced to China. After a mini-fellowship with Dr. Zhijiang Liu, one of the nationally recognised pioneers, Dr. Teng decided to pursue a career as an interventional radiologist in 1987. As the first interventional radiologist at Zhongda Hospital of Southeast University, he began his IR career with interventional oncology. In addition to the interventional oncological procedures, he performed many "first interventional procedures" at Zhongda Hospital, including transcatheter embolisation for gastroenteral bleeding and haemoptysis, PTA/stenting for renal arterial stenosis, treatment of Budd-Chiari syndrome, TIPS, percutaneous dissection, percutaneous vertebroplasty, stent grafting for AAA and aortic dissection, IVC filter placement, and RF, cryo- and microwave ablation of tumours.

During his career, Dr. Teng has developed several new techniques and devices, including a unique radioactive stent system for oesophageal carcinoma and biliary tract malignancies, respectively, with a phase 3 trial published in *Lancet Oncology*, and a new spiral automated lumbar nucleotome that has been used to treat thousands of patients in China. As a research fellow in Dartmouth-Hitchcock Medical Centre, Dr. Teng was involved in the mechanism study of TIPS restenosis. They verified the role of bile leak in TIPS restenosis, which contributed to the theory of successful use of a covered stent in TIPS. As a radiologist, Dr. Teng has also been involved in many diagnostic radiology research fields, especially in MR molecular imaging and fMRI.

To optimise patient safety and clinical practice, Dr. Teng created a dedicated interventional radiology in-patient floor in the 1990s. He merged vascular surgery into his interventional radiology unit in 2000s. This new practice has since become one of the standard models of IR practice.

Dr. Teng is an active researcher. He has authored or co-authored more than 300 publications featured in *Lancet Oncology*, *PNAS*, *Radiology*, *Journal of Hepatology*, *Diabetes*, *CVIR*, *JVIR*, etc. as well as 10 Chinese book chapters. He has delivered hundreds of lectures and scientific presentations nationally and internationally. He has also hosted many Chinese scientific conferences, and was co-chairman of the *CIRSE meets China* session at the CIRSE 2007 annual meeting. Over the last decade, Dr. Teng has served as editor and associate editor for many journals, including *CVIR* and *Chinese JVIR*.

Over the past two decades, he has mentored over 60 MSc and 30 PhD candidates, many of whom have since become local or national leaders in the field of interventional and diagnostic radiology. As dean of a medical school, he has taught hundreds of medical school students, and more than 100 residents and fellows in his department.

Since 1998, Dr. Teng has held the position of Chairman of Radiology at Zhongda Hospital of Southeast University, Nanjing, China. He was the dean of the Medical School of Southeast University from 1999 to 2014. Since the beginning of 2015, he has been President of Zhongda Hospital.

Dr. Teng was President of the Chinese Society of Interventional Radiology (CSIR) during the term 2009-2011, and is currently the vice-president of the Chinese Society of Radiology, and president-elect of the Asia-Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR) for the term 2014-2016. Dr. Teng has been a fellow of SIR (FSIR) since 2008 and a fellow of CIRSE since 2013.

CIRSE Opening and Awards Ceremony

Gao-Jun Teng will be awarded on

Saturday, September 26, 14:30-16:00



CIRSE

Josef Roesch
Gold Medallist
2015



Gold Medallist

Josef Roesch

Josef Roesch, Professor of Interventional Radiology at the Dotter Interventional Institute of Oregon Health & Science University (OHSU), in Portland, Oregon was born in Pilsen, Czechoslovakia (today the Czech Republic) in 1925. He earned his medical degree at Charles University in Prague in 1950, then completed his radiologic training at the Central Military Hospital in Prague, where he worked until 1967. Dr. Roesch began his angiographic career with transperietal splenoportography in 1954, later adding visceral angiography. While in Prague, he wrote two monographs: *Transperietal Splenoportography* and *Radiology of Spleen and Pancreas*. The latter became a prime teaching book, and was translated into four languages. He became Doctor of Medical Sciences at Charles University in Prague in 1965, and Docent in 1966.

In 1967, Dr. Roesch moved to the USA following an invitation from Dr. Charles Dotter. Aside from a two-year visiting professorship at UCLA, he has worked at OHSU ever since. At OHSU, he served as Chief of Cardiovascular Radiology and, in the late 1980s, was instrumental in establishing the Dotter Interventional Institute, of which he was the Founding Director until 1993. Dr. Roesch retired from clinical practice in 1995, and has since focused on research and education.

His research has covered diverse aspects of vascular and interventional radiology, from super-selective catheterisation techniques, visceral angiography and transjugular liver procedures to coronary angiography, local thrombolysis, fallopian tube recanalisation and expandable stents. An innovator in his field, Dr. Roesch developed the TIPS techniques in 1969, and introduced embolisation of gastrointestinal haemorrhage in 1972. In the 1980s, his research focused on the use of endoluminal prostheses, including their use in TIPS. His work helped introduce TIPS to clinical practice. In the 1990s, he worked on the wide popularisation of TIPS, and, with his research team, focused on improving the TIPS technique. Their experimental work on covered stents contributed to the wide clinical expansion and durability of the TIPS procedures.

A prolific writer, Dr. Roesch has authored or co-authored 493 scientific papers and book chapters, two books, and 23 scientific exhibits; contributed to 17 teaching films/videos and CDs; and served as co-editor of two books. Dr. Roesch has

also been very involved in providing interventional education and training using advanced technology. In addition, he has been active in organising national and international symposia, and served as the chairman of twelve conferences held in Portland and Prague.

Roesch is a fellow of both CIRSE and SIR, an honorary fellow of the ACR, a member of the RSNA and the American Heart Association, and an honorary member of the Royal Belgian Radiological Society, the British Institute of Radiology, the Japanese Radiologic Society, the Czech Radiological Society and the Czech Society of Hepatology.

His work has been recognised with many awards, including gold medals from the European Association of Radiology in 1991, the Japanese Society of Cardiovascular and Interventional Radiology in 1994, SIR in 1997 and the Western Angiographic and Interventional Society in 2000. In addition, he was asked to present CIRSE's Andreas Gruentzig Lecture in 1996, and was awarded lifetime achievement awards from CIRSE and the Czech Radiological Society in 1999, the same year he also received the AHA Distinguished Achievement Award. Dr. Roesch has also been awarded medals from Osaka City University, the Medal Ville de Toulouse, the 650 Year Charles University Anniversary Medal, and a medal from the Scientific Committee of the European Association for the Study of the Liver, in recognition of his life-long work in hepatology and gastroenterology. He also received the Discovery Award from the Medical Research Foundation of Oregon, the Golden Apple and Angie awards from the Western Angiographic Society, first scientific prizes at three International Congresses of Radiology, and has won several awards for scientific exhibits at RSNA, including two Magna Cum Laude awards. In addition, Roesch received a Distinguished Scientist Award from the AHA in 2004, and the SIR Foundation Leaders in Innovation Award in 2006.

The OHSU established a research professorship, the Josef Roesch Chair of Interventional Radiology Research, in his honour. In addition, both CIRSE and the Society of Interventional Radiology of the Czech Republic have honoured Dr. Roesch with eponymous lectures bearing his name at their annual meetings.

CIRSE Opening and Awards Ceremony

Josef Roesch will be awarded on

Saturday, September 26, 14:30-16:00

Interdisciplinary
Endovascular
Aortic Symposium

IDEAS

2 0 1 5

September 27 - 29

Lisbon / Portugal

Aortic interventions require an interdisciplinary approach and strong teamwork. To reflect this, IDEAS brings together noted interventional radiologists, vascular surgeons, cardiologists and anaesthesiologists for 2.5 days of scientific education.

JOIN US AS WE EXPLORE A VARIETY OF KEY TOPICS IN EVAR AND TEVAR, INCLUDING:

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Cardiovascular and Interventional Radiological Society of Europe



Gruentzig Lecturer

Gilles Soulez

Dr. Gilles Soulez is a vascular and interventional radiologist based in Montreal. He is currently Professor of Radiology and Chair of the Department of Radiology, Radio-oncology and Nuclear Medicine at the University of Montreal.

A French citizen by birth, Dr. Soulez completed his medical studies at the René Descartes University, Paris. He was board certified in radiology in 1988 (Paris). After a two-year fellowship in Paris, he received certification from the College of Interventional Radiology in 1990 (Paris). He moved to Montreal in 1991, certified as a radiologist in the province of Quebec in 1992 and continued his work and studies at the University of Montreal, achieving an MSc in Clinical Epidemiology in 2000 and became radiology board certified at the Royal College of Canada in 2010.

Since arriving in Canada, he has remained at the University of Montreal, being promoted to full professor in the Department of Radiology in 2003, and becoming the department's chair in June 2012. He has mentored many students in the last 20 years, including residents, fellows, graduate and post-doctoral students, as well as involving himself in undergraduate training.

He has funded the Research Imaging Platform at the Centre Hospitalier de l'Université de Montréal Research Center and was involved in multiple preclinical and clinical research studies. His research programme is exclusively dedicated to vascular and interventional radiology, with a particular interest in the field of aneurysm endovascular repair, peripheral vascular disease and advanced image guidance for IR procedures. His research is funded by the Canadian Institute of Health Research, Fonds de la Recherche en Santé du Québec, Canadian Foundation for Innovation, the Natural Sciences and Engineering Research Council of Canada and the medical industry. He is also granted by a National Scientist Award from the Fonds de la Recherche en Santé du Québec since 2010.

Dr. Soulez has published 155 peer-reviewed papers, 26 book chapters, 342 scientific abstracts and has delivered over 136 invited presentations at conferences in North America and Europe. He is author or co-author on 9 patents in the field of vascular and interventional radiology. He was honoured by the Société Canadienne Française de Radiologie with the prize of Innovation (2008) and prize Bernadette Nogrody (1997) and by CIRSE in 2013, together with his colleague Dr. Sophie Lerouge, with the Award of Excellence and Innovation in Interventional Radiology. He has received multiple prizes for the quality of his publications at the Radiological Society of North America, the International Society of Endovascular Therapy, the Society of Interventional Radiology, Société Française de Radiologie, Société Canadienne Française de Radiologie and the Controversies and Updates in Vascular Surgery meeting.

He serves on the evaluation committee of both the Clinical Research Program and the Clinical Scholarship Program of the Fonds de la Recherche du Québec en Santé, as well as being a member of the board of the Quebec Bio-Imaging Network.

He serves on the editorial committee of the *Journal de Radiologie Diagnostique et Interventionnelle*, as well as acting as a reviewer for many English-language journals, including *Investigative Radiology*, *European Radiology*, the *American Journal of Radiology*, *British Journal of Surgery*, the *European Journal of Gastroenterology*, the *Canadian Association of Radiologists*, *Cardiovascular and Interventional Radiology*, the *Journal of Vascular and Interventional Radiology*, the *Journal of Endovascular Therapy* and *Medical Physics*.

Andreas Gruentzig Lecture

Advanced image modelling of abdominal aortic aneurysm: impact on EVAR management

Sunday, September 27, 14:30-15:00

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Roesch Lecturer

Jim A. Reekers

Jim Reekers completed his undergraduate medical training at the University of Amsterdam. Inspired by the work of Charles Dotter, he developed a special interest in interventional radiology, and gained board certification in radiology in 1986. After a short fellowship with Professor Allison in London, he was appointed as staff radiologist at the Academic Medical Center, University of Amsterdam, that same year.

Interventional radiology was still a young discipline at the time. Dr. Reekers showed great initiative and commitment, and studied the specialty by travelling around Europe, visiting and learning from the famous IR innovators of the day. Publishing his Ph.D. thesis on 'New interventional techniques' in 1994, he went on to be appointed Professor of Radiology and Interventional Radiology at the University of Amsterdam in 1999.

Professor Reekers has been at the forefront of the IR discipline in many different ways throughout his career: as an active promoter of interventional techniques worldwide, as a teacher and lecturer, and as an inventor of new interventional tools. He invented the Hydrolyser catheter, the Optease filter and, most recently, the Reekross catheter. His most recent research is in the field of perfusion angiography, a new imaging tool he developed for functional imaging of the feet of patients suffering from CLI. He is a pioneer of subintimal angioplasty. Much to his regret, however, his name for this new technique (percutaneous intentional extraluminal recanalisation, or PIER) has not been widely adopted.

A key opinion leader in the field, he played a leading role in securing the recognition of interventional radiology as a medical subspecialty of radiology by the UEMS. Professor Reekers is also known for his efforts to introduce evidence-based medicine and good clinical trials into IR, and has been the primary investigator for several randomised trials in the field, including the recent EMMY trial on UFE.

Strongly committed to teaching and communication, Professor Reekers wrote a successful book on 'Presenting at Medical Meetings'. In addition, he has actively trained many young interventional radiologists in the Netherlands, and more than 20 doctoral theses on IR were written under his mentorship as academic professor.

Professor Reekers acquired the EBIR in 2010, and is a fellow of CIRSE. His long-time involvement with the society culminated in his presidency from 2007 to 2009. He is also a fellow of the Society of Interventional Radiology, and is a member of the European Society of Vascular and Endovascular Surgery, the NVvR (Dutch Society of Radiology), and the NGIR (Dutch Society of Interventional Radiology), of which he was president between 1998 and 2010.

His publications comprise more than 200 peer-reviewed papers and over 30 book chapters. Professor Reekers also served on the editorial board of the *European Journal of Vascular and Endovascular Surgery* from 2001 to 2008, and is currently on the editorial board of CVIR. In addition, he has presented more than 250 invited international lectures, including the honorary lecture at the Friedrich Olbert Interventional Workshop in 2007, and the SIR's 2008 Dotter Lecture.

Further awards include the European Congress of Radiology Medal for best presentation (1993), the Stauffer Award from the Society of Academic Radiology for best clinical paper (1996), as well as honorary fellowships of both the British Society of Interventional Radiology and the UK and Irish Society of Vascular Surgery.

The many positions Professor Reekers holds keep him busily working for IR. When he does have spare time, he likes to give expression to his creativity, especially through writing, painting and music.

Josef Roesch Lecture CLI beyond pipe fitting

Tuesday, September 29, 14:30-15:00

Preliminary Faculty

as per printing date – subject to change

Adam, A. *	London/UK	Chabrot, P.	Clermont-Ferrand/FR
Åkesson, M.	Malmö/SE	Chalmers, N. *	Manchester/UK
Akhan, O.	Ankara/TR	Chavan, A.	Oldenburg/DE
Al-Kutoubi, A.M.	Beirut/LB	Cillo U.	Padua/IT
Almeida, P.A.M.S.	Viseu/PT	Cleveland, T.J.	Sheffield/UK
Andersson, T.	Kortrijk/BE	Coimbra, É.	Lisbon/PT
Andrašina, T.	Brno/CZ	Crocetti, L. *	Pisa/IT
Antonietti, A. *	Cuneo/IT	Dake, M.D.	Stanford, CA/US
Arai, Y.	Tokyo/JP	Das, M.	Maastricht/NL
Ayuso, C.	Barcelona/ES	de Baère, T. *	Villejuif/FR
Bale, R.	Innsbruck/AT	de Graaf, R.	Maastricht/NL
Banerjee, S.	London/UK	de Gregorio, M.A. *	Zaragoza/ES
Barnacle, A.M.	London/UK	de Haan, M.W. *	Maastricht/NL
Bartal, G.	Kfar-Saba/IL	Defreyne, L.	Ghent/BE
Basile, A. *	Catania/IT	Denys, A. *	Lausanne/CH
Becquemin, J.-P.	Créteil/FR	Deschamps, F. *	Villejuif/FR
Benenati, J.F.	Miami, FL/US	Ducasse, E.	Bordeaux/FR
Bérczi, V. *	Budapest/HU	Düx, M. *	Frankfurt/DE
Beregi, J.-P.	Nîmes/FR	Efstathopoulos, E.P.	Athens/GR
Bezzi, M. *	Rome/IT	Engelhorn, T.	Erlangen/DE
Bicknell C.	London/UK	England, A.	Salford/UK
Bilbao, J.I. *	Pamplona/ES	Fanelli, F. *	Rome/IT
Bilhim, T. *	Lisbon/PT	Ferro, C. *	Genoa/IT
Binkert, C.A. *	Winterthur/CH	Filippiadis, D.K. *	Athens/GR
Bize, P.E. *	Lausanne/CH	Fohlen, A.	Caen/FR
Black, S.	London/UK	Franchi-Abella, S.	Le Kremlin Bicetre/FR
Boatta, E.	Rome/IT	Funovics, M.A. *	Vienna/AT
Böckler, D.	Heidelberg/DE	Gál, G.	Odense/DK
Bonafé, A.	Montpellier/FR	Gandini, R.	Rome/IT
Bratby, M.	Oxford/UK	Gangi, A. *	Strasbourg/FR
Breen, D.J.	Southampton/UK	Garnon, J.	Strasbourg/FR
Brennan, P.	Dublin/IE	Gaubert, J.-Y.	Marseille/FR
Brisbois, D.A.	Liège/BE	Gebauer, B.	Berlin/DE
Brookes, J.A.	London/UK	Georgiades, C.S.	Nicosia/CY
Brountzos, E. *	Athens/GR	Geschwind, J.-F.H.	Baltimore, MD/US
Bruix, J.	Barcelona/ES	Gibbs, R.G.J.	London/UK
Buecker, A. *	Homburg/DE	Gillams, A. *	London/UK
Burgmans, M.C.	Leiden/NL	Giroux, M.-F.	Montreal/CA
Buy, X.	Bordeaux/FR	Glynos, M.K.	Athens/GR
Cahill, A.M.	Philadelphia, PA/US	Goffette, P.P. *	Brussels/BE
Callstrom, M.R.	Rochester, MN/US	Goh, G.S. *	Melbourne/AU
Cao, P.	Rome/IT	Goldberg, N.	Jerusalem/IL
Carnevale, F.C.	São Paulo/BR	Golzarian, J.	Minneapolis, MN/US
Cejna, M. *	Feldkirch/AT	Gonçalves, B.	Porto/PT
Cekirge, S.	Ankara/TR	Gould, R.	Belfast/UK
Černá, M. *	Olomouc/CZ	Grasso, R.F.	Rome/IT

Grunwald, I.Q.	Oxford/UK	Loose, R.W.	Nuremberg/DE
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Hamady, M.S. *	London/UK	Machan, L.	Vancouver/CA
Haulon, S.	Lille/FR	Madureira, A.M.	Porto/PT
Hausegger, K.A. *	Klagenfurt/AT	Mahnken, A.H. *	Marburg/DE
Hechelhammer, L. *	St. Gallen/CH	Malagari, K. *	Athens/GR
Helmberger, T.K. *	Munich/DE	Maleux, G.A. *	Leuven/BE
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Hohl, C. *	Siegen/DE	Mani, K.	Uppsala/SE
Huppert, P.E.	Darmstadt/DE	Manninen, H.I. *	Kuopio/FI
Irani, F.G.	Singapore/SG	Manzi, M.G.	Abano Terme/IT
Itkin, M.	Philadelphia, PA/US	Martínez de la Cuesta, A.	Pamplona/ES
Jackson, J.E. *	London/UK	Mastracci, T.M.	London/UK
Jargiełło, T.	Lublin/PL	Mazzaferro, V.	Milan/IT
Jaschke, W. *	Innsbruck/AT	Mc Fadden, S.	Belfast/UK
Jenkins, M.P.	London/UK	McBride, K.D.	Dunfermline/UK
Jiang, W.-J.	Beijing/CN	McCrone, P.	London/UK
Kamper, L.	Wuppertal/DE	McPherson, S.J. *	Leeds/UK
Karnabatidis, D. *	Patras/GR	McWilliams, R.G. *	Liverpool/UK
Katoh, M.	Krefeld/DE	Michel, P.	Lausanne/CH
Katsanos, K.N. *	London/UK	Minko, P.	Homburg/DE
Katzen, B.T.	Miami, FL/US	Monteiro, M.P.	Porto/PT
Kaufman, J.A.	Portland, OR/US	Morgan, R.A. *	London/UK
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Kelekis, A.D. *	Athens/GR	Mühlenbruch, G.	Würselen/DE
Kenny, L.M.	Brisbane/AU	Müller-Hülsbeck, S. *	Flensburg/DE
Kessel, D.O. *	Leeds/UK	Muto, M.	Naples/IT
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Krajina, A. *	Hradec Králové/CZ	Oguzkurt, L. *	Istanbul/TR
Krishnan, P.	New York, NY/US	Orsi, F. *	Milan/IT
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Laasch, H.-U.	Manchester/UK	Palena, L.M.	Abano Terme/IT
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Lee, M.J. *	Dublin/IE	Park, S.J.	Incheon/KR
Lencioni, R. *	Pisa/IT	Parodi, J.C.	Buenos Aires/AR
Liapis, C.D.	Athens/GR	Patel, J.V. *	Leeds/UK
Loewe, C.M.	Vienna/AT	Patel, R.	Oxford/UK
Lohle, P.N.M.	Tilburg/NL	Paulo, G.	Coimbra/PT
Lönn, L.B. *	Copenhagen/DK	Pelage, J.-P.	Caen/FR

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Roos, Y.B.W.E.M.	Amsterdam/NL	van Lienden, K.P.	Amsterdam/NL
Rosales Sueiro, M.	Porto/PT	van Overhagen, H. *	The Hague/NL
Rousseau, H.	Toulouse/FR	van Strijen, M.J.L.	Nieuwegein/NL
Ruffino, M.A.	Turin/IT	Vano, E.	Madrid/ES
Ryan, A.G.	Waterford City/IE	Veith, F.J.	New York, NY/US
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ESIR 2015

Courses

European School of Interventional Radiology

Fundamental Courses

Recent structural changes have proved immensely popular, so fundamental courses will continue to cater to doctors who are beginning their IR career, or would like to refresh or broaden their existing portfolios. Lectures will cover both theory and clinical application, with ample time devoted to hands-on learning. The course content is specifically tailored to reflect the priorities and goals outlined in the European Curriculum and Syllabus for Interventional Radiology.

TIPS and Portal Venous Disease

Rome (IT), June 5-6, 2015 | *Sapienza University of Rome*

Arterial Problems in Obstetrics and Gynaecology

Flensburg (DE), June 12-13, 2015 | *DIAKO Flensburg*

DVT & Pulmonary Embolus

Dublin (IE), November 27-28, 2015 | *Royal College of Surgeons in Ireland*

Expert Courses

Expert courses are specially designed for experienced practitioners already familiar with the topic's theoretical aspects and the relevant literature. Distinguished faculty members guide these sessions, but considerable emphasis is also placed on facilitating exchanges amongst participants. Sessions include a variety of practical exercises, while lecture times are limited and primarily focus on outlining specific "Tips & Tricks".

Critical Limb Ischaemia – Diagnosis, Treatment and Parameters for Success

Amsterdam (NL), October 16-17, 2015 | *Academic Medical Center*

Prostate Embolisation

Milan (IT), October 29-30, 2015 | *AIMS Academy*

Effective Hepatocellular Carcinoma (HCC) Treatments – Advanced Local Therapies

Lausanne (CH), November 13-14, 2015 | *CHUV Lausanne*

The Future of Image-Guided Tumour Ablation – Targeting Techniques and High-End Clinical Strategies

Innsbruck (AT), December 11-12, 2015 | *LKH Innsbruck*

For more information, please visit www.cirse.org/esir2015

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.

Aortic Round Tables

The Aortic Round Tables feature a new session format that facilitates addressing important aspects of aortic interventions in an informal setting. Key opinion leaders will outline their views regarding select "hot topics", and then engage in lively discussions thereof with both their fellow speakers and the audience.

"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 35.*

Evidence Fora

Evidence Fora 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.

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.

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.

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 37-39.*

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.

Interactive Case Sessions

CIRSE's Interactive Case Sessions are divided into several topics. After experts 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.

Lecture Sessions

Lecture Sessions feature targeted presentations addressing diverse issues in minimally invasive aortic aneurysm repair. Each session concludes with a lively debate of the particular topic's most controversial aspects.

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.

Multidisciplinary Expert Boards

With modern medical practice increasingly specialised, it is becoming ever more important for physicians from different specialties to share their respective perspectives and together devise the best treatment plans for individual patients. Drawing on the collaborative tradition of tumour boards, the Multidisciplinary Expert Boards feature stimulating interdisciplinary exchanges on commonly-encountered challenges in the oncological and vascular fields.

Satellite Symposia

Satellite Symposia are organised by 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.

The X-Session

This session is a one-time feature held in honour of CIRSE's 30th anniversary. Six past CIRSE presidents will share anecdotes about seminal moments in their career that shaped their approach to interventional radiology. These may involve an unusual encounter, a particularly intriguing case, or an unexpected development or outcome. Each speaker will conclude their presentation by outlining their own personal advice for the audience.

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.

How to navigate the scientific programme

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.

INTERVENTIONAL ONCOLOGY

As an exciting and dynamic field of IR, interventional oncology forms an integral part of the CIRSE programme. A new feature this year, the Multidisciplinary Expert Board, will discuss the treatment of hepatocellular carcinoma, showing how experts perform a critical appraisal of clinical, laboratory and imaging data to develop a personalised, multidisciplinary treatment strategy.

HCC will be further explored in a number of Special Sessions, including one devoted to liver transplantation. Malignancies of other organs, such as the kidney, lungs and pancreas, will also be explored, as will palliation strategies. Alongside a number of case-based discussion workshops, participants can partake of active learning at the Interactive Case Session on difficult and unusual tumour ablations.

IR MANAGEMENT

Clinical engagement is an important feature of modern IR, and patient safety and quality assurance are essential considerations for any clinician. The IR Management track at CIRSE 2015 will help participants to improve their understanding of these issues, and to enhance their own practice.

Radiation safety will be a key topic this year, with a special *Controversies* debate examining the pros and cons of various approaches, and a workshop dedicated to dose optimisation and monitoring. Quality assurance will also be addressed, and those interested learning more about the business side of IR will benefit from *Credibility and value for money: the keys to success*. To encourage continuing uptake of the EBIR certification, a preparatory workshop will be offered.

NEUROINTERVENTIONS

Since 2010, a dedicated Neurointerventions track has been updating interventionists on the endovascular treatment of haemorrhagic and ischaemic stroke. Ongoing developments in imaging and devices are expanding the potential role of interventional radiologists in diagnosis and treatment, and this track offers an excellent opportunity to get abreast of these.

Of particular interest is the session *How to improve acute stroke management: new horizons*, where participants can learn about future techniques and devices in stroke treatment. The programme also features an Interactive Case Session, which will allow the audience to get actively involved in the discussion of both simple and challenging cases, as well as an introductory Fundamental Course and several workshops.

TRANSCATHETER EMBOLISATION

Embolisation is a versatile therapy, and one which forms an essential part of every IR's repertoire. The transcatheter embolisation track of the CIRSE 2015 programme will, as always, endeavour to span a wide range of applications, from gastrointestinal bleeding to vascular malformations, and even new applications such as bariatric embolisation. Due to growing interest, a number of workshops and fundamental courses will be offered in the genitourinary field, including treatment of symptomatic fibroids, benign prostatic hyperplasia and varicoceles.

Trauma interventions will be a key focus, with an interactive case session taking participants through the clinical management of traumatic bleeding. The use of microcatheters, including suitable embolic agents and complex techniques, will also be discussed.

NON-VASCULAR INTERVENTIONS

Non-vascular interventions play an important role in providing state-of-the-art patient care across a range of pathologies. Interventions in both benign and malignant biliary disease play a special role in the daily work of an interventional radiologist. Percutaneous procedures in the bile duct range from basic, commonly occurring ones to exceptionally complex and challenging ones, and a variety of sessions at CIRSE 2015 will address this broad clinical spectrum.

Another core theme in this year's non-vascular track will be bone tumours, with various Special Sessions and Workshops addressing their treatment. A Fundamental Course will introduce novices to image-guided biopsy and drainage procedures, and various case-based discussions on the treatment of pancreatitis and challenging urinary tract interventions will also be featured.

VASCULAR INTERVENTIONS

The vascular interventions track will once again be the cornerstone of the 2015 congress. Widely employed interventions such as haemodialysis access management, carotid stenting and peripheral revascularisation will be addressed in a wide range of session types, while the important field of aortic interventions will get its own parallel symposium, open to all CIRSE 2015 delegates, which will be delivered by a multidisciplinary faculty.

This year's special emphasis on venous interventions is in direct response to the increasing patient demand for minimally invasive venous disease treatment, and a dedicated Venous Forum series will be offered, alongside a number of case-based discussions, hands-on workshops and "controversies" sessions dealing with the topic.

Lisbon, Portugal
September 26-30
CIRSE 2015

Scientific Programme

- 24-25 IDEAS**
- 26-27 Venous Interventions**
 - 28 Multidisciplinary Expert Boards**
 - 29 Controversies in Arterial Intervention**
- 30-31 Evidence Fora**
 - 32 Hot Topic Symposium – Paediatric IR**
 - 33 The X-Session**
 - 34 Radiographer Programme**
 - 35 CIRSE meets China**
- 37-39 Hands-on Workshops**
- 40-43 Saturday, September 26**
- 44-47 Sunday, September 27**
- 48-51 Monday, September 28**
- 52-55 Tuesday, September 29**
- 56 Wednesday, September 30**

IDEAS

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Interdisciplinary Endovascular Aortic Symposium

AORTIC INTERVENTIONS

The growing uptake of endovascular treatment for various aortic pathologies, and the continuing evolution of devices to facilitate it have led to an increased demand for data and discussion. And not just among interventional radiologists – vascular surgeons and cardiologists are actively seeking the least invasive way of treating their patients, and endovascular options offer much promise. But there is much to be done before definitive treatment strategies are agreed upon.

To this end, CIRSE is hosting a new multidisciplinary endovascular symposium, IDEAS, which will offer a forum to all interested medical practitioners to explore and discuss the current status of various aortic interventions, and evaluate where the field is headed. Those attending CIRSE 2015 will have unrestricted access to this exciting new scientific stream.

Hot Topic Symposium

The Hot Topic Symposia are an ideal platform for examining controversial treatment issues, and this year's symposium on aortic interventions will be no different. Four speakers will each give a detailed

overview of the current status of a particular clinical issue, before opening the floor to a panel discussion.

Treatment of both thoracic and abdominal pathologies are improving year by year, thanks largely to technological advances. However, there remains a paucity of data to indicate which techniques and devices to use for which manifestations. This session will address key concerns, starting with an examination of thoracic aortic trauma by Hervé Rousseau (Toulouse/FR).

Acute type B dissections continue to raise challenges for the physician. While it is largely accepted that medical treatment can suffice for many uncomplicated type B acute aortic dissection patients, complicated presentations (approx. 30% of presentations) entail complex decision-making. To make things more difficult still, no uniform criteria exist to differentiate between the two, and presenter Richard Gibbs (London/UK) will attempt to bring clarity to this issue.

A key aspect of complicated acute type B dissections is malperfusion syndrome. Clinical signs, such as paresis or pain, can indicate malperfusion, but laboratory markers provide a more sensitive method of detection. The mechanisms and management of malperfusion syndrome will be discussed by Jean-Paul Beregi (Nîmes/FR).

Finally, abdominal pathologies will be explored by Frank Veith (New York, NY/US), who will address the management of ruptured abdominal aortic aneurysms, and which patients are suitable for endovascular repair.



Jean-Paul Beregi



Richard G.J. Gibbs



Hervé Rousseau



Frank J. Veith

Sunday, September 27, 15:00-16:00

HTS 1302 Aortic intervention – quo vadis?

Introduction by the moderators:

A.-M. Belli (London/UK), F. Fanelli (Rome/IT)

- 1302.1 Thoracic aortic trauma
H. Rousseau (Toulouse/FR)
- 1302.2 Complicated acute type B dissection
R.G.J. Gibbs (London/UK)
- 1302.3 Malperfusion syndromes in acute aortic dissection
J.-P. Beregi (Nîmes/FR)
- 1302.4 Ruptured abdominal aortic aneurysm
F.J. Veith (New York, NY/US)

Aortic Round Tables

To allow for open discussion of aortic therapies, the IDEAS 2015 programme will feature Aortic Round Table sessions, at which key opinion leaders from both interventional radiology and vascular surgery will outline their views regarding select "hot topics", before engaging in lively discussions with both their fellow speakers and the audience.

Abdominal aorta

The first of these innovative sessions will address clinical issues pertaining to the abdominal aorta. Although EVAR is now widely used for treating AAA, there remains a lack of clarity on its value in all patients, and the indications and limitations of EVAR need further discussion.

An ongoing issue with EVAR is long-term durability. Endoleak and device migration remain a challenge, and ongoing surveillance of patients is a must.

The anatomy of the proximal neck is a major deciding factor in selection of both technique and device, and the session will attempt to address how best to overcome atypical presentations.

Also under discussion will be endovascular repair of ruptured abdominal aortic aneurysms. Recent randomised controlled trials, such as AJAX and IMPROVE, have brought some clarity, but there is still much debate about which patients are suitable for EVAR (there are set anatomical contraindications, but beyond that, are all patients suitable?) and when to convert to open surgery.

The management of aorto-iliac aneurysms is likewise an area of much debate, and our expert panel will attempt to determine if and when internal iliac artery preservation is necessary, and which patients benefit from aorto-uni-iliac or fenestrated EVAR over standard EVAR.

Thoracic aorta

The second Aortic Round Table in the inaugural IDEAS programme deals with treatment options in the thoracic aorta. Aortic dissection is 2-3 times more common than rupture of AAA, and some categories of type B dissections (those in the descending aorta, distal to the left subclavian artery) may benefit from endovascular treatment.

The session will open with a discussion of arch aneurysm management. Increasingly, endovascular stent grafts are being employed to treat these complicated aneurysm types, but the curvature, increased pressure and branching arteries of the arch raise specific challenges for endovascular therapies. Can new device innovations, such as fenestrated and branched endografts, overcome these?

Treating this complex zone is not without risk, and practitioners should be aware of the possibility of spinal cord damage, stroke, and other complications, and how these can be best avoided or managed.

Similarly, endovascular treatment of chronic dissection in the descending aorta can give rise to a number of complications. Although newer percutaneous devices entail a smaller entry wound than traditional cut-downs, large introducer systems mean that bleeding complications are an inherent risk in current practice. Practitioners must also beware of converting type B to type A dissections, uncontrolled tearing of the intimal flap, and most especially, aortic rupture.

Finally, endografting for acute aortic dissection will be addressed, and the results of the current studies, ADSORB and INSTEAD and their implications for patient selection will be discussed.

Sunday, September 27, 16:15-17:15

ART 1410 Abdominal aorta

- 1410.1 Customised follow-up in EVAR
tba
- 1410.2 Technique selection in the devious proximal neck
B.T. Katzen (Miami, FL/US)
- 1410.3 Management of RAAA
J.C. Parodi (Buenos Aires/AR)
- 1410.4 Management of aorto-iliac aneurysms
V. Rimbau (Barcelona/ES)

Monday, September 28, 14:30-15:30

ART 2103 Thoracic aorta

- 2103.1 Arch aneurysm management
M.D. Dake (Stanford, CA/US)
- 2103.2 Paraplegia prevention and management in TAAA branched grafting
S. Haulon (Lille/FR)
- 2103.3 Management of complications of chronic dissection
C. Nienaber (Rostock/DE)
- 2103.4 Acute type B dissection
S. Trimarchi (San Donato Milanese/IT)

...the full programme is available at www.aorticideas.org

IN THE SPOTLIGHT

VENOUS INTERVENTIONS

A Focus on Venous Interventions

In recent years, interventional radiology has seen a sharp uptake in venous procedures, and this year's scientific programme reflects that development. Venous diseases are a major global healthcare problem, affecting a vast number of people and causing grievous social and economic effects. Today's sedentary lifestyle, lack of exercise, smoking and obesity contribute considerably to the emergence of venous conditions.

For years, interventional radiology has been at the forefront of tackling these diverse venous issues, which range from varicose veins, deep vein thrombosis (DVT) and pulmonary embolism (PE), to portal hypertension and chronic venous insufficiency (CVI).

Controversies in IR

The popular Controversy Sessions will this year dissect some hotly debated issues in venous disease treatment, including stenosis in dialysis access, filters and Paget Schroetter syndrome.

The management of dialysis access is an important part of IR's venous repertoire. On average the durability of a haemodialysis access is limited to three years, which is often followed by the development of a stenosis. Thanks to catheter-based interventions, more than 80% of access

sites can be successfully restored. The possibility of pre-emptively dilating these stenoses will be investigated by experts in the controversy session.

Pulmonary embolism is commonly treated with anti-coagulants, but where anticoagulation is contra-indicated, IR offers an alternative treatment option using IVC filters. Filters can be placed permanently or can be retrieved, with high retrieval success rates of 98%. In this special controversy session, experts will debate whether the use of permanent filters is still feasible or whether the future lies exclusively in retrievable filters.

Due to the rarity of Paget Schroetter syndrome, there is no consensus regarding its optimal treatment. Currently, many believe that surgery is necessary, but this debate will examine the potential of minimally invasive alternatives.

Fundamental Course

New this year is the venous Fundamental Course, which will examine the principles of haemodialysis access treatment. Maintaining a functioning haemodialysis access is a challenging task requiring vigilant surveillance in order to prevent complications, such as thrombosed grafts, central vein occlusions, or fistulas which fail to mature. The course will consider the evidence and indications for failing dialysis access management and address the possible complications.

Saturday, September 26, 11:30-12:30

SS 301 Controversies in venous disease treatment

Pre-emptive dilation of stenoses in dialysis access

301.1 Pro: B.S. Tan (Singapore/SG)

301.2 Con: R. Shoenfeld (West Orange, NJ/US)

Permanent filters are obsolete

301.3 Pro: O. Pellerin (Paris/FR)

301.4 Con: S.D. Qanadli (Lausanne/CH)

Surgery for Paget Schroetter syndrome is mandatory

301.5 Pro: S. Black (London/UK)

301.6 Con: G.J. O'Sullivan (Galway/IE)

Saturday, September 26, 10:00-11:00

FC 201 Basic principles of haemodialysis access maintenance

201.1 Current evidence and indications for failing dialysis access management

L. Turmel-Rodrigues (Tours/FR)

201.2 Thrombosed dialysis access

F.G. Irani (Singapore/SG)

201.3 Treatment of central vein occlusions

A.M. Madureira (Porto/PT)

201.4 Non-matured dialysis access

S.O. Trerotola (Philadelphia, PA/US)

Venous Fora

This year's strong emphasis on venous interventions also encompasses a brand new series of sessions, the Venous Fora, in which experts will shed light on a variety of topics related to the management of venous disorders.

One of the four dedicated fora will delve deeper into the topic of varicose veins. These twisted, enlarged veins are not merely a cosmetic concern but can be a troublesome burden affecting a patient's quality of life. Specialists will approach the topic from different angles, covering diverse techniques and patient selection.

The evidence for various DVT treatment options will be discussed in another targeted venous forum. Currently, roughly 200,000 new cases of DVT are diagnosed each year in the USA, affecting both the young and old, the healthy and unwell, with devastating results: DVT is the third biggest cause of cardiovascular mortality after stroke and heart attack.

DVT can lead to life-threatening pulmonary embolism, which, if it occurs acutely, requires immediate medical attention. Non-treatment results in a mortality rate of approximately 30%. The treatment path commonly starts with anticoagulation, however, if contraindications arise, interventional measures are employed through IVC placement. Assessing and selecting patients, as well as sufficient evidence, are still unclear and debatable topics and will be the focus of the third forum.

Interventional techniques have proved beneficial in the alleviation of problems associated with portal hypertension, such as ascites and variceal bleeding. Transjugular intrahepatic portosystemic shunt (TIPS) and balloon-occluded retrograde transvenous obliteration (BRTO) will be put under the microscope in a dedicated venous forum.

Saturday, September 26, 08:30-09:30

SS 101 Venous Forum I: Varicose veins

- 101.1 Patient selection, clinical and imaging assessment
J.A. Kaufman (Portland, OR/US)
- 101.2 Thermal ablation
L. Oguzkurt (Istanbul/TR)
- 101.3 Non-thermal ablation
M. Åkesson (Malmö/SE)
- 101.4 Ancillary therapies: mini-phlebectomy and foam sclerotherapy
D.J. West (Stoke-on-Trent/UK)

Sunday, September 27, 08:30-09:30

SS 904 Venous Forum II: Deep vein thrombosis

- 904.1 Trials update and current evidence
S. Kee (Los Angeles, CA/US)
- 904.2 Patient selection and treatment: upper limb DVT
V. Bérczi (Budapest/HU)
- 904.3 Patient selection and treatment: lower limb DVT
J. Kettenbach (St. Pölten/AT)
- 904.4 Chronic iliac vein and caval occlusion
R. de Graaf (Maastricht/NL)

Monday, September 28, 08:30-09:30

SS 1702 Venous Forum III: Pulmonary embolism and IVC filters

- 1702.1 PE: patient assessment and selection for treatment
M.K. Glynnos (Athens/GR)
- 1702.2 Treatment options for pulmonary embolism
P.M. Paprottka (Munich/DE)
- 1702.3 Current evidence on IVC filter placement
M.-F. Giroux (Montreal/CA)
- 1702.4 Challenging placements and retrievals
C.A. Binkert (Winterthur/CH)

Wednesday, September 30, 08:30-09:30

SS 3201 Venous Forum IV: Portal hypertension

- 3201.1 TIPS for refractory ascites and variceal bleeding
É. Coimbra (Lisbon/PT)
- 3201.2 Percutaneous treatment options in portal vein thrombosis
A. Krajina (Hradec Králové/CZ)
- 3201.3 Percutaneous management of Budd-Chiari syndrome
I.K. Tesdal (Friedrichshafen/DE)
- 3201.4 BRTO – why, when and how?
K. Kichikawa (Nara/JP)

IN THE SPOTLIGHT

MULTIDISCIPLINARY EXPERT BOARDS

With modern medical practice becoming increasingly specialised, it is becoming ever more important for physicians from different specialties to share their perspectives and together devise the best treatment plans for individual patients. Drawing on the collaborative tradition of tumour boards, the Multidisciplinary Expert Boards feature stimulating interdisciplinary exchanges on commonly encountered challenges in the oncological and vascular fields.

Complex real-world cases, often with the possibility of different treatment options, will be discussed. The cases presented will include the clinical history, performance status, pertinent imaging findings and a plan for further treatment.

The first session will focus on the most common type of liver cancer – hepatocellular carcinoma. Due largely to the increasing prevalence of chronic liver disease, HCC has become a growing problem worldwide; despite considerable progress in detection, diagnosis and treatment, it is the third leading cause of cancer death.

In the second expert board, IRs and a vascular surgeon will investigate the topic of aortic disease – an area that is gaining momentum in IR and that represents a special focus of this year's programme. IR has entered the field with EVAR and TEVAR, procedures that hold much promise but also require further refinement and supporting evidence.

The last session will centre on peripheral arterial diseases (PAD), with an emphasis on carotid stenosis. The build-up of plaque creates stenosis in the carotid artery, and its often asymptomatic nature makes it a particularly alarming healthcare problem. Frequently, symptoms are only discovered with the onset of a transient ischaemic attack (TIA), which further heightens the risk of stroke. Carotid artery stenosis can be treated with medications, carotid endarterectomy (CEA) or minimally invasive approaches, which include carotid angioplasty and stenting.

Saturday, September 26, 11:30-12:30

MEB 305 Tumour: hepatocellular carcinoma

Co-ordinator: R. Lencioni (Pisa/IT)

Panellists:

Y. Arai (Tokyo/JP); interventional radiologist

M. Bezzi (Rome/IT); interventional radiologist

J. Bruix (Barcelona/ES); oncologist

U. Cillo (Padua/IT); surgeon

T. de Baère (Villejuif/FR); interventional radiologist

Monday, September 28, 16:15-17:15

MEB 2210 Aortic disease

Co-ordinators: K.A. Hausegger (Klagenfurt/AT),

C. Liapis (Athens/GR)

Panellists:

M.D. Dake (Stanford, CA/US); interventional radiologist

M. Jenkins (London/UK); vascular surgeon

J.C. Parodi (Buenos Aires/AR); vascular surgeon

Tuesday, September 29, 11:30-12:30

MEB 2705 PAD: carotid stenosis (conservative/medical, CEA, CAS)

Co-ordinator: D. Vorwerk (Ingolstadt/DE)

Panellists: tba

CONTROVERSIES IN ARTERIAL INTERVENTION

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 modern IR practice. One such session will address controversies in arterial intervention.

Initially embraced as a game-changer in treating drug-resistant hypertension, renal denervation was widely dismissed as ineffective after the SYMPPLICITY HTN-3 trial, which included a sham-controlled arm, was called off for failing to demonstrate statistically significant benefits. However, others maintain that such strong conclusions may not be warranted, and that further studies may still demonstrate that the procedure, if properly refined and applied, can yield positive results.

The popliteal artery has often been described as a hostile environment for stenting due to high levels of biomechanical stress next to the knee joint, with critics noting that stent fractures and consecutive restenosis are of particular concern in this vessel. Others insist that

these problems have been overblown, emphasising that more flexible stent variations entail lower risks of fracture, and that fractures may not necessarily be strongly correlated to patency.

When carotid artery stenting emerged as an alternative treatment for carotid artery stenosis, many insisted that endarterectomy, the surgical option, should remain the first choice. Early analyses of the International Carotid Stenting Study, which compared the two approaches, appeared to support those who endorsed surgery. But newly available analyses of long-term results, which show that surgery entails a higher risk of procedural myocardial infarction, cranial nerve palsy, and access-site haematoma, and that strokes triggered by the endovascular approach tend to be minor, may now shift the balance towards CAS.

Join us to find which way the evidence is pointing for modern arterial interventions!

Sunday, September 27, 10:00-11:00

SS 1004 Controversies in arterial intervention

Renal denervation is dead

1004.1 Pro: J.A. Reekers (Amsterdam/NL)

1004.2 Con: M.R. Sapoval (Paris/FR)

Popliteal stents are effective

1004.3 Pro: M. Cejna (Feldkirch/AT)

1004.4 Con: H. Kobeiter (Créteil/FR)

ICSS long-term data will lead to resurgence of CAS

1004.5 Pro: A.H. Mahnken (Marburg/DE)

1004.6 Con: B.T. Katzen (Miami, FL/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.

Evidence Forum: Drug-eluting devices

Initially applied to coronary arteries, drug-eluting devices are now also increasingly used in peripheral procedures. While these have shown considerable promise, results achieved in the various arterial beds have been mixed, and solid evidence remains relatively sparse, precluding broad conclusions.

The supra-aortic vessels present unique challenges. For example, treating intracranial atherosclerotic disease, a major cause of ischaemic stroke, remains difficult. Endovascular treatment options are rapidly developing, but remain risky, and recurring in-stent stenosis is of particular concern. Drug-eluting stents have shown promise in limiting such lesions, but stent stiffness has also significantly impeded technical success rates. Now newer, more flexible stents, which entail fewer manoeuvrability issues, are triggering renewed optimism.

Restenosis following angioplasty is a common problem with dialysis access fistulas and grafts, and the myriad attempts to address this issue have had limited success. Critics of efforts focusing on drug-eluting balloons note that the haemodynamic properties of access vessels likely prevent DEBs from being truly effective in this context. However, initial research results suggest that cautious optimism may be warranted. Treating stenosed grafts with drug-eluting stents has also shown some promise, but the lack of solid research results so far make it difficult to quantify their potential.

Durable results in the superficial femoral artery are difficult to achieve, and the role of drug-eluting devices remains a point of considerable discussion. Even proponents shy away from blanket endorsements, with drug-eluting balloons in cases involving highly-calcified or longer lesions subject to considerable skepticism. The value of drug-eluting stents has also been questioned. However, proponents emphasise that the use of paclitaxel promises to bring considerable improvements.

Practitioners also disagree about drug-eluting devices in below-the-knee interventions. With restenosis a major issue, such stents clearly are of some value, but the dearth of relevant clinic results is a problem, particularly with respect to long lesions. Recent research does suggest that paclitaxel-eluting balloons hold promise and may, in select patients, significantly reduce restenosis rate, but results are still preliminary.

The session will provide an overview of the emerging evidence by way of expert presentations and a panel discussion, followed by an opportunity for audience members to pose questions.

Tuesday, September 29, 10:00-11:00

SS 2602 Evidence Forum: Drug-eluting devices

- 2602.1 Drug-eluting devices in supra-aortic lesions
R. Gandini (Rome/IT)
- 2602.2 Drug-eluting devices in haemodialysis access
R.H. Portugaller (Graz/AT)
- 2602.3 Drug-eluting devices in SFA lesions
P. Krishnan (New York, NY/US)
- 2602.4 Drug-eluting devices in BTK lesions
N. Chalmers (Manchester/UK)

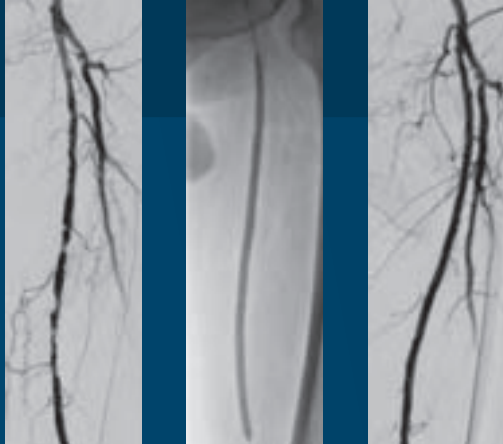


Image courtesy of
Prof. Stefan Müller-Hülsbeck

Evidence Forum: Peripheral angioplasty

Peripheral artery disease can strike in many forms, and each manifestation of the condition entails unique risks and challenges. Depending on its severity, treatment options generally include lifestyle changes, medication, and surgical or endovascular revascularisation. Surgery has traditionally been the treatment of choice, but endovascular approaches have evolved rapidly, producing good results even with extensive forms of the disease. With surgical follow-up still an option when percutaneous efforts fail, practitioners increasingly maintain that endovascular intervention should trump open reconstruction.

This is particularly true with respect to aorto-iliac occlusive disease, which can present anywhere from the distal aorta to the common femoral arteries, and involves diverse lesion morphology. Results achieved with minimally invasive approaches have been increasingly accurate and successful even with particularly complex cases. Though complications, especially involving the access site, persist, perioperative morbidity remains a bigger problem with surgery. Primary patency rates do present a continuing problem, but reintervention can improve results.

Treating femoropopliteal disease with percutaneous techniques remains somewhat controversial, with long-term patency rates of particular concern. Choosing between available endovascular options, which include angioplasty and/or various forms of stent implantation, has also proved difficult, and cutting-edge innovations, including drug-eluting technologies, add further complexity.

Infra-popliteal disease still presents a considerable challenge for both surgeons and interventional radiologists. However, percutaneous approaches are increasingly being hailed as the better option due to lower mortality and morbidity rates, as well as costs.

Technological advances again are playing a vital role, with endovascular techniques now including – and combining – various options beyond PTA, including cutting balloon angioplasty, stenting, cryotherapy, and atherectomy devices.

Percutaneous approaches have also recently gained ground in the treatment of visceral artery occlusive disease, a rare condition that is difficult to diagnose. These reportedly entail high technical and immediate clinical success rates, and less morbidity and mortality. While the need for reintervention remains relatively high, combining angioplasty with stenting of the mesenteric arteries may improve long-term patency.

This session will explore the latest developments with respect to all of these diseases in the context of addressing whether balloon angioplasty should be the first treatment of choice.

Saturday, September 26, 10:00-11:00

SS 205 Evidence Forum: Peripheral angioplasty

- 205.1 Should balloon angioplasty be the first-line treatment for aorto-iliac occlusive disease?
A.M.H. Sailer (Maastricht/NL)
- 205.2 Should balloon angioplasty be the first-line treatment for femoropopliteal disease?
S. Müller-Hülsbeck (Flensburg/DE)
- 205.3 Should balloon angioplasty be the first-line treatment for infra-popliteal disease?
T. Rand (Vienna/AT)
- 205.4 Should balloon angioplasty be the first-line treatment for visceral artery occlusive disease?
J.V. Patel (Leeds/UK)

IN THE SPOTLIGHT

HOT TOPIC SYMPOSIUM – PAEDIATRIC IR

Paediatric interventional radiology often adopts procedures developed for adult patients, but exchanges between practitioners who work with adult populations and their counterparts in paediatric care are not a one-way street. While treating children and adolescents involves unique challenges, priorities and solutions, it often also results in insights from which even interventional radiologists who never work with younger patients can benefit.

Aneurysmal bone cysts usually develop in patients who are under 20 years old. They have traditionally been treated with surgery, but recurrence is an issue. Minimally invasive options include sclerotherapy and selective arterial embolisation. The latter is often performed as a precursor to surgery to reduce bleeding, but is also increasingly used independently of curettage.

Lymphatic malformations of the orbit are rare lesions that often present during childhood. Though benign, they can cause deformities, pain and, if left untreated, can result in blindness. Treatment remains difficult, prompting some practitioners to adopt a wait-and-see approach before resorting to surgery or percutaneous drainage and ablation. But this is often not an option for physicians treating small children, who are at greater risk of suffering visual loss.

First introduced in the 1990s, thoracic duct embolisation has become an important treatment option for chylous leaks. Accurately localising the site of the leak is a vital first step. This is usually done via pedal lymphangiography, which can be particularly difficult in children. Now intranodal lymphangiography, a simpler approach, has emerged as a possible alternative, meaning the procedure may soon be more regularly resorted to even in paediatric care.

Thrombolysis is a treatment option for several conditions that share a particular trait: they are relatively rare in paediatric patients. Nonetheless, practitioners are increasingly confronting children and adolescents suffering from DVT, ischaemic strokes, or acute limb ischaemia. The lack of relevant data and tailored treatment guidelines can be problematic, with practitioners often operating without the benefit of relevant published experience.

Four experts will further examine these diverse topics, then engage in a discussion guided by the moderator, allowing audience members to broaden their horizons by learning about the latest developments in the intriguing world of paediatric IR.

Tuesday, September 29, 15:00-16:00

HTS 2902 Paediatric IR – expand your horizons

Introduction by the moderator:

D.J. Roebuck (London/UK)

- 2902.1 Aneurysmal bone cysts
P. Warren (Columbus, OH/US)
- 2902.2 Lymphatic malformations of the orbit
A.M. Barnacle (London/UK)
- 2902.3 Lymphatic intervention in children
M. Itkin (Philadelphia, PA/US)
- 2902.4 Thrombolysis in children and adolescents
A.M. Cahill (Philadelphia, PA/US)



Alex M. Barnacle



Anne M. Cahill



Maxim Itkin



Patrick Warren

Be sure to join us for...



THE X-SESSION

CIRSE 2015 marks the organisation's 30th anniversary, and our celebrations will include a one-off special event: the X-Session.

This will be presented by six former CIRSE presidents, who will share anecdotes about seminal moments in their career that shaped their approach to interventional radiology, and reflect on how the field of IR has grown and progressed since their early involvement.

This light-hearted event will see those who helped shape the discipline give personal insights into what IR means to them, and will be sure to inspire.

Don't miss this unique opportunity to celebrate our community and our specialty – join us for the X-Session in Lisbon!

Monday, September 28, 14:30-15:15

XS 2101 The X-Session

*Speakers: A. Adam (London/UK), J. Lammer (Vienna/AT),
M.J. Lee (Dublin/IE), J.H. Peregrin (Prague/CZ),
J.A. Reekers (Amsterdam/NL), D. Vorwerk (Ingolstadt/DE)*



Andy Adam



Johannes Lammer



Michael J. Lee



Jan H. Peregrin



Jim A. Reekers



Dierk Vorwerk

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 27

11:30-12:30

RWS 1104 EFRS Workshop

Optimising radiation protection in interventional radiology: what can the radiographer do?

1104.1 S. Mc Fadden (Belfast/UK)

1104.2 R. Gould (Belfast/UK)

The number of paediatric interventional radiology (IR) procedures being performed has increased rapidly in recent years. Interventional procedures have been reported to contribute to the highest doses of radiation to patients from medical examinations. It is imperative that we strive to reduce the radiation burden to our radiosensitive paediatric patients. Previous work by this group has estimated DRL for IR and identified a wide variation of imaging protocols currently being used in the UK and Ireland. These variations in practice are having a significant impact on the resultant radiation dose to the patient. Experimental studies on anthropomorphic phantoms investigated the different variations in practice and results showed that radiation dose reductions of up to 50% could be achieved with minimal impact on image quality. Further studies on paediatric patients in the clinical environment are ongoing and preliminary results have revealed similar findings. In addition, this clinical study has investigated the effect of different scatter removal techniques on radiation dose and associated DNA damage by quantifying γ H2AX-foci as a biomarker of radiation-induced effect. Again preliminary results have identified that mean γ H2AX-foci can be significantly greater for different protocols which are commonly used in IR. Simple modifications to technique can be easily implemented by the radiographer. This will ensure the radiation dose to paediatric patients is kept ALARA without affecting image quality or diagnostic efficacy.

Learning objectives:

After active participation in this workshop, attendees will have gained knowledge and understanding of:

- current research into radiographic protocols used in the UK and Ireland for paediatric interventional radiology
- the impact of different protocols on radiation dose
- results of experimental studies investigating the different protocols and their effect on image quality and dose
- results of radiation measurements during paediatric interventional radiology and recommended DRLs
- the need for standardised protocols and radiation protection measures

Monday, September 28

11:30-12:30

RWS 1904 EFRS Workshop

Management of pain during IR procedures

1904.1 A. England (Manchester/UK)

1904.2 S. Morse (Manchester/UK)

Research suggests that pain during and following interventional radiological (IR) procedures can be common and its nature can vary considerably. Methods are available to manage procedure-related pain; however, these can vary and may have some dependence on the type of procedure, assessment methods, pain management strategies available and practitioner experience. Following completion of the procedure, many patients will undertake recovery either at home or within a hospital setting remote from the IR department. Patients who have reported pain often talk of delays in receiving analgesia and that, when administered, it does not always obtain the desired effect. Within other health care disciplines, pain management is often a more intrinsic part of the patient's care pathway and often there is a clearer focus on pre-emptive pain management. The purpose of this presentation is to improve awareness amongst radiographers as to the issue of pain management following IR procedures. In doing so, the anticipated benefits will be improvements in the patient experience; a faster, safer and more successful IR procedure which could be delivered using a lower radiation dose.

Learning objectives:

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

- the methods for assessing pain during IR procedures
- patterns and predictive factors for pain during common IR procedures
- the options for managing intra-procedural and post-procedural pain, including a review of a series of cases
- the role of different professions in IR pain management (radiologist, radiographer and nurse)
- future horizons for pain management within IR

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



CIRSE meets... China



Interventional radiology (IR) was introduced to China during the 1980s in conjunction with China's policy of economic reform and opening up. IR was immediately accepted and welcomed by most radiologists after its introduction. The first national interventional radiology meeting was held in 1986 in Weifang City, Shandong Province, and more than 100 radiologists, residents and graduate students participated. This was a landmark event announcing the advent of IR in China. Four years later, the Chinese Society of Interventional Radiology (CSIR) was founded, and Dr. Lin was elected as the first CSIR president at the first national CSIR meeting in Hangzhou, Zhejiang Province, in 1990. The national meeting of CSIR was held every 4 years in the early years, and then every 2 years, and will become annual meeting from 2015 onwards. A total of eleven national CSIR meetings have been held. The most recent CSIR biennial meeting was held in Changsha in 2014, with more than 3,000 IRs participating.

Currently, there are approximately 5,000 full-time interventional radiologists across the country, meaning that CSIR has become the third largest IR society in the world, after SIR and CIRSE. Most non-coronary IR procedures are performed by radiologists, including various vascular and non-vascular interventions, neurointerventions, etc. However, turf battles have become intense since the 1990s, especially in the field of vascular interventions and neurointerventions. Nevertheless, we have not only survived, but also won the battles in many hospitals. One of major reasons we manage to hold our ground is that CSIR has been a strong advocate for interventional radiology to be a more clinical specialty. Currently, over 70% of IR departments in China have their own dedicated inpatient wards. Some of them have become a hybrid department of interventional radiology with other specialties, such as vascular surgery.

Many IR pioneers have contributed to the growth of CSIR, including overseas interventional radiologists, who made important contributions to the practice of IR in China, especially during the early years. To commend such great contributions, the awards of CSIR Lifetime Achievement and CSIR Honorable Member have been established, respectively. So far, twelve Chinese IR pioneers and eight foreign interventional radiologists have been awarded.

Hong Shan
President, Chinese Society of Interventional Radiology (CSIR)

Tuesday, September 29

10:00-11:00

CM 2605 CIRSE meets China

*Moderators: A.-M. Belli (London/UK),
H. Shan (Guangzhou/CN)*

- 2605.1 Percutaneous transhepatic portosystemic shunt
H. Shan (Guangzhou/CN)
- 2605.2 Stent loaded with 125I seeds in malignancies –
from bench to bedside
G.-J. Teng (Nanjing/CN)
- 2605.3 Hybrid intervention for complex cerebrovascular
disease
W.-J. Jiang (Beijing/CN)



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.



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Hands-on Workshops

A closer look at closure devices

Co-ordinators: J.P. Schaefer (Kiel/DE), R. Uberti (Oxford/UK)



Vascular closure devices (VCDs) are commonly used for the management of arterial puncture sites after therapeutic arterial interventions.

This hands-on workshop will introduce VCDs currently available on the market with a brief introduction to closure devices. The focus will be on the hands-on experience, with the opportunity to deploy devices and discuss the pros and cons of using closure devices in different settings with experts. Furthermore, many tips and tricks for the proper use of closure devices in daily practice will be shared during the hands-on part. The course will be concluded with a dedicated tutorial of the "pre-close" technique for closing large arterial punctures for total percutaneous aortic repair.

Thanks to the opportunity to try currently available closure devices first hand, the workshop should enable all participants to understand their various principles and indications.

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 "pre-close" technique required for total percutaneous treatment of aortic aneurysms

Saturday, September 26

CD-HoW 1 08:30-10:00

Sunday, September 27

CD-HoW 2 11:15-12:45

Embolisation: materials and tools

Co-ordinators: A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)



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

In each workshop, a brief introduction is followed by participants rotating between various table-top 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 practical hands-on approach. Participants can handle and/or deliver mechanical, liquid or particulate embolic agents (depending on the session). This course is intended for IRs with limited embolisation experience or those wishing to refresh their knowledge.

Learning Objectives

- To understand the basic principles 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

Saturday, September 26

EMT-HoW 1 – Coils & plugs 08:30-10:00

Sunday, September 27

EMT-HoW 2 – Coils & plugs 11:15-12:45

Monday, September 28

EMT-HoW 3 – Liquid agents 08:30-10:00

EMT-HoW 4 – Liquid agents 11:15-12:45

Tuesday, September 29

EMT-HoW 5 – Particulate agents 08:30-10:00

EMT-HoW 6 – Particulate agents 11:15-12:45

Principles to practice: education and simulation skills training

Co-ordinators: D.O. Kessel (Leeds/UK),
J.C. van den Berg (Lugano/CH)



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 adaptable to respond to the 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 techniques.

Saturday, September 26

PTP-HoW 1 08:30-13:00

Sunday, September 27

PTP-HoW 2 08:30-13:00

Monday, September 28

PTP-HoW 3 08:30-13:00

Tuesday, September 29

PTP-HoW 4 08:30-13:00

Tumour ablation: tips and tricks

Co-ordinators: L. Hechelhammer (St. Gallen/CH),
T.K. Helmberger (Munich/DE)



This series of six hands-on workshops on tumour ablation include a brief introduction and practical training in the basic principles of all currently available ablation systems.

Participants will have the opportunity to get familiar with ablation equipment and to practice respective procedures under in-vitro conditions using various systems. Moreover, international experts will share their experience and insights in an intimate atmosphere.

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 will have learned tips and tricks for a safe and efficacious clinical application.

Learning Objectives

Liver & kidney

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

Lung & thyroid gland

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

Bone & soft tissue

- 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 with adjuvant techniques and how to avoid or minimise the most commonly encountered complications
- To become familiar with ultrasound-guided soft tissue ablation

Saturday, September 26

TA-HoW 1 – Liver & kidney 11:15-12:45

Sunday, September 27

TA-HoW 2 – Liver & kidney 08:30-10:00

Monday, September 28

TA-HoW 3 – Lung & thyroid gland 08:30-10:00

TA-HoW 4 – Lung & thyroid gland 11:15-12:45

Tuesday, September 29

TA-HoW 5 – Bone & soft tissue 08:30-10:00

TA-HoW 6 – Bone & soft tissue 11:15-12:45

Varicose Veins

Co-ordinators: J.A. Brookes (London/UK), L. Oguzkurt (Istanbul/TR)



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 provides 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, participants will be given 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

Saturday, September 26

VV-HoW 1 11:15-12:45

Sunday, September 27

VV-HoW 2 08:30-10:00

Saturday, September 26

08:30-09:30

SS 101 **Special Session** **Venous Forum I: Varicose veins**

- 101.1 Patient selection, clinical and imaging assessment
J.A. Kaufman (Portland, OR/US)
- 101.2 Thermal ablation
L. Oguzkurt (Istanbul/TR)
- 101.3 Non-thermal ablation
M. Åkesson (Malmö/SE)
- 101.4 Ancillary therapies: mini-phlebectomy and foam sclerotherapy
D.J. West (Stoke-on-Trent/UK)

08:30-09:30

SS 102 **Special Session** **Bariatric embolisation**

- 102.1 Basic considerations, patient selection and indication for treatment
M.P. Monteiro (Porto/PT)
- 102.2 Preclinical data
C.Y. Kim (Durham, NC/US)
- 102.3 Techniques and complications
C.R. Weiss (Baltimore, MD/US)
- 102.4 Early clinical results
C.R. Weiss (Baltimore, MD/US)

08:30-09:30

SS 103 **Special Session** **Management of early-stage hepatocellular carcinoma**

- 103.1 Diagnosis: imaging and biopsy
C. Ayuso (Barcelona/ES)
- 103.2 Staging, patient selection and treatment algorithms
P.L. Pereira (Heilbronn/DE)
- 103.3 Ablation: techniques and complications
C.T. Sofocleous (New York, NY/US)
- 103.4 Outcomes of interventional treatments
L. Crocetti (Pisa/IT)

08:30-09:30

FC 104 **Fundamental Course** **Basic principles of acute stroke intervention**

- 104.1 Current evidence on acute stroke intervention
G. Gál (Odense/DK)
- 104.2 Imaging algorithms and patient selection for IA treatment
T. Engelhorn (Erlangen/DE)
- 104.3 IA stroke intervention: technique
A. Bonafé (Montpellier/FR)
- 104.4 Cerebral sinus thrombosis
C.P. Stracke (Essen/DE)

08:30-10:00

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

*Co-ordinators: J.P. Schaefer (Kiel/DE),
R. Uberoi (Oxford/UK)*

08:30-10:00

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

*Co-ordinators: A. Martínez de la Cuesta
(Pamplona/ES), J.V. Patel (Leeds/UK)*

08:30-13:00

PTP-HoW 1 **Hands-on Workshop** **Principles to practice: education and simulation skills training**

*Co-ordinators: D.O. Kessel (Leeds/UK),
J.C. van den Berg (Lugano/CH)*

10:00-11:00

FC 201 **Fundamental Course** **Basic principles of haemodialysis access maintenance**

- 201.1 Current evidence and indications for failing dialysis access management
L. Turmel-Rodrigues (Tours/FR)
- 201.2 Thrombosed dialysis access
F.G. Irani (Singapore/SG)
- 201.3 Treatment of central vein occlusions
A.M. Madureira (Porto/PT)
- 201.4 Non-matured dialysis access
S.O. Trerotola (Philadelphia, PA/US)

10:00-11:00

ICS 202 **Interactive Case Session** **Trauma bleeding**

- 202.1 *R. Uberoi (Oxford/UK)*
- 202.2 *A. Krajina (Hradec Králové/CZ)*

10:00-11:00

SS 203 Special Session
Management of intermediate-advanced hepatocellular carcinoma

- 203.1 Patient selection and treatment algorithms
R. Lencioni (Pisa/IT)
- 203.2 Conventional vs. drug-eluting bead embolisation
T. de Baère (Villejuif/FR)
- 203.3 Radioembolisation (TARE)
R. Salem (Chicago, IL/US)
- 203.4 Combined therapies in HCC: the evidence
J.-F.H. Geschwind (Baltimore, MD/US)

10:00-11:00

SS 204 Special Session
In-depth diagnostic and treatment concepts in acute stroke

- 204.1 Where do we stand with "one-stop shop" flat-panel angio-stroke imaging?
C. Stroszczyński (Regensburg/DE)
- 204.2 Role of imaging in patient selection for IV or IA treatment: importance of imaging parameters
K.A. Hausegger (Klagenfurt/AT)
- 204.3 Direct recanalisation with or without stent retrievers
A.S. Turk (Charleston, SC/US)
- 204.4 Current status of IA acute stroke treatment in light of the MR CLEAN trial: the neurologist's view
Y.B.W.E.M. Roos (Amsterdam/NL)

10:00-11:00

SS 205 Special Session
Evidence Forum: Peripheral angioplasty

- 205.1 Should balloon angioplasty be the first-line treatment for aorto-iliac occlusive disease?
A.M.H. Sailer (Maastricht/NL)
- 205.2 Should balloon angioplasty be the first-line treatment for femoropopliteal disease?
S. Müller-Hülsbeck (Flensburg/DE)
- 205.3 Should balloon angioplasty be the first-line treatment for infra-popliteal disease?
T. Rand (Vienna/AT)
- 205.4 Should balloon angioplasty be the first-line treatment for visceral artery occlusive disease?
J.V. Patel (Leeds/UK)

11:15-12:45

TA-HoW 1 Hands-on Workshop
Tumour ablation: tips and tricks – liver & kidney

*Co-ordinators: L. Hechelhammer (St. Gallen/CH),
 T.K. Helmberger (Munich/DE)*

11:15-12:45

VV-HoW 1 Hands-on Workshop
Varicose veins

*Co-ordinators: J.A. Brookes (London/UK),
 L. Oguzkurt (Istanbul/TR)*

11:30-12:30

SS 301 Special Session Controversy
Controversies in venous disease treatment

- 301.1 Pre-emptive dilation of stenoses in dialysis access: pro
B.S. Tan (Singapore/SG)
- 301.2 Pre-emptive dilation of stenoses in dialysis access: con
R. Shoenfeld (West Orange, NJ/US)
- 301.3 Permanent filters are obsolete: pro
O. Pellerin (Paris/FR)
- 301.4 Permanent filters are obsolete: con
S.D. Qanadli (Lausanne/CH)
- 301.5 Surgery for Paget Schroetter syndrome is mandatory: pro
S. Black (London/UK)
- 301.6 Surgery for Paget Schroetter syndrome is mandatory: con
G.J. O'Sullivan (Galway/IE)

11:30-12:30

SS 302 Special Session
Genitourinary embolisation

- 302.1 Uncontrolled post-partum haemorrhage
L. Ratnam (London/UK)
- 302.2 Pelvic congestion
A. Basile (Catania/IT)
- 302.3 Testicular varicocele
T. Jargiello (Lublin/PL)
- 302.4 Prostate and bladder haemorrhage
M.A. de Gregorio (Zaragoza/ES)

11:30-12:30

SS 303 Special Session
Management of colorectal liver metastases

- 303.1 Treating colorectal liver metastases with liver-directed therapies: the medical oncologist's point of view
J. Taieb (Paris/FR)
- 303.2 Ablation in the modern oncological setting: when and how
A. Gillams (London/UK)
- 303.3 HAIC, TACE or TARE?
P.E. Huppert (Darmstadt/DE)
- 303.4 Patient follow-up and when to re-intervene
M.C. Soulen (Philadelphia, PA/US)

11:30-12:30

SS 304 Special Session Controversy
Controversies in radiation safety

- 304.1 Dose optimisation is easy and improves image quality: pro
E. Vano (Madrid/ES)
- 304.2 Dose optimisation is easy and improves image quality: con
G. Bartal (Kfar-Saba/IL)
- 304.3 Real-time dose monitoring of staff makes sense: pro
W. Jaschke (Innsbruck/AT)
- 304.4 Real-time dose monitoring of staff makes sense: con
E.P. Efsthopoulos (Athens/GR)
- 304.5 Patient dose monitoring and recording is essential: pro
G. Paulo (Coimbra/PT)
- 304.6 Patient dose monitoring and recording is essential: con
R.W. Loose (Nuremberg/DE)

11:30-12:30

MEB 305 Multidisciplinary Expert Board
Tumour: hepatocellular carcinoma

Co-ordinator: *R. Lencioni (Pisa/IT)*

Panellists: *Y. Arai (Tokyo/JP), M. Bezzi (Rome/IT), J. Bruix (Barcelona/ES), U. Cillo (Padua/IT), T. de Baère (Villejuif/FR)*

13:00-14:00

Satellite Symposia

14:30-16:00

OP 501 CIRSE Opening and Awards Ceremony

16:15-17:15

WS 601 Workshop
Complex DVT treatment: case-based discussion

- 601.1 *M.W. de Haan (Maastricht/NL)*
 601.2 *M. Bratby (Oxford/UK)*

16:15-17:15

WS 602 Workshop
Paediatric peripheral vascular and non-vascular interventions: case-based discussion

- 602.1 *S. Sierre (Buenos Aires/AR)*
 602.2 *S. Franchi-Abella (Le Kremlin Bicetre/FR)*

16:15-17:15

WS 603 Workshop
Varicocele and ovarian vein embolisation: case-based discussion

- 603.1 *A. Antonietti (Cuneo/IT)*
 603.2 *L. Machan (Vancouver/CA)*

16:15-17:15

WS 604 Workshop
Ablation of MSK soft tissue tumours: case-based discussion

- 604.1 *M.R. Callstrom (Rochester, MN/US)*
 604.2 *A. Gangi (Strasbourg/FR)*

16:15-17:15

WS 605 Workshop
Treatment planning and advanced image guidance: case-based discussion

- 605.1 *M.J.L. van Strijen (Nieuwegein/NL)*
 605.2 *T. de Baère (Villejuif/FR)*

16:15-17:15

WS 606 Workshop
Cerebral dural AVFs and pial AVMs: case-based discussion

- 606.1 *M. Muto (Naples/IT)*
 606.2 *S. Mangiavico (Florence/IT)*

16:15-17:15

Free Papers

16:15-17:15

Satellite Symposia

17:30-18:30

-  **WS 701 Workshop**
Challenging haemodialysis access interventions: case-based discussion

701.1 *M. Tsitskari (Athens/GR)*701.2 *C. Hohl (Siegen/DE)*

17:30-18:30

-  **WS 702 Workshop**
Venous sampling: case-based discussion

702.1 *S.O. Trerotola (Philadelphia, PA/US)*702.2 *L.J. Schultze Kool (Nijmegen/NL)*

17:30-18:30

-  **WS 703 Workshop**
Complex microcatheterisation techniques: case-based discussion

703.1 *F. Pozzi-Mucelli (Trieste/IT)*703.2 *A. Fohlen (Caen/FR)*

17:30-18:30

-  **WS 704 Workshop**
Challenging urinary tract interventions: case-based discussion

704.1 *C. Tapping (Oxford/UK)*704.2 *M. Szczerbo-Trojanowska (Lublin/PL)*

17:30-18:30

-  **WS 705 Workshop**
Tips and tricks for challenging liver ablations: case-based discussion

705.1 *C.T. Sofocleous (New York, NY/US)*705.2 *R. Bale (Innsbruck/AT)*

17:30-18:30

Satellite Symposia

Sunday, September 27

08:30-09:30

FC 901 **Fundamental Course** **Basic principles of biliary intervention**

- 901.1 Biliary interventions for stone disease
E. Broutzos (Athens/GR)
- 901.2 Biliary interventions in bile duct malignancy
H.-U. Laasch (Manchester/UK)
- 901.3 Biliary leak and iatrogenic bile duct injury management
O.M. van Delden (Amsterdam/NL)
- 901.4 Biliary interventions in liver transplant patients
J.H. Peregrin (Prague/CZ)

08:30-09:30

SS 902 **Special Session** **How to improve acute stroke management: new horizons**

- 902.1 How can imaging improve patient selection for mechanical thrombectomy or IV thrombolysis?
P. Michel (Lausanne/CH)
- 902.2 New generation stent retrievers
T. Andersson (Kortrijk/BE)
- 902.3 MR guidance in endovascular acute stroke intervention with new magnetically-assisted, remote-controlled catheters
S. Hetts (San Francisco, CA/US)
- 902.4 IA stem cell therapy in stroke patients
S. Banerjee (London/UK)

08:30-09:30

SS 903 **Special Session** **Embolic agents for microcatheters**

- 903.1 Microcoils
L. Defreyne (Ghent/BE)
- 903.2 Microparticles
K. Osuga (Osaka/JP)
- 903.3 Ethylene vinyl alcohol
W.A. Wohlgemuth (Regensburg/DE)
- 903.4 Acrylic glue
Y. Arai (Tokyo/JP)

08:30-09:30

SS 904 **Special Session** **Venous Forum II: Deep vein thrombosis**

- 904.1 Trials update and current evidence
S. Kee (Los Angeles, CA/US)
- 904.2 Patient selection and treatment: upper limb DVT
V. Bérczi (Budapest/HU)
- 904.3 Patient selection and treatment: lower limb DVT
J. Kettenbach (St. Pölten/AT)
- 904.4 Chronic iliac vein and caval occlusion
R. de Graaf (Maastricht/NL)

08:30-09:30

LS 905 **Lecture Session** **Abdominal aorta**



- 905.1 Device evolution and impact on EVAR outcomes
P. Vilares Morgado (Porto/PT)
- 905.2 Is there still a role for AUI stentgrafts in EVAR?
M. Schoder (Vienna/AT)
- 905.3 Is thrombus in the neck a contraindication for EVAR?
P. Cao (Rome/IT)
- 905.4 Is there a need to preserve internal iliac arteries?
L.B. Lönn (Copenhagen/DK)
- 905.5 A fit 65-year-old patient with AAA suitable for EVAR should undergo open surgery
tba
- 905.6 A fit 65-year-old patient with AAA suitable for EVAR should not undergo open surgery
M.W. de Haan (Maastricht/NL)

08:30-10:00

TA-HoW 2 **Hands-on Workshop** **Tumour ablation: tips and tricks – liver & kidney**

Co-ordinators: *L. Hechelhammer (St. Gallen/CH), T.K. Helmberger (Munich/DE)*

08:30-10:00

VV-HoW 2 **Hands-on Workshop** **Varicose veins**

Co-ordinators: *J.A. Brookes (London/UK), L. Oguzkurt (Istanbul/TR)*

08:30-13:00

PTP-HoW 2 Hands-on Workshop**Principles to practice: education and simulation skills training***Co-ordinators: D.O. Kessel (Leeds/UK),
J.C. van den Berg (Lugano/CH)*

10:00-11:00

FC 1001 Fundamental Course**Basic principles of biopsy and drainage procedures**

- 1001.1 Percutaneous biopsy of easy and difficult lesions in the lungs and mediastinum
P.A.M.S. Almeida (Viseu/PT)
- 1001.2 Percutaneous treatment of empyema, lung abscess and mediastinal abscess
M. Dux (Frankfurt/DE)
- 1001.3 Percutaneous biopsy of easy and difficult lesions in the abdomen and pelvis
O. Akhan (Ankara/TR)
- 1001.4 Percutaneous management of abdominal and pelvic fluid collections
M.J. Lee (Dublin/IE)

10:00-11:00

ICS 1002 Interactive Case Session**Acute stroke revascularisation: from simple to challenging**

- 1002.1 *A.S. Turk (Charleston, SC/US)*
- 1002.2 *I.Q. Grunwald (Oxford/UK)*

10:00-11:00

SS 1003 Special Session**State-of-the-art vascular malformation management**

- 1003.1 Diagnosis and treatment: low-flow malformations
B. Peynircioglu (Ankara/TR)
- 1003.2 Diagnosis and treatment: high-flow malformations
M. Köcher (Olomouc/CZ)
- 1003.3 Diagnosis and treatment: large visceral vascular malformations
J.E. Jackson (London/UK)
- 1003.4 Diagnosis and treatment: paediatric vascular malformations
A.M. Barnacle (London/UK)

10:00-11:00

SS 1004 Special Session Controversy**Controversies in arterial intervention**

- 1004.1 Renal denervation is dead: pro
J.A. Reekers (Amsterdam/NL)
- 1004.2 Renal denervation is dead: con
M.R. Sapoval (Paris/FR)
- 1004.3 Popliteal stents are effective: pro
M. Cejna (Feldkirch/AT)
- 1004.4 Popliteal stents are effective: con
H. Kobeiter (Créteil/FR)
- 1004.5 ICSS long-term data will lead to resurgence of CAS: pro
A.H. Mahnken (Marburg/DE)
- 1004.6 ICSS long-term data will lead to resurgence of CAS: con
B.T. Katzen (Miami, FL/US)

10:00-11:00

SS 1005 Special Session**Palliation in cancer: alleviation strategies**

- 1005.1 Plexus block for pain management
J. Garnon (Strasbourg/FR)
- 1005.2 GI obstruction
R. Patel (Oxford/UK)
- 1005.3 Long-term drainage of malignant pleural effusion and ascites
K.E. Wilhelm (Bonn/DE)
- 1005.4 Lymphatic leaks
W. Prevoo (Amsterdam/NL)

10:00-11:00

LS 1006 Lecture Session**Aortic dissection**IDEAS
2 0 1 5

- 1006.1 Outcomes of endovascular treatment of complicated type B dissection (IRAD)
S. Trimarchi (San Donato Milanese/IT)
- 1006.2 "Petticoat" technique: indications and results
E. Ducasse (Bordeaux/FR)
- 1006.3 Management of distal re-entry tear: when and how
C. Ferro (Genoa/IT)
- 1006.4 Fenestrated and branched grafts to treat post-dissection aneurysm
E. Verhoeven (Nuremberg/DE)
- 1006.5 For the motion
C. Nienaber (Rostock/DE)
- 1006.6 Against the motion
tba

CD-HoW 2 11:15-12:45
Hands-on Workshop
A closer look at closure devices

Co-ordinators: J.P. Schaefer (Kiel/DE),
 R. Uberoi (Oxford/UK)

EMT-HoW 2 11:15-12:45
Hands-on Workshop
Embolisation: materials and tools – coils & plugs

Co-ordinators: A. Martínez de la Cuesta
 (Pamplona/ES), J.V. Patel (Leeds/UK)

11:30-12:30
Satellite Symposia

RWS 1104 11:30-12:30
EFRS Workshop
Optimising radiation protection in interventional radiology: what can the radiographer do?

1104.1 S. Mc Fadden (Belfast/UK)
 1104.2 R. Gould (Belfast/UK)

13:00-14:00
Satellite Symposia

14:30-15:30
Satellite Symposium

14:30-16:00
Honorary Lecture / Hot Topic Symposium

HL 1301 14:30-15:00
Andreas Gruentzig Lecture

1301.1 Advanced image modelling of abdominal aortic aneurysm: impact on EVAR management
 G. Soulez (Montreal/CA)

HTS 1302 15:00-16:00
Aortic intervention – quo vadis?

IDEAS
2 0 1 5

1302.1 Thoracic aortic trauma
 H. Rousseau (Toulouse/FR)
 1302.2 Complicated acute type B dissection
 R.G.J. Gibbs (London/UK)
 1302.3 Malperfusion syndromes in acute aortic dissection
 J.-P. Beregi (Nîmes/FR)
 1302.4 Ruptured abdominal aortic aneurysm
 F.J. Veith (New York, NY/US)

WS 1401 16:15-17:15
Workshop
Challenging lower limb interventions: case-based discussion

1401.1 M. Katoh (Krefeld/DE)
 1401.2 D. Karnabatidis (Patras/GR)

WS 1402 16:15-17:15
Workshop
Prostate artery embolisation: case-based discussion

1402.1 H. Rio Tinto (Lisbon/PT)
 1402.2 T. Sabharwal (London/UK)

WS 1403 16:15-17:15
Workshop
Management of anticoagulation and antiplatelet therapy

1403.1 L. Kamper (Wuppertal/DE)
 1403.2 M. Rosales Sueiro (Porto/PT)

WS 1404 16:15-17:15
Workshop
Flow modification in cerebral aneurysms: creating new treatment alternatives

1404.1 S. Cekirge (Ankara/TR)

16:15-17:15
Free Papers

AI 1409 16:15-17:15
Amazing Interventions

Co-ordinator: R.A. Morgan (London/UK)

ART 1410 16:15-17:15
Aortic Round Table
Abdominal aorta

IDEAS
2 0 1 5

1410.1 Customised follow-up in EVAR
 tba
 1410.2 Technique selection in the devious proximal neck
 B.T. Katzen (Miami, FL/US)
 1410.3 Management of RAAA
 J.C. Parodi (Buenos Aires/AR)
 1410.4 Management of aorto-iliac aneurysms
 V. Riambau (Barcelona/ES)

17:30-18:30

■ **WS 1501 Workshop**
The challenging diabetic foot: case-based discussion

- 1501.1 *K.N. Katsanos (London/UK)*
1501.2 *R.J. Hinchliffe (London/UK)*

17:30-18:30

■ **WS 1502 Workshop**
Intractable arterial gastrointestinal bleeding: case-based discussion

- 1502.1 *M.A. Funovics (Vienna/AT)*
1502.2 *J. Golzarian (Minneapolis, MN/US)*

17:30-18:30

■ **WS 1503 Workshop**
Practical issues in dose optimisation and monitoring during IR procedures

- 1503.1 *G. Bartal (Kfar-Saba/IL)*
1503.2 *E. Vano (Madrid/ES)*

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposia

17:30-18:30

■ **ICS 1510 Interactive Case Session**
Abdominal aorta

IDEAS
2 0 1 5

- 1510.1 *J.F. Benenati (Miami, FL/US)*
1510.2 *C.D. Liapis (Athens/GR)*
1510.3 *V. Rimbau (Barcelona/ES)*
1510.4 *tba*

Monday, September 28

08:30-09:30

FC 1701 **Fundamental Course** **Basic principles of transcatheter embolisation in the trauma patient**

- 1701.1 Treatment of extremity trauma
S.J. McPherson (Leeds/UK)
- 1701.2 Treatment of parenchymatous bleeding in abdominal cavity
J. Urbano (Madrid/ES)
- 1701.3 Treatment of pelvic haemorrhage
W. Jaschke (Innsbruck/AT)
- 1701.4 Role of stent grafts in large vessel trauma
F. Wolf (Vienna/AT)

08:30-09:30

SS 1702 **Special Session** **Venous Forum III: Pulmonary embolism and IVC filters**

- 1702.1 PE: patient assessment and selection for treatment
M.K. Glynos (Athens/GR)
- 1702.2 Treatment options for pulmonary embolism
P.M. Paprottka (Munich/DE)
- 1702.3 Current evidence on IVC filter placement
M.-F. Giroux (Montreal/CA)
- 1702.4 Challenging placements and retrievals
C.A. Binkert (Winterthur/CH)

08:30-09:30

SS 1703 **Special Session** **State-of-the-art SFA interventions**

- 1703.1 Trials update
S. Müller-Hülsbeck (Flensburg/DE)
- 1703.2 Techniques and complication management
M.A. Ruffino (Turin/IT)
- 1703.3 Are stent grafts the best option?
M. Schoder (Vienna/AT)
- 1703.4 Treatment options and cost effectiveness
P. Reimer (Karlsruhe/DE)

08:30-09:30

SS 1704 **Special Session** **Management of renal malignancies**

- 1704.1 Triage of the renal cancer patient
X. Buy (Bordeaux/FR)
- 1704.2 Ablation vs. nephron-sparing surgery: the evidence
D.J. Breen (Southampton/UK)
- 1704.3 Ablation: what's new?
J. Tacke (Passau/DE)
- 1704.4 Is there any role for intra-arterial therapies?
E. Boatta (Rome/IT)

08:30-09:30

LS 1705 **Lecture Session** **Complex thoracic aorta**

IDEAS
2 0 1 5

- 1705.1 Technical issues in thoraco-abdominal branched grafting
E. Verhoeven (Nuremberg/DE)
- 1705.2 Off-the-shelf endografts for TAAA: benefits and limitations
C. Bicknell (London/UK)
- 1705.3 Current status of arch branched repair
N. Mangialardi (Rome/IT)
- 1705.4 Hybrid procedures for aortic arch disease
T.A. Resch (Malmö/SE)
- 1705.5 The left subclavian artery can be covered in most TEVAR cases without revascularisation: pro
F. Fanelli (Rome/IT)
- 1705.6 The left subclavian artery can be covered in most TEVAR cases without revascularisation: con
R.G.J. Gibbs (London/UK)

08:30-10:00

EMT-How 3 **Hands-on Workshop** **Embolisation: materials and tools – liquid agents**

Co-ordinators: *A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

08:30-10:00

TA-How 3 **Hands-on Workshop** **Tumour ablation: tips and tricks – lung & thyroid gland**

Co-ordinators: *L. Hechelhammer (St. Gallen/CH), T.K. Helmberger (Munich/DE)*

08:30-13:00

PTP-How 3 **Hands-on Workshop** **Principles to practice: education and simulation skills training**

Co-ordinators: *D.O. Kessel (Leeds/UK), J.C. van den Berg (Lugano/CH)*

10:00-11:00

FC 1801 Fundamental Course
Basic principles of transcatheter embolisation in thoracic haemorrhage

- 1801.1 Treatment of bronchial artery bleeding
M. Szczerbo-Trojanowska (Lublin/PL)
- 1801.2 Treatment of pulmonary artery aneurysms
J.A. Vos (Nieuwegein/NL)
- 1801.3 Treatment of thoracic wall and aortic arch branches haemorrhage
T. Sabharwal (London/UK)
- 1801.4 Thoracic duct embolisation
W. Prevoo (Amsterdam/NL)

10:00-11:00

SS 1802 Special Session
State-of-the-art visceral artery aneurysm and pseudoaneurysm management

- 1802.1 Epidemiology, clinical presentation and imaging
P. Vilares Morgado (Porto/PT)
- 1802.2 Current evidence and patient triage
L.P. Lawler (Dublin/IE)
- 1802.3 Stentgrafts and embolisation: technique
M.S. Hamady (London/UK)
- 1802.4 Periprocedural care and patient follow-up
P.P. Goffette (Brussels/BE)

10:00-11:00

SS 1803 Special Session
State-of-the-art BTK interventions

- 1803.1 Trials update
H. van Overhagen (The Hague/NL)
- 1803.2 Techniques and complication management
L.M. Palena (Abano Terme/IT)
- 1803.3 Wound care and patient follow-up
K.N. Katsanos (London/UK)
- 1803.4 Bioresorbable vascular scaffolds
tba

10:00-11:00

ICS 1804 Interactive Case Session
Difficult and unusual tumour ablations

- 1804.1 *A. Gangi (Strasbourg/FR)*
- 1804.2 *L. Solbiati (Busto Arsizio/IT)*

10:00-11:00

SS 1805 Special Session
Credibility and value for money: the keys to success

- 1805.1 Cost effectiveness in medicine: what is it, and how do you measure it?
P. McCrone (London/UK)
- 1805.2 Quality assurance and value for money: how IR can prove its worth
L.M. Kenny (Brisbane/AU)
- 1805.3 Comparative effectiveness research: IR states its case
R. Lencioni (Pisa/IT)
- 1805.4 Next important steps for IR
A. Adam (London/UK)

10:00-11:00

LS 1806 Lecture Session
Complex abdominal aorta

IDEAS
2015

- 1806.1 Adverse neck anatomy is progressive despite initial successful EVAR: implications for technique and device selection
T.M. Mastracci (London/UK)
- 1806.2 Fenestrated grafts vs. open surgery in juxtarenal AAA
J.-P. Becquemin (Créteil/FR)
- 1806.3 Tips and tricks for FEVAR
R.G. McWilliams (Liverpool/UK)
- 1806.4 EVAR with short neck: the role of chimney technique
F.E. Vermassen (Ghent/BE)
- 1806.5 Short necks can be treated by standard EVAR using new devices
tba
- 1806.6 Short necks need more advanced endovascular techniques
M.A. Funovics (Vienna/AT)

11:15-12:45

EMT-HoW 4 Hands-on Workshop
Embolisation: materials and tools – liquid agents

Co-ordinators: *A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

11:15-12:45

TA-HoW 4 Hands-on Workshop
Tumour ablation: tips and tricks – lung & thyroid gland

Co-ordinators: *L. Hechelhammer (St. Gallen/CH), T.K. Helmberger (Munich/DE)*

11:30-12:30

Satellite Symposia

11:30-12:30

RWS 1904 EFRS Workshop**Management of pain during IR procedures**

1904.1 A. England (Salford/UK)

1904.2 S. Morse (Manchester/UK)

13:00-14:00

Satellite Symposia

14:30-15:30

Satellite Symposium

14:30-15:15

XS 2101 The X-Session

Speakers: A. Adam (London/UK), J. Lammer (Vienna/AT),
M.J. Lee (Dublin/IE), J.H. Peregrin (Prague/CZ),
J.A. Reekers (Amsterdam/NL), D. Vorwerk (Ingolstadt/DE)

15:15-16:00

FI 2102 Film Interpretation Quiz

Co-ordinators: O.M. van Delden (Amsterdam/NL),
A.F. Watkinson (Exeter/UK)

14:30-15:30

ART 2103 Aortic Round Table
Thoracic aorta
IDEAS
2 0 1 52103.1 Arch aneurysm management
M.D. Dake (Stanford, CA/US)2103.2 Paraplegia prevention and management
in TAAA branched grafting
S. Haulon (Lille/FR)2103.3 Management of complications of chronic
dissection
C. Nienaber (Rostock/DE)2103.4 Acute type B dissection
S. Trimarchi (San Donato Milanese/IT)

16:15-17:15

WS 2201 Workshop
Acute lower limb ischaemia:
case-based discussion

2201.1 A. Buecker (Homburg/DE)

2201.2 J.-P. Beregi (Nîmes/FR)

16:15-17:15

WS 2202 Workshop
Iatrogenic and non-iatrogenic trauma:
case-based discussion

2202.1 S.J. Park (Incheon/KR)

2202.2 M. Černá (Olomouc/CZ)

16:15-17:15

WS 2203 Workshop
Challenging biliary interventions:
case-based discussion

2203.1 M.E. Krokidis (Cambridge/UK)

2203.2 B. Gonçalves (Porto/PT)

16:15-17:15

WS 2204 Workshop
Lung and kidney ablation:
case-based discussion

2204.1 R.F. Grasso (Rome/IT)

2204.2 C.S. Georgiades (Nicosia/CY)

16:15-17:15

Free Papers

16:15-17:15

General Assembly

16:15-17:15

MEB 2210 Multidisciplinary Expert Board
Aortic disease
IDEAS
2 0 1 5

Co-ordinators: K.A. Hausegger (Klagenfurt/AT),
C.D. Liapis (Athens/GR)

Panellists: M.D. Dake (Stanford, CA/US),
M. Jenkins (London/UK), J.C. Parodi (Buenos Aires/AR)

17:30-18:30

WS 2301 Workshop
The difficult IVC filter:
case-based discussion

2301.1 tba

2301.2 D.A. Valenti (Montreal/CA)

17:30-18:30

WS 2302 Workshop
**The difficult vascular malformation:
 case-based discussion**

- 2302.1 *P. Waldenberger (Salzburg/AT)*
 2302.2 *B. Peynircioglu (Ankara/TR)*

17:30-18:30

WS 2303 Workshop
**Interventional management of pancreatitis:
 case-based discussion**

- 2303.1 *O. Akhan (Ankara/TR)*
 2303.2 *V. Válek (Brno/CZ)*

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposia

17:30-18:30

LS 2310 Lecture Session
Ruptured AAA

IDEAS
2 0 1 5

- 2310.1 Organisational requirements for effective endovascular RAAA treatment
A. Chavan (Oldenburg/DE)
 2310.2 What is the evidence for permissive hypotension in RAAA?
G. Nicholson (London/UK)
 2310.3 SWEDVASC Registry: primary EVAR or primary open strategy for ruptured AAA
K. Mani (Uppsala/SE)
 2310.4 Is there a role for chimney and periscopes in short-necked ruptured AAA
M.W. de Haan (Maastricht/NL)
 2310.5 Endovascular treatment is equal to open surgery
J.A. Reekers (Amsterdam/NL)
 2310.6 Endovascular treatment is not equal to open surgery
J. Lammer (Vienna/AT)

Tuesday, September 29

08:30-09:30

FC 2501 Fundamental Course

Men's health – basic principles of BPH treatment

- 2501.1 Indication for treatment – patient triage
M.R. Sapoval (Paris/FR)
- 2501.2 Current evidence on prostate artery embolisation
N. Hacking (Southampton/UK)
- 2501.3 Prostate artery embolisation: technique
F.C. Carnevale (São Paulo/BR)
- 2501.4 Tips and tricks for difficult PAE procedures
T. Bilhim (Lisbon/PT)

08:30-09:30

SS 2502 Special Session

State-of-the-art aorto-iliac disease treatment

- 2502.1 Current evidence and practice since TASC II
P. Minko (Homburg/DE)
- 2502.2 Treatment of bifurcational lesions
D.K. Tsetis (Iraklion/GR)
- 2502.3 Treatment of long occlusions
K. Schürmann (Dortmund/DE)
- 2502.4 Treatment of iliac aneurysms
G.S. Goh (Melbourne/AU)

08:30-09:30

SS 2503 Special Session

HCC in liver transplantation

- 2503.1 Patient selection and criteria for organ allocation
V. Mazzaferro (Milan/IT)
- 2503.2 Imaging before transplantation
V. Vilgrain (Clichy/FR)
- 2503.3 The role of bridging therapies
M.C. Burgmans (Leiden/NL)
- 2503.4 Downstaging
N. Goldberg (Jerusalem/IL)

08:30-09:30

SS 2504 Special Session

Quality in IR

- 2504.1 Influence of data on quality
P. Reimer (Karlsruhe/DE)
- 2504.2 Influence of checklist use on patient safety
M.J. Lee (Dublin/IE)
- 2504.3 Influence of standardisation on outcome (CIRSE guidelines)
T.J. Kroencke (Augsburg/DE)
- 2504.4 Factors influencing patient satisfaction
T.J. Cleveland (Sheffield/UK)

08:30-09:30

LS 2505 Lecture Session

Imaging of the aorta

IDEAS
2 0 1 5

- 2505.1 Should we use 3D ultrasound for AAAs?
tba
- 2505.2 Does MR have a role in pre- and post-procedural imaging?
D.A. Brisbois (Liège/BE)
- 2505.3 The use of robotics to perform EVAR
M.S. Hamady (London/UK)
- 2505.4 The increasing role of fusion imaging in endovascular aortic procedures
G.M. Richter (Stuttgart/DE)
- 2505.5 Duplex ultrasound should replace CTA for post-EVAR surveillance
tba
- 2505.6 Low-dose CTA is superior to CDUS for post-EVAR surveillance
C.M. Loewe (Vienna/AT)

08:30-10:00

EMT-How 5 Hands-on Workshop

Embolisation: materials and tools – particulate agents

Co-ordinators: *A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

08:30-10:00

TA-How 5 Hands-on Workshop

Tumour ablation: tips and tricks – bone & soft tissue

Co-ordinators: *L. Hechelhammer (St. Gallen/CH), T.K. Helmberger (Munich/DE)*

08:30-13:00

PTP-How 4 Hands-on Workshop

Principles to practice: education and simulation skills training

Co-ordinators: *D.O. Kessel (Leeds/UK), J.C. van den Berg (Lugano/CH)*

10:00-11:00

FC 2601 Fundamental Course
Women's health – basic principles of UAE for symptomatic fibroids

- 2601.1 Indication for treatment – patient triage
J.B. Spies (Washington, DC/US)
- 2601.2 Pre-procedural imaging, patient preparation and medication
H. Vernhet-Kovacsik (Montpellier/FR)
- 2601.3 Tips and tricks for difficult UAE procedures
P.N.M. Lohle (Tilburg/NL)
- 2601.4 Procedural complications and pain management
J.-P. Pelage (Caen/FR)

10:00-11:00

SS 2602 Special Session
Evidence Forum: Drug-eluting devices

- 2602.1 Drug-eluting devices in supra-aortic lesions
R. Gandini (Rome/IT)
- 2602.2 Drug-eluting devices in haemodialysis access
R.H. Portugaller (Graz/AT)
- 2602.3 Drug-eluting devices in SFA lesions
P. Krishnan (New York, NY/US)
- 2602.4 Drug-eluting devices in BTK lesions
N. Chalmers (Manchester/UK)

10:00-11:00

SS 2603 Special Session
Trials and current evidence in interventional oncology

- 2603.1 TACE
K. Malagari (Athens/GR)
- 2603.2 Radioembolisation
J.I. Bilbao (Pamplona/ES)
- 2603.3 Microwave and cryoablation
G. Narayanan (Miami, FL/US)
- 2603.4 HIFU and IRE
M. Bezzi (Rome/IT)

10:00-11:00

SS 2604 Special Session
State-of-the-art spinal tumour interventions

- 2604.1 Procedural approach and bone biopsy
D.K. Filippiadis (Athens/GR)
- 2604.2 Percutaneous treatment of benign tumours
G. Tsoumakidou (Strasbourg/FR)
- 2604.3 Percutaneous treatment of malignancies
F. Deschamps (Villejuif/FR)
- 2604.4 Embolisation
A.G. Ryan (Waterford City/IE)

10:00-11:00

CM 2605 CIRSE meets
CIRSE meets China

- 2605.1 Percutaneous transhepatic portosystemic shunt
H. Shan (Guangzhou/CN)
- 2605.2 Stent loaded with 125I seeds in malignancies – from bench to bedside
G.-J. Teng (Nanjing/CN)
- 2605.3 Hybrid intervention for complex cerebrovascular disease
W.-J. Jiang (Beijing/CN)

10:00-11:00

ICS 2606 Interactive Case Session
Thoracic aorta

IDEAS
2015

- 2606.1 *H. Rousseau (Toulouse/FR)*
- 2606.2 *tba*
- 2606.3 *M.A. Funovics (Vienna/AT)*
- 2606.4 *M.P. Jenkins (London/UK)*

11:15-12:45

EMT-HoW 6 Hands-on Workshop
Embolisation: materials and tools – particulate agents

Co-ordinators: *A. Martínez de la Cuesta (Pamplona/ES), J.V. Patel (Leeds/UK)*

11:15-12:45

TA-HoW 6 Hands-on Workshop
Tumour ablation: tips and tricks – bone & soft tissue

Co-ordinators: *L. Hechelhammer (St. Gallen/CH), T.K. Helmberger (Munich/DE)*

11:30-12:30

SS 2701 Special Session
GI tract haemorrhage

- 2701.1 Clinical evaluation and imaging of GI bleeding
D.A. Brisbois (Liège/BE)
- 2701.2 Treatment and outcome: upper GI bleeding
P.E. Bize (Lausanne/CH)
- 2701.3 Treatment and outcome: lower GI bleeding
P.F. Sousa (Porto/PT)
- 2701.4 Diagnosis and treatment of chronic GI bleeding
V. Vidal (Marseille/FR)

11:30-12:30

SS 2702 Special Session
State-of-the-art endovascular thrombectomy

- 2702.1 Lower extremity aspiration thrombectomy
M. Katoh (Krefeld/DE)
- 2702.2 Visceral artery thrombectomy
J. Raupach (Hradec Králové/CZ)
- 2702.3 Venous thrombectomy
G.J. O'Sullivan (Galway/IE)
- 2702.4 Mechanical intracranial thrombectomy
C.P. Stracke (Essen/DE)

11:30-12:30

SS 2703 Special Session
Transcatheter embolisation in liver metastatic disease

- 2703.1 Neuroendocrine liver metastases
B.A. Radeleff (Heidelberg/DE)
- 2703.2 CRC liver metastases
A. Denys (Lausanne/CH)
- 2703.3 Other liver metastases
K.P. van Lienden (Amsterdam/NL)
- 2703.4 Portal vein embolisation
M. Das (Maastricht/NL)

11:30-12:30

SS 2704 Special Session
Malignant bone tumours: current evidence and new frontiers

- 2704.1 Focal treatment: when and how
M.R. Callstrom (Rochester, MN/US)
- 2704.2 Pain palliation of bone metastases
A.D. Kelekis (Athens/GR)
- 2704.3 Fractures: prevention and treatment
J. Garnon (Strasbourg/FR)
- 2704.4 The potential of high-intensity focused ultrasound
A. Napoli (Rome/IT)

11:30-12:30

MEB 2705 Multidisciplinary Expert Board
PAD: carotid stenosis (conservative/medical, CEA, CAS)

Co-ordinator: D. Vorwerk (Ingolstadt/DE)

Panellists: tba

11:30-12:30

LS 2706 Lecture Session
Endoleaks and complications

IDEAS
2 0 1 5

- 2706.1 EndoAnchors to fix type I endoleaks: can they replace Palmaz stents and/or cuffs?
D. Böckler (Heidelberg/DE)
- 2706.2 Type II endoleaks: management options
F. Pozzi-Mucelli (Trieste/IT)
- 2706.3 Re-intervention after fenestrated and branched endovascular repair
R.A. Morgan (London/UK)
- 2706.4 Treatment of limb occlusions and how to prevent them
G.A. Maleux (Leuven/BE)
- 2706.5 For the motion
J.F. Benenati (Miami, FL/US)
- 2706.6 Against the motion
tba

13:00-14:00

Satellite Symposia

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 CLI beyond pipe fitting
J.A. Reekers (Amsterdam/NL)

15:00-16:00

HTS 2902 Paediatric IR – expand your horizons

- 2902.1 Aneurysmal bone cysts
P. Warren (Columbus, OH/US)
- 2902.2 Lymphatic malformations of the orbit
A.M. Barnacle (London/UK)
- 2902.3 Lymphatic intervention in children
M. Itkin (Philadelphia, PA/US)
- 2902.4 Thrombolysis in children and adolescents
A.M. Cahill (Philadelphia, PA/US)

16:15-17:15

WS 3001 Workshop
Challenging supra-aortic interventions:
case-based discussion

- 3001.1 *P. Brennan (Dublin/IE)*
 3001.2 *J.C. van den Berg (Lugano/CH)*

16:15-17:15

WS 3002 Workshop
Advanced techniques for managing CLI:
case-based discussion

- 3002.1 *R. Gandini (Rome/IT)*
 3002.2 *H. van Overhagen (The Hague/NL)*

16:15-17:15

WS 3003 Workshop
Preparation for EBIR and the use of
ESIRonline

- 3003.1 *K.A. Hausegger (Klagenfurt/AT)*
 3003.2 *M. Bezzi (Rome/IT)*

16:15-17:15

WS 3004 Workshop
Basic and advanced Y-90:
case-based discussion

- 3004.1 *J.I. Bilbao (Pamplona/ES)*
 3004.2 *C. Ferro (Genoa/IT)*

16:15-17:15

Free Papers

16:15-17:15

Satellite Symposium

17:30-18:30

WS 3101 Workshop
Challenging varicose vein ablation:
case-based discussion

- 3101.1 *J.A. Kaufman (Portland, OR/US)*
 3101.2 *K.D. McBride (Dunfermline/UK)*

17:30-18:30

WS 3102 Workshop
Challenging visceral artery aneurysms:
case-based discussion

- 3102.1 *G.J. Robinson (Hull/UK)*
 3102.2 *P. Chabrot (Clermont-Ferrand/FR)*

17:30-18:30

WS 3103 Workshop
Complications of abdominal surgery
treatment: case-based discussion

- 3103.1 *P. Lucatelli (Rome/IT)*
 3103.2 *T. Pfammatter (Zurich/CH)*

17:30-18:30

Free Papers

17:30-18:30

Satellite Symposium

Wednesday, September 30

08:30-09:30

SS 3201 **Special Session** **Venous Forum IV: Portal hypertension**

- 3201.1 TIPS for refractory ascites and variceal bleeding
É. Coimbra (Lisbon/PT)
- 3201.2 Percutaneous treatment options in portal vein thrombosis
A. Krajina (Hradec Králové/CZ)
- 3201.3 Percutaneous management of Budd-Chiari syndrome
I.K. Tesdal (Friedrichshafen/DE)
- 3201.4 BRTO – why, when and how?
K. Kichikawa (Nara/JP)

08:30-09:30

SS 3202 **Special Session** **State-of-the-art biliary and pancreatic malignancy treatment**

- 3202.1 Intrahepatic cholangiocarcinoma: interventional treatments
W.S. Rilling (Milwaukee, WI/US)
- 3202.2 Hilar cholangiocarcinoma: palliation strategies
T. Andrašina (Brno/CZ)
- 3202.3 IRE for pancreatic tumours: the evidence
A. Nilsson (Uppsala/SE)
- 3202.4 HIFU for pancreatic tumours: the evidence
F. Orsi (Milan/IT)

08:30-09:30

SS 3203 **Special Session** **How to deliver high-quality IR services**

- 3203.1 IR as clinical specialty
D.K. Tsetis (Iraklion/GR)
- 3203.2 Provision of IR: requirements
R. Uberoi (Oxford/UK)
- 3203.3 24/7 access to IR services
A.M. Al-Kutoubi (Beirut/LB)
- 3203.4 Efficient workforce planning
G. Mühlenbruch (Würselen/DE)

10:00-11:00

SS 3301 **Special Session** **State-of-the-art pedal angioplasty**

- 3301.1 Current evidence
H.I. Manninen (Kuopio/FI)
- 3301.2 Access routes and technical considerations
M.G. Manzi (Abano Terme/IT)
- 3301.3 Procedural complications and their management
L.M. Palena (Abano Terme/IT)
- 3301.4 Special considerations in the diabetic patient
J.C. van den Berg (Lugano/CH)

10:00-11:00

SS 3302 **Special Session** **Lung metastases: facts and controversies**

- 3302.1 Patient triage for lung metastases: where is the evidence?
J. Palussière (Bordeaux/FR)
- 3302.2 Ablation of lung tumours: present and future
J.-Y. Gaubert (Marseille/FR)
- 3302.3 Radiation therapy for lung tumours: with or without ablation?
M.D. Piroth (Wuppertal/DE)
- 3302.4 Treatment options and cost effectiveness
A.H. Mahnken (Marburg/DE)

10:00-11:00

ICS 3303 **Interactive Case Session** **Complex venous interventions**

- 3303.1 *B. Gebauer (Berlin/DE)*
- 3303.2 *G.A. Maleux (Leuven/BE)*

11:30-12:30

MM 3401 **Morbidity & Mortality Conference**

Co-ordinators: *T.K. Helmberger (Munich/DE),
F. Wolf (Vienna/AT)*

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General Information

Congress Dates

CIRSE 2015 will take place from September 26-30, 2015.

Congress Venue

Centro de Congressos de Lisboa

Praça das Indústrias

1300-307 Lisbon | Portugal

Phone: +351 213 601 400 | Fax: +351 213 601 499

Email: lisboacc@aip.pt

CIRSE Secretariat

CIRSE Central Office

Neutorgasse 9

1010 Vienna | Austria

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

Email: info@cirse.org

Exhibition Management

MAW

Bettina Kreiner, Dominik Udolf, Simone Weinmann

Phone: +43 1 536 63-35, -64, -37 | Fax: +43 1 535 6016

Email: cirse@media.co.at

Accommodation

Kuoni Destination Management

operated by

Buzz Portugal DMC

Av. Elias Garcia, n° 147, 5° Esq

1050-099 Lisbon | Portugal

Phone: +351 211 147 160

Email: cirse2015@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.

Congress Registration

Register before June 18, 2015 and benefit from reduced early bird registration fees!

Online registration (secured payment) for **CIRSE 2015** and **IDEAS 2015** will be available from March onwards 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 for CIRSE 2015 (€)

CIRSE 2015

Early Bird Fee

Until June 18, 2015

CIRSE Member	€ 480
Non-Member	€ 780
Resident* (CIRSE Member)	€ 270
Resident* (Non-Member)	€ 330
Nurse/Radiographer* (CIRSE Member)	€ 190
Nurse/Radiographer* (Non-Member)	€ 300
Undergraduate Medical European Student**	€ 0

After June 18, 2015

CIRSE Member	€ 680
Non-Member	€ 980
Resident* (CIRSE Member)	€ 475
Resident* (Non-Member)	€ 560
Nurse/Radiographer* (CIRSE Member)	€ 440
Nurse/Radiographer* (Non-Member)	€ 550
Undergraduate Medical European Student**	€ 0

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

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

Your registration fee includes

- access to **CIRSE 2015** and **IDEAS 2015** – The Interdisciplinary Endovascular Aortic Symposium (www.aorticideas.org)
- access to the CIRSE 2015 Technical Exhibition, Satellite Symposia and industry sponsored Learning Centres
- one year access to ESIRonline (www.esir.org), the educational platform for interventional radiology

Registration fees for IDEAS 2015 (€)



Early Bird Fee

Until June 18, 2015

CIRSE Member	€ 380
Non-Member	€ 580
Resident* (CIRSE Member)	€ 260
Resident* (Non-Member)	€ 320
Nurse/Radiographer* (CIRSE Member)	€ 180
Nurse/Radiographer* (Non-Member)	€ 290

After June 18, 2015

CIRSE Member	€ 480
Non-Member	€ 780
Resident* (CIRSE Member)	€ 420
Resident* (Non-Member)	€ 550
Nurse/Radiographer* (CIRSE Member)	€ 360
Nurse/Radiographer* (Non-Member)	€ 460

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

Your registration fee includes

- access to **IDEAS 2015** – The Interdisciplinary Endovascular Aortic Symposium (www.aorticideas.org) from **September 27-29** (two and a half days)
- access to the CIRSE 2015 Technical Exhibition, Satellite Symposia and industry sponsored Learning Centres from **September 27-29** (two and a half days)
- one year access to ESIRonline (www.esir.org), the educational platform for interventional radiology

Reduced registration fees are only available for members who have been in good standing during the years 2014 and 2015 (individuals who become CIRSE Members in 2015 will be able to benefit from reduced congress fees for the meeting in 2016).

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 2015 and IDEAS 2015 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 registration is available at www.cirse.org

ESIRonline

A WEALTH OF IR LEARNING

CIRSE members benefit from a special service: over 8,000 presentations, webcasts and abstracts from CIRSE events since 2006 are available on ESIRonline, year-round.

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

www.esir.org

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 2014 saw an attendance of over 6,400 participants from 78 countries worldwide. More than 100 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 2014 and looks forward to welcoming them again in Lisbon for CIRSE 2015!

Aachen Resonance	Korean Society of Interventional Radiology (KSIR)
Abbott Vascular	Lerner Pax
ALN Implants Chirurgicaux	LINC 2015
Alvimedica	Lombard Medical
Andramed	MDT X-Ray
Angiodroid	Medcomp
AngioDynamics	Medical Professionals
AprioMed	Medtronic
ArraVasc	Mentice
ArtVentive Medical	Merit Medical
Austrian Society of Interventional Radiology (ÖGIR)	Möller Medical
Bard	NeuWave
Bayer Pharma	Olympus Surgical Technologies
Bentley InnoMed	Optimed Medizinische Instrumente
Bioteque	Oscor
Biotronik	Pajunk
BK Medical / Analogic Ultrasound	Pan Medical
Bolton Medical	Penumbra
Boston Scientific	Perfint Healthcare
British Institute of Radiology (BIR)	Perouse Medical
British Society of Interventional Radiology (BSIR)	PharmaCept
BTG	Philips Healthcare
CareFusion	QualiMed Innovative Medizinprodukte
CAScination	Reverse Medical
CeloNova BioSciences	RF Medical
Clinical Laserthermia Systems	Seldinger Society for Vascular and Interventional Radiology (SSVIR)
Cook Medical	Siemens
Cordis Johnson & Johnson Medical	Simbionix
Covidien	Sirtex Medical
Creagh Medical	Society of Interventional Radiology (SIR)
German Society of Interventional Radiology (DEGIR)	St. Jude Medical
Deutsche Akademie für Mikrotherapie (DAfMT)	Sterylab
DFine	Straub Medical
Edizioni Minerva Medica	Surefire Medical
Endovascular Today	Tecres
Galil Medical	Teleflex Medical
Galt Medical	TeraRecon
GEM	Terumo
GO Medical	Tokai Medical Products
Greek / Hellenic Society of Interventional Radiology (GSIR)	Toshiba Medical Systems
Guerbet	Turkish Society of Interventional Radiology (TSIR)
H.S. Hospital Service	UreSil
Hansen Medical	Vascular Solutions
HealthManagement	Veniti
Hyprevention	Volcano
Imactis	W.L. Gore & Associates
Imedicom	Wisepress Medical Bookshop
InSightec	3D print EVAR study / Southend Hospital
Interventional News / BIBA	

Explore IR in Lisbon

As the city that launched the Age of Discovery, Lisbon is a fitting location in which to discover the latest breakthroughs in minimally invasive image-guided medicine.

CIRSE has visited this "city of light" in 2009 and 2012, and the success of both congresses means we are looking forward to enjoying the many benefits of this welcoming and well-connected city once more.

Getting there

As the sunshine capital of Europe, Lisbon enjoys excellent flight connections, ferrying both tourists and business travellers from around the world with ease. Lisbon is served by Lisbon Portela Airport (Aeroporto da Portela), located 7 km north of the city centre. As one of the largest and best-equipped airports in Southern Europe, it has been nominated as Europe's Leading Airport for six consecutive years in the World Travel Awards, as well as having played a starring role in the classic film, *Casablanca*.

The national carrier, TAP Portugal, has the airport as its main base, and it is a focus city for budget carriers Easy Jet and Ryanair. This offers congress-goers excellent flight connections to a wide range of destinations. Recently refurbished, the airport is now connected to the city's extensive metro network.

As part of the Schengen area, most European visitors require no visa to enter. Similarly, agreements with Australia, Canada, Israel, Japan, the USA and a number of other countries mean that delegates from these countries need only provide a passport valid for at least three months after the end of their stay (provided this stay is of less than 90 days' duration). More details are available from your local Portuguese embassy or consulate, or one of their websites.

Save on your flight!

CIRSE has negotiated a special deal with the Star Alliance™ network, allowing registered CIRSE 2015 participants to benefit from a discount of up to 20% on their flights, depending on the fare and class of travel booked.

More information about participating airlines can be found on page 64, and on the CIRSE website (www.cirse.org/flights). Please quote the discount code **TP10S15** when booking.

Our venue

The congress centre, Centro de Congressos de Lisboa, offers us sufficient room for our many sessions, workshops and our extensive exhibition, as well as excellent facilities for our expected 6,000 delegates. Located in the parish of Belém, just 6 km south-west of the city centre, it lies within easy reach of many hotels.



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Belém, a name derived from the Portuguese for Bethlehem, was one of the few parts of Lisbon to survive the 1755 earthquake, and thus features some of the oldest buildings in the city. It was also the port used to launch many of the voyages of discovery, including Vasco da Gama's 1497 mission to India. Both these historical facts are embodied by the iconic Belém Tower, a stately Manueline lighthouse that guards the entrance to the port.

The tower also served to guard the nearby Jerónimos Monastery, built as a monument to da Gama's successful voyage to India, and later housing the explorer's tomb. The monastery is also famous for creating the original *Pastéis de nata*, and seemingly the best ones can still be bought in the local Fábrica dos Pastéis de Belém.

Getting about

Lisbon's public transport system is reliable and well-planned. The metro forms the main skeleton of the network, with buses, trams and funicular services filling in the gaps. The trams of Lisbon are particularly worth a trip – originally introduced in the 19th century from the USA, these little yellow wonders were dubbed "americanos". The small, old-fashioned carriages are perfectly suited to Lisbon's steep hills and narrow streets, and have become one of the icons of modern Lisbon.



Gaby Kempf@pixelio.de

Where to stay

Our official travel partners, Kuoni Destination Management and Buzz Portugal DMC, have plenty of accommodation and travel suggestions to make, and further details and a useful map can be found on pages 65-67. Kuoni is also offering group booking, making it easier for national society delegations to find accommodation together.

What to eat

While the congress will be an intense affair, offering sessions and learning opportunities from 08:00 until 18:00, Lisbon offers lots of opportunity to unwind in the evening. With an amazing 1,800 km of coastline at their disposal, it is not surprising that Portuguese cuisine incorporates the finest seafood.

White cod (or bacalhau) is by far the most popular. Legend has it that such a vast variety of bacalhau recipes exist, that you could eat it every day of the year without ever repeating a recipe.



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Portugal is also noted for Port wine from the Douro region, which is one of the oldest wine regions of Europe. Olives are another local specialty, as are *Pastéis de nata* – delicious little custard-pastries, over which cinnamon and icing sugar is shaken.

The sound of the sea permeates more than their cuisine, however, and all visitors to Portugal should try to experience traditional Fado music. Fado (fate or destiny) can be about anything, but the sea and nostalgia for those who are far away upon it are common themes.

More ideas on how to recharge in the evening can be found at www.visitlisbao.com.

Come explore the world of IR with us in Lisbon!



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Accommodation

In co-operation with its travel partners KUONI Destination Management and Buzz Portugal DMC, CIRSE has secured a great number of hotel rooms in Lisbon for the benefit of our congress participants.

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

Buzz Portugal DMC

Claudia Rothe, Project Manager
Av. Elias Garcia, 147 – 5º Esq :: 1050-099 Lisboa
Phone: +351 211 147 160
Email: cirse2015@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
www.cirse.org/accommodation

Group Bookings (10 rooms and more):

Special booking conditions may apply. Please contact Buzz Portugal DMC via Email or phone.

CANCELLATION POLICY (Individual bookings)

Cancellations until June 1, 2015:
100% refund less a handling fee of €25 (EUR).

Cancellations between June 2, 2015 and July 18, 2015:
50% refund less a handling fee of €25 (EUR).

Cancellations received after July 19, 2015:
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 Buzz Portugal DMC in writing.

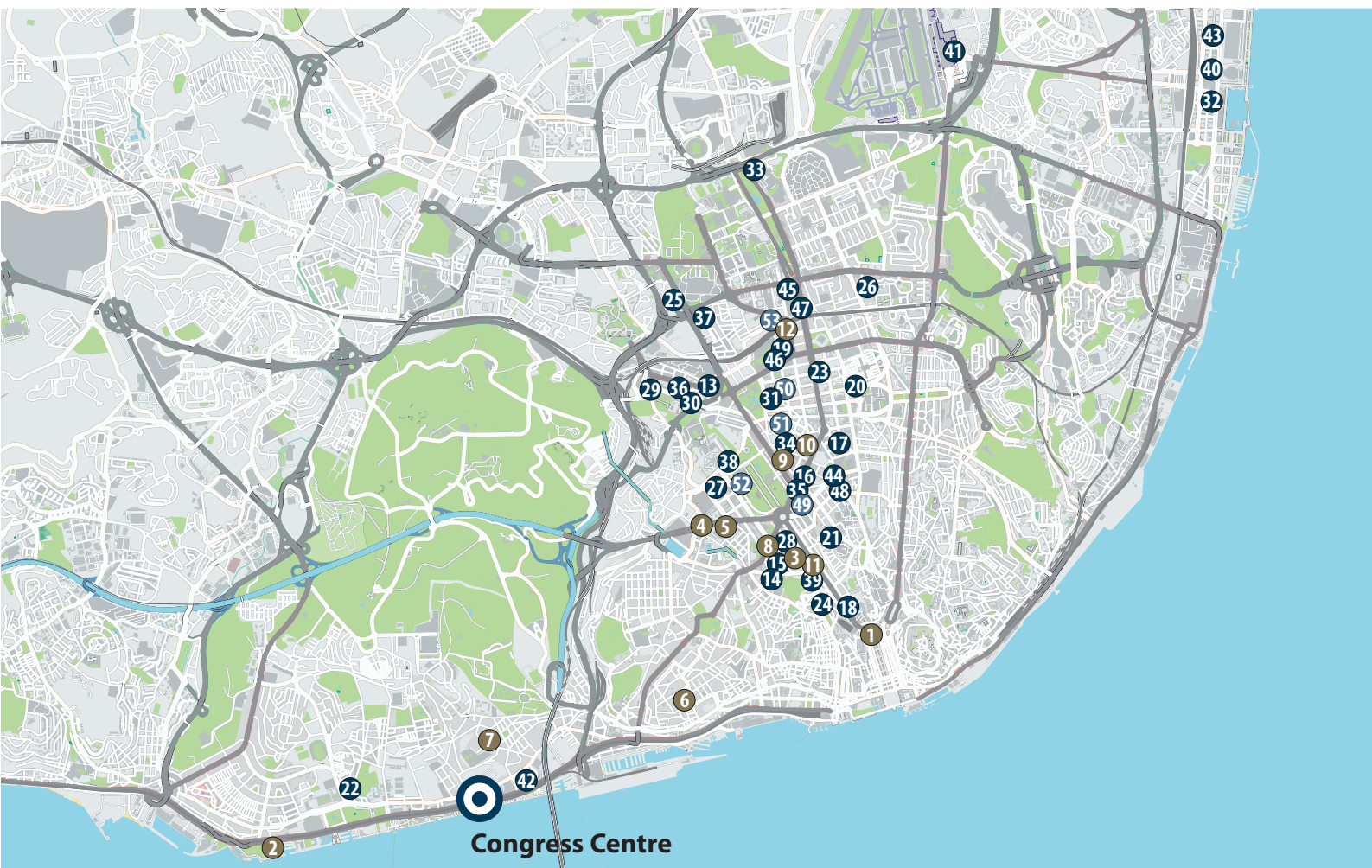
Please note that accommodation for additional nights is strictly subject to the hotel's availability.
All necessary refunds will be made after the congress.

Buzz Portugal and Kuoni shall act as mediators 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 Vienna.

Hotel List CIRSE 2015 Lisbon

	Hotel Name	Price per Night (€)	Location area	Travel time public transport	Travel time taxi
5* Hotels					
01	Altis Avenida	260	City centre south	20 min.	15 min.
02	Altis Belém	300	South of Lisbon	25 min.	10 min.
03	Altis Grand	270	City centre south	20 min.	15 min.
04	Dom Pedro Palace	250	City centre south	30 min.	12 min.
05	Epic Sana Lisbon	260	City centre south	18 min.	12 min.
06	Olissippo Lapa Palace	360	South of Lisbon	20 min.	5 min.
07	Pestana Palace	315	South of Lisbon	8 min. walking	5 min.
08	Porto Bay Liberdade	205	City centre south	20 min.	15 min.
09	Real Palácio	240	City centre south	22 min.	15 min.
10	Sheraton Lisboa*	200	City centre south	30 min.	15 min.
11	Tivoli Lisboa	295	City centre south	20 min.	15 min.
12	VIP Grand Lisboa Hotel & Spa*	150	City centre north	34 min.	15 min.
4* Hotels					
13	Açores Lisboa	135	City centre south	27 min.	12 min.
14	Altis Prime	240	City centre south	25 min.	15 min.
15	Altis Suites	240	City centre south	20 min.	15 min.
16	Exe Lisboa Parque	189	City centre south	25 min.	16 min.
17	Fontana Park	215	City centre south	30 min.	16 min.
18	Heritage Av. Liberdade	290	City centre south	20 min.	15 min.
19	Holiday Inn Continental	130	City centre north	31 min.	15 min.
20	Holiday Inn Lisboa	130	City centre north	38 min.	15 min.
21	Inspira Santa Marta	245	City centre north	32 min.	15 min.
22	Jeronimos 8	250	South of Lisbon	12 min.	8 min.
23	Júpiter Lisboa	170	City centre north	34 min.	15 min.
24	Lisboa Plaza	260	City centre south	15 min.	10 min.
25	Lisbon Marriott	240	City centre north	41 min.	15 min.
26	Lutécia	195	City centre north east	30 min.	15 min.
27	Lux Lisboa Park	210	City centre south	20 min.	10 min.
28	Marquês de Pombal	135	City centre north	15 min.	11 min.
29	Mercure Lisboa	180	City centre north	32 min.	10 min.
30	Novotel Lisboa	180	City centre north	25 min.	10 min.
31	Olissippo Marquês de Sá	110	City centre north	35 min.	15 min.
32	Olissippo Oriente	150	North east of Lisbon	55 min.	25 min.
33	Radisson Blu	130	North of Lisbon	37 min.	15 min.
34	Real Parque	180	City centre north	23 min.	15 min.
35	Sana Lisboa	230	City centre south	20 min.	15 min.
36	Sana Malhoa	195	City centre north	25 min.	12 min.
37	Sana Metropolitan	150	City centre north	39 min.	15 min.
38	Skyna Lisboa	200	City centre south	20 min.	15 min.
39	Tivoli Jardim	255	City centre south	20 min.	15 min.
40	Tivoli Oriente	165	North east of Lisbon	35 min.	20 min.
41	Tryp Lisboa Aeroporto	150	North east of Lisbon	35 min.	20 min.
42	Vila Galé Ópera	230	South of Lisbon	5 min. walking	5 min. walking
43	Vip Executive Art's*	90	North east of Lisbon	35 min.	20 min.
44	Vip Executive Suites Marquês*	85	City centre south	18 min.	15 min.
45	Vip Executive Villa Rica*	90	City centre north	30 min.	10 min.
46	3K Barcelona	130	City centre north	33 min.	10 min.
47	3K Europa	150	City centre north	36 min.	10 min.
48	3K Madrid	105	City centre south	30 min.	15 min.
3* Hotels					
49	Sana Capitol	160	City centre south	15 min.	10 min.
50	Sana Executive	155	City centre north	35 min.	11 min.
51	Sana Reno	155	City centre north	35 min.	12 min.
52	Sana Rex	155	City centre south	17 min.	10 min.
53	Vip Executive Zurique*	70	City centre north	36 min.	10 min.

*Special rate valid until March 15th, 2015



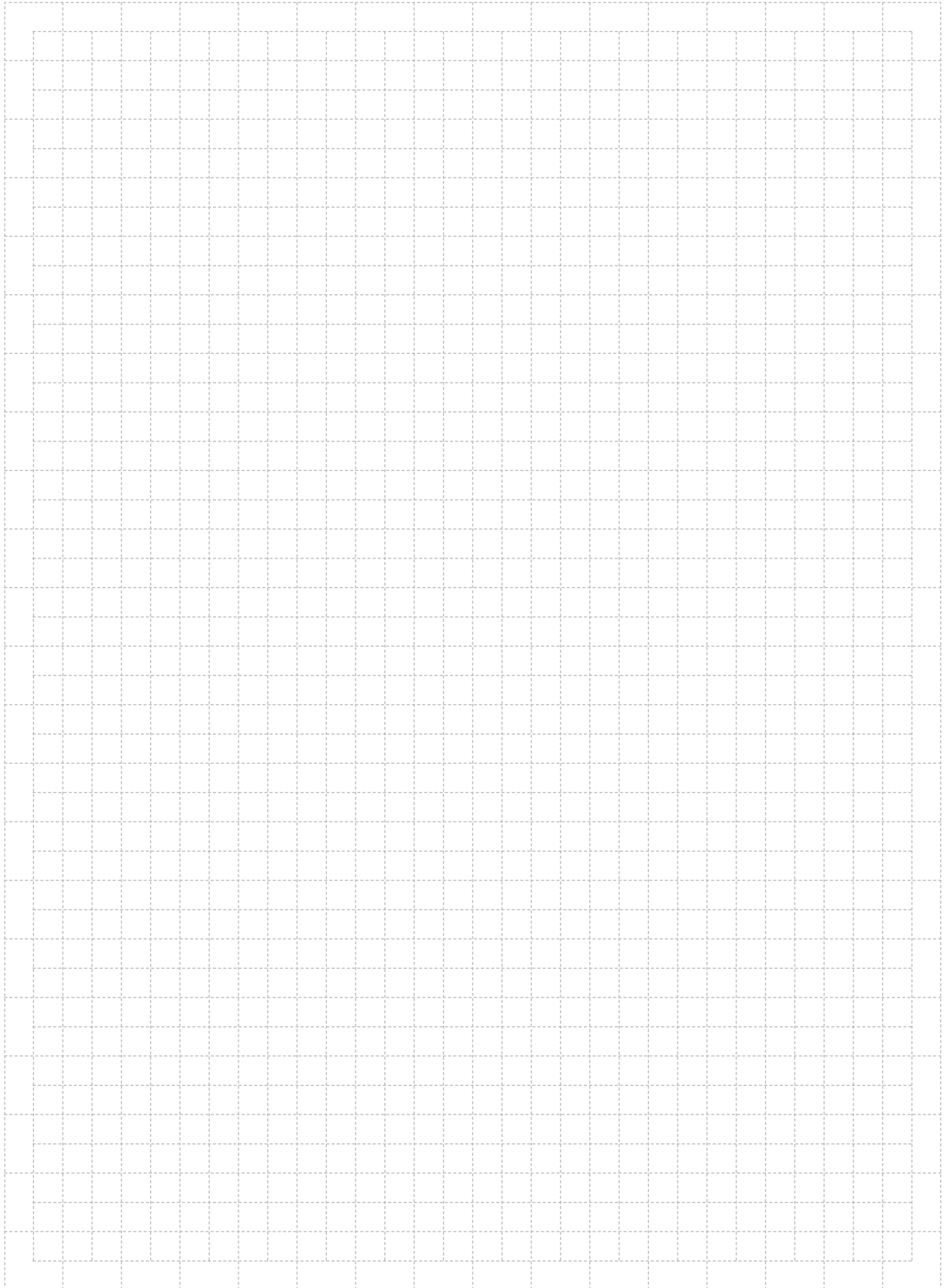
- 1 Altis Avenida
- 2 Altis Belém
- 3 Altis Grand
- 4 Dom Pedro Palace
- 5 Epic Sana Lisboa
- 6 Olissippo Lapa Palace
- 7 Pestana Palace
- 8 Porto Bay Liberdale
- 9 Real Palácio
- 10 Sheraton Lisboa
- 11 Tivoli Lisboa
- 12 Vip Grand Lisboa Hotel & Spa
- 13 Açores Lisboa
- 14 Altis Prime
- 15 Altis Suites
- 16 Exe Lisboa Parque
- 17 Fontana Park
- 18 Heritage Av. Liberdade

- 19 Holiday Inn Continental
- 20 Holiday Inn Lisboa
- 21 Inspira Santa Marta
- 22 Jerónimos 8
- 23 Júpiter Lisboa
- 24 Lisboa Plaza
- 25 Lisbon Marriott
- 26 Lutécia
- 27 Lux Lisboa Park
- 28 Marquês de Pombal
- 29 Mercure Lisboa
- 30 Novotel Lisboa
- 31 Olissippo Marquês de Sá
- 32 Olissippo Oriente
- 33 Radisson Blu
- 34 Real Parque
- 35 Sana Lisboa
- 36 Sana Malhoa

- 37 Sana Metropolitan
- 38 Skyna Lisboa
- 39 Tivoli Jardim
- 40 Tivoli Oriente
- 41 Tryp Lisboa Aeroporto
- 42 Vila Galé Ópera
- 43 Vip Executive Art's
- 44 Vip Suites do Marquês
- 45 Vip Executive Villa Rica
- 46 3K Barcelona
- 47 3K Europa
- 48 3K Madrid
- 49 Sana Capitol
- 50 Sana Executive
- 51 Sana Reno
- 52 Sana Rex
- 53 Vip Executive Zurique

- ***** Hotel
- **** Hotel
- *** Hotel

Our local travel partners Buzz Portugal DMC and Kuoni Destination Management will be more than pleased to assist you with your hotel bookings. Please contact them via email at cirse2015@ch.kuoni.com. Detailed information about hotels and rates as well as an online booking service are available at www.cirse.org.



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1. User testing feedback. Data on file.



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