LEADERS IN ONCOLOGIC INTERVENTIONS

ECIO 2016

European Conference on Interventional Oncology

April 17-20
Dublin, Ireland

www.ecio.org

PRELIMINARY PROGRAMME

CIRSE

Cardiovascular and Interventional Radiological Society of Europe

LEADERS IN ONCOLOGIC

The annual ECIO meeting offers all physicians interested in image-guided oncological therapies an opportunity to learn about new developments and discuss best practice. Since the early days of image-guided biopsies and palliative stenting, the field has expanded to cover a staggering range of clinical options.

Next year's meeting, to be held in Dublin, Ireland, will endeavour to cover a broad cross-section of these therapies, focusing on the most recent advances. A number of innovative session types will again be employed, including Video Learning Sessions, a new Hands-on Workshop on supportive procedures, and the *Best IO papers* session, which was introduced last year to great acclaim.

Colorectal liver metastases

A core theme will be metastatic colorectal liver cancer. More than one million new colorectal patients are seen each year worldwide: approximately 15% of these have liver metastases at diagnosis and around 60% develop these during follow-up. Recent interventional oncology data demonstrate some promising adjuvant therapies, as well as increased survival time and improved quality of life in unresectable patients. These treatments and their clinical application will be thoroughly examined in a number of Clinical Focus Sessions and a Multidisciplinary Tumour Board.

A varied programme

Other topics to be discussed include staples such as imaging, HCC, lung cancers, new developments and the clinical management of patients. The 2016 meeting will also feature a dedicated immunotherapy session – an exciting field which deserves the attention of the oncology community. The conference will also address newer clinical territories such as neuroendocrine tumours and cholangiocarcinoma, as well as hosting a discussion on quality assurance in the IO field.

A diverse faculty

These discussions will all take place within a multidisciplinary framework – the vast array of therapies available mean that interdisciplinary collaboration is an essential part of modern


A. Adam


J.I. Bilbao


C.A. Binkert


E. Brountzos


T. de Baère


A. Denys


A. Gangi


J.-F.H. Geschwind

COMMITTEES

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Thierry de Baère (FR)
Johannes Lammer (AT)
Riccardo Lencioni (US)
Jan H. Peregrin (CZ)
Jim A. Reekers (NL)

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Elias Brountzos (GR)
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Colin Cantwell (Dublin)
Tony Geoghegan (Dublin)
Peter Kennedy (Belfast)
Gerard J. O'Sullivan (Galway)
Mark Ryan (Dublin)
William Torregiani (Dublin)
David Tuite (Cork)

INTERVENTIONS

oncology, and ECIO strives to both reflect that reality and promote its wider adoption. We are delighted to once again count a number of oncologists, radiotherapists and surgeons amongst the ECIO faculty, and are confident that this will lead to balanced and fruitful discussions on a number of clinical themes, especially within the Multidisciplinary Tumour Boards. CIRSE also acknowledges the input of partner organisations such as ESMO, ESSO and the WCIO in providing speaker recommendations for selected sessions – we are grateful for their specialist knowledge and kind support.

Honorary Lecture

We are especially proud to welcome Prof. Bruno Sangro to deliver the Honorary Lecture – his expertise in medical oncology and internal medicine, and his tireless collaboration with other disciplines including interventional radiology have resulted in valuable contributions to the study of intra-arterial treatment of HCC and other primary and secondary liver tumours.

Bring your referring physicians

We are confident that this scientific programme, although focused on IO, will also provide plenty of learning opportunities for specialists from other disciplines, and look forward to welcoming many participants under the Referring Physician Incentive Scheme.

Join us in Dublin!

This comprehensive programme will take place in the Convention Centre Dublin, the first carbon-neutral convention centre in the world, whose striking glass frontage and curved walls offer the perfect backdrop to a field as dynamic and forward-thinking as interventional oncology. We hope to see you there!

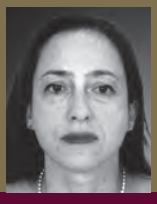

B. Hamm


T.K. Helmberger


J. Lammer


M.J. Lee


R. Lencioni


K. Malagari


J.H. Peregrin


P.L. Pereira


J.A. Reekers

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Preliminary Faculty

as per printing date – subject to change

Adam A.	London/UK
Arai Y.	Tokyo/JP
Audisio R.A.	St. Helens/UK
Ayuso C.	Barcelona/ES
Baek J.H.	Seoul/KR
Bale R.	Innsbruck/AT
Bargellini I.	Pisa/IT
Basile A.	Catania/IT
Beets-Tan R.G.H.	Amsterdam/NL
Bezzi M.	Rome/IT
Bilbao J.I.	Pamplona/ES
Bize P.E.	Lausanne/CH
Breathnach O.S.	Dublin/IE
Breen D.J.	Southampton/UK
Buy X.	Bordeaux/FR
Callstrom M.R.	Rochester, MN/US
Cantwell C.	Dublin/IE
Chevallier P.	Nice/FR
Crocetti L.	Pisa/IT
de Baère T.	Villejuif/FR
De Boo D.W.	Amsterdam/NL
den Brok M.H.M.G.M.	Nijmegen/NL
Denys A.	Lausanne/CH
Deschamps F.	Villejuif/FR
Eatock M.	Belfast/UK
Farges O.	Clichy/FR
Farrelly C.	Dublin/IE
Filippiadis D.K.	Athens/GR
Fürstner M.P.	Klagenfurt/AT
Gallagher D.	Dublin/IE
Gangi A.	Strasbourg/FR
Garin E.	Rennes/FR
Garnon J.	Strasbourg/FR
Gaubert J.-Y.	Marseille/FR
George B.	Milwaukee, WI/US
Geschwind J.-F.H.	New Haven, CT/US
Gillams A.	London/UK
Goldberg N.	Jerusalem/IL
Gouttefangeas C.	Tuebingen/DE
Gruenberger T.	Vienna/AT
Guiu B.	Montpellier/FR
Helmberger T.K.	Munich/DE
Hoffmann R.-T.	Dresden/DE
Ison K.	London/UK
Jaschke W.	Innsbruck/AT
Kennedy P.	Belfast/UK
Kenny L.M.	Brisbane, QLD/AU
Köhne C.-H.	Oldenburg/DE
Lencioni R.	Miami, FL/US
Malagari K.	Athens/GR
Maleux G.A.	Leuven/BE
Malik H.Z.	Liverpool/UK
Martí-Bonmatí L.	Valencia/ES
Mindjuk I.	Dachau/DE
Namur J.	Jouy en Josas/FR
Ní Áinle F.	Dublin/IE
Orsi F.	Milan/IT
Palussière J.	Bordeaux/FR
Pavel M.	Berlin/DE
Pereira P.L.	Heilbronn/DE
Peynircioglu B.	Ankara/TR
Power R.	Dublin/IE
Quoix E.	Strasbourg/FR
Ricke J.	Magdeburg/DE
Rilling W.S.	Milwaukee, WI/US
Ruers T.	Amsterdam/NL
Salem R.	Chicago, IL/US
Sangro B.	Pamplona/ES
Seidensticker R.	Magdeburg/DE
Shackcloth M.	Liverpool/UK
Sofocleous C.T.	New York, NY/US
Solbiati L.	Milan/IT
Staehler M.	Munich/DE
Steib J.-P.	Strasbourg/FR
Suh R.D.	Los Angeles, CA/US
Timmerman R.	Dallas, TX/US
Torzilli G.	Milan/IT
Tselikas L.	Villejuif/FR
Tsoumakidou G.	Strasbourg/FR
van den Bosch M.	Utrecht/NL
van Lienden K.P.	Amsterdam/NL
van Strijen M.J.L.	Nieuwegein/NL
Vari A.	Rome/IT
White S.B.	Milwaukee, WI/US
Wood B.J.	Bethesda, MD/US

We thank the following organisations for their ECIO 2016 faculty recommendations:

European Society for Medical Oncology (ESMO)
European Society of Surgical Oncology (ESSO)
World Conference on Interventional Oncology (WCIO)

ECIO 2016 Honorary Lecture

Bruno Sangro

Prof. Bruno Sangro attained his medical degree from the Universidad Complutense in Madrid in 1983 and trained in medical oncology at the Hospital Clínico de San Carlos before moving to Pamplona. After completing a residency programme in internal medicine, he joined the Liver Unit at Clínica Universidad de Navarra, where he has spent the remainder of his career. He is now Director of the Liver Unit and Co-Director of the HPB Oncology Area. He has a strong interest in teaching pre- and post-graduate medical students and is now a full professor in the School of Medicine.

Over the years his interest in medical research has focused on therapeutic innovation in the field of liver diseases – most specifically primary and secondary liver cancer. Since earning his Ph.D. he has served as principal investigator of the Therapeutic Strategies in Liver Disease group in the National Network on Research in Hepatology and Gastroenterology (2003-2006) and has worked as senior researcher in the Group of Experimental Hepatology in the Spanish Network for Biomedical Research on Hepatic and Digestive Diseases (CIBERehd) since 2007, where he is now the principal investigator. He has also served on the governing board of the Division of Hepatology and Gene Therapy in the Center for Applied Medical Research at Pamplona and is now Director of the Area of Digestive and Metabolic Diseases in the Navarra Institute of Health Research.

Under his collaboration or direction, the Liver Unit and the HPB Oncology Area at Clínica Universidad de Navarra have pioneered several approaches in the treatment of liver tumours. These include the use of expanded criteria to indicate liver transplantation in patients with hepatocellular carcinoma. The close collaboration sustained for decades with Prof. José Ignacio Bilbao has resulted in relevant contributions to the study of mechanism of action, devices, procedures and indications for the intra-arterial treatment of hepatocellular carcinoma and other primary and secondary liver tumours, including intra-arterial infusion chemotherapy, bland embolisation, chemoembolisation and, most recently, radioembolisation.

The team at Clínica Universitaria was the first to explore locoregional gene therapy of liver cancer in humans by percutaneous injection of viral vectors, and developed procedures to monitor transgene expression *in vivo* with PET radiotracers. In more recent years, they have pioneered the field of immunotherapy of liver cancer using different approaches that include peptide and cell vaccination, and immune checkpoint inhibition. The translational nature of all these approaches is illustrated by the implementation of several clinical trials exploring first-in-human and first-in-disease applications of new agents for the treatment of liver cancer and other liver diseases.

Prof. Sangro is a member of a number of national and international medical societies, has served on the International Committee of the American Society for Gene Therapy, and currently serves on the Governing Board of the International Liver Cancer Association.

Honorary Lecture
Intra-arterial treatment of hepatocellular carcinoma at the dawn of systemic therapy

Monday, April 18
10:30-11:30

ECIO 2016

Incentive Programme

€ 100,000 Education Grant

CIRSE supports the "Referring Physician" programme with €100,000!

The ECIO Incentive Programme allows radiologists with a full registration for ECIO 2016 in Dublin to invite their referring physician to the conference free of charge.

The first 100 referring physicians to sign up will receive free registration and up to € 1,000 travel support.

For further information and registration please go to www.ecio.org

7 years of ECIO
7 reasons to attend

1 Video Learning Sessions

This interactive session format has become a firm favourite in the ECIO programme. This year, two sessions will be offered, one taking you through a wide variety of liver interventions; the other demonstrating the practical application of lung, kidney and bone therapies.

2 Best IO Papers

First introduced last year to great acclaim, this cutting-edge session will summarise some of the most interesting research from the past year, offering you a concise overview of current trends in interventional oncology.

3 Expert Faculty

ECIO features not only the most well-respected interventional oncology researchers and teachers, it also invites noted specialists from other disciplines, ensuring a balanced discussion of therapeutic advances and clinical management.

4 Multidisciplinary Tumour Boards

These tumour boards enable participants to actively discuss treatment strategies for lung cancer and colorectal hepatic metastases cases. Guided by the mixed-specialty panel, the audience can vote on optimal therapeutic approaches and discuss the likely outcomes.

5 Referring Physician Incentive Programme

For many years, this initiative has been enabling interventionists to bring their non-radiologist colleagues to the meeting, where they can see the range of therapies on offer, and the evidence for their use, first-hand. Sign your colleagues up!

6 New: Supportive Procedures

Places at the Hands-on Workshops are always snapped up fast, and we expect the same for a new Hands-on Workshop on supportive procedures, which will instruct participants in the use of devices for the management of ascites and pleural effusion, ports and central lines.

7 Dublin's Fair City

Famed for its poets, playwrights and pubs, Dublin is a city built upon conversation and conviviality. We hope this welcoming atmosphere will kick-start a lively discussion amongst faculty and audience, helping further refine the practice of interventional oncology.

Sunday, April 17

CF 101
Current treatment strategies in colorectal hepatic metastases
p8

Break

CF 201
Colorectal hepatic metastases – clinical practice
p8

TF 202
Image guidance for IO
p8

TA-HoW 1
Image-guided tumour ablation – Liver
p9

Lunch break

Satellite Symposia

Break

MTB 401
Colorectal hepatic metastases
p9

TF 402
Recent developments
p9

TA-HoW 2
Image-guided tumour ablation – Beyond the mainstream
p9

Break

CF 501
Follow-up in colorectal cancer patients: are we missing something?
p10

CF 502
Clinical management of the cancer patient
p10

Satellite Symposia

Monday, April 18

Satellite Symposia

CF 801
Lung metastases
p12

CF 802
Immunotherapy and local treatment
p12

Break

HL 901
Honorary Lecture
p12

PS 902
The best IO papers of 2015
p12

TA-HoW 3
Image-guided tumour ablation – Lung
p13

Lunch break

Satellite Symposia

Break

MTB 1101
Lung tumours
p13

JS 1102
Joint session with ISVIR
p13

TA-HoW 4
Image-guided tumour ablation – Kidney
p13

Break

CF 1201
Kidney tumours
p13

CF 1202
Oncological basics
p14

Satellite Symposia

e-voting *recommended for EBIR preparation*

Tuesday, April 19

Wednesday, April 20

CF: Clinical Focus Session
HL: Honorary Lecture
HoW: Hands-on Workshop
JS: Joint Session
MTB: Multidisciplinary Tumour Board
PS: Paper Session
TF: Technical Focus Session
VL: Video Learning Session

Sunday, April 17

08:30-10:00
Clinical Focus Session
CF 101 Current treatment strategies in colorectal hepatic metastases

101.1 From first line to maintenance
C.-H. Köhne (Oldenburg/DE)
101.2 The rationale for resection of small liver metastases
T. Gruenberger (Vienna/AT)
101.3 Invited scientific paper
101.4 The rationale for local ablation of small liver metastases
P.L. Pereira (Heilbronn/DE)
101.5 The rationale of radioembolisation of colorectal liver metastases
C. Farrelly (Dublin/IE)

Summary statement by the moderators

10:30-12:00
Clinical Focus Session
CF 201 Colorectal hepatic metastases – clinical practice

201.1 The challenging resection – where IR can support surgery
A. Denys (Lausanne/CH)
201.2 Percutaneous ablation – influence of device
C.T. Sofocleous (New York, NY/US)
201.3 Transarterial chemotherapy regimens
T. de Baère (Villejuif/FR)
201.4 Limits of systemic therapies – individualised local approaches
B. George (Milwaukee, WI/US)
201.5 Radioembolisation in the palliative setting
R. Seidensticker (Magdeburg/DE)

10:30-12:00
Technical Focus Session
TF 202 Image guidance for IO

202.1 Ultrasound fusion imaging
L. Solbiati (Milan/IT)
202.2 Cone-beam CT for vascular intervention
J.-F.H. Geschwind (New Haven, CT/US)
202.3 Cone-beam CT for non-vascular intervention
M.J.L. van Strijen (Nieuwegein/NL)
202.4 Combined angio and CT
P.E. Bize (Lausanne/CH)
202.5 Stereotactic navigation and robotic
R. Bale (Innsbruck/AT)
202.6 PET-CT and MRI – future trends
A. Gangi (Strasbourg/FR)

10:30-12:00
Hands-on Workshop
TA-HoW 1 **Image-guided tumour ablation – Liver**
Co-ordinators: M. Bezzi (Rome/IT), P.L. Pereira (Heilbronn/DE)

13:00-14:30
Satellite Symposia

15:00-16:30
Multidisciplinary Tumour Board
MTB 401 **Colorectal hepatic metastases**

Co-ordinator: J.I. Bilbao (Pamplona/ES)
Panellists: L. Crocetti (Pisa/IT), H.Z. Malik (Liverpool/UK), L. Martí-Bonmatí (Valencia/ES), T. Ruers (Amsterdam/NL), C.T. Sofocleous (New York, NY/US)

15:00-16:30
Technical Focus Session
TF 402 **Recent developments**

402.1 Drug-eluting particles – what can be loaded?
S.B. White (Milwaukee, WI/US)
402.2 Thermal ablation – what's in the labs?
to be announced
402.3 Nanoparticles and nanodrugs – are we there yet?
N. Goldberg (Jerusalem/IL)
402.4 Invited scientific paper
402.5 Invited scientific paper
402.6 Local delivery of immunotherapy
M.H.M.G.M. den Brok (Nijmegen/NL)
402.7 Radioembolisation beyond Y-90
M. van den Bosch (Utrecht/NL)

15:00-16:30
Hands-on Workshop
TA-HoW 2 **Image-guided tumour ablation – Beyond the mainstream: thyroid, prostate, lymphnodes**
Co-ordinators: M. Bezzi (Rome/IT), P.L. Pereira (Heilbronn/DE)

17:00-18:30
Clinical Focus Session

CF 501 Follow-up in colorectal cancer patients: are we missing something?

501.1 Follow-up according to the guidelines
R.G.H. Beets-Tan (Amsterdam/NL)
501.2 Do recent guidelines meet the clinical reality?
P.L. Pereira (Heilbronn/DE)
501.3 What's the key issue: marker vs. morphology vs. clinics
L. Martí-Bonmatí (Valencia/ES)
501.4 Multiparametric imaging for follow-up – pushing the boundaries?
to be announced
501.5 Proposal for a rational follow-up regimen
R. Lencioni (Miami, FL/US)

17:00-18:30
Clinical Focus Session

CF 502 Clinical management of the cancer patient

502.1 Who should see the patient? What are the needs for an IO practice?
A. Adam (London/UK)
502.2 Coagulation: problems and solutions
F. Ní Áinle (Dublin/IE)
502.3 Prevention and management of infection
G.A. Maleux (Leuven/BE)
502.4 Adjuvant interventional pain management
A. Vari (Rome/IT)
502.5 Follow-up: when and how
I. Bargellini (Pisa/IT)

18:30-19:00
Satellite Symposia

ECIO investigates…

Colorectal Liver Metastases

Transcatheter and percutaneous treatments for primary liver tumours are well established, but the liver is also a prime site for metastases, particularly from colorectal cancer. Of the more than one million new colorectal cancer patients each year worldwide, around 15% have liver metastases at diagnosis and around 60% develop these during follow-up.

Interventional oncology is contributing towards the management of such patients, both in the palliative and adjunctive setting. In order to fully discuss optimal therapeutic combinations, speakers from a number of disciplines will explain the rationale of resection and systemic therapies, as well as various image-guided interventions, and will reflect on the suitability of current guidelines.

Thermal ablation
Recent data show that RFA can be applied to metastases of less than 3 cm with curative intent, and that in the absence of extensive intrahepatic or extrahepatic disease, renewed treatment of local recurrences should be considered and is often successful.

Taking into account the available data, RFA and surgical resection should not be considered as mutually exclusive treatment options, but rather as adjunctive strategies. The role of liver resection and thermal ablation will be thoroughly discussed during two Clinical Focus Sessions, along with indications, advantages, disadvantages and clinical results.

Transarterial chemotherapy regimens
As combination therapy has shown benefits over monotherapy, a current challenge in treating colorectal liver metastases is to enhance response rates while minimising overall toxicity to the liver, so as not to preclude resectability.

Drug-eluting technology has been investigated, and current trial results indicate that it can play a valuable role in the multimodal treatment of colorectal metastases of the liver. With a focus on irinotecan-eluting beads, established data show there is a role for drug-eluting technology in curative, adjunctive and palliative treatment phases in combination with systemic chemotherapy. The challenges of variable technique and tolerance are being met, with technique optimisation and agreed algorithms being reported in the literature. Promising reported safety and response rates now need further validation through larger studies.

Similarly, combining hepatic arterial infusion with systemic chemotherapy produces high resection rates in patients with initially unresectable disease and, as a second-line therapy, hepatic arterial infusion with systemic therapy produces higher response and survival rates than those obtained with systemic therapy alone. In patients who undergo resection, adjuvant administration of HAI after surgery shows positive results in terms of recurrence-free survival, but only with Oxaliplatin. If this promising foundation is to be built on there is, however, a need for further randomised studies to be conducted – efforts to produce Phase III trial results are underway.

Radioembolisation
Despite little change in the level of available evidence for Y-90 palliation of colorectal metastases, there has recently been further demonstration of efficacy and safety in salvage patients, also regarding the concurrent use of radioembolisation and chemotherapy. However, if radioembolisation is to continue to compare well against other treatment modalities, Level I evidence is needed.

Luckily, several clinical studies are currently underway: initial results of the SIRFLOX study, which compares SIRT with FOLFOX to FOLFOX alone as a first-line treatment for non-resectable CRCLM, were present at ECIO 2015. Although demonstrating no statistically significant improvement in progression-free survival at any site, initial results indicate that adding SIR-Spheres Y-90 resin microspheres to a chemotherapy regimen does yield a statistically significant improvement in PFS in the liver compared to chemotherapy alone.

Two other randomised controlled trials, FOXFIRE and FOXFIREGlobal, recently completed patient enrolment, and should shed further light on the issue. CIRSE has also initiated the European-wide *CIRSE Registry for SIR-Spheres Therapy* (CIRT), which aims to prospectively collect data on the real-life clinical application of SIR-Spheres. The most recent clinical data and its implications will be discussed during the Clinical Focus Sessions and at the Multidisciplinary Tumour Board.

Combination strategies
Many combination strategies exist for treating advanced CLM including chemotherapy, resection and IO techniques, and these should ideally be used in tandem rather than merely synchronously. It has been shown that tumour resectability can be notably increased with these strategies, with a corresponding impact on survival rates. A Multidisciplinary Tumour Board will champion this cause.

The broad range of sessions on offer aims to equip IRs with sufficient knowledge to join the discussion on the treatment of colorectal metastases, and play a positive role in their local Tumour Board. Various Clinical Focus Sessions will closely analyse available therapies, patient selection, optimal regimen design, interdisciplinary collaboration and effective follow-up.

Monday, April 18

07:45-08:15
Satellite Symposia

08:30-10:00
Clinical Focus Session
CF 801 Lung metastases

801.1 Indications for local therapy – the oncologist's view
E. Quoix (Strasbourg/FR)
801.2 Surgical resection – current status
M. Shackcloth (Liverpool/UK)
801.3 Invited scientific paper
801.4 Radiation therapy – current status
R. Timmerman (Dallas, TX/US)
801.5 Percutaneous ablation – current status
T. de Baère (Villejuif/FR)
801.6 How to evaluate the success and recurrence after resection, SBRT and ablation
R.D. Suh (Los Angeles, CA/US)

08:30-10:00
Clinical Focus Session
CF 802 Immunotherapy and local treatment

802.1 Immunomodulation for cancer treatment: new kid on the block?
to be announced
802.2 Hepatocellular carcinoma from an immunological perspective
B.J. Wood (Bethesda, MD/US)
802.3 Rationale for local delivery of immunomodulating agents and ongoing clinical trials
L. Tselikas (Villejuif/FR)
802.4 More than just tumour destruction: immunomodulation via thermal ablation of cancer
C. Gouttefangeas (Tuebingen/DE)
802.5 Immunomodulation and radioembolisation
J. Ricke (Magdeburg/DE)

Panel discussion

10:30-11:30
HL 901 Honorary Lecture

901.1 Intra-arterial treatment of hepatocellular carcinoma at the dawn of systemic therapy
B. Sangro (Pamplona/ES)

11:30-12:00
Paper Session
PS 902 The best IO papers of 2015

10:30-12:00
Hands-on Workshop
TA-HoW 3 **Image-guided tumour ablation – Lung**
Co-ordinators: M. Bezzi (Rome/IT), P.L. Pereira (Heilbronn/DE)

13:00-14:30
Satellite Symposia

15:00-16:30
Multidisciplinary Tumour Board
MTB 1101 **Lung tumours**

Co-ordinator: A. Gillams (London/UK)
Panellists: P. Kennedy (Belfast/UK), J. Palussière (Bordeaux/FR), E. Quoix (Strasbourg/FR), M. Shackcloth (Liverpool/UK)

15:00-16:30
Joint Session
JS 1102 **Joint session with the Indian Society of Vascular and Interventional Radiology (ISVIR)**

1102.1 Current situation of interventional oncology in India
1102.2 Thermal ablation of lung tumours
1102.3 Hepatobiliary interventions in liver transplant
1102.4 Selective ophthalmic arterial chemoinfusion for retinoblastoma
1102.5 Indian registry data for interventions in the management of hepatocellular carcinoma

15:00-16:30
Hands-on Workshop
TA-HoW 4 **Image-guided tumour ablation – Kidney**
Co-ordinators: M. Bezzi (Rome/IT), P.L. Pereira (Heilbronn/DE)

17:00-18:30
Clinical Focus Session
CF 1201 **Kidney tumours**

1201.1 Renal mass – from surveillance to treatment
M. Staehler (Munich/DE)
1201.2 Evidence-based nephron-sparing surgery
R. Power (Dublin/IE)
1201.3 Invited scientific paper
1201.4 Evidence-based ablation vs. resection outcomes
D.J. Breen (Southampton/UK)
1201.5 Adjuvant intervention in non-resectable renal tumours
to be announced
1201.6 Radioembolisation of renal tumours
W.S. Rilling (Milwaukee, WI/US)

17:00-18:30
Clinical Focus Session

CF 1202 Oncological basics

1202.1 From systemic therapy to an individualised, personalised, and precision medicine
C.-H. Köhne (Oldenburg/DE)

1202.2 Phase I, II, III trials: do you really know the difference?
to be announced

1202.3 Definition of response and "success" in medical oncology
O.S. Breathnach (Dublin/IE)

1202.4 Definition of response and "success" in IO
R. Salem (Chicago, IL/US)

1202.5 Best IO from ASCO
T.K. Helmberger (Munich/DE)

Panel discussion

18:30-19:00
Satellite Symposia

ECIO investigates…

Lung Cancer

In recent years, pulmonary cancers have become a core topic of discussion at ECIO. This comes as no surprise – lung cancers are the leading cause of cancer death (and account for 12% of all cancer cases), and the evidence demonstrating the safety and efficacy of various image-guided treatments is steadily mounting.

This year's conference will address this clinical data in a number of different settings, such as a Hands-on Workshop on lung tumour ablation, a Multidisciplinary Tumour Board discussing specific cases, and a Video Learning Session taking you through the minutiae of both lung ablation and intra-arterial fiducial placement.

Pulmonary metastases
Also on offer will be a Clinical Focus Session on lung metastases. In order to offer a balanced discussion of the indications for treatment, guest speakers from the oncology, surgical and radiotherapy spheres will join noted IRs to reflect on the current and emerging evidence, and what lessons can be learned from these.

Lung metastases are a pressing clinical concern, as they are among the most frequently occurring metastases and are found in approximately 50% of autopsy patients. Metastatic lesions, by their very nature, are often small and multi-nodular, posing challenges for surgical resection. However, more targeted surgical techniques are also being developed.

Surgical management
Currently, uni- or bilateral, sequential or simultaneous thoracotomy are widely employed, with much debate about the value of video-assisted thoracic surgery (VATS), which risks missing additional metastases – a risk potentially shared by image-guided ablation, especially in patients with confirmed multiple metastases. Technical improvements in pulmonary laser surgery allow for a quick and very precise resection, entailing minimal blood loss.

Surgical literature most commonly addresses colorectal metastases (17 studies; 1,684 patients). 5-year survival is 41–56%, and the mortality rate is < 2.5%. The best surgical candidate has a prolonged disease-free interval between the primary and metastatic lesions; normal CEA; no nodal involvement; and a single metastasis. Spirometric changes after pulmonary metastasectomy are affected by the total volume of lung parenchyma resected: the functional loss after 3 or more non-anatomical resections is comparable to that recorded after lobectomy.

Radiation therapy
SBRT is an extra-cranial radiation therapy which is delivered in a single or small number of fractions. It is highly precise, and offers the possibility of controlling for target motion, for which fiducial placement is required. Despite its advantages, there remain some limitations regarding the uncertainty of target definition, dose escalations and inaccurate patient positioning. As a "young" technique, follow-up data of just two years is available: a 2010 systematic review of SBRT in 175 lesions in 148 patients demonstrated a local control rate of 78.6% at two years. The overall survival at two years was 50.3% (33–73%). Further investigation is clearly needed before meaningful comparisons can be drawn.

Radiofrequency ablation
Likewise, the evidence supporting ablation is far from complete, but early data indicates that it entails few complications, has short recovery times and is repeatable. Most importantly of all, the literature has demonstrated no deterioration of pulmonary function. The preservation of parenchyma is of particular importance to patients who are likely to have multiple metastatic episodes, as it maximises the treatment choices at each stage of the disease. Ensuring clear margins remains a challenge, although using a thermocouple can improve outcomes.

The 2008 multicentre RAPTURE study provided the initial impetus for RFA, demonstrating a two-year overall survival rate of 66% for CRM and 64% for other metastases, respectively, in patients who were unsuitable for surgery, radio- and chemotherapy. Three 2015 series on lung metastases demonstrated a 3-year survival rate of 64, 44 and 76%, respectively. These and other studies show that smaller tumours respond better, and that the number of lesions is not as important as previously thought.

For sarcoma patients particularly, ablation may have a lot to offer: 40-80% develop intrapulmonary recurrence post-resection, and chemotherapy offers a median survival of just 12-18 months. Not only is RFA a minimally invasive, readily repeatable procedure, but a 2013 study of 22 patients (55 lesions of 0.5–2 cm) achieved primary local tumour control of 95%, an overall mean survival of 51 months, and 2- and 3-year survival of 94% and 85%.

Based on these findings, many believe that the safe, effective and repeatable nature of pulmonary metastatic ablation make it the first-line option for lesions ≤ 3.5 cm. But with new data emerging – not just within IR, but also radiotherapy and surgery – a candid examination of all clinical factors is needed.

Join us in Dublin for the Clinical Focus Sessions on *Lung metastases* and *Complication management II* to gain a fuller understanding of the current evidence for best practice.

Tuesday, April 19

07:45-08:15
Satellite Symposia

08:30-10:00
Clinical Focus Session
CF 1501 HCC – an update

1501.1 Current status of classifying HCC and tailoring therapy – an update on staging
J.-F.H. Geschwind (New Haven, CT/US)
1501.2 Surgical perspectives on very early HCC and early HCC
G. Torzilli (Milan/IT)
1501.3 IO perspectives on very early HCC and early HCC
C. Cantwell (Dublin/IE)
1501.4 Chemoembolisation evidence for intermediate HCC
K. Malagari (Athens/GR)
1501.5 Therapies beyond BCLC guidelines
R. Lencioni (Miami, FL/US)
1501.6 Improving dosimetry in RE
E. Garin (Rennes/FR)

08:30-10:00
Video Learning Session
VL 1502 Lung, kidney, bone

1502.1 Lung ablation
X. Buy (Bordeaux/FR)
1502.2 Intra-arterial fiducial in lung tumours
P.E. Bize (Lausanne/CH)
1502.3 Kidney ablation
M.P. Fürstner (Klagenfurt/AT)
1502.4 Bone ablation
J. Garnon (Strasbourg/FR)
1502.5 Osteosynthesis
F. Deschamps (Villejuif/FR)
1502.6 Cementoplasty
D.K. Filippiadis (Athens/GR)

10:30-12:00
Clinical Focus Session
CF 1601 MSK tumours

1601.1 Patient selection: surgery and/or IO
J.-P. Steib (Strasbourg/FR)
1601.2 Can radiotherapists use the support of IR?
R. Timmerman (Dallas, TX/US)
1601.3 Bone augmentation without ablation
to be announced
1601.4 Ablative techniques for pain management
A. Basile (Catania/IT)
1601.5 (Palliative) treatment options in soft tissue tumours
M.R. Callstrom (Rochester, MN/US)

10:30-12:00
Clinical Focus Session
CF 1602 Complication management I

1602.1 Liver thermal ablation
C. Ayuso (Barcelona/ES)
1602.2 Liver TACE
Y. Arai (Tokyo/JP)
1602.3 Radioembolisation
R.-T. Hoffmann (Dresden/DE)
1602.4 Bone consolidation
F. Deschamps (Villejuif/FR)

10:30-12:00
Hands-on Workshop
SP-HoW 1 Supportive procedures
Co-ordinators: M. Bezzi (Rome/IT), P.L. Pereira (Heilbronn/DE)

13:00-14:30
Satellite Symposia

15:00-16:30
Clinical Focus Session
CF 1801 Cholangiocarcinoma

1801.1 Demographics, epidemiology, clinical presentation
D. Gallagher (Dublin/IE)
1801.2 Surgery for central CC
O. Farges (Clichy/FR)
1801.3 Preparation for surgery – the IO perspective
A. Denys (Lausanne/CH)
1801.4 Intraductal RFA in malignant biliary strictures
to be announced
1801.5 Transarterial chemotherapy
Y. Arai (Tokyo/JP)
1801.6 Transarterial radioembolisation
B. Peynircioglu (Ankara/TR)

15:00-16:30
Video Learning Session
VL 1802 Liver

1802.1 Liver thermal ablation
L. Crocetti (Pisa/IT)
1802.2 Liver chemoembolisation
D.W. De Boo (Amsterdam/NL)
1802.3 Liver radioembolisation
to be announced
1802.4 Portal vein embolisation
K.P. van Lienden (Amsterdam/NL)
1802.5 Hepatic vein occlusion/embolisation
P. Chevallier (Nice/FR)

17:00-18:30
Clinical Focus Session
CF 1901 Quality assurance: unnecessary bureaucracy or essential tool?

1901.1 What is QA and why does it matter?
K. Ison (London/UK)
1901.2 Radiation protection: what it means for you
W. Jaschke (Innsbruck/AT)
1901.3 QA in surgical oncology
R.A. Audisio (St. Helens/UK)
1901.4 The CIRSE QA system for interventional oncology: an essential step to credibility in cancer care
L.M. Kenny (Brisbane, QLD/AU)
1901.5 DeGIR registry: the national QA and qualification programme (a 10-year experience)
to be announced

Panel discussion

17:00-18:30
Clinical Focus Session
CF 1902 Complication management II

1902.1 Lung ablation
J. Palussière (Bordeaux/FR)
1902.2 Kidney ablation
D.J. Breen (Southampton/UK)
1902.3 MSK ablation
G. Tsoumakidou (Strasbourg/FR)
1902.4 Thyroid ablation
J.H. Baek (Seoul/KR)

18:30-19:00
Satellite Symposia

ECIO investigates…

Quality Assurance in IO

Interventional oncology has rapidly expanded during the past few decades, and today provides a wide range of minimally invasive treatment options to cancer patients. But with the subspecialty still in its infancy, the quality of services provided can vary. Quality assurance efforts are particularly vital in such contexts.

Quality assurance programmes outline the complete set of systematic components required to achieve a treatment result that meets a certain standard. They are essential elements of modern medical care, particularly in procedure-oriented disciplines. Radiation oncologists and surgical oncologists already operate within such systems, which help ensure patient safety and encourage good practice. However, such guidance is lacking for interventional oncologists.

CIRSE's QA in IO Framework

CIRSE's framework on *Quality Assurance in Interventional Oncology* seeks to change this reality. It defines standards for incorporating IO procedures into multidisciplinary cancer patient care, with the ultimate goal of ensuring that patients get the most appropriate and effective treatment in a safe environment. The document also emphasises the need for data collection, a vital part of assessing the effectiveness and safety of procedures and developing a strong evidence base.

The QA framework does not set measures for clinical outcomes, given that these will be specific to particular procedures, and will depend on a particular patient's condition. Nor does the document tackle the wider health system measures such as quality of life or the cost benefit of individual procedures. Instead, it provides a framework to help with the development of such wider measures.

The document, which will be kept under review to reflect new evidence and practice developments, is based largely on a QA system developed for radiation oncology in Australia. Dr. Liz Kenny was closely involved in developing that system, and CIRSE's Oncology Alliance Subcommittee, led by Prof. Andreas Adam, used it as a template. In addition to Prof. Adam and Dr. Kenny, Dr. Keith Ison, who is the Head of Medical Physics at Guy's and St. Thomas' Hospital, was also actively involved in the document's creation, running several internal workshops on QA. He was assisted by Dr. Shahzad Ilyas, a consultant in interventional radiology with expertise in IO.

CIRSE hopes that *Quality Assurance in Interventional Oncology,* the first such framework in the world, will play an important role in ensuring the safety of patients, as well as increasing the credibility of IO in the field of oncology.

Scrutinising QA Efforts

Both CIRSE's quality assurance framework and other QA systems will be scrutinised in a dedicated Clinical Focus Session, entitled, "Quality assurance: unnecessary bureaucracy or essential tool?" The event will introduce the concept of quality assurance and why it matters, before delving more deeply into related issues, such as radiation protection, how quality assurance is assessed in the surgical field, how the CIRSE QA system will be designed and what benefits it should bring, and the German experience with the DeGIR registry, a national QA and qualification programme. The session will conclude with a panel discussion.

Wednesday, April 20

08:30-10:00
Clinical Focus Session
CF 2101 The new kids on the block

2101.1 IRE technique: current status and developments
N. Goldberg (Jerusalem/IL)
2101.2 HIFU technique: current status and developments
I. Mindjuk (Dachau/DE)
2101.3 Invited scientific paper
2101.4 Clinical status of HIFU
F. Orsi (Milan/IT)
2101.5 New devices for biopsy
J.-Y. Gaubert (Marseille/FR)
2101.6 Comparison of the different drug-eluting bead platforms
J. Namur (Jouy en Josas/FR)

10:30-12:00
Clinical Focus Session
CF 2201 Neuroendocrine tumours

2201.1 Demographics, epidemiology, clinical presentation
M. Eatock (Belfast/UK)
2201.2 Systemic therapy
M. Pavel (Berlin/DE)
2201.3 Invited scientific paper
2201.4 Nuclear medicine – diagnostics and treatment
to be announced
2201.5 Transarterial therapy – chemoembolisation and bland embolisation
B. Guiu (Montpellier/FR)
2201.6 Transarterial therapy – radioembolisation
J.I. Bilbao (Pamplona/ES)

EBIR

European Board of Interventional Radiology

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The EBIR is a highly valuable qualification in interventional radiology, based on the European Curriculum and Syllabus for IR.

Sessions especially suited for EBIR preparation are highlighted in the ECIO 2016 Scientific Programme (pages 6-20).

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CIRSE

ESR European Society of Radiology

Image-guided tumour ablation

Co-ordinators: M. Bezzi (Rome/IT), P.L. Pereira (Heilbronn/DE)

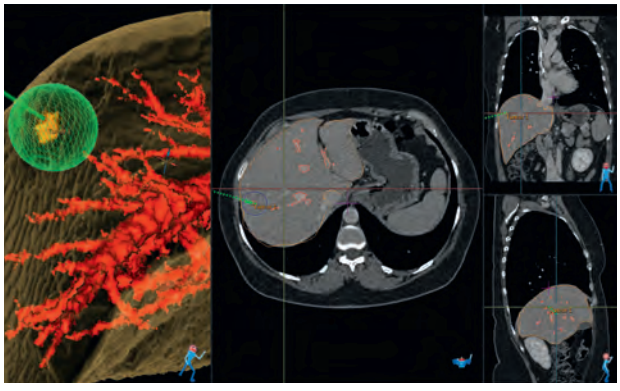

Image courtesy of L. Crocetti

This series of four stand-alone hands-on workshops will give you the opportunity to participate in interactive sessions targeting different organs (liver, lung, kidney and beyond). In each, leading interventional oncologists with many years of experience will present cases in an informal interactive setting, allowing for questions and discussion. A range of different ablation devices (amongst others RFA, cryotherapy and microwave ablation) and some image-guidance technology will be available to the participants during the sessions for ex-vivo demonstrations.

Learning objectives

- To learn how to handle different energy sources and the respective equipment for tumour ablation
- To obtain a good understanding of the range of available ablation techniques and their proper clinical application
- To learn what factors are predictive of success and failure in order to determine the best indication and optimal combination of therapies
- To understand the main reported complications of ablation and the basics of preventing and managing them
- To learn "tips and tricks" through the use of clinical cases
- To learn about the indications for other medical and surgical treatments generally

TA-HoW 1 Liver	**Sunday, April 17** 10:30-12:00
TA-HoW 2 Beyond the mainstream: thyroid, prostate, lymphnodes	**Sunday, April 17** 15:00-16:30
TA-HoW 3 Lung	**Monday, April 18** 10:30-12:00
TA-HoW 4 Kidney	**Monday, April 18** 15:00-16:30

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

Supportive procedures

NEW

Co-ordinators: M. Bezzi (Rome/IT), P.L. Pereira (Heilbronn/DE)

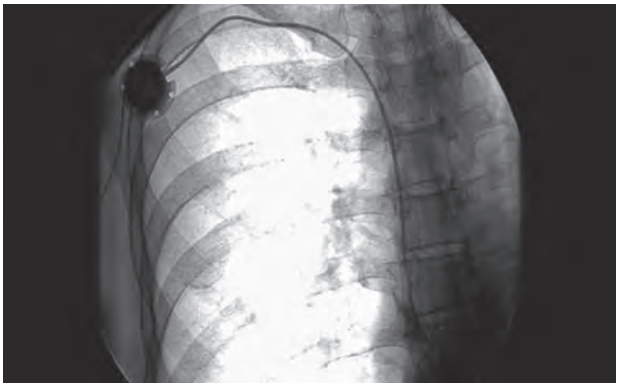

Image courtesy of T.K. Helmberger

This hands-on workshop will give you the opportunity to participate in interactive case presentations on supportive therapies in cancer patients. Leading interventional radiologists will present a number of cases in an informal interactive setting, allowing for questions and discussion. A range of supportive devices (including devices for the management of ascites and pleural effusion, ports and central lines) will be available to the participants during the session for ex-vivo demonstrations.

Learning objectives

- To learn how to handle the different devices and techniques available for supportive therapies
- To obtain a good understanding of the range of available techniques used to improve quality of life in patients with advanced disease
- To learn what factors are predictive of success and failure in order to determine the best indication and optimal combination of therapies
- To learn "tips and tricks" through the use of clinical cases
- To learn generally about the indications for other medical and surgical palliative treatment options

SP-HoW 1	**Tuesday, April 19** 10:30-12:00

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

Registration

Online registration (secured payment) for ECIO 2016 is available at *www.ecio.org*.

Please note that your registration must be submitted and full payment needs to be received by the respective registration deadlines. Otherwise the respective next higher fee shall be due. Furthermore please be advised that incomplete registrations (not containing full name, Email and address) cannot be processed.

Registration Fees

Early – until January 21, 2016 (23:59 CET)	
Congress Registration	€ 590
CIRSE Member	€ 390
Resident / Nurse / Radiographer*	€ 250
Undergraduate Medical Student**	€ 0
Until March 10, 2016 (23:59 CET)	
Congress Registration	€ 790
CIRSE Member	€ 550
Resident / Nurse / Radiographer*	€ 385
Undergraduate Medical Student**	€ 0
After March 10, 2016	
Congress Registration	€ 860
CIRSE Member	€ 750
Resident / Nurse / Radiographer*	€ 420
Undergraduate Medical Student**	€ 0

** To be accompanied by a certificate, signed by the head of department.*

*** Registration needs to be accompanied by a confirmation of student status at the time of congress, a one page CV and a copy of a valid photo ID.*

Registration fee inclusive VAT if applicable.

Reduced CIRSE Member registration is only available for members of CIRSE (Cardiovascular and Interventional Radiological Society of Europe) in good standing.

Method of payment
Registration fees are to be paid in Euros (€) by:
Bank transfer or Credit Card (Visa or Mastercard)

Subscription to ESIRonline
ECIO 2016 non-member scientific registrations include one-year access to ESIRonline (www.esir.org), the educational platform for interventional radiology, starting with the day of completed registration. CIRSE Members in good standing benefit from full access to ESIRonline.

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

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

Additional information:
All ECIO 2016 registrants will be able to print out an invoice of registration using their personal login details at *www.ecio.org*.

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

CME Credit Allowance

European Accreditation will be applied for at the EACCME (European Accreditation Council for Continuing Medical Education). The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

Important Addresses

Congress Venue
The Convention Centre Dublin
Spencer Dock
Dublin 1, Ireland

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

Email Contacts
For general enquiries about the ECIO 2016 meeting, please send an Email to *info@cirse.org*.

In case of queries concerning registration for the ECIO 2016 meeting, please send an Email to *registration@ecio.org*.

For information about the scientific programme of ECIO 2016, please send an Email to *liebhart@cirse.org*.

Accommodation

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

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

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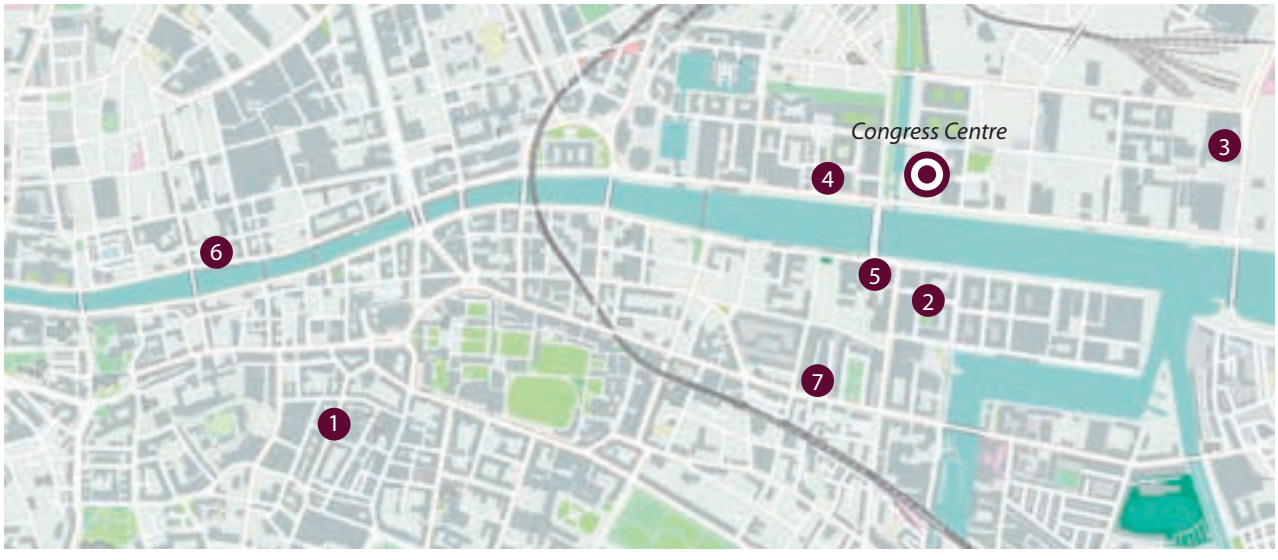
List of hotels

	Hotel name	Cat.	Single room (€)	Double room (€)	Travel time public transport	Travel time taxi
1	The Westbury Hotel	5*	260	280	23 min.	12 min.
2	The Marker Hotel	5*	270	290	4 min. walk	
3	The Gibson Hotel	4*	165	175	4 min. walk	
4	The Spencer Hotel	4*	215	225	1 min. walk	
5	Maldron Hotel Cardiff Lane	4*	170	180	3 min. walk	
6	The Morrison, a DoubleTree by Hilton Hotel	4*	210	225	15 min.	10 min.
7	Maldron Hotel Pearse Street	4*	149	159	11 min.	9 min.

All rates are in Euros (€), per room, per night, including breakfast and taxes.

Dublin City Map



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