

Annual Meeting and Postgraduate Course

Barcelona, Spain  
September 7-11

# CIRSE 2019

featuring

## IDEAS

Interdisciplinary  
Endovascular  
Aortic Symposium

## PRELIMINARY PROGRAMME

Cardiovascular and Interventional Radiological Society of Europe



**CIRSE 2018 Annual Congress Figures:**

- 6,725 Participants**
- 84 Countries**
- 1,804 Online Attendees**
- 1,529 Abstracts**
- 250 Hours of Education**
- 126 Exhibitors**
- 6,000 m<sup>2</sup> of Exhibition Space**
- 8 Product Launches**
- 30 Industry Satellite Symposia**
- 10 Learning Centres**
- 46 Hands-on Device Training, Simulation and Safe Sedation Training sessions**
- 4 Successful Initiatives**
  - **News on Stage**
  - **European Trainee Forum**
  - **Medical Student Programme**
  - **Radiation Protection Pavilion**

**[www.cirse.org](http://www.cirse.org)**

# 34<sup>th</sup> ANNUAL MEETING AND POSTGRADUATE COURSE

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#### The CIRSE 2019 Preliminary Programme

If you have any queries or comments,  
please contact us at [info@cirse.org](mailto:info@cirse.org)  
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## Dear Colleagues,

September 2018 saw us returning to a tried and tested venue – the Lisbon Congress Centre in sunny Portugal. As well as a rich and varied scientific programme, the CIRSE Annual Congress offers those attending a wealth of hands-on and face-to-face experiences that cannot be had elsewhere, and 6,725 attendees joined us from 84 countries.

### Our Focus for 2019

The educational programme for 2019 will focus on delivering the most up-to-date information on both novel and established minimally invasive therapies. The faculty will be comprised of leading experts from IR and beyond, giving delegates balanced and insightful commentary on the most pressing medical issues. Eight clinical tracks will help attendees to select the sessions most directly relevant to their daily practice, and each track is comprised of a variety of innovative session types.

Endovascular interventions remain the cornerstone of our meeting, with sessions stratified into arterial, venous and aortic procedures. Once again, the aortic programme will be hosted as the IDEAS symposium, a successful congress-within-a-congress that encourages non-IR aortic experts to learn and debate alongside their IR colleagues.

The comprehensive arterial track will feature some particular highlights in 2019, notably a new PAD micro-track to be held on the opening day of the congress. This will hone in on technical and safety issues in PAD, and includes First@CIRSE, a platform for the release of the latest evidence from trials and studies on peripheral arterial disease (PAD). Additionally, three Expert Round Tables will delve into unsolved questions in below-the-knee, SFA and aorto-iliac stenosis, respectively. Meanwhile, the venous programme will offer an excitingly diverse range of sessions, including a Clinical Evaluation Course entitled “ilio-femoral venous stenting masterclass” and a Hot Topic Symposium on the implications of the ATTRACT trial for DVT management.

Interventional oncology, perhaps the fastest-growing branch of IR, will be prominently featured, with a multitude of sessions examining immunotherapy, colorectal metastases of the liver and lung, renal cell carcinoma, cholangiocarcinoma, and, naturally, HCC, with a Focus Session presenting the 20 most important studies on HCC. A Hot Topic Symposium will ask if renal tumour ablation is ready for prime time.

Embolotherapy, another rapidly evolving field, will also be given ample coverage, investigating trauma, benign prostate hyperplasia, and fibroids and adenomyosis, with Case-Based Discussions on IR in gynaecological emergencies and AVMs and lymphatics, respectively.

A highlight of the neurointerventions track will be the Expert Round Table on controversies in endovascular thrombectomy, which will complement the Fundamental Courses, Focus Sessions, Clinical Evaluation Courses and Video Learning Sessions dedicated to stroke therapy. Those wishing to refine their knowledge of non-vascular interventions can choose from a range of events, not least a Case-Based Discussion on IR salvage for abdominal surgical disasters, and an Expert Round Table showing that vertebral augmentation is alive and kicking.

Pain management won't just be addressed in the non-vascular track, however: CIRSE's clinical management track will be bringing delegates up to speed on the best anaesthesia options, as well as looking at building an evidence base, and artificial intelligence, machine learning and robotics in IR.

The programme caters not only for different clinical interests, but also for different levels of clinical knowledge, with special programmes for medical students and IR trainees. The European Trainee Forum, an initiative to support career development for newly qualified IRs, will be organising a number of events throughout the congress, including four trainee sessions, various short talks and a networking brunch.

### Get ready for Barcelona!

This expansive scientific programme will be held in the impressive CCIB, located right on the seafront of beautiful Barcelona. This congress centre has also played host to the annual meeting on multiple occasions, and repeat visitors will be familiar with its bright, open spaces, generous meeting rooms and superb location.

Hotel accommodation at the official congress hotels has been reserved by our official housing bureau, Kuoni Destination Management. This will give delegates access to the best locations at favourable rates, and we strongly recommended booking your hotel through the official CIRSE booking tool.

We look forward to welcoming you to Barcelona!



## Excellence in Interventional Radiology

### CIRSE Gold Medallists

<b>2019</b>	<b>T. de Baère</b>
2018	A.-M. Belli
2017	D. Vorwerk
2016	M.J. Lee
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

<b>2019</b>	<b>V. Bérczi, R. García-Monaco, J. Jackson</b>
2018	P.E. Andersen, G. Bartal, S. Trerotola
2017	Y. Arai, M. Bezzi, E.-P.K. Strecker
2016	P.A. Gaines, L.M. Kenny, M. Maynar
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

<b>2019</b>	<b>W. Jaschke</b>
2018	M.J. Lee
2017	O. Akhan
2016	J. Lammer
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

<b>2019</b>	<b>G. Narayanan</b>
2018	A. Krajina
2017	N. Goldberg
2016	T. de Baère
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

2018	M. Itkin
2017	H. Henkes, MRCLEAN Trialists, repr. by W.H. van Zwam
2016	F.C. Carnevale
2015	P. Bize, G. Borchard, A. Denys, K. Fuchs, O. Jordan
2014	M.G.E.H. Lam, J.F.W. Nijsen, 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

In 2018, Maxim Itkin was chosen for his development of new imaging and intervention techniques of the lymphatic system.

## 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

Many 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 2019.

***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 €6,000.***

## 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 fields of radiological sciences, and diagnostic and interventional radiology; as well as to support the 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 10 to [scientific@cirse.org](mailto:scientific@cirse.org). For more information, please visit the CIRSE website.***



CIRSE

**Thierry de Baère**  
Gold Medallist  
2019





## Gold Medallist

### Thierry de Baère

Professor Thierry de Baère was born in 1962 in Paris, France, and completed his medical studies there at the Université Paris-Sud. Following medical school, he was a resident at the Université de Caen Basse in Normandy, gaining vital experience in oncology and interventional radiology under the supervision of Prof. Jacques Theron.

During his residency, Prof. de Baère spent half of 1990 in Nouméa, New Caledonia gaining more experience in radiology. He then returned to France in 1991 to join the Gustave Roussy Cancer Centre in Villejuif, where he worked under the direction of Prof. Alain Roche. He has remained at Gustave Roussy ever since. This institute is considered to be one of the world leaders in cancer care, and is the largest health centre dedicated to oncology in all of France. It is also the first cancer centre to have its own dedicated IR department, which has been headed by Prof. de Baère since 2003. He places great importance on his excellent collaborative relationships with his surgical and medical oncological colleagues, and is an active member of the institute's tumour boards, which has allowed the centre to develop and optimise many synergistic treatments. Collaboration with friendly and active colleagues such as Dr. Frédéric Deschamps and Dr. Lambros Tselikas, highly dedicated radiographers, and the support of visionary past director Thomas Tursz, has resulted in a lot of innovations and ongoing research.

Prof. de Baère's special research interests are portal vein embolisation, inter-arterial therapy for liver cancer, image guidance for IR and percutaneous ablation of lung, liver, and bones with RFA and cryoablation. His clinical work has been dedicated to the minimally invasive treatment of liver, lung and kidney tumours. He performed his first radiofrequency

ablation in 1996, and has since led many significant studies and contributed publications on the treatment. An inexhaustible researcher, Prof. de Baère has also authored or co-authored over 200 peer-reviewed scientific publications. He is on the editorial board for *CVIR* and is a reviewer for *JVIR*, *European Journal of Cancer* and *Journal of Hepatology*. He has authored several guidelines with CIRSE and EASL, and is currently working with ESMO, ESTS and ESTRO.

Throughout his multifaceted career, Prof. de Baère has been a lecturer or guest speaker at a number of conferences and universities spanning the US, the Middle East and Europe. He has been a member of the Board of Directors for the World Congress on Interventional Oncology and was a member of the Programme Committee at ECR 2013.

Prof. de Baère has been a dynamic and active member of CIRSE since 1993. He served as Chairperson of the Standards of Practice Committee from 2007-2009 and as Deputy Chairperson of the European Conference on Interventional Oncology (ECIO) in 2012 and 2013, before chairing the conference in 2014 and 2015. He was on the Scientific Committee for GEST and GEST Europe from 2008 to 2011, and has also served as a member of the CIRSE Foundation Advisory Council and on the Oncology Alliance Task Subcommittee of CIRSE. He is currently on the Advisory Board and Scientific Programme Committee for ECIO 2018-2019, the Programme Committee for ET 2019, and he is leading the IO4IO (interventional oncology for immunoncology) task force for CIRSE.

Prof. de Baère lives with his wife and two children in Paris. Active and creative, he played ice hockey for France in his youth, and currently is a kite surfer and paragliding addict.

**CIRSE Opening and Awards Ceremony**  
**Thierry de Baère will be awarded on**

**Saturday, September 7, 14:30-16:00**

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# CVIR

CardioVascular and Interventional Radiology

## Distinguished Fellow

### Viktor Bérczi



Viktor Bérczi is currently a professor and chairman at Semmelweis University's Department of Radiology in Budapest, Hungary, from where he, himself, graduated in 1983. As a result of an early interest in vascular research during medical school, Prof. Bérczi pursued a career as a vascular physiologist. He first practiced for one and a half years in Minneapolis, Minnesota, USA, and then for two years in Milwaukee, Wisconsin, USA. In 1994, he decided to pursue clinical work and started learning about radiology – specifically, interventional radiology – at Semmelweis University's Cardiovascular Surgical Clinic in Budapest. He worked for 13 years in this department and ultimately became chairman of Semmelweis University's Department of Radiology. After receiving a CIRSE Education Grant in 2000, Prof. Bérczi spent three months at the Karl Franz University in Graz, Austria, under Prof. Klaus Hausegger. From January 2004-2006, he was employed as an endovascular fellow at the Sheffield Vascular Institute in Sheffield, UK under Prof. Peter Gaines and Dr. Trevor Cleveland.

Prof. Bérczi's primary interest is vascular interventional radiology, and he has conducted more than 6,000 procedures. Within IR, he has a specific interest in uterine fibroid embolisation (UFE), for which he set up a major centre in Hungary, where more than 600 UFE cases have been performed so far.

Prof. Bérczi has been a CIRSE Member since 1995, a CIRSE Fellow since 2002, and he was a part of the CIRSE Membership Committee from 2009–2011, 2011–2013 and 2015–2017. He received the award for the best oral presentation at the CIRSE Annual Congress in 1997, and he has consequently been invited as a lecturer for various CIRSE congresses, as well as for numerous ECR congresses. He has been EBIR-certified since 2011.

He has additionally served as a host and faculty member for the ESIR Basic Course in 2007 and 2008 in Budapest and was a Local Host Committee Chairperson for the ECIO Annual

Congress in 2013. He has worked in various editorial capacities for *CVIR* – both as a consultant to the editors and as a member of the Editorial Board – since 2008, and he was a member of the Oral Examination Council for the EBIR from 2012–2014. Prof. Bérczi has been a member of the Programme Planning Committee for the ECR Annual Congress since 2017. He is Chairman of the Interventional Radiology Subcommittee for ECR 2020. He was a local host for the School of MRI, European Society of MR in Medical Biology (ESMRMB) in 2012 and 2018, and President of the Hungarian Society of Radiology from 2014–2018. He was also Secretary for the Hungarian Society of Cardiovascular Interventional Radiology from 2006–2011.

Over the course of his career, he has reviewed numerous papers for *CVIR*, the *European Journal of Radiology*, *Stroke*, *Gut*, and the *Hungarian Journal of Radiology*. He has contributed to 130 lectures and academic papers, which have been cited by more than 895 sources.

Outside of his work, Prof. Bérczi enjoys a variety of sports; mainly tennis, but also squash, cycling and swimming. His other hobbies include classical music, specifically playing the piano for his grandsons, and organising dancing evenings for his friends. Prof. Bérczi is very proud of his family and his four children, two of whom are medical students, including Ákos, a sixth year medical student, who currently studies at Semmelweis University and plans to start a radiology residency.

Prof. Bérczi is incredibly grateful for his mentors and family who have helped him achieve success over the course of his career. He is especially appreciative of his parents, who provided him with a warm and eventful childhood and from whom he learned a lot.

## CIRSE Opening and Awards Ceremony Viktor Bérczi will be awarded on

**Saturday, September 7, 14:30-16:00**



## Distinguished Fellow

### Ricardo D. García-Mónaco

Ricardo García-Mónaco completed his medical degree with honours at the University of Buenos Aires in 1981, before successfully sitting the boards for Radiology and Imaging Diagnosis of Argentina's National Ministry of Health in 1988. Shortly thereafter, he acquired a diploma in MRI from the University of Paris in 1991. With a fluent knowledge of Spanish, English and French, his extensive post-graduate training took him to many corners of the world. Following his initial residency at the Hospital Italiano in Buenos Aires, he completed training in angiography and interventional radiology at the Bicêtre Hospital, University of Paris from 1988–1992 and visiting fellowships at both New York University, USA and Toronto Western Hospital, Canada in 1990.

After returning to Argentina in 1996, he took positions as both an associate professor of radiology and as the programme director of interventional and vascular radiology at the University of Buenos Aires. He completed a doctorate (PhD) in medicine in 2004, becoming a full professor of radiology at the university in 2007. That same year, he additionally became the director of the University of Buenos Aires' radiological medical school programme, a position he still holds to this day.

Clinically, Prof. García-Mónaco worked as both a visiting physician at Hôpital Bicêtre and as a consultant interventional radiologist at the Institut Gustave Roussy in Villejuif, France. Since 1992, Prof. García-Mónaco has been the head of endovascular therapy and interventional radiology at the Hospital Italiano in Buenos Aires, and from 2005–2018 held a position of chairperson of the hospital's Department of Radiology.

Prof. García-Mónaco is regarded as a pioneer in vascular and interventional radiology throughout Argentina. Many young IRs have been trained in his department, which is considered a referral centre for hospitals throughout Latin America. Beyond his work in IR, Prof. García-Mónaco developed several interdisciplinary hospital units, including the first national vascular anomalies clinic, the hereditary

haemorrhagic telangiectasia unit and the liver tumour unit – which are amongst the most popular medical and educational programmes in Latin America.

His international medical career is complemented by his active membership in many medical associations, including the Radiological Society of Argentina (SAR), the World Federation of Therapeutic and Interventional Neuroradiology (WFTIN), the International Society of Vascular Anomalies (ISSVA) and the International Society of Strategic Studies in Radiology (ISSSR), to name but a few. Prof. García-Mónaco is a founding member of the Argentine College of Vascular and Interventional Radiology (CARVI), where he currently serves as president. He has served as president of the Argentine Society of Radiology (2001–2006), the Inter-American College of Radiology (2006–2008) and the International Society of Radiology (2016–2018).

Prof. García-Mónaco is a prolific researcher and educator, having delivered almost 480 presentations at both national and international congresses, and publishing more than 230 scientific papers. He has authored or co-authored more than 70 books or book chapters. He is a peer reviewer for acclaimed journals such as *CVIR*, *JVIR*, *Radiology* and *Radiographics*, and serves on the editorial committees of *Digestive Disease Interventions*, *Interventional Oncology 360* and *Journal de la Sociedad Iberoamericana de Intervencionismo*, among others.

Prof. García-Mónaco has received awards for 39 scientific presentations (24 national and 15 international) and has been conferred honorary membership of various societies including, ESR, RSNA, SFR and SIRM. He is a SIR fellow, an ECIO 2019 honorary lecturer and has received the Gold Medal of the Argentine Society of Radiology. Throughout his career, he has served on many advisory boards and educational committees, currently serving as a member of the ISR Nomination Committee, the ISSSR Membership Committee and the RSNA Vascular/Interventional Education Exhibits Subcommittee.

## CIRSE Opening and Awards Ceremony

Ricardo D. García-Mónaco will be awarded on

**Saturday, September 7, 14:30-16:00**

## Distinguished Fellow

### James E. Jackson



James Jackson is a consultant interventional radiologist at Hammersmith Hospital in London, UK, where he started his training in radiology in 1986. He is married to Dr. Mary Roddie, a consultant diagnostic radiologist at Charing Cross Hospital, whom he met at the interview for a much sought-after radiology registrar post when she took an instant dislike to him! They have four sons, the eldest of whom is a doctor, the second an army officer, the third a university student of biochemistry and the fourth a university student of engineering.

His interest in interventional radiology was inspired by the head of department at the Royal Postgraduate Medical School at Hammersmith Hospital, Professor David Allison, and he showed a considerable aptitude for this specialty, such that he was performing complex procedures, including pulmonary arteriovenous malformation embolisation, within three years of starting as a radiology registrar. In 1988, he was appointed as a Cook Research Fellow and Honorary Senior Registrar in Diagnostic Radiology at the Royal Postgraduate Medical School, Hammersmith Hospital. In 1989, he was awarded a British Institute of Radiology Scholarship, enabling him to visit the departments of radiology in Lund University Hospital and Malmo General Hospital in Sweden, and it was here that he met and was taught by Professor Anders Lunderquist. On his return, he was appointed to the post of full-time radiology consultant at the Royal Postgraduate Medical School.

In his early years in interventional radiology, he specialised in percutaneous biliary work and, with Professor Andy Adam, published some of the first work on the use of metallic biliary endoprostheses. He subsequently developed a passion for visceral angiography and its use in the localisation of obscure sources of gastrointestinal haemorrhage. He considers himself fortunate to have started radiology at a time when digital

subtraction angiography was in its infancy and this examination was still being performed with cut film. Whilst recognising that DSA was undoubtedly the 'future', he realised that this modality would never match the spatial resolution of cut film and that its improved contrast resolution was offset by problems with movement artefact. He devised ways of overcoming this and was able to produce images of exceptional quality, which few have been able to match, as attested to by his publications on angiography in Crohn's disease, Meckel's diverticula and neuroendocrine tumour localisation, his chapters on the use of angiography in gastrointestinal haemorrhage and his lectures on these subjects.

During the mid-1990s he worked with William Cook Europe to develop the first detachable embolisation coil in order to make the embolisation of pulmonary arteriovenous malformations both easier and safer. With his colleague in respiratory medicine, Professor Claire Shovlin, he has been a major contributor to the literature on the clinical management of patients with hereditary haemorrhagic telangiectasia and pulmonary arteriovenous malformations, and their publications are recognised as having had an important impact on the long-term wellbeing of this group of individuals.

During his career he has published over 150 papers and book chapters on a wide range of topics in interventional radiology, but it is for his work on the treatment of haemoptysis by embolisation and the management of systemic and pulmonary arteriovenous malformations that he is particularly well-known. The clarity and fluency of his lectures and workshops, with his desire to disseminate important interventional techniques that, above all, improve patient safety and clinical outcome, have established him as an authoritative and sought-after contributor to national and international meetings.

**CIRSE Opening and Awards Ceremony**  
James E. Jackson will be awarded on

**Saturday, September 7, 14:30-16:00**



## Gruentzig Lecturer

### Werner Jaschke

Werner Jaschke began his career in Heidelberg, Germany, where he completed his medical studies at Heidelberg University in 1977. Throughout his medical studies he was actively involved in research, and from the time of his graduation until 1979 he was a research assistant in the Department of Nuclear Medicine, Section of Oncological Diagnostics, at the German Cancer Research Centre in Heidelberg. In 1979, he started his residency at the Department of Radiology, University of Heidelberg in Mannheim, Germany. In 1981, he furthered his education abroad with a research fellowship in the Department of Radiology at the University of California. Following this, he continued his training in radiology under Prof. M. Georgi at the Department of Radiology of the Mannheim University Hospital at Heidelberg University before becoming a fully qualified radiologist in 1984.

From there, Prof. Jaschke headed back to the United States, where he was an assistant research radiologist at the Department of Radiology's Cardiovascular and MRI Section at the University of California, San Francisco. He then returned to Mannheim in 1985, and started his training in neuroradiology at Mannheim University Hospital. The following year he completed his habilitation thesis on the topic "Measurement of renal blood flow by high-speed computed tomography", and received his lecturing qualifications from Heidelberg University.

Since 1986, Prof. Jaschke has been a senior physician at the Institute for Clinical Radiology at the Mannheim University Hospital, where he was also appointed chief senior physician in 1991 and vice-chair in 1992.

He became the head of the First Department of Radiology in Innsbruck in 1993. In 2007, he became the director of the First and Second Departments of Radiology at the University Clinic for Radiology in Innsbruck. This state-of-the-art clinic prides itself on offering the full array of modern diagnostic imaging and interventional radiology procedures, as well as a structured training programme that meets the highest international standards.

A prolific researcher, Prof. Jaschke has made substantial contributions to the field of IR and has authored or co-authored more than 200 papers, articles and books. He has written on an impressive range of topics, including comparative studies between CT and other radiological procedures, research in the field of MRI contrast agents, clinical applications of digital imaging technology and millisecond CT, invasive radiological diagnostics and interventional therapy, new applications of transhepatic bile duct interventions and fighting the gender gap in interventional radiology.

Prof. Jaschke served as president of the Austrian Radiological Society (ÖRG) from 2012 until 2014, and maintains memberships with several notable societies both national and international, including the Austrian Society for Interventional Radiology (ÖGIR), the Bavarian Radiological Society (BRG), the Austrian Society for Ultrasound in Medicine (ÖGUM), the German Radiological Society (DRG), ESR, RSNA, EIBIR and CIRSE. He is also a member of the Oncology Advisory Board of the Austrian Federal Ministry of Health (BMG). He is an honorary member of the Austrian Society of Radiology, the Austrian Society of Interventional Radiology (ÖGIR) and the German and Swiss Societies of Radiology (DRG and SGR, respectively).

## Andreas Gruentzig Lecture

**25 years of endovascular therapy of abdominal aortic aneurysms: where do we stand now?**

**Sunday, September 8, 14:30-15:00**





## Roesch Lecturer

### Govindarajan Narayanan

Govindarajan Narayanan began his dynamic career by studying medicine at the Medical College and Government General Hospital in Chennai, India from 1984-1989. Thereafter, he participated in special traineeships, one in medicine, surgery and radiology, and another in radiology alone, at the same hospital. In 1994, his career took him abroad to the USA where he participated in residency programmes in nuclear medicine at both New York Methodist Hospital (1994-1995) and Memorial Sloan Kettering Cancer Center (1995-1996), and yet another in diagnostic radiology at the St. Barnabas Medical Center in New Jersey (1996-2000). After concluding his residency, he participated in fellowships in interventional radiology at MUSC-Charleston in South Carolina (until 2003) and at Stony Brook University Hospital in New York (2003-2005).

Dr. Narayanan became an assistant professor of clinical radiology at the University of Miami Miller School of Medicine in 2005, thereafter moving into an associate professor role in 2008. He remained in this position until 2014 when he then transitioned into the esteemed role of a professor of clinical radiology within the university's Department of Interventional Radiology, a position he held until February 2018.

Over the course of his markedly successful career, Dr. Narayanan has had a multitude of professional appointments. From 2012-2017, he was acting medical director of interventional radiology at University of Miami Hospital, and from 2008-2017, he was also simultaneously the medical director at the Sylvester Comprehensive Cancer Center (SCCC). There he additionally served as both a medical executive committee member and a faculty senate committee member from 2010-2018, and was a member of the OR Committee from 2007-2018. He concurrently acted as the programme director for the vascular and interventional radiology fellowship programme at Jackson Memorial Hospital from 2008-2016. Dr. Narayanan is currently an interventional

radiologist and the acting chief of interventional oncology at the Miami Cancer Institute, a distinguished position he's held since 2018.

Of particular significance, he is a prominent researcher, writer, speaker and collaborator in the field of interventional radiology. He has contributed to the publication of 90 journal articles, five books and nearly 40 abstracts. Dr. Narayanan has additionally participated in more than 45 scientific presentations and exhibitions and 20 funded research projects. He contributes to the review of various academic journals such as *Radiology*, *CVIR*, *JVIR*, *Surgical Oncology* and *Annals of Surgical Oncology*. As a member of a multitude of professional societies such as SIR, ARRS, RSNA, WCIO, CIRSE and the ABR, Dr. Narayanan has been invited to give nearly 70 lectures at annual congresses and educational events. He has accordingly received two awards for such participation during SIR annual congresses.

As an innovator in the field, Dr. Narayanan founded and is active programme chair at SYNERGY, an annual conference aiming to build multidisciplinary approaches to interventional oncology. The first conference was launched in 2011, and by 2016, it had impressively become the largest medical meeting hosted by the University of Miami's Continuing Medical Education programme, hosting more than 500 participants. SYNERGY is also the only interventional oncology meeting that has been endorsed by the American Society of Medical Oncology.

Outside of his many academic and professional engagements, Dr. Narayanan works with a rehabilitation centre and school for children with disabilities, called MITHRA, in Chennai, India. He has volunteered at the centre since 2014, contributing to MITHRA's mission directly, as well as acting as a key donor. He continues to work to raise awareness about the importance of the centre and helps to inspire others to also become donors to this worthy cause.

### Josef Roesch Lecture Pathways and challenges to innovation in interventional oncology

**Tuesday, September 10, 14:30-15:00**

## Preliminary Faculty

*as per printing date – subject to change*

Abadal Villayandre J.M. (Madrid/ES)\*  
 Abraham R. (Halifax, NS/CA)  
 Akhan O. (Ankara/TR)  
 Almeida P.A.M.S. (Viseu/PT)  
 Alonso Burgos A. (Madrid/ES)\*  
 Althoff C.E. (Berlin/DE)\*  
 Ameli-Renani S. (London/UK)\*  
 Andersen P.E. (Odense/DK)\*  
 Andrade G. (Recife/BR)  
 Arai Y. (Tokyo/JP)  
 Arnold D. (Hamburg/DE)  
 Arnoldussen C.W.K.P. (Maastricht/NL)  
 Barbani F. (Florence/IT)  
 Bargellini I. (Pisa/IT)  
 Barnacle A.M. (London/UK)  
 Bartal G. (Kfar-Saba/IL)  
 Basile A. (Catania/IT)\*  
 Beall D.P. (Oklahoma City, OK/US)  
 Beasley R.E. (Miami Beach, FL/US)  
 Beets-Tan R.G.H. (Amsterdam/NL)  
 Bertelli E. (Florence/IT)  
 Bezzi M. (Rome/IT)\*  
 Bilbao J.I. (Pamplona/ES)\*  
 Bilhim T. (Lisbon/PT)\*  
 Binkert C.A. (Winterthur/CH)\*  
 Black S. (London/UK)  
 Blessing E. (Karlsbad/DE)  
 Branzan D. (Leipzig/DE)  
 Braun G. (Augsburg/DE)  
 Bravo De Laguna Taboada A. (Las Palmas/ES)  
 Breen D.J. (Southampton/UK)  
 Brodmann M. (Graz/AT)  
 Brookes J.A. (London/UK)  
 Brountzos E. (Athens/GR)\*  
 Bryant T.J. (Southampton/UK)  
 Buecker A. (Homburg/DE)\*  
 Burbelko M. (Berlin/DE)\*  
 Burgmans M.C. (Leiden/NL)\*  
 Burrell M. (Barcelona/ES)  
 Buy X. (Bordeaux/FR)  
 Callstrom M.R. (Rochester, MN/US)  
 Cannavale A. (Rome/IT)\*  
 Caridi J.G. (New Orleans, LA/US)  
 Carnevale F.C. (São Paulo/BR)  
 Casares Santiago M. (Palma de Mallorca/ES)\*  
 Cauli A. (Cagliari/IT)  
 Cazzato R.L. (Strasbourg/FR)  
 Cejna M. (Feldkirch/AT)\*  
 Cervelli R. (Pisa/IT)  
 Chatellier G. (Paris/FR)  
 Chavan A. (Neustadt/DE)  
 Chiang J. (Los Angeles, CA/US)  
 Chun J.-Y. (London/UK)\*  
 Cifrian Perez M. (Valencia/ES)  
 Cioni R. (Pisa/IT)  
 Citone M. (Florence/IT)  
 Clavert P. (Strasbourg/FR)  
 Clerici G. (Bergamo/IT)  
 Cleveland T.J. (Sheffield/UK)  
 Correias J.-M. (Paris/FR)  
 Costalat V. (Montpellier/FR)  
 Crocetti L. (Pisa/IT)\*  
 Da Motta Leal Filho J.M. (São Paulo/BR)  
 Dake M.D. (Stanford, CA/US)  
 Das R. (London/UK)\*  
 de Baère T. (Villejuif/FR)\*  
 De Bruin J.L. (London/UK)  
 de Graaf R. (Friedrichshafen/DE)  
 de Gregorio M.A. (Zaragoza/ES)\*  
 de Haan M.W. (Maastricht/NL)\*  
 de Kerviler E. (Paris/FR)  
 Defreyne L. (Ghent/BE)  
 Del Cura Rodriguez J.L. (Bilbao/ES)  
 Deloose K.R. (Dendermonde/BE)  
 Denys A. (Lausanne/CH)\*  
 Deschamps F. (Villejuif/FR)\*  
 Diamantopoulos A. (London/UK)\*  
 Dodt C. (Munich/DE)  
 Dolmatch B. (Mountain View, CA/US)  
 Donas K.P. (Münster/DE)  
 Duda S. (Berlin/DE)\*  
 Duran R. (Lausanne/CH)  
 Eesa M. (Calgary, AB/CA)  
 Egge J. (Haugesund/NO)\*  
 Essert C. (Strasbourg/FR)  
 Fanelli F. (Florence/IT)\*  
 Farrelly C. (Dublin/IE)  
 Ferraresi R. (Bergamo/IT)  
 Ferraro M.C. (Florence/IT)  
 Feydy A. (Paris/FR)  
 Filippiadis D.K. (Athens/GR)\*  
 Funovics M.A. (Vienna/AT)\*  
 Gabbani G. (Florence/IT)  
 Gandini R. (Rome/IT)  
 Gangi A. (Strasbourg/FR)\*  
 Gargiulo M. (Bologna/IT)  
 Garnon J. (Strasbourg/FR)  
 Gaubert J.-Y. (Marseille/FR)  
 Gebauer B. (Berlin/DE)  
 Geisbuesch P. (Heidelberg/DE)  
 Georgiades C.S. (Baltimore, MD/US)  
 Ghotbi R. (Munich/DE)  
 Gibbs R.G. (London/UK)  
 Giordano A. (L'Aquila/IT)  
 Gizewski E.R. (Innsbruck/AT)  
 Glynos M.K. (Athens/GR)  
 Goh G.S. (Melbourne, VIC/AU)\*  
 Golzarian J. (Minneapolis, MN/US)  
 Gonçalves B. (Porto/PT)  
 Gonzalez-Junyent C. (Barcelona/ES)

Gouëffic Y. (Nantes/FR)  
Goyault G. (Strasbourg/FR)  
Grasso R.F. (Rome/IT)  
Gray W.A. (Philadelphia, PA/US)  
Guimaraes M. (Charleston, SC/US)  
Guirola J.A. (Zaragoza/ES)\*  
Guiu B. (Montpellier/FR)  
Hamady M.S. (London/UK)\*  
Hasebe T. (Hachioji, Tokyo/JP)  
Haskal Z.J. (Charlottesville, VA/US)  
Hatzydakis A. (Iraklion/GR)\*  
Hausegger K.A. (Klagenfurt/AT)\*  
Helmberger T.K. (Munich/DE)\*  
Holden A. (Auckland/NZ)\*  
Holt P. (London/UK)  
Hopf-Jensen S. (Flensburg/DE)  
Huppert P.E. (Darmstadt/DE)  
Ierardi A.M. (Milan/IT)  
Iezzi R. (Rome/IT)  
Insausti Gorbea I. (Pamplona/ES)  
Irurzun J. (Alicante/ES)  
Itkin M. (Philadelphia, PA/US)  
Jalaie H. (Aachen/DE)  
Jaschke W. (Innsbruck/AT)\*  
Jenkins M.P. (London/UK)  
Jennings J.W. (Saint Louis, MO/US)  
Kalder J. (Aachen/DE)  
Karnabatidis D. (Patras/GR)\*  
Karunanithy N. (London/UK)\*  
Kassamali R.H. (Birmingham/UK)\*  
Katsanos K.N. (Patras/GR)\*  
Katsargyris A. (Nuremberg/DE)  
Katzen B.T. (Miami, FL/US)  
Kaufman J.A. (Portland, OR/US)\*  
Kee S. (Los Angeles, CA/US)  
Kelekis A.D. (Athens/GR)\*  
Kelekis N.L. (Athens/GR)  
Kenny L.M. (Brisbane/AU)  
Kettenbach J. (Wiener Neustadt/AT)\*  
Khalil A. (Paris/FR)  
Kichikawa K. (Kashihara/JP)  
Kickuth R. (Würzburg/DE)  
Kim C.W. (Busan/KR)  
Kim J.H. (Seoul/KR)  
Kitrou P.M. (Patras/GR)\*  
Klass D. (Vancouver, BC/CA)  
Kobeiter H. (Créteil/FR)  
Kohi M.P. (San Francisco, CA/US)  
Kölbel T. (Hamburg/DE)  
Kouvelos G.N. (Larissa/GR)  
Krajina A. (Hradec Králové/CZ)\*  
Kratimenos T. (Athens/GR)  
Kroencke T.J. (Augsburg/DE)\*  
Krokidis M.E. (Cambridge/UK)\*  
Kum S. (Singapore/Singapore)  
Kurup A.N. (Rochester, MN/US)  
Laasch H.-U. (Manchester/UK)  
Lanciego C. (Toledo/ES)\*  
Lea W.B. (Milwaukee, WI/US)  
Lee M.J. (Dublin/IE)\*  
Lencioni R. (Pisa/IT)\*  
Loffroy R. (Dijon/FR)  
Loftus I. (London/UK)  
Lohle P.N.M. (Tilburg/NL)  
Lönn L.B. (Copenhagen/DK)\*  
Lunardi A. (Pisa/IT)  
Madoff D.C. (New York, NY/US)  
Mahnken A.H. (Marburg/DE)\*  
Makris A.N. (Westmont, IL/US)  
Malagari K. (Athens/GR)\*  
Maleux G. (Leuven/BE)\*  
Mangiafico S. (Florence/IT)  
Manzi M.G. (Abano Terme/IT)  
Marcello R. (Rome/IT)  
Marcia S. (Cagliari/IT)  
Marques L. (Flensburg/DE)  
Masala S. (Rome/IT)  
Matzko M. (Dachau/DE)  
McWilliams R. (Liverpool/UK)\*  
Meijerink M.R. (Amsterdam/NL)  
Meissner H. (Stuttgart/DE)  
Menard A. (Kingston, ON/CA)  
Michelagnoli S. (Florence/IT)  
Miele V. (Florence/IT)  
Moelker A. (Rotterdam/NL)\*  
Molina Nuevo J.D. (Albacete/ES)\*  
Monami M. (Florence/IT)  
Mondaini F. (Florence/IT)  
Mordasini P. (Bern/CH)  
Moretti Monsignore L. (São Paulo/BR)  
Mosquera N.J. (Ourense/ES)  
Moussa N. (Paris/FR)  
Müller-Hülsbeck S. (Flensburg/DE)\*  
Müller-Wille R. (Regensburg/DE)  
Muto M. (Naples/IT)  
Narayanan G. (Miami, FL/US)  
Nasser F. (São Paulo/BR)  
Nienaber C. (London/UK)  
Oikonomou K. (Regensburg/DE)  
Orsi F. (Milan/IT)\*  
O'Sullivan G.J. (Galway/IE)\*  
Palena M. (Abano Terme/IT)  
Palussière J. (Bordeaux/FR)  
Pantel M. (The Hague/NL)  
Papageorgiou G. (N. Faliro/GR)  
Pedicini V. (Rozzano/IT)  
Pelage J.-P. (Caen/FR)  
Pena C.S. (Miami, FL/US)  
Pilasi Menichetti C. (London/UK)  
Ponsen K.J. (Alkmaar/NL)

Prevoo W. (Amsterdam/NL)  
 Ptohis N.D. (Athens/GR)\*  
 Pua U. (Singapore/SG)  
 Qanadli S.D. (Lausanne/CH)  
 Rajan D.K. (Toronto, ON/CA)  
 Rampoldi A.G. (Milan/IT)  
 Rand T. (Vienna/AT)\*  
 Ratnam L. (London/UK)\*  
 Razavi M.K. (Orange, CA/US)  
 Reekers J.A. (Amsterdam/NL)\*  
 Regi J.M. (Sheffield/UK)  
 Reimer P. (Karlsruhe/DE)\*  
 Reinhardt M. (Leipzig/DE)  
 Rimbau V. (Barcelona/ES)  
 Ribo M. (Barcelona/ES)  
 Richter G.M. (Stuttgart/DE)\*  
 Ricke J. (Munich/DE)  
 Rilling W.S. (Milwaukee, WI/US)  
 Roberts A.C. (La Jolla, CA/US)  
 Robertson I. (Glasgow/UK)\*  
 Rocha-Singh K. (Springfield, IL/US)  
 Rodríguez Mesa J. (Málaga/ES)\*  
 Romagnoli S. (Florence/IT)  
 Rossi M. (Rome/IT)\*  
 Rousseau H. (Toulouse/FR)  
 Ruffino M.A. (Turin/IT)\*  
 Rundback J.H. (Teaneck, NJ/US)  
 Ryan A.G. (Waterford City/IE)  
 Saad W.E.A. (Ann Arbor, MI/US)  
 Sabharwal T. (London/UK)\*  
 Sachar R. (Raleigh, NC/US)  
 Saldaña Garrido D.A. (Madrid/ES)  
 Sapoval M.R. (Paris/FR)\*  
 Savio D. (Turin/IT)  
 Schaefer J.P. (Kiel/DE)\*  
 Scheffer H.J. (Amsterdam/NL)  
 Scheurig-Muenkler C. (Augsburg/DE)\*  
 Schoder M. (Vienna/AT)\*  
 Schultze Kool L.J. (Nijmegen/NL)\*  
 Sconfienza L.M. (Milan/IT)  
 Seals K. (Los Angeles, CA/US)  
 Seehofer D. (Leipzig/DE)  
 Sharma R. (London/UK)  
 Siena G. (Florence/IT)  
 Sierre S. (Buenos Aires/AR)  
 Sorbi F. (Florence/IT)  
 Speakman M.J. (Taunton/UK)  
 Spies J.B. (Washington, DC/US)  
 Spiliopoulos S. (Athens/GR)\*  
 Stabile E. (Naples/IT)  
 Stacul F. (Trieste/IT)  
 Stojanovic S. (Novi Sad/RS)  
 Struffert T. (Giessen/DE)  
 Szczerbo-Trojanowska M. (Lublin/PL)  
 Sze D.Y. (Stanford, CA/US)  
 Tan B.S. (Singapore/SG)  
 Tanaka T. (Kashihara/JP)  
 Tepe G. (Rosenheim/DE)\*  
 Thomas R.P. (Marburg/DE)  
 Trabold T. (Stuttgart/DE)\*  
 Trepel M. (Augsburg/DE)  
 Trerotola S.O. (Philadelphia, PA/US)  
 Tselikas L. (Villejuif/FR)  
 Tsetis D.K. (Iraklion/GR)\*  
 Tsitskari M. (Athens/GR)\*  
 Tutton S.M. (Milwaukee, WI/US)  
 Twine C.P. (Bristol/UK)  
 Uberoi R. (Oxford/UK)\*  
 Uller W. (Regensburg/DE)\*  
 Urbano J. (Madrid/ES)\*  
 van Delden O.M. (Amsterdam/NL)\*  
 van den Berg J.C. (Lugano/CH)  
 van den Berg R. (Amsterdam/NL)  
 van Dijk L.C. (The Hague/NL)  
 van Lienden K.P. (Amsterdam/NL)  
 van Overhagen H. (The Hague/NL)\*  
 van Rijswijk C.S.P. (Leiden/NL)  
 van Zwam W.H. (Maastricht/NL)  
 Velasco Sánchez E. (Madrid/ES)  
 Veloso Gomes F. (Lisbon/PT)\*  
 Veltri A. (Orbassano/IT)  
 Verhoeven E. (Nuremberg/DE)  
 Vermassen F.E. (Ghent/BE)  
 Vidal V. (Marseille/FR)  
 Vilares Morgado P. (Porto/PT)\*  
 Vorwerk D. (Ingolstadt/DE)\*  
 Vos J.A. (Nieuwegein/NL)  
 Wigham A.J. (Oxford/UK)  
 Wilhelm K.E. (Bonn/DE)\*  
 Wilkins J. (London/UK)  
 Willis A. (Birmingham/UK)  
 Winterbottom A. (Cambridge/UK)  
 Wohlgemuth W.A. (Halle/DE)\*  
 Wolf F. (Vienna/AT)\*  
 Won J.Y. (Seoul/KR)  
 Wong J.K. (Calgary, AB/CA)  
 Wood B.J. (Bethesda, MD/US)  
 Ya K.Z. (Yangon/MM)  
 Zeller T. (Bad Krozingen/DE)  
 Zorger N. (Regensburg/DE)

\* EBIR Diploma holders



**European Board of Interventional Radiology**

# CIRSE welcomes its Group Members to the next Annual Meeting!

**Not only is the interest in interventional radiology growing, so are we! The CIRSE family currently embraces 26 European and 13 international IR societies and is looking forward to continuing the successful partnerships.**

## EUROPEAN GROUP MEMBERS

ÖGIR	Austrian Society of Interventional Radiology
BSR	IR Section of the Belgian Society of Radiology
BSIR	British Society of Interventional Radiology
BGSIR	Bulgarian Society of Interventional Radiology
sIRcro	Croatian Society for Interventional Radiology
CSIR	Czech Society of Interventional Radiology
DFIR	Danish Society of Interventional Radiology
NVIR	Dutch Society of Interventional Radiology
FSIR	Finnish Society of Interventional Radiology
SFR-FRI	French Society of Radiology - Federation of Interventional Radiology
DeGIR	German Society of Interventional Radiology
GSIR	Greek Society of Interventional Radiology
HSIR	Hungarian Society of Interventional Radiology
IESIR	Italian European Society of Interventional Radiology
ICIR	Italian College of Interventional Radiology
LAIR	Latvian Association of Interventional Radiology
NFIR	Norwegian Society of Interventional Radiology
PLTR	Polish Society of Interventional Radiology
SNRIR	Romanian Society of Neuroradiology and Interventional Radiology
RSIOR	Russian Society of Interventional Radiology
SIRS	Serbian Society of Interventional Radiology
SKVIR	Slovakian Society of Vascular and Interventional Radiology
SERVEI	Spanish Society of Vascular and Interventional Radiology
SSVIR	Seldinger Society of Vascular and Interventional Radiology (Sweden)
SSVIR	Swiss Society of Vascular and Interventional Radiology
TGRD	Turkish Society of Interventional Radiology

## INTERNATIONAL GROUP MEMBERS

IRSA	Interventional Radiology Society of Australasia
SOBRICE	Brazilian Society of Interventional Radiology and Endovascular Surgery
CAIR	Canadian Association of Interventional Radiology
GACIR	Georgian Association of Cardiovascular and Interventional Radiology
HKSIR	Hong Kong Society of Interventional Radiology
ISVIR	Indian Society of Vascular and Interventional Radiology
ESIR	IR Division of the Iranian Society of Radiology
ILSIR	Israeli Society of Interventional Radiology
JSIR	Japanese Society of Interventional Radiology
KSIR	Korean Society of Interventional Radiology
MySIR	Malaysian Society of Interventional Radiology
SSRSCVIR	Singapore Radiological Society - Cardiovascular and Interventional Radiology Section
SIDI	Sociedad Iberoamericana de Intervencionismo

**Cardiovascular and Interventional Radiological Society of Europe**

## CIRSE Session Types

### Amazing Interventions

During this session, acclaimed experts in interventional radiology will talk about their most unusual and challenging procedures. The emphasis will be to highlight innovative ways in which interventional radiologists can solve difficult problems and overcome tough situations. The session aims to be both educational and entertaining.

### Case-based Discussions

The Case-based Discussions are divided into several topics. This format is designed to provide a platform for experts with different skills and views, who can each present their unique approach. Interesting cases, where different treatment options seem possible, will be presented, followed by a lively discussion involving the speakers and the audience. These interactive sessions provide an excellent learning experience on how to approach and work through difficult cases.

### CIRSE meets...

The "CIRSE meets..." programme has proved to be an important platform for establishing and strengthening the relations between CIRSE and other societies in the field of interventional and vascular therapy. At CIRSE 2019, CIRSE's guests will be APSCVIR and CAIR. *For the detailed programme, please refer to page 33.*

### Clinical Evaluation Sessions

This session type offers a step-by-step guide through the disease management of different maladies. These clinical-focused training sessions will include multidisciplinary teams made up of the essential experts who design a patient's care pathway and offer the best therapeutic measures. The sessions will analyse themes from a diagnostic point of view, including pros and cons of different therapy options, considerations before, during and after the procedure, possible complications and the follow-up of the patient.

### Controversy Sessions

During Controversy Sessions, two experts will present opposing views on controversial and current topics, after which a short debate will ensue. The moderator will ask the audience which position they support both before and after each new topic in order to assess whether the talks have changed their opinions. For this purpose, voting facilities for the audience will be provided.

### Expert Round Tables

The Expert Round Table sessions address important aspects of interventional radiology in an informal setting. Key opinion leaders will outline their views and preferred therapy options regarding select "hot topics", and then engage in lively discussions with both their fellow speakers and the audience.

### Film Interpretation Quiz

The Film Interpretation Quiz will consist of two teams who will compete against each other. The teams will be given cases to diagnose and suggest treatment. One of the principle aims of the film panel is to demonstrate the approach an expert takes towards the solution of a diagnostic/therapeutic problem. This will be undertaken in an entertaining fashion and is not to be missed! The process will be a team effort.

### Free Paper Sessions

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

### First@CIRSE

This Free Paper session will feature the first data releases of several PAD trials and studies.

### Super Tuesday

This exclusive Free Paper slot will showcase high-class research and up-to-the-minute trial results which all interventional radiologists should be aware of.

### Focus Sessions

Focus 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.

### 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.

### Hands-on Device Training

The Hands-on Device Training (HDT) sessions provide an overview of the different devices and techniques available for specific topics. Following a kick-off presentation by the HDT coordinators, participants will have the opportunity to learn about the specifics, as well as the safe and effective use of the available technology in a hands-on setting. Each HDT will feature a round-table discussion, allowing participants time to ask questions and give feedback.

*For the detailed programme, please refer to pages 35-38.*

### Hot Topic Symposia

The Hot Topic Symposia address controversial IR topics 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.

### IR Trainee Sessions

The IR Trainee Sessions at CIRSE are aimed specifically at trainees, residents and young IRs, and cover basic IR topics as well as practical issues relating to the beginning of a career in interventional radiology. These sessions will also address future IR technologies and challenges the next generation of IR may face. Organised by the CIRSE European Trainee Forum (ETF), the IR Trainee Sessions are also an opportunity to meet peers and establish relationships with other young IRs across Europe.



### 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.

### News on Stage

The aim of this session format is to allow physicians to showcase their research in an informal and open atmosphere. Select posters and their presenting authors will take centre stage in these sessions. The posters will be displayed and navigated on terminals which are specifically designed for poster discussions in small groups.

### Satellite Symposia

Satellite Symposia are organised by industry partners and take place at lunchtime as well as in the morning and in the evening. During these sessions, cutting-edge information on interventional equipment and techniques is provided.

*The Satellite Symposia programme will be published in the Pocket Guide.*

### Simulation Training

This popular series of training sessions comprises a 20-minute 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.

*For the detailed programme, please refer to page 41.*

### Video Learning Sessions

These sessions will feature stand-alone video presentations of interventions with the purpose of teaching procedural techniques and providing a brief overview of indication and results. The aim is to demonstrate the technical aspects of the specific intervention in the best possible way and to give the audience the possibility to ask questions.

### Workshops

Workshops provide you with the chance to learn from your colleagues' expertise in an informal, interactive manner. Each designated workshop 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, enabling delegates to follow their chosen themes with little or no overlap. In this booklet you will find colour codes for each of the eight main themes. Those codes can be found throughout the whole programme, allowing you to easily recognise your topics of interest.**

## ARTERIAL INTERVENTIONS

Year after year, the arterial track proves to be a vital aspect of Annual Meetings, and this year is no exception. At CIRSE 2019, experts in the field will investigate various cutting-edge themes to provide the most relevant and up-to-date information on arterial interventions.

Sessions will explore dynamic topics such as radial access, managing diabetic foot cases and medical therapy for improvements in PAD interventions. Expert Round Table sessions will give practical insight into topics such as aorto-iliac stenotic occlusive disease and discuss looming questions surrounding the treatment of the SFA. A Controversy Session will explore the various options for carotid artery disease treatment, and a Video Learning Session will give a first-hand look into procedures themselves.

## AORTIC INTERVENTIONS

IDEAS  
2019

The Interdisciplinary Endovascular Aortic Symposium (IDEAS) offers a platform for interventional radiologists, vascular surgeons and cardiologists involved in aortic interventions, while remaining open to CIRSE delegates who wish to attend the lectures, debates and workshops, including the Industry Training Village.

Attention will be given to patient selection and evidence for a range of endovascular techniques, and audience interaction will once again be central, as demonstrated by numerous Case-based Discussion and Expert Round Table sessions. Focus sessions will cover endoleaks in EVAR and attempt to conclude if we are doing enough about radiation exposure, while a Hot Topic Symposium will discuss the Achilles heel of EVAR, durability.

## VENOUS INTERVENTIONS

Educating delegates on how to better manage patients with vein diseases, venous interventions have been a mainstay of the CIRSE programme since becoming a dedicated track in 2015.

Focus Sessions will centre on dialysis and superior vena cava syndromes, while a Case-based Discussion will focus on venous mishaps and disasters, as well as salvage approaches. Useful Workshops on popular topics will again be featured, an Expert Round Table will discuss portal hypertension management and a Hot Topic Symposium will deliberate on whether or not the ATTRACT trial changes DVT management practice.

## EMBOLISATION

Embolisation procedures are staples in every interventionalist's toolbox, and the full range of treatments will be covered at CIRSE 2019. Case-based Discussions will allow experts to discuss their approaches to cases involving arteriovenous malformations and lymphatics as well as interventional radiology in gynaecological emergencies. A Video Learning Session will enhance knowledge of embolisation techniques through a practical look into procedures themselves.

A plethora of topics including prostate artery embolisation, pelvic embolisation, gastrointestinal bleeding and urinary tract embolisation will be examined in Focus Sessions this year. An invigorating Controversy Session will take an in-depth look into treatment options for fibroids and adenomyosis.

## NEUROINTERVENTIONS

This exciting track harnesses the continuous acquisition of new data on intra-arterial thrombectomy for the treatment of acute ischaemic stroke, covering a comprehensive range of topics related to endovascular stroke therapy.

At CIRSE 2019, a Focus Session will highlight new developments in endovascular thrombectomy, and an Expert Round Table will allow specialists in the field to explore current controversies surrounding the procedure. For practical learning, a Clinical Evaluation Session will discuss various aspects of clinical care for stroke management, including how to address potential complications, while a Video Learning Session will give an exhilarating look into the technical aspects of interventions.

## INTERVENTIONAL ONCOLOGY

Minimally invasive cancer care continues to be a rapidly developing field, and interventional oncology has become an exciting component of the CIRSE Annual Meeting. The broad range of topics covered by IO will once again be featured in this year's programme.

Focus Sessions will cover the role of IR in pancreatic cancer, standardising planning to achieve optimal ablation and tell you what you need to know about immunotherapy in IR. Expert Round Table Sessions will discuss the current management of metastatic lesions from breast cancer and colorectal lung metastasis. In addition to myriad Workshops and Fundamental Courses, a Hot Topic Symposium will ask if renal tumour ablation is ready for prime time.

## NON-VASCULAR INTERVENTIONS

Non-vascular procedures are an important component of every interventional radiologist's arsenal, and have continued to grow to include an array of skeletal and non-skeletal techniques and treatments. At CIRSE 2019, many of these areas will be examined.

This year's non-vascular track will cover a variety of topics, offering Focus Sessions on future trends in spine treatment, biliary and lymphatic interventions. In addition to many useful Workshops and Fundamental courses, a Case-based Discussion will elaborate on the treatment of abdominal fluid collections as well as IR salvage for abdominal surgical disasters. Finally, an Expert Round Table will discuss why vertebral augmentation is still alive and kicking.

## IR MANAGEMENT

As patient management remains of utmost importance for the future of IR, CIRSE 2019's IR Management track will provide essential insights into best practices and solutions to contemporary challenges in clinical work.

This year, sessions will touch on a wide array of topics, including collecting and evaluating evidence and essential skills for practice. Expert Round Table sessions will take a more informal approach, allowing leaders in the field to share their perspectives while delving into complex topics such as artificial intelligence, machine learning and robotics in interventional radiology and the various options and determinations for using, or not using, anaesthesia during IR procedures.

Barcelona, Spain  
September 7-11  
**CIRSE 2019**

**Scientific Programme**

- 22 Arterial Interventions – PAD Day**
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## ARTERIAL INTERVENTIONS: PAD DAY

### A full-day focus

This year, the arterial track will dedicate the Saturday of its programme to focusing on the treatment of peripheral artery disease (PAD). As PAD remains a widespread condition across the globe, this day-long micro-track will feature sessions and a symposium based on a multidisciplinary, multinational discussion by leaders in the field. As a whole, the PAD Day programme will shed more light on the current technologies, real-world applications and controversies in PAD management.

### PAD: The role of IR

PAD impacts more than 200 million people worldwide each year while remaining the third leading cause of atherosclerotic vascular morbidity. The disease primarily results from diabetes or atherosclerosis, which damages and reduces blood flow to the peripheral arteries, most commonly affecting the lower limbs. Patients with a history of smoking or diabetes are at an increased risk for developing PAD. Age is also risk factor, as prevalence increases by 15-20% in persons over the age of 70. The clinical presentation of PAD varies from patient to patient. Although some remain asymptomatic, around 10-20% of patients will experience intermittent claudication (IC), especially in the calf muscle, and more than half will experience some form of abnormal limb symptoms.

Interventional radiologists remain on the front lines of combating the debilitating symptoms and potentially dire consequences of this disease. In recent years, the introduction of new technologies, such as drug-eluting stents (DES), drug-coated balloons (DCB) and atherectomy, has allowed IRs to manage the most critical and complex cases as well as improve patency rates by nearly 70% at five-year follow-up. Moreover, the use of drug-coated balloons has reduced the use of stents, with Level I evidence for their use in the femoropopliteal region as first-line therapy, creating significant advantages to patients. The fundamental role of these technologies is especially impactful for patients experiencing IC, who are often young and have a long life expectancy.

Lack of consensus remains about patient selection as well as when and how to treat PAD, particularly heavily calcified lesions, with some evidence supporting the use of DES not only as a bail-out procedure, but also as a primary therapy.

.....  
*"Attending the PAD Day will give participants the opportunity to dive deep into discussion of the most important concepts surrounding the femoropopliteal and BTK areas. At the end of the day, you will most certainly have improved your knowledge and expertise in this ever-important field."*

Prof. Fabrizio Fanelli

### Hot Topic Symposium

The Hot Topic Symposium features prominent speakers who will utilise session-style presentations to address open questions in PAD, most notably Dr. Katsanos' recent paper revealing safety concerns about paclitaxel-coated balloons and stents. This vitally important and timely discussion is sure to provide a valuable opportunity for all IRs to delve into current research and debate in the field.

### Saturday, September 7, 10:00-11:00

#### HTS 201 Hot debates on drug-eluting technologies

- 201.1 RCTs, registries and the real world: what evidence is needed? What is doable and what is utopian?  
*W. Gray (New York, NY/US)*
- 201.2 Is safety a real issue for drug-eluting devices in peripheral arterial disease?  
*K.N. Katsanos (Patras/GR)*
- 201.3 Meta-analysis: critical review of the methods to be announced
- 201.4 Where do we stand? Overview of current positions  
*F. Fanelli (Florence/IT)*

Round-table discussion

# IN THE SPOTLIGHT

## Focus Sessions

Starting first thing in the morning, Focus Sessions will discuss the evolution of and open questions surrounding practice guidelines and determinations for using the current technologies and devices. These sessions will also take an in-depth look at the indications for endovascular management for patients with intermittent claudication as well as for patients experiencing critical limb ischaemia. Both the possibilities and uncertainties regarding procedures and clinical management, including alternative options for patients with difficult cases and options beyond drug-eluting devices, will be discussed in these invigorating sessions.

### Saturday, September 7, 08:30-09:30

#### FS 101 Technologies and techniques: evolution and outstanding questions

- 101.1 Practice guidelines across societies: status and critical review  
*J.A. Kaufman (Portland, OR/US)*
- 101.2 Calcium solutions: which calcium needs treatment and how?  
*K. Rocha-Singh (Springfield, IL/US)*
- 101.3 Overcoming angiography limitations: rationale for IVUS-guided revascularisation  
*F. Fanelli (Florence/IT)*
- 101.4 Drugs, doses and excipients: DCBs under the spotlight  
*G. Tepe (Rosenheim/DE)*
- 101.5 Distinguishing between class effect and device/brand-specific features: how to decide what deserves adoption?  
*M. Brodmann (Graz/AT)*
- 101.6 Dissections: do they matter and how can they be managed?  
*T. Zeller (Bad Krozingen/DE)*

### Saturday, September 7, 11:30-12:30

#### FS 301 Real-world endovascular management of claudication

- 301.1 How to treat long CTOs  
*Y. Gouëffic (Nantes/FR)*
- 301.2 CTO crossing: true lumen or subintimal?  
*to be announced*
- 301.3 Is vessel preparation required for all lesions?  
*E. Blessing (Karlsbad/DE)*
- 301.4 Role of debulking: lumen gain or more than that?  
*R. Sachar (Raleigh, NC/US)*
- 301.5 Drug-eluting technologies in long, real-world fem-pop segments: review of evidence  
*M. Razavi (Orange, CA/US)*
- 301.6 DCB, DES or BMS?  
*K. Deloose (Dendermonde/BE)*

### Saturday, September 7, 17:30-18:30

#### FS 701 Management of real-world critical limb ischaemia

- 701.1 Foot perfusion assessment: the emerging role of imaging  
*J.A. Reekers (Amsterdam/NL)*
- 701.2 Angiosome re-interpretation: which vessel to open, when to insist and when to stop  
*S. Kum (Singapore/SG)*
- 701.3 The resurgence of DCB in BTK  
*J.H. Rundback (Teaneck, NJ/US)*
- 701.4 Indications and prerequisites for intervening below the ankle  
*M.G. Manzi (Albano Terme/IT)*
- 701.5 Managing the "desert foot": new options for no-option patients?  
*R. Ferraresi (Bergamo/IT)*
- 701.6 Beyond drug-eluting devices  
*A. Holden (Auckland/NZ)*

Exploring some of the most crucial IR interventions and up-to-date information in the field, the arterial track as a whole forms a core section of the CIRSE 2019 programme. Be sure to check out the other insightful sessions offered in this track each day!

# IDEAS

2 0 1 9

## Interdisciplinary Endovascular Aortic Symposium

### AORTIC INTERVENTIONS

The growing interest in endovascular treatment for various aortic pathologies, and the continuing evolution of devices to facilitate it, have led to an increased demand for data collection and discussion as well as continuous need for technology appraisal. Along with interventional radiologists, cardiac surgeons, vascular surgeons and cardiologists are increasingly attracted to minimally invasive ways of treating their patients, and endovascular options offer much promise. Despite the prerequisite for strong team work and multidisciplinary approach being implemented during aortic interventions to maximise patient's safety and clinical outcome, definitive management strategies have not been solidified and there is still much discussion to be had.

To this end, CIRSE will once again host the popular Interdisciplinary Endovascular Aortic Symposium (IDEAS). Now in its fifth year, this "congress within a congress" will offer a forum for all interested medical practitioners to explore and discuss the current status of various aortic interventions and to evaluate where the field is heading. Those attending CIRSE 2019 will have unrestricted access to this exciting scientific stream which, along with the arterial and venous tracks, makes up a comprehensive endovascular programme at this year's congress.

### Focus Session: The NICE guidelines

Focus sessions are an integral part of every track, centring on topics that are important in daily practice. The focus sessions at IDEAS are no exception, concentrating on topics of pressing importance in the world of aortic interventions.

The UK's National Institute for Health and Care Excellence (NICE) publishes guidelines for the use of health technologies, clinical practice and social care services. Recently, NICE drafted guidelines about the diagnosis and management of abdominal aortic aneurysm (AAA). To the surprise of the IR community, the guidelines suggest that patients who are suitable for surgical repair should not be offered EVAR, claiming that EVAR is comparatively too expensive and is associated with more long-term complications, though acknowledging it is associated with fewer perioperative deaths. As EVAR is a popular procedure, the ramifications of this could be far-reaching.

The NICE guidelines have been criticised in the past, with naysayers claiming that their black-or-white view of treatment often ignores the individual patient, or puts cost-effectiveness before outcomes. In the case of the new AAA guidelines, there is concern that the data used to support the conclusions was limited in quantity, outdated and of questionable quality. In focus session, entitled "The NICE guidelines: nice or not so nice?" leading practitioners will take an in-depth look at the guidelines, their problems and their implications for the future of EVAR.



## Sunday, September 8, 08:30-09:30

### FS 901 The NICE guidelines: nice or not so nice?

- 901.1 Reasons for NICE  
*to be announced*
- 901.2 Why NICE cannot be implemented  
*M.P. Jenkins (London/UK)*
- 901.3 Why are other guidelines different?  
*C.S. Pena (Miami, FL/US)*
- 901.4 How to improve long-term success of EVAR  
*A. Holden (Auckland/NZ)*

### Hot Topic Symposium: Durability and EVAR

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 leading experts will give a detailed overview on various aspects of EVAR durability before opening the floor to a panel discussion.

Historically, endoleak development and graft migration have been problematic for EVAR. Nevertheless, EVAR is significantly less invasive than open repair. As the procedure becomes more common and is used on younger patients, long-term resilience becomes even more vital, and the possibility of type II endoleaks in particular can be worrying. Current information, however, suggests that some of the concerns on this subject may be based on old data or outdated devices. This year's session, "Durability: the Achilles heel of EVAR" will provide a place for discussion and debate on new technology and different options, and will attempt to answer how IR can reduce stent graft migration and improve long-term outcomes.

## Tuesday, September 10, 15:00-16:00

### HTS 2902 Durability: The Achilles heel of EVAR

- 2902.1 Adherence to IFU: essential to durability?  
*J.C. van den Berg (Lugano/CH)*
- 2902.2 Are more fenestrations better for longer durability?  
*A. Katsargyris (Nuremberg/DE)*
- 2902.3 New devices and adjuncts: will they improve durability?  
*M.S. Hamady (London/UK)*
- 2902.4 Take all the options into consideration  
*M.P. Jenkins (London/UK)*

*Round-table discussion*

Multiple IDEAS sessions will complement this symposium, including a Focus Session presenting the latest and most essential knowledge on endoleaks in EVAR, and an Expert Round Table which will grapple with the question of what will come next in the future of EVAR.

## Tuesday, September 10, 11:30-12:30

### ERT 2701 What's next for EVAR?

- 2701.1 Device development  
*V. Riambau (Barcelona/ES)*
- 2701.2 Individualised follow-up?  
*C.S.P. van Rijswijk (Leiden/NL)*
- 2701.3 Fusion imaging and virtual reality  
*G.M. Richter (Stuttgart/DE)*
- 2701.4 More off-the-shelf in emergency  
*T. Kölbel (Hamburg/DE)*

## VENOUS INTERVENTIONS

Venous disorders have become a global healthcare issue, creating economic and social burdens as well as detrimental effects for patients. Although prevention is ideal, it's not always possible. Interventional radiology has become an essential component in tackling these diseases, involved in diagnosing, treating and managing the symptoms of a variety of venous disorders, including deep vein thrombosis (DVT), pulmonary embolism (PE), varicose veins and post-thrombotic syndrome.

Delegates at CIRSE 2019 can look forward to a range of sessions centring on new practical techniques and the latest research in venous interventions. Of particular note, a Hot Topic Symposium will look at the ATTRACT trial and what it means for DVT management.

### Deep Vein Thrombosis

As the occurrence of deep vein thrombosis (DVT) rises, so does the need to provide minimally invasive alternatives to traditional treatments. The exact prevalence of this condition is impossible to quantify precisely, as it often goes undiagnosed, but recent estimates indicate that DVT affects roughly 1 in 1,000 people yearly in western countries. While approximately 5-8% of people are born with genetic risk factors, known as inherited thrombophilia, the same lifestyle problems that exacerbate most venous disorders also have a great impact on DVT. Even with successful treatment, long-term complications and recurrence within ten years are common. DVT can lead to life-threatening pulmonary embolism, which requires immediate medical attention and in severe cases can have an immediate mortality rate of up to 30%.

Although the diagnosis of DVT may be suggested by blood tests, the most useful and practical method of diagnosis is with ultrasound. The traditional treatment path often starts with anticoagulation, which doesn't dissolve the clot but does reduce the incidence of short-term PE in the immediate future. If anticoagulation is contra-indicated, interventional measures such as IVC placement can be utilised to prevent PE.

### IR in DVT Management

Recent years have seen an increased use of minimally invasive treatments for DVT. Percutaneous mechanical thrombectomy, angioplasty, catheter-directed thrombolysis, stents and IVC filters have all become more common. These treatments offer more immediate results and quicker recovery times for the patient, while also being less painful than conventional surgery. In spite of these promising outcomes, practice and awareness of IR for DVT vary widely from place to place, and interventional methods are often employed as an alternative rather than a first-line treatment.

### The ATTRACT Trial

Published in late 2017 in the New England Journal of Medicine (NEJM), the results of the National Institute of Health-sponsored, multicentre ATTRACT trial (Acute venous thrombosis: thrombus removal with adjunctive catheter-directed thrombolysis) raised nearly as many questions as it answered. The trial investigated if the addition of pharmacomechanical catheter-directed thrombolysis (PCDT) to standard anticoagulation treatment would significantly decrease the occurrence of post-thrombotic syndrome (PTS) in patients, as compared to those who received anticoagulation alone, over the course of two years. In the end, the occurrence of PTS in the test group was almost the same as in the control group, and showed significantly higher instances of bleeding in the interventional arm. Though removing the clot was associated with less severe PTS, the question remains as to whether this is enough to justify added risks and costs.

At CIRSE 2019, a Hot Topic Symposium will explain the ATTRACT trial in depth, exploring its effect on DVT management in the present as well as the future.

# IN THE SPOTLIGHT

.....  
"Deep vein thrombosis is a major health issue, and in Western Europe kills more patients annually than breast cancer, prostate cancer, AIDS and road traffic accidents combined. The recently published ATTRACT trial results would suggest that catheter-based treatments of DVT are not the best management option; given the breadth of experience in IR and the tools we have at our disposal in Europe, we feel strongly that we do have a great deal to offer this group of patients."  
.....

Dr. Gerard O'Sullivan

## Sunday, September 8, 15:00-16:00

### HTS 1302 Does ATTRACT change our DVT management practice?

- 1302.1 What is ATTRACT?  
*W.E.A. Saad (Ann Arbor, MI/US)*
- 1302.2 What is wrong with ATTRACT?  
*G.J. O'Sullivan (Galway/IE)*
- 1302.3 Has ATTRACT affected my practice?  
*R. de Graff (Friedrichshafen/DE)*
- 1302.4 Where will we be in five years' time?  
*S. Black (London/UK)*

Round-table discussion

Venous interventions, now in their fourth year as a dedicated track, have become one of the most exciting components of our annual meeting. CIRSE 2019 will additionally include a Case-based Discussion on venous mishaps, disasters and salvage approaches, as well as Focus Sessions on dialysis and superior vena cava syndromes. An Expert Round Table on portal hypertension management and Workshop on varicose veins will also take place.

## Saturday, September 7, 10:00-11:00

### ERT 204 Portal hypertension management

- 204.1 The increasing role of TIPS in variceal bleeding  
*G.M. Richter (Stuttgart/DE)*
- 204.2 TIPS for refractory ascites  
*R. Loffroy (Dijon/FR)*
- 204.3 Budd-Chiari syndrome  
*O.M. van Delden (Amsterdam/NL)*
- 204.4 Hepatic encephalopathy: prevention and management  
*G. Maleux (Leuven/BE)*

## Wednesday, September 11, 10:00-11:00

### CBD 3303 Venous mishaps, disasters and catastrophes: salvage approaches

- 3303.1 Superior vena cava rupture  
*A.N. Makris (Westmont, IL/US)*
- 3303.2 Massive pulmonary embolism during thrombectomy  
*P.E. Andersen (Odense/DK)*
- 3303.3 Iliac venous ruptures  
*M. Rossi (Rome/IT)*
- 3303.4 Stent migration  
*M.A. de Gregorio (Zaragoza/ES)*

# INTERVENTIONAL ONCOLOGY

## Renal Cell Carcinoma

Renal cell carcinoma (RCC) is the most common type of kidney malignancy. The often asymptomatic nature of this disease, combined with its typically late onset, frequently complicates treatment options. However, the advancement and improved accessibility of imaging technology in recent years has resulted in higher rates of diagnosis, and accordingly, increased treatment possibilities for RCC cases. The greatest breadth of treatment options, including IR procedures, are available to patients with small T1a tumours, which fortunately account for nearly 75% of renal cancer cases.

Overall, ablation techniques associated with treating RCC are some of the most established and mature procedures in the field of IR, having consistently shown success over the last several years. Radiofrequency ablation (RFA) and cryoablation may lead to nearly 100% ablation in tumour smaller than 3 cm while success rate slightly decrease for tumours between 3 cm and 5 cm. The indications for using embolotherapy in RCC treatment include preoperative devascularisation to support resection and minimise blood loss; palliative therapy for patients with unresectable tumours or for those who are not good surgical candidates; and treatment for haemorrhagic complications. Some studies also indicate that the use of preoperative IR techniques improve mortality rates as compared to surgical treatments alone.

## Strategies for T1 treatment

The strategies for treating RCC vary significantly based on tumour characteristics, comorbidity and life expectancy of the patient. State-of-the-art imaging technology is essential in assessing the tumour's various attributes, greatly impacting the course of treatment selected and the eventual outcome for the patient.

While partial nephrectomy (PN) remains the standard therapy for T1 renal masses, non-invasive procedures such as laparoscopic nephron-sparing surgery, cryoablation and RFA are becoming increasingly popular treatment options, especially for the large number of RCC patients who make poor surgical candidates.

Percutaneous RFA has consistently been associated with relatively low side effects and minimal complications. In recent years, the availability of these various IR techniques has been shown to be particularly beneficial to treating RCC, even for centrally located tumours, which are considered more difficult to treat. Additional research suggests that larger tumours may be treatable with multiple ablation sessions.

.....  
*"A considerable body of evidence now demonstrates the value of ablation, particularly cryoablation, in the management of RCC. The important question now is not "does it work?" but rather "for which patients is it the best option?" IRs need to have a thorough knowledge of oncological work-up, prognosis and treatment options, in order to best contribute to their tumour boards."*

Dr. Laura Crocetti

.....

In this Clinical Evaluation Course, a diverse team of experts in the field will lead us through a step-by-step discussion of RCC management, providing essential insights into the best therapeutic measures and the reasoning behind certain standard protocols. This session is sure to lead to a fruitful discussion of the clinical indications for IRs treating RCC.

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

### **CEC 2605 Strategies for T1 renal cell carcinoma**

- 2605.1 State-of-the-art imaging  
*E. Bertelli (Florence/IT)*
- 2605.2 The role of active surveillance  
*to be announced*
- 2605.3 When to biopsy  
*R.E. Beasley (Miami, FL/US)*
- 2605.4 Partial nephrectomy  
*G. Siena (Florence/IT)*
- 2605.5 Percutaneous ablation  
*D.K. Filippiadis (Athens/GR)*
- 2605.6 Combined treatments  
*A.H. Mahnken (Marburg/DE)*

# IN THE SPOTLIGHT

## Is renal tumour ablation ready for prime time?

As interventional oncology procedures for RCC have become staples not only of IR, but also of renal cancer treatment as a whole, thoughtful discussions are necessary to determine the efficacy and role of these procedures in a patient's overall treatment plan. Although renal tumour ablation techniques have been shown to have low morbidity rates, some studies have shown higher than desirable recurrence rates of around 10-15% and potential complication rates of 7-13%. This suggests the importance of long-term surveillance following such procedures, and also spurs debate over the future of these treatment options.

The complexity of RCC treatment decisions requires an entire team of highly skilled medical professionals to determine the best course of action for each patient. The success of each case is dependent on expert imaging abilities combined with highly skilled procedural experience and awareness of the latest protocols and guidelines. Cooperation between urologists, surgeons, radiologists, oncologists and interventionalists is all essential to ensure positive outcomes.

A multidisciplinary, multinational team will discuss the various perspectives on using tumour ablation to achieve the best outcomes for patients in this year's IO Hot Topic Symposium. While exploring the current guidelines and latest technology for RCC treatment, this session will provide essential, up-to-date information and culminate in an open discussion about the future of this field as we know it.

**Monday, September 9, 15:15-16:00**

### **HTS 2102 Is renal tumour ablation ready for prime time?**

- 2102.1 Latest guidelines  
*A. Veltri (Orbassano/IT)*
- 2102.2 The urologist's point of view  
*G. Siena (Florence/IT)*
- 2102.3 State-of-the-art of interventional radiology treatment  
*D.J. Breen (Southampton/UK)*
- 2102.4 What can we expect in the next five years?  
*A. Gangi (Strasbourg/FR)*

Round-table discussion

# CLINICAL EVALUATION COURSES

## EMBOLISATION

### Trauma

More than five million people around the globe die from traumatic injuries each year. Most of these injuries are caused by traffic accidents, falls or violence, and young people are disproportionately affected. Trauma is the leading cause of death in the young population, and the bleeding that often accompanies these injuries poses the greatest danger to patients. Uncontrolled bleeding leads to 30-40% of trauma-related deaths, and rapid treatment is the key to survival.

Luckily, stopping bleeding is one of the things that IR does best, and its ever-expanding role in trauma management is quickly becoming indispensable. Embolotherapy has become an important part of interventional radiology, and IRs are uniquely equipped to both perform and interpret diagnostic scans in addition to being able to perform minimally invasive treatments throughout the body. Many larger trauma units now include IR as a first-line treatment for certain injuries, as it's particularly effective in areas where surgical intervention would be impossible or too risky, such as the pelvis.

Introduced for the first time last year, Clinical Evaluation Courses will again be featured at CIRSE 2019. Featuring a six-person multidisciplinary team of experts, the embolisation track will offer a Clinical Evaluation Course on IR in trauma. The comprehensive sessions will cover a wide array of topics, while also including sessions focusing on specific areas, such as chest and pelvic trauma. Pros, cons and complications will also be discussed in these clinically focused sessions.

### Monday, September 9, 08:30-09:30

#### CEC 1705 Trauma

- 1705.1 Work-up of the polytraumatised patient in the trauma team  
*C. Dodt (Munich/DE)*
- 1705.2 Imaging algorithms  
*V. Miele (Florence/IT)*
- 1705.3 Chest trauma  
*T. Kratimenos (Athens/GR)*
- 1705.4 Solid organ injury (liver, spleen, kidney)  
*I. Robertson (Glasgow/UK)*
- 1705.5 Pelvic fracture  
*to be announced*
- 1705.6 Damage-control surgery  
*K.J. Ponsen (Amsterdam/NL)*

### Benign prostate hyperplasia: patient management

This track will also include another Clinical Evaluation Course on benign prostate hyperplasia (BPH). As BPH affects as many as half of all men by their 50s and up to 90% of men in their 70s and 80s, minimally invasive techniques for the condition, such as PAE, can provide a huge improvement in quality of life for a vast number of people. Six experts will present an in-depth look at the management of patients with BPH, leading discussions on topics ranging from underlying pathology to patient selection to the procedures themselves.

### Saturday, September 7, 16:15-17:15

#### CEC 605 Management of patients with benign prostate hyperplasia

- 605.1 Underlying pathology and work-up  
*M.J. Speakman (Taunton/UK)*
- 605.2 Imaging  
*T. Bilhim (Lisbon/PT)*
- 605.3 Patient selection for PAE: good and bad candidates  
*J.M. Da Motta Leal Filho (São Paulo/BR)*
- 605.4 Embolisation technique  
*T.J. Bryant (Southampton/UK)*
- 605.5 Results and trials  
*M.R. Sapoval (Paris/FR)*
- 605.6 The surgeon's view  
*G. Siena (Florence/IT)*

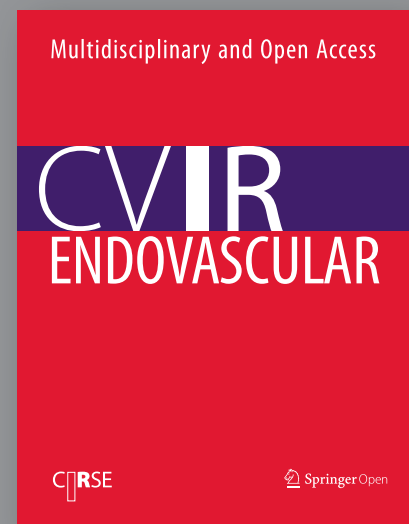


# Publishing research in the field of endovascular therapy\*

# OPEN

access  
peer-reviewed

\* CVIR Endovascular is CIRSE's online, open access journal created for fast communication between peers. It publishes research beneficial for daily IR practice and is intended for all specialists working in the field of endovascular treatment.



[www.cvirendovascular.org](http://www.cvirendovascular.org)

# ESIR 2019 **Courses**

European School of Interventional Radiology

## Clinical Procedure Training

ESIR stays abreast of new developments in IR with this hand-picked selection of hot topics and access to state-of-the-art technology. Taught by distinguished faculty members, these specially designed sessions are aimed at experienced interventional radiologists who are already familiar with the topic's theoretical aspects and the relevant literature. Alongside "tips and tricks", this year's programme will put an emphasis on modern procedural training and practical exercises, with live or recorded cases being used where appropriate.



### **Prostate Embolisation Paris (FR), March 7-8, 2019**

*Local Host: M.R. Sapoval  
Hôpital Européen Georges Pompidou*



### **DEB & cTACE in Primary and Secondary Liver Cancer Munich (DE), June 6-7, 2019**

*Local Host: T.F. Jakobs  
Hospital Barmherzige Brüder Munich*



### **Reliability in Percutaneous Tumour Ablation Innsbruck (AT), December 12-13, 2019**

*Local Hosts: R. Bale & W. Jaschke  
LKH – Universitätskliniken Innsbruck*

## CIRSE meets APSCVIR / CAIR

In recent years the "CIRSE meets..." sessions have become one of the programme's highlights. We are happy to announce that in 2019 CIRSE will meet APSCVIR (Asia Pacific Society of Cardiovascular & Interventional Radiology) and CAIR (Canadian Association for Interventional Radiology).

### CIRSE meets APSCVIR

The Asia Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR) is an international organisation aiming to improve the field of interventional radiology throughout the Asia-Pacific region. APSCVIR's Annual Scientific Meeting (ASM) supports the exchange of the region's diversified IR knowledge and perspectives. The society also provides necessary faculty support to member countries, regional workshops, research coordination, educational support for young IRs and outreach to IRs from countries with developing economies. CIRSE and APSCVIR maintain a strong relationship, continually providing each other with valuable contributions.

#### Saturday, September 7

11:30-12:30

#### CM 306 CIRSE meets APSCVIR

*Moderators: A. Holden (Auckland/NZ),  
R.A. Morgan (London/UK)*

- 306.1 Interventional radiology for the management of trauma patients  
*C.W. Kim (Busan/KR)*
- 306.2 New developments in TACE – super-selective and balloon-assisted TACE  
*T. Hasebe (Hachioji, Tokyo/JP)*
- 306.3 Experience in developing an IR practice in Myanmar, a developing country in Asia  
*K.Z. Ya (Yangon/MM)*

### CIRSE meets CAIR

The Canadian Association for Interventional Radiology (CAIR), previously known as CIRA, brings together more than 400 interventional radiologists, technologists and nurses who work in the field of interventional radiology (IR) in Canada. CAIR's mission is to improve the health and quality of life of Canadians through minimally invasive, image-guided therapy. CAIR provides IR professionals with outstanding continuing professional development activities. CAIR is also committed to raising awareness about the benefits of IR and advocating for better access to IR treatments for Canadian patients. CAIR values collaboration and became a CIRSE Group Member in 2018.

#### Tuesday, September 11

11:30-12:30

#### CM 2706 CIRSE meets CAIR

*Moderators: Robert A. Morgan (London/UK),  
J.K. Wong (Calgary, AB/CA)*

- 2706.1 From CIRA to CAIR, the evolution of IR in Canada  
*R. Abraham (Halifax, NS/CA)*
- 2706.2 Endovascular stroke therapy: a Canadian perspective  
*M. Eesa (Calgary, AB/CA)*
- 2706.3 Experience and lessons learned in a stroke endovascular thrombectomy programme performed by IRs  
*A. Menard (Kingston, ON/CA)*



**APSCVIR**  
Asia Pacific Society of Cardiovascular  
& Interventional Radiology



Canadian Association for  
**Interventional Radiology**  
Association canadienne pour  
**la radiologie d'intervention**



**European Board of  
Interventional Radiology**

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- **February – ECR 2020**
- **September – CIRSE 2020**

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[www.cirse.org/ebir](http://www.cirse.org/ebir)**



Cardiovascular and Interventional Radiological Society of Europe

## Hands-on Device Training

**The Hands-on Device Training (HDT) sessions aim to provide an overview of the different devices and techniques available for specific topics as well as to allow hands-on experience for the participants.**

After a short kick-off presentation by the HDT coordinators, participants will have the opportunity to learn about the specifics as well as safe and effective use of the available technology in an interactive setting.

Each HDT will feature a round-table discussion with the coordinators at the end of each session, allowing participants to ask questions and provide feedback.

Participating industry partners have been invited by CIRSE to provide an overview of their devices and technologies.

**There is no pre-registration required for Hands-on Device Training sessions. Participation will be free of charge, limited to 25 delegates, and will be handled on a “first come, first served” basis. As HDT sessions offer practical medical training, participation is for qualified medical professionals only.**

### A closer look at closure devices

Closure devices are increasingly becoming a key element in all our vascular procedures. Positive results combined with a high rate of safety have contributed to their success. However, knowledge of the different systems available on the market is necessary to achieve even better results.

This Hands-on Device Training aims to provide an overview of the vascular closure devices currently available.

### Saturday, September 7

<b>CD-HDT 1</b>	09:30-11:00
<b>CD-HDT 2</b>	12:30-14:00

*Coordinators: J.-Y. Chun (London/UK),  
L. Marques (Flensburg/DE)*

### Central lines and ports

Central lines and ports are continually more and more important in the daily activities of interventional radiologists. Thanks to imaging and interventional capabilities, IRs are able to position these catheters in complex situations that other specialists cannot resolve.

This Hands-on Device Training will provide an overview of available devices.

### Saturday, September 7

<b>CLP-HDT 1</b>	09:30-11:00
<b>CLP-HDT 2</b>	12:30-14:00

*Coordinators: C.E. Althoff (Berlin/DE),  
J.A. Guirola (Zaragoza/ES)*

### Embolisation: materials and tools

Embolisation is an important part of an IR's work – however, it is essential to thoroughly understand how to perform this technique in order to avoid complications. Having substantial knowledge of available materials is absolutely necessary when selecting the most suitable device for any occasion.

This Hands-on Device Training aims to provide an overview of the various embolic materials available and different delivery techniques. Separate sessions will look at “coils and plugs”, “liquid agents” and “particulate agents” to ensure participants are familiar with common embolic agents.

#### Sunday, September 8

**EMT-HDT 1: Liquid agents** 09:30-11:00  
**EMT-HDT 2: Liquid agents** 12:30-14:00

*Coordinators: L. Defreyne (Ghent/BE),  
 J. Urbano (Madrid/ES)*

#### Monday, September 9

**EMT-HDT 3: Coils & plugs** 09:30-11:00  
**EMT-HDT 4: Coils & plugs** 12:30-14:00

*Coordinators: M.C. Burgmans (Leiden/NL),  
 M. Citone (Florence/IT)*

#### Tuesday, September 10

**EMT-HDT 5: Particulate agents** 09:30-11:00  
**EMT-HDT 6: Particulate agents** 12:30-14:00

*Coordinators: A.G. Rampoldi (Milan/IT),  
 S. Spiliopoulos (Athens/GR)*

### Peripheral mechanical thrombectomy

Treatments of patients with acute occlusions of the arterial or venous bed are becoming a more and more frequent occurrence. As technology has steadily developed, several systems have become available to help restore the vessel patency in a quick, safe and efficient way.

This Hands-on Device Training aims to provide an overview of the different devices which are currently being used for the treatment of peripheral occlusive disease, including acute and chronic limb ischaemia.

#### Saturday, September 7

**PMT-HDT 1** 09:30-11:00  
**PMT-HDT 2** 12:30-14:00

*Coordinators: R. de Graaf (Friedrichshafen/DE),  
 D.K. Tsetis (Iraklion/GR)*



### Stroke thrombectomy

Stroke thrombectomy represents a new frontier for interventional radiologists. The number of patients suffering from this pathological condition is increasing, and, as a consequence, it is necessary for interventional radiologists to participate in these procedures. For this, it is essential to have abundant experience as well as excellent knowledge of anatomy and the techniques and materials to be used.

Participants of this Hands-on Device Training will have the chance to familiarise themselves with the most common thrombectomy devices.

#### Monday, September 9

<b>ST-HDT 1</b>	09:30-11:00
<b>ST-HDT 2</b>	12:30-14:00

*Coordinators: A. Krajina (Hradec Králové/CZ),  
H. van Overhagen (The Hague/NL)*

### Tumour ablation

Ablation plays a fundamental role in the minimally invasive treatment of cancer, and ablation technologies and equipment for live image guidance continue to develop quickly.

In order to stay up to date on these developments, this Hands-on Device Training will offer separate sessions to look at radiofrequency ablation, microwave ablation and alternative techniques, including cryoablation and other image-guided technologies.

#### Sunday, September 8

<b>TA-HDT 1: MWA</b>	09:30-11:00
<b>TA-HDT 2: MWA</b>	12:30-14:00

*Coordinators: J.L. del Cura Rodriguez (Bilbao/ES),  
A. Veltri (Orbassano/IT)*

#### Monday, September 9

<b>TA-HDT 3: RFA</b>	09:30-11:00
<b>TA-HDT 4: RFA</b>	12:30-14:00

*Coordinators: J.-Y. Gaubert (Marseille/FR),  
M. Tsitskari (Athens/GR)*

#### Tuesday, September 10

<b>TA-HDT 5: Image guided navigation and targeting</b>	09:30-11:00
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*Coordinators: C. Farrelly (Dublin/IE),  
R. Iezzi (Rome/IT)*

<b>TA-HDT 6: Cryoablation, laser ablation and irreversible electroporation</b>	12:30-14:00
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*Coordinators: A.H. Mahnken (Marburg/DE),  
M.R. Meijerink (Amsterdam/NL)*

### Vertebral augmentation

Every day, interventional radiologists are approached by patients to resolve their vertebral pathologies. In recent years, considerable technological progress has been made as a consequence of the extraordinary outcomes of minimally invasive techniques, which have helped countless patients to achieve pain relief and avoid many of the complications associated with open surgery.

In this Hands-on Device Training, vertebroplasty, kyphoplasty and balloon kyphoplasty will be discussed, and devices for each of these procedures will be presented and available for participants to practice with.

#### Tuesday, September 10

<b>VA-HDT 1</b>	09:30-11:00
<b>VA-HDT 2</b>	12:30-14:00

*Coordinators: P.N.M. Lohle (Tilburg/NL),  
K.E. Wilhelm (Bonn/DE)*

### Varicose veins

Varicose veins are a manifestation of chronic venous disease, which causes a significant impairment in quality of life for both men and women, physically and aesthetically. Recent developments in the endovascular treatment of saphenous vein reflux, which is the most common cause of varicose veins, led to a change in the treatment of varicose veins: from surgery to minimally invasive treatments, and from the OR to the office. Considering the increasing demand for treatment and growing involvement of interventional radiologists, it is essential to understand the timing of such interventions and acquire basic skills in the methodology.

This Hands-on Device Training (HDT), coordinated by two experienced IRs in the field, aims to provide an overview of the selection of devices available and different techniques.

#### Sunday, September 8

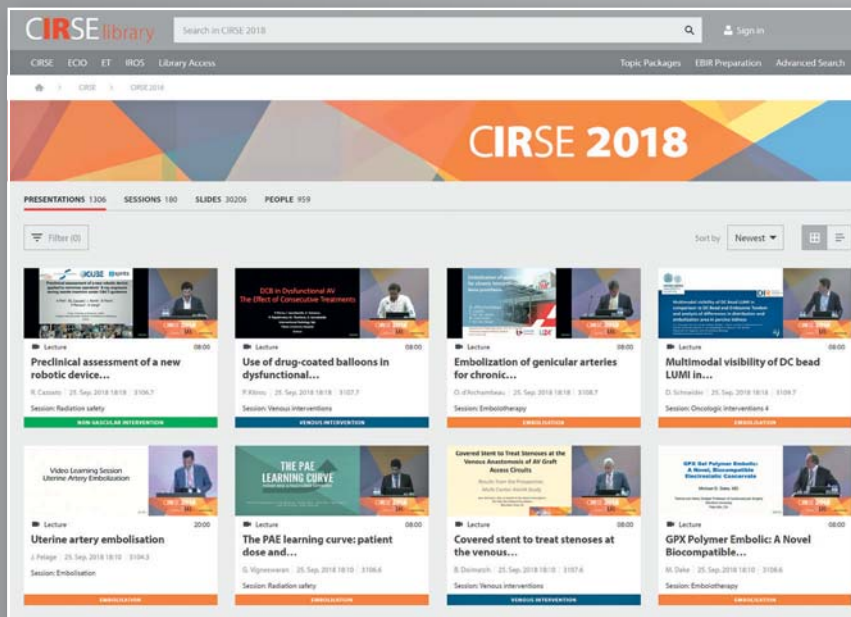
<b>VV-HDT 1</b>	09:30-11:00
<b>VV-HDT 2</b>	12:30-14:00

*Coordinators: J.M. Regi (Sheffield/UK),  
F. Veloso Gomes (Lisbon/PT)*

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## Trainees, residents and young IRs at CIRSE 2019

Are you currently in training to become an IR or at the start of your IR career? Then you shouldn't miss this exciting programme tailored especially to trainees, residents and young IRs!

On the occasion of CIRSE 2019, CIRSE's European Trainee Forum is again inviting you to attend a number of special events and sessions. Boost your career by joining our ETF community and gain new insights into interventional radiology.

### **MARK YOUR CALENDARS for the following events:**

#### **IR Trainee Sessions**

##### **Future IR technologies**

Saturday, Sept 7, 10:00-11:00

##### **Building an IR career**

Sunday, Sept 8, 10:00-11:00

##### **Clinical practice for trainees, residents and young IRs**

Monday, Sept 9, 10:00-11:00

##### **IRs: From the angiosuite to industry boardrooms and the road to innovation**

Tuesday, Sept 10, 10:00-11:00

#### **ETF Short Talks**

Would you like to learn more about European mobility, educational grants or training and career opportunities in general? Attend the ETF Short Talks, where all these topics will be discussed. See you at the News-on-Stage area (Saturday through Monday at 13:15)!

#### **ETF Networking Brunch**

Who doesn't like brunching, especially with other young IRs from all across the world?! Take the opportunity and come enjoy the informal environment while building your professional network.

#### **ETF Quiz**

Do you like challenges and want to test your IR knowledge? Then the ETF Quiz is the place to be! Collaborate with your peers in a fun atmosphere, and make sure that your team is the one taking home the prize.

**The European Trainee Forum is looking forward to welcoming you!**

## Simulation Training

**Participants of the Simulation Training sessions can follow live demonstrations of interventional techniques and practice certain procedures under the guidance of a technician and/or instructor.**

This popular series of training sessions is comprised of 20-minute 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), and the delivery of each session is adaptable to respond to the delegates' interests, with emphasis placed on small group teaching, allowing for close interaction with the expert faculty.

The round-table discussions are themed around learning objectives which relate to a specific clinical or procedural topic.

Equipment and devices related to the specific topic will be available to demonstrate deployment techniques.

**There is no pre-registration required for Simulation Training sessions. Participation will be free of charge, limited to eight delegates, and will be handled on a "first come, first served" basis. As SIM sessions offer practical medical training, participation is for qualified medical professionals only.**

### Saturday, September 7

**SIM 1: Prostatic artery embolisation: basics, current role and future perspectives** (advanced level) 08:30-13:50

### Sunday, September 8

**SIM 2: Basic principles of mechanical thrombectomy in ischaemic stroke** (advanced level) 08:30-13:50

### Monday, September 9

**SIM 3: Emergency embolisation in trauma: state of the art** (intermediate level) 08:30-13:50

### Tuesday, September 10

**SIM 4: Peripheral artery disease: angioplasty and stenting** (core level) 08:30-13:50

*Coordinators: R. Kickuth (Würzburg/DE),  
J.C. van den Berg (Lugano/CH)*



## Saturday, September 7

08:30-09:30

### Focus Session

#### FS 101 Technologies and techniques: evolution and outstanding questions

- 101.1 Practice guidelines across societies: status and critical review  
*J.A. Kaufman (Portland, OR/US)*
- 101.2 Calcium solutions: which calcium needs treatment and how?  
*K. Rocha-Singh (Springfield, IL/US)*
- 101.3 Overcoming angiography limitations: rationale for IVUS-guided revascularisation  
*F. Fanelli (Florence/IT)*
- 101.4 Drugs, doses and excipients: DCBs under the spotlight  
*G. Tepe (Rosenheim/DE)*
- 101.5 Distinguishing between class effect and device/brand-specific features: how to decide what deserves adoption?  
*M. Brodmann (Graz/AT)*
- 101.6 Dissections: do they matter and how can they be managed?  
*T. Zeller (Bad Krozingen/DE)*

08:30-09:30

### Focus Session

#### FS 102 Pancreatic cancer: role of IR

- 102.1 Pain management  
*M. Tsitskari (Athens/GR)*
- 102.2 Irreversible electroporation  
*M.R. Meijerink (Amsterdam/NL)*
- 102.3 Thermal ablation  
*K.P. van Lienden (Amsterdam/NL)*
- 102.4 Intra-arterial chemotherapy  
*T. Tanaka (Kashihara/JP)*

08:30-09:30

### Fundamental Course

#### FC 103 Management of benign musculoskeletal tumours

- 103.1 Diagnostics and imaging  
*A. Feydy (Paris/FR)*
- 103.2 Benign bone tumours: local therapies  
*U. Pua (Singapore/SG)*
- 103.3 Desmoids and desmoid fibromatosis: the case for ablation  
*J. Garnon (Strasbourg/FR)*
- 103.4 MR-guided focused ultrasound ablation for salvage treatment of desmoids  
*S.M. Tutton (Milwaukee, WI/US)*

08:30-09:30

### Clinical Evaluation Course



#### CEC 104 Ilio-femoral venous stenting masterclass

- 104.1 Pre-operative imaging  
*C.W.K.P. Arnoldussen (Maastricht/NL)*
- 104.2 How to plan for ilio-femoral venous reconstruction: what kit do you need?  
*A. Bravo De Laguna Taboada (Las Palmas/ES)*
- 104.3 How in-flow determines the access point  
*N. Karunanithy (London/UK)*
- 104.4 Balloon angioplasty or balloon angioplasty plus stent  
*S.D. Qanadli (Lausanne/CH)*
- 104.5 Surgical salvage options  
*H. Jalaie (Aachen/DE)*
- 104.6 Post-operative care  
*A. Diamantopoulos (London/UK)*

08:30-09:30

### Expert Round Table

#### ERT 105 Artificial intelligence, machine learning and robotics in IR

- 105.1 Deep learning techniques  
*K. Seals (Los Angeles, CA/US)*
- 105.2 Artificial intelligence and augmented reality  
*M.E. Krokidis (Cambridge/UK)*
- 105.3 Virtual reality in interventional radiology training  
*Z.J. Haskal (Charlottesville, VA/US)*
- 105.4 Robotics development  
*R.H. Kassamali (Birmingham/UK)*

08:30-13:50

### Simulation Training

#### SIM 1 Prostatic artery embolisation: basics, current role and future perspectives (advanced level)

Coordinators: *R. Kickuth (Würzburg/DE)*,  
*J.C. van den Berg (Lugano/CH)*

- SIM 1.1 Group 1 (08:30-09:50)
- SIM 1.2 Group 2 (09:50-11:10)
- SIM 1.3 Group 3 (11:10-12:30)
- SIM 1.4 Group 4 (12:30-13:50)

09:30-11:00

**Hands-on Device Training****CD-HDT 1 A closer look at closure devices**

Coordinators: *J.-Y. Chun (London/UK),  
L. Marques (Flensburg/DE)*

09:30-11:00

**Hands-on Device Training****CLP-HDT 1 Central lines and ports**

Coordinators: *C.E. Althoff (Berlin/DE),  
J.A. Guirola (Zaragoza/ES)*

09:30-11:00

**Hands-on Device Training****PMT-HDT 1 Peripheral mechanical thrombectomy**

Coordinators: *R. de Graaf (Friedrichshafen/DE),  
D.K. Tsetis (Iraklion/GR)*

10:00-11:00

**Hot Topic Symposium****HTS 201 Hot debates on drug-eluting technologies**

- 201.1 RCTs, registries and the real world: what evidence is needed? What is doable and what is utopian?  
*W. Gray (New York, NY/US)*
- 201.2 Is safety a real issue for drug-eluting devices in peripheral arterial disease?  
*K.N. Katsanos (Patras/GR)*
- 201.3 Meta-analysis: critical review of the methods  
*to be announced*
- 201.4 Where do we stand? Overview of current positions  
*F. Fanelli (Florence/IT)*

Round-table discussion

10:00-11:00

**Fundamental Course** **FC 202 Ablative therapies: the basics**

- 202.1 Radiofrequency ablation  
*J.M. Abadal Villayandre (Madrid/ES)*
- 202.2 Microwave ablation  
*R. Cioni (Pisa/IT)*
- 202.3 Cryoablation  
*J.Y. Won (Seoul/KR)*
- 202.4 Irreversible electroporation  
*H.J. Scheffer (Amsterdam/NL)*

10:00-11:00

**Focus Session****FS 203 Future trends in spine treatments**

- 203.1 Cements in the spine: percutaneous polymethylmethacrylate and beyond  
*X. Buy (Bordeaux/FR)*
- 203.2 Spine implants  
*A.D. Kelekis (Athens/GR)*
- 203.3 Intervertebral disc regeneration techniques  
*D.P. Beall (Oklahoma, OK/US)*
- 203.4 Minimally invasive therapies for spinal stenosis  
*S. Marcia (Cagliari/IT)*

10:00-11:00

**Expert Round Table****ERT 204 Portal hypertension management**

- 204.1 The increasing role of TIPS in variceal bleeding  
*G.M. Richter (Stuttgart/DE)*
- 204.2 TIPS for refractory ascites  
*R. Loffroy (Dijon/FR)*
- 204.3 Budd-Chiari syndrome  
*O.M. van Delden (Amsterdam/NL)*
- 204.4 Hepatic encephalopathy: prevention and management  
*G. Maleux (Leuven/BE)*

10:00-11:00

**Video Learning Session****VL 205 Embolisation**

10:00-11:00

**IR Trainee Session****IRT 206 Future IR technologies**



11:30-12:30

**Focus Session****FS 301 Real-world endovascular management of claudication**

- 301.1 How to treat long CTOs  
*Y. Gouëffic (Nantes/FR)*
- 301.2 CTO crossing: true lumen or subintimal?  
*to be announced*
- 301.3 Is vessel preparation required for all lesions?  
*E. Blessing (Karlsbad/DE)*
- 301.4 Role of debulking: lumen gain or more than that?  
*R. Sachar (Raleigh, NC/US)*
- 301.5 Drug-eluting technologies in long, real-world fem-pop segments: review of evidence  
*M.K. Razavi (Orange, CA/US)*
- 301.6 DCB, DES or BMS?  
*K.R. Deloose (Dendermonde/BE)*

11:30-12:30

**Clinical Evaluation Course****CEC 302 Intrahepatic cholangiocarcinoma**

- 302.1 Update on recent guidelines  
*M. Bezzi (Rome/IT)*
- 302.2 Established systemic therapies and pivotal trials  
*J.I. Bilbao (Pamplona/ES)*
- 302.3 The surgeon's perspective  
*to be announced*
- 302.4 Is ablation alone enough?  
*R. Duran (Lausanne/CH)*
- 302.5 Intra-arterial therapies: transcatheter arterial chemoembolisation first  
*F. Orsi (Milan/IT)*
- 302.6 Intra-arterial therapies: transarterial radioembolisation first  
*T.K. Helmberger (Munich/DE)*

11:30-12:30

**Focus Session****FS 303 Lymphatic interventions**

- 303.1 Classification and diagnosis of lymphatic malformations  
*A. Alonso Burgos (Madrid/ES)*
- 303.2 Interventional therapy for malformations  
*R. Müller-Wille (Regensburg/DE)*
- 303.3 Paediatric lymphatic malformations  
*W.A. Wohlgemuth (Halle/DE)*
- 303.4 Challenging chylothorax and chyloperitoneum  
*W. Prevoo (Amsterdam/NL)*

11:30-12:30

**Focus Session****FS 304 Superior vena cava syndromes**

- 304.1 Malignant occlusion  
*L. Tselikas (Villejuif/FR)*
- 304.2 Catheter-related superior vena cava syndromes  
*J.G. Caridi (New Orleans, LA/US)*
- 304.3 Techniques for recanalisation  
*M. Guimaraes (Charleston, SC/US)*
- 304.4 Other therapeutic options  
*to be announced*

11:30-12:30

**Controversy Session****CS 305 Fibroids and adenomyosis**

- 305.1 UFE is a fertility-preserving procedure: pro  
*J.B. Spies (Washington, DC/US)*
- 305.2 UFE is a fertility-preserving procedure: con  
*to be announced*
- 305.3 Embolisation for adenomyosis: pro  
*P.N.M. Lohle (Tilburg/NL)*
- 305.4 Embolisation for adenomyosis: con  
*F. Sorbi (Florence/IT)*
- 305.5 HIFU is better than embolisation: pro  
*M. Matzko (Dachau/DE)*
- 305.6 HIFU is better than embolisation: con  
*J.-P. Pelage (Caen/FR)*

11:30-12:30

**CIRSE meets****CM 306 CIRSE meets APSCVIR**

- 306.1 Interventional radiology for the management of trauma patients  
*C.W. Kim (Busan/KR)*
- 306.2 New developments in TACE: super-selective and balloon-assisted TACE  
*T. Hasebe (Tokyo/JP)*
- 306.3 Experience in developing an IR practice in Myanmar, a developing country in Asia  
*K.Z. Ya (Yangon/MM)*

12:30-14:00

**Hands-on Device Training****CD-HDT 2 A closer look at closure devices**

Coordinators: J.-Y. Chun (London/UK),  
L. Marques (Flensburg/DE)

12:30-14:00

**Hands-on Device Training****CLP-HDT 2 Central lines and ports**

Coordinators: C.E. Althoff (Berlin/DE),  
J.A. Guirola (Zaragoza/ES)

12:30-14:00

**Hands-on Device Training****PMT-HDT 2 Peripheral mechanical thrombectomy**

Coordinators: R. de Graaf (Friedrichshafen/DE),  
D.K. Tsetis (Iraklion/GR)

13:00-14:00

**Satellite Symposia**

13:15-14:15

**News on Stage**

14:30-16:00

**OP 500 Opening and Awards Ceremony**

16:15-17:15

**Free Paper Session****FP 601 FIRST@CIRSE – First data release on PAD trials and studies**

16:15-17:15

**Expert Round Table****ERT 602 Colorectal liver metastases: treatment with curative intent**

- 602.1 State-of-the-art imaging  
*R.G.H. Beets-Tan (Amsterdam/NL)*
- 602.2 The oncologist's point of view  
*M. Trepel (Augsburg/DE)*
- 602.3 The surgeon's point of view  
*to be announced*
- 602.4 The IR's point of view  
*I. Bargellini (Pisa/IT)*

16:15-17:15

**Case-based Discussion****CBD 603 Treatment of abdominal fluid collections**

- 603.1 Sclerotherapy of cysts  
*J.-M. Correas (Paris/FR)*
- 603.2 Treatment of hydatid cysts  
*O. Akhan (Ankara/TR)*
- 603.3 Necrotising pancreatitis  
*N. Zorger (Regensburg/DE)*
- 603.4 Complicated pelvic abscesses  
*A.M. Ierardi (Milan/IT)*

16:15-17:15

**Workshop****WS 604 Varicose veins**

- 604.1 *D. Karnabatidis (Patras/GR)*
- 604.2 *A. Willis (Birmingham/UK)*

16:15-17:15

**Clinical Evaluation Course****CEC 605 Management of patients with benign prostate hyperplasia**

- 605.1 Underlying pathology and work-up  
*M.J. Speakman (Taunton/UK)*
- 605.2 Imaging  
*T. Bilhim (Lisbon/PT)*
- 605.3 Patient selection for PAE: good and bad candidates  
*J.M. Da Motta Leal Filho (São Paulo/BR)*
- 605.4 Embolisation technique  
*T.J. Bryant (Southampton/UK)*
- 605.5 Results and trials  
*M.R. Sapoval (Paris/FR)*
- 605.6 The surgeon's view  
*G. Siena (Florence/IT)*

16:15-17:15

**Focus Session****FS 606 Collecting and evaluating evidence in IR**

- 606.1 How to collect high-quality data in peripheral arterial disease  
*G. Chatellier (Paris/FR)*
- 606.2 How to collect high-quality data in interventional oncology  
*J. Ricke (Munich/DE)*
- 606.3 How to perform high-quality meta-analysis and systematic reviews in IR  
*to be announced*
- 606.4 How to interpret scientific articles in IR  
*K.A. Hausegger (Klagenfurt/AT)*

16:15-17:15

**Free Paper Sessions**

16:15-17:15

**Satellite Symposia**

17:30-18:30

**Focus Session****FS 701 Management of real-world critical limb ischaemia**

- 701.1 Foot perfusion assessment: the emerging role of imaging  
*J.A. Reekers (Amsterdam/NL)*
- 701.2 Angiosome re-interpretation: which vessel to open, when to insist and when to stop  
*S. Kum (Singapore/SG)*
- 701.3 The resurgence of DCB in BTK  
*J.H. Rundback (Teaneck, NJ/US)*
- 701.4 Indications and prerequisites for intervening below the ankle  
*M.G. Manzi (Albano Terme/IT)*
- 701.5 Managing the "desert foot": new options for no-option patients?  
*R. Ferraresi (Bergamo/IT)*
- 701.6 Beyond drug-eluting devices  
*A. Holden (Auckland/NZ)*

17:30-18:30

**Workshop****WS 702 Transcatheter arterial chemoembolisation**

- 702.1 *F. Nasser (São Paulo/BR)*
- 702.2 *M. Burrel (Barcelona/ES)*

17:30-18:30

**Workshop****WS 703 Biopsies**

- 703.1 *R. Marcello (Rome/IT)*
- 703.2 *S. Stojanovic (Novi Sad/RS)*

17:30-18:30

**Free Paper Sessions**

## Sunday, September 8

08:30-09:30

### Focus Session

#### FS 901 The NICE guidelines: nice or not so nice?

- 901.1 Reasons for NICE  
*to be announced*
- 901.2 Why NICE cannot be implemented  
*M.P. Jenkins (London/UK)*
- 901.3 Why are other guidelines different?  
*C.S. Pena (Miami, FL/US)*
- 901.4 How to improve long-term success of EVAR  
*A. Holden (Auckland/NZ)*

08:30-09:30

### Clinical Evaluation Course



#### CEC 902 Diabetic foot

- 902.1 Diabetic patient management  
*G. Clerici (Bergamo/IT)*
- 902.2 Clinical evaluation of the lower limbs  
*W.A. Gray (Philadelphia, PA/US)*
- 902.3 Pre-treatment vascular imaging  
*G. Goyault (Strasbourg/FR)*
- 902.4 Percutaneous revascularisation  
*M. Palena (Abano Terme/IT)*
- 902.5 Bypass and amputation  
*C.P. Twine (Bristol/UK)*
- 902.6 Aftercare and rehabilitation  
*M. Monami (Florence/IT)*

08:30-09:30

### Expert Round Table

#### ERT 903 Colorectal cancer lung metastasis

- 903.1 Concept of oligometastasis  
*T. de Baère (Villejuif/FR)*
- 903.2 Advances in lung surgery  
*D.A. Saldaña Garrido (Madrid/ES)*
- 903.3 Thermal ablation  
*J. Palussière (Bordeaux/FR)*
- 903.4 Stereotactic body radiotherapy  
*R. Sharma (London/UK)*

08:30-09:30

### Fundamental Course

#### FC 904 Pain management

- 904.1 Interventional radiology techniques for sports athletes  
*L.M. Sconfienza (Milan/IT)*
- 904.2 Pulsed radiofrequency stimulation for pain syndromes  
*S. Masala (Rome/IT)*
- 904.3 Neurolysis for benign pain  
*C.S. Georgiades (Baltimore, MD/US)*
- 904.4 Neurolysis for malignant pain  
*M. Pantel (The Hague/NL)*

08:30-09:30

### Focus Session



#### FS 905 Pre-operative portal vein embolisation

- 905.1 Indications and patient selection  
*B. Guiu (Montpellier/FR)*
- 905.2 Technique and materials  
*D.C. Madoff (New York, NY/US)*
- 905.3 Augmented portal vein embolisation techniques  
*A. Lunardi (Pisa/IT)*
- 905.4 Follow-up and complications  
*B. Gebauer (Berlin/DE)*

08:30-13:50

### Simulation Training

#### SIM 2 Basic principles of mechanical thrombectomy in ischaemic stroke (advanced level)

Coordinators: *R. Kickuth (Würzburg/DE),  
J.C. van den Berg (Lugano/CH)*

- SIM 2.1 Group 1 (08:30-09:50)
- SIM 2.2 Group 2 (09:50-11:10)
- SIM 2.3 Group 3 (11:10-12:30)
- SIM 2.4 Group 4 (12:30-13:50)

09:30-11:00

### Hands-on Device Training

#### EMT-HDT 1 Embolisation: materials and tools – liquid agents

Coordinators: *L. Defreyne (Ghent/BE),  
J. Urbano (Madrid/ES)*

09:30-11:00

**Hands-on Device Training**■ **TA-HDT 1 Tumour ablation – MWA**

Coordinators: *J.L. del Cura Rodriguez (Bilbao/ES),  
A. Veltri (Orbassano/IT)*

09:30-11:00

**Hands-on Device Training**■ **VV-HDT 1 Varicose veins**

Coordinators: *J.M. Regi (Sheffield/UK),  
F. Veloso Gomes (Lisbon/PT)*

10:00-11:00

**Focus Session****IDEAS**  
2 0 1 9■ **FS 1001 Acute type B dissection**

- 1001.1 How to define the need for urgent TEVAR  
*M.D. Dake (Stanford, CA/US)*
- 1001.2 When is TEVAR alone not enough?  
*G.M. Richter (Stuttgart/DE)*
- 1001.3 Primary extended techniques  
*E. Verhoeven (Nuremberg/DE)*
- 1001.4 Outcome of TEVAR for acute type B dissection  
*C. Nienaber (London/UK)*

10:00-11:00

**Fundamental Course**■ **FC 1002 Update on drug-eluting technologies**

- 1002.1 Different drugs and mechanisms of action  
*S. Spiliopoulos (Athens/GR)*
- 1002.2 Drug-coated balloons: are there any differences?  
*G. Tepe (Rosenheim/DE)*
- 1002.3 Drug-eluting stents: are there any differences?  
*S. Müller-Hülsbeck (Flensburg/DE)*
- 1002.4 Adjunctive therapies to enhance drug-eluting efficacy  
*A. Holden (Auckland/NZ)*

10:00-11:00

**Video Learning Session**■ **VL 1003 Interventional Oncology**

10:00-11:00

**Expert Round Table**■ **ERT 1004 Vertebral augmentation: alive and kicking**

- 1004.1 The latest data on percutaneous vertebroplasty  
*to be announced*
- 1004.2 The role of spinal surgery  
*P. Clavert (Strasbourg/FR)*
- 1004.3 The rheumatologist's point of view  
*A. Cauli (Cagliari/IT)*
- 1004.4 Alternative techniques  
*M. Muto (Naples/IT)*

10:00-11:00

**Focus Session**■ **FS 1005 Update on pelvic embolisation**

- 1005.1 Pelvic congestion syndrome  
*J. Egge (Haugesund/NO)*
- 1005.2 Complicated pelvic vein embolisation  
*A.C. Roberts (La Jolla, CA/US)*
- 1005.3 Varicocele  
*M. Citone (Florence/IT)*
- 1005.4 Haemorrhoids  
*V. Vidal (Marseille/FR)*

10:00-11:00

**IR Trainee Session**■ **IRT 1006 Building an IR career**

11:30-12:30

**Controversy Session**■ **CS 1101 Carotid artery disease**

- 1101.1 Carotid artery stenting for asymptomatic patients  
*D. Vorwerk (Ingolstadt/DE)*
- 1101.2 Carotid artery stenting is just for symptomatic patients  
*T.J. Cleveland (Sheffield/UK)*
- 1101.3 Single-layer technology is still valid  
*R. Sachar (Raleigh, NC/US)*
- 1101.4 Multi-layer technology can improve outcomes  
*E. Stabile (Naples/IT)*
- 1101.5 Stenting is the first option  
*W.A. Gray (Philadelphia, PA/US)*
- 1101.6 Surgery in all patients  
*S. Michelagnoli (Florence/IT)*

11:30-12:30

**Satellite Symposia**

12:30-14:00

**Hands-on Device Training****EMT-HDT 2 Embolisation: materials and tools – liquid agents**

Coordinators: L. Defreyne (Ghent/BE),  
J. Urbano (Madrid/ES)

12:30-14:00

**Hands-on Device Training****TA-HDT 2 Tumour ablation – MWA**

Coordinators: J.L. del Cura Rodriguez (Bilbao/ES),  
A. Veltri (Orbassano/IT)

12:30-14:00

**Hands-on Device Training****VV-HDT 2 Varicose veins**

Coordinators: J.M. Regi (Sheffield/UK),  
F. Veloso Gomes (Lisbon/PT)

13:00-14:00

**Satellite Symposia**

13:15-14:15

**News on Stage**

14:30-16:00

**Honorary Lecture / Hot Topic Symposium**

14:30-15:00

**HL 1301 Andreas Gruentzig Lecture**

- 1301.1 25 years of endovascular therapy of abdominal aortic aneurysms: where do we stand now?  
*W. Jaschke (Innsbruck/AT)*

15:00-16:00

**Hot Topic Symposium****HTS 1302 Does ATTRACT change our DVT management practice?**

- 1302.1 What is ATTRACT?  
*W.E.A. Saad (Ann Arbor, MI/US)*
- 1302.2 What is wrong with ATTRACT?  
*G.J. O'Sullivan (Galway/IE)*
- 1302.3 Has ATTRACT affected my practice?  
*R. de Graaf (Friedrichshafen/DE)*
- 1302.4 Where will we be in five years' time?  
*S. Black (London/UK)*

Round-table discussion

14:30-15:30

**Satellite Symposia**

15:00-16:00

**Workshop****WS 1303 Fundamentals in EVAR**

- 1303.1 *F. Fanelli (Florence/IT)*
- 1303.2 *N.J. Mosquera (Ourense/ES)*



16:15-17:15

**Case-based Discussion****CBD 1401 My worst day in the angiosuite I**

- 1401.1 *F.E. Vermassen (Ghent/BE)*
- 1401.2 *H. Rousseau (Toulouse/FR)*
- 1401.3 *P. Geisbuesch (Heidelberg/DE)*
- 1401.4 *M.D. Dake (Stanford, CA/US)*



16:15-17:15

**Expert Round Table****ERT 1402 Aorto-iliac stenotic occlusive disease**

- 1402.1 Kissing stents  
*M.W. de Haan (Maastricht/NL)*
- 1402.2 Bare-metal vs. covered stents  
*J.P. Schaefer (Kiel/DE)*
- 1402.3 Balloon-expandable vs. self-expanding stents  
*D.K. Tsetis (Iraklion/GR)*
- 1402.4 Re-entry devices  
*T. Rand (Vienna/AT)*

16:15-17:15

**Workshop****WS 1403 Biliary interventions**

- 1403.1 *W. Uller (Regensburg/DE)*
- 1403.2 *C. Gonzalez-Junyent (Barcelona/ES)*

16:15-17:15

**Case-based Discussion****CBD 1404 Arteriovenous malformations and lymphatics**

- 1404.1 High- vs. low-flow malformations  
*J.A. Brookes (London/UK)*
- 1404.2 How to approach a craniofacial arteriovenous malformation  
*R. van den Berg (Amsterdam/NL)*
- 1404.3 Lymphatic malformations  
*S. Sierre (Buenos Aires/AR)*
- 1404.4 Interventional radiology in the lymphatic system  
*M. Itkin (Philadelphia, PA/US)*

16:15-17:15

**Amazing Interventions****AI 1405 Amazing Interventions**

16:15-17:15

**Free Paper Sessions**

16:15-17:15

**Satellite Symposia**

17:30-18:30

**Focus Session****IDEAS**  
2019**FS 1501 Subacute and chronic type B dissection**

- 1501.1 Imaging findings supporting TEVAR  
*A. Chavan (Neustadt/DE)*
- 1501.2 Knickerbockers and candy plugs: do they work?  
*T. Kölbl (Hamburg/DE)*
- 1501.3 When do we need fenestrated stent-grafts?  
*K. Oikonomou (Regensburg/DE)*
- 1501.4 Prevention and management of spinal cord ischaemia  
*M.A. Funovics (Vienna/AT)*

17:30-18:30

**Workshop****WS 1502 Radial access**

- 1502.1 *L. Moretti Monsignore (São Paulo/BR)*
- 1502.2 *D. Klass (Vancouver, BC/CA)*

17:30-18:30

**Case-based Discussion****CBD 1503 IR salvage for abdominal surgical disasters**

- 1503.1 Biliary tract surgery  
*V. Pedicini (Rozzano/IT)*
- 1503.2 Pancreatic surgery  
*P. Reimer (Karlsruhe/DE)*
- 1503.3 Bowel surgery  
*P.A.M.S. Almeida (Viseu/PT)*
- 1503.4 Kidney transplantation  
*G.S. Goh (Melbourne, VIC/AU)*

17:30-18:30

**Free Paper Sessions**



## Monday, September 9

08:30-09:30

### Expert Round Table

#### ERT 1701 How I treat bad necks in EVAR

- 1701.1 How I treat short necks  
*K.P. Donas (Münster/DE)*
- 1701.2 How I treat angulated necks  
*R. Uberoi (Oxford/UK)*
- 1701.3 How I treat wide necks  
*L.B. Lönn (Copenhagen/DK)*
- 1701.4 How I treat the short, angulated and wide neck  
*M. Gargiulo (Bologna/IT)*

08:30-09:30

### Focus Session



#### FS 1702 Endovascular masterclass: intermittent claudication

- 1702.1 Supervised exercise therapy and lifestyle  
*B.S. Tan (Singapore/SG)*
- 1702.2 Guidewire and crossing techniques  
*C.S. Pena (Miami, FL/US)*
- 1702.3 Drug-eluting technology: randomised trials and real-world practice  
*K. Rocha-Singh (Springfield, IL/US)*
- 1702.4 Plaque modification vs. debulking  
*E. Blessing (Karlsbad/DE)*

08:30-09:30

### Focus Session

#### FS 1703 Everything you wanted to know about immunotherapy in IR

- 1703.1 Immunotherapy: big business vs. evidence  
*D.Y. Sze (Stanford, CA/US)*
- 1703.2 Ablative therapies as a primer for immunotherapies and vice versa  
*R. Lencioni (Pisa/IT)*
- 1703.3 Transarterial delivery of immunotherapy: how could it work – does it make sense?  
*B.J. Wood (Bethesda, MD/US)*
- 1703.4 Imagining the ideal minimally invasive treatment concept  
*D. Arnold (Hamburg/DE)*

08:30-09:30

### Fundamental Course

#### FC 1704 Porto-mesenteric vein ischaemia

- 1704.1 Background in pathophysiology and imaging  
*A.J. Wigham (Oxford/UK)*
- 1704.2 When to intervene  
*E. Velasco Sánchez (Madrid/ES)*
- 1704.3 How to intervene  
*S. Kee (Los Angeles, CA/US)*
- 1704.4 The role of surgery  
*D. Seehofer (Leipzig/DE)*

08:30-09:30

### Clinical Evaluation Course



#### CEC 1705 Trauma

- 1705.1 Work-up of the polytraumatised patient in the trauma team  
*C. Dodt (Munich/DE)*
- 1705.2 Imaging algorithms  
*V. Miele (Florence/IT)*
- 1705.3 Chest trauma  
*T. Kratimenos (Athens/GR)*
- 1705.4 Solid organ injury (liver, spleen, kidney)  
*I. Robertson (Glasgow/UK)*
- 1705.5 Pelvic fracture  
*to be announced*
- 1705.6 Damage-control surgery  
*K.J. Ponsen (Alkmaar/NL)*

08:30-13:50

### Simulation Training

#### SIM 3 Emergency embolisation in trauma: state of the art (intermediate level)

*Coordinators: R. Kickuth (Würzburg/DE), J.C. van den Berg (Lugano/CH)*

- SIM 3.1 Group 1 (08:30-09:50)
- SIM 3.2 Group 2 (09:50-11:10)
- SIM 3.3 Group 3 (11:10-12:30)
- SIM 3.4 Group 4 (12:30-13:50)

09:30-11:00

**Hands-on Device Training****EMT-HDT 3 Embolisation: materials and tools – coils & plugs**

Coordinators: *M.C. Burgmans (Leiden/NL),  
M. Citone (Florence/IT)*

09:30-11:00

**Hands-on Device Training****ST-HDT 1 Stroke thrombectomy**

Coordinators: *A. Krajina (Hradec Králové/CZ),  
H. van Overhagen (The Hague/NL)*

09:30-11:00

**Hands-on Device Training****TA-HDT 3 Tumour ablation – RFA**

Coordinators: *J.-Y. Gaubert (Marseille/FR),  
M. Tsitskari (Athens/GR)*

10:00-11:00

**Focus Session****FS 1801 Endoleaks in EVAR**


- 1801.1 When to embolise pre-operatively?  
*D. Branzan (Leipzig/DE)*
- 1801.2 Aneurysm growth without endoleak  
*I. Loftus (London/UK)*
- 1801.3 Reasons and treatment options for late type I endoleaks  
*S. Michelagnoli (Florence/IT)*
- 1801.4 Reasons and treatment options for late type II endoleaks  
*A. Chavan (Neustadt/DE)*

10:00-11:00

**Focus Session****FS 1802 Medical therapy to improve outcomes of PAD interventions**

- 1802.1 The role of statins  
*G. Clerici (Bergamo/IT)*
- 1802.2 Single vs. double antiplatelet therapy: any evidence?  
*N.D. Ptohis (Athens/GR)*
- 1802.3 A new generation of anticoagulation  
*A. Cannavale (Rome/IT)*
- 1802.4 Risk stratifications for strong anticoagulation regimens  
*M. Burbelko (Berlin/DE)*

10:00-11:00

**Expert Round Table****ERT 1803 Current management of metastatic lesions from breast cancer**

- 1803.1 Recent guidelines  
*J. Kettenbach (Wiener Neustadt/AT)*
- 1803.2 The role of radiotherapy  
*L.M. Kenny (Brisbane/AU)*
- 1803.3 The role of IR  
*B. Gonçalves (Porto/PT)*
- 1803.4 Oligometastatic patients  
*F. Deschamps (Villejuif/FR)*

10:00-11:00

**Focus Session****FS 1804 Dialysis masterclass**

- 1804.1 Failing arteriovenous fistulas and grafts: epidemiology and pathobiology  
*B. Dolmatch (Mountain View, CA/US)*
- 1804.2 Haemodialysis access: randomised trials of drug-coated balloons and covered stents  
*S.O. Trerotola (Philadelphia, PA/US)*
- 1804.3 Balloon angioplasty of the central outflow venous system: indications and results  
*P.M. Kitrou (Patras/GR)*
- 1804.4 Percutaneous creation of haemodialysis arteriovenous fistulas: technique and early results  
*D.K. Rajan (Toronto, ON/CA)*

10:00-11:00

**Fundamental Course****FC 1805 Peripheral arteriovenous malformations**

- 1805.1 Arteriovenous malformations  
*L.J. Schultze Kool (Nijmegen/NL)*
- 1805.2 Venous malformations  
*L. Ratnam (London/UK)*
- 1805.3 Arteriovenous fistula  
*W.S. Rilling (Milwaukee, WI/US)*
- 1805.4 Vascular malformation in children  
*A.M. Barnacle (London/UK)*

10:00-11:00

**IR Trainee Session****IRT 1806 Clinical practice for trainees, residents and young IRs**

11:30-12:30

**Expert Round Table****ERT 1901 Anaesthesia in IR activity**

- 1901.1 Conscious sedation for interventional procedures: how I use dexmedetomidine  
*S. Romagnoli (Florence/IT)*
- 1901.2 I need the anaesthetist on my team  
*M.J. Lee (Dublin/IE)*
- 1901.3 I do not need the anaesthetist on my team  
*C.A. Binkert (Winterthur/CH)*
- 1901.4 No sedation vs. sedation: outcomes in IR  
*F. Barbani (Florence/IT)*

11:30-12:30

**Satellite Symposia**

12:30-14:00

**Hands-on Device Training****EMT-HDT 4 Embolisation: materials and tools – coils & plugs**

Coordinators: *M.C. Burgmans (Leiden/NL),  
M. Citone (Florence/IT)*

12:30-14:00

**Hands-on Device Training****ST-HDT 2 Stroke thrombectomy**

Coordinators: *A. Krajina (Hradec Králové/CZ),  
H. van Overhagen (The Hague/NL)*

12:30-14:00

**Hands-on Device Training****TA-HDT 4 Tumour ablation – RFA**

Coordinators: *J.-Y. Gaubert (Marseille/FR),  
M. Tsitskari (Athens/GR)*

13:00-14:00

**Satellite Symposia**

13:15-14:15

**News on Stage**

14:30-15:15

**Film Interpretation Quiz****FIQ 2101 Film Interpretation Quiz**

15:15-16:00

**Hot Topic Symposium****HTS 2102 Is renal tumour ablation ready for prime time?**

- 2102.1 Latest guidelines  
*A. Veltri (Orbassano/IT)*
- 2102.2 The urologist's point of view  
*G. Siena (Florence/IT)*
- 2102.3 State-of-the-art of interventional radiology treatment  
*D.J. Breen (Southampton/UK)*
- 2102.4 What can we expect in the next five years?  
*A. Gangi (Strasbourg/FR)*

Round-table discussion

14:30-15:30

**Case-based Discussion****CBD 2103 My worst day in the angiosuite II**

- 2103.1 *R.G.J. Gibbs (London/UK)*
- 2103.2 *A. Holden (Auckland/NZ)*
- 2103.3 *H. Kobeiter (Créteil/FR)*
- 2103.4 *V. Rimbau (Barcelona/ES)*

14:30-15:30

**Satellite Symposia**

16:15-17:15

**Expert Round Table****ERT 2201 How to achieve durability in F-/B-EVAR**

- 2201.1 Landing zone  
*K. Kichikawa (Kashihara/JP)*
- 2201.2 Choice of fenestration and branches  
*H. Meissner (Stuttgart/DE)*
- 2201.3 Target vessels  
*R. Ghotbi (Munich/DE)*
- 2201.4 Surveillance  
*A. Winterbottom (Cambridge/UK)*

16:15-17:15

**Workshop****WS 2202 Thermal protection for ablative therapies**2202.1 *E. de Kerviler (Paris/FR)*2202.2 *A.N. Kurup (Rochester, MN/US)*

16:15-17:15

**Case-based Discussion****CBD 2203 IR in gynaecological emergencies**2203.1 Postpartum haemorrhage  
*T.J. Kroencke (Augsburg/DE)*2203.2 Abnormal placentation  
*A.V. Giordano (L'Aquila/IT)*2203.3 Gynaecological malignancies  
*M.P. Kohi (San Francisco, CA/US)*2203.4 Septic conditions  
*S. Ameli-Renani (London/UK)*

16:15-17:15

**Focus Session****FS 2204 New in endovascular thrombectomy**2204.1 What do the DAWN and the DEFUSE-3 trials tell us about stroke imaging?  
*to be announced*2204.2 What can be learned from the thrombus removal trials?  
*W.H. van Zwam (Maastricht/NL)*2204.3 New tips and tricks  
*J.D. Molina Nuevo (Albacete/ES)*2204.4 Carotid stenting during stroke treatment  
*L.C. van Dijk (The Hague/NL)*

16:15-17:15

**Expert Round Table****ERT 2205 SFA – the unsolved question: angioplasty vs. stent**2205.1 Drug-coated balloons in 2019  
*M. Brodmann (Graz/AT)*2205.2 New data to support the use of drug-eluting stents  
*T. Zeller (Bad Krozingen/DE)*2205.3 A new generation of percutaneous transluminal angioplasty  
*J.H. Rundback (Teaneck, NJ/US)*2205.4 The new generation of stents  
*K.R. Deloose (Dendermonde/BE)*

16:15-17:15

**Free Paper Sessions**

16:15-17:15

**General Assembly**

16:15-17:15

**Satellite Symposia**

17:30-18:30

**Workshop****WS 2301 Fundamentals in TEVAR**2301.1 *P. Holt (London/UK)*2301.2 *R.P. Thomas (Marburg/DE)*

17:30-18:30

**Workshop****WS 2302 Genitourinary IR interventions: basic and advanced**2302.1 *G. Gabbani (Florence/IT)*2302.2 *R. Das (London/UK)*

17:30-18:30

**Workshop****WS 2303 Pulmonary and bronchial artery embolisation**2303.1 *J. Rodríguez Mesa (Málaga/ES)*2303.2 *A. Khalil (Paris/FR)*

17:30-18:30

**Free Paper Sessions**IDEAS  
2019

## Tuesday, September 10

08:30-09:30

### Focus Session

#### FS 2501 Radiation exposure: are we doing enough?

- 2501.1 Radiation exposure of EVAR/TEVAR: present status in the EU  
*W. Jaschke (Innsbruck/AT)*
- 2501.2 How to use high-quality hardware responsibly  
*G. Bartal (Kfar-Saba/IL)*
- 2501.3 The importance of software in exposure reduction  
*T. Trabold (Stuttgart/DE)*
- 2501.4 The importance of training and skills in exposure reduction  
*E. Brontzos (Athens/GR)*

08:30-09:30

### Clinical Evaluation Course



#### CEC 2502 Acute mesenteric arterial ischaemia

- 2502.1 Clinical presentation  
*M.C. Ferraro (Florence/IT)*
- 2502.2 Diagnostic imaging  
*G. Papageorgiou (N. Faliro/GR)*
- 2502.3 Guidelines  
*M. Szczerbo-Trojanowska (Lublin/PL)*
- 2502.4 The role of interventional radiology  
*J.A. Kaufman (Portland, OR/US)*
- 2502.5 The role of surgery  
*C. Pilasi Menichetti (London/UK)*
- 2502.6 Post-procedural management and follow-up  
*M. Cejna (Feldkirch/AT)*

08:30-09:30

### Fundamental Course



#### FC 2503 Intra-arterial stroke management

- 2503.1 For whom should thrombectomy be considered?  
*P. Mordasini (Bern/CH)*
- 2503.2 Imaging the brain and the clot  
*T. Struffert (Giessen/DE)*
- 2503.3 Thrombectomy and aspiration  
*S. Hopf-Jensen (Flensburg/DE)*
- 2503.4 What do the trials tell us?  
*E.R. Gizewski (Innsbruck/AT)*

08:30-09:30

### Focus Session

#### FS 2504 Urinary tract embolisation

- 2504.1 Iatrogenic bleeding  
*J. Irurzun (Alicante/ES)*
- 2504.2 Angiomyolipoma  
*N. Moussa (Paris/FR)*
- 2504.3 Pre-operative embolisation  
*F. Mondaini (Florence/IT)*
- 2504.4 Haematuria  
*C. Scheurig-Muenkler (Augsburg/DE)*

08:30-09:30

### Focus Session

#### FS 2505 Standardising planning to achieve optimal ablation

- 2505.1 Why we need standardisation  
*M.R. Callstrom (Rochester, MN/US)*
- 2505.2 Simulation planning before radiofrequency ablation  
*M. Reinhardt (Leipzig/DE)*
- 2505.3 Simulation planning before cryoablation  
*C. Essert (Strasbourg/FR)*
- 2505.4 Simulation planning before microwave ablation  
*J. Chiang (Los Angeles, CA/US)*

08:30-13:50

### Simulation Training

#### SIM 4 Peripheral artery disease: angioplasty and stenting (core level)

Coordinators: *R. Kickuth (Würzburg/DE)*,  
*J.C. van den Berg (Lugano/CH)*

- SIM 4.1 Group 1 (08:30-09:50)
- SIM 4.2 Group 2 (09:50-11:10)
- SIM 4.3 Group 3 (11:10-12:30)
- SIM 4.4 Group 4 (12:30-13:50)

09:30-11:00

### Hands-on Device Training

#### EMT-HDT 5 Embolisation: materials and tools – particulate agents

Coordinators: *A.G. Rampoldi (Milan/IT)*,  
*S. Spiliopoulos (Athens/GR)*

09:30-11:00

**Hands-on Device Training**

■ **TA-HDT 5 Tumour ablation – Image guided navigation and targeting**

Coordinators: *C. Farrelly (Dublin/IE),  
R. Iezzi (Rome/IT)*

09:30-11:00

**Hands-on Device Training**

■ **VA-HDT 1 Vertebral augmentation**

Coordinators: *P.N.M. Lohle (Tilburg/NL),  
K.E. Wilhelm (Bonn/DE)*

10:00-11:00

**Expert Round Table**

■ **ERT 2601 Don't forget the iliacs!**

- 2601.1 Narrow iliacs  
*J.L. De Bruin (London/UK)*
- 2601.2 Wide iliacs  
*M.W. de Haan (Maastricht/NL)*
- 2601.3 Hypogastric perfusion  
*J. Wilkins (London/UK)*
- 2601.4 Aneurysmal iliacs  
*G.N. Kouvelos (Larissa/GR)*



10:00-11:00

**Expert Round Table**

■ **ERT 2602 Open questions in below-the-knee procedures**

- 2602.1 Is percutaneous transluminal angioplasty still the first option?  
*R. Ferraresi (Bergamo/IT)*
- 2602.2 Drug-eluting stents in critical limb ischaemia: cost-effective compared to percutaneous transluminal angioplasty?  
*M. Brodmann (Graz/AT)*
- 2602.3 Lessons learned from the first generation of drug-coated balloons  
*S. Kum (Singapore/SG)*
- 2602.4 Treatment of heavily calcified lesions  
*M.G. Manzi (Abano Terme/IT)*

10:00-11:00

**Video Learning Session**

■ **VL 2603 Neurointervention**

10:00-11:00

**Focus Session**

■ **FS 2604 Gastrointestinal bleeding**

- 2604.1 Imaging work-up  
*N.L. Kelekis (Athens/GR)*
- 2604.2 The endoscopist's role  
*G. Braun (Augsburg/DE)*
- 2604.3 Upper GI  
*A. Basile (Catania/IT)*
- 2604.4 Lower GI  
*R. Uberoi (Oxford/UK)*

10:00-11:00

**Clinical Evaluation Course**

■ **CEC 2605 Strategies for T1 renal cell carcinoma**

- 2605.1 State-of-the-art imaging  
*E. Bertelli (Florence/IT)*
- 2605.2 The role of active surveillance  
*to be announced*
- 2605.3 When to biopsy  
*R.E. Beasley (Miami, FL/US)*
- 2605.4 Partial nephrectomy  
*G. Siena (Florence/IT)*
- 2605.5 Percutaneous ablation  
*D.K. Filippiadis (Athens/GR)*
- 2605.6 Combined treatments  
*A.H. Mahnken (Marburg/DE)*

10:00-11:00

**IR Trainee Session**

■ **IRT 2606 IRs: from the angiosuite to industry boardrooms and the road to innovation**

11:30-12:30

**Expert Round Table**

■ **ERT 2701 What's next for EVAR?**

- 2701.1 Device development  
*V. Rimbau (Barcelona/ES)*
- 2701.2 Individualised follow-up  
*C.S.P. van Rijswijk (Leiden/NL)*
- 2701.3 Fusion imaging and virtual reality  
*G.M. Richter (Stuttgart/DE)*
- 2701.4 More off-the-shelf in emergency  
*T. Kölbel (Hamburg/DE)*



11:30-12:30

**Focus Session****FS 2702 Radial access: how and when**

- 2702.1 The rationale behind it  
*M. Guimaraes (Charleston, SC/US)*
- 2702.2 Radial vs. femoral vs. brachial  
*E. Brountzos (Athens/GR)*
- 2702.3 Which procedure, which devices?  
*G. Andrade (Recife/BR)*
- 2702.4 Complications and their management  
*M. Schoder (Vienna/AT)*

11:30-12:30

**Clinical Evaluation Course****CEC 2703 Stroke management**

- 2703.1 Logistics in stroke  
*M. Ribo (Barcelona/ES)*
- 2703.2 Essential imaging for treatment  
*S. Duda (Berlin/DE)*
- 2703.3 Are the time windows extended by the new trials?  
*S. Mangiafico (Florence/IT)*
- 2703.4 Should patients with basilar artery thrombosis be randomised?  
*J.A. Vos (Nieuwegein/NL)*
- 2703.5 How to deal with difficult access  
*to be announced*
- 2703.6 How to deal with complications  
*A. Krajina (Hradec Králové/CZ)*

11:30-12:30

**Fundamental Course****FC 2704 Essential skills for a clinical interventional radiologist**

- 2704.1 10 commandments for interventional radiologists  
*B.T. Katzen (Miami, FL/US)*
- 2704.2 What you need to know about coagulation  
*J. Garnon (Strasbourg/FR)*
- 2704.3 Pain management  
*A. Buecker (Homburg/DE)*
- 2704.4 Consulting and breaking bad news  
*J.C. van den Berg (Lugano/CH)*

11:30-12:30

**Focus Session****FS 2705 Musculoskeletal: metastatic disease**

- 2705.1 Biopsy in the spine and the peripheral skeleton  
*M. Cifrian Perez (Valencia/ES)*
- 2705.2 Advanced image guidance for musculoskeletal interventions  
*W.B. Lea (Milwaukee, WI/US)*
- 2705.3 Treatment algorithm in spinal metastatic disease  
*J.W. Jennings (Saint Louis, MO/US)*
- 2705.4 Treatment algorithm in peripheral skeleton metastatic disease  
*R.F. Grasso (Rome/IT)*

11:30-12:30

**CIRSE meets...****CM 2706 CIRSE meets CAIR**

- 2706.1 From CIRA to CAIR, the evolution of IR in Canada  
*R. Abraham (Halifax, NS/CA)*
- 2706.2 Endovascular stroke therapy: a Canadian perspective  
*M. Eesa (Calgary, AB/CA)*
- 2706.3 Experience and lessons learned in a stroke endovascular thrombectomy programme performed by IRs  
*A. Menard (Kingston, ON/CA)*

12:30-14:00

**Hands-on Device Training****EMT-HDT 6 Embolisation: materials and tools – particulate agents**

*Coordinators: A.G. Rampoldi (Milan/IT),  
S. Spiliopoulos (Athens/GR)*

12:30-14:00

**Hands-on Device Training****TA-HDT 6 Tumour ablation – Cryoablation, laser ablation and irreversible electroporation**

*Coordinators: A.H. Mahnken (Marburg/DE),  
M.R. Meijerink (Amsterdam/NL)*

12:30-14:00

**Hands-on Device Training****VA-HDT 2 Vertebral augmentation**

*Coordinators: P.N.M. Lohle (Tilburg/NL),  
K.E. Wilhelm (Bonn/DE)*



13:00-14:00

**Satellite Symposia**

13:15-14:15

**News on Stage**

14:30-16:00

**Honorary Lecture / Hot Topic Symposium**

14:30-15:00

**HL 2901 Josef Roesch Lecture**

- 2901.1 Pathways and challenges to innovation in interventional oncology  
*G. Narayanan (Miami, FL/US)*

15:00-16:00

**Hot Topic Symposium****HTS 2902 Durability: the Achilles heel of EVAR**

- 2902.1 Adherence to IFU: essential to durability?  
*J.C. van den Berg (Lugano/CH)*
- 2902.2 Are more fenestrations better for longer durability?  
*A. Katsargyris (Nuremberg/DE)*
- 2902.3 New devices and adjuncts: will they improve durability?  
*M.S. Hamady (London/UK)*
- 2902.4 Take all the options into consideration  
*M.P. Jenkins (London/UK)*

Round-table discussion

14:30-15:30

**Satellite Symposia**

16:15-17:15

**Focus Session****FS 3001 Open surgery vs. endoluminal treatment for TAAA**

- 3001.1 What is the risk of rupture in TAAA?  
*to be announced*
- 3001.2 When is thoraco-abdominal surgery still needed?  
*J. Kalder (Aachen/DE)*
- 3001.3 De-branching surgery still needed?  
*F.E. Vermassen (Ghent/BE)*
- 3001.4 Technical options in endovascular repair  
*M.S. Hamady (London/UK)*

16:15-17:15

**Workshop****WS 3002 Enteral feeding: gastrostomy, gastrojejunostomy and direct jejunostomy**

- 3002.1 *M.K. Glynos (Athens/GR)*
- 3002.2 *P. Vilares Morgado (Porto/PT)*

16:15-17:15

**Expert Round Table****ERT 3003 Controversies in endovascular thrombectomy**

- 3003.1 Bypassing primary stroke centres  
*V. Costalat (Montpellier/FR)*
- 3003.2 Skipping vs. bridging in tandem lesions  
*to be announced*
- 3003.3 Local and general anaesthesia, sedation  
*W.H. van Zwam (Maastricht/NL)*
- 3003.4 Thrombectomy, aspiration first, combined treatment  
*H. van Overhagen (The Hague/NL)*

16:15-17:15

**Focus Session****FS 3004 Musculoskeletal: ablation, consolidation, embolisation**

- 3004.1 Percutaneous consolidation: basics of biomechanics  
*P. Clavert (Strasbourg/FR)*
- 3004.2 Overview of ablation methods  
*M.R. Callstrom (Rochester, MN/US)*
- 3004.3 Ablation and consolidation  
*A.N. Kurup (Rochester, MN/US)*
- 3004.4 The role of arterial embolisation  
*A.G. Ryan (Waterford City/IE)*

16:15-17:15

**Workshop****WS 3005 Venous access**

- 3005.1 *D. Savio (Turin/IT)*
- 3005.2 *M. Casares Santiago (Palma de Mallorca/ES)*

16:15-17:15

**Workshop**

■ **WS 3006 Management of visceral aneurysms and pseudoaneurysms**

- 3006.1 *M.A. Ruffino (Turin/IT)*  
 3006.2 *F. Wolf (Vienna/AT)*

16:15-17:15

**Case-based Discussion**

■ **CBD 3007 Below the knee**

- 3007.1 The role of perfusion angiography  
*J.A. Reekers (Amsterdam/NL)*  
 3007.2 The new generation of drug-coated balloons  
*K.N. Katsanos (Patras/GR)*  
 3007.3 The new generation of drug-eluting stents  
*H. van Overhagen (The Hague/NL)*  
 3007.4 Deep venous arterialisation  
*S. Kum (Singapore/SG)*

16:15-17:15

**Free Paper Sessions**

17:30-18:30

**Workshop**

■ **WS 3101 FEVAR and BEVAR**

- 3101.1 *A. Katsargyris (Nuremberg/DE)*  
 3101.2 *R. McWilliams (Liverpool/UK)*



17:30-18:30

**Focus Session**

■ **FS 3102 Biliary**

- 3102.1 PTBD for benign disease: strictures and stones  
*C. Lanciego (Toledo/ES)*  
 3102.2 PTBD for palliation of malignant bile duct obstruction  
*P.E. Huppert (Darmstadt/DE)*  
 3102.3 PTBD for biliary leakage, bowel perforation and enteral feeding  
*A. Moelker (Rotterdam/NL)*  
 3102.4 PTBD in the ERCP era  
*H.-U. Laasch (Manchester/UK)*

17:30-18:30

**Workshop**

■ **WS 3103 Acute stroke management**

- 3103.1 *R. Gandini (Rome/IT)*  
 3103.2 *J.D. Molina Nuevo (Albacete/ES)*

17:30-18:30

**Free Paper Sessions**

## Wednesday, September 11

08:30-09:30

### Focus Session

#### FS 3201 The 20 most important studies on hepatocellular carcinoma

- 3201.1 The 5 most important studies on ablation  
*L. Crocetti (Pisa/IT)*
- 3201.2 The 5 most important studies on transcatheter arterial chemoembolisation  
*K. Malagari (Athens/GR)*
- 3201.3 The 5 most important studies on transarterial radioembolisation  
*A. Denys (Lausanne/CH)*
- 3201.4 The 5 most important studies on systemic treatments  
*Y. Arai (Tokyo/JP)*

08:30-09:30

### Focus Session

#### FS 3202 Prostate artery embolisation: 360°

- 3202.1 The science behind prostate artery embolisation  
*F.C. Carnevale (São Paulo/BR)*
- 3202.2 Defining the anatomy  
*T. Sabharwal (London/UK)*
- 3202.3 Embolisation technique  
*A.G. Rampoldi (Milan/IT)*
- 3202.4 Complications and management  
*I. Insausti Gorbea (Pamplona/ES)*

08:30-09:30

### Video Learning Session

#### VL 3203 Arterial Interventions

10:00-11:00

### Focus Session

#### FS 3301 Thyroid management of nodular diseases

- 3301.1 Tools and techniques for nodular thyroid diseases  
*F. Stacul (Trieste/IT)*
- 3301.2 Interventional radiology in benign thyroid lesions: how to select the "fit" patient  
*R. Cervelli (Pisa/IT)*
- 3301.3 Interventional radiology management options for thyroid cancer: algorithm proposal  
*J.H. Kim (Seoul/KR)*
- 3301.4 Treatments in metastatic thyroid cancer  
*R.L. Cazzato (Strasbourg/FR)*

10:00-11:00

### Expert Round Table

#### ERT 3302 Management of polytraumatised patients

- 3302.1 The role of the trauma team  
*C. Pilasi Menichetti (London/UK)*
- 3302.2 Diagnostic modalities: US vs. CT  
*V. Miele (Florence/IT)*
- 3302.3 Interventional radiology techniques in trauma  
*J. Golzarian (Minneapolis, MN/US)*
- 3302.4 When the surgeon has to intervene  
*K.J. Ponsen (Alkmaar/NL)*

10:00-11:00

### Case-based Discussion

#### CBD 3303 Venous mishaps, disasters and catastrophes: salvage approaches

- 3303.1 Superior vena cava rupture  
*A.N. Makris (Westmont, IL/US)*
- 3303.2 Massive pulmonary embolism during thrombectomy  
*P.E. Andersen (Odense/DK)*
- 3303.3 Iliac venous ruptures  
*M. Rossi (Rome/IT)*
- 3303.4 Stent migration  
*M.A. de Gregorio (Zaragoza/ES)*

11:30-12:30

#### MM 3401 Morbidity and Mortality Conference

Coordinators: *A. Hatzidakis (Iraklion/GR)*,  
*A.G. Ryan (Waterford City/IE)*

## General Information

### Congress Dates

CIRSE 2019 will take place from September 7-11, 2019.

### Congress Venue

**CCIB – Centre Convencions Internacional de Barcelona**

Plaça de Willy Brandt 11-14

08019 Barcelona | Spain

Phone: +34 932 301 000

<https://ccib.es/en/>

### CIRSE Secretariat

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### Accommodation

**Kuoni Congress**

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08037 Barcelona, Spain

Phone: +34 93 505 25 00

Email: [cirse2019@ch.kuoni.com](mailto:cirse2019@ch.kuoni.com)

### CME Credit Allowance

An application will be made to the EACCME® for CME accreditation of CIRSE 2019.

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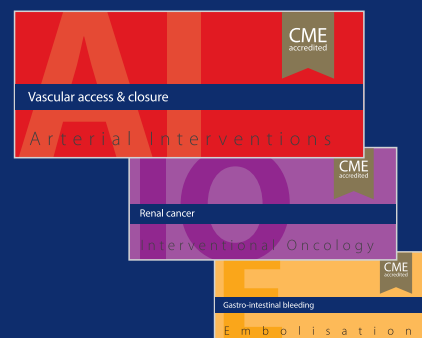
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## Congress Registration

### Register before June 6 and benefit from reduced early bird registration fees!

Online registration (secured payment) for **CIRSE 2019** and **IDEAS 2019** will be available on [www.cirse.org](http://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 2019 (€)

##### Early Bird Fee

##### Until June 6, 2019

Congress Registration	€ 895
CIRSE Member	€ 595
Resident* (CIRSE Member)	€ 285
Resident* (Non-Member)	€ 345
Nurse/Radiographer* (CIRSE Member)	€ 205
Nurse/Radiographer* (Non-Member)	€ 315
Undergraduate European Medical Student**	€ 0

##### After June 6, 2019

Congress Registration	€ 1095
CIRSE Member	€ 795
Resident* (CIRSE Member)	€ 490
Resident* (Non-Member)	€ 575
Nurse/Radiographer* (CIRSE Member)	€ 455
Nurse/Radiographer* (Non-Member)	€ 565
Undergraduate European Medical Student**	€ 0

\* to be accompanied by the Confirmation Form, signed by the head of department.

\*\* for undergraduate European medical students. Students' registrations must be accompanied by the Student Confirmation Form (available online during the registration process), 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 2019** and **IDEAS 2019** – The Interdisciplinary Endovascular Aortic Symposium ([www.aorticideas.org](http://www.aorticideas.org))
- access to the CIRSE 2019 Technical Exhibition, Satellite Symposia and industry-sponsored Learning Centres

Reduced registration fees are only available for members who have been in good standing during the years 2018 and 2019 (individuals who become CIRSE Members in 2019 will be able to benefit from reduced congress fees for the meeting in 2020).

#### Method of payment

Registration fees are to be paid in Euros (€) by:

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- Credit card (Visa or Mastercard)

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CIRSE offers all participants the possibility of taking out cancellation insurance with our partner, Europäische Reiseversicherung (see [www.cirse.org](http://www.cirse.org)). CIRSE will not provide

refunds after a cancellation of registration. All requests for refund must be issued to Europäische Reiseversicherung. Name changes will be handled as a cancellation and new registration.

#### Additional information

All CIRSE 2019 registrants will be able to print out an invoice of the registration using their personal log-in details at [www.cirse.org](http://www.cirse.org).

**Further information on registration is available at [www.cirse.org](http://www.cirse.org)**

## Exhibitors

**The CIRSE Annual Meeting Technical Exhibition is the leading platform to showcase IR technology and materials for a broad spectrum of therapies ranging from endovascular (including arterial, venous, aortic and neuro interventions) to interventional oncology, embolotherapy, non-vascular interventions and radiation protection.**

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### 2018 CIRSE Exhibiting Companies

Abbott Vascular	ECO Microwave	Penumbra
Adept Medical	Encapson	PharmaCept
ALN Implants	Endocare	Philips Medical
Alvimedica Medical	Endologix International	Piolax Medical Devices
Andanza International	Endovascular Today Europe	QualiMed Innovative Medizinprodukte
Andramed	GEM	Ra Medical Systems
AndraTec	Getinge	RD Global Research & Development
Angiodroid	Guerbet	RF Medical
AngioDynamics	H.S. Hospital Service	Rontis
AprioMed	HyperMed Imaging	Shockwave Medical
APT Medical	Hyprevention	Siemens Healthcare
AR Baltic Medical	Imactis	Sirtex Medical
Argon Medical Devices	Inerventional News / BIBA	Skyline Medical Europe
Asahi Intecc	iVascular	Smiths Medical
B.Braun	IZI Medical	STARmed
Balt International	Joline	Sterylab
BD	M.D.L.	Straub Medical
Bentley InnoMed	Medcomp	Stryker Interventional Spine
Bioteque	Medicor Europa	Surgnova Healthcare Technologies
Biotronik	Medtron	Tecres
Boston Scientific International	Medex Research	Teleflex Medical
Bracco Suisse	Medtronic International	Terumo Aortic
BTG	Merit Medical	Terumo Europe
Canon Medical	Mermaid Medical Group	Tokai Medical Products
Canyon Medical	MIM Software	Uresil
Cardionovum	Minerva Medica	Varian Medical Systems
CAScination	Moller Medical	Vigeo
Control-Pilot-XO Score-GPX	NeuWave Medical, Ethicon	W.L. Gore & Associates
Cook Medical	Nocimed	Wisepress
Cordis, a Cardinal Health Company	Noras MRI	Ziehm Imaging
Delcath Systems	Olympus Surgical Technologies Europe	
Deutsche Akademie für Mikrotherapie (DAfMT)	optimed Medizinische Instrumente	
	Pajunk Medizintechnologie	

### 2018 Radiation Protection Pavilion Exhibiting Companies

3D Systems Symbionix	Kinepict Health	Siemens Healthcare
Bracco Injengineering	Mavig	Unfors RaySafe
Ecolab	MDT X-Ray	Worldwide Innovations & Technologies
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Culturally colourful, historically significant and innovatively minded, this sunny seaside location will be an inspiring host for our 34<sup>th</sup> Annual Meeting, where the most recent advances in IR technologies and techniques will be presented alongside the latest clinical data.



*jose\_izquierdo\_galiot@Flickr.com*

### Flights

CIRSE is delighted to be cooperating with Lufthansa Group Partner Airlines to offer discounted flights to participants of CIRSE 2019. To make a reservation and find out more details, please visit [www.cirse.org/cirse-2019/flights](http://www.cirse.org/cirse-2019/flights).

### Getting to Barcelona

As one of the most popular cities in Europe, Barcelona is well connected to the world by three nearby airports. The largest airport, El Prat, is a mere 13 km southwest of the city centre and can be reached by the RENFE airport train in 25 minutes. A single ticket, which should be purchased before boarding the train, costs €4.20. At the same price, the newly opened metro line L9 also stops at the airport, though the airport train may provide a more convenient connection if you are heading towards the city centre.

Taxis are available and plentiful at the exits of both terminals, and the 20-minute ride to the city costs €30–35, plus an airport surcharge.

The Areobus service connects you directly to the city centre (Plaça Catalunya) and runs every five to ten minutes between 05:30 and 1:00 (from the airport) and between 5:00 and 0:30

(to the airport). A single ticket can be purchased for €5.90, or a return ticket for €10.20. Tickets may be purchased in the terminals or on the bus (cash only).



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



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### Venue

With its excellent infrastructure and visitor services, Barcelona is a perennially popular congress location, hosting up to 300,000 congress participants per year. CIRSE is delighted to be returning to the city for a fifth time in 2019.

This year's meeting will once again be held in the Centre de Convencions Internacional de Barcelona (CCIB). This light, vast design of José Luís Mateo, conveniently located directly on the seafront in the modern Diagonal Mar area, will provide an excellent space for meeting, discussing and learning.



The CCIB is accessible by many different means of transport. Metro line 4 and tram line 4 will both bring you to the nearby El Maresme/Forum stop, as will buses 136, B20 and V31. Bus line 7 will also bring you to the CCIB (stop 16: Forum station.)

### Getting around

Barcelona is well connected by metro, bus (TMB), trams, urban rail (FGC) and regional rail, making getting to the venue and around the city quite simple.

The most economical option is the T10 transport ticket, which costs €10.20 and gets you 10 journeys on any form of transport within Zone 1, including the regional train to El Prat Airport. For unlimited journeys, the HolaBCN card is also available in two- to five-day versions and can be purchased in advance.

Taxis can be booked on BarnaTaxi or RadiotaxiBarcelona. Uber and Cabify also available throughout the city via their respective apps.

### Accommodation

CIRSE's official travel partner, KUONI Congress, has secured a great number of hotel rooms around Barcelona for the benefit of congress participants.

Online hotel reservation for individual bookings is now available at [www.cirse.org/cirse-2019/accommodation](http://www.cirse.org/cirse-2019/accommodation).

**Please be wary of fraudulent companies; use our link when you make your booking. For multiple bookings, please contact Kuoni Congress at [cirse2019@ch.kuoni.com](mailto:cirse2019@ch.kuoni.com) or +34 93 505 25 00.**

### Food

Barcelona is home to a vibrant and modern dining scene. During the day, the food court of the Diagonal Mar shopping centre across from the CCIB is a convenient spot to grab a quick bite. In the evening, relax with tapas (small plates of food meant for sharing) or pincho (individual bites of food served on a toothpick). Alternatively, stop by one of the city's plentiful seafood restaurants for a classic paella, made with fresh fish straight from the Mediterranean.

Lunch is usually consumed between 13:30 and 15:30, while dinner is normally between 21:00 and 23:30. Many restaurants close in the late afternoon (generally 16:00 to 20:00), and then remain open anywhere from midnight until 03:00 Mondays – Saturdays. Many places are closed or close early on Sundays.



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## **YOUR OFFICIAL CARRIER FOR CIRSE 2019**

Registered participants traveling to CIRSE 2019 are invited to take advantage of a discount of up to 10% when booking their flight with Lufthansa Group Partner Airlines!

Lufthansa Group Partner Airlines offer a comprehensive global route network linking major cities around the world. To make a reservation, please visit [www.lh.com/event-flight-booking](http://www.lh.com/event-flight-booking) and enter the following access code: **ATZQYLN**

Special rates are offered on flights operated by Austrian, Lufthansa, Swiss, Brussels Airlines and Eurowings and are valid from August 31 until September 18, 2019. Some flights to Barcelona with Air Canada or United Airlines flight numbers are also eligible for the discount.

We look forward to welcoming you in Barcelona!



## Accommodation

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

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

**Kuoni Congress**

Ms. Anna Fornells

Avenida Diagonal, 416 – 3ª 1º

08037 Barcelona, Spain

Phone: +34 93 505 25 00

Email: [cirse2019@ch.kuoni.com](mailto:cirse2019@ch.kuoni.com)

**Online hotel reservation for individual bookings is now available at [www.cirse.org/cirse-2019/accommodation](http://www.cirse.org/cirse-2019/accommodation).**

CIRSE supports compliance with ethical standards, and therefore emphasises that the participants shall bear any and all costs in this context themselves.

**Multiple Room Bookings:**

Special booking conditions may apply.

Please contact Kuoni Congress via email or phone.

**CANCELLATION POLICY (Individual bookings)**

Individual hotel cancellation policies will be given at the time of booking.

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

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

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

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

All necessary refunds will be made after the congress. Kuoni Congress 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 Barcelona.

## Hotel List CIRSE 2019 Barcelona

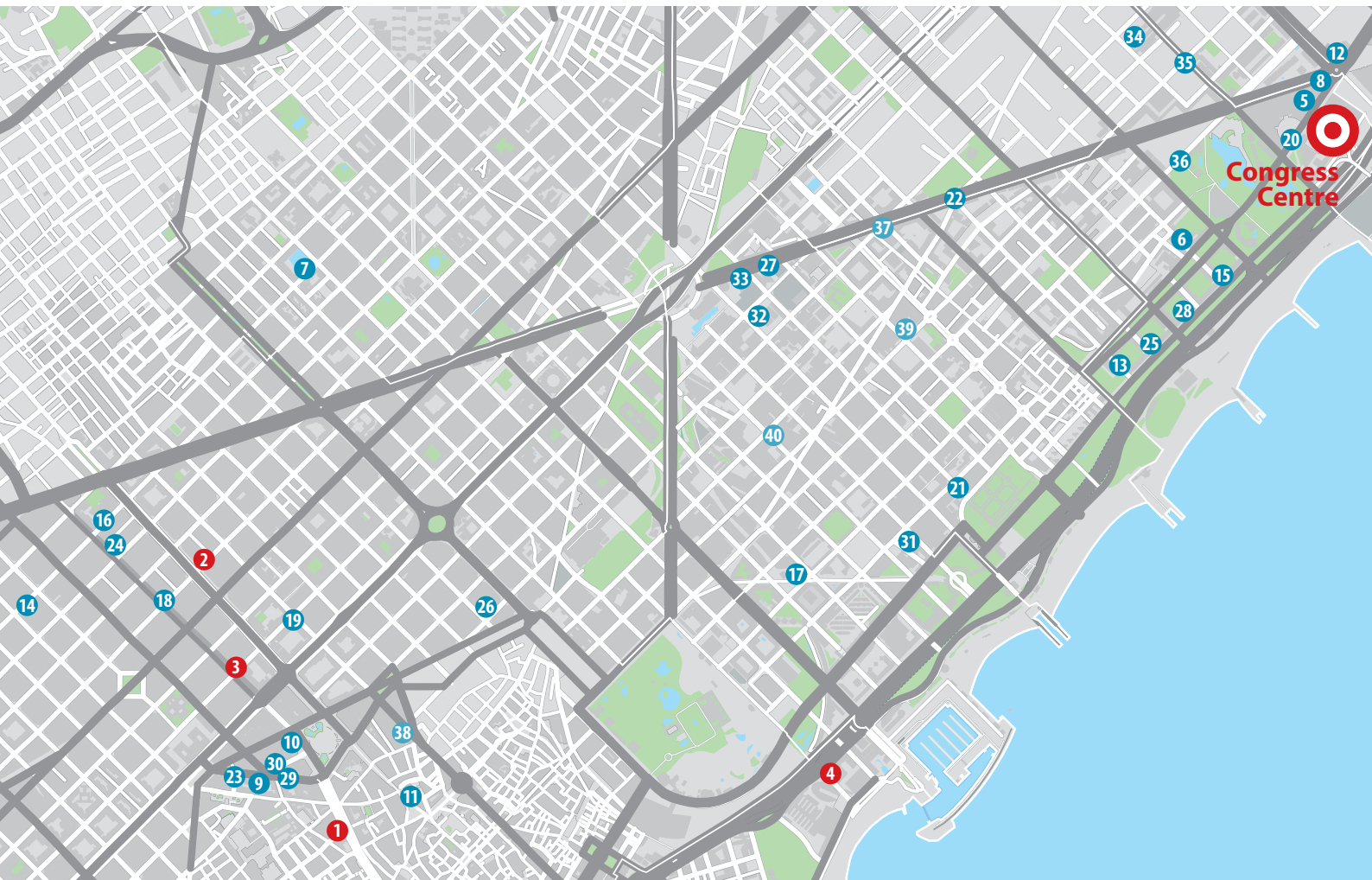
**Kuoni Congress** is the official travel partner of CIRSE. Their office is at your disposal to fulfill all local destination requirements from accommodation, events, dining and meetings to transport or site inspections.

You can contact the Kuoni team and order the official accommodation brochure to help with your planning via email at [cirse2019@ch.kuoni.com](mailto:cirse2019@ch.kuoni.com).

Hotel name	Category	Single room (€)	Double room (€)	 WALKING	 PUBLIC	 TAXI
1 Le Meridien	5*	381.98	411.96	-	32 min	10 min
2 Majestic	5*	411.48	463.96	-	31 min	14 min
3 NH Calderon	5*	387.48	411.96	-	28 min	13 min
4 Pullman Skipper Barcelona	5*	297.48	329.96	-	25 min	8 min
5 AC Barcelona Forum	4*	258.61	281.82	3 min	-	-
6 Attica 21	4*	286.21	301.42	10 min	-	-
7 Barcelona 1882	4*	261.21	277.42	-	38 min	20 min
8 Barcelona Princess	4*	254.21	275.42	5 min	-	-
9 Catalonia Ramblas	4*	266.21	287.42	-	33 min	9 min
10 Catalonia Plaza Catalunya	4*	266.21	287.42	-	35 min	10 min
11 Catalonia Catedral	4*	286.21	307.42	-	31 min	20 min
12 Diagonal Zero Hotel	4*	256.21	277.42	5 min	-	-
13 Eurohotel Diagonal Port	4*	164.21	175.42	-	15 min	8 min
14 Evenia Rossello	4*	221.21	263.42	-	40 min	20 min
15 Front Maritim	4*	196.21	206.42	10 min	-	-
16 Gallery	4*	223.21	245.52	-	40 min	20 min
17 H10 Marina	4*	210.21	231.42	-	21 min	10 min
18 HCC Regente	4*	168.41	200.42	-	34 min	20 min
19 HCC St. Moritz	4*	182.71	211.42	-	28 min	11 min
20 Hilton Diagonal Mar	4*	300.21	321.42	2 min	-	-
21 Hotel 4	4*	211.21	225.42	-	15 min	10 min
22 Melia Barcelona Sky	4*	276.21	292.42	-	15 min	9 min
23 Midmost	4*	270.21	281.42	-	34 min	20 min
24 Murmuri	4*	270.21	281.42	-	36 min	14 min
25 NH Barcelona Del Mar	4*	232.21	249.92	-	15 min	5 min
26 NH Podium	4*	336.71	359.92	-	32 min	18 min
27 Novotel Barcelona City	4*	231.21	252.42	-	14 min	8 min
28 Occidental Atenea Mar	4*	211.21	232.42	12 min	-	4 min
29 Pulitzer	4*	276.21	292.42	-	30 min	15 min
30 Regina	4*	241.21	262.42	-	30 min	15 min
31 SB Icaria Barcelona	4*	221.21	237.42	-	14 min	10 min
32 SB Glow	4*	243.21	264.42	-	20 min	10 min
33 The Gates Diagonal	4*	201.21	217.42	-	14 min	10 min
34 Tryp Condal Mar	4*	232.21	249.92	15 min	-	6 min
35 Vincci Bit	4*	258.61	275.22	10 min	-	8 min
36 Vincci Maritimo	4*	258.61	275.22	10 min	-	5 min
37 Four Points by Sheraton Barcelona Diagonal	3*	199.72	215.44	-	13 min	7 min
38 HCC Montblanc	3*	156.92	188.44	-	27 min	16 min
39 Holiday Inn Barcelona City 22@	3*	125.72	126.44	-	19 min	9 min
40 NH Diagonal Center	3*	187.72	204.94	-	20 min	12 min

All Rates are in Euro (€), per room, per night, including breakfast, VAT and Barcelona Tourist Tax. Tourist Taxes are applicable for up to a maximum of 7 nights and 2 guests per room. Children under 16 are exempt. (Law 5/2012, 20 March, DOGC)

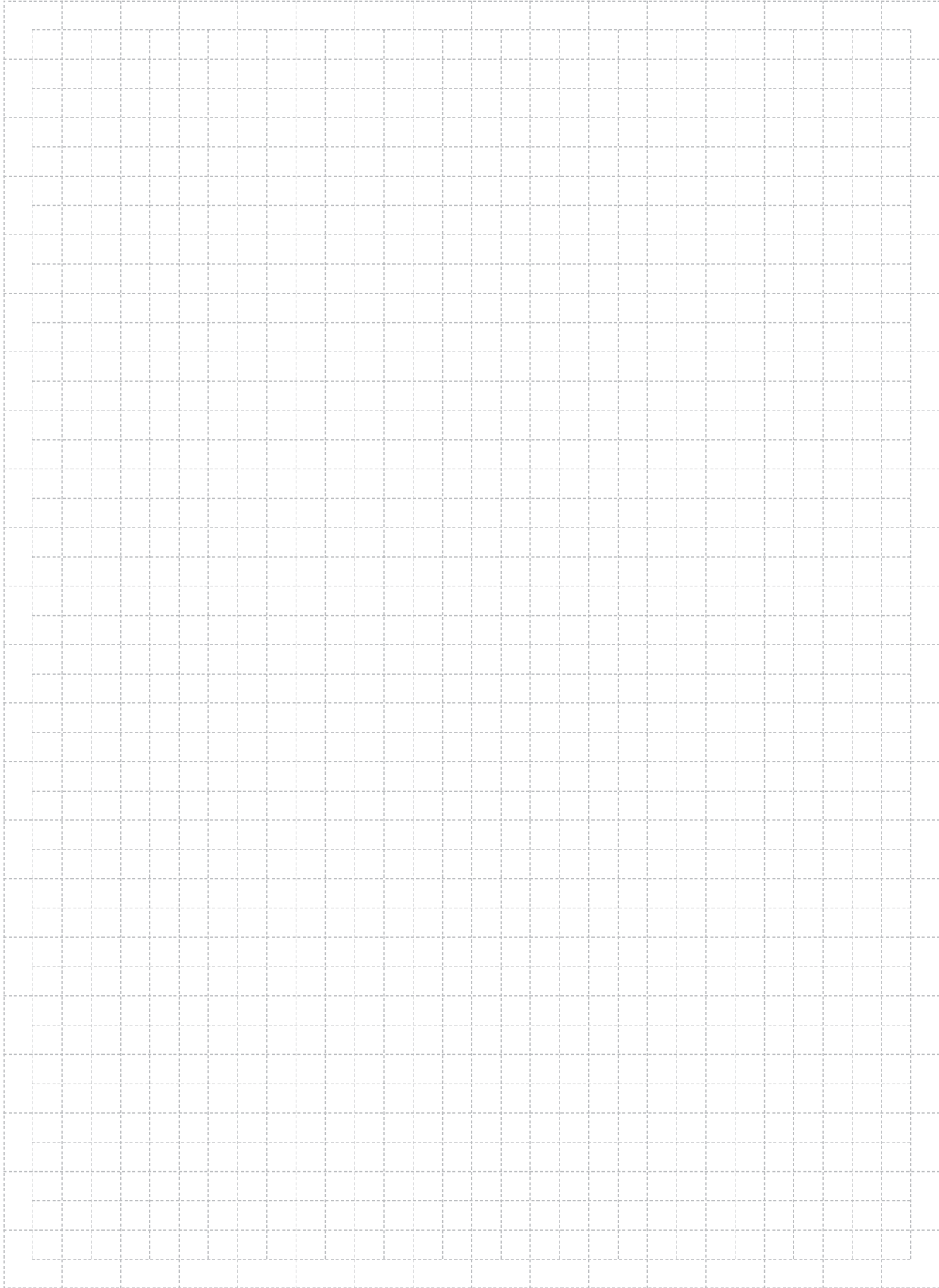




 **Congress Centre**

- |                                     |                                  |   |
|-------------------------------------|----------------------------------|---|
| <b>1</b> Le Meridien                | <b>15</b> Front Maritim          | <b>29</b> Pulitzer                                      |
| <b>2</b> Majestic                   | <b>16</b> Gallery                | <b>30</b> Regina  |
| <b>3</b> NH Calderon                | <b>17</b> H10 Marina             | <b>31</b> SB Icaria Barcelona                           |
| <b>4</b> Pullman Skipper Barcelona  | <b>18</b> HCC Regente            | <b>32</b> SB Glow                                       |
| <b>5</b> AC Barcelona Forum         | <b>19</b> HCC St. Moritz         | <b>33</b> The Gates Diagonal                            |
| <b>6</b> Attica 21                  | <b>20</b> Hilton Diagonal Mar    | <b>34</b> Tryp Condal Mar                               |
| <b>7</b> Barcelona 1882             | <b>21</b> Hotel 4                | <b>35</b> Vincci Bit                                    |
| <b>8</b> Barcelona Princess         | <b>22</b> Melia Barcelona Sky    | <b>36</b> Vincci Maritimo                               |
| <b>9</b> Catalonia Ramblas          | <b>23</b> Midmost                | <b>37</b> Four Points<br>by Sheraton Barcelona Diagonal |
| <b>10</b> Catalonia Plaza Catalunya | <b>24</b> Murmuri                | <b>38</b> HCC Montblanc                                 |
| <b>11</b> Catalonia Catedral        | <b>25</b> NH Barcelona Del Mar   | <b>39</b> Holiday Inn Barcelona City 22@                |
| <b>12</b> Diagonal Zero Hotel       | <b>26</b> NH Podium              | <b>40</b> NH Diagonal Center                            |
| <b>13</b> Eurohotel Diagonal Port   | <b>27</b> Novotel Barcelona City |   |
| <b>14</b> Ewenia Rossello           | <b>28</b> Occidental Atenea Mar  |   |

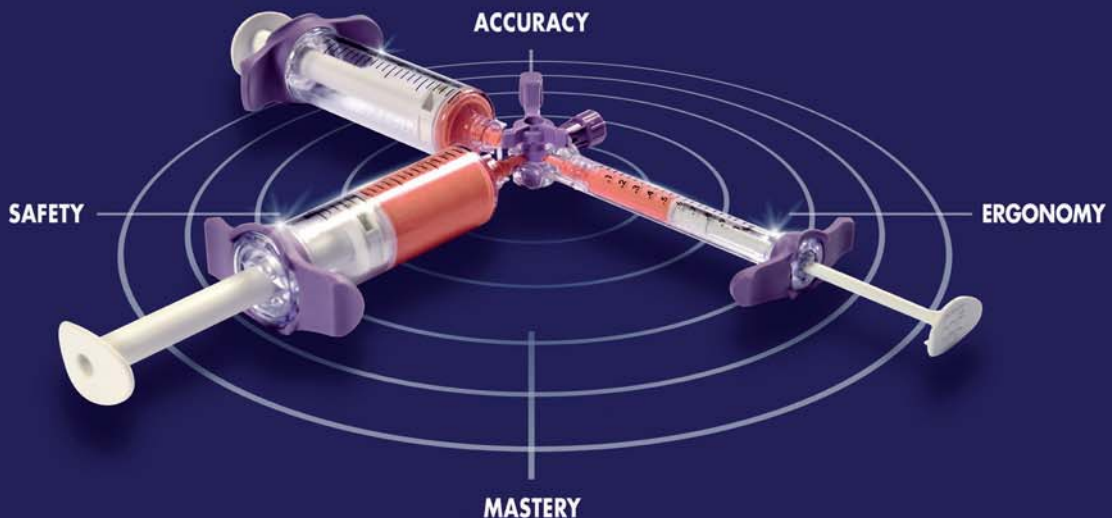




# VECTORIO®

cTACE Mixing & Injection System

## Vectorio® efficacy & safety for improved cTACE mixing & delivery



UNBREAKABLE | USER-FRIENDLY | SHARP

Guerbet |   
Contrast for Life

**LIPIODOL® ULTRA-FLUID. Composition:** Ethyl esters of iodized fatty acids of poppy seed oil 10 mL, corresponding to an iodine content of 480 mg/mL. **Indications (\*\*):** In diagnostic radiology - Hysterosalpingography - Ascending urethrography - Lymphography - Sialography - Fistulography and exploration of abscesses - Exploration of frontal sinuses - Pre and post-operative cholangiography. In interventional radiology - Visualisation and localization (by selective intra-arterial use during CT) of liver lesions in adults with known or suspected hepatocellular carcinoma - Visualisation, localisation and vectorisation during Trans-Arterial Chemo-Embolisation (TACE) of hepatocellular carcinoma at intermediate stage, in adults - Selective embolization in combination with Histoacryl glue (particularly for arteriovenous malformation or aneurysms) - Selective injections of LIPIODOL ULTRA-FLUID into the hepatic artery for diagnostic purposes where a spiral CT scan is not practical. In endocrinology - Prevention of severe cases of iodine deficiency. **Posology and method of administration (\*\*):** have to be adapted according to the type of examination, the territories explored, the age and weight of the patient. The volume to be administered depends on the particular requirements of the technique and the size of the patient. **Contraindications:** Hypersensitivity to LIPIODOL ULTRA-FLUID - Confirmed hyperthyroidism - Patients with traumatic injuries, recent haemorrhage or bleeding - Hysterosalpingography during pregnancy or acute pelvic inflammation - Bronchography. In interventional radiology (Trans-Arterial Chemo-Embolization), Administration in liver areas with dilated bile ducts unless drainage has been performed. **Special warnings and special precautions for use (\*\*):** There is a risk of hypersensitivity regardless of the dose administered. Lymphography: Pulmonary embolism may occur immediately or after few hours to days from inadvertent systemic vascular injection or intravasation of LIPIODOL ULTRA-FLUID: Perform radiological monitoring during LIPIODOL ULTRA-FLUID injection and avoid use in patients with severely impaired lung function, cardiorespiratory failure or right-sided cardiac overload. Hypersensitivity: all iodinated contrast agents can lead to minor or major hypersensitivity reactions, which can be life-threatening. These hypersensitivity reactions are of an allergic nature (known as anaphylactic reactions if they are serious) or a non-allergic nature. They can be immediate (occurring within 60 min) or delayed (not occurring until up to 7 days later). Anaphylactic reactions are immediate and can be fatal. They are dose-independent, can occur right from the first administration of the product, and are often unpredictable: avoid use in patients with a history of sensitivity to other iodinated contrast agents, bronchial asthma or allergic disorders because of an increased risk of a hypersensitivity reaction to LIPIODOL ULTRA-FLUID. Thyroid: can cause hyperthyroidism in predisposed patients. Lymphography saturates the thyroid with iodine for several months and thyroid exploration should be performed before radiological examination. Chemo-Embolization: Trans-Arterial Chemo-Embolization is not recommended in patients with decompensated liver cirrhosis (Child-Pugh  $\geq 8$ ), advanced liver dysfunction, macroscopic invasion and/or extra-hepatic spread of the tumour. Renal insufficiency must be prevented by correct rehydration before and after the procedure. Oesophageal varices must be carefully monitored. Hepatic intra-arterial treatment can progressively cause an irreversible liver insufficiency in patients with serious liver malfunction and/or undergoing close multiple sessions. The risk of superinfection in the treated area is normally prevented by administration of antibiotics. Embolization with glue: An early polymerisation reaction may exceptionally occur between LIPIODOL ULTRA-FLUID and certain surgical glues, or even certain batches of glue. Before using new batches of LIPIODOL ULTRA-FLUID or surgical glue, the compatibility of LIPIODOL ULTRA-FLUID and the glue must be tested in vitro. **Interaction with other medicinal products and other forms of interaction (\*\*):** Metformin, Beta blockers, vasoactive substances, angiotensin-converting enzyme inhibitors, angiotensin-receptor antagonists, Diuretics, Interleukin II. **Fertility, pregnancy and lactation (\*\*):** LIPIODOL ULTRA-FLUID must only be used in pregnant women if absolutely necessary and under strict medical supervision. Breastfeeding should be discontinued if LIPIODOL ULTRA-FLUID must be used - **Effects on ability to drive and use machines:** The effects on ability to drive and to use machines have not been investigated. **Undesirable effects (\*\*):** Most adverse effects are dose-related and dosage should therefore be kept as low as possible: hypersensitivity, anaphylactic reaction, anaphylactoid reaction, vomiting, diarrhoea, nausea, fever, pain, dyspnoea, cough, hypothyroidism, hyperthyroidism, thyroiditis, pulmonary embolism, cerebral embolism, retinal vein thrombosis, lymphoedema aggravation, hepatic vein thrombosis, granuloma. **Overdose (\*\*):** The total dose of LIPIODOL ULTRA-FLUID administered must not exceed 20 mL - **Pharmacodynamic properties (\*\*):** Pharmacotherapeutic group: X-ray contrast media, iodinated; ATC code: V08A D01. Water-insoluble iodinated contrast medium. **Presentation (\*\*):** 10 mL glass ampoule. **Marketing authorization holder (\*\*):** Guerbet - BP 57400 - F-955943 Roissy CdG cedex - FRANCE. Information: tel: 33 (0) 1 45 91 50 00. **Revision:** April 24<sup>th</sup>, 2018.

(\*) For complete information please refer to the local Summary of Product Characteristics (SPC).

(\*\*) Indications, volumes and presentations may differ from country to country.

Reporting of suspected adverse reactions is important as it helps to continuously assess the benefit-risk balance. Therefore, Guerbet encourages you to report any adverse reactions to your health authorities or to our local Guerbet representative.

VECTORIO® is a medical device of Class II (CE 0459) intended to be used by healthcare professionals only. Manufacturer: Medex, a Guerbet Group company. **Intended use: Lipiodol® Resistant Mixing & Injection System for conventional Trans-Arterial Chemo-Embolization (cTACE).**

For complete information please refer to country's local Package Information Leaflet & Vectorio® Instruction For Use (IFU).

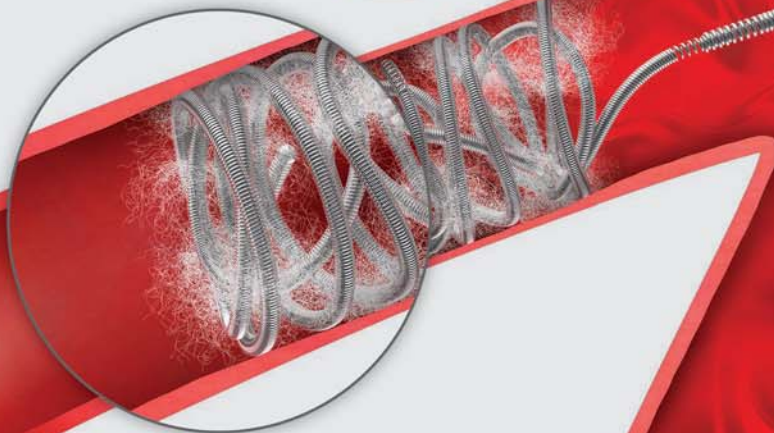
Countries in which cTACE indication is registered: Austria, Argentina, Belgium, Brazil, Cambodia, Czech Republic, France, Japan, Hong Kong, Hungary, Ireland, India, Iran, Mexico, Mongolia, New Zealand, Peru, Portugal, Philippines, South Korea, Turkey, The Netherlands, Thailand, Taiwan, Tunisia, Vietnam.

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

# Fully retractable.\*

The Retracta® coil is a detachable .035 inch coil that's fully retractable\* and based on platinum Nester coil technology.

The Retracta coil  
comes in lengths of  
**7 and 14 cm**  
and diameters of  
**4 - 20 mm**



To learn more about the Retracta coil, contact your Cook Medical sales representative or visit [cookmedical.com/RetractaAnimation](http://cookmedical.com/RetractaAnimation).

## Retracta®

DETACHABLE EMBOLIZATION COIL

\*The Retracta coil is fully retractable only until it is detached from the delivery wire.

