

CIRSE 2012: A Widespread Success



CIRSE 2012, the world-renowned meeting dedicated to minimally invasive, image-guided procedures, held in Lisbon, Portugal, from 15-19 September attracted over 6000 delegates, with attendees coming from over 85 different countries.

This dynamic, trendsetting congress opened up networking and knowledge-sharing opportunities for the interventional radiology (IR) community from throughout the world, sharing the latest breakthroughs in research, trials and imaging modalities.

The congress provided stimulating coverage of less-well-established areas that are gaining ground and growing in significance, including neurointerventions, advances in imaging and robust training in procedural techniques and clinical management.

The “Acute stroke treatment” special session on Saturday 15 September examined the latest evidence for mechanical thrombectomy and stenting, and data on new devices such as stent retrievers. Speakers also provided advice on optimising imaging and diagnosis, as well as managing and avoiding complications. The role that IR can play in stroke prevention was examined, and both carotid and intracranial stenting techniques and outcomes were discussed in detail.

CIRSE 2012 also showcased the shifting paradigm of IR from the realm of imaging and palliation towards curative treatments; for example, a session which focused entirely on clinical management of the diabetic foot involved recognised experts in the field discussing the impact of the disease and the value of screening.

Another session, “Imaging after ablation: what you need to know”, provided advice on how to best follow-up cancer patients after thermal ablation, radioembolisation and chemoembolisation in the liver, lung and kidney. Following this, a meeting on vascular imaging discussed the pros and cons of a range of imaging modalities for specific vascular diseases, as well as presenting data on innovative algorithms, such as dynamic CT/CTA for popliteal artery entrapment syndrome.

The busy congress also dedicated many sessions to aspects of non-vascular therapies. Dr. Thomas Bollen discussed imaging and diagnostic work-up in acute pancreatitis, after which Dr. Mark Ryan advised on the methods and timing for draining infected collections and pseudocysts. Disc treatments across Europe were also discussed, beginning with Prof. Massimo Gallucci’s presentation of data which showed the cost-effectiveness and efficacy of ozone treatment of discs in treating lumbar disc herniation.

Many workshops and sessions on spinal procedures, peripheral bone interventions, vertebra augmentation and aspects of drainage were also available.

The inspiring mix also involved ample focus on ethics and legal issues. A thought-provoking session was “Medico-legal issues and IR”, which highlighted the legal implications of off-label device use and the importance of obtaining informed consent from patients.

Interventional oncology, as one of the most dynamic areas of IR, was covered in tremendous detail. Among the recent innovations presented, Prof. Steven Rose introduced the novel concept of oncolytic viral therapy, in which viruses can be harnessed to target cancer cells.

Prof. Riccardo Lencioni emphasised the scope of interventional oncology, which encompasses more than 20 procedures, using a broad range of agents and mechanisms, and highlighted training requirements and the need for multidisciplinary cooperation.

Other popular sessions were those covering transcatheter embolisation, a field which is growing at a rapid pace, welcoming new embolics and devices, as well as new indications.

In keeping with the continually evolving nature of IR, this year’s congress offered more interactive case sessions, workshops and hot topics symposia than ever, and provided an ideal space to debate the specialty’s most controversial therapies.

The next CIRSE congress will take place in Barcelona, Spain on 14–18 September, 2013.

Further updates are available on the association’s website: www.cirse.org

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