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# ECIO 2014: Interventional Oncology Experts Gather in Berlin

The European Conference on Interventional Oncology (ECIO) takes place from 23-26 April 2014 at the Estrel Convention Center in Berlin, Germany.

As one of the most important events for professionals in the field of interventional oncology, the ECIO gives insight into new and innovative ways to diagnose and treat cancer ‚Äì a special focus will be put on the treatment of lung, kidney and liver cancer. With the use of image-guided interventional methods it is possible to avoid complicated operations under anaesthesia, reduce the length of hospital stays and precisely treat the disease, thus sparing healthy tissues. This means less complications and thus an increased quality of life for the patients.

HealthManagement spoke to Professor Dr. med. Philippe Pereira, Director, Clinic of Radiology, Minimally Invasive Therapies and Nuclear Medicine at SLK-Kliniken Heilbronn, Germany and member of the Scientific Programme Committee of ECIO.

***What are the most promising developments in interventional oncology?***
There are two: percutaneous ablation and chemoembolisation. In the last 15 years radiofrequency (RF) ablation has proved very effective. However, just in the last year microwave ablation has come to the fore. In short, microwave ablation is faster and hotter. For example, if RF ablation is used to treat a tumour of 3cm, the procedure takes an average of 30 minutes. Using microwave ablation the procedure takes an average of 3-8 minutes only. Microwave devices have been around for a while, but by definition the 3rd generation of devices are greatly improved. Thermoablation is very effective for primary and secondary liver tumours and lung tumours as well as for kidney cancers. Not every patient can be treated with these new techniques ‚Äì the size of the tumour is a very important parameter.

Chemoembolisation has greatly advanced. As a technique it has been used for 25 years, but in the last year new devices have come into use. These use even smaller particles (the smallest is 40 microgrammes). These have great potential, and large studies are underway. These very small particles penetrate very deep into the tumour, allowing complete devascularisation. The other advantage for medical oncologists is that these very small particles can be loaded with common chemotherapy drugs such as Irinotecan or Doxorubicin and applied directly to the tumour tissue, potentially having a bigger effect and with lower systemic effects. There are already large clinical trials taking place for chemoembolisation of liver cancer and one is planned for colorectal liver metastases. However, this treatment is unsuited to lung and kidney tumours.

***What are the financial implications of interventional oncology?***
Treatments are minimally invasive, so patients,Äô recovery time is shorter. Patients can be treated on a day case basis. This means patients stay in hospital for less time, and therefore reduces the overall cost.

ECIO welcomes not only interventional oncologists but also surgeons, medical oncologists and referring physicians to the congress. How important is this multidisciplinary collaboration in progressing the field of interventional oncology?
This is the most important point. We have to work together in oncology, which by definition is multidisciplinary. I can mention examples from my own clinic, where surgeons, oncologists, hepatologists and interventional oncologists work side by side. In one case of a patient with liver tumours, there were three metastases, which could not be treated completely surgically. Two metastases were resectioned and the third was ablated. The patient was then tumour free. Ablation spares the tissue so that the patient still has good liver function, and so could benefit from chemotherapy in the future. Another big advantage is that ablation can also be repeated, as long as the tumours are of limited size, emphasing the importance of follow-up images.

***What are you looking forward to at ECIO 2014?***
As interventional oncologists, we need to show what we can do with the latest treatments and techniques. Medical oncologists and surgeons are invited to this meeting for that very reason. There are so many cancers where we can combine minimally invasive therapy with surgery and chemotherapy. At this congress we can find out more about the latest therapies and discuss how we can work together and care for more patients with this interdisciplinary approach.

Published on : Sat, 19 Apr 2014