liver imaging workshops

April 19–20, 2012 | Porto/PT
November 8–9, 2012 | Athens/GR

www.esgar.org
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Date of printing: January 2012
INTRODUCTION

Liver imaging has evolved into one of the main fields of application in our discipline thanks to the impressive technological evolution of all modalities and the development of new contrast media in particular tissue specific agents.

The aim of the workshop is to provide a comprehensive coverage of all the main liver pathologies that will be presented by means of an integrated multimodality approach. Imaging findings will be analysed on the basis of their pathological correlations.

The format of the workshop will include formal lectures that have been assigned to expert colleagues able to thoroughly discuss each topic. Moreover, an interactive discussion on real clinical cases will be led – in additional “slots” – by the faculty members who will help to define the state-of-the-art in the diagnosis of liver diseases.

A specific aim of the workshop is to provide practical suggestions on how to manage the diagnostic work-up of liver diseases in the daily practice.

LEARNING OBJECTIVES

- To describe the most relevant technological advances of different modalities and contrast media applied to liver imaging
- To equip delegates with an improved understanding of segmental anatomy of the liver in order to share a standard radiological and surgical terminology
- To discuss the main liver pathologies based on structured multi-modality orientated lectures and interactive case presentations
- To give practical suggestions on the diagnostic work-up of liver diseases in the daily practice
- To understand the imaging features on the basis of pathological correlations
Registration

REGISTRATION

Please use the online registration system on the ESGAR website www.esgar.org.

REGISTRATION FEES:

Radiologists, Physicians
ESGAR Members.......................... € 400.00
Non Members............................. € 550.00

Radiologists in Training (Residents)
ESGAR Members.......................... € 250.00
Non Members............................. € 350.00

REGISTRATION FEE INCLUDES:

- access to lectures and interactive case discussions
- final programme/syllabus
- coffee breaks
- lunches or lunchbox
- certificate of attendance

The number of participants per workshop is limited and registrations will be accepted on a first come first served basis. Together with the registration payment is necessary.

Registrations as radiologist in training (Residents) must be accompanied by a confirmation of the head of the department confirming the status as Resident.

REGISTRATION DEADLINES

Registration Deadline for the Porto Workshop is **March 21, 2012**.

Registration Deadline for the Athens Workshop is **October 8, 2012**.

INSURANCE

Participants have the opportunity to take out insurance for the registration fee. This insurance applies in case of an unforeseen cancellation of participation in the ESGAR Liver Imaging Workshops and can be taken out together with the online registration. Details can be found on the ESGAR website.

ACCREDITATION

ESGAR, the European Society of Gastrointestinal and Abdominal Radiology is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activities for medical specialists. The EACCME is an institution of the UEMS (www.uems.net). The number of CME credits awarded to the 10th and 11th ESGAR Liver Imaging Workshop is pending and will be announced on the ESGAR website!
Porto
April 19-20, 2012
WORKSHOP ORGANISERS

Prof. Filipe Caseiro Alves  
Faculdade Medicina Coimbra  
Hospital da Universidade de Coimbra  
Department of Radiology  
Praceta Mota Pinto  
PT — 3030 Coimbra, Portugal  

Dr. Manuela Franca  
General Hospital Santo António  
Largo Prof. Abel Salazar  
PT — 4099-001 Porto, Portugal

ORGANISING SECRETARIAT

Central ESGAR Office  
Neutorgasse 9  
AT — 1010 Vienna, Austria  
Phone: +43 1 535 89 27  
Fax: +43 1 535 70 37  
E-Mail: office@esgar.org  
Website: www.esgar.org

WORKSHOP VENUE

„Centro Hospitalar do Porto  
Hospital de Santo António“  
Largo Prof. Abel Salazar  
PT — 4099-001 Porto, Portugal

WORKSHOP LANGUAGE

The workshop will be held in English.

HOTEL ACCOMMODATION

Special room rates at the 4* hotel „Eurostars Das Artes“ are available for participants of the ESGAR Liver Imaging Workshop. Please book early in order to ensure availability.

Daily room rates  
(incl. breakfast and VAT):  
⇒ Single Room € 70.00  
⇒ Twin Room € 79.00

Reservation can be done until one month prior to the event (March 18, 2012).  
For your room reservation and other hotel suggestions please visit the ESGAR website for further information.
PORTO, PORTUGAL

Porto is the second largest city in Portugal located along the river banks of the Douro River in northern Portugal. Porto is one of the oldest European cities, and is labelled as a World Heritage Site due to its history as a vital Roman outpost. Historically known for their export of wine, Porto has many cultural and historical attractions due to its long European history. Porto has numerous cathedrals and museums, most notably the Renaissance Church of Santa Clara and Porto Cathedral. Porto also has long strip of beaches and restaurants with Portuguese cuisines along the Douro River.

CURRENCY

The Euro (€) is the official currency in Portugal.

ELECTRICITY

230V/50Hz (European plug)

LANGUAGE

The official language is Portuguese.

TIMEZONE

GMT

HOW TO REACH PORTO

BY PLANE

Aeroporto do Porto or Aeroporto de Pedras Rubras is the third busiest airport in the country and is about 15 km from the city centre. Just outside of the airport is the AeroBus which takes you to Praça da Liberdade (city center) or will drop you off at the Pousada da Juventude. A taxi trip will cost approx. € 20.00. The Metro line connects the Airport to the city centre, offering a fast and peaceful ride into the heart of the city. At night, between 01:30 and 06:00, there is no regular connection, so using a taxi is the only possibility.

BY TRAIN

The city is served by two major train stations, the “São Bento” (Saint Benedict) station which is located in the city centre and the “Campanhã” station. Trains from and to Madrid and Paris are regular; other non-domestic destinations vary according to demand and time of year. Domestic trains are very frequent and usually on time.

PUBLIC TRANSPORT

Campanhã has the light railway and the suburban railway, both services connect to the central station of São Bento Station.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08:45</td>
<td>Registration</td>
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<tr>
<td>09:15</td>
<td>OPENING REMARKS</td>
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<td>IMAGING MODALITIES</td>
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<td>09:20</td>
<td>US technique including CEUS</td>
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<td>D.A. Clevert, Munich/DE</td>
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<td>09:45</td>
<td>MDCT of the Liver</td>
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<td>L. Guimaraes, Porto/PT</td>
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<td>10:10</td>
<td>Liver MRI: advanced techniques, DWI and hepatocyte-specific contrast agents</td>
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<td>L. Martí-Bonmatí, Valencia/ES</td>
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<td>10:35</td>
<td>Q&amp;A</td>
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<td>10:50</td>
<td>COFFEE BREAK</td>
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<td>11:20</td>
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<td>Functional anatomy of the liver and biliary tract: clinical implications</td>
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<td>L.H. Ros Mendoza, Zaragoza/ES</td>
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<td>11:55</td>
<td>Vascular diseases</td>
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<td>F. Caseiro Alves, Coimbra/PT</td>
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<td>Biliary diseases</td>
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<td>C. Matos, Brussels/BE</td>
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<td>Q&amp;A</td>
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<td>LUNCH</td>
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<td>13:45</td>
<td>NON-CIRRHOTIC LIVER</td>
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<td>13:45</td>
<td>Focal lesions in the non-cirrhotic liver</td>
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<td>C.J. Zech, Munich/DE</td>
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<td>14:10</td>
<td>Focal lesions too small to characterise: what to do?</td>
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<td>G. Brancatelli, Palermo/IT</td>
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<td>14:35</td>
<td>Imaging of metastases – diagnostic approach to the oncological patient</td>
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<td>S. Skehan, Dublin/IE</td>
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<td>15:00</td>
<td>Q&amp;A</td>
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<td>COFFEE BREAK</td>
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<td>15:30</td>
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<td>The incidental focal liver nodule</td>
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<td>F. Caseiro Alves, Coimbra/PT</td>
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<td>15:30</td>
<td>Liver Imaging: cases with dual energy CT</td>
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<td>L. Guimaraes, Porto/PT</td>
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<td>17:45</td>
<td>ADJOURN</td>
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DIFFUSE DISEASES AND HCC

08:30   Diffuse liver diseases
        L. Martí-Bonmatí, Valencia/ES

08:50   Diagnosis and staging of HCC: current guidelines
        C. Bartolozzi, Pisa/IT

09:15   Focal lesions in cirrhosis: not always HCC
        G. Brancatelli, Palermo/IT

09:35   Imaging in liver transplantation
        V. Vilgrain, Clichy/FR

10:00   Q&A

10:10   COFFEE BREAK

10:30   INTERACTIVE CASE DISCUSSIONS, 3 x 40MIN
How MRI can help to characterise a lesion in the cirrhotic liver
        G. Brancatelli, Palermo/IT
Differential diagnosis HCC – regenerative nodule
        C. Bartolozzi, Pisa/IT
Vascular diseases
        V. Vilgrain, Clichy/FR

12:45   LUNCH

ASSESSING TUMOUR RESPONSE

13:45   Evaluation of tumour response: RECIST and more
        S. Skehan, Dublin/IE

14:15   Tumour ablation: indications, results and F/U
        C. Bartolozzi, Pisa/IT

14:45   DCE MR-Perfusion in the liver: feasibility and potential benefits
        C.J. Zech, Munich/DE

15:05   COFFEE BREAK

15:30   INTERACTIVE CASE DISCUSSIONS, 3 x 40 MIN
CE-US: selected cases of focal liver lesions
        D.A. Clevert, Munich/DE
Liver Tumours: Assessment of treatment response
        S. Skehan, Dublin/IE
Biliary disease
        C. Matos, Brussels/BE

17:45   DISCUSSION OF QUIZ CASES
        F. Caseiro Alves, Coimbra/PT

18:00   ADJOURN
General Information

**WORKSHOP ORGANISER**
Dr. Charina Triantopoulou  
Konstantopoulos Agia Olga Hospital  
Radiology and CT Department  
Agias olgas 3-5  
GR — 14233 N.Ionia, Athens, Greece

**WORKSHOP VENUE**
Divani Caravel Hotel  
2, Vas. Alexandrou Avenue,  
GR — 16121 Athens, Greece

**FACULTY**
C. Bartolozzi, Pisa/IT  
G. Brancatelli, Palermo/IT  
F. Caseiro Alves, Coimbra/PT  
C. Dervenis, Athens/GR  
S. Efremidis, Ioannina/GR  
S. Gourtsoyianni, Athens/GR  
N. Gourtsoyiannis, Athens/GR  
C. Matos, Brussels/BE  
Y. Menu, Paris/FR  
N. Papanikolaou, Athens/GR  
P. Prassopoulos, Alexandroupolis/GR  
C. Stoupis, Maennedorf/CH  
C. Triantopoulou, Athens/GR  
V. Vilgrain, Clichy/FR  
S. Yarmenitis, Maroussi/GR

**ORGANISING SECRETARIAT**
Central ESGAR Office  
Neutorgasse 9  
AT — 1010 Vienna, Austria  
Phone: +43 1 535 89 27  
Fax: +43 1 535 70 37  
E-Mail: office@esgar.org  
Website: www.esgar.org

**WORKSHOP LANGUAGE**
The workshop will be held in English.

**HOTEL ACCOMMODATION**
Special room rates at the workshop hotel “Divani Caravel” are available for participants of the ESGAR Liver Imaging Workshop. Please book early in order to ensure availability.

Daily room rates  
(incl. American buffet breakfast, services and VAT):
- Single Room € 150.00  
- Double Room € 170.00

In order to secure space, reservation forms should be sent to the reservation department till September 25, 2012. For your room reservation please visit the ESGAR website for further information.
ATHENS, GREECE

Athens is the capital of Greece, with a population of 750,000. As the city where democracy was born and the most important civilization of the ancient world flourished, Athens is one of the world’s main centres of archaeological research. It lives on through some of the world’s most formidable edifices, with the Acropolis belonging to the Seven Wonders of the World. Today, a walk around the famous historic sites and the old neighbourhoods reveals the coexistence of different eras. Old mansions, luxurious department stores and small intimate shops, fancy restaurants and traditional taverns. All have their place in this city.

CURRENCY

The Euro (€) is the official currency in Greece.

ELECTRICITY

220V/50Hz (European plug)

LANGUAGE

The official language is Greek.

TIMEZONE

GMT +2

HOW TO REACH ATHENS

BY PLANE

The new Athens Eleftherios Venizelos International Airport 27 km east of the city centre, near the suburb of Spáta, opened in 2001 and is now an attractive and efficient major European airport. The airport has excellent public transit connections to the city. From the airport you can reach the city by metro, taxi, bus and suburban railway.

BY TRAIN

The national rail service, Trainose, connects Athens to other cities in Greece.

PUBLIC TRANSPORT

Public transport in Athens has improved by leaps and bounds in the last ten years. The simple ticket lets you travel on any means of transport — metro, suburban trains, trams, trolleybuses, buses — with unlimited transfers anywhere within Athens.
Thursday, November 8

08:30   Registration

09:00   OPENING REMARKS
        C. Triantopoulou, Athens/GR

09:05   KEY NOTE LECTURE
        What will be the challenges for abdominal imaging in the next decade?
        N. Gourtsoyiannis, Athens/GR

IMAGING MODALITIES

09:20   US technique including CEUS
        S. Yarmenitis, Maroussi/GR

09:45   MDCT of the liver
        C. Stoupis, Maennedorf/CH

10:10   Liver MRI: advanced techniques, DWI and hepatocyte-specific contrast agents
        S. Gourtsoyianni, Athens/GR

10:35   Q&A

10:45   COFFEE BREAK

VASCULAR AND BILIARY ANATOMY AND DISEASES

11:15   Functional anatomy of the liver and biliary tract: clinical implications
        F. Caseiro Alves, Coimbra/PT

11:45   Vascular diseases of the liver
        V. Vilgrain, Clichy/FR

12:15   Benign and malignant biliary diseases
        C. Matos, Brussels/BE

12:40   Q&A

12:50   LUNCH

INCIDENTAL LIVER LESIONS AND INFECTIONS

13:50   Acute hepatobiliary infections and complications
        P. Prassopoulos, Alexandroupolis/GR

14:15   Incidental liver lesions in non-cirrhotic liver
        C. Stoupis, Maennedorf/CH

14:40   The hypointense liver lesion on T2w MRI and what it means
        F. Caseiro Alves, Coimbra/PT

15:05   Q&A

15:15   COFFEE BREAK

15:30   INTERACTIVE CASE DISCUSSIONS, 3 X 40MIN

        The incidental focal liver nodule
        F. Caseiro Alves, Coimbra/PT
        Vascular diseases
        V. Vilgrain, Clichy/FR
        Biliary diseases
        C. Matos, Brussels/BE

17:45   ADJOURN
CIRRHOSIS AND HCC

08:30  From regenerative nodule to HCC  
S. Efremidis, Ioannina/GR

08:50  Diagnosis and staging of HCC: current guidelines  
C. Bartolozzi, Pisa/IT

09:10  Focal lesions in cirrhosis: not always HCC  
G. Brancatelli, Palermo/IT

09:30  Imaging in liver transplantation  
V. Vilgrain, Clichy/FR

09:50  Q&A

10:00  COFFEE BREAK

10:30  INTERACTIVE CASE DISCUSSIONS, 3 X 40MIN

How MRI can help to characterise a lesion in the cirrhotic liver  
G. Brancatelli, Palermo/IT

Differential diagnosis HCC – regenerative nodule  
C. Bartolozzi, Pisa/IT

CAD post processing of liver MRI  
N. Papanikolaou, Athens/GR

12:45  LUNCH

METASTATIC LIVER DISEASE

13:45  What the radiologist needs to learn from a liver surgeon  
C. Dervenis, Athens/GR

14:05  Liver metastases detection: DWI or hepatobiliary MRI or both?  
S. Gourtsoyianni, Athens/GR

14:25  Focal lesions too small to characterise: what to do?  
G. Brancatelli, Palermo/IT

14:45  Evaluation of tumour response: RECIST and more  
Y. Menu, Paris/FR

15:05  Q&A

15:15  COFFEE BREAK

15:45  INTERACTIVE CASE DISCUSSIONS, 3 X 40MIN

CE-US: selected cases of focal liver lesions  
S. Yarmenitis, Maroussi/GR

Evaluation of tumour response: RECIST and more  
Y. Menu, Paris/FR

How MRI can help to characterise a lesion in the non-cirrhotic liver  
S. Gourtsoyianni, Athens/GR

17:45  DISCUSSION OF QUIZ CASES

C. Triantopoulou, Athens/GR

18:15  ADJOURN
Primovist® 0.25 mmol/mL solution for injection.

Composition: 1 ml solution for injection contains 181.43 mg gadoteric acid, Gd-EOB DTPA disodium, equivalent to 0.25 mmol Gd-EOB-DTPA disodium. **Indications:** Primovist® is indicated for the detection of focal liver lesions and provides information on the character of lesions in T1-weighted magnetic resonance imaging (MRI). This medical product is for diagnostic use only. **Dosage and Administration:** Primovist is a ready-to-use aqueous solution to be administered undiluted as an intravenous bolus injection. The recommended dose of Primovist for adults is 0.1 ml/kg body weight Primovist.

**Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Undesirable effects:** During the clinical development phase the overall incidence of adverse reactions which were classified as related was below 5%. Most of the undesirable effects were transient and of mild to moderate intensity. No individual adverse reaction reached a frequency greater than 1/100. **Nervous system disorders:** Headache, dizziness, paresthesia, taste disturbance, vertigo, akathisia, tremor, paraesthesia. **Cardiac disorders:** Bundle branch block, palpitation. **Vascular disorders:** Flushing, hypertension. **Respiratory, thoracic and mediastinal disorders:** Dyspnea, respiratory distress. **Gastrointestinal disorders:** Vomiting, nausea, dry mouth, oral discomfort, salivary hypersecretion. **Skin and subcutaneous tissue disorders:** Rash, pruritus, maculopapular rash, hyperhidrosis. **General disorders and administration site conditions:** Chest pain, injection site reactions, feeling hot, chills, discomfort, fatigue, malaise, feeling abnormal. **Laboratory changes:** Elevation of serum bilirubin, elevation of creatinine, elevation of serum transaminases, decrease of serum proteins, leucocytosis, lymphocytosis, elevated LDH were reported in clinical trials. ECs were regularly monitored during clinical studies and transient prolongation of prothrombin time was observed in some patients without any associated adverse clinical events. In very rare cases anaphylactic reactions leading to shock may occur. **Precautions:** General information include exclusion of cardiac pacemakers and ferromagnetic implants. Diagnostic procedures that involve the use of contrast agents should be carried out under the direction of a physician with the prerequisite training and a thorough knowledge of the procedure to be performed. The patient should refrain from eating for two hours prior to examination to reduce the risk of aspiration, as nausea and vomiting are known possible adverse reactions. Whenever possible, the contrast agent should be administered with the patient lying down. After the injection, the patient should be kept under observation for at least 30 minutes, since experience with contrast media shows that the majority of undesirable effects occur within this time. Caution should be exercised in patients with severe renal impairment due to reduced elimination capacity of Gd-EOB-DTPA. Patients with renal impairment: There have been reports of Nephrogenic Systemic Fibrosis (NSF) associated with use of some gadolinium-containing contrast agents in patients with acute or chronic severe renal impairment (GFR <30 ml/min/1.73 m2) or acute renal insufficiency of any severity due to hepatitis, renal syndrome or in the perioperative liver transplantation period. As there is a possibility that NSF may occur with Primovist®, it should only be used in these patients after careful risk/benefit assessment and if the diagnostic information is essential and not available with non-contrast enhanced magnetic resonance imaging (MRI). All patients should be screened, in particular patients over the age of 65, for renal dysfunction by obtaining a history and/or laboratory tests. Haemodialysis shortly after Primovist® administration is recommended. If no haemodialysis is available, patients currently receiving haemodialysis may be useful at removing Primovist® from the body. There is no evidence to support the initiation of haemodialysis for prevention or treatment of NSF in patients not already undergoing haemodialysis. Caution should be exercised in patients with severe cardiovascular problems because only limited data are available so far. It cannot be excluded that Gd-EOB-DTPA may cause demise to patients whose renal function is in an individual patient. **Hypersensitivity** likes reactions, including shock, are known to be rare events after administration of gadolinium-based MRI contrast media. Patients with a history of allergic/allergic reactions or bronchial asthma might be at higher risk for severe reactions. Most of these reactions occur within half an hour after administration of contrast media. However, as with other contrast media, delayed reactions may occur after hours to days in rare cases. Adequate measures for resuscitation should be made readily available prior to administration of contrast agents. Hypersensitivity reactions can be more intense in patients on beta-blockers, particularly in the presence of bronchial asthma. It should be considered that patients on beta-blockers may be refractory to standard treatment of hyperviscosity reactions with beta-agonists. If hypersensitivity reactions occur, injection of the contrast medium must be discontinued immediately. Local intolerance intramuscular administration may cause local intolerance reactions including focal necrosis and should therefore be strictly avoided. Date of preparation: October 2007. Please note! For current prescribing information refer to the package insert and/or contact your local Bayer HealthCare organisation. Bayer Pharma AG, 13342 Berlin, Germany. Adverse reactions can be reported to GPV.CaseProcessing@bayerhealthcare.com.