ESGAR 2011

VENICE / IT

PRELIMINARY PROGRAMME
MAY 21 – 24

22ND ANNUAL MEETING AND POSTGRADUATE COURSE
What inspired our iCT innovation?
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What inspired our iCT innovation? The healthcare needs of over 6.7 billion people. Disease doesn't discriminate so the Philips Brilliance iCT doesn't either. Capture crisp images from all over the body, from underweight infants to overweight adults. Be confident that you are caring for patients with the quality they deserve – a low dose without sacrificing image quality. Visit us at www.philips.com/CT or call 1-800-229-6417.

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VENUE
Venice Convention Centre
Venice Lido
Lungomare Marconi 30
IT – 30126 Venice, Italy

IMPORTANT DATES 2010/2011

<table>
<thead>
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<th>Event</th>
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<tr>
<td>Abstract submission opens</td>
<td>September 27, 2010</td>
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<td>Abstract submission deadline ORAL Presentations</td>
<td>December 15, 2010</td>
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CME
The European Society of Gastrointestinal and Abdominal Radiology, ESGAR, is accredited by the European Accreditation Council for Continuing Medical Education (EACCME). The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.be.

Accreditation for ESGAR 2011 has been requested from the UEMS and the number of credit hours of European external CME credits will be announced in the final programme.
ESGAR EXECUTIVE COMMITTEE

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JOINT SESSIONS

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Sense and Simplicity
Dear Colleagues and Friends,

It is my honour and pleasure to invite you to attend the 22nd Annual Meeting of the European Society of Gastrointestinal and Abdominal Radiology (ESGAR), scheduled to take place from May 21 – 24, 2011 on the Lido of Venice, Italy.

The annual ESGAR meetings are a successful story, which lasts for more than 20 years already and which shows an increasing number of attendees every year, with more than 1000 participants in our last meetings in Florence, Crete, Lisbon, Istanbul, Valencia and Dresden.

With no doubt the main reasons of this success story are the high quality of the educational and scientific programme together with the excellent performance of the speakers and moderators that are among the most involved in education and research in Europe and in the rest of the world. A smooth organisation, thanks to a close cooperation between the Local Organising Committee and the Central ESGAR Office in Vienna, will contribute to another outstanding meeting in 2011.

The 2011 Postgraduate Course will cover “Imaging and intervention of pancreatic diseases”. Seven years after the Meeting in Geneva (2004), where the Postgraduate Course was dedicated to pancreatic imaging and intervention, it is time to re-evaluate the role of emergent and consolidated imaging techniques and intervention in the pancreatic diseases. The course has been structured in four main topics dedicated to “Improvements in imaging techniques”, “Acute and chronic inflammation”, “Solid tumours” and “Cystic lesions”. The most important radiologists and clinicians will be involved in discussing the setting of the imaging of pancreatic diseases with special emphasis on emergent clinical techniques (CEUS; DWI; perfusion). Also clinical issues, important for a correct management of many pancreatic lesions, will be covered.

The scientific and educational programme will follow the successful concept of Lecture sessions, Research Corners, Clinical Files (interactive case discussion), Foundation Courses, Interventional sessions, Lunch Symposia, Workshops, Scientific Sessions, Cases of the Day and electronic poster presentations.

So don’t miss the opportunity to participate in the most complete and up-to-date meeting on gastrointestinal radiology in 2011, not only by attending the meeting but also by submitting scientific papers and posters to be part of this unique faculty. This year there is a novelty with regards to the abstract submission which opens on September 27, 2010. There will be two submission deadlines – one for Oral Presentations on December 15, 2010 and one for Poster Presentations on January 24, 2011. You can find details in the Programme and on the ESGAR website. We look forward to receiving numerous submissions for presentation at ESGAR 2011.

Moreover, don’t forget that this meeting will be held on the Lido of Venice.

Venice, already known as “La Serenissima Repubblica”, has been described as “undoubtedly the most beautiful city built by men”. It stretches across 118 small islands in the marshy Venetian Lagoon. During its long lasting history (starting from about 500 a.C.), Venice has always been a leading centre in all human fields, from economics to art. This resulted in an incredible accumulation of sights in a single city: more than 120 Churches, each a masterpiece of architecture, more than 30 museums, 354 bridges, with every single canal flowing slowly in a unique environment that makes Venice Europe’s largest urban car free area. Although its worldwide recognition as one of the most important cultural and artistic places, if you avoid the most touristic zones, you will breath the atmosphere of ancient Venice, with its silence and beautiful small streets (“calle”) where people walk in a timeless way, in a rhythm that is more similar to old centuries than to our rushed life.

The friendly setting of this ESGAR meeting in the unique city of Venice will make the exchange of experience smooth, easy and pleasant.

I hope to welcome you to ESGAR 2011 in Venice.

Dr. Giovanni Morana
Meeting President, ESGAR 2011
This new format within the existing scientific programme workshops, lecture sections, scientific papers and posters, always been an integral part of Annual ESGAR Meetings, with gastrointestinal interventions. Interventional radiology has to meet the increasing demand for abdominal and gastrointestinal knowledge will be from residents to senior radiologists. In the Foundation Course, abdominal and gastrointestinal radiology for all registrants. In the Foundation Course, which was successfully held during the last five Annual Meetings will be repeated with different topics at ESGAR 2011. As its name implies, the Foundation Course is designed to provide fundamental information about abdominal and gastrointestinal radiology for all registrants from residents to senior radiologists. In the Foundation Course, gastrointestinal and abdominal radiological knowledge will be complemented with that of medical, surgical and pathologic information to provide a complete overview of gastrointestinal diseases and their management.

FOUNDATION COURSE

This educational feature, which was successfully held during ESGAR 2009 is designed to meet the increasing demand for abdominal and gastrointestinal interventions. Interventional radiology has always been an integral part of Annual ESGAR Meetings, with workshops, lecture sections, scientific papers and posters. This new format within the existing scientific programme entitled, “Intervention – a practical approach”, aims to provide an interactive forum for classroom discussion. From Sunday to Tuesday, a daily session led by three experts will be devoted to practical issues in interventional radiology from basic to advanced knowledge and skills. The purpose of this format is to encourage expert interaction with a small group of abdominal and gastrointestinal radiologists and to allow ample time for discussion of useful tips and tricks.

LECTURE SESSIONS

All lecture sessions are dedicated to a special area of interest with defined lecture objectives to ensure integration and avoid overlap. Sessions are designed not only to describe modalities for imaging and therapy, but also to stress clinical relevance and outcomes. Discussion will be facilitated.

JOINT SESSIONS

A new feature of ESGAR 2011 are the Joint Sessions. Three Lecture Sessions (LS1, LS3 and LS5) are held in conjunction with the ESUR (European Society of Urogenital Radiology), the SIRM (Società Italiana di Radiologia Medica) and the ESDO (European Society of Digestive Oncology) respectively.

LUNCH SYMPOSIA

From Saturday to Tuesday at lunchtime, symposia will be held in collaboration with industrial companies and corporate partners. The subjects of these symposia will include a variety of “hot topics” concerning the ongoing development in some major fields of abdominal diagnostic and interventional radiology.

POSTGRADUATE COURSE

“IMAGING AND INTERVENTION OF PANCREATIC DISEASES”

The Postgraduate Course takes place on the first day of the meeting and will cover the state-of-the-art approaches to imaging and intervention of pancreatic diseases. This course is a tribute to Carlo Procacci for his outstanding scientific contributions in pancreatic imaging. He achieved all great advancements in his career at the University of Verona. His studies and publications are a fundamental reference in the area of cystic tumours of the pancreas. The course is structured into four main sessions dedicated to “Improvements in imaging techniques”, “Acute and chronic inflammation”, “Solid tumours” and “Cystic lesions”. Speakers will provide a comprehensive and practical guide of how to deal with the most common pancreatic diseases. A panel discussion following each session will give the audience the chance to discuss topical issues with the experts.

ABBREVIATIONS

The following abbreviations are used in the programme:

- HL: Honorary Lecture
- IR: Interventional Radiology
- LS: Lecture Session
- PG: Postgraduate Course
- PS: Plenary Session
- RC: Research Corner
- WS: Workshop
The Research Corner, successfully introduced at ESGAR 2008, is designed to illustrate and promote aspects of radiological research in the field of abdominal imaging in Europe. Research is currently performed in a broad and variable way, ranging from individual endeavours to large multi-centre trials and from non-funded to competitive large-scale grants. The main goal of the Research Corner is to provide a discussion forum to allow senior academic radiologists to interact with junior researchers at an early stage of their career development as well as a networking forum for researchers with common interests. It aims at improving the quality of research in abdominal diagnostic and interventional radiology across Europe.

In 2011 the Research Corner will address the hot topics “Quantification of biomarkers” and “Evaluating the elastic properties of liver lesions”. In these 90 minutes sessions, the main areas of experimental abdominal imaging will be interactively discussed with the main experts on the specific topics.

The first topic on Imaging Biomarkers will focus on the different steps that must be taken into consideration when working with imaging measurements. Specifically, pre-processing (through denoising and registration), processing (defining how reproducibility and precision can be measured) and post-processing (evaluating the different ways to measure calculated variables) tools will be evaluated. The second session deals with the evaluation of liver lesions’ elastic properties. In this session, the principles of elastic properties of tissues will be discussed and correlated with the different pathologic findings. Also, the US Acoustic Radiation Force Impulse and MR Elastography will be introduced and commented in their use as a diagnostic tool in focal liver lesions.

The continuously evolving interface between basic sciences and clinical radiology is of crucial importance to the future of abdominal imaging. The Research Corner will show how research projects may be developed and presented and how results may be obtained, validated and published.

SCIENTIFIC EXHIBITS – Electronic Poster Exhibition

All scientific and educational exhibits (posters) at ESGAR 2011 will be displayed in Electronic Poster format. The Electronic Poster System allows registrants to submit their exhibits online, to view them in the conference centre and send selected material to participants’ individual e-mail addresses for easy referencing. The uploading and displaying of media files, such as images, tables and graphs and also the inclusion of video clips, PowerPoint slides, Flash or Director Shockwave animations in the presentation is possible as well. Following successful submission and acceptance of an abstract, the author will receive detailed information and deadlines for uploading the scientific material into the Electronic Poster database. The scientific and educational posters displayed at ESGAR 2011 in the Electronic Poster Exhibition will be included in the permanent ESGAR/ECR online poster database after the meeting (subject to authors’ confirmation).

SCIENTIFIC SESSIONS

Researchers will present original proffered papers on new and original aspects of abdominal imaging and intervention. Selected papers will be gathered into sessions, each dealing with a homogenous topic. Time for discussion between researchers and attendees will be available after each presentation (Please refer to “Abstract Submission” on the following page).

WORKSHOPS

ESGAR 2011 continues a project to enhance the educational impact of workshops. Throughout the meeting, different workshops will be offered to the registrants. Parallel workshops will be delivered in the traditional format early in the morning, but in 2011 there will be additional workshops in the late morning and/or afternoon. When registering for the meeting, please do not forget to also choose the workshop you wish to attend. You can amend your workshop choice until the meeting but places will be assigned on a first come first served basis. We kindly ask you to attend the workshops you have signed in for or to withdraw your enrolment so that other participants have the opportunity to take part in the respective workshop.

For details on the various workshops that will be offered during ESGAR 2011 please refer to page 35.
The ESGAR Programme Committee invites submissions of abstracts of scientific and educational presentations for ESGAR 2011. Selected abstracts will be accepted for oral presentations (6 minutes speaking time, 2 minutes discussion) and for electronic poster presentations.

**ABSTRACT SUBMISSION**
The submission of abstracts (by Internet only) will be possible from September 27, 2010 to December 15, 2010 for oral presentations and to January 24, 2011 for scientific/educational exhibits. Late submissions cannot be accepted.

The abstract submission system, together with full instructions and guidelines can be accessed via a link on the ESGAR website www.esgar.org.

**Scientific abstracts** (oral and scientific e-Poster presentations) must be structured as follows: Purpose – Materials and Methods – Results – Conclusion

**Educational e-Poster abstracts** must be structured as follows: Learning objectives – Background – Imaging Findings or Procedure Details – Conclusion

Abstracts longer than 225 words will not be accepted by the system.

Projects can only be submitted in one presentation category. Posters already on the e-Poster database may not be re-submitted to ESGAR. Accepted scientific oral presentations will be published online in a supplement to “Insights into Imaging”. Details will be made available in the online abstract submission system.

**ESGAR ABSTRACT REVIEW AND GRADING**
The Programme Committee recognises that the ESGAR scientific programme has been the equal of any other radiology programme in the past but wishes to improve it further. Most diagnostic radiology research presented at ESGAR comprises evaluation of the technical and diagnostic performance of imaging methods and pictorial essays/adiologic-pathologic correlation. Interventional radiology research is also presented. A large panel of sub-specialist expert radiologists will grade submitted abstracts within their area of expertise. While expert opinion is crucial, objective criteria have also been formulated to help reviewers identify the best-designed and strongest studies as well as the best analysed data in these categories.

Abstracts were scored out of a maximum of 10 points. Most accepted abstracts scored from 4.5 to 9.0 points. Abstracts that scored less than 3.5 were unlikely to be accepted. In 2010, 31.7% of oral and scientific exhibition (e-Poster) abstracts were rejected. When the abstract submission system opens, a link will be provided to “ESGAR 2011 Instructions to Reviewers”. This link will enable abstract writers to read the “Guidelines for Abstract Reviewers”, where the objective criteria that will be used for abstract scoring are explained. Simple spreadsheet calculators can be downloaded by authors to help them prepare their results by a link to “Tips for better abstract writing”. These will facilitate the calculation of basic statistical indices (sensitivity, specificity, predictive values, confidence intervals etc.) from raw data. We suggest that you use these resources during study design, data analysis and abstract writing between September and December/January to improve your chances of acceptance. You can also use the online “Guidelines for Abstract Reviewers” to calculate a likely score for your work. Doing this will help you to improve scientific abstracts, maximising both your chances of acceptance for ESGAR 2011 and (we hope) the final chance of publication and impact of your hard work. Submitted abstracts can be edited directly on the Internet until the deadline.

**NOTIFICATION OF ACCEPTANCE**
Presenters will receive the notifications of acceptance by e-mail by mid-January 2011 for oral presentation submissions and by mid-February for scientific/educational exhibits. Detailed guidelines for oral presentations and e-Poster presentations will be published on the ESGAR website at that time. Authors with accepted abstracts for scientific exhibits will receive a link to the e-Poster system by e-mail, enabling them to upload their e-Poster presentation prior to the meeting.

If you wish to withdraw your submission after having confirmed your acceptance, inform the Central ESGAR Office in writing (e-mail, fax) immediately.

**AUDIO VISUAL SERVICES (AVS)**
Only data projection will be provided for oral presentations. Presentations must be prepared using PowerPoint for PC. Macintosh presentations must be saved in PC format. Speakers must deliver their presentation to the Preview Centre on a separate, labelled CD-ROM or USB stick (ZIP disks are not accepted). Speakers are responsible for testing their presentation for compatibility at the meeting, before handing it in. Further details will be made available together with the notification of acceptance.

**ESGAR TOP 20**
The best 20 abstracts, submitted by residents, who appear as the first author on the respective abstract and who will actually present their paper during the meeting, form the “ESGAR Top 20”. Authors will receive a diploma, confirming that their abstracts have received the best ratings among other abstracts submitted. ESGAR Top 20 authors can be recognised by a special badge during the meeting.

**POSTER PRIZES**
The best ESGAR e-Poster presentations will be awarded a diploma. There will be one Magna Cum Laude, two Cum Laude and seven Certificates of Merit. The evaluation will be performed by a committee before the meeting and the awarded presentations will be flagged as such in the e-Poster System on site. Evaluation will be based on novelty, accuracy, educational value and design.
TELEBRIX GASTRO (300 mg l/mL), solution for oral or rectal administration. QUALITATIVE AND QUANTITATIVE COMPOSITION: for 100 mL of solution: Meglumine ioxitalamate 66.03 g. Equivalent to iodine 30 g. Iodine content per mL: 300 mg Iodine mass per 50 mL bottle: 15 g Iodine mass per 100 mL bottle: 30 g. List of excipients: meglumine, sodium calcium edetate, sodium dihydrogen phosphate dihydrate, disodium phosphate dodecahydrate, saccharin sodium, citrus flavour, purified water. PHARMACEUTICAL FORM: Solution for oral or rectal administration. CLINICAL PARTICULARS: Therapeutic indications: contrast medium for radiological examination of gastro-intestinal tract, using conventional radiography or computed tomography equipment, gastro-duodenal radiography, radiopaque enema, particularly if barium is contraindicated. Posology and method of administration: The doses must be adapted to the examination and the regions to be investigated, as well as to the body weight of the subject, particularly in children. Conventional radiology: oral route, in adults 200 mL of product diluted with 250 mL water, in children 40 mL of product diluted with 10 mL water. Rectal route, in adults 400 mL of product diluted with 400 mL water, in children 30 mL to 150 mL of undiluted product. Computed tomography: 50 mL diluted with 950 mL water. Contra-indications: this product MUST NOT BE INJECTED. Special Warnings: any iodinated contrast medium may cause minor or major reactions that may be life-threatening. They may be immediate (less than 60 minutes) or delayed (up to 7 days). They are often unpredictable. The risk of major reaction requires the immediate availability of the means necessary for emergency resuscitation. Prior to administration of an iodinated contrast medium, it must be assured that the patient is not to undergo a scintigraphic or biological exploration of the thyroid, or administration of radioactive iodine treatment. Administration of contrast medium, regardless of the route, disrupts hormone assays and iodine fixation by the thyroid or thyroid cancer metastases until normalisation of urine iodine levels. Precautions for use: Intolerance to iodinated contrast media. Prior to the examination: identify subjects at risk via specific questioning concerning history. The preventive measures to be taken are as follows: identify high risk patients: dehydrated patients, patients with renal failure, diabetes, severe heart failure, monoclonal gammapathy (multiple myeloma, Waldenström’s disease), or in history of renal failure following administration of iodinated contrast media, children under one year and atheromatous elderly subjects. Initiate appropriate hydration by fluid and sodium solution where required. Warnings: if the gastro-intestinal mucosa is normal, systemic diffusion of the iodinated contrast medium is, in principle, not important enough to lead to dose-dependent systemic effects. The same does not apply if the mucosa is altered, and there is a risk of undesirable effects is similar to the risk observed in case of systemic administration. A slight systemic diffusion does not rule out any allergic reaction. PHARMACOLOGICAL PROPERTIES: pharmacodynamic properties: pharmacotherapeutic group: IODINATED CONTRAST MEDIUM (V: miscellaneous) ATC Code: V08AA05 GASTROINTESTINAL IODINATED CONTRAST AGENT: Contrast enhancement in the gastrointestinal tract. Pharmacokinetic properties: oral or rectal administration normally results in very limited systemic diffusion. If the intestinal mucosa is normal, less than 5% of the administered dose is found in urine and the rest is eliminated in faeces. On the other hand if the mucosa is damaged, absorption is increased. In the event of perforation, it is total and rapid, with diffusion into the peritoneal cavity, and the product is eliminated in urine. Preclinical safety data: acute toxicity (inhalation): solubility in body fluids (safety data): with oral use (negligible systemic exposure), preclinical data showed no particular risk for humans based on the basis of conventional toxicity studies. With intravenous use (systemic exposure), effects were only observed in animals at doses that were well above the maximum exposure in humans, and consequently have little clinical significance. PHARMACEUTICAL DATA: incompatibilities in the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products. Shelf life: 3 years. Special precautions for storage: this medicinal product does not require any special storage conditions. Nature and contents of container: Glass bottle 50 and 100 mL vials. Special precautions for disposal and other handling: any unused product or waste material should be disposed of in accordance with local requirements. MARKETING AUTHORISATION HOLDER: GUERBET BP 57400, 95943 Roissy CDG Cedex, France. MARKETING AUTHORISATION NUMBER(S): 34009 327 480 9: 50 mL vial, 34009 327 481 5: 100 mL vial. www.guerbet.com DATE OF APPROVAL/revision: 2010.
Today, thanks to breakthrough ASiR™* technology from GE, clinicians have the freedom to lower patient dose dramatically without compromising image quality. ASiR delivers the high-quality images they need to diagnose with confidence — and only GE has it. Learn more at gehealthcare.com/lowdoseCT
<table>
<thead>
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<th>Sunday, May 22</th>
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Evening | ESGAR Evening | Faculty Dinner | Free
09:00 – 10:30 PG 1 IMPROVEMENTS IN IMAGING TECHNIQUES

Moderators: G. Morana, Treviso/IT; F. Caseiro-Alves, Coimbra/PT

09:00 US/CEUS
G.H. Mostbeck, Vienna/AT

Lecture Objectives:
To describe the current role and new applications of US in the pancreas. To illustrate the place of CEUS, elastography and “virtual touch” techniques and their application in modern pancreatic imaging. To discuss how these new techniques can be used to optimise diagnostic accuracy.

09:20 MDCT
A. Graser, Munich/DE

Lecture Objectives:
To describe the current role and new applications of MDCT in the pancreas. To illustrate the place of dual energy and perfusion techniques and their application in modern pancreatic imaging. To discuss how these new techniques can be used to optimise diagnostic accuracy.

09:40 MRI
C. Matos, Brussels/BE

Lecture Objectives:
To describe the current role and new applications of MRI in the pancreas. To illustrate the place of DWI, secretin and perfusion techniques and their application in modern pancreatic imaging. To discuss how these new techniques can be used to optimise diagnostic accuracy.

10:00 PET/CT
S. Skehan, Dublin/IE

Lecture Objectives:
To discuss the current place and limitations of PET-CT in modern pancreatic imaging. To illustrate the key images to help imaging interpretation. To discuss how these new techniques can be used to optimise diagnostic accuracy.

10:20 PANEL DISCUSSION
11:00 – 12:30 PG 2

ACUTE AND CHRONIC INFLAMMATION

Moderators: B. Marincek, Zurich/CH; P. Prassopoulos, Alexandroupolis/GR

11:00 FROM ACUTE TO RECURRENT TO CHRONIC PANCREATITIS:
CLINICAL SCENARIO AND THE NEED FOR IMAGING
L. Frulloni, Verona/IT

Learning Objectives:
To discuss the relevant clinical scenarios in the management of severe acute pancreatitis which impact on imaging. To describe the common causes and natural history of recurrent pancreatitis. To review the modern classification of chronic pancreatitis and emphasise relevance to the imaging request.

11:15 STAGING AND PROGNOSIS IN PATIENTS WITH ACUTE Pancreatitis
C. Triantopoulou, Athens/GR

Learning Objectives:
To explain the role of different imaging modalities in the staging of patients with acute pancreatitis. To illustrate relevant imaging findings which impact on prognosis. To discuss the role of imaging for the assessment of complications in patients with severe acute pancreatitis.

11:35 IMAGING OF CHRONIC Pancreatitis: CLASSIFICATION AND QUANTIFICATION
M. Sheridan, Leeds/UK

Learning Objectives:
To illustrate relevant imaging features in the classification of patients with chronic pancreatitis. To describe the differential diagnosis of rarer causes, such as autoimmune pancreatitis, groove pancreatitis and genetic forms. To discuss the value of functional tests (DWI and secretin) in the management of patients with recurrent and chronic pancreatitis.

11:55 INTERVENTIONAL RADIOLOGY OF INFLAMMATORY Pancreatic Diseases
C.D. Becker, Geneva/CH

Learning Objectives:
To illustrate the different techniques used by the Interventional Radiologist in patients with acute pancreatitis. To describe when interventional radiology is indicated and summarise results, complications and follow up. To discuss how interventional techniques can complement the multidisciplinary management of patients.

12:10 PANEL DISCUSSION
14:30 – 16:00 PG 3

SOLID TUMOURS

Moderators: S. Jackson, Plymouth/UK; M. Laniado, Dresden/DE

14:30

IMAGING OF SOLID TUMOURS: EARLY SIGNS, ATYPICAL FINDINGS AND DIFFERENTIAL DIAGNOSIS

M. Zins, Paris/FR

Learning Objectives:
To illustrate the differential diagnosis of solid pancreatic tumours including ductal adenocarcinoma, endocrine tumour and other rare solid tumours. To describe the early radiological signs and atypical imaging features of ductal adenocarcinoma. To discuss differentiation between malignant and inflammatory aetiologies (focal chronic pancreatitis, autoimmune pancreatitis, groove pancreatitis).

14:50

STAGING: SURGICAL QUESTIONS AND RADIOLOGICAL ANSWERS (1)

C. Bassi, Verona/IT

Learning Objectives:
To describe what information the surgeon requires from radiology in the management of patients with a solid pancreatic tumour. To illustrate the strategy of surgery in borderline resectable lesions including downstaging issues. To explain the role of additional diagnostic techniques for surgical planning.

15:05

STAGING: SURGICAL QUESTIONS AND RADIOLOGICAL ANSWERS (2)

R. Manfredi, Verona/IT

Learning Objectives:
To illustrate the relevant imaging findings in the staging of patients with a solid pancreatic tumour. To discuss optimal imaging algorithms and the complementary role of cross-sectional imaging techniques. To emphasise the role of radiology in borderline resectable lesions.

15:20

FOLLOW UP OF TREATMENT

W. Schima, Vienna/AT

Learning Objectives:
To illustrate the normal range of post treatment appearances. To review the relevant criteria for tumour response and/or recurrence. To describe the complementary role of multimodality imaging techniques.

15:40

PANEL DISCUSSION
16:30 – 17:30  PG 4  CYSTIC LESIONS
Moderators: Y. Menu, Paris/FR; A.S. Roberts, Cardiff/UK

16:30  IMAGING OF IPMN
J.-H. Lim, Seoul/KR

Learning Objectives:
To review the classification of IPMN and its impact on patient prognosis. To illustrate the typical and atypical radiological features of IPMN. To emphasise the role of multimodality imaging techniques in the diagnosis of IPMN and describe how radiology can influence subsequent surgical management.

16:50  IMAGING OF CYSTIC LESIONS
R. Pozzi Mucelli, Verona/IT

Learning Objectives:
To illustrate the typical and atypical features of serous and mucinous neoplasms as well as rarer tumours (excluding IPMN). To discriminate between cystic neoplasms and pseudocysts. To review the differential diagnosis and emphasise the role of multimodality imaging in patient management.

17:10  MULTIDISCIPLINARY DISCUSSION:
SURGEON, GASTROENTEROLOGIST, RADIOLOGIST
C. Bassi, Verona/IT
L. Frulloni, Verona/IT
J.-H. Lim, Seoul/KR
Y. Menu, Paris/FR
R. Pozzi Mucelli, Verona/IT
A.S. Roberts, Cardiff/UK

17:30 – 18:30  PS 1  OPENING OF ESGAR 2011

HL 1  ESGAR HONORARY LECTURE – A TRIBUTE TO CARLO PROCACCI
CLINICAL SIGNIFICANCE AND MANAGEMENT OF SMALL CYSTIC LESIONS OF THE PANCREAS
A.J. Megibow, New York/US

18:30  WELCOME RECEPTION
09:00 – 10:30 LS 1  JOINT SESSION
ESUR (European Society of Urogenital Radiology) & ESGAR:
CLINICAL APPLICATIONS OF DWI
Moderators: Y. Menu, Paris/FR; B. Hamm, Berlin/DE

09:00  UROGENITAL TRACT:
H.C. Thoeny, Bern/CH

Lecture Objectives:
To understand the technical requirements to successfully perform DWI in the urogenital tract. To discuss potential applications of DWI in the urogenital tract. To illustrate the need of biexponential fitting in diffuse renal disease.

09:20  LIVER
S. Gourtsoyianni, Heraklion/GR

Lecture Objectives:
To define how DWI should be tailored to the evaluation of both diffuse and focal liver lesions. To show how qualitative and quantitative approaches should be performed in clinical DWI. To illustrate representative cases where DWI has a clear diagnostic advantage.

09:40  KIDNEY TUMOURS AND ADRENAL GLANDS
G. Heinz-Peer, Vienna/AT

Lecture Objectives:
To provide an overview on basic physics background on DWI applied to kidneys and adrenals. To define the role of DWI in characterisation of renal and adrenal lesions. To discuss the relationship between ADC values of the kidney and eGFR.

10:00  BOWEL
S.H. Kim, Seoul/KR

Lecture Objectives:
To define the different technical approaches to properly acquire DWI images. To explain the role of DWI in inflammatory small bowel disease. To discuss the evidence of DWI for rectal tumours.

10:20  PANEL DISCUSSION
09:00 – 10:30 LS 2  “BURNING QUESTIONS” IN CT-COLONOGRAPHY
Moderators: H. Fenlon, Dublin/IE; T. Mang, Vienna/AT

09:00  DOES CTC HAVE A VALUE IN SYMPTOMATIC PATIENTS?
S.A. Taylor, London/UK

Lecture Objectives:
To define the symptomatic patient in terms of risk. To review the accuracy of CTC in symptomatic patients. To compare the added value of CTC with other imaging modalities.

09:15  HOW TO MANAGE SMALL AND MEDIUM-SIZED POLYPS?
P.J. Pickhardt, Madison/US

Lecture Objectives:
To review the literature regarding prevalence of advanced adenomas and cancer in small and medium-sized polyps. To describe the pros and cons of polypectomy versus surveillance of small and medium-sized polyps.

09:30  WHAT IS THE SIGNIFICANCE OF A FLAT LESION AND CAN CTC DETECT IT?
A. Laghi, Latina/IT

Lecture Objectives:
To review the Paris classification of flat lesions. To present data regarding prevalence and clinical significance of flat lesions. To detail the accuracy of CTC for detection.

09:45  EXTRA-COLONIC FINDINGS: FRIEND OR FOE?
S. Halligan, London/UK

Lecture Objectives:
To review the literature regarding prevalence of extra-colonic findings during CTC studies. To present the medical and economic impact of extra-colonic findings.

10:00  PANEL DISCUSSION
09:00 – 10:30 IR 1  LIVER EMBOLOTHERAPY – CURRENT STATUS  
*Moderators: S. Efremidis, Ioannina/GR; S. Terraz, Geneva/CH*

09:00  CHOICE OF AGENT – WHICH TECHNIQUE AND WHY?  
*T. De Baere, Villejuif/FR*

**Lecture Objectives:**
To discuss relevant anatomical, technical and disease related considerations which impact on the choice of embolic agent used during embolotherapy. To emphasise relevant tips and tricks leading to optimal patient outcome.

09:20  CURRENT AND EMERGING TECHNIQUES – RESULTS  
*J.J. Martinez Rodrigo, Valencia/ES*

**Lecture Objectives:**
To summarise the current results of various embolotherapy techniques including potential complications. To discuss how these results impact on patient care.

09:40  POST PROCEDURE FOLLOW-UP STRATEGIES  
*B. Op de Beeck, Edegem/BE*

**Lecture Objectives:**
To review the various imaging modalities used for procedure follow-up. To emphasise the criteria indicative if tumour progression/response. To discuss optimised imaging strategies including the varied post procedure imaging appearances.

10:00  PANEL DISCUSSION

14:30 – 15:00 PS 2  UEGF LECTURE – STRENGTHENING THE MULTIDISCIPLINARY VOICE OF EUROPEAN GASTROENTEROLOGY  
*R. Hultcrantz, Stockholm/SE*

15:00 – 16:00 PS 3  CLINICAL FILES 1 – ONCOLOGIC FOLLOW-UP: COMPLICATION, SEQUELAE OR RECURRENCE?  
*Moderator: C. Stoupis, Männedorf/CH*

**Panellists:**
G. Zamboni, Verona/IT  
V. Vandecaveye, Leuven/BE  
P. Wylie, London/UK
**JOINT SESSION**
**SIRM (Società Italiana di Radiologia Medica) & ESGAR:**
**ADVANCES AND CHALLENGES IN ABDOMINAL EMERGENCIES**
Moderators: A. Giovagnoni, Ancona/IT; Y. Menu, Paris/FR

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**16:30**
**ACUTE ARTERIAL, VENOUS AND NONOCCLUSIVE MESENTERIC ISCHEMIA: CT FINDINGS**
M.A. Mazzei, Siena/IT

Learning Objectives:
To review the causes of acute arterial, venous and non occlusive mesenteric ischemia. To illustrate the changes at CT according to temporal evolution in patients with mesenteric ischemia. To highlight how the information provided can impact on the management of the patient. To give useful hints in order to reach an early diagnosis.

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**16:50**
**SMALL BOWEL OBSTRUCTION: CRITICAL IMAGING ISSUES**
V. Miele, Roma/IT

Learning Objectives:
To review the causes of small bowel obstruction. To illustrate how to find the level of obstruction. To suggest how to differentiate simple mechanical obstruction from early vascular involvement.

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**17:10**
**ABDOMINAL AND VASCULAR INJURIES AFTER BLUNT TRAUMA: MDCT FINDINGS**
M. Scaglione, Castel Volturno/IT

Learning Objectives:
To show the value of multiphasic MDCT protocol in the diagnosis of abdominal and unsuspected vascular injuries. To illustrate the MDCT findings in abdominal and vascular injuries after blunt trauma. To give useful hints for a timely management approach when make the difference.

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**17:30**
**PANEL DISCUSSION**
16:30 – 18:00 LS 4  HCC: FROM DIAGNOSIS TO TREATMENT
Moderators: R. Baron, Chicago/US; O. Matsui, Kanazawa/JP

16:30  IMAGING OF CARCINOGENESIS, ANGIOGENESIS AND BEYOND
F. Caseiro-Alves, Coimbra/PT

Lecture Objectives:
To describe the process of carcinogenesis. To explain and critically review standard and advanced imaging criteria for diagnosis. To discuss the pros and cons of different imaging modalities. To discuss the use of liver specific contrast agents. To address the role of image-guided biopsy.

16:50  FROM STAGING TO TREATMENT GUIDELINES
C. Ayuso, Barcelona/ES

Lecture Objectives:
To explain how to grade tumours and evaluate aggressiveness. To review the rationale of current guidelines to model treatment options including strategies for safe liver resection. To discuss the end-points to evaluate clinical response.

17:10  COMBINED THERAPIES
I. Bargellini, Pisa/IT

Lecture Objectives:
To present the spectrum of minimally invasive therapies for HCC treatment from intra-vascular to percutaneous approaches. To explain the role of antiangiogenic agents. To discuss how and when to combine treatment options. To define how to evaluate tumour response and how it impacts on management criteria.

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<td><strong>PRE-PROCESSING: DENOISING AND REGISTRATION</strong></td>
<td>T. Metens, Brussels/BE</td>
<td>Milan/IT</td>
<td>To define how to improve source imaging data. To demonstrate the influence of pre-processing on the final results.</td>
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<td><strong>PROCESSING: ASSESSMENT OF REPRODUCIBILITY AND ACCURACY</strong></td>
<td>C. Sirlin, San Diego/US</td>
<td>Brussels/BE</td>
<td>To define how reproducibility and precision can be measured. To show the most appropriate ways to evaluate accuracy in medical imaging.</td>
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<td><strong>POST-PROCESSING: MEASURING CALCULATED VARIABLES</strong></td>
<td>D.J. Lomas, Cambridge/UK</td>
<td>Milan/IT</td>
<td>To define the different ways to measure calculated variables (mean, histogram, distribution). To show how different methodologies impact on the usefulness of the final results (mean vs. maximum values). To make a proof of concept of these measurements.</td>
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09:00 – 10:30 LS 5  
JOINT SESSION 
ESDO (European Society of Digestive Oncology) & ESGAR: DIAGNOSIS, TREATMENT AND FOLLOW-UP OF LIVER METASTASES FROM COLORECTAL CANCER  
Moderators: E. Van Cutsem, Leuven/BE; C. Bartolozzi, Pisa/IT

09:00  
IMAGING METHODS FOR LESION DETECTION  
J.A. Guthrie, Leeds/UK

Lecture Objectives:  
To review the different imaging methods available for imaging the liver, including CEUS, PET-CT and liver-specific and diffusion-weighted MR imaging; to present evidence from the literature regarding respective diagnostic accuracy; to propose the optimal and most cost-effective diagnostic trajectory.

09:15  
STRATEGY IN PATIENTS WITH LIVER METASTASES OF COLORECTAL CANCER: RELEVANCE OF OPTIMAL STAGING  
E. Van Cutsem, Leuven/BE

Lecture Objectives:  
To review the relevance of the optimal staging in order to determine the best treatment strategy of patients with metastatic colorectal cancer.

09:30  
CURRENT ONCOLOGICAL THERAPEUTICAL OPTIONS  
T. Seufferlein, Halle/DE

Lecture Objectives:  
To review the chemotherapeutic options for patients with liver metastases of colorectal cancer.

09:45  
IMAGING FOR SURVEILLANCE  
Y. Menu, Paris/FR

Lecture Objectives:  
To present RECIST and modified RECIST criteria; to assess the limitations of RECIST criteria in the light of new oncological therapies; to present new imaging methods and functional diagnostic criteria for patient surveillance.

10:00  
PANEL DISCUSSION
09:00 – 10:30 LS 6  IMAGING INFLAMMATORY BOWEL DISEASE IN 2011
Moderators: J.-M. Bruel, Montpellier/FR; F. Maccioni, Rome/IT

09:00  SETTING THE SCENE
W. Reinisch, Vienna/AT

Lecture Objectives:
To discuss the role of capsule endoscopy and small bowel enteroscopy, and how these relate to radiological imaging. To describe recent developments in the management of IBD and how these impact on imaging.

09:20  IMAGING IBD; THE ROLE OF US
A. Higginson, Portsmouth/UK

Lecture Objectives:
To describe why modern US is a viable alternative to more established alternatives. To describe the US features of IBD. To describe recent US developments that help diagnosis and assessment of Crohn’s Disease.

09:40  IMAGING SMALL BOWEL DISEASE; THE ROLE OF MRI
N. Papanikolaou, Heraklion/GR

Lecture Objectives:
To describe the rationale for MRI assessment of small bowel disease and its advantages over other techniques. To detail MRI protocols for small bowel disease assessment. To describe the mural and extra mural MRI features of small bowel Crohn’s Disease.

10:00  IMAGING COLITIS; THE ROLE OF MRI
J. Rimola, Barcelona/ES

Lecture Objectives:
To describe the rationale for MRI assessment of colitis and its advantages over other techniques. To detail MRI protocols for colitis assessment. To describe the MRI features of colitis.

10:20  PANEL DISCUSSION
09:00 – 10:30 IR 2  INTERVENTIONAL CHALLENGES FOR THE GI AND ABDOMINAL RADIOLOGIST – THE DIFFICULT PERCUTANEOUS...
Moderators: D.J. Breen, Southampton/UK; O. Akhan, Ankara/TR

09:00  ... BIOPSY
D.F. Martin, Manchester/UK

Lecture Objectives:
To review indications and procedure strategies for complex percutaneous biopsies. To discuss the principles of image guidance including relevant tips and tricks for successful biopsy of challenging lesions. To summarise results from the literature and detail potential complications.

09:20  ... ABSCESS DRAINAGE
A. Hatzidakis, Heraklion/GR

Lecture Objectives:
To review indications and procedure strategies for complex percutaneous abdominal drainages. To discuss the principles of image guidance including relevant tips and tricks for successful drainage. To summarise results from the literature and detail potential complications.

09:40  ... BILIARY DRAINAGE
H.-J. Brambs, Ulm/DE

Lecture Objectives:
To review indications and procedure strategies for complex percutaneous biliary drainage. To discuss the principles of image guidance including relevant tips and tricks for successful outcome. To summarise results from the literature and detail potential complications.

10:00  PANEL DISCUSSION

14:30 – 15:00 HL 2  ASAR HONORARY LECTURE
PANCREATIC CANCER: IMAGING STRATEGY BASED ON NOVEL GENOMICS AND INTERVENTIONAL TREATMENTS
H. Mori, Oita/JP

15:00 – 16:00 PS 4  CLINICAL FILES 2 – CHALLENGING CASES IN EMERGENCY RADIOLOGY
Moderator: R.M. Mendelson, Perth/AU

Panellists:  H. Rodrigues, Coimbra/PT
R. Garcia Figueras, Santiago/ES
A. Furlan, Pittsburgh/US
RECTAL CANCER IMAGING

16:30 – 18:00 LS 7

NEW TRENDS IN RECTAL CANCER TREATMENT:
NEW QUESTIONS FOR RADIOLOGISTS
G. Beets, Maastricht/NL

Lecture Objectives:
To understand the anatomy that is relevant for treatment of patients with rectal cancer. To understand new treatment options and how patients are selected for these. To understand how rectal cancer surgeons use images and radiological information.

STAGING AND RESTAGING, HOW CAN WE ANSWER THE CLINICALLY RELEVANT QUESTIONS?
R.G.H. Beets-Tan, Maastricht/NL

Lecture Objectives:
To understand the role of TRUS and MRI for primary staging of rectal cancer. To understand how staging by imaging determines subsequent treatment. To understand how restaging by imaging impacts on treatment choice. To describe appropriate MRI protocols, typical features, and pitfalls of interpretation.

IMAGING OF RECURRENT RECTAL CANCER
L. Blomqvist, Stockholm/SE

Lecture Objectives:
To understand the role of imaging for detection of recurrent rectal cancer. To understand the role of imaging, including CT and MRI for surveillance. To understand the role of PET-CT to confirm recurrence.

PANEL DISCUSSION
16:30 – 18:00 LS 8  ADVANCED MEDICAL IMAGE DISPLAY: WORKSTATION OR PLAYSTATION?

Moderators: N. Rofsky, Dallas/US; E. Neri, Pisa/IT

16:30  IMAGE FUSION

D. Caramella, Pisa/IT

Lecture Objectives:
To explain the principles of image fusion and how this can achieve a real-time display to assess focal lesions. To demonstrate how to use fusion to increase diagnostic accuracy and to provide information about oncologic follow-up. To explain its role for biopsy guidance.

16:45  TISSUE SEGMENTATION TO OPTIMISE SURGICAL PLANNING

O. Lucidarme, Paris/FR

Lecture Objectives:
To describe the optimal imaging, protocols that allow accurate segmentation of relevant structures. To explain the principles of tissue recognition and 3D organ display. To describe the clinical advantages, limitations and pitfalls of these methods as virtual tools for surgical planning.

17:00  CAN MY WORKSTATION ASSESS MORPHOMETRIC TUMOUR RESPONSE?

C.J. Zech, Munich/DE

Lecture Objectives:
To explain how morphometric parameters (linear, volume, shape) may be measured automatically and with what accuracy. To describe advanced imaging techniques that use pattern recognition. To define how source data influence post-processing measurements.

17:15  PARAMETRIC IMAGING

B. Taouli, New York/US

Lecture Objectives:
To describe which parameters can be quantified from different imaging modalities and how to visualise them. To explain how to extract information from parametric techniques (e.g. elastography, T2-maps, k-trans, ADC, etc.).

17:30  PANEL DISCUSSION
16:30 – 18:00 RC 2 EVALUATING THE ELASTIC PROPERTIES OF LIVER LESIONS
Moderator: L. Martí-Bonmatí, Valencia/ES

16:30 BASIC MECHANISMS: DEFINITION AND PATHOLOGICAL BASIS
B.I. Choi, Seoul/KR

Lecture Objectives:
To define the principles of tissue elasticity. To correlate different pathological findings with elastographic properties.

16:50 US ACOUSTIC RADIATION FORCE IMPULSE
M. D’Onofrio, Verona/IT

Lecture Objectives:
To illustrate the principles of US-ARFI. To demonstrate how this technique may help in the detection and differential diagnosis of focal liver lesions.

17:10 MR ELASTOGRAPHY
B. van Beers, Clichy/FR

Lecture Objectives:
To present the basics of MR Elastography. To show how MR Elastography can be used for diagnosis of focal liver lesions. To comment on the influence of diffuse liver disease on tumour evaluation.

17:30 PANEL DISCUSSION
09:00 – 10:30 LS 9  MESENTERY AND PERITONEUM
Moderators: A. Palkó, Szeged/HU; C.D. Claussen, Tübingen/DE

09:00  THE MISTY MESENTERY: PANNICULITIS, PERITONITIS AND MORE
M. Maher, Cork/IE

Lecture Objectives:
To describe the imaging findings of panniculitis, peritonitis and their differential diagnosis. To discuss strategies for patient management.

09:20  PRIMARY TUMOURS AND TUMOUR-LIKE CONDITIONS
A. Filippone, Chieti/IT

Lecture Objectives:
To review the classification of primary peritoneal tumours. To discuss key imaging findings for tumour characterisation and differential diagnosis.

09:40  PERITONEAL EXTENSION OF MALIGNANCIES
P. Prassopoulos, Alexandroupolis/GR

Lecture Objectives:
To discuss the forms of peritoneal extension of malignancies. To explain the key role of anatomic pathways in malignant dissemination. To define imaging information that is important for planning cyto-reductive surgery.

10:00  PANEL DISCUSSION
09:00 – 10:30 LS 10  THE MANY WAYS TO REDUCE RADIATION DOSE IN ABDOMINAL IMAGING

09:00  RADIATION DOSE – WHY DO WE HAVE TO CARE?
S. Schindera, Bern/CH

Lecture Objectives:
To briefly review accepted terminology and evidence for the consequences of radiation exposure. To present data on radiation dose associated with radiological procedures and their contribution to the total annual dose. To discuss the general rules of radiation protection in relation to age, gender and pathology.

09:15  RECENT TECHNICAL ADVANCES IN MDCT
P. Rogalla, Toronto/CA

Lecture Objectives:
To review the influence of technical parameters on radiation exposure and image quality. To present technical advances allowing dose reduction. To discuss medical strategies for dose reduction.

09:30  REDUCING DOSE IN COLONOGRAPHY
J. Stoker, Amsterdam/NL

Lecture Objectives:
To present the radiation exposure associated with different CTC protocols. To discuss the pros and cons of low dose MDCT examination protocols. To address the role of MRC as an alternative to CTC.

09:45  APPROACHES TO DOSE REDUCTION IN EMERGENCY RADIOLOGY
B. Gallix, Montpellier/FR

Lecture Objectives:
To define the role of the radiologist in selecting imaging procedures in abdominal emergencies. To explain in which clinical situations low dose MDCT may be used. To present guidelines for the justification and reduction of radiation dose in the pregnant patient and to address the role of US and MRI.

10:00  PANEL DISCUSSION
09:00 – 10:30 IR 3  RADIOFREQUENCY ABLATION OF THE LIVER – CURRENT STATUS
Moderators: M.F. Reiser, Munich/DE; A. Denys, Lausanne/CH

09:00  OPTIMISING TECHNIQUES AND AVOIDING COMPLICATIONS
D.J. Breen, Southampton/UK

Lecture Objectives:
To summarise the indications and appropriate case selection of patients suitable for image guided liver ablation. To emphasise relevant tips and tricks including strategies to reduce the incidence of complications.

09:20  UPDATE ON RESULTS
P.L. Pereira, Heilbronn/DE

Lecture Objectives:
To review and summarise current results for liver image guided ablation, including potential complications. To describe variations in results for different underlying malignant liver pathologies.

09:40  POST PROCEDURE FOLLOW-UP STRATEGIES
A. Gillams, London/UK

Lecture Objectives:
To review the various imaging modalities used for RFA follow up. To emphasise the criteria indicative of tumour progression/response. To discuss optimised imaging strategies and to illustrate the varied imaging appearances post RFA.

10:00  PANEL DISCUSSION
14:30 – 15:00 HL 3
**SGR HONORARY LECTURE**
C. Sirlin, San Diego/US

15:00 – 16:00 PS 5
**FOUNDATION COURSE IN ABDOMINAL IMAGING – RADIOLOGIC PATHOLOGIC CORRELATION – SELECTED TOPICS 1**
Moderators: L.H. Ros Mendoza, Zaragoza/ES; G. Karmazanovsky, Moscow/RU

15:00
**GISTS**
P.R. Ros, Cleveland/US

**Learning Objectives:**
To review the epidemiology, aetiology, classification and pathology of GISTs. To describe the imaging characteristics of GISTs vis-à-vis pathologic correlation. To discuss the strength and weaknesses of imaging techniques available for initial diagnosis, differential diagnosis and follow up of GISTs.

15:20
**FIBROTIC TUMOURS OF THE LIVER**
V. Vilgrain, Paris/FR

**Learning Objectives:**
To review the epidemiology, aetiology and pathology of fibrotic tumours of the liver. To describe the characteristic radiologic features vis-à-vis pathologic correlation. To illustrate key imaging findings and discuss the potential of imaging techniques for initial diagnosis and differential diagnosis of fibrotic tumours of the liver.

15:40
**INFLAMMATORY DISEASES OF THE COLON**
D. Tolan, Leeds/UK

**Learning Objectives:**
To review the epidemiology, aetiology and pathology of inflammatory diseases of the colon. To describe the imaging characteristics of each of these conditions vis-à-vis pathologic correlation. To discuss, with an emphasis on pathology, the strength and weaknesses of imaging techniques available for the initial diagnosis and differential diagnosis of inflammatory diseases of the colon.
16:15 – 17:15 PS 6  FOUNDATION COURSE IN ABDOMINAL IMAGING – RADiologic PATHologic CORRELATION – SELECTED TOPICS
Moderators: H. Mori, Oita/JP; V. Valek, Brno/CZ

16:15  SOLID TUMOURS OF THE PANCREAS
G. Morana, Treviso/IT

Learning Objectives:
To review the epidemiology and pathology of solid pancreatic tumours. To describe the spectrum of imaging characteristics vis-à-vis pathologic correlation. To illustrate characteristic features and discuss the role of available imaging techniques for diagnosis and differential diagnosis.

16:35  FOCAL SPLenic LESIONS
L. Curvo-Semedo, Coimbra/PT

Learning Objectives:
To review the epidemiology, aetiology and pathology of focal splenic lesions. To describe the characteristic radiological features vis-à-vis pathologic correlation. To discuss the strengths and limitations of available imaging techniques for the initial diagnosis and differential diagnosis of various focal splenic lesions.

16:55  PRIMARY SMALL BOWEL ADENOCARCINOMA AND LYMPHOMA
G.A. Rollandi, Genova/IT

Learning Objectives:
To review the epidemiology, aetiology and pathology of primary adenocarcinoma and lymphoma of the small bowel. To describe the characteristic radiological features vis-à-vis pathologic correlation. To discuss the strengths and limitations of available imaging techniques for the initial diagnosis and differential diagnosis of such tumours.
Please refer to the ESGAR Website for programme updates and lecture objectives

www.esgar.org
The Fine Art of Liver Imaging

Defining Liver Imaging

Mastership in detection, delineation and characterization

- especially of small liver lesions (< 10 mm)¹
- sharpened distinction of lesions and liver parenchyma², ³
- increased diagnostic confidence by dynamic & hepatocyte-specific imaging⁴

³ Halavaara J, Breuer J, Ayuso C et al. Liver Tumor Characterization: Comparison Between Liver specific Gadoxetic Acid Contrast Agent and Spiral CT with intraoperative and histopathologic findings in focal liver lesions. European Radiology 2008 (18) 457-467
⁴ Primovist®

Composition

1 mL solution for injection contains 181.43 mg gadoxetic 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.

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 ... 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, parosmia.

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 test abnormalities: decrease of hemoglobin, elevation of amylase, leucocyturia, hyperglycemia, elevated urine albumin, hyponatremia, elevated inorganic phosphate, decrease of serum protein, leucocytosis, hypokalemia, elevated LDH were reported in clinical use.

Precautions

General information

The usual safety precautions for MRI must be observed, e.g. exclusion of cardiac pacemakers and ferromagnetic implants. Diagnostic procedures that involve administration of gadolinium-containing contrast agents in patients with - acute or chronic severe renal impairment (GFR< 30ml/min/1.73 m²) or - acute renal insufficiency of any severity due to the hepato-renal syndrome or in the perioperative liver transplantation period. As there is a possibility that NSF may occur with Primovist®, it should therefore only be used in these patients...

Hypersensitivity

Allergy-like reactions, including shock, are known to be rare events after administration of gadolinium-based MRI contrast agents. 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.

Please note! For current prescribing information refer to the package insert and/or contact your local BSP organisation.
WORKSHOPS

ESGAR 2011 continues a project to enhance the educational impact of workshops. Throughout the meeting, different workshops will be offered to the registrants. Parallel workshops will be delivered in the traditional format early in the morning, but this year there will be additional workshops in the late morning and/or afternoon. When registering for the meeting, please do not forget to also choose the workshop you wish to attend. In order to facilitate your choice, the Programme Committee has defined the level of knowledge for each workshop (“What you need to know” Level or “State-of-the-art” Level). Places in workshops will be assigned on a first come first served basis.

The workshops are given by one or two faculty members. Active interaction between the instructors and the “students” will be encouraged, as appropriate. Compared to a lecture, it is intended that the smaller workshop environment will facilitate discussion between instructors and audience, allowing registrants to have specific learning needs addressed.

There are several “Tracks” within the workshops:

Basics of… WS 1, 2, 15, 23, 24 (“What you need to know” Level)

Signs in imaging WS 6, 8, 18, (“What you need to know” Level)

“The Essentials” WS 3, 13, 22 (“What you need to know” Level)

This track is specifically intended to be of interest and value to residents and those radiologists seeking basic and comprehensive reviews of key topics. The workshop topics are “From the European Radiology Curriculum”. ESGAR recognises the vital importance of this new curriculum to the harmonisation of radiology education across Europe. There are 10 GI and Abdominal Radiology subsections in the basic curriculum. Several will be covered at each annual ESGAR meeting. Thus, over a period of 5 years maximum, a resident attending all meetings could review this whole section of the curriculum. In 2011, the oesophagus (section 2.2.), the biliary tract (section 2.9.) and Interventional Imaging (section 3.4.7.) will be covered.

Mistakes in… WS 12, 14, 19 (“State-of-the-art” Level)

For the specialist WS 4, 5, 9, 10, 11, 16, 20, 21, 25 (“State-of-the-art” Level)

EVIDENCE-BASED PRACTICE (EBP)

This is a course of 3 workshops (WS 7, 17, 26) in which a small group will receive training to improve:

• Their understanding of what ‘evidence-based practice’ means and where it fits in practice.
• Their literature searching skills to help them answer questions that arise in day-to-day work.
• Their ability to confidently and reliably appraise diagnostic test performance literature.
• Their understanding of how guidelines are constructed and maintained.

The Faculty will present interactive workshops and all registrants will receive paper, software and online resources to help them practice what they have learned when they return home. Bring your laptops and PDAs! To get the best value from the workshops, daily attendance is strongly recommended as the workshops are integrated. It is suggested that pre-registered participants identify an abdominal radiology problem from their department that the tutors can help them address during the course.

CTC HANDS-ON CENTRE

ESGAR is happy to offer again a “CT-Colonography Hands-on Centre” during its Annual Meeting, responding to the increasing need of practical training for CTC interpretation.

The programme offered at the “CTC Hands-on Centre” includes basic introductory lectures and individual case reviews guided by experts from the faculty of the ESGAR CTC workshops. Workstations from different vendors will be available for training. Registration for the case reviews at the CTC Hands-on Centre is necessary. Free training with application specialists from the respective companies is possible without prior registration.
MORNING WORKSHOPS (in parallel)

08:00 – 08:45  WS 1  BASICS OF DOPPLER US
                E. Quaia, Triest/IT
tba

08:00 – 08:45  WS 2  BASICS OF PELVIC FLOOR IMAGING
                D. Weishaupt, Zurich/CH
                C. Bartram, London/UK

08:00 – 08:45  WS 3  FROM THE EUROPEAN CURRICULUM: 2.2. OESOPHAGUS
                S. Jackson, Plymouth/UK
                A. Ba-Ssalamah, Vienna/AT

08:00 – 08:45  WS 4  HOW TO START CTC
                D. Regge, Candiolo/IT
                M. Morrin, Dublin/IE

08:00 – 08:45  WS 5  LIVER TRANSPLANTATION
                J. Karani, London/UK
                M. Lewin, Villejuif/FR

LATE MORNING WORKSHOPS

09:00 – 09:45  WS 6  SIGNS IN IMAGING: LIVER TUMOURS
                G. Brancatelli, Palermo/IT

09:00 – 10:30  WS 7  EVIDENCE BASED PRACTICE (EBP 1): INTRODUCTION AND OVERVIEW – HOW TO IMPROVE YOUR LITERATURE SEARCHES
                D.E. Malone, Dublin/IE
                M. Staunton, Limerick/IE

10:00 – 10:45  WS 8  SIGNS IN IMAGING: SMALL BOWEL
                N. Gourtsoyiannis, Heraklion/GR

AFTERNOON WORKSHOPS

14:30 – 15:15  WS 9  PERFUSION CT & MRI
                V. Goh, Northwood/UK
                D. Sahani, Boston/US

15:30 – 16:15  WS 10  MULTIENERGY CT
                S. Leschka, St. Gallen/CH
                L. Guimaraes, Viseu/PT
MORNING WORKSHOPS (in parallel)

08:00 – 08:45  WS 11  LIVER MRI PROTOCOLS
 R. Hammerstingl, Frankfurt/DE
 A. Giovagnoni, Ancona/IT

08:00 – 08:45  WS 12  ERRORS MADE BY ABDOMINAL RADIOLOGISTS AND THEIR CONSEQUENCES
 J. Kruskal, Boston/US

08:00 – 08:45  WS 13  FROM THE EUROPEAN CURRICULUM: 2.9. BILIARY TRACT
 J.S. Laméris, Amsterdam/NL
 L. Grazioli, Brescia/IT

08:00 – 08:45  WS 14  MISTAKES IN CTC
 F. Iafrate, Rome/IT
 P. Lefere, Roeselare/BE

08:00 – 08:45  WS 15  THE BASICS OF PET/CT
 J. Votrubová, Prague/CZ

08:00 – 08:45  WS 16  CONTRAST ENHANCED ULTRASOUND
 S.D. Yarmenitis, Heraklion/GR
 V. Cantisani, Rome/IT

LATE MORNING WORKSHOP

09:00 – 10:30  WS 17  EVIDENCE BASED PRACTICE (EBP 2):
 APPRAISING LITERATURE ABOUT DIAGNOSTIC TEST PERFORMANCE –
 KEEPING IT SIMPLE; APPLYING RESULTS WHEN “RULING IN”
 OR “RULING OUT” CLINICALLY SUSPECTED CONDITIONS
 M. Staunton, Limerick/IE
 S.A. Taylor, London/UK

AFTERNOON WORKSHOPS

14:30 – 15:15  WS 18  SIGNS IN IMAGING: PANCREAS
 T. Helmberger, Munich/DE

15:30 – 16:15  WS 19  MISTAKES IN MRI OF THE LIVER AND PANCREAS
 L. Martí-Bonmatí, Valencia/ES
MORNING WORKSHOPS (in parallel)

08:00 – 08:45  WS 20  3T IMAGING
Y. Gandon, Rennes/FR
T. Lauenstein, Essen/DE

08:00 – 08:45  WS 21  PET/CT: TIPS, TRICKS AND PITFALLS OF INTERPRETATION
E.J. Rummeny, Munich/DE

08:00 – 08:45  WS 22  FROM THE EUROPEAN CURRICULUM: 3.4.7. INTERVENTIONAL IMAGING
P. Huppert, Darmstadt/DE (Angiography)
H.-U. Laasch, Manchester/UK (Gastrostomy)

08:00 – 08:45  WS 23  BASICS OF PAEDIATRIC GASTROINTESTINAL IMAGING
tba
S. Robben, Maastricht/NL

08:00 – 08:45  WS 24  BASICS OF BILIARY IMAGING
R. Maksimovic, Belgrade/RS
C. Stroszczynski, Regensburg/DE

08:00 – 08:45  WS 25  IMAGING SWALLOWING
O. Ekberg, Malmö/SE
S. Doratiotto, Treviso/IT

LATE MORNING WORKSHOP

09:00 – 10:30  WS 26  EVIDENCE BASED PRACTICE (EBP 3): CAVEATS AND FREQUENTLY ASKED QUESTIONS ABOUT EBP. CONSTRUCTION GUIDELINES
D.E. Malone, Dublin/IE
R.M. Mendelson, Perth/AU
SUNDAY, MAY 22, 2011

09:00 – 10:45  CTC FREE TRAINING

11:15 – 12:15  CASE REVIEW 1: COLORECTAL CANCER CASES
   R. Bouzas, Vigo/ES
   A. Slater, Oxford/UK

12:45 – 14:00  CTC FREE TRAINING

14:30 – 15:30  CASE REVIEW 2: POLYP CASES I
   C. Kay, Bradford/UK
   F. Turini, Pisa/IT

16:30 – 18:00  CTC FREE TRAINING

MONDAY, MAY 23, 2011

09:00 – 10:00  CASE REVIEW 3: POLYP CASES II
   R. Ferrari, Rome/IT
   I.M. Blanco Nobre, Lisbon/PT

10:15 – 11:00  CTC FREE TRAINING

11:15 – 12:15  CASE REVIEW 4: DIFFICULT CASES I
   S. Gryspeerdt, Roeselare/BE
   D. Boone, London/UK

12:45 – 14:00  CTC FREE TRAINING

14:30 – 15:30  CASE REVIEW 5: DIFFICULT CASES II
   T. Mang, Vienna/AT
   G. Iussich, Turin/IT
LUNCH SYMPOSIA

BAYER SCHERING PHARMA
Come! See! Diagnose! Interactive Liver Diagnosis

BRACCO
Effective solutions for your diagnostic questions in abdominal imaging.

GE Healthcare
Lunch Symposium title to be announced

GUERBET
All along the colon: Multimodality imaging and staging

MEDICSIGHT
Best practice for CT-Colonography

The dates for the Lunch Symposia will be announced shortly on the ESGAR website www.esgar.org
CONGRESS VENUE

The Venice Convention Centre is situated on the Lido. It is located
• 2 km from the historic city centre of Venice (connected by boat every 10 minutes)
• 10 km from the Marco Polo Airport (connected by boat every 40 minutes)

Address:
Venice Convention Centre
Lungomare Marconi 30
IT – 30126 Venezia

CONGRESS LANGUAGE

The meeting will be held in English. There is no simultaneous translation.

CONGRESS WEBSITE

Further and updated information will be available on the internet at www.esgar.org. Registration, hotel reservation and abstract submission can be done online.

CURRENCY

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

ELECTRICITY

Electricity in Italy, as in the rest of Europe, comes out of the wall socket at 220 volts alternating at a 50 cycles per second, flat two-pin plugs or third round pin are used, adaptors may be necessary in Italy.

EMERGENCY

In case of need, you can dial free of charge on any phone 112 to contact the Carabinieri or 113 to contact the Police. You can reach the emergency medical service dialling free of charge on any phone 118 (conversation will be recorded) to have assistance and an ambulance sent to you.

LETTER OF INVITATION

The Central ESGAR Office will be happy to provide you with a formal invitation letter. It is understood that such an invitation is intended to help potential delegates to raise funds or to obtain a visa. This does not imply any commitment from the congress to provide financial funds or accommodation!

LIABILITY

ESGAR is not liable for personal injury and loss of or damage to private property. Participants and accompanying persons should obtain the appropriate travel insurance. The place of performance of any duties and obligations for both ESGAR and the participant’s sides shall be Vienna, Austria. Any contractual relationship with ESGAR shall be subject to Austrian law.

PASSPORT AND VISA

The entry formalities to Italy vary according to the country of origin. All visitors entering Italy must possess a valid passport (except EU citizens – Identity card is sufficient). On the Italian Ministry of Foreign Affairs webpage you can find out whether you need a visa for visits to Italy.

SHUTTLE BUS SERVICE

During the congress ESGAR offers a regular shuttle bus service between the Lido Water Taxi Station (Santa Maria Elisabetta) and the congress venue. This service is free for registered participants of ESGAR 2011. Detailed information will be sent to participants before the meeting.

TIME

Central European Standard Time = GMT+1
Central European Summer Time = GMT+2
To register for ESGAR 2011, please use the online registration tool on the ESGAR website www.esgar.org

All registrations are handled by the
Education Congress Research GmbH
Neutorgasse 9/2a
AT – 1010 Vienna, Austria
Phone: +43 1 535 89 27
Fax: +43 1 535 70 37
E-Mail: registration@esgar.org

Online registration will be possible from January 1, 2011.

REGISTRATION FEES

Early – January 1 until March 15, 2011
ESGAR Faculty Member € 390.00
ESGAR Member € 390.00
Non-Member € 560.00
Resident* (ESGAR Member) € 185.00
Resident* (Non-Member) € 235.00
Radiographer* € 235.00
Accompanying Person € 45.00

Late – March 16 until April 14, 2011
ESGAR Faculty Member € 390.00
ESGAR Member € 490.00
Non-Member € 660.00
Resident* (ESGAR Member) € 265.00
Resident* (Non-Member) € 315.00
Radiographer* € 315.00
Accompanying Person € 45.00

Deadline for advance registration with reduced fees is April 14, 2011

Onsite Registration Fees
ESGAR Faculty Member € 390.00
ESGAR Member € 590.00
Non-Member € 760.00
Resident* (ESGAR Member) € 315.00
Resident* (Non-Member) € 365.00
Radiographer* € 365.00
Accompanying Person € 45.00

* Residents and radiographers must send or fax a letter from their head of department confirming their status as a resident or radiographer within 7 days of completed online registration. In case this confirmation is not received, the registration fee will be automatically adjusted to a regular fee. The age limit for registrations as resident is 35 (incl. the age of 35).

REGISTRATION FEE INCLUDES

– Admittance to all sessions, scientific exhibition (E-Poster) and technical exhibition
– Final programme book (in print) and book of abstracts (electronic version)
– Certificate of attendance
– Welcome Reception and Concert
– Shuttle bus service between Lido Water Taxi Station (Santa Maria Elisabetta) and congress centre if required.

ACCOMPANYING PERSON FEE INCLUDES

– Admittance to the Opening of ESGAR 2011
– Welcome Reception and Concert
– Shuttle bus service between Lido Water Taxi Station (Santa Maria Elisabetta) and congress centre if required.

PLEASE NOTE

• All prices are listed in Euro (€).
• The early registration fees are only applicable if the registration AND full payment are received by the Education Congress Research GmbH by March 15, 2011.
• The “ESGAR Member registration fee” is only applicable for members in good standing (2011 membership fee has to be settled before registration) and for those participants, who become members of ESGAR before registering for ESGAR 2011 (online Membership application – please note the membership fee has to be paid before as well).
• Only registrations accompanied by full payment can be considered complete.
• Badges will be sent to pre-registered participants before the meeting. Please make sure to indicate a correct delivery address.
PAYMENT OF REGISTRATION FEES:
All payments have to be made in EURO (€).

By credit card: We accept VISA and Mastercard for payment via the online registration system.

Please note that your credit card statement will show “Education Congress Research GmbH”.

By bank transfer made in Euro (€) to the account “Education Congress Research GmbH, VK ESGAR Venice” at “Die Erste Bank”, Grinzinger Allee 1, AT – 1190 Vienna, Austria, IBAN: AT522011128151669707, SWIFT: GIBAATWW

Please make sure to clearly state the name of the registered person on the bank transfer in order to ensure identification of the payment. All bank charges have to be paid by the orderer. Please do not forget to add the incoming bank charges.

CANCELLATION POLICY
– Education Congress Research GmbH offers the possibility of ensuring the registration with our partner “Europäische Reiseversicherung”. Thus, Education Congress Research GmbH will not refund any amount after a cancellation of registration itself. All requests have to be issued to the “Europäische Reiseversicherung” directly. Refunds will be given within the terms and conditions of the “Europäische Reiseversicherung”.
– All cancellations have to be made in writing (e-mail, fax or letter) to the Central ESGAR Office and confirmed.

INSURANCE
Participants have the opportunity to take out insurance for either the registration fee only or combined insurance for registration fee and hotel. This insurance applies in case of an unforeseen cancellation of participation at ESGAR 2011 and can be taken out together with the online registration. Details can be found on the ESGAR website www.esgar.org.

Deadline for advance registration with reduced fees is April 14, 2011

After this date, registrations can be made online with the onsite fee and directly onsite during the opening hours of the registration desk. The registration desk at the conference venue (Venice Convention Centre on the Lido) will be open at the following times:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
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<tbody>
<tr>
<td>Friday, May 20</td>
<td>16:00 – 20:00</td>
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<td>Saturday, May 21</td>
<td>07:15 – 18:00</td>
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<td>Sunday, May 22</td>
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<td>Monday, May 23</td>
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<td>Tuesday, May 24</td>
<td>07:15 – 16:30</td>
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CONFIRMATION OF REGISTRATION AND PAYMENT
Upon completion of your online registration your confirmation can be downloaded and printed from the Registration Service Area (My Personal ESGAR Account) on the ESGAR website. As soon as payment is credited to our account your Confirmation of Payment will be generated automatically and is available in the same area. Please allow 2 – 3 weeks for credit card payments to be processed.

CONFIRMATION OF WORKSHOP ENROLMENT
Together with your registration you can already enrol for the workshops offered throughout the meeting. You will find a summary of your chosen workshops in the Registration Service Area (My Personal ESGAR Account) on the ESGAR website. Your choice can be amended until the meeting (provided that there are still free places). Pre-registered participants will be given priority over walk ins. Therefore we kindly ask you to attend the workshops you have signed in for or to withdraw your enrolment, so that other participants can be part of the workshop.

CERTIFICATE OF ATTENDANCE/ RECORD OF ATTENDANCE
The Certificate of Attendance as well as a detailed Record of Attendance will be available online in the Registration Service Area (My Personal ESGAR Account) immediately after the congress.

GROUP REGISTRATIONS
For companies or travel agents wishing to make registrations for a group of participants, a group registration tool is available in the registration area.
The Welcome Reception will be held after the Opening of ESGAR 2011 on the terrace of the Palazzo del Cinema, right next to the meeting venue.

The Palazzo del Cinema is the main facility and screening theatre of the Venice Film Festival. It was built according to the modernist trends of the 1930s, and inaugurated on August 10, 1937 on the occasion of the fifth edition of the festival. The Palazzo was enlarged in 1952 by adding a new facade and entrance hall. 75 years of Art and Cinema have passed and the Palazzo del Cinema today is still the most prestigious in the world international catwalk for actors and film directors, meeting place for production studios and cinema buffs. Federico Fellini once said that for a film director, “entering the Palazzo del Cinema at the Venice Film Festival was like passing a final exam.”

A cocktail will be served on the terrace of this famous building. Enjoy the view of the beach and the Adriatic Sea and take your chance for a get-together with colleagues and friends.

After the Welcome Reception a Concert offered by Bracco Foundation will be organised for participants of ESGAR 2011 at the main movie theatre of the Palazzo del Cinema.

The Welcome Reception and Concert are free for registered participants and registered accompanying persons.

SATURDAY, MAY 21, 2011

WELCOME RECEPTION 19:00 – 20:30

WELCOME CONCERT 20:30 – 21:30
The ESGAR Evening is traditionally devoted to the local culture and life-style of the hosting country. An Italian Night will be organised at the Hotel Excelsior on the Venice Lido.

The Venice Lido is one of the most legendary and famous leisure venues in the world. The 5star Deluxe Hotel Excelsior, which was opened on July 21, 1908, contributed to the worldwide fame of the Lido and has ever since been the focal point on the island.

It is in the beginning of the 20th century that Count Volpi di Misurata and the management of La Biennale together decided that “Cinema” was ripe to become officially an art and deserves its own Festival: thus in August 1932 on the Terrace of the Hotel Excelsior the first edition of one of the most famous Film Festivals in the world was held. Over the years innumerable distinguished guests have stayed at the Westin Excelsior, from Barbara Hutton to Paola and Albert of Liège, from Erroll Flynn to the Duke of Windsor, from Don Carlos of Bestegui to Winston Churchill, as well as many stars of the world of cinema especially during the Venice Film Festival.

Built in an extravagant and fascinating Moorish Style, in 1914 the hotel had an important intervention: the construction of the famous Sala Stucchi that has been the set for one scene of the film “Once upon a time in America” directed by Sergio Leone.

This outstanding illustrious location with its special atmosphere will be the perfect setting for a pleasant dinner and dance.

Price per ticket: € 65.00

This evening is kindly sponsored in part by industry.
VENICE / GENERAL INFORMATION

Venice (Venezia in Italian) – 118 islands only two to four feet above sea level, crisscrossed by 180 canals, and connected by some 450 bridges, its main avenue is the curving Grand Canal. There is no other city in the world of this size and sophistication where the automobile is absent. The richness, colour, light, texture, and history create a scene of overwhelming beauty. The whole city is an extraordinary architectural masterpiece in which even the smallest building contains works by the world’s greatest artists. Venice – and its Lagoon – is a UNESCO World Heritage Site.

This sanctuary on a lagoon is virtually the same as it was six hundred years ago, which adds to the fascinating character. Venice has decayed since its heyday and is heavily touristic (there are slightly more tourists than residents), but the romantic charm remains.

Venice’s history is a tale of warfare and conspiracies, of artistic excellence and ingenuity. It was a trading crossroad between East and West which evidently influenced its language, traditions, art and people. The Most Serene Republic of Venice dates back to 827, when a Byzantine Duke moved its seat to what is now known as the Rialto, and for the following 970 years, prosperous on trade and under the rule of a Roman-style Senate headed by the Doge. Alas in 1797, the city was conquered by Napoleon, a blow from which the city never recovered. The city was soon merged into Austria-Hungary, then ping-ponged back and forth between Austria and a nascent Italy, but Venice is still a monument to the glory days of the Renaissance, and historical culture still throbs powerfully in the old Italians’ veins.

The LIDO is an 11 km long sandbar located in Venice, home to about 20,000 residents. The Lido is connected to the city and the mainland only through Vaporetti and motozattere to transport vehicles (ferry-boat). It is one of the few islands of the lagoon where there are roads and there is also a small touristic airport.

There is a wealth of plant life and greenery on Lido which, despite urban encroachments in recent decades, still clearly prevails over the concrete and asphalt. One can see why it became a favourite resort for those intent on revitalising body and mind. At least half the Adriatic side of the island is constituted by a sandy beach, much of which belongs to the various hotels that house the summer tourists. These beaches are private, though towards the northern and southern ends of the island there are two enormous public beaches. The Adriatic Sea is fairly clean and warm, ideal for children, with only the occasional jellyfish to disturb swimming. The heart of the island is the Gran Viale Santa Maria Elisabetta, a wide street approximately 700 m long that leads from the lagoon on one side to the sea on the other. It houses hotels, shops, and tourist-centric restaurants.

ARRIVAL TO VENICE

By plane
The closest commercial airport is Marco Polo Airport on the mainland near Mestre. The Treviso Airport, located 25 km from Venice, is relatively smaller but becoming increasingly busy as the main destination for Ryanair, Wizzair, and Transavia budget flights.

How to reach the LIDO from Marco Polo Airport
1. By regular motorboat service
   Operated by ALILAGUNA, which runs every hour with two different lines (Blue and red lines) to Venice Lido Santa Maria Elisabetta dock or to Venice historical centre, Saint Mark’s area. This service runs from 06:00 to 00:00. Tickets (€ 13.00) have to be purchased before entering the boat at shops, in the main hall “ARRIVALS”. In order to get to more info about this service, please see: www.alilaguna.it

2. By private water taxi
   The journey from Venice Marco Polo Airport to Lido Santa Maria Elisabetta lasts about 40 minutes and costs approximately 100 Euro. For more info or bookings please contact Key Congress at the following e-mail address e.cazzin@keycongress.com

3. Airport link service
   Moreover, you can book through Key Congress the “Airport Link” service, a collective transfer service by private water taxi from the airport Lido Santa Maria Elisabetta and vice versa. Price per person per way € 30.00 (from 07:00 to 21:00). Night supplement (from 21:00 to 07:00) + 30%. Please take note that Airport link boats run at fixed times, clients have the possibility to take the first available boat (maximum waiting time 40 minutes) according to their arrival flight time. For more info or bookings please contact Key Congress at the following e-mail address e.cazzin@keycongress.com

How to reach the LIDO from Treviso Airport
ATVO "pullman" coaches (€ 10.00 return) run to and from Treviso to coincide with flights. Tickets have to be purchased before departure in the Airport hall. You reach Piazzale Roma in Venice by bus (about 1 hour drive). Piazzale Roma is one of the main stops of the “Vaporetto” (the public boat transport service ACTV). The quickest way to reach Lido is by line 51 or 61 every 20 minutes (duration of trip: approximately 35 minutes). For more information visit www.trevisoairport.it

By train
Trains from the mainland run through Mestre to the Venezia – Santa Lucia train station on the west side of Venice (make sure you don’t get confused with Venezia Mestre which is the last stop on the mainland!). From the station district, water buses (vaporetti) or water taxis can take you to hotels or other locations on the islands (or you can walk). Direct trains to Venice are available from many international destinations,
including Paris (sleeping cars), Munich, Budapest, Zagreb & Ljubljana and Vienna.

**How to reach the LIDO from Venice Santa Lucia railway station**
The quickest way is to catch one of the boat lines 51 or 61 every 20 minutes and to get off at Lido stop. The trip takes around 35 minutes.

**By car**
Cars arrive on the far western edge of Venice, but remain parked at the entrance to the city (Piazzale Roma or Tronchetto – Europe’s largest car park.) There are no roads past this point. Car parking is expensive here (€ 21.00/day) and the tailbacks can be quite large. However drivers going to the Lido can use the car ferry from Tronchetto (vaporetto 17 - frequencies vary), right hand lane off the Ponte della Libertà into the city.

**GETTING AROUND IN THE CITY OF VENICE & TO THE LIDO**
There is an extensive network of *water buses* (vaporetti), operated by Azienda Consorziale Transporti Venezia - ACTV (www.actv.it).

The new electronic tickets are valid for 60 minutes and include one piece of luggage. There is also a 24-hour, a 36-hour and a 72-hour pass, which also includes one piece of luggage. Tickets and passes are available for purchase at most landing stations and selected newsagents and should be validated in the machine before boarding. Failure to provide a valid ticket when requested results in a fine, plus the full value of the ticket. Tickets are also valid for ACTV *road buses*, which operate to Piazzale Roma from Mestre and the airport. ACTV operates a 24-hour service but not on all routes.

**Traghetti** (public ferries) are traditionally used by locals to cross the Grand Canal (as there are so few bridges) but sadly they are an increasingly rare breed. A poor relation to the gondola, these wooden dinghies nonetheless conjure up some of the romance of old-fashioned Venice. The traghetto are run by the gondoliers’ co-operative in conjunction with the city council - there are no published times of operation.

**Water taxis** must be the most expensive taxi service in Europe (there is a minimum set charge) and the trip will only be a maximum of seven minutes. A brief trip along the Grand Canal will cost upwards of € 70.00 and on top of this there are surcharges for luggage, extra passengers (over the standard four) and travelling by night. Stands are located at the station, Piazzale Roma, Rialto, San Marco and the Lido. Official water taxis have a black registration number on a yellow background. Visitors are advised to stay away from illegal operators who charge what they want.

The **gondola** is the Venetian equivalent of a limousine. First mentioned in the city’s annals in 1094, there are now just 400 of these sleek, flat-bottomed vessels negotiating the Venetian waters.

All gondolas can carry up to six people and fees for additional services (such as musical accompaniment) should be negotiated before setting off. Gondolas depart from St. Mark’s Square, the Rialto, Piazzale Roma and the railway station.

**Driving in the City**
No cars are allowed in the centre of Venice at all. Even the emergency services operate by boat.

**OPENING HOURS**
Post Offices are generally open from 08:00 – 13:30 or 14:00 from Monday to Friday and from 08:00 – 11:45 on Saturday. Banks are usually open from 08:30 – 13:30 and from 14:30 – 15:00/16:00 (Monday – Friday). Most sights are open from 10:00 – 18:00. Many are closed on Monday.

**WEATHER**
Average daily temperature in May: 23°C
KEY CONGRESS & COMMUNICATION has been appointed as the official travel agent for ESGAR 2011 and will handle all hotel accommodation booking requests. Furthermore various sightseeing tours can be booked via the travel agent (see page 54).

Key Congress & Communication S.r.l.
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E-Mail: e.cazzin@keycongress.com

For registered participants of ESGAR 2011, the agent has reserved rooms in different hotel and price categories on the Lido of Venice, where the Congress Centre is located and some in the historical centre of Venice as well.

Please make your reservation as soon as possible in order to secure your accommodation. All requests will be handled on a first come first served basis. All prices shown are per room, per night including breakfast and VAT.

THE DEADLINE FOR HOTEL RESERVATION IS MAY 10, 2011!

BOOKING CONDITIONS
Booking fee: € 20.00 per room

PAYMENT:
1. First night and booking fee upon confirmation
2. Balance by April 23, 2011
3. Payment by bank transfer or credit card (Visa/MasterCard)
4. After receiving the copy of the payment we will send you booking final confirmation and vouchers.

HOTEL RESERVATION / CANCELLATION POLICY
Cancellation or changes must be received in writing to KEY CONGRESS (by fax or e-mail):

- Up to March 15, 2011: full refund except for a handling charge of € 50.00
- Total or partial cancellation received from March 16 to May 10, 2011: 1 night cancellation charge
- Total or partial cancellation received on and after May 11, 2011: no refund

In the event of non-arrival, the hotel automatically release the reservation and full payment will be non-refundable.

In case of partial no-show, the total amount will be charged and no refund will be made.

Please note that the above mentioned conditions refer just to F.I.T. reservations; for groups reservations please contact the Hotel reservations Secretariat.

A hotel booking platform is accessible from the ESGAR website www.esgar.org from October 2010.
**HOTEL EXCELSIOR 5*\(^{\circ}\)**

Overlooking the Adriatic Sea and the exclusive private beaches of Venice Lido, yet just a short boat ride from St. Mark’s Square, Grand Hotel Excelsior with its Moorish architectural style and status as the only 5* Hotel on the island offers an enviable location for enjoying the relaxed atmosphere of the Lido and exploring the wonders of Venice.

The Hotel Excelsior is 3 minutes walking distance from the Congress Centre.

- Double/Single Use: € 266.00
- Double: € 318.00

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**HOTEL AUSONIA & HUNGARIA 4*\(^{\circ}\)**

The Hungaria Palace Hotel is located right in the centre of the Lido of Venice, five minutes from the public boat departures for St. Mark’s Square and from the renowned beach. The hotel was built in 1905 and its striking neo-renaissance façade was further embellished in 1914 by a polychrome majolica covering making it the first building in Europe to be decorated in this way.

The Hotel Hungaria is 15 minutes walking distance from the Congress Centre.

- Double/Single Use: € 230.00
- Double: € 250.00

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**HOTEL CA’ DEL BORGO/ CASA ALBERTI 4*\(^{\circ}\)**

Ca’ del Borgo is a XV century building that offers its guest the fascination of a historical building together with the comforts of a modern and functional hotel structure.

All the rooms are very comfortable and elegant with tapestries on the walls and antique furniture, and all offer a modern comfort.

Hotel Cà del Borgo and Casa Alberti are 10 minutes by car far from the Congress Centre.

- Double/Single Use: € 170.00
- Double: € 180.00

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**HOTEL PANORAMA 4*\(^{\circ}\)**

The Panorama Hotel which looks out over the beautiful Venetian lagoon, dates from the early 1900’s. Its convenient location opposite the boarding-point for water-buses to St. Mark’s Square makes it a good spot from which to explore the historical centre of Venice. Unlike other hotels on the Lido, the Panorama also offers parking areas which means its ideal for those people taking the Car Ferry from the mainland.

Hotel Panorama is 15 minutes walking distance from the Congress Centre.

- Double/Single Use: € 215.00
- Double: € 230.00
HOTEL DESCRIPTIONS – LIDO

5. HOTEL QUATTRO FONTANE 4*

The Hotel Quattro Fontane provides a quiet and comfortable retreat. St. Mark’s Square is just minutes away. You can also spend pleasant days sunbathing on the sandy beaches of Lido. All the details in this spacious villa (the halls, the rooms, the quiet workrooms) are created for you to enjoy your stay in a refined Venetian atmosphere. The elegant restaurant offers excellent cuisine, including regional dishes, to enhance the pleasure of an evening dinner among friends.

Hotel Quattro Fontane is 2 minutes walking distance from the Congress Centre.

Double/Single Use: € 200.00
Double: € 210.00

8. HOTEL VILLA MABAPA 4*

The Hotel Villa Mabapa is situated in a privileged position, just 10 minutes away by boat from St. Mark’s Square, with its own restaurant and a view over the lagoon. One main building and two villas form the hotel, with the main building decorated in typical Liberty style, Villa Morea at the same time modern and original and the Casa Pradel offering elegant, Venetian style.

Hotel Villa Mabapa is 20 minutes walking distance from the Congress Centre.

Double/Single Use: € 205.00
Double: € 225.00

6. HOTEL PETIT PALAIS 4*

Hotel Petit Palais rises from a modern-looking building with façades made of travertine marble and a sleek, modern interior decoration which complements its architectural style. Aside from the Hotel Excelsior, the Petit Palais is the only other hotel to be located on the beach and as such it offers fantastic views out to sea.

Hotel Petit Palais is located 2 minutes walking distance from the Congress Centre.

Double/Single Use: € 200.00
Double: € 220.00

9. HOTEL VILLA PANNONIA 4*

Hotel Villa Pannonia is situated on the Venice Lido, just 300 metres from the boat station, Santa Maria Elisabetta. Traditions and modernity harmonise in the Hotel Villa Pannonia – the classic setting enhances the innovation and design which abounds in the avant-garde atmosphere, furniture and objects have been created by famous designers.

Hotel Villa Pannonia is 10 minutes walking distance from the Congress Centre.

Double/Single Use: € 115.00
Double: € 130.00

7. HOTEL RUSSO PALACE 4*

The Russo Palace Hotel is a charming historical Villa built at the beginning of the 20th century and recently renovated. The hotel is situated in front of St. Mark’s basin and offers a wide breath-taking view over the Venice Lagoon.

Hotel Russo Palace is 15 minutes walking distance from the Congress Centre.

Double/Single Use: € 210.00
Double: € 220.00

10. HOTEL BIASUTTI 4*

The first reference to this hotel was found in 1933 when Touring Club’s “Italian Residence and Health Resort Guide” inserted Villa Nora in its list of Lido Hotels. Today the Villa Nora has joined with the Villa Urania and Villa Ada creating the Hotel Biasutti. Thanks to its position, this hotel combines the fascinating atmosphere of this wonderful art city (it is located only 10 minutes by ferry-boat from St. Mark’s Square) and the relaxing atmosphere of the Lido.

Hotel Biasutti is 10 minutes walking distance from the Congress Centre.

Double/Single Use: € 270.00
Double: € 290.00
Viktoria Palace Hotel is a 4-star hotel completely renovated in 2010 and situated in the Lido of Venice near San Nicolò, surrounded by a large wooded park overlooked by almost half of our rooms. Many rooms have a charming view on the Venetian lagoon or of the garden on surrounding the Hotel. All rooms are furnished in a typical Venetian style with old bedheads in wrought iron that creates an elegant and a warm welcoming atmosphere.

Viktoria Palace Hotel is 10 minutes by car from from the Congress Centre.

Double/Single Use: € 210.00
Double: € 231.00

Housed in a splendid, fully restored Art Nouveau villa, the Atlanta Augustus Hotel enjoys a central position on Venice's charming Lido and offers a good price-to-quality ratio.

Hotel Atlanta Augustus is 15 minutes walking distance from the Congress Centre.

Double/Single Use: € 134.00
Double: € 160.00

Hotel Belvedere Lido looks across over the world’s most famous lagoons offering incomparable views of this beautiful city. Built in 1857, the hotel has been run by the same family for more than a century. It is situated very close to the boarding-point for water buses across to St. Mark’s Square making it a good point from which to explore the historic centre of Venice.

Hotel Belvedere is 15 minutes walking distance from the Congress Centre.

Double/Single Use: € 150.00
Double: € 170.00

The Ca’ del Moro is an ideal hotel for families. The guest quarters are set in a large garden where you can relax on the sun-beds by the swimming pool or take advantage of the sports facilities; there are 14 Tennis Courts (2 indoors), 4 small football fields, and a modern gym with sauna. The hotel also has its own restaurant which is open until late.

Hotel Ca’ del Moro is 10 minutes by shuttle bus from the Congress Centre.

Double/Single Use: € 145.00
Double: € 160.00

The Helvetia Hotel in Venice Lido is located on the main street of the Island. At the doorstep, guests will find all the essential facilities, including a range of restaurants, shops, beaches, swimming pools and cycling paths. The closest Vaporetto docking station (operating on a 24-hours basis) is a mere one-minute walk away from there, you can easily reach St. Mark’s Square, the Rialto Bridge and all points of arrival and departure in Venice.

Hotel Helvetia is at 15 minutes walking distance from the Congress Centre.

Double/Single Use: € 160.00
Double: € 160.00

La Meridiana offers all the beauties and pleasures of a Venetian holiday. Located by its equipped, private beach, it is close to the Vaporetto (water bus) for St. Mark’s Square. The Hotel La Meridiana offers a large garden and a comfortable living room where you can enjoy relaxing moments after visiting the city, or cool off after sunbathing on the seaside. The beach is equipped with huts and located just 100 metres from the premises.

Hotel La Meridiana is at 5 minutes walking distance from the Congress Centre.

Double/Single Use: € 150.00
Double: € 170.00
**HOTEL DESCRIPTIONS – LIDO**

**HOTEL RIGEL 3***

The Hotel Rigel owes its uniqueness to its being the only one facing the Adriatic Sea on one side and on the other the basin of St. Mark’s. It is situated only five minutes from the Public Boat Services which connect the Lido to St. Mark’s Square.

Hotel Rigel is at 10 minutes walking distance from the Congress Centre.

Double/Single Use: € 121.00
Double: € 143.00

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**HOTEL VILLA EDERA 3***

Hotel Villa Edera is conveniently located on the Venice Lido, just 250 metres from the main vaporetto landing that connects you to Venice and St. Mark’s Square.

All rooms are equipped with modern amenities and some rooms provide panoramic balconies to admire this unique location set between the Venetian lagoon and Adriatic Sea.

Hotel Villa Edera is 20 minutes walking distance from the Congress Centre.

Double/Single Use: € 160.00
Double: € 170.00

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**HOTEL RIVIERA 3***

The Hotel Riviera is a recently-refurbished historical Palazzo a few steps from the water bus stops at Santa Maria Elisabetta. The hotel has a wonderful view over the lagoon where you can enjoy unforgettable sunsets. The delights of this hotel are not purely aesthetic – there is also a small “well-being” area offering hydro-massages and a sauna.

Hotel Riviera is 15 minutes walking distance from the Congress Centre.

Double/Single Use: € 121.00
Double: € 143.00

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**HOTEL VILLA TIZIANA 3***

This small 3-star rated structure offers modern comforts blended in with the traditional hospitality ensured by the staff, allowing guests to make the most of what the Lido and Venice have to offer. The rooms are all equipped with the comforts necessary for having a pleasant stay in Venice.

Hotel Villa Tiziana is 3 minutes walking distance from the Congress Centre.

Double/Single Use: € 130.00
Double: € 150.00

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**HOTEL VENEZIA 2000 3***

Recreated following painstaking restoration of the Hotel Bortoli, a historic hotel in Lido di Venezia, the Hotel Residence Venezia 2000 offers a range of accommodation and the terrace offers an exceptional view from the San Marco Basin out to the open sea.

The Hotel Residence Venezia 2000 has double and triple rooms, all with telephone, satellite television, safe in the room, air-conditioning and hairdryers. Some rooms also have a delightful large terrace. The quiet position, proximity to the sea, brightly lit rooms and peaceful relaxing atmosphere

Hotel Venezia 2000 is 10 minutes by car far from the Congress Centre.

Double/Single Use: € 143.00
Double: € 154.00
VENICE HISTORIC CENTRE – HOTEL DESCRIPTIONS

**VENICE HISTORICAL CENTRE**

The Hotel, which overlooks the Grand Canal, is located in one of Venice's most charming and atmospheric areas. From 1638 the building, originally belonging to the Dandolo family, hosted the first "Ridotto Pubblico", a place to which nobility and people from all walks of life (adventurers, courtesans, swindlers, and travellers) would come for pleasure. The recent restoration has managed to revive, with a contemporary feel, the atmosphere of this historic building. The Hotel Monaco offers its guests not just the opportunity to stay in Venice but to become part of its history.

The Hotel Monaco is 1 minute walking distance from St. Mark's Square and 10 minutes by boat from the Congress Centre.

Double/Single Use: € 300.00  
Double: € 308.00

Hotel Palazzo Selvadego is affiliated with the Hotel Monaco and offers high-quality, 4 star equivalent accommodation in the heart of Venice. Its location is highly sought after, facing the Napoleonic Wing of the splendid St. Mark's Square and some of the 40 guest rooms have beautiful views over the Grand Canal. Each of the cozy and intimate guest rooms has been uniquely furnished and designed in a typical Venetian style to ensure maximum comfort.

Hotel Palazzo Selvadego is 1 minute walking distance from St. Mark's Square and 10 minutes by boat from the Congress Centre.

Double/Single Use: € 300.00  
Double: € 308.00

Set just behind St. Mark's Basilica and only 600 metres from Rialto Bridge, Hotel Saturnia & International has an unbeatable location. Go shopping at the open-air market and the surrounding boutiques, or enjoy an evening at La Fenice Theatre, just 100 metres away.

This friendly hotel guarantees a warm welcome and a range of top quality facilities. Both Wi-Fi and wired internet connections are available as well as a fully equipped conference room. You have free access to a fitness centre, just a 10-minute walk from the hotel.

Hotel Saturnia & International is 5 minutes walking distance from St. Mark's Square and 10 minutes by boat from the Congress Centre.

Double/Single Use: € 240.00  
Double: € 264.00
SIGHTSEEING TOURS

Key Congress has arranged a selection of tours of Venice. Tours can be booked online via a link on the ESGAR website www.esgar.org
All tours will depart from the congress venue, unless otherwise stated. The tours are exclusively organised for ESGAR 2011 participants and accompanying persons. The minimum number of participants is stated below. The prices stated are per person including VAT.

ON THE FOOTSTEPS OF GIACOMO CASANOVA

A very interesting guided tour dedicated to the most famous libertine in the world, Giacomo Casanova. The history of his life narrating in a very fascinating way, you will see his places in Venice, the house where he has born, the Fenice Theatre, St. Marks Square and the Doge's Palace, from where he made his escape in 1775. The tour will end at Grand Café Quadri, where Giacomo Casanova used to meet his lovers. This tour will be arranged for a minimum of 20 participants.

Duration: 2 hours
Cost per person: € 15.00
Dates: May 21, 22, 23, 24
Time: 09:00 and 14:00

BACARO TOUR

In Venice, snacking is almost a way of life. The Bacari the local down-to-earth version of wine bars, serve tapas-like cicheti, traditionally washed down with a glass of wine, and Venetians stop to snack and socialise before and after meals. Eating cicheti is a social activity, and together with spritz (a powerful mixture of white wine, Campari and soda water), they are characterised by the spirited and ideas in these lively simple and comfortable establishments. An evening tour on foot to discover the most famous “bacari” in Venice. “Bacaro” is a typical Venetian osteria where you can taste good wine and eat some typical food. In each bacaro you will have a little appetiser and 1 glass of white or red Italian wine.

This tour will be arranged for a minimum of 10 participants.

Duration: 2 hours
Cost per person: € 50.00
Dates: May 21 and 23
Time: 18:00

EXCURSION TO THE ISLANDS OF THE LAGOON

This excursion will take you to explore the three most famous islands of the Venetian Lagoon. An extremely relaxing tour, which combines many different characteristics of Venice: the natural beauty, craftsmanship, a genuine fisherman village atmosphere and the history of the earliest days.

Murano is the island famous for its glassmaking, a traditional activity that still preserves the ancient techniques of the past. You will admire the glass masters at work while producing the beautiful objects which have made them famous all over the world.

Burano is the most cheerful and one of the most popular of the lagoon islands. Its brightly painted houses give it the air of an Italian opera set, while the success of its most important industries, lace making, fishing and boat building, accounts for the well-being of its people.

Torcello can be considered the “Mother of Venice” and was settled between the 5th and 7thC by the first waves of refugees from the Barbarian invasions on the Mainland. Today the island is nearly uninhabited (residents being reduced to 12). Covered by rich typical vegetation, Torcello preserves the most ancient monument of the Lagoon: the solemn Basilica of Santa Maria Assunta, founded in 639 and rebuilt in 1008, decorated with outstanding Byzantine mosaics.

This tour will be arranged for a minimum of 30 participants.

Duration: 4 hours
Cost per person: € 30.00
Dates: May 22 and 24
Time: 10:00
It’s time to make exams non-invasive. 
It’s time to work with innovative and precise technology. 
It’s time to take prevention seriously.

IT’S TIME TO SEE.

ONCOLOGY WORKSTATION
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ESGAR MEMBERSHIP INFORMATION

MEMBERSHIP CATEGORIES

Active Members
Active Membership of the Society is open to European Radiologists who have a prime interest in gastrointestinal and abdominal Radiology. By this it is assumed that they will spend at least 50% of their time working in the subspeciality and will have published in this field.

Junior Members
Residents can become junior members while training for specialisation in General Radiology and/or training for Sub-specialisation in (1) Gastrointestinal and Abdominal Radiology and/or (2) Interventional Radiology.
Application for Junior Membership must be accompanied by a confirmation about the residency status of the applicant, signed by the head of the department. Junior Membership is valid for three years at maximum or will end once the residency in radiology is terminated.

Fellows
During the General Assembly in Valencia in 2009 the ESGAR Abdominal Fellowship was introduced to its members. This fellowship programme is a significant change of the application procedure for ESGAR fellowship of ESGAR. One of the ways to become a Fellow of ESGAR is to fulfil a curriculum, including attendance at main relevant meetings, significant scientific input in ESGAR or ECR and publication, as well as a 3-months period of an Exchange Programme. This programme is based on the offer – supported by a combined effort of ESGAR and ESOR – to younger colleagues, proposing them to spend a 3-months period in a reference centre, with a financial support.
The ESGAR Abdominal Imaging Fellowship Programme starts in the year 2010 which implies a necessary transition period of at least 3 years. During this period active members of ESGAR may be qualified to become Fellows without having completed the ESGAR Abdominal Fellowship programmes. The Executive Committee may propose to recognise that the applicant has equivalence to the ESGAR Abdominal Fellowship programme, therefore complying with paragraph 5.4 of the ESGAR By-Laws.

Associate Members
Non-Radiologists with a special interest in gastrointestinal and abdominal Radiology such as radiographers, nurses and individual members of industry, etc. can be considered for Associate Membership.

Corporate Members
Corporations or other organisations, including commercial enterprises, interested in the activities and objectives of the Society, contributing to the Society by funding.

ANNUAL MEMBERSHIP FEES

Active Members, Fellows: € 110,00
Corresponding Members, Fellows: € 110,00
Associate Members: € 55,00
Junior Members: € 55,00

MEMBERSHIP BENEFITS

– Reduced registration fee at the Annual Meetings and Workshops of the Society
– Newsletter
– Member’s Handbook
– Personal ESGAR Account at www.esgar.org:
  • Member’s Directory
  • E-Congress (including e-Poster and web-casts)

HOW TO BECOME A MEMBER OF ESGAR

Please refer to the ESGAR website www.esgar.org to apply online for ESGAR Membership. Your application will be forwarded to the membership committee automatically. It will take approximately 4 working days for you to receive the confirmation that includes your personal membership ID. According to the “By-Laws” of the Society, all membership applications have to be presented to the General Assembly and formally approved. During this provisional period between your first confirmation and the next ESGAR Annual Meeting you will already receive all Society relevant information and have the same rights as other members.

Membership Application on the ESGAR website: www.esgar.org
Information on all ESGAR Activities can be found on www.esgar.org
Unbelievably, some computer-aided detection (CAD) systems have only been tested against data from a small number of patients. This means you can’t really rely on them to give you the solid support you need.

Medicsight on the other hand, have validated their ColonCAD system using one of the world’s largest and most population-diverse optically verified CT Colongraphy scan databases to help you better detect and analyse potential abnormalities within the colon. Better still, the latest version 4.0, marks a significant increase in performance with a 50% reduction in false positives without any loss in sensitivity.*

Trust Medicsight to make your job easier, but more importantly, give you the reassurance and confidence to make a more reliable, accurate diagnosis.

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