

IO in the COVID World: France

Marc Sapoval, MD, PhD

Head Vascular and Oncological IR

Paris University

Pompidou Hospital

France

Disclosures

Marc Sapoval, MD, PhD: Consultant — Boston Scientific, Merit Medical, ReCor

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Epidemiology of COVID-19, February 3

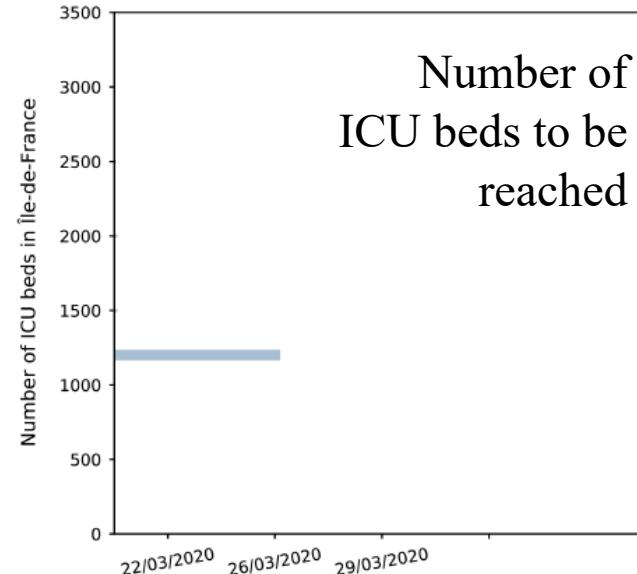


Epidemiology of COVID-19, June 10 = 7,302,391 cases



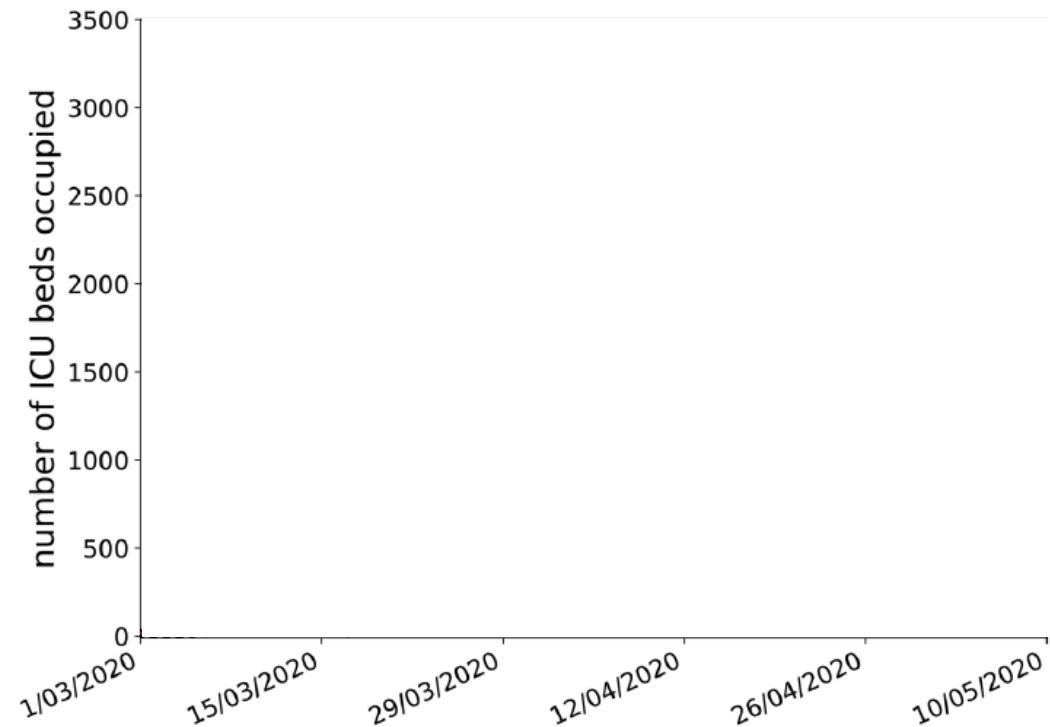
COVID-19: Objectives of Lockdown

- Reduce the number of cases
- Avoid intensive care units « overflow »



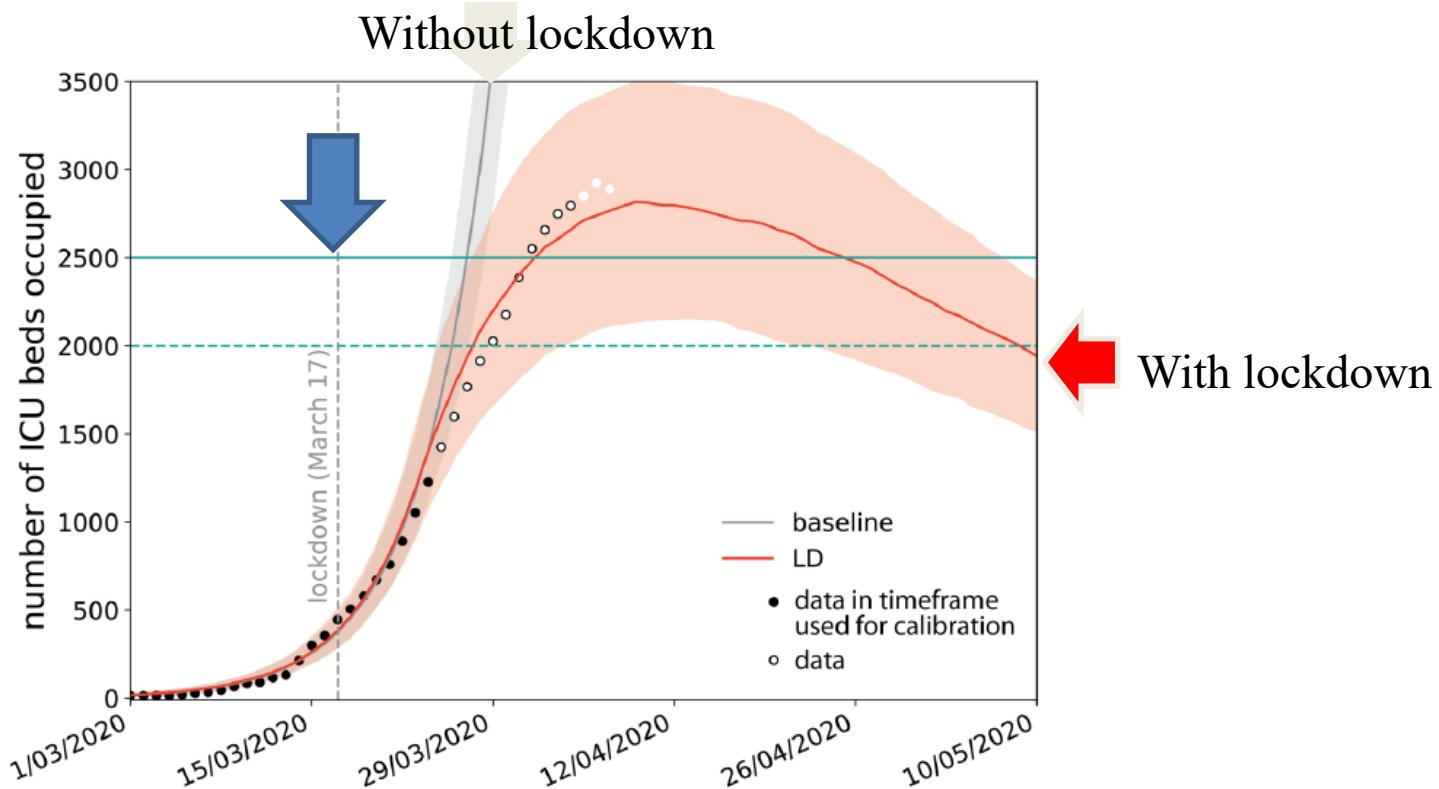
Di Domenico L, et al. *BMC Med.* 2020;18(1):240.

COVID-19: Impact of Lockdown



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COVID-19: Impact of Lockdown



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March to May 2020, Global Confinement in France

- Major stress to the public health system in Paris
 - Steep increase in acute respiratory distress... ICU
 - Steep increase in COVID + admitted through the ER
- Crisis task force with daily meeting and reports
 - Re-allocation of H beds for COVID+ units
 - Opening new ICU beds in all possible spaces
 - Total freezing of all non-urgent surgery
 - Many elective patients postponed
- Most likely a « loss of chance » for other disease
 - Acute MI, stroke
 - Unknown cancer because of reduced screening

N of ICU Beds (Paris)

- Normal conditions
 - Pompidou 41
 - APHP total 495
- During April Pic
 - Pompidou 99 (2.4 times)
 - APHP total 1105 (2.2 times)

How to Manage IO?

- Instructions to dramatically reduce the OR time including IR and IO
- Maintained urgent interventions
- Reorganize patient workflow

Société Francaise de Radiologie Guidelines

- In COVID+ patients
 - Limitation to essential intervention
- In all patients
 - Prioritize outpatients
 - Postpone non-urgent IR
 - UFE, PAE, varicocele, claudication, chronic V obstruction, pelvic congestion...
 - Maintain
 - IO
 - ablation, TACE, abscess drainage
 - pics and ports
 - supportive care
 - Emergency
 - embolization for bleeding
 - CLI

<https://ebulletin.radiologie.fr/actualites-covid-19/gestion-patients-radiologie-interventionnelle-deconfinement-du-11-mai>

What Precautions Are You Taking for COVID-Positive Patients?

- Direct from ward to angio room
- Reduces IR manpower
- FP 5 and protective shield
- Only one circulating nurse and one tech staffing the control room
- Protocol for dressing and undressing
- Defining days with team A and days with team B

3D-printed face protective shield in interventional radiology: Evaluation of an immediate solution in the era of COVID-19 pandemic

M. Sapoval^{a,b,*}, A.L. Gaultier^{a,c}, C. Del Giudice^{a,b}, O. Pellerin^{a,b}, N. Kassis-Chikhani^d,
V. Lemarteleur^e, V. Fouquet^{f,g}, L. Tapie^h, P. Morentonⁱ, B. Tavitian^{a,c}, J.P. Attal^j

^a Université de Paris, PARCC, Inserm, 75015 Paris, France

^b Department of Vascular and Oncological Interventional Radiology, AP-HP, Hôpital Européen Georges Pompidou, 75015 Paris, France

^c Department of Radiology, AP-HP, Hôpital Européen Georges Pompidou, 75015 Paris, France

^d Medical Hygien Department, AP-HP, Hôpital Européen Georges Pompidou, 75015 Paris, France

^e Université de Paris, Centre de Simulation Ilumens, 75006 Paris, France

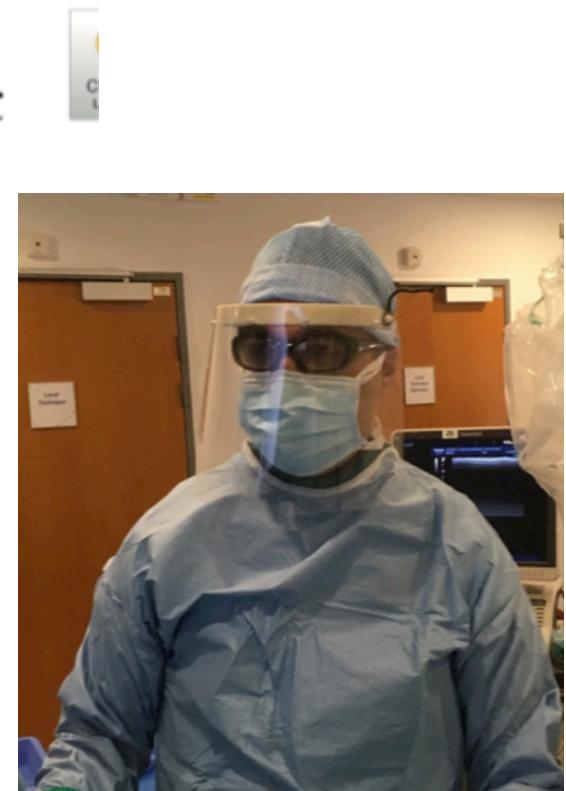
^f Unité de Recherches Biomatériaux Innovants et Interfaces (URB2i - EA 4462), Université de Paris, Paris, France

^g Hôpital Louis-Mourier, 92700 Colombes, France

^h Unité de Recherches Biomatériaux Innovants et Interfaces (URB2i - EA 4462), Université Sorbonne Paris Nord, 93430 Villetaneuse, France

ⁱ CentraleSupélec, Université Paris-Saclay, 91192 Gif-sur-Yvette, France

^j Unité de Recherches Biomatériaux Innovants et Interfaces (URB2i - EA 4462), Université de Paris, Hôpital Charles Foix, 94200 Ivry-sur-Seine, France



1. Photograph shows interventional radiologist wearing the 3D-printed face shield.

Shortage in Surgical Mask and FFP5

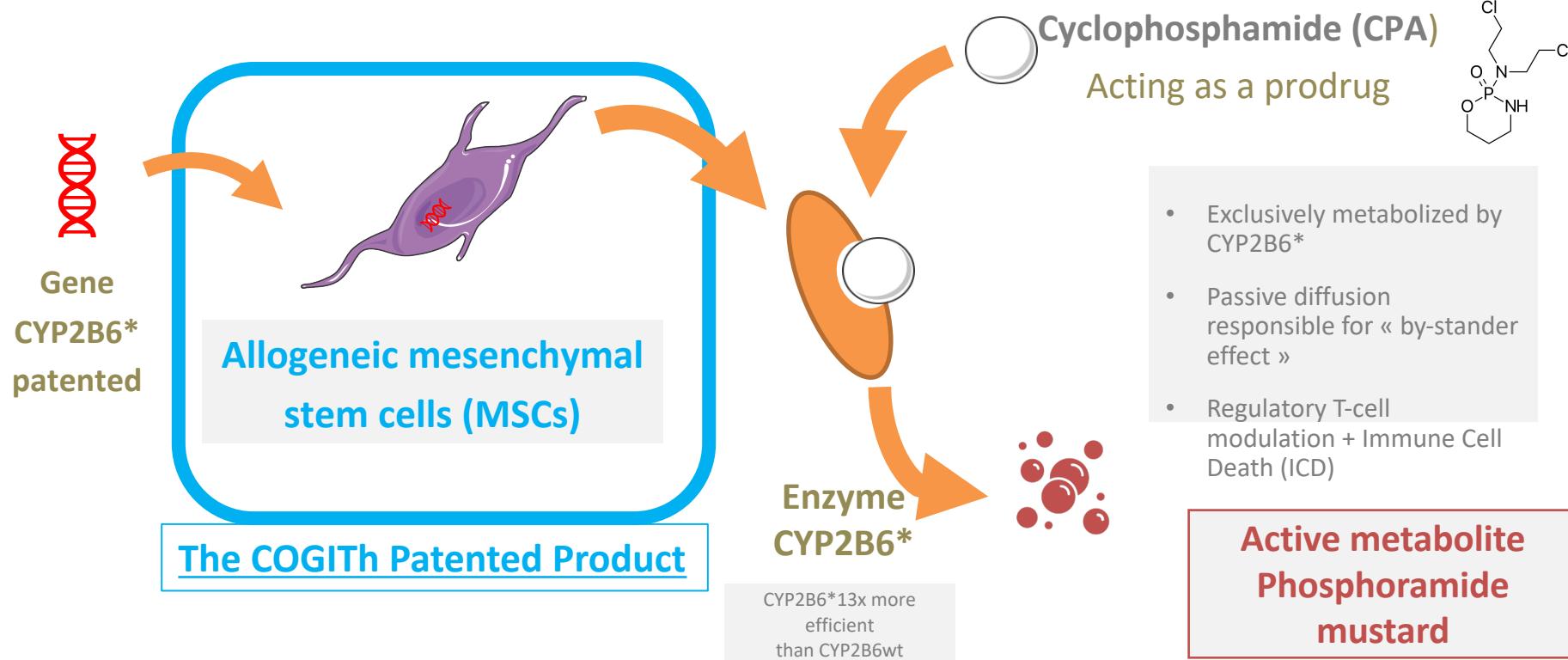
- Preparing 3D-printed protective shield
- www.3D4care.org
- Prospective evaluation of operator comfort

Results

- Intervention was $59 +_{-} 58$ min
- The shield was used several times ($2 +_{-} 1.7$ times [1-8 times]).
- The mean ability to perform the assigned intervention as usual was $1.7 +_{-} 0.8$ [1-4]
- The mean visual tolerance was $1.6 +_{-} 0.7$ [1-4]
- The mean MSK tolerability was $1.4 +_{-} 0.7$ [1-3]

Our Best WIP?

COGITh Patented Gene-directed Enzyme Prodrug Therapy



How to Optimally Deliver iMSC in Hepatic Tumors?

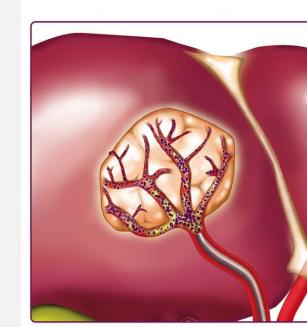
- Per os: 😞 no absorption
- IV: 😞 pulmonary trapping
- Intratumoral : 😞 poor diffusion



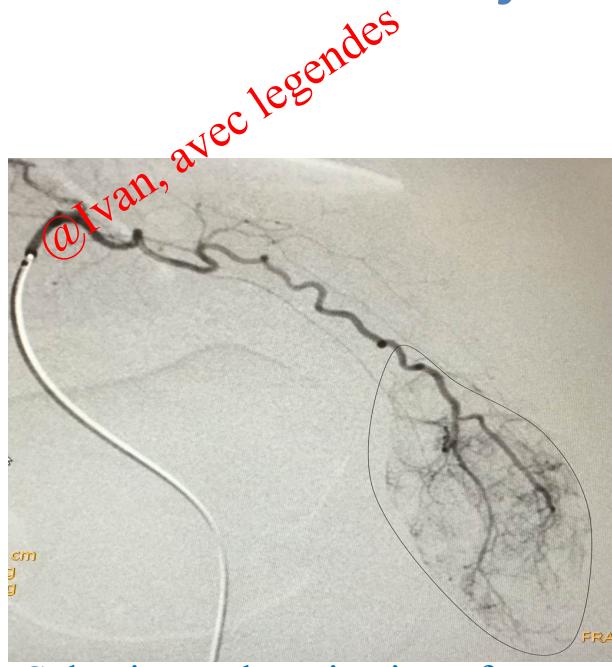
- **Intra-arterial injection: Optimal option**
(Usual practice in HCC - 80% of chemo treated pts)

Elective route to reach hepatic tumors

- *Tumors are vascularized by the hepatic artery*
- *Selective catheterization allows safe and accurate delivery*



EFFILAP II study: VX2 Rabbit Model / COGITH Trans–Arterial Admin. vs. cTACE (Chemoembolization) vs. CPA “Pivotal Pre-Clinical” Trial in Reference Model



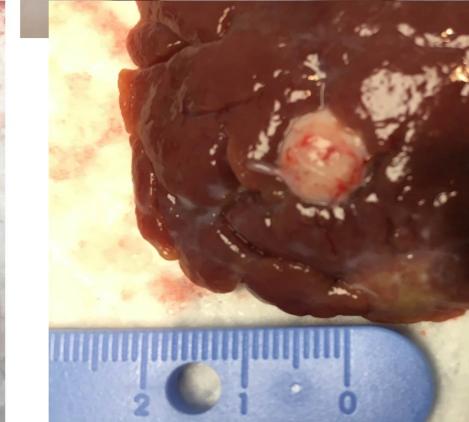
10/21/20

cTACE

Major
progression
&
metastatic
spread

COGITH

Tumoral scar
&
no metastatic
spread



Strictly Confidential - Fo

Conclusion

- COVID put the public health system under a lot of pressure
- Aggressive policy and management of IR workflow is mandatory
- Sometimes an opportunity to transfer to less invasive interventions to avoid surgery (example liver ablation)
- Hope we can all share a good beer soon