

IO in the COVID World: France

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Disclosures

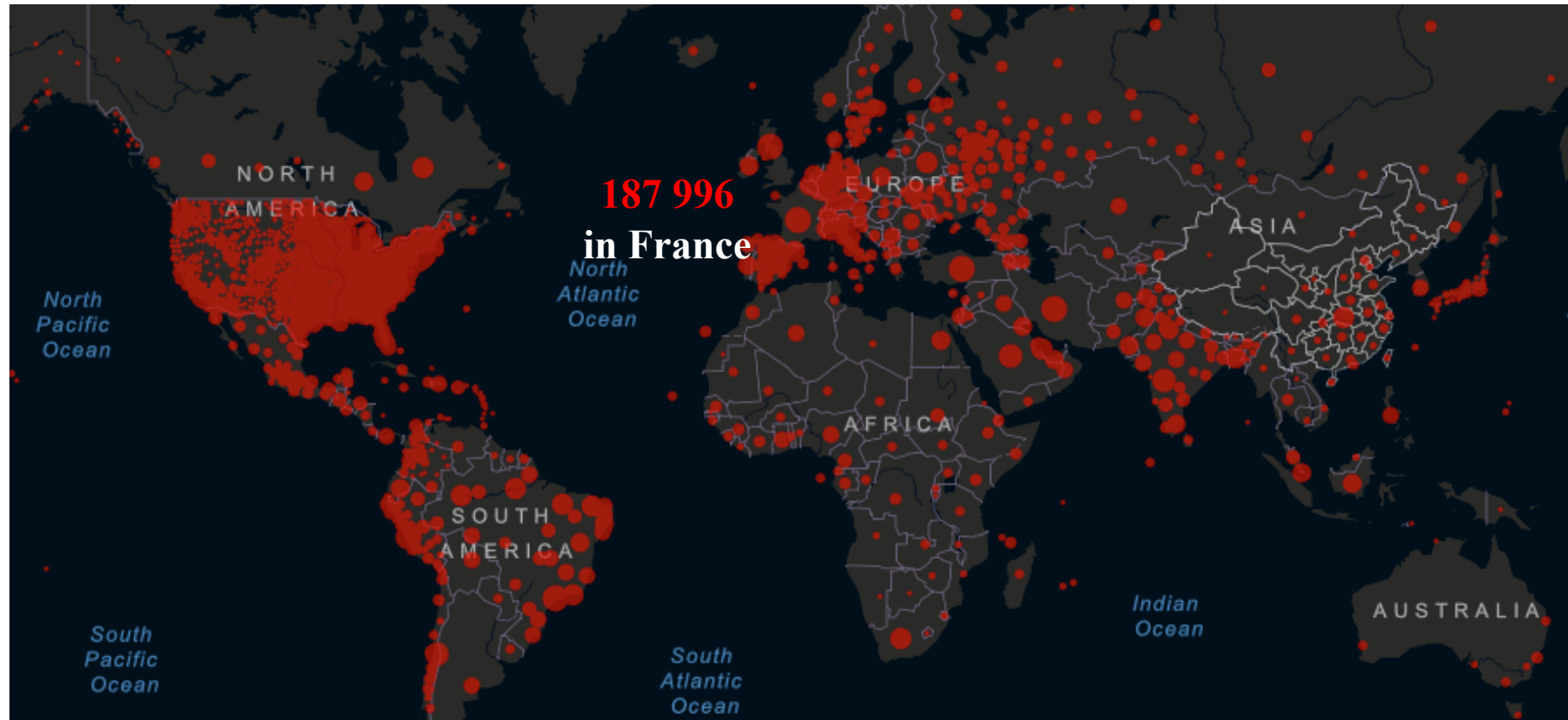
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Merit Medical, ReCor

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Epidemiology of COVID-19, February 3

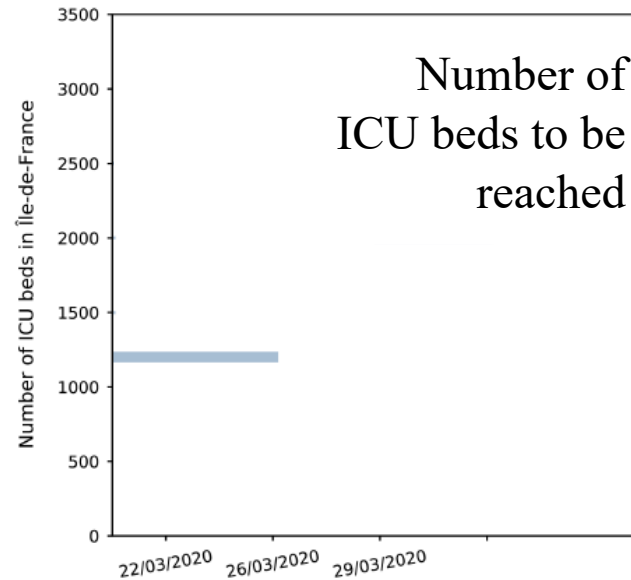


Epidemiology of COVID-19, June 10 = 7,302,391 cases



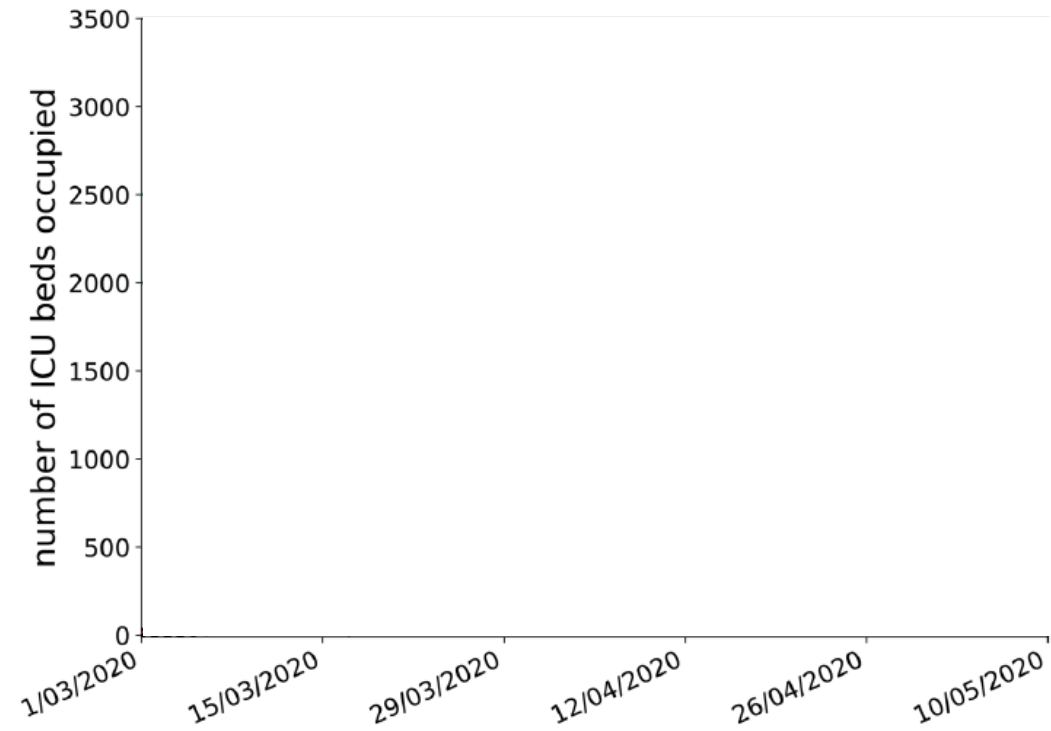
COVID-19: Objectives of Lockdown

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



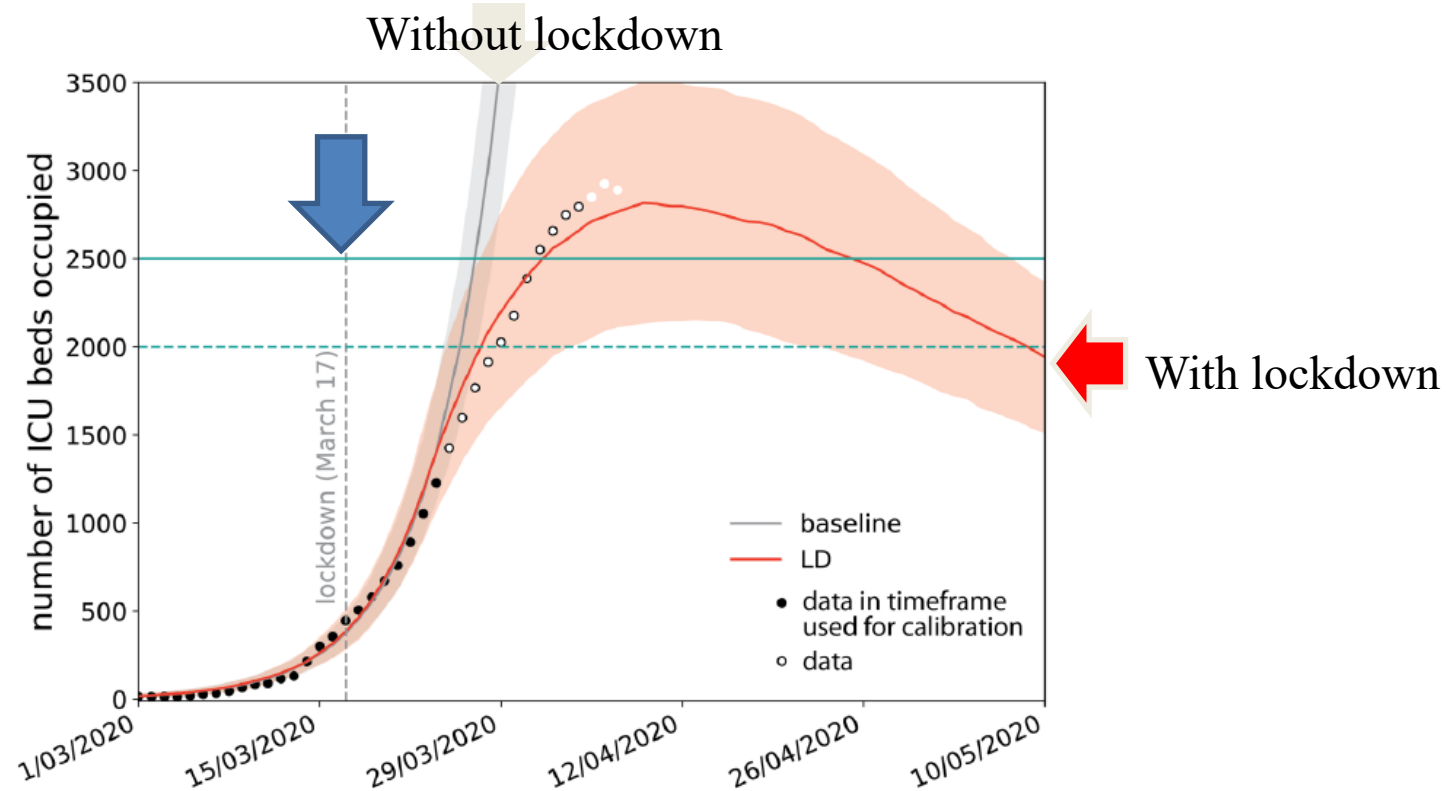
Di Domenico L, et al. *BMC Med.* 2020;18(1):240.

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 Française 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

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

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

Shortage in Surgical Mask and FFP5

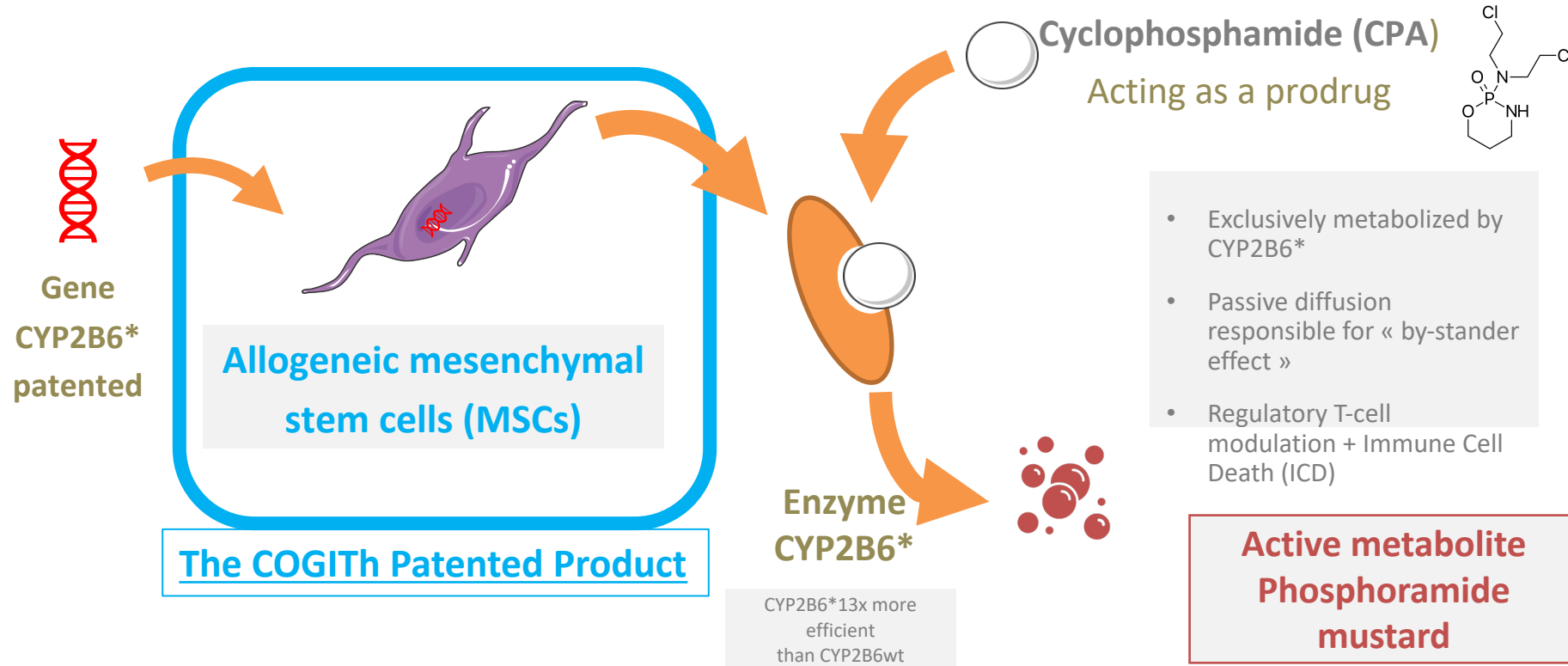
- Preparing 3D-printed protective shield
- www.3D4care.org
- Prospective evaluation of operator comfort

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



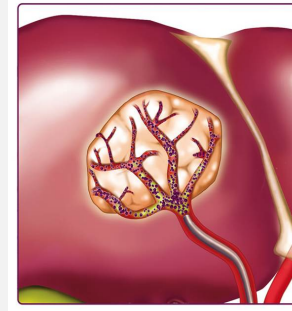
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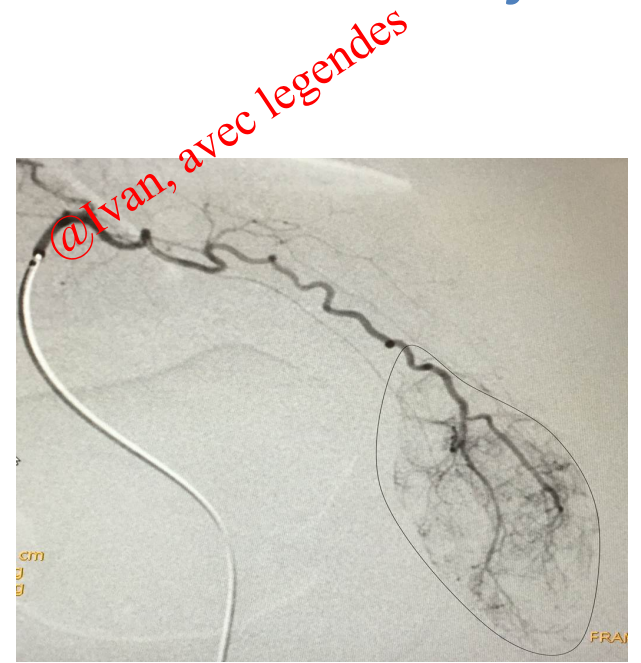
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How to Optimally Deliver iMSC in Hepatic Tumors?

- 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



Selective catheterization of tumor arterial feeder and injection of COGITH in a VX2 liver tumor model

10/21/20

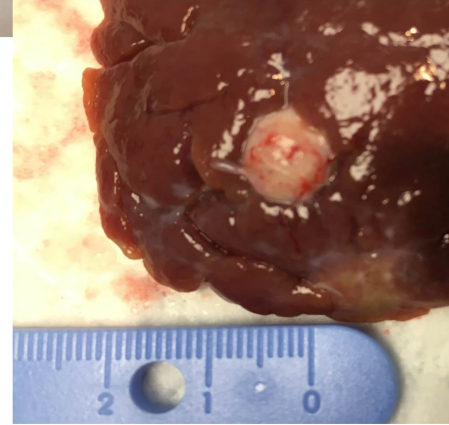
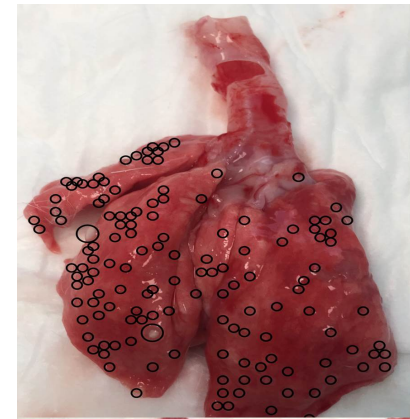
cTACE

Major progression & metastatic spread

COGITH

Tumoral scare & no metastatic spread

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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