8th INTERNATIONAL MEETING on SONO-ELASTOGRAPHY
3rd Hands-on Course

TREBISACCE (Cosenza)
MAY 6th · 8th, 2019
UNDER THE PATRONAGE OF

CITTÀ DI TREBISACCE

AZIENDA SANITARIA PROVINCIALE COSENZA

REGIONE CALABRIA

UNIVERSITÀ DEGLI STUDI DI PAVIA

Fondazione IRCCS Policlinico San Matteo

Sistema Socio Sanitario

Regione Lombardia

EFSUMB - EUROPEAN FEDERATION OF SOCIETIES FOR ULTRASOUND IN MEDICINE AND BIOLOGY

SIMIT - SOCIETÀ ITALIANA DI MALATTIE INFETTIVE E TROPICALI

SIRM - SOCIETÀ ITALIANA DI RADIOLOGIA MEDICA E INTERVENTISTICA

SIUMB - SOCIETÀ ITALIANA DI ULTRASONOLOGIA IN MEDICINA E BIOLOGIA
This year is the eight edition of our Sono-Elastography Meeting and like, in the past editions, our aim is to provide a unique and practical approach to new technical development of Sono-Elastography and to its wide clinical application. Sono-Elastography is an ultrasound-based imaging technique that has enhanced the diagnostic capabilities of clinical ultrasonography. This edition of the Meeting is designed to address practical concerns of healthcare professionals on how to obtain good quality imaging and diagnostic insight on different equipment. The general experience with Sono-Elastography is growing with time, thus we have built the meeting as an occasion to try different approach from different vendors practically on both models, phantoms and real patients during hospital routine on small groups. Sono-Elastography adds valuable information to the study of all organs, potentially resulting in “a virtual biopsy”. As different elastographic modalities are available, our aim is also to help understanding which one is best suited for any given indication and which information can be obtained when using it. During this meeting the clinical applications and recent advances on Sono-Elastography will be analyzed with speakers coming from several countries and with the participation of commercial representatives. We welcome you in this meeting of clinicians and scientists that combine their knowledge and experience in the innovations of US”.

The Scientific Committee
Fabrizio Calliada,
Chandra Bortolotto,
Giovanna Ferraioli,
Carlo Filice
SCIENTIFIC PROGRAMME

Monday, May 6th 2019

14.00-14.30  Registration of Participants

14.30-15.00  Welcome

15.00-15.30  OPENING LECTURE:
              Sono-Elastography physics principles:
              what Clinicians need to know • J. Bamber

1st SESSION - LIVER
Chairpersons: C. Filice, F. Calliada

15.30-16.00  Liver • G. Ferraioli/L.Maiocchi

16.00-16.15  Discussion

16.15-17.15  ORAL COMMUNICATIONS

17.15-19.00  Practical Session & Hands-on:
              Liver • Tutors

        End of the first day
Tuesday, May 7th 2019

2nd SESSION - BREAST & THYROID
Chairpersons: F. Calliada, A.P. Masciotra

09.00-09.30 Thyroid: Elastography and TI-RADS • V. Cantisani
09.30-10.00 Breast • R. Barr

10.00-10.15 Discussion

10.15-10.30 COFFEE BREAK

10.30-12.30 Practical Session & Hands-on: Breast & Thyroid • Tutors

12.30-14.00 LUNCH

3rd SESSION - GENITO-URINARY, PANCREAS AND INTESTINE
Chairpersons: L. Perretti, G. Ferraioli

14.00-14.30 Pancreas • M. D’Onofrio
14.30-15.00 Intestine • S.R. Wilson

15.00-15.15 Discussion

15.15-17.15 Practical Session & Hands-on: Pancreas & Intestine • Tutors

End of the second day
Wednesday, May 8th 2019

4th SESSION - MSK & MALE GENITALIA
Chairpersons: M. Canepari, L. Perretti

09.00-09.30 MSK and Nerve • E. Silvestri
09.30-10.00 Miscellanea • A. Masciotra

10.00-10.15 Discussion

10.15-10.30 COFFEE BREAK

10.30-12.30 Practical Session & Hands-on:
Miscellanea • Tutors

12.30-13.00 CLOSING LECTURE:
Artifacts: a practical approach • P. Burns

13.00-13.15 Closing Remarks & Take home message

C.M.E (Medical Continuous Education) Questionnaire

LUNCH
FACULTY

JEFFREY BAMBER, London (UK)
RICHARD G. BARR, Roostown - Ohio (USA)
PETER BURNS, Toronto (Canada)
FABRIZIO CALLIADA, Pavia (Italy)
MARIO CANEPARI, Pavia (Italy)
VITO CANTISANI, Rome (Italy)
MIRKO D’ONOFRIO, Verona (Italy)
GIOVANNA FERRAIOLI, Pavia (Italy)
CARLO FILICE, Pavia (Italy)
LAURA MAIOCCHI, Pavia (Italy)
ANTONIO MASCIOTRA, Campobasso (Italy)
LEONARDO PERRETTI, Castrovillari - CS (Italy)
ENZO SILVESTRI, Genova (Italy)
STEPHANIE R. WILSON, Calgary (Canada)

TUTOR

GIULIA BOFFELLI, Pavia (Italy)
SILVIA CASALE, Pavia (Italy)
BENEDETTA CIACCHINI, Pavia (Italy)
CAROLINA DELLAFORE, Pavia (Italy)
PIERO MACERONI, Roma (Italy)
SAVERIA MARRAZZO, Castrovillari - CS (Italy)
FABIO PANZUTO, Pavia (Italy)
MAIJA RATZINA, Riga (Republic of Latvia)
MARIA ROSIGNUOLO, Castrovillari - CS (Italy)
ANTONELLA SMEDILE, Pavia (Italy)
Participants that would like to send abstracts are kindly invited to use only the dedicated online form available on the website www.nadirex.com and send it within April 15th 2019.

The Organizing Secretariat will send by email the confirmation within April 23th 2019.

Participants must indicate whether they are sending posters or oral communications. The choice is not binding.

The Organizing Secretariat will communicate the confirmation of acceptance at the first author on the abstract form, together with date and time of the presentation.

The duration of each oral communication will be 7 minutes, plus 3 minutes of discussion.

ABSTRACT PRESENTATION DETAILS
• Abstracts must be written in English, with the following order:
  - Title: brief and written in capital letters
  - Author: initial of the given name following by the last name, no academic titles. Kindly underline the name of the authors who will make the presentation
  - Affiliation
• Use Word program, Times New Roman character, size 12 and single line spacing
• Maximum length: 1 page

CONTENT
Abstract must contain:
• Objectives of the studies
• Methods used
• Results and conclusions

Eventual bibliographical quotes must be indicated in the text.
Charts and diagrams can be used as long as they are included in the text page.
GENERAL INFORMATIONS

SCIENTIFIC COMMITTEE
Chandra Bortolotto, Pavia (Italy)
Fabrizio Calliada, Pavia (Italy)
Giovanna Ferraioli, Pavia (Italy)
Carlo Filice, Pavia (Italy)
Leonardo Perretti, Castrovillari (CS, Italy)

CONFERENCE VENUE
The Congress will be held in Trebisacce (Cosenza)
Azienda Sanitaria Provinciale di Cosenza
Ospedale Civile G. Chidichimo
Via Pierre Marie Curie
Trebisacce (Cosenza) 87075

LANGUAGE
Official languages: English and Italian.

CME - CONTINUING MEDICAL EDUCATION (for Italian Participants only)
Request for CME training credits has been forwarded to the Italian Ministry of Health for 100 Physicians (inter-disciplinary).
EVENT NUMBER: 265-253596
CREDITS FOR PHYSICIANS: 14

Online registration on the website www.nadirex.com

ORGANIZING SECRETARIAT
Nadirex International S.r.l.
Via Riviera, 39 - 27100 Pavia (Italy)
Tel: +39.(0)382.525714
Fax: +39.(0)382.525736
e-mail: francesca.granata@nadirex.com
www.nadirex.com

MAIN TOPICS

• PHYSICS AND TECHNICAL INNOVATIONS

• CLINICAL APPLICATIONS:
Liver
Breast & Thyroid
Genito-Urinary, Pancreas and Intestine
MSK and Male Genitalia
REGISTRATION

The registration form is also available at: www.nadirex.com
To register, please fill in the form and send it with fee payment to the Organizing Secretariat. Registration shall be valid only if accompanied by proof of fee payment.
The Organizing Secretariat will notify participants of their registration.

The registration fees include:
- Participation in the conference work
- Conference Kit
- Certificate of attendance
- CME credits Certificate
- Working lunches as scheduled
- Social Dinner Tuesday, May 7th 2019

METHODS OF PAYMENT

Payment can be made by bank transfer or credit card.
Bank details:
Nadirex INTERNATIONAL Srl
IBAN: IT48A031111305000000030112
Swift Code: BLOPIT22634
The copy of the bank transfer should be sent together with the registration form to the Organizing Secretariat. The Organizing Secretariat will not accept any registration without the payment of the fee.

REQUEST FOR EXEMPTIONS FROM VAT
(Art. 10 Paragraph 20 D.P.R. 637/72)
Public institutions requiring exemption of VAT for the registration of their staff must tick the appropriate space on the registration form and put on their official stamp mark. Requests sent without an institutional stamp mark cannot be accepted.
Once payment has been made, reimbursement of VAT and related credit note cannot be made.
For accounting reasons, registration without the requested payment information will not be accepted.

<table>
<thead>
<tr>
<th>Registration Category</th>
<th>Within March 31st 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIUMB/SIRM/EFSUMB* members</td>
<td>€ 120.00 (€ 98.36 + 22% VAT)</td>
</tr>
<tr>
<td>SIUMB/SIRM/EFSUMB* non-members</td>
<td>€ 240.00 (€ 196.73 + 22% VAT)</td>
</tr>
<tr>
<td>TRAINEES/STUDENTS**</td>
<td>€ 50.00 (€ 40.98 + 22% VAT)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registration Category</th>
<th>After March 31st 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIUMB/SIRM/EFSUMB* members</td>
<td>€ 150.00 (€ 122.96 + 22% VAT)</td>
</tr>
<tr>
<td>SIUMB/SIRM/EFSUMB* non-members</td>
<td>€ 260.00 (€ 213.11 + 22% VAT)</td>
</tr>
<tr>
<td>TRAINEES/STUDENTS**</td>
<td>€ 70.00 (€ 57.38 + 22% VAT)</td>
</tr>
</tbody>
</table>

* SIRM: Società Italiana Radiologia Medica; SIUMB: Società Italiana Ultrasonologia in Medicina e Biologia.
** Trainees / Students are kindly requested to provide an official proof of the status from the Institution / Hospital they practice their specialty in, to the Course’s Secretariat.

LIABILITY AND INSURANCE

Organizers will not take any responsibility for injury or damage involving persons and property during the meeting. Participants are invited to subscribe on their own personal travel and health insurance.
METHODS OF PAYMENT

Bank Transfer made payable to: Nadirex International S.r.l.
IBAN: IT48A0311113050000030112 - Swift Code: BLOPIT22634

Credit Card:  ❑ VISA  ❑ MASTER CARD  ❑ AMERICAN EXPRESS

Card holder's name (in capital letters) ............................. Signature ..............................................................

Request for exemption from VAT (Art. 10 comma 20 D.P.R. 637/72) Stamp ................................................

I authorise the use of my personal data in accordance with Legislative Decree 196/2003

Date .............................................................................................................. Signature ..............................................................................................................

REGISTRATION FORM

Request for CME training credits has been forwarded to the Italian Ministry of Health for 100 Physicians (inter-disciplinary)
Event Number: 265-253596
Credits for Physicians: 14

Fill in using capital letters and send with payment to:
NADIREX INTERNATIONAL s.r.l.
Via Riviera, 39-27100 Pavia
www.nadirex.com

PLEASE COMPLETE THE FOLLOWING DETAILS

Name ................................................................................................................................................................................................................................................
Surname ................................................................................................................................................................................................................................................
Profession .......................................................... Discipline ..............................................................................................................................................................................
Institution ..............................................................................................................................................................................................................................................
Address ..............................................................................................................................................................................................................................................
Postal Code .............................. Town/City .............................................................................................................................................................................................................................................. Province ...............................................
Tel. Mobile Tel. .............................................................. E-mail ................................................................................................................................

REQUEST FOR EXEMPTION FROM VAT (Art. 10 comma 20 D.P.R. 637/72) Stamp ................................................

I authorise the use of my personal data in accordance with Legislative Decree 196/2003

Date .............................................................................................................. Signature ..............................................................................................................

INVOICE INFORMATION (Mandatory)

Invoice headed to Name/Last name or company name: ....................................................................................................................................
Address ..............................................................................................................................................................................................................................................
Postal Code .............................. Town/City .............................................................................................................................................................................................................................................. Province ...............................................
VAT Number .............................................................................................................................................................................................................................................. Fiscal Code ..............................................................................................................................................................................................................................................
Birth date ................................................................................................... Birth place ................................................................................................................................

REGISTRATION FEES (VAT 22% included)

<table>
<thead>
<tr>
<th>Registration Category</th>
<th>Within March 31st 2019</th>
<th>After March 31st 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIUMB/SIRM/EFSUMB* members</td>
<td>€ 120,00 (€ 98,36 + 22% VAT)</td>
<td>€ 150.00 (€ 122,96 + 22% VAT)</td>
</tr>
<tr>
<td>SIUMB/SIRM/EFSUMB* non-members</td>
<td>€ 240.00 (€ 196,73 + 22% VAT)</td>
<td>€ 260.00 (€ 213,11 + 22% VAT)</td>
</tr>
<tr>
<td>TRAINEES/STUDENTS**</td>
<td>€  50,00 (€ 40,98 + 22% VAT)</td>
<td>€  70.00 (€ 57,38 + 22% VAT)</td>
</tr>
</tbody>
</table>

* SIRM: Società Italiana Radiologia Medica; SIUMB: Società Italiana Ultrasonologia in Medicina e Biologia.
** Trainees / Students are kindly requested to provide an official proof of the status from the Institution / Hospital they practice their specialty in, to the Course’s Secretariat.

The registration fees include: Participation in the conference work - Conference Kit - Certificate of attendance - CME credits Certificate - Working lunches as scheduled - Social Dinner Tuesday, May 7th 2019

REQUEST FOR EXEMPTION FROM VAT (Art. 10 comma 20 D.P.R. 637/72) Stamp ................................................

I authorise the use of my personal data in accordance with Legislative Decree 196/2003

Date .............................................................................................................. Signature ..............................................................................................................

METHODS OF PAYMENT

❑ BANK TRANSFER made payable to: Nadirex International S.r.l.
IBAN: IT48A0311113050000030112 - Swift Code: BLOPIT22634

❑ CREDIT CARD:  ❑ VISA  ❑ MASTER CARD  ❑ AMERICAN EXPRESS

Card holder’s name (in capital letters) ............................. Signature ..............................................................

❑ REQUEST FOR EXEMPTION FROM VAT (Art. 10 comma 20 D.P.R. 637/72) Stamp ................................................
ORGANIZING SECRETARIAT

Nadirex International S.r.l.
Via Riviera, 39
27100 Pavia (Italy)
Tel +39.(0)382.525714
Fax: +39.(0)382.525736
e-mail: francesca.granata@nadirex.com
www.nadirex.com