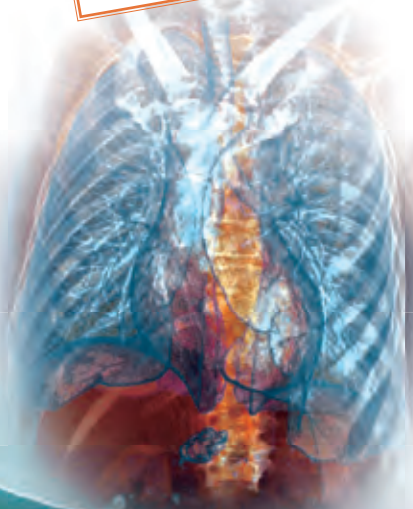


ESTI 2011

Innovation and
Education in
Chest Radiology

June 23-25, 2011
Heidelberg, Germany

Joint Meeting of ESTI and
The Fleischner Society



Preliminary Programme
and Call for abstracts

www.ESTI2011.org



European Society of
Thoracic Imaging

EUROPEAN SOCIETY OF THORACIC IMAGING

THE FLEISCHNER SOCIETY



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Dear Colleagues, Friends and Sponsors,

In 2011, the European Society of Thoracic Imaging (ESTI) and the Fleischner Society will hold a joint Educational and Scientific Meeting in Heidelberg, Germany, from Thursday, June 23, to Saturday, June 25.

The University of Heidelberg has been distinguished as a German elite University with an academic tradition of 625 years and is one of the leading universities worldwide. Numerous major national and international research institutions are based in Heidelberg and underline the importance of the "location" Heidelberg.

This joint ESTI / Fleischner meeting will offer the well-proven combination of basic systematic lectures on chest imaging and current scientific innovation both presented by world-renowned speakers. Beyond this traditional track, we strive to achieve the following new goals by a multi-disciplinary international faculty:

- Multidisciplinary to also attract participants from respiratory medicine and oncology
- Parallel clinical and radiological sessions with experts from ESTI and the Fleischner Society as well as a dedicated session: ESTI meets the European Respiratory Society (ERS).
- Dedicated training Course in Chest radiology in German ("Fit für den Facharzt") supported by the German Radiological Society (DRG)
- Reinivigation of ties between chest radiologists within Europe: ESTI meets the Italian "Sezione Radiologia toracica - Società Italiana Radiologia Medica (SIRM)"
- How-to-do Courses
- Read-with-the-expert
- "Population-based imaging": Update on CT within large epidemiological studies on lung cancer and COPD

It is our great pleasure to invite you to join us for this exciting meeting in Heidelberg.

We are looking forward to welcoming you in Heidelberg.



Hans-Ulrich Kauczor



Massimo Pistolesi

Congress Organisation



ESTI and Meeting President:

- Hans-Ulrich Kauczor

Fleischner Society President:

- Massimo Pistolesi

Local Organising Committee

- Hans-Ulrich Kauczor
- Felix Herth
- Stefan Diederich
- Michael Thomas
- Claus Peter Heußel
- Roland Buhl
- Sebastian Ley
- Claus Vogelmeier

Organising Committee

- Hans-Ulrich Kauczor (ESTI) (Chair)
- Massimo Pistolesi (Fleischner) (Co-Chair)
- Katharina Marten (ESTI)
- Martine Remy-Jardin (ESTI)
- Johny Verschakelen (ESTI)
- Takeshi Johkoh (Fleischner)



Preliminary Programme

Sessions

The joint ESTI/Fleischner meeting has a strong interdisciplinary scope which is reflected by the set-up of the programme. Beyond plenary sessions of the major lung diseases, the ESTI/Fleischner meeting is offering two parallel tracks

- 1) current methodological and technological aspects of chest imaging (radiology track),
- 2) clinical role of imaging decision making and some basic knowledge for non-radiologists (clinical track).

Plenaries

Major lung diseases benefit substantially from the appropriate use of high-quality imaging.

They include:

- Interstitial Lung Disease with experts from pathology, radiology, and respiratory medicine
- Lung Cancer with experts from radiology and nuclear medicine presenting the New TNM System
current role of PET/CT
role of imaging for radiotherapy planning
Therapy response imaging (RECIST 1.1)
- Airway disease: COPD with experts from pathology, radiology, and respiratory medicine. This session will include the ESTI Honorary lecture given by Philippe Grenier (Paris/FR) on Imaging of the Airways: visualization of inflammation

Radiology Track

- Cardiopulmonary Interaction: Structure and Function
Requirements for comprehensive imaging in pulmonary hypertension
- New Horizons in Chest Imaging:
diffusion-weighted MRI
PET/CT for molecular imaging
optical imaging
multi-energy CT
- Computer-Assisted Diagnosis and Detection
pulmonary nodules
parenchyma: emphysema, airways
pulmonary embolism
- Pulmonary Infections
community acquired pneumonia
pneumonia in the immunocompromised host
tuberculosis – an update
- Image-guided Interventions
chemoembolisation in the chest
radiofrequency ablation in the chest
pleural intervention
interventional bronchoscopy in COPD

Clinical Track

- Acute Lung Injury
genetic and infectious risk factors
ventilator-induced lung injury
pandemic influenza
- Chest Radiograph: the Basics
remaining role of CXR in the era of new technologies
side-by-side comparison of CXR and MDCT
innovations in CXR
- Asthma and CF
perspective of a pediatric radiologist
novel aspects of CF
is there a role of imaging in asthma?
update on diagnosis and treatment of asthma
- Comprehensive Cardiopulmonary Imaging
acute chest pain
novel CT techniques
is there a role of MRT?
- Chest radiology in Italy
the role of MRI in diffuse lung disease
COPD phenotyping
pulmonary nodules



Hands-on Workshops

Read with the Experts

Reporting projection radiography, CT and MRI of the chest is a challenge for residents, fellows and non-radiologists. Clear depiction of pathology, recognition of typical patterns and use of adequate terminology are the major components for starting a good report. To improve your knowledge and confidence we will offer four different interactive “read-with-the-experts” sessions with highly experienced international chest radiologists.

They will be available in English and German and focused on

- Pneumonia
- Interstitial lung disease
- Airway disease
- Advanced differential diagnosis

How to do it

Expert will demonstrate how they perform radiology exams and of the chest, interventions and use software assistance while reporting. Some of these workshops will be supported by the industry, with their application specialists on-site.

Topics will include

- Multidetector-CT, Spectral-CT with virtual scanning
- MRI of the Lung: scanning volunteers
- Operation of different software tools for diagnosis and therapy monitoring of pulmonary nodules, lung cancer, emphysema, Airway disease and pulmonary embolism
- Operation of software tools for navigation of bronchoscopic procedures
- Percutaneous biopsy
- Ultrasound of the chest
- Imaging for Radiotherapy planning in the chest

Interactive Guided Tours

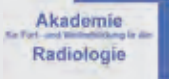
We are happy to offer guided tours as well as question and answer rounds for High-end imaging and treatment equipment is available at the Heidelberg campus. We are happy to offer guided tours and question and answer rounds for

- human high field MRI (7T)
- heavy ion radiotherapy of lung Cancer (Heidelberg Ion Therapy)
- small animal imaging for lung research

Please note:

The number of participants will be limited and preregistration is recommended. All these courses are included in the general registration fee.

PROGRAMME OVERVIEW ESTI 2011 *

	Thursday, June -23		Friday,
	CME course (FFF) in German	ESTI	Radiology Track
8:00 '15 '30 '45			Cardiopulmonary Interaction: Structure and Function
9:00 '15 '30 '45	CME Course „Fit für den Facharzt“	Population-based imaging	New Horizons in Chest Imaging
10:00 '15 '30 '45			
11:00 '15 '30 '45	Coffee Break / Visit of the Exhibition Area / Poster Visit		
12:00 '15 '30 '45	Opening Diffuse Lung Disease		Lung Cancer
	Visit of the Exhibition Area / Poster Visit		
13:00 '15 '30 '45	LUNCH SYMPOSIUM	LUNCH SYMPOSIUM	LUNCH SYMPOSIUM
14:00 '15 '30 '45	Break		
15:00 '15 '30 '45	CME Course „Fit für den Facharzt“	Scientific Session	Hands-on Workshops
16:00 '15 '30 '45			
17:00 '15 '30 '45	CME Course „Fit für den Facharzt“	Scientific Session	Hands-on Workshops
18:00 '15 '30 '45	Welcome Reception		
19:00			Dinner

Subject to be changed



June -24	Saturday, June -25	
Pulmonary Track	Radiology Track	Pulmonary Track
Acute Lung Injury	Computer-Assisted Detection and Diagnosis (CAD)	ESTI/Fleischner meet ERS: Asthma and CF
Chest Radiography: the Basics	Pulmonary Infections	Comprehensive Cardiopulmonary Imaging
Coffee Break / Visit of the Exhibition Area / Poster Visit		
Staging	Airway Disease: COPD Honorary Lecture	
Visit of the Exhibition Area / Poster Visit		
LUNCH SYMPOSIUM	LUNCH SYMPOSIUM	LUNCH SYMPOSIUM
Break		
Image-Guided Interventions	Hands-on Workshops	Scientific Session
the Exhibition Area / Poster Visit		
ESTI/Fleischner meet SIRM: Sezione Radiologica Toracica	Film Panel Adjourn	
Ship Cruise		

Speaker ESTI - Faculty (accepted)

Speaker

City / Country

P. Barnes	London / UK
A. Bankier	Boston / US
J. Biederer	Kiel / DE
L. Bonomo	Rome / IT
P. Brillat	Paris / FR
A. Brody	Cincinnati / US
D. Christiani	Boston / US
E. Coche	Brussels/ BE
T. Colby	Scottsdale / US
J. Crapo	Denver/ US
C. Engelke	Goettingen / DE
T. Franquet	Barcelona / ES
J. Galvin	Washington / US
F. Gleeson	Oxford / UK
P. Grenier	Paris / FR
D. Hansell	London /UK
C. Haslett	Edinburgh / UK
C. Heussel	Heidelberg / DE
J. Im	Seoul / KR
K.-F. Kreitner	Mainz / DE
A. Larici	Rome / IT
F. Laurent	Bordeaux / FR
K. Lee	Seoul / KR
S. Ley	Heidelberg / DE
J. Ley-Zaporozhan	Heidelberg / DE
H. MacMahon	Chicago / US
K. Malagari	Athens / GR
T. McLoud	Boston / US
A. Mehta	Abu Dhabi/ UAE
F. Molinari	Rome / IT
D. Naidich	New York / US
S. Padley	London / UK
E. Patz	Durham / US
M. Pistolesi	Florence / IT
M. Remy-Jardin	Lille / FR
G. Rubin	Durham / US
C. Schaefer-Prokop	Amersfoot/ NL
A. Slutsky	Toronto / CA
N. Sverzellati	Parma / IT
H. Tiddens	Rotterdam / NL
J. Verschakelen	Leuven/ BE
D. Wever	Leuven/ BE
J. Wildberger	Maastricht / NL



Abstract Information

Abstract Submission

DEADLINE FOR SUBMISSION: February 21, 2011

You are kindly invited to submit scientific contributions to be presented during the meeting. Abstracts may only be submitted in English using the electronic abstract submission system on the website at: www.esti2011.org

Abstracts will be published in the online edition of a well accepted professional journal.

Abstracts should meet the following criteria

- The abstract cannot exceed 250 words
- Abstracts must be written in English, explained abbreviations may be used
- Graphs and Tables are not allowed

Structure of the Abstract

Purpose
Materials and Methods
Results
Conclusions

General information on the Abstract Submission

Please kindly note that the submission of an abstract does not replace the registration to the congress.

After the reviewing process all accepted abstracts will be presented via E-poster sessions under a special link which will be provided by the congress organiser. The E-poster may only have 10 MB. For uploading an E-poster please use a pdf, doc or ppt-file. Please do not include a video. All submitters will be informed about their acceptance by Email. After that the submitters are invited to register for the congress.

Please note that publication of the selected abstract(s) and inclusion in the scientific programme is subject to the congress registration of the presenting author.

The submitter confirms that his research / study has not been supported by the tobacco industry or any associated bodies.

Congress Venue



Kopfklinik Heidelberg
Im Neuenheimer Feld 400
69120 Heidelberg – Germany



Medizinische Klinik Heidelberg
Im Neuenheimer Feld 410
69120 Heidelberg – Germany

Heidelberg is centrally located in Germany and Europe and easy to reach by plane, train, car or bus. Especially the proximity to Frankfurt airport, less than 60 minutes, is a great advantage.

Arrival

By plane

Frankfurt Airport (about 80 km, 50 minutes)

Transfers:

Lufthansa Airport Bus: Departures directly from Terminal 1 in front of arrivals hall B, arrival at Crowne Plaze Hotel in the center of Heidelberg. Pre-booking is recommended, check www.lufthansa-airportbus.de. Price approximately 22 €.

Shuttle Bus service: departures from meeting points in Terminal 1 or 2. Takes you directly to your hotel or congress venue. Pre-booking required, check www.tls-heidelberg.de. Price approximately 35 €.

Train (German Railway): departure from the Fernbahnhof (long-distance train station) opposite Terminal 1 to Mannheim, change trains in Mannheim and go to Heidelberg Hauptbahnhof (main station). Check www.bahn.de. Price approximately 24.50 €.

Stuttgart Airport (about 120 km, 90 minutes)

Transfer:

Train (German Railway): With the S-Bahn directly to Stuttgart Hauptbahnhof, which is part of the ICE, EC and IC network and connects to Heidelberg.

By train

Heidelberg is connected directly to the ICE- and IC/EC-Network of German Railways (DB). Arrival is at Heidelberg Hauptbahnhof (main station). For connections see www.bahn.de

From Heidelberg Hauptbahnhof it is approximately 10 minutes by car to the Congress venue on the Heidelberg University Campus. You can take a taxi or bus to the „Kopfklinik“: Bus no. 32 towards “Neuenheimer Feld/Kopfklinik” get off at the stop „Kopfklinik”.

By car

The A5/A6 autobahns, with their interconnected exits and feeder highways, serve much of the greater Rhine-Neckar region. The A5/A656 autobahns have exits leading directly to Heidelberg.



Registration

How to register?

Registration can be made online via the congress website: www.esti2011.org

	EARLY before May 9, 2011**	LATE after May 9, 2011**
	€	€
JUNIOR (younger 35 years)		
Member ESTI or DRG	150	200
non-member	250	300
SENIOR		
Member ESTI or Fleischner	250	300
non-member	400	450
STUDENTS, TECHNICIANS	100	150
ONE-DAY REGISTRATION	250	300
ACCOMPANYING PERSON	100	150
ONLY PRE CONGRESS COURSE	150 €	
	SOCIAL EVENT*	
Boat Trip	60 €	

* Mentioned price includes German VAT

**Mentioned prices are tax free according § 4, Nr. 22a German UStG in the name of the European society of Thoracic Imaging, Vienna

Delegates' registration fee includes

- Access to the scientific sessions and the company sponsored Satellite Symposia
- Access to Exhibition Area
- Certificate of Attendance
- Opening and Welcome Reception
- Link to E-Poster viewing

Accompanying persons' fee includes:

- Welcome Reception
- Access to Exhibition Centre

Group registration

For a group registration of more than 10 people, please contact directly esti2011@interplan.de

Payment

Payments are required to be made in EURO (€) by bank transfer or credit card (VISA, Eurocard or AMEX).

Payment by bank transfer must be made to the following account:

Account holder:	INTERPLAN AG
Bank name:	Hypovereinsbank München
Account number:	654 028 4588
Bank code:	700 202 70
IBAN:	DE87 7002 0270 6540 2845 88
SWIFT (BIC):	HYVEDEMMXXX

Please indicate the following reference: "ESTI 2011" and your name.

Banking fees must be paid by the registrant.

Please kindly note that payment by bank transfer can only be accepted until June 8, 2011.

After this date only direct payment by credit card or payment on-site will be accepted.

Payments by credit card will be charged directly with your online registration.

Please note that for payment by credit card a Pincode will be required. This code will be provided by your bank.

Hotel Reservation

INTERPLAN has made reservations for the industry and participants with special rates and conditions in several hotels. All hotels are located near the congress venue or in the city centre and are well connected with the congress venue. To benefit from these rates we kindly ask you to contact the following hotels. Please mention the key word "ESTI 2011".

Hotel	Tel.no.	Fax.no.	Address	Price*
Heidelberg Marriott Hotel	0049 (0) 6221-908650	0049 (0) 6221-908698	Vangerowstraße 16, 69115 Heidelberg	SR 140 EUR DR 160 EUR
Crowne Plaza Heidelberg	0049 (0) 6221-917190	0049 (0) 6221 21007	Kurfürstenanlage 1, 69115 Heidelberg	SR 129 EUR DR 149 EUR
Please use the keyword "ESTI 2011"				

*Prices are mentioned in € and incl. breakfast and German VAT.

Further small hotels and guesthouses are published on our website at: www.esti2011.org



Cancellation Policy

In case of cancellation until May 23, 2011 the registration fee less EUR 50,- will be retained.

There will be no refunds after the May 23, 2011 deadline.

Namechanges are possible.

Cancellation and changes in registrations must be sent to INTERPLAN in writing – esti2011@interplan.de.

Registration fee will be payable even in the case of nonattendance.

Important Dates:

May 9, 2011

Deadline for early registration fee

May 23, 2011

In case of cancellation until May 23, 2011 the registration fee less EUR 50,- will be retained.

There will be no refunds after the May 23, 2011 deadline.

Cancellation and changes in registrations must be sent to INTERPLAN in writing – esti2011@interplan.de

June 8, 2011

Payments by bank transfer must be received by INTERPLAN by that date.

Payments received after that date can no longer be transacted. Please note that payments after June 8, 2011 are only possible by credit card or in cash at the venue.

Social Event

Dinner ship cruise

Friday, June 24, 2011

Departure: 19:00

Arrival: 22:00

Pier: "Stadthalle"



The Neckar River is 367 km long, mainly flowing through the south-western state of Baden-Württemberg. Rising in the Black Forest at a height of 706 m above sea level, it passes Heidelberg, before discharging into the Rhine at Mannheim (at 95 m above sea level). The Neckar is the 4th largest tributary of the Rhine and the 10th largest river in Germany. Enjoy the city from the waterside and enter the MS "Alt Heidelberg" for a three hours trip including a local buffet dinner. You will experience the beautiful city of Heidelberg and the town's landmark – the Heidelberg Castle – from a new point of view.





Acknowledgements to Sponsors, Exhibitors and Societies

We thank all Sponsors and
Exhibitors and Societies for their support

Sponsors: GE Healthcare

Exhibitors: Covidien Deutschland GmbH
b·e·imaging·gmbh
Guerbet GmbH
Bracco
GE Healthcare

Societies: Deutsche Röntgengesellschaft e.V. (DRG)

For information about Sponsorship and Exhibition
opportunities please contact:

esti2011@interplan.de

The list reflects the Sponsors/Exhibitors
that confirmed before August 30, 2010.

Contact

Scientific Secretary

Geoff Rubin, grubin@duke.edu

Maria Gaetana Tarallo, maria.tarallo@med.uni-heidelberg.de

Organisation, Registration and Hotelbooking Industrial Exhibition and Sponsoring

INTERPLAN

Congress, Meeting & Event Management AG

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- ◆ Applicable in a broad range of pediatric and adult pathologies^{1,7}

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* Gadovist® 1.0 is indicated in adults, adolescents, and children aged 7 years and older for CNS, liver and kidneys and for MR-angiography. For MR-angiography, Gadovist® 1.0 should only be used in patients with severe cardiovascular disease Gadovist® 1.0 should only be administered after careful risk/benefit assessment because only limited data are available so far. Gadovist® 1.0 should be used with special care in patients with known congenital long QT syndrome or a family history of congenital long QT syndrome, with known previous arrhythmias after taking medicinal products that prolong cardiac repolarisation, who are currently taking a medicinal product that is known to prolong cardiac repolarisation (e.g. a Class III antiarrhythmic (e.g. amiodarone, sotalol)). The possibility that Gadovist® 1.0 may cause torsade de pointes arrhythmias in an individual patient cannot be excluded (see SPC). Since contrast medium elimination is delayed in patients with severely impaired renal function, the benefits must be weighed very carefully against the risks in such cases. In particularly severe cases, it is advisable to remove Gadovist® 1.0 from the body by extracorporeal haemodialysis. For removal of the agent from the body, at least 3 dialysis sessions within 5 days of the injection should be performed. No impairment of renal functions has been observed during clinical trials performed on a limited number of patients. Data are too limited to exclude the possibility of renal toxicity or aggravation of renal impairment. There have been reports of nephrogenic systemic fibrosis shortly after Gadovist® 1.0 administration in patients currently receiving haemodialysis may be useful at removing Gadovist® 1.0 from the body, but its potential to prevent NSF is unknown and should not be used as a preventative measure in other patient groups. Hypersensitivity reactions, as have been reported for other contrast media containing gadolinium, have also been observed after administration of Gadovist® 1.0. In patients with an allergic disposition the decision to use Gadovist® 1.0 must be made after particularly careful evaluation of the risk/benefit ratio. In rare cases delayed anaphylactoid reactions (after hours to days) have been observed. Like with other gadolinium containing contrast agents special precaution is necessary in patients with a low threshold for seizures. **Undesirable effects:** Following adverse reactions have been observed in clinical trials. Uncommon (≥1/1,000 to <1/10,000): Headache, Dizziness, Paresthesia, Nausea, Vasodilatation, injection site pain, injection site reaction. Rare (≥1/10,000 to <1/1,000): Cardiac arrest, Tachycardia, Loss of consciousness, Convulsion, Conjunctivitis, Eyelid oedema, Respiratory arrest, Bronchospasm, Gynosis, Oropharyngeal swelling, Cough, Sneezing, Face oedema, Hypertension, Pruritus, Erythema, Circulatory collapse, flushing, feeling hot, Malaise, Anaphylactoid shock. **Additional safety information:** Short-lasting mild to moderate feelings of coldness, warmth or pain at the injection site have and were mostly of mild to moderate intensity. In rare cases anaphylactoid reactions ranging in shock may occur. Delayed anaphylactoid reactions (after hours to days) have been observed rarely. Patients with an allergic disposition suffer more frequently than others from hypersensitivity reactions. **Date of revision of text:** September 2009 **Please note:** for current prescribing information refer to the package insert and/or contact your local Bayer-Schering Pharma AG, 13342 Berlin, Germany. Adverse reactions can be reported to GdV.CaseProcessing@bayerhealthcare.com

Excipients: calcium chloride, tromethamol, hydrochloric acid, water for injections. **Indications:** This medicinal product is indicated for the diagnosis of various diseases of the central nervous system, the liver and the kidneys and for MR-angiography. **Contraindications:** Hypersensitivity to the active substance or any of the excipients. **Special warnings and precautions for use:** Gadovist® 1.0 should not be used in patients with severe cardiovascular disease Gadovist® 1.0 should only be administered after careful risk/benefit assessment because only limited data are available so far. Gadovist® 1.0 should be used with special care in patients with known congenital long QT syndrome or a family history of congenital long QT syndrome, with known previous arrhythmias after taking medicinal products that prolong cardiac repolarisation, who are currently taking a medicinal product that is known to prolong cardiac repolarisation (e.g. a Class III antiarrhythmic (e.g. amiodarone, sotalol)). The possibility that Gadovist® 1.0 may cause torsade de pointes arrhythmias in an individual patient cannot be excluded (see SPC). Since contrast medium elimination is delayed in patients with severely impaired renal function, the benefits must be weighed very carefully against the risks in such cases. In particularly severe cases, it is advisable to remove Gadovist® 1.0 from the body by extracorporeal haemodialysis. For removal of the agent from the body, at least 3 dialysis sessions within 5 days of the injection should be performed. No impairment of renal functions has been observed during clinical trials performed on a limited number of patients. Data are too limited to exclude the possibility of renal toxicity or aggravation of renal impairment. There have been reports of nephrogenic systemic fibrosis shortly after Gadovist® 1.0 administration in patients currently receiving haemodialysis may be useful at removing Gadovist® 1.0 from the body, but its potential to prevent NSF is unknown and should not be used as a preventative measure in other patient groups. Hypersensitivity reactions, as have been reported for other contrast media containing gadolinium, have also been observed after administration of Gadovist® 1.0. In patients with an allergic disposition the decision to use Gadovist® 1.0 must be made after particularly careful evaluation of the risk/benefit ratio. In rare cases delayed anaphylactoid reactions (after hours to days) have been observed. Like with other gadolinium containing contrast agents special precaution is necessary in patients with a low threshold for seizures. **Undesirable effects:** Following adverse reactions have been observed in clinical trials. Uncommon (≥1/1,000 to <1/10,000): Headache, Dizziness, Paresthesia, Nausea, Vasodilatation, injection site pain, injection site reaction. Rare (≥1/10,000 to <1/1,000): Cardiac arrest, Tachycardia, Loss of consciousness, Convulsion, Conjunctivitis, Eyelid oedema, Respiratory arrest, Bronchospasm, Gynosis, Oropharyngeal swelling, Cough, Sneezing, Face oedema, Hypertension, Pruritus, Erythema, Circulatory collapse, flushing, feeling hot, Malaise, Anaphylactoid shock. **Additional safety information:** Short-lasting mild to moderate feelings of coldness, warmth or pain at the injection site have and were mostly of mild to moderate intensity. In rare cases anaphylactoid reactions ranging in shock may occur. Delayed anaphylactoid reactions (after hours to days) have been observed rarely. Patients with an allergic disposition suffer more frequently than others from hypersensitivity reactions. **Date of revision of text:** September 2009 **Please note:** for current prescribing information refer to the package insert and/or contact your local Bayer-Schering Pharma AG, 13342 Berlin, Germany. Adverse reactions can be reported to GdV.CaseProcessing@bayerhealthcare.com

1. Balzer JO, Loeve C, Davis K et al. Eur Radiol. 2003;13:2067-74. 4. Tombach B, Heindel W. Eur Radiol. 2002;12:1550-6. 5. Tombach B, Bremer C, Bermer P et al. Radiol. 2001;238:652-7. 6. Frenzel T, Lengsfeld P, Schirmer H et al. Invest Radiol. 2008;43:817-828. 7. Bayer-Schering Pharma. Gadovist summary of product characteristics 2008.

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