



# BSET

British Society of  
Endovascular Therapy

# 20



## **The Past, Present and Future**

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Celebrating 20 Years of BSET • 2006 - 2026



## **Introduction**

On behalf of BSET Council, welcome to our 20<sup>th</sup> anniversary publication. Thank you for supporting BSET and attending our Annual Meetings, especially this year which celebrates the 20th anniversary since the inception of the Society. This publication details the evolution of vascular and endovascular surgery over the last 20 years from the viewpoint of our current and past Council members as well as the Society's past Presidents.

Over the past 20 years, the Society's membership and attendance at the Annual Meeting has grown significantly, resulting in us establishing the meeting at its current venue of Tortworth Court Hotel. We have also expanded our education and training courses, all made possible by the continued support from our industry partners.

We hope you enjoy this collection of memories and the history of BSET.

We look forward to the next 20 years.

**Shiva Dindyal**, *BSET Council member*

**Jeanette Oliver**, *Administrator*

*We have prepared this document based on detailed records from 2014 (information prior to this may not be accurate). Any errors or omissions will be acknowledged.*



# The Past, Present and Future

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## The Beginning

The impetus to form a new organisation arose from the collaborative force of vascular surgery and interventional radiology which increased following the introduction of EVAR in the mid-1990s. A conjoined approach negotiated between the Vascular Surgical Society (as was) and the British Society of Interventional Radiology was the creation, in 2002, of the Endovascular Forum, a body with carefully curated equal representation from both societies. EVF ran a number of meetings with the agenda focused on the increasing crossover between the specialties, but it was not enough.

The main source of disagreement was who could and should be carrying out endovascular work. Many significant voices in the VSS believed that EVAR wouldn't catch on, leading to the famous 'EVAR, a failed experiment' editorial in the BJS in 2001.

On the ground, however, were an increasing number of young vascular surgeons and IR colleagues who recognised that vascular surgeons were becoming more involved in the delivery of endovascular intervention and that this would inevitably increase in time. Any new venture needed to openly acknowledge and welcome this direction of travel and provide an opportunity for vascular and interventional radiology trainees to present the increasing volume of endovascular related research generated from progressive centres.

An initial proposal was hatched by John Brennan (Liverpool), Nick Cheshire (St Mary's) and Matt Thompson (St George's) in the summer of 2006, and like-minded colleagues were subsequently canvassed to determine their appetite to be part of a breakaway movement. This led to a relatively informal meeting during the VSS meeting in Edinburgh in November 2006 in a hotel bar across the road from the conference centre, at which there was a clear majority view to create something new, with a first meeting to be planned for June 2007.

A founding principle of the as yet unnamed venture was to keep formality and process to a minimum. Instead, the aim was to be fresh and agile and see what happened. To kick things off, and in the complete absence of due process, three inaugural officers were rapidly appointed; President (John Brennan), Secretary (Matt Thompson) and Treasurer (Nick Cheshire). In addition to these roles a large council was formed of colleagues willing to put their heads above the parapet.

The first few months were inevitably busy. The primary focus was to run a successful meeting in June 2007 but there were limited admin and technical support and no sponsorship. Fortunately, industry (primarily Cook in the early days) were very positive to the notion of the new venture and came on board with financial support. A small number of council meetings took place to determine the format of the meeting and, more importantly, come up with a name for the new society. A number of ideas were bounced around before settling on the clunky and potentially misleading name of British Society of Endovascular Therapy, but it won the majority and so the legend that is BSET was born.

The first meeting was held at the Belfry Hotel in June 2007. In order to encourage participation a liberal approach was taken and the majority of submitted abstracts were accepted for presentation. The emphasis was on providing a platform for trainees to present their work and in this regard it was very successful. A distinguishing feature of the meeting was the absence of trade stands. Attendance from industry was encouraged but they were part of the general audience, a move that was well received by all parties.

As we all returned home following the inaugural meeting it was unclear what would happen next. Would it crash and burn like other fledgling ventures? Would it rapidly come under the umbrella of one of the established societies, especially

the VS? Neither, as it happens. None of those involved at the start envisaged that it would become the significant movement and event that it has and the fact it has maintained much of its founding ethos, whilst inevitably evolving into a more formal entity, is admirable. The focus on supporting trainees, exemplified by the addition of the training days now attached to the meeting, is especially pleasing.

A key initiative in the early years was the introduction of BSET Fellowships, funded by industry, which enabled trainees to spend 6 months in units with a particularly strong endovascular programme. An important factor in awarding fellowships was the lack of endovascular training available to applicants in their region. The aim was to spread endovascular experience and expertise more equitably and in this regard the Fellowship scheme was very successful and was a key factor in cementing the BSET brand. Attempts to introduce similar schemes via the VSS or BSIR would have been hamstrung by the bureaucracy of accreditation, registration and funding.

For those of us who were there at the outset it is a source of pride and satisfaction that BSET has firmly established itself in the very busy vascular and radiology meetings calendar.

### John Brennan

*Inaugural President*





## Past Presidents



**2007 – 2013: John Brennan**

### Inaugural President

The only process behind becoming the inaugural President was a brief conversation with Matt and Nick at which the roles of President, Secretary and Treasurer were allocated. Whether I was viewed as a safe pair of hands, potentially less controversial or possibly 'someone from up North' the title was not as important as the fact that I saw myself as part of a strong triumvirate that gave the new venture the best chance of being successful.

Although the formation of BSET was inevitably viewed by the VSS and BSIR as a controversial move we were comfortable that it was a complementary initiative and were happy to deal with the criticism that came our way. For me personally this became an issue when I was elected to VSS Council in November 2009. I remember going to the first Council meeting and having to deal with mutterings and furtive glances from some corners before making the point that I was a Vascular Surgeon like everyone else around the table and there was really no big deal about also being involved with BSET. It wasn't about a takeover it was about responding to an unmet need. Stating the facts simply and directly seemed to calm most people down.

Instead of being bogged down by process the main focus of the early years was running a successful meeting and the establishment of the BSET Fellowships. One of the best moves in this regard was identifying Walton Hall (famous for the thick walls that resulted in poor phone signal) for the annual meeting. It quickly became an iconic setting in late June sunshine (mostly), and it was with some regret that the meeting eventually outgrew the venue. I have very fond memories of the many meetings that were held there.

It was an absolute pleasure to be so closely involved in the early years of BSET but perhaps inevitably after the first few years the fact that the principal officers were the same unelected individuals started to become an issue and we recognised the need for the society to move to its next stage of development. We considered staged departure but concluded that the best way to move on was to step down collectively in 2013 and give others the opportunity to take BSET forward.

I'm very much looking forward to joining colleagues at the 20<sup>th</sup> year anniversary meeting.



### **2013-2015: Jonathan Boyle**

They were different times, vascular surgery was delivered by general surgeons, who were often more interested in learning how to perform laparoscopic cholecystectomy or hernia repair rather than embrace endovascular techniques.

The Vascular Society Council was hostile to change, very few abstracts on the emerging endovascular techniques were accepted for presentation at the ASM and training in the skills required for endovascular aneurysm repair was very limited in the UK, except under the supervision of Sir Peter Bell in Leicester, Brian Hopkinson in Nottingham and Peter Harris in Liverpool.

However, many trainees recognised the importance of achieving endovascular competence, there were a cohort of new consultants who had gained these skills on fellowships in Australia or elsewhere overseas but had limited opportunities to use or develop them further. Furthermore, patient access to minimally invasive interventions was limited and geographically inequitable.

The Vascular Society had reluctantly supported a summer meeting, the Endovascular Forum, primarily to disseminate data from the EVAR trials.

It was in this context that a group of young consultants with endovascular skills, who had limited opportunities to use and develop them came together to establish BSET. The initial aims were simple, to provide a forum for the dissemination of endovascular research and support endovascular training for vascular surgeons.

BSET was rapidly adopted by young consultants and trainees alike, with vital support from industry. The Endovascular Forum withered on the vine and for a time there was quite a difficult relationship between the VSGBI and BSET.

From these origins BSET has established itself in the calendar as the premier endovascular meeting in the UK and continues to support primarily training and research. There is no doubt that the drive and enthusiasm of the founding members, who had the foresight and conviction to embrace endovascular surgery has had a lasting impact on vascular surgery in the UK and been a driving force in improved patient outcomes.



### **2015-2016: Ian Loftus**

Being BSET President in 2015-16 was one of the highlights of my career in surgery. It was at a time of increasing conflict between vascular surgery and interventional radiology, regarding who should perform endovascular procedures. This reached a climax at my unit in early 2016, which on reflection was the most unpleasant aspect of my 21 years so far, as a consultant vascular surgeon. Being BSET President was a very positive distraction at this time. Most importantly, it was a constant reminder that the broader politics around clinical practice, and the importance of collaboration at a national level, were always going to be more fundamental than local disagreements. I was proud to lead that collaborative role through a difficult period, and to bring national surgeons and radiologists together wearing the same hat, with the ultimate aim to improve the care for our patients with vascular disease.

During this time, we managed to strengthen the BSET fellowship scheme, with increased industry sponsorship. These had already developed into highly sought after, prestigious awards, which significantly increased the skillset and forwarded the careers of numerous endovascular practitioners. In particular, the establishment of a formal collaboration between BSET and the Royal College of Surgeons of England was a significant step up in professionalism and reputational strength. Many will remember Martyn Coomer, who ran the College research fellowship scheme for decades, with great aplomb. Having stayed in close contact with Martyn from the 1990's, I was delighted to see that formal shared fellowship develop, and to appoint to these valuable positions jointly.

My involvement with BSET Council began back in 2007, when I took on the role of Programme Organiser for the annual meeting. I continued in this role for over 5 years. In the early days of the Society, the meeting was held at Walton Hall in the Midlands. I remember many (in)famous rowdy late nights in the long bar, and the initiation of the annual 'Trainees versus Consultants' rounders match. No injuries were sustained, physical or otherwise, and as far as I remember no windows broken in the grand old hall. More importantly, many memorable presentations and discussions remain engrained in my memory from those meetings, along with a great array of invited specialist guest lectures. On the international scene, it became the meeting people wanted to be invited to!

It was here that each year we initiated the Chee Soong memorial lecture. One of the most moving moments during my time on BSET Council, was the launch of this lecture in the presence of Chee's family. Long may he be fondly remembered for his contributions to endovascular therapy, and the formation of the Society. I was honoured to give this lecture 2 years after my Presidency.

BSET has always had a unique and specific role, to forward endovascular therapies. The meeting has always been a showcase for the Society and its achievements. More

than ever, BSET plays vital roles ensuring appropriate intensive training in endovascular therapies, supporting high quality services universally, and providing a national forum for the sharing of clinical data, technical skills and innovation. I am immensely proud to have been an integral part of that for so many years.



#### **2016 – 2018: Mike Jenkins**

Having been involved with BSET from the inception of the society, I was delighted and indeed honoured to be elected President in 2016. Thinking back to the original idea, in hindsight, the reason it became so successful was that the time was right, the people were right and the ethos was right.

Vascular surgery was changing rapidly and industry partners were forging ahead with new devices and investing heavily in (particularly aortic) technology. There was active involvement between surgeons and engineers and good relationships were developed with the leading companies involved in endovascular care. This meant that they were keen to be involved and relished a conference which targeted trainees, allowed mixing with industry, attendance at sessions and did not mandate the staid format of stands in a separate area. It meant that they could also take part in training sessions which went on to become a hallmark of the BSET experience.

I look back at my time as President with great fondness mainly because of the people involved at the time, both on Council and leaders in US, European and UK Vascular surgery who gave their time to contribute. We had already survived the move from Walton Hall to Tortworth Court (thanks to Jeanette and Rachel) as we had outgrown the former, but needed a similar venue to maintain the experience. Despite having been involved with many conferences over the years I remember the feeling of responsibility at the helm for the first time, especially considering the success of previous BSET meetings. It was therefore always so reassuring to realise that Jeanette had actually fixed everything and would make sure that all was going to run smoothly whatever I had forgotten! It was also a relief to see so many friends and colleagues in the audience who would ensure that questions were searching and articulate and that discussion was both lively and educational. I recall my first meeting starred Hence Verhagen, Vincent Rimbau, Firas Mussa, with arch discussions between Ulrich Rosendahl and Mo Hamady promoting a surgical and endovascular approach respectively. Rob Sayers (a long-term stalwart supporter of BSET despite all his other responsibilities) was President of the Vascular Society at the time and I very much enjoyed debating him at the end of the first day which was always a great prelude to pre-dinner drinks.

The following year, we were blessed with the attendance of Tilo Kobel, Anders Wanhainen and Andrej Schmidt who were all a great success. I remember debating Kevin Varty (who called me a prima donna!), but the abiding memory was the heated

discussion regarding the draft NICE guidelines on aortic aneurysm intervention which had just landed. At the last minute we moved things round to include a dedicated session and the response to that was formative in shaping the opinion of the vascular community going forward.

I am sure that the 20th Anniversary meeting will be a great success and I am very much looking forward to it.



#### **2018 – 2021: Rachel Bell**

It has been a privilege to be a member of BSET and I am very proud that I have been involved with the society from its inception back in 2006. I have attended every BSET meeting over the last 20 years, spending 15 years on council and holding all positions on council except for treasurer including teaching on all the training days and short-listing and interviewing all BSET fellows for the 15 years I was on council.

BSET was established as a separate society to the Vascular Society in 2006 because there was a frustration that endovascular surgery was not being adequately represented at the VS ASM. There had been discussions about potentially not accepting 'endovascular' abstracts for presentation at the VS ASM and this felt like a backward step to the groups of us that passionately believed that endovascular surgery had a huge place in the future of UK vascular surgery. We were adamant that vascular surgeons needed to be trained to independently perform aortic and peripheral endovascular procedures and that it would form a part of the training curriculum going forward.

BSET was set up to promote and encourage endovascular training and research in the UK. At the time it was seen as a very controversial thing to do and brought about a lot of lively discussion and animosity between the two societies. I was in my first year as a consultant and I can clearly remember being told by several of the 'great & good' of the Vascular Society that by being affiliated with BSET my career in vascular surgery was over before it started! Whilst the VS were upset by the development of a new Society, the BSIR needed assurances that it would be inclusive of IR trainees. It would take several years for relationships to improve between the Societies but 20 years on we happily co-exist with 4 BSET Presidents going on to be Presidents of the Vascular Society and have regular engagement with both BSIR and VSGBI.

The premise for the annual meeting was for it to be in the summer, specifically so it would not compete with the already established meetings, ideally in a venue in the midlands allowing easy access for all areas of the country and preferably in a hotel with a good bar to allow networking. It was not planned that the main hotels that have been used over the years (Walton Hall and Tortworth Court) would have virtually no mobile signal and be miles away from civilisation to ensure that people stayed and drank beer

in the sun and networked - but it was definitely a model that has worked to make the meetings memorable and enjoyable. It was to be a mixture of abstract sessions and guest lectures all with a focus on endovascular techniques. From memory the debates, which are often the most memorable from the annual meetings didn't start until about 2010 and have been a key part of the meeting ever since. I suspect that represented a thawing in relations with the VS at the time and a gradual willingness to participate in the BSET meetings.

Resident doctors have always been at the heart of BSET, and we have tried to incentivise them to become members and attend the meetings. We have wanted to support their training and provide a forum for practical learning and education.

Industry collaboration has always been a cornerstone of BSET. There has been an industry representative on council for as long as I can remember. They have been central in designing the training days and unique set up of the meeting, where there are no industry stands and industry members are able to attend all the scientific sessions and social events. Our industry partners have been incredibly generous to the society over the years and without their sponsorship of the annual meeting, training days and endovascular fellowships very little that BSET has achieved over the last 20 years would have been possible - we are endlessly grateful for all the opportunities that has offered the society.

I was President of BSET for 3 years from 2018-2021. From memory I did an extra year because of the COVID Pandemic. I was the final member of the original council and the first woman to be President. I changed the original constitution when I was Secretary of the society to change the rules around elections of council officials and the duration of appointments to bring it in line with other societies. The main controversy of my stint as president was the publication of the controversial NICE Guidelines for AAA repair, which required vigorous debate and dominated discussion at the 2018 meeting. I was very ably assisted by my council and Jeanette Oliver during those three years. Jeanette deserves a special mention because she is really why BSET has been so consistently good and organised to perfection. She helped me navigate the difficulties with the COVID pandemic and organised an excellent online meeting at relatively short notice when we realised that a face to face meeting was not going to be possible.

The fact that BSET has endured and flourished in the last 20 years is that it has consistently delivered on its mission - it supports the resident doctors with endovascular training, education and research and it collaborates and engages industry partners. Add to that heady mixture that the sun always shines at BSET and the drinks flow freely and people have fun, meet up with old friends, make new friends and learn new things - a pretty unbeatable formula in my mind. Congratulations to the society on its well-deserved 20th anniversary.



### **2021 – 2023: Colin Bicknell**

This post-apocalyptic period of 2021–2023 was a time of reflection for BSET as the organisation considered how COVID19 had affected vascular disease care and the training of future endovascular specialists

BSET continued to focus on strengthening training through the BSET Fellowship Programme, with Badri Vijaynagar and Ummul Contractor presenting at the conferences on their experiences. Travelling fellowships were also awarded to Mehtab Ahmad and Badri Vijaynagar.

In 2022, the summer meeting returned to its usual in-person format at Tortworth Court. The programme featured international experts, including Daniela Branzan and Andres Schanzer, who presented on advances in endovascular care. The Rouleaux Club session focused on the challenges of post Covid training, a theme reflected in many of the abstracts submitted by units.

The President's debate, "Only randomised controlled trials will provide the required evidence to justify uptake of innovative endovascular technologies", was opposed by Mr Jon Boyle. No one can remember the winner, but that is never the point.

John Brennan delivered the Chee Soong Lecture, reflecting on the question "What are we all doing here?" A title John made an admirable attempt at answering continuing a discussion that began with the Ancient Greeks.

In 2023, major trial results affecting limb ischaemia management—BESTCLI and BASIL2—were presented, and a new section highlighting UK trials in planning or in progress was introduced. International guests generously shared their knowledge and experience, and included Santi Trimarchi and Tim Resch. It is interesting to note that one of the key debates on the treatment of acute limb ischaemia with endovascular techniques, is now the subject of a nationwide randomised controlled trial led by Sandip Nandra.

The Presidents' Debate that year addressed whether endovascular repair should be the treatment of choice for juxtarenal aneurysms. Rachel Bell opposed the motion. The winner was not clear again, and not surprising since the debate has continued well into 2026.

The Chee Soong lecture was given by Mike Jenkins. It was an honour for me to invite him as his colleague for many years. He pondered over the question: "EVAR: are the glory days over?" They aren't.

The BSET Conformable Endovascular Aneurysm Repair (BSET-CLEVAR) Registry was a key part of the council's work. It assessed the performance of a conformable EVAR device with proximal control, designed to tackle aneurysms with angulated proximal

necks, run by the brilliant Pinar Ulug, trial manager from Imperial College London.

This registry had a primary objective to report on device-specific performance outcomes of this device in a real-world registry. 105 patients were included from 12 sites and demonstrated a high technical success rate, excellent apposition of the graft to the aortic wall despite significant angulation of the aortic neck, with acceptable clinical outcomes out to one year. The paper was published in the Journal of Endovascular Therapy.

Serving as President of BSET was one of the greatest honours. BSET is now 20 years old and ages some of us who have been to two decades of summer meetings. We can only wish the next 20 years to be as great a success.



### **2023–2025: Bijan Modarai**

It was a privilege to serve as President of the British Society of Endovascular Therapy (BSET) for two years, an opportunity that I am grateful for and a time that I look back on with great fondness. Together with a highly engaged and effective Council, our overarching aim was to consolidate BSET's position as the UK's leading multidisciplinary forum for endovascular practice, while strengthening collaboration, broadening engagement, and ensuring the Society remained academically rigorous, inclusive, and outward looking.

One of the most important achievements of my presidency was the establishment of a closer and more constructive working relationship with the British Society of Interventional Radiology (BSIR). Through open dialogue with the BSIR President, Rob Morgan, and colleagues across both Councils, we were able to move beyond parallel activity towards genuine collaboration. This culminated in agreement for a dedicated BSET session at the BSIR Annual Meeting, alongside improved cross representation and communication between the two societies. This was a particularly important step forward and one that I hope will continue to develop in future years.

The scientific and educational profile of the BSET Annual Meeting was another key focus. We were fortunate to attract a truly international, "star-studded" faculty of key opinion leaders, whose participation significantly enhanced the quality, credibility, and visibility of the annual meetings. These speakers not only delivered outstanding content but also engaged actively in discussion, reinforcing the interactive ethos that has always distinguished BSET from larger, more didactic meetings.

Equally important was strengthening continuity within the Society. We made a deliberate effort to re-engage past presidents by inviting them to chair sessions and contribute to the programme, ensuring institutional memory was retained and valued. This helped reinforce a sense of community and stewardship across generations of leadership.





## The Future of BSET

### Building on Collaboration, Education and Innovation

I first attended BSET in 2009 and feel I have grown as a vascular surgeon alongside the society. I have fond memories of the inevitable sunshine in June each year, the many superb talks given and the social camaraderie BSET has become synonymous with.

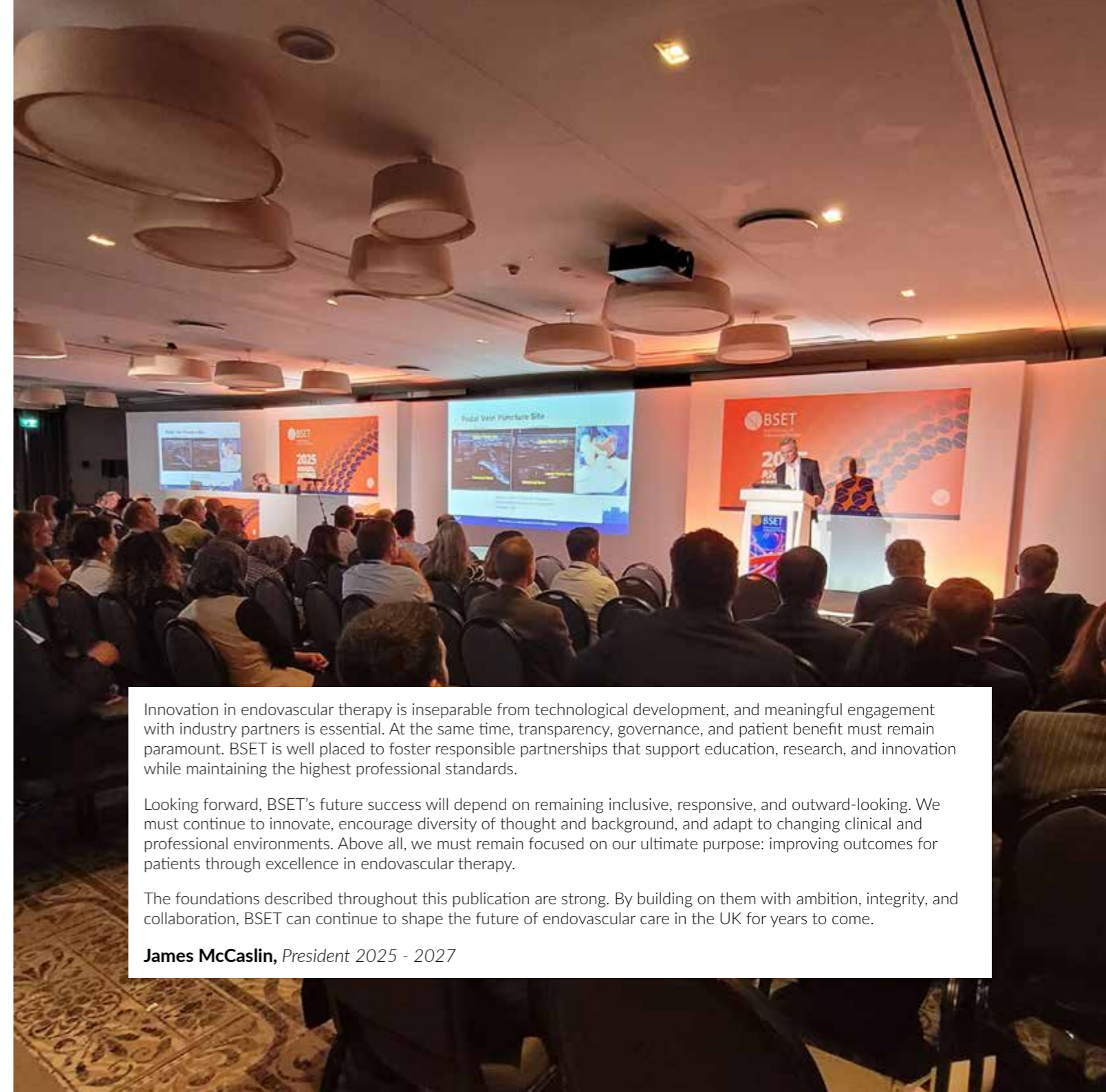
This 20-year anniversary publication provides an opportunity not only to reflect on progress, but also to look ahead. BSET was founded on the principle that the best outcomes for patients are achieved through collaboration, shared expertise, and continual innovation. That principle remains central to our future.

Endovascular therapy continues to evolve at pace. New technologies, techniques, and evidence are reshaping vascular care, and the boundaries between specialties are increasingly fluid. BSET is uniquely positioned at this interface. Our strength lies in bringing together clinicians from different backgrounds with a shared commitment to endovascular excellence. Preserving and strengthening this multidisciplinary ethos will be essential as the landscape of vascular intervention becomes ever more complex.

Training and education will remain at the heart of BSET's mission. As endovascular procedures become more technically demanding, there is a growing responsibility to ensure that training is structured, equitable, and future proof. BSET must continue to support high-quality educational opportunities that complement national training pathways, while also responding flexibly to the needs of trainees and consultants at different stages of their careers. The future will demand not only technical proficiency, but also sound clinical judgement, leadership, and an understanding of innovation and governance.

Our fellowships and support for research reflect BSET's commitment to nurturing the next generation of endovascular specialists. Looking ahead, there is an opportunity to expand the reach and impact of these initiatives, ensuring they remain relevant and accessible. Encouraging collaboration across centres, supporting early-stage investigators, and aligning research priorities with patient-centred outcomes will be key. BSET can play an increasingly important role as a facilitator of high-quality, multicentre research that informs practice and policy.

Relationships with partner organisations will be more important than ever. Our close and constructive engagement with the Vascular Society, BSIR, and the Rouleaux Club reflects a shared understanding that progress in endovascular therapy depends on cooperation rather than competition. As service delivery models evolve and pressures on healthcare systems increase, BSET should continue to act as a trusted forum where different professional perspectives can come together to address common challenges, develop consensus, and advocate for best practice.



Innovation in endovascular therapy is inseparable from technological development, and meaningful engagement with industry partners is essential. At the same time, transparency, governance, and patient benefit must remain paramount. BSET is well placed to foster responsible partnerships that support education, research, and innovation while maintaining the highest professional standards.

Looking forward, BSET's future success will depend on remaining inclusive, responsive, and outward-looking. We must continue to innovate, encourage diversity of thought and background, and adapt to changing clinical and professional environments. Above all, we must remain focused on our ultimate purpose: improving outcomes for patients through excellence in endovascular therapy.

The foundations described throughout this publication are strong. By building on them with ambition, integrity, and collaboration, BSET can continue to shape the future of endovascular care in the UK for years to come.

**James McCaslin**, *President 2025 - 2027*

## Council Members 2006 - 2026

Donald Adam	Paul Hayes
Paul Bachoo	Pete Holt
Rachel Bell	Mike Jenkins
Paul Bevis	Maciej Juszcak
Colin Bicknell	Katharine Lewis
Dave Bosanquet	Dave Lewis
Jonathan Boyle	Ian Loftus
John Brennan	Mark McCarthy
Tom Browne	James McCaslin
Tom Carrell	Richard McWilliams
Nick Cheshire	Bijan Modarai
Patrick Chong	Rob Morgan
Martin Claridge	Paul Moxey
Patrick Coughlin	Sandip Nandhra
Nikesh Dattani	Hos Nasr
Shiva Dindyal	Simon Neequaye
Murray Flett	Ian Nordon
Rick Gibbs	Klaus Overbeck

## Rouleaux Club Representatives

Ellie Atkins	Olivia McBride
Shiva Dindyal	Femi Oshin
Tamer El-Sayed	Dominic Pang
Nada Elzefzaf	Shaneel Patel

## BSIR Representatives

Ray Ashleigh	Nadeem Shaida
John Hardman	Rob Williams

## BSIRT Representative

Alex Hardman

Ashish Patel  
Mark Pemberton  
Willy Pillai  
Becky Sandford  
Thanos Saratzis  
Rob Sayers  
Chee Soong  
Kaji Sritharan  
Matt Thompson  
Chris Twine  
Rao Vallabhaneni  
Badri Vijaynagar  
Andy Wigham  
Emma Wilton  
Mike Wyatt  
Hany Zayed

Mary Weisters  
Sai Wunnava

## Annual Meetings

### Celebrating 20 Years of the BSET Annual Meeting: Advancing Endovascular Excellence

The British Society of Endovascular Therapy (BSET) celebrates a significant milestone with the 20th anniversary of its Annual Meeting, marking two decades of collaboration, innovation, and education in endovascular medicine. A highlight of the BSET calendar with the National Vascular Training Day occurring at the same time and venue, the Annual Meeting has grown from a small gathering of endovascular enthusiasts into the UK's only dedicated meeting for the presentation of endovascular research, shaping the development of endovascular therapy in the United Kingdom.

From the first meeting at the Marriott Hotel and Country Club in Solihull, to the current venue at Tortworth Court Hotel in Gloucestershire, the meeting has expanded and evolved to run over two days. The meeting is open to clinicians of all specialties, disciplines and levels with a strong commitment from industry which is key to the meeting's continued success. Over the past twenty years, it has become the cornerstone endovascular event for vascular surgeons, interventional radiologists, vascular scientists, nurse specialists, trainees and our industry partners, attracting more than 150 consultants and trainees each year. Its distinctive format encourages lively discussion, critical appraisal of research, and the sharing of expertise among leaders from the UK and abroad.

Organised by the meeting committee with input from the entire Council, the meeting has a unique structure which allows clinical and industry colleagues to interact together. The faculty includes international speakers from America, Europe and Australasia enabling the delegates to take a global view of current endovascular practice.

The cutting-edge programme delivers keynote lectures and debates covering the full breadth of endovascular therapy from the aortic arch to the toe, including innovations in venous therapy and renal access too. Real world experience is clearly demonstrated in case discussion sessions.

Units have the opportunity to submit peer reviewed abstracts for presentation both orally and as posters with the best abstracts selected for presentation in the peripheral and the aortic prize sessions which are keenly fought over each year.

BSET is all about collaboration, and we are grateful for a strong presence from trainee's societies and the Vascular Society of Great Britain and Ireland, with dedicated sessions set aside for these societies to chair. The President's Debate is always a prominent part of the meeting programme and the Chee Soong lecture delivered by a senior member of the UK endovascular community provides an opportunity to reflect and look back at where we have come from.

Delegates are well looked after during their attendance at the meeting with easy access to the venue by public transport, the delegate fee also includes accommodation and the annual dinner where networking opportunities abound.

Moving into our twentieth year we have continued to develop the meeting with an extended programme and a format more reflective of the breadth of endovascular practice in the UK. The BSET meeting will continue to progress and adapt whilst retaining its open friendly format that reaches across all specialities to our industry partners. Thank you for attending the last twenty meetings, we look forward to welcoming you in the future.

### Martin Claridge

*Programme Chair 2023 - 2027*



## CHEE SOONG LECTURERS

2025	<b>Nick Cheshire:</b> Vascular Surgery: Science or Art?
2024	<b>Julian Scott:</b> Vascular Surgery: Reflections from 30 years
2023	<b>Mike Jenkins:</b> EVAR: are the glory days over?
2022	<b>John Brennan:</b> What are we all doing here?
2019	<b>Jonathan Boyle:</b> Implantable vascular surgical devices and prostheses: Can we learn anything from the orthopaedic surgeons?
2018	<b>Ian Loftus:</b> A safe and sustainable aortic service: Lessons from history
2017	<b>Mike Horrocks:</b> Getting it right first time, every time, for the rest of time
2016	<b>Frank Veith:</b> Vascular and Endovascular Surgery-A glimpse of where it will be in 10 years
2015	<b>Rob Sayers:</b> Centralisation - has it worked?
2014	<b>Matt Thompson:</b> The changing management of ruptured aneurysms
2013	<b>Ross Naylor:</b> Those who cannot remember the past are condemned to repeat it

## Education & Training

BSET established a dedicated Education Committee in 2016. The Committee, initially led by Patrick Coughlin, was tasked with launching the March Endovascular Training Course. This distinctive two-day programme emphasises the advanced endovascular management of aortic, peripheral, and endovenous pathologies, targeting both surgical and interventional radiological trainees. It encompasses a wide spectrum of endovascular treatments, integrating theoretical instruction with real clinical cases and industry-led device demonstrations to deepen understanding of device-related considerations and deployment techniques. Small group sessions are employed to facilitate detailed faculty- and industry-supported teaching.

Since its inception in 2017, the March course has been held successfully each year. In response to the COVID-19 pandemic, BSET organised a series of one-hour webinars in 2021 under the theme Emergency Vascular and Endovascular Essentials, covering topics such as ruptured AAA, ischaemic limb, DVT, and iatrogenic injuries, featuring an international faculty. These webinars are accessible as educational resources via the BSET website.

In 2019, it was decided to merge the Education and Fellowship Committees, appointing Patrick Chong and Paul Bevis as joint chairs. The Fellowship programme, established in 2008, offers a six-month position to a vascular or interventional radiology trainee, providing opportunities to acquire advanced endovascular skills within UK vascular units. Training includes a comprehensive array of techniques, such as percutaneous peripheral transluminal angioplasty (aorto-iliac, SFA and below-the-knee), complex endovenous procedures, lower limb and deep venous management therapies, and interventions for abdominal and thoracic aortic aneurysms.

Additionally, in 2015, BSET introduced a Travel Fellowship programme to support senior registrars or early career consultants in enhancing their endovascular expertise at centres recognised for their excellence in areas aligned with candidate interests.

In 2023, Emma Wilton and Paul Moxey were elected co-chairs of the Committee.

The Education Committee is also responsible for organising the National Vascular Training Day, which precedes the BSET Annual Meeting and is delivered in collaboration with the Rouleaux Club. The Training Day offers trainees an environment to expand and consolidate their knowledge of aortic, peripheral, and endovenous interventions. The faculty employs a blend of concise lectures, case-based discussions, and practical hands-on proctored sessions with industry devices. Challenging vascular and interventional radiology cases are also reviewed in simulated multidisciplinary team settings, empowering trainees to develop additional strategies for managing patients undergoing complex vascular interventions.

### Paul Moxey and Emma Wilton

*Co-Chairs, Education and Fellowship Committee 2023 - 2027*



## Fellowships

BSET fellowships were introduced in 2008 to provide an opportunity for vascular surgery or interventional radiology trainees to acquire new or more complex endovascular skills during a 6 month period in a UK based endovascular unit of their choice. They were established in response to the rapidly expanding field of endovascular practice to support high quality endovascular training as well as a new hybrid skillset for those from a vascular surgical background. These fellowships continue to offer a unique opportunity, where trainees benefit from a period of concentrated exposure, working to develop a specific subspecialty interest and 'fine tune' their skills in preparation for consultant practice.

In addition to the BSET Endovascular Training fellowships, the Travel Fellowship programme has facilitated advanced skills training in units throughout the world. This has proven to be a very popular and successful programme expanding and further developing UK endovascular practice.

Past recipients of the Fellowship awards have gone on to independent endovascular practice in their consultant roles, and many have gone on to be opinion formers and leaders in their field. The focus of the fellowships has varied according to the training priorities of the successful candidates, including conventional infrarenal EVAR, complex fenestrated and branched technologies to treat thoracoabdominal disease, infrainguinal and infrapopliteal revascularisation techniques including vessel preparation devices and deep vein arterialisation techniques, carotid stenting practice and deep venous interventions.

My own experience during a BSET Fellowship spent at St Thomas' Hospital in London provided a fantastic opportunity to become fully independent in planning and execution of infrarenal endovascular aneurysm repairs, whilst furthering my planning and experience of complex interventions for thoracoabdominal disease. In addition, there were opportunities to learn from and participate in research, training courses and clinical protocols relevant to complex endovascular work. The concentration of exposure to cases, enabled through a timetable focussed on operative planning and intervention, resulted in a rapid gain in both competence and confidence which may have been difficult to achieve within a routine training grade post.

The future of the BSET Fellowship Scheme, supported by very generous industry partnerships, will continue to expand the experience and training available to those engaged with endovascular practice. As training programmes provide increasing endovascular exposure within standard training posts, the fellowships are likely to evolve and provide increasingly specialist training, and continuing to develop leaders of the future.

### Becky Sandford

Honorary Secretary, 2026 - 2030

## BSET Endovascular Training Fellowships

YEAR	FELLOW/HOSPITAL
2008-2009	Mustafa Halawa, <i>St George's Vascular Institute, London</i>
	Matt Bown, <i>Liverpool</i>
2009-2010	Leith Williams, <i>Manchester Royal Infirmary</i>
	Patrick Coughlin, <i>St George's Vascular Institute, London</i>
2010-2011	Omer Ehsan, <i>Manchester Royal Infirmary</i>
	Michael Delbridge, <i>Manchester Royal Infirmary</i>
2011-2012	Ian Nordon, <i>St George's Vascular Institute, London</i>
	Rob Davies, <i>Leicester Royal Infirmary</i>
2012-2013	Chris Twine, <i>Addenbrooke's Hospital</i>
2013-2014	Seamus Harrison, <i>Addenbrooke's Hospital</i>
	Becky Sandford, <i>Guy's and St Thomas' Hospital</i>
2014- 2015	Sarah Franks, <i>Guy's and St Thomas' Hospital</i>
	Anne Burdess, <i>Ninewells Hospital, Dundee</i>
2015- 2016	Dan Carradice, <i>St George's Vascular Institute, London</i>
	Hosaam Nasr, <i>Addenbrooke's</i>
2016-2017	Rachel Barnes, <i>Addenbrookes</i>
2018-2019	Dave Bosanquet, <i>Southmead Hospital, Bristol</i>
2021	Badri Vijaynagar, <i>St Mary's &amp; Northwick Park Hospital, London</i>
2022	Ummul Contractor, <i>Leicester Vascular Institute</i>
2023	Anisha Perera, <i>St George's Vascular Institute, London</i>
2024	Ellie Atkins, <i>East of England</i>
2025	Mohamed Elkawafi, <i>Manchester</i>
2026	John Houghton, <i>Newcastle</i>

## BSET Endovascular Travel Fellowships

YEAR	FELLOWSHIP UNIT
2015	Chung Sim Lim, Jackson, Mississippi, USA
2016	Alan Karthikesalingam, University Hospital of Lille, France
2017	Athanasios Saratzis, DeBakey Heart Centre at Houston Methodist, USA, and Greece
2018	Tabby Ahmad, Liverpool Hospital, Sydney, Australia
2022	Badri Vijaynagar, Diabetic Foot Centre, Veneto, Italy Jun Cho, Prince of Wales Hospital, Sydney, Australia
2023	Ummul Contractor, RigsHospitalet, Copenhagen, Denmark Jamie Kelly, University of Toronto, Canada
2024	Mohammed Chowdhury, LMU Klinikum, Munich, Germany Colin Primrose, Clinica San Carlo, Milan, Italy
2025	Lydia Hanna, Perth, Western Australia Bilal Azhar, Uppsala, Sweden
2026	Tamer El Sayed, San Giovanni di Dio Hospital in Florence, Italy Justinas Silickas, Prince of Wales Hospital, Sydney, Australia

## BSET/RCS(Eng) Endovascular Research Fellowship

2017	Jun Cho, King's College London
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## Pump - Priming Awardees

2024	Mohamed Abdelhalim, KCL James Budge, St George's Hospital
2025	Sarah Sillito, Freeman Hospital, Newcastle Arsalan Wafi, Guy's & St Thomas, London
2026	Thomas Lyons, Birmingham Holly Watson, Manchester

## Research

Research is one of the core tenets of the British Society of Endovascular Therapy (BSET), and it has been a genuine privilege to contribute to this essential aspect of the Society's mission over the past eight years. BSET's annual meeting provides an important platform for the dissemination of high-quality research and also serves as a natural space for research ideas to emerge and be informally developed. Beyond the meeting itself, however, BSET has been involved in several key research activities over the years that contributed significantly to the advancement of endovascular therapy.

The GLOBALSTAR (Global Collaborators on Advanced Stent-Graft Techniques for Aneurysm Repair) registry, an industry-supported research initiative, was launched with the aim of capturing comprehensive data on complex endovascular aneurysm repairs. The registry reported its initial results back in 2012, and since then, it has significantly expanded its scope. GLOBALSTAR now includes data from over 1,000 complex abdominal aortic aneurysm (AAA) repairs, with follow-up data extending up to 10 years. This long-term data is invaluable for assessing the efficacy and durability of advanced stent-graft techniques in the management of complex aneurysms.

Similarly, the BSET-CLEVAR (The British Society of Endovascular Therapy - Conformable EndoVascular Aneurysm Repair) registry is another important initiative supported by BSET. This industry-supported registry was a real-world evaluation of the GORE® EXCLUDER® Conformable AAA Endoprosthesis within the UK. It demonstrates BSET's ability to support the assessment of performance of devices in routine clinical practice. These data are important for guiding clinical decision-making and for regulatory bodies in assessing the device's long-term benefits and risks. Moreover, both the GLOBALSTAR and BSET-CLEVAR registries exemplify BSET's ability to engage multiple UK centres, to generate high-quality, real-world evidence from observational data that can influence clinical guidelines and improve patient outcomes.

BSET has also played a key role in advancing the field through the publication of reporting standards for TEVAR (Thoracic Endovascular Aneurysm Repair). These standards, developed in collaboration with leading experts, aim to ensure consistency and clarity in reporting outcomes from TEVAR procedures across different centres and studies. The society has also supported or endorsed various other publications which align with its aims and objectives.

In recent years, BSET has launched the BSET Pump-Priming Grant Award. This initiative was established to support individuals with strong research ideas and a genuine enthusiasm for a specific project, but who may require a relatively modest amount of funding to turn their ideas into reality. Major research grants are often aimed at large-scale projects, which can be difficult for early-career researchers to access. The Pump-Priming Grant aims to bridge this gap by providing funding for preliminary data collection, feasibility studies, or specific components of a larger research programme. Each year, up to two grants of approximately £10,000 are awarded. These funds help recipients gather the necessary evidence and momentum needed to secure more substantial funding in the future. Watching these early-stage ideas evolve into fully realised projects has been one of the most rewarding aspects of my tenure as Research Chair, and it demonstrates the value of targeted, accessible funding for emerging researchers.

As I step down from my role as Research Chair, I am delighted to pass the baton to Sandip Nandhra. I am confident that Sandip will build upon the strong foundations already in place and continue to drive forward BSET's commitment to advancing research in endovascular therapy.

### Dave Bosanquet

Chair, Research Committee 2022 - 2026

## The Rouleaux Club and BSET

### A Shared Journey of Surgical Innovation and Collaboration

Since its inception, the Rouleaux Club has stood as the voice of vascular surgical trainees across the Great Britain and Ireland advocating for excellence in training, education, and representation. Our relationship with the British Society of Endovascular Therapy (BSET) has evolved into a dynamic and mutually enriching partnership, one that continues to shape the future of endovascular education and innovation.

### The Past: Building Foundations

The Rouleaux Club collaboration with BSET began in the early years of its formation, when endovascular techniques were gaining momentum and reshaping the vascular surgical landscape. Recognising the need to involve trainees in this rapidly evolving field, BSET welcomed the Rouleaux Club into its fold, not merely as observers, but as active contributors. Early initiatives included offering trainee-focused sessions at the BSET Annual Meeting, discounted attendance opportunities, and invaluable access to hands-on training courses. These steps helped ensure that the next generation of vascular surgeons would be equipped not only with the technical skills, but also with the critical mindset needed to adopt and advance endovascular therapies.

### The Present: A Seat at the Table

Today, the Rouleaux Club continues to work closely with BSET to champion the interests and development of vascular trainees. We are proud to have trainee representation on BSET committees, ensuring that the perspectives of trainees are embedded in conversations around education, strategy, and workforce planning.

A cornerstone of this partnership is the National Vascular Training Day, held the day before the BSET Annual Meeting. This endovascular-focused event is designed and organised by the BSET/Rouleaux Club trainee representative with the support and guidance from the BSET Education and Fellowship Committee and delivered by the BSET Council members. It provides an exceptional training opportunity tailored to the practical and educational needs of current vascular trainees.

Another key feature of the Annual Meeting is the BSET/Rouleaux Club Symposium, which has evolved into the Joint Rouleaux-BSIRT Symposium. This session brings together vascular surgery and interventional radiology trainees to present, share perspectives, and engage in open dialogue around cross-specialty training and collaboration. It has become a vibrant and forward-thinking forum for interdisciplinary learning and partnership. Beyond the meeting itself, the Rouleaux Club and BSET work together on joint surveys, curriculum development, and national training discussions ensuring the next generation of vascular surgeons are not only well-trained, but well-represented.

### The Future: Shaping Tomorrow's Vascular Leaders

As we look to the future, the Rouleaux Club is excited to continue building with BSET, expanding research opportunities, developing structured endovascular fellowships, and integrating emerging technologies into training. We also hope to continue strengthening ties between vascular surgery and interventional radiology, fostering a new era of collaborative, patient-centred care. We believe that by continuing to elevate the trainee voice and promote excellence in education, our partnership with BSET will remain a driving force for progress in the specialty.

As BSET celebrates two decades of leadership in endovascular therapy, the Rouleaux Club extends its sincere congratulations and gratitude. It has been a privilege to grow together, and we look forward to continuing this journey into the next 20 years and beyond



## The Vascular Society

As I congratulate the British Society of Endovascular Therapy (BSET) on its 20th Anniversary, I hope I do so from a position of collaboration and close working with respect to the Vascular Society (VS). I was an observer from the side lines at the time of inception when the founders saw the need for a forum for the rapid developments of Endovascular Therapy. Whilst clinically Endovascular Aortic therapy was rapidly advancing on the back of the initial EVAR 1 trial results, the founding members came from units that sought to drive forward and evidence endovascular therapy. My observations were that they felt there was not enough time or focus available with the Vascular Society Meetings for development and so BSET was initiated as the forum for this endovascular evolution. I had been the Affiliate representative on the Vascular Society Council up to 2004, at a time when the name had changed from the Vascular Surgical Society of Great Britain and Ireland and the momentum was being generated towards a separation away from General Surgery. The VS was the forum for that debate upon specialisation which would eventually see Vascular Surgery recognised as a specialty by the General Medical Council in 2012. Since I was not during those years of 2006 -2012 a member of either council I cannot comment on whether there was discrepant viewpoints, however as a member and meeting attendee I saw BSET develop upon a mandate to help develop and showcase endovascular management of Vascular Disease by providing a forum, whilst supporting both research and training. In retrospect the development of the BSET fellowships and the training days had a positive effect on the development of Vascular training, especially since within BSET this was delivered by collaboration of Surgeons and Interventional radiologists.

That four BSET presidents have gone on to become Presidents of the Vascular Society, I feel highlights how compatible the societies have become, working to the common focus that is the delivery of evidenced based vascular care. I remain impressed that BSET supports the trainees, researchers and endovascular practitioners as they show how they are developing endovascular delivery in synergy with industry. I go to BSET meetings to observe the development of endovascular theory and techniques, along with the evolution of research to validate or challenge those techniques. My reflection now as President of the Vascular Society is that BSET has become a supportive and collaborative forum, increasing both the development and delivery of endovascular care, in a manner that can only be beneficial to the Specialty Association.

**Keith G Jones**

*President, 2025 - 2026*

## A View from The Vascular Society on the Future

Congratulations to the BSET on your 20th anniversary. Since its inception, BSET has played a key role in bringing together endovascular enthusiasts and supporting the training of resident (formerly 'junior') doctors. The advent of endovascular aortic aneurysm repair (EVAR) meant vascular surgeons and interventional radiologists gained access to medical devices to treat people with aortic aneurysms (AAA) more safely<sup>1</sup>. This was welcomed, as UK outcomes from open AAA repair had been shown to be worse than in other European countries<sup>2</sup>.

Standard endovascular aortic aneurysm repair numbers are decreasing; however, endovascular aortic devices have expanded in type, including thoracic, fenestrated, branched, custom-made (CMDs) and physician modified (PMEGs). Specialist aortic multidisciplinary teams comprising vascular surgery, cardiac surgery, interventional radiology and genetics specialist as members are emerging in the larger UK aortic centres. Teams for the delivery of lower limb, mesenteric, carotid and deep venous endovascular interventions remain more 'ad-hoc' with significant regional variation. There may be clinical benefit in the development of specialist multi-professional teams in these other clinical areas. Service delivery is likely to become a greater focus for BSET in the future.

Endovascular devices will continue to evolve. Following a period of rapid early innovation there is now slower evolution in the aortic area. This is in part due to the salutary lessons learnt from novel devices that have not performed as expected from pre-clinical and early clinical trials. The withdrawal of devices from clinical use highlighted the importance of registry data collection and professional forums, like BSET, for the timely dissemination and discussion of clinical results. Having both doctors and industry experts at the BSET meeting provides a forum for the exchanges of information and ideas and should continue.

Rapid advances are being achieved in robotics, medical imaging, artificial intelligence (AI), augmented reality and wearable technology. These developments will require a radical rethink of the 'Hybrid Operating Theatre'. This current 'hybrid OR' is based on combining an open operating theatre and an angiographic suite. The future is an 'intelligent room' in which imaging, augmented reality and AI and facilitate safer, quicker and less invasive endovascular procedures with reduced ionising radiation exposure. Advances in robotics mean that the principal operator may even be in a remote location! BSET should be at the centre of defining the optimal facilities in which endovascular procedures are delivered.

Training has been a strength of BSET through its training courses, the National Vascular Training Day and Fellowships. The high attendance of resident doctors at the annual meeting is testament to the success of this approach, as are the successful endovascular careers of former fellowship recipients and prize winners. An area BSET may wish to develop in the future are training and a professional network for all members of the endovascular team, including the nurses and radiographers.

BSET will continue to champion innovation and innovators. It will continue to provide high quality endovascular training. It's annual meeting will continue as an important forum for the open discussion of new technologies, new techniques, research and outcomes studies.

The Vascular Society looks forward to continuing its close association with BSET.

### Marcus Brooks

*Consultant Vascular Surgeon, North Bristol NHS Trust. Vice President, Vascular Society Great Britain and Ireland.*

1. The EVAR trial participants. Comparison of endovascular aneurysm repair with open repair in patients with abdominal aortic aneurysm (EVAR trial 1), 30-day operative mortality results: randomised controlled trial. *Lancet*. 2004; 364:843-848.
2. Gibbons C, Kinsman R, Walton P. Second vascular surgery database report 2008. Gibbons, Kinsman, Walton (Ed.). European Society for Vascular Surgery. Dendrite Clinical Systems Ltd., Henley-on-Thames, 2008.





## BSIR and BSET – 20 Years of Collaboration

As BSET celebrates its 20th Anniversary, BSIR is pleased to continue working in close collaboration with the BSET community.

BSET was created in 2006 to form a societal forum dedicated to endovascular practice, which was being adopted by vascular surgery. Vascular surgeons at the time felt that the endovascular space was not being adequately covered by the annual Vascular Society meeting and the new Society – BSET – was designed to address this shortfall. As interventional radiologists (IRs) were already heavily engaged in endovascular topics, the aim of BSET was to provide a joint forum where interested vascular surgeons and interventional radiologists could meet and discuss topics of mutual interest and to promote collaborative working under the BSET umbrella. There were several IRs on the original BSET council including Robert Morgan, Ray Ashleigh and Richard McWilliams. Early BSET meetings reflected this atmosphere of collegiate endeavour and this continues today, 20 years later.

In an increasingly inter-connected world, collaboration between membership societies has become a powerful way to amplify impact, strengthen communities, and deliver greater value to members. Between 2023-25, during the BSIR Presidency of Professor Robert Morgan and BSET Presidency of Professor Bijan Modarai, BSIR and BSET have been working together to increase collaboration between our Councils and members.

With common priorities that include education, patient care and safety, and evidence-informed practices, opportunities to advance our shared goals are plentiful. As such, in 2025, BSIR and BSET Councils agreed a statement of collaboration, in order to support the successful realisation of these goals for both organisations.

Collaboration between the two Society's will focus on educational, resource development, advocacy and research activities, and on communication between the two organisations about strategies to develop and to promote excellent practices for all patients.

As part of this collaboration statement, BSIR and BSET have committed to

- Work together to advance clinical best practice.
- Share information with our memberships about relevant educational offerings and resources.
- Consult each other when developing best standards or guidelines on interventional radiology or endovascular procedures that are relevant to both societies.
- Explore other ways to partner including sharing relevant events, complimentary advertising, and sharing speakers/content for conferences, where applicable. In the

past year, mutual engagement at BSIR and BSET Council meetings, and presence at respective annual meetings has been well received, culminating in the 'BSIR meets BSET' session at the BSIR Annual Scientific meeting in Liverpool in November 2025. This cross-pollination of people and ideas enriches the experience of our members and reinforces the Societies' commitment to continuous learning.

Looking forward to 2026, we are excited to continue working together, through mechanisms such as joint webinars, representation within event Faculty and guidance development.

As the number and complexity of vascular patients continue to rise, BSIR and BSET must strengthen and formalise collaborative service delivery. By working across traditional specialty boundaries, we can develop integrated, patient-centred pathways that improve access, streamline care, and ensure sustainable, high-quality vascular services for the future.

We hope that working closely together will encourage openness, trust, and unlock opportunities which will hopefully underpin the next 20 years of BSIR and BSET, supporting members from both Societies to thrive.

**Dr Raghu Lakshminarayan**, *BSIR President*  
**Professor Robert Morgan**, *BSIR Past President*



## BSET and Industry

### Two Decades of Partnership, Innovation, and the Road Ahead

For 20 years, the British Society of Endovascular Therapy (BSET) has stood as a truly unique platform — a place where physicians and industry partners come together to exchange ideas, present new evidence, and push the boundaries of patient care. What began as a small, focused meeting has grown into a nationally recognised event, attracting leading voices in endovascular medicine and technology from across the UK and beyond.

From day one, BSET recognised that progress in endovascular therapy relies on productive, meaningful collaboration between the clinical community and the innovators shaping the devices, tools, and techniques of tomorrow. This ethos is captured in the words of Spencer Jones from Cook Medical:

*“For the past 20 years, BSET has provided a welcoming and collaborative space where physicians and industry can connect, share ideas, and learn from one another. Cook Medical has been proud to support the Society since the inception of the meeting, and to play a part in these meaningful conversations that inspire innovation, shape impactful education, and drive the development of technologies that improve patient care. As BSET looks to the future, this strong partnership will continue to be central to advancing best practice and delivering better outcomes for patients.”*

Cook Medical’s role from inception reflects how industry engagement has helped nurture BSET’s growth — creating opportunities for dialogue, encouraging innovation, and bringing clinically impactful ideas to life.

Similarly, W.L. Gore & Associates has been part of BSET for two decades, underscoring the enduring value of shared experience in advancing excellence:

*“For 20 years, BSET has provided an invaluable forum for healthcare professionals practicing endovascular surgery to come together, share experience, and advance patient care through education, collaboration, and innovation. W.L. Gore & Associates has been proud to support BSET throughout its journey and to build strong, long-standing relationships with a community united by a commitment to excellence in endovascular practice. The openness, clinical focus, and spirit of partnership that define BSET have made this collaboration both meaningful and enduring. As BSET celebrates this important milestone, we look forward to continuing our shared commitment to education, innovation, and the future of endovascular care.”*

In more recent years, BSET has embraced emerging technologies, creating space for novel tools to be discussed and tested in a clinical context. Shockwave Medical’s sponsorship illustrates this commitment:

*“Throughout our five-year sponsorship, BSET has provided the vital forum for the vascular community to share real-world experiences with Intravascular Lithotripsy (IVL) and define its utility in treating complex calcified lesions. Beyond the podium, we are particularly proud to support the next generation through hands-on trainee workshops, ensuring they are proficient in these evolving techniques. We look forward to continuing our collaboration with a society that champions clinical evidence and peer-to-peer education.”*

The meeting’s atmosphere is a key part of its appeal — immersive, focused, and conducive to genuine exchange. As Penumbra puts it:

*“It has been a pleasure being involved with BSET over the last 11 years, the meeting continues to go from strength to strength delivering high quality content to physicians and industry professionals. The current venue adds to the unique feel of the meeting and allows for participants to focus on the meeting content. Looking forward to the next 20 years and beyond.”*

As BSET celebrates its 20th anniversary, it does so with an eye firmly on the future. The next 20 years promise to bring transformative change in endovascular care driven by robotics, artificial intelligence, and data-led treatment planning. These technologies will enable unprecedented precision, personalised interventions, and real-time clinical decision support. The way BSET delivers its meeting will evolve too — embracing interactive virtual platforms, simulation-based training, AI-assisted case analysis, and new ways of sharing evidence beyond traditional formats. This forward-thinking approach ensures that BSET will continue to be a place where industry and clinicians collaborate on solving tomorrow’s challenges while upholding the values that have made it such a trusted forum.

What began two decades ago as a meeting of minds has become a partnership of vision — one ready to embrace innovation, adapt to new thinking, and remain at the forefront of education, collaboration, and patient-centred care for many years to come.

**Laura Newcombe**

BSET Industry Partner

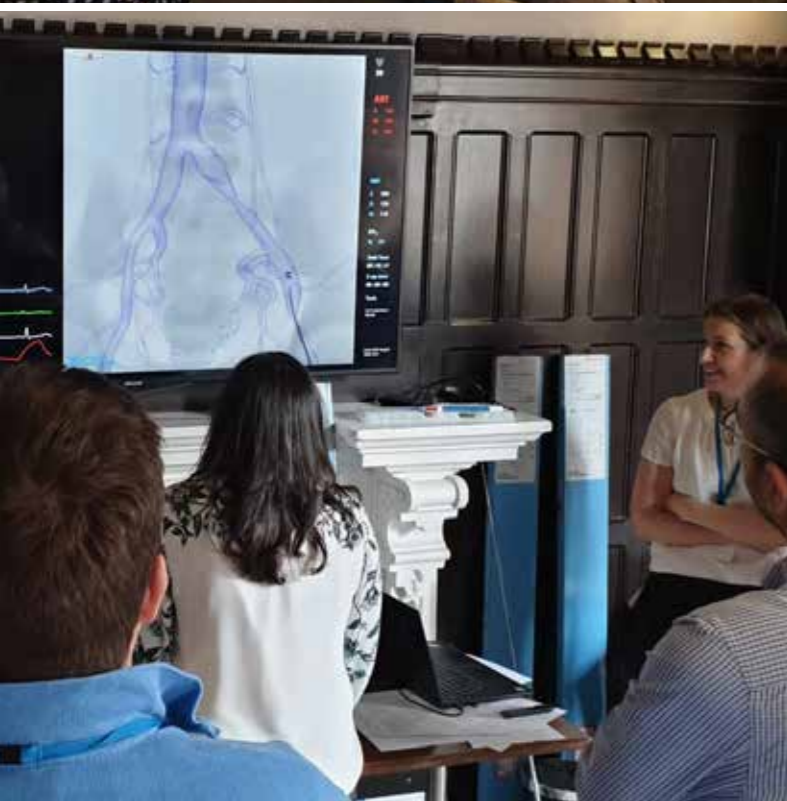




BSET Council 2026



BSET Council 2024



BSET Council 2016



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