



INTERNATIONAL ACCREDITATION SYSTEM FOR
INTERVENTIONAL ONCOLOGY SERVICES

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INTERNATIONAL ACCREDITATION SYSTEM FOR
INTERVENTIONAL ONCOLOGY SERVICES

Quality merits recognition.



Overview:

- Importance and Role of Interventional Oncology (IO)
- What IO Needs Now
- Introduction to IASIOS Accreditation and Key Objectives
 1. Set Standards of Quality Assurance in IO
 2. Facilitate Progress
 3. Raise Awareness
 4. Build a Community
- Why we should become an IASIOS Accredited Centre
- Benefits of IASIOS Accreditation
- The IASIOS Accreditation Process

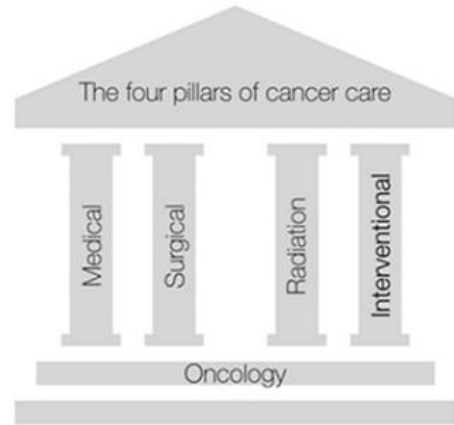


Importance of Interventional Oncology

Interventional oncology (IO) is evolving rapidly and is recognised internationally as the **fourth pillar in modern cancer care** alongside medical, radiation and surgical oncology.

Today's cancer cure requires a multidisciplinary approach and **treatment combinations rather than competition** between disciplines.

IO can be **integrated in various therapeutic sequences (induction, combination or adjuvant)** with systemic therapies.





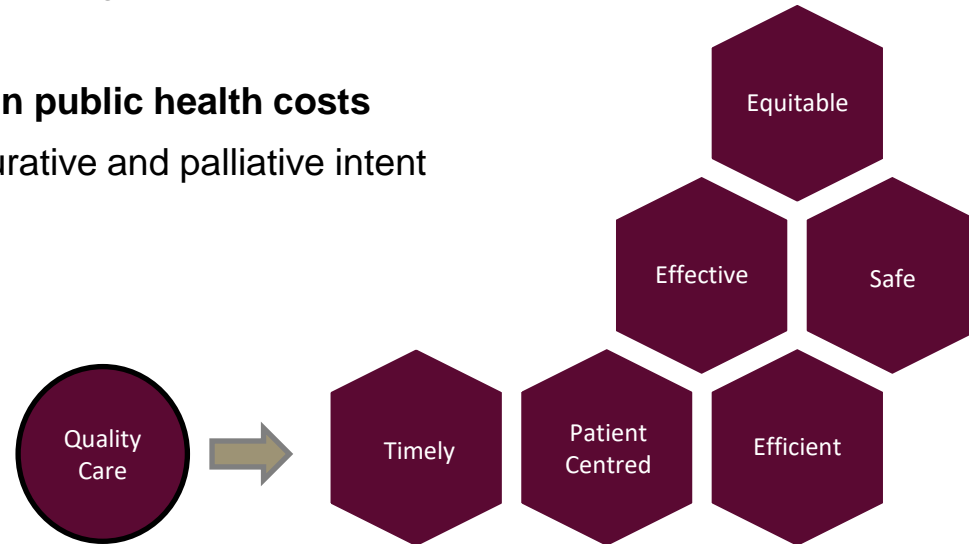
Role of Interventional Oncology

Plays an increasingly critical role in cancer treatment and potential curative methods

- Alternative option for:
 - **weak** or **elderly patients** that cannot undergo open surgery
 - patients that are not good candidates for **anaesthesia**
 - tumours that need to be **decreased in size** before surgical removal
 - tumours that are **inoperable**
 - increasing the **potency of chemotherapy** drugs and **removing the harsh effects** of system-wide application through intra-arterial administration
- A **highly effective** component in the therapy of primary and secondary malignant tumours, e.g. liver, lung, kidney, or bones
- Giving patients access to fast and minimally-invasive treatment is vital with the **current global backlog of cancer cases** following the pandemic

Further Benefits of Interventional Oncology

- Can often be performed as **outpatient** procedures, **freeing up hospital beds**
- **Reduction in resource allocation** for the hospital associated with longer hospital stays
- Techniques are more **cost-effective** compared to surgical alternatives
- Reduced procedural **morbidity and mortality**
- **Faster recovery** times leading to a **reduction in public health costs**
- **Targeted, personalised medicine** with both curative and palliative intent
- **Improved patient outcomes:**
 - Fewer complications
 - Minimally-invasive
 - Fast recovery
 - Shorter hospitalisations
 - Less expensive





Interventional Oncology in Cancer Guidelines

- IO plays an increasingly critical role in cancer treatment and in recent years has become **included in major cancer society guidelines**. In 2017-18, more than 20 cancer societies collaborated on the guidelines of the European Cancer Organisation (ECO) for colorectal cancer, soft tissue sarcoma, bone sarcoma, and melanoma. These guidelines provide an overview to tumour boards and healthcare managers of what is required to guarantee **the optimal patient pathway**.
- All three point out that the treatment strategy for every cancer patient must be determined and carried out by multidisciplinary tumour boards consisting of specialists from surgery/surgical oncology, medical oncology, pathology, radiology, nuclear medicine, radiation oncology, nursing, and **interventional radiology**.
- **IO is now included in most ESMO guidelines issued in 2019 and after**, including hepatocellular carcinoma, metastatic colorectal cancer, oligometastatic thyroid cancer, and more.
- “It is a great step forward to be recognized in such prestigious guidelines and placed very close to the level of surgery, but there is still the need for interventional oncology treatments to be seen as treatment and not as “a toolbox.” - de Baere, T. (2017)

➔ **Despite these advances**, market research suggests that up to **95% of patients** eligible for image-guided therapy do not receive it (Sirtex Medical, written communication, September 25, 2015)

Why?

- **In most countries, there is a shortage of adequately trained interventional oncologists**
- **47% of community medical oncologists don't know an interventional oncologist** (Sirtex Medical, written communication, September 25, 2015)

Estimated Number of IR Professionals and Training Programs by Country Compared with Population Size

Country	Population	No. of Interventional Radiologists	No. of Training Programs
Colombia	50 million	75	1
South Korea	51 million	270	50
Kenya	54 million	10	1
Tanzania	60 million	0	1
Vietnam	97 million	150	1
Egypt	100 million	800	1
Brazil	212 million	273	16
United States	331 million	3500	70
India	1.38 billion	596	38

Note.— For this representative group of countries for which data were available, estimates were made from conference proceedings (5), society membership records, or in-country stakeholder inquiries regarding the number of trained, often self-identified, interventional radiologists. The number of training programs was that defined by professional and/or licensure societies, depending on the country.

Why don't patients get more IO treatments?

- Lack of **awareness of IR and its treatment options among patients**
 - 65% of patients had not heard of IR, although 61% would prefer a minimally-invasive procedure over surgery (Heister, D. et al. (2018))
 - 72% of the general population do not consider IR as a physician (Heister, D. et al. (2018))
- Lack of **awareness of IOs and IO therapies among referring medical oncologists**
- Lack of awareness of IR among medical students (future IRs and referring physicians)
 - multiple studies in Europe, India and Saudi Arabia have shown that over 50% of last-year **medical students have none to poor knowledge** of IR



What IO needs as a clinical speciality

- Adherence to globally agreed-upon **quality assurance standards**
- Practice as **primary clinical care providers** with a patient-centred focus instead of technicians, the same as the other disciplines in modern cancer care
- Actively **participate in tumour boards** and multidisciplinary meetings
- **Support from their institution** for appropriate infrastructure and resources to deliver effective patient care
- Contribute to **research to strengthen the evidence base** for treatments and procedures
- Prove to **patients and referring oncologists that the patient pathway is safe**, has been thoroughly tested and meets rigorous international standards **through accreditation**



What IO needs as a clinical specialty

We need the same things as every other clinical specialty!

- Standardisation
- Certification
- Reputability
- Recognition





What is IASIOS – the International Accreditation System for Interventional Oncology Services?

The only international accreditation system developed specifically for IO which offers:

- opportunity to be a worldwide leader and **gain global recognition for IO services**
- a reference frame for achieving the **highest standards of quality** assurance in IO
- guidance on **improving your IO service** line
- chance to **showcase achievements**
- an **international community** of IOs from the world's top hospitals working on continuously improving their IO service line, **benchmarking** with and **learning** from each other



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IASIOS awards seals of recognition to all participating centres



IASIOS Enrolled Centre

The Enrolled Centre seal is awarded when a facility registers with IASIOS. It represents the facilities' dedication to providing high-quality IO care and indicates that they are in the process of seeking IASIOS accreditation.



IASIOS Accredited Centre

The Accredited Centre seal is a testament to a facility's high standard of IO care, in accordance with the CIRSE Standards of Quality Assurance in Interventional Oncology. This seal is awarded if a facility complies with the core requirements listed on the IASIOS application form.



IASIOS Centre of Excellence

The Centre of Excellence seal represents the highest level of accreditation offered by IASIOS. It can only be awarded if a facility complies with all the core and extended requirements listed on the application form and has been an IASIOS Accredited Centre for a minimum of four years.

Key Objectives: # 1 - Set Standards

The CIRSE Standards of Quality Assurance in Interventional Oncology

- Sets a global standard of care that is endorsed by 40 national and international societies, including the European Cancer Organisation (ECO)
- Establish a gold standard along the entire patient pathway with the IO as the primary clinical care provider
- Set the Standards of Quality Assurance that safeguard patients and encourage good practice, putting IO on the same standard as more established medical disciplines





The CIRSE Standards of Quality Assurance in IO

- Looks at the whole process of patient care and treatment to establish better safety and efficiency of IO procedures
- Divided into three sections:
 - Staff and Facilities
 - Treatment Planning and Delivery
 - Safety and Quality

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The CIRSE Standards of Quality Assurance in IO

- IASIOS separates the standards into two parts:
 - **28 Core requirements** – needed to become an IASIOS Accredited Centre
 - **Extended requirements** – additional requirements to become an IASIOS Centre of Excellence
- At the end of each section is a list of **required evidence** to demonstrate compliance with the Standards

Commentary L3

The background education required for staff supporting interventional oncology is delivered through various routes for the different professional groups involved. The curricula involved vary across different centres.

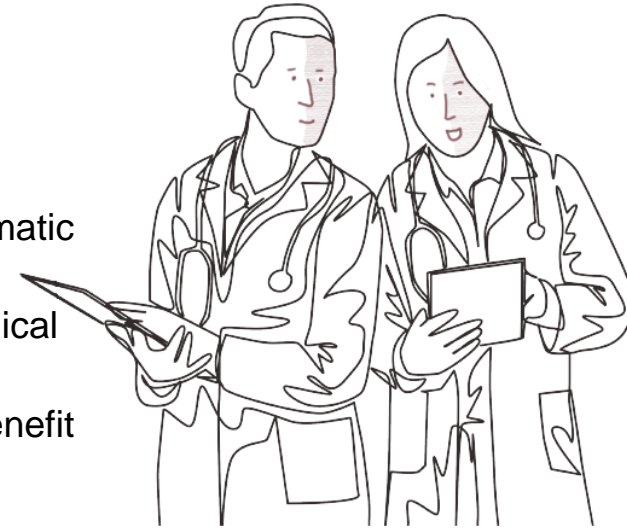
Staff training and development is undertaken at most interventional oncology centres. Where this is done, there should be an agreed training plan which sets out what will be achieved and the competencies to be attained.

Supporting evidence

- core** → 1 (a) Record that staff are appropriately registered/licensed to practise.
- extended** → 1 (b) Records of regular performance review for individual staff as kept in accordance with facility policy and/or professional requirements.
- core** → 1 (c) Evidence of appropriate continuing professional development activities for individual staff members.
- extended** → 1 (d) Evidence of appropriate facility development activity. This includes providing education, undertaking research and development and improving services.
- core** → 1 (e) Records listing:
 - The number of different types of therapeutic interventional oncology procedures per year, under the following headings:
 - Ablations
 - Radioembolisation
 - Chemoembolisation
 - Pain management
 - Musculoskeletal interventions
 - Other vascular oncology procedures
 - Other therapeutic procedures in cancer care
- core** → 1 (f) Records of patient consultations (see glossary for definition).
- core** → 1 (g) Records and analysis of mortality and locally specified complications.

Key Objectives: # 2 - Facilitate Progress

- Introduces a system that improves the standard of care
- Supports the further professional development of IO
- Has the potential to support funding and reduce cost through systematic organisation
- Ensures IO has the infrastructure needed to practice as primary clinical physicians as opposed to technicians
- Standardises the patient pathway to reduce errors and ultimately benefit the patient





Key Objectives: # 3 - Increase Awareness of IO

- Makes IO services more accessible to patients
- Increases understanding of IO services among other medical/clinical colleagues
- Supports greater communication and networking between all groups involved in the delivery of IO services



Heilbronn-Franconia

Tumor center awarded for targeted tumor treatment

It was the first German center to be internationally certified. Precise interventions in cancer therapy are possible.

Still 9 free article this month.

RNOnline offers

02.09.2021, 6:00 a.m.



The multidisciplinary indication for interventional-oncological therapy is established at a tumor conference. Photo: SLK-Kliniken Heilbronn

By Armin Guzy and Falk-Stéphane Dezort

Heilbronn. In addition to the tried and tested methods of cancer therapy, i.e. surgery, chemotherapy and radiation, another option for treating malignant tumor tissue is becoming increasingly important: so-called interventional oncology. The Heilbronn-Franken Tumor Center at the "Gesundbrunnen" Clinic in Heilbronn was the first clinic in Germany to be certified for this form of treatment in accordance with international quality standards for a few days.

INTERESTING TOO

- Heilbronn pediatric radiology: Instead of anesthesia, it is more and more common to say: "Start filming"
- Heilbronn: Clinic group is again in the black
- Heilbronn: SLK clinics rely on leasing due to staff shortages

In interventional oncology, targeted tumor tissue is treated with minimally invasive interventions using radiological imaging techniques. This has many advantages. On the one hand, a very targeted therapy. This protects healthy tissue, leads to fewer side effects and pain, and shortens the recovery time. On the other hand, the minimally invasive method of intervention reduces the risks for patients who are generally associated with a major operation. In addition, such minimally invasive interventions are usually only associated with a short inpatient stay in the hospital: the patients can usually be discharged after two days.



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Key Objectives: # 4 – Establish a Community

- Facilitates connections between IOs from all over the world that are learning from each other
- Networking and mentorship opportunities
- Provides career opportunities for IOs to join the IASIOS Council and team of assessors
- Learning and training support and workshops for IOs and their teams from a global network
- Benchmarking and comparing data and standards with other IASIOS enrolled centres





Key Objectives: # 4 – Establish a Community

Annual Membership Benefit Programme

- Career and professional development
at exclusive IASIOS-only events and meetings
- Networking, facilitating connections and mentorship
organised by IASIOS and within a global community of IOs
- Learning and training opportunities
for IOs and teams offered in addition to existing conferences and courses in IO
- Promotion, recognition and exposure
of your hospital, department, IOs and IO service line through IASIOS channels and partners
- Surveys and benchmarking
Exclusive opportunity to survey data and compare standards with other IASIOS enrolled centres





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Why we should become an IASIOS Accredited Centre?



Why? You can't prove quality without a certification

Which one would you trust? The one that can prove that the quality of their product has been tested and can provide assurance that the same quality and standards are met every single time.





Why? Accreditations increase trust, leading to more referrals

- When the patient pathway has been standardised, improved and certified oncologists have reported feeling much safer and more comfortable referring their patients to the IASIOS Accredited Centres
- There is increased trust knowing the centre has demonstrated compliance to a certain Standard of Quality as clinical providers and physicians
- Patients feel safer and more at ease when they see accreditations for quality
- This strengthens relationships as well as an increase in revenue



Why? The principles for IASIOS accreditation can be applied to improve the whole of IR

- Most of the IASIOS accredited centres have applied the criteria not just to their IO departments or service lines but to the entire IR department.
- The exercise is first and foremost to improve patient outcomes and quality, to standardise the patient pathway, and to reduce errors. Going through the CIRSE Standards of Quality Assurance and making the adjustments as a whole will elevate the standard of care and demonstrate what is already being done well and what can be improved.
- For a direct testimonial on this topic [please see](#) the recent publication by the team at Singapore General Hospital in CVIR (2022).

Editorial | [Published: 06 July 2022](#)

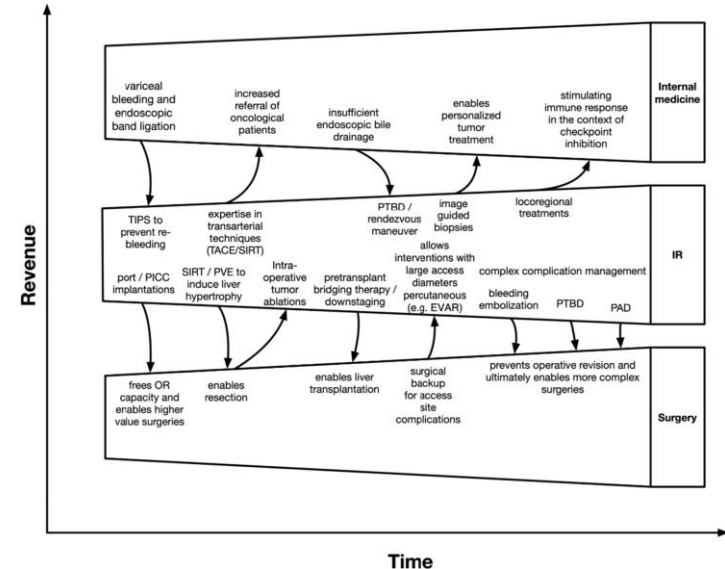
Accreditation in Interventional Radiology:
Why it Matters and Why we Sought IASIOS
Certification

[Sonam Tashi](#), [Sivanathan Chandramohan](#), [Andreas Adam](#) & [Bien Soo Tan](#) 

[CardioVascular and Interventional Radiology](#) (2022) | [Cite this article](#)

Why? Improving the IO department will be mutually profitable for other departments in the hospital

- Multiple clinical specialties, particularly surgery, can perform more complex operations using IR's pre- and postoperative techniques. In turn, they provide referrals and sometimes medical support to IR. With this kind of interdependence, financial trade-offs such as internal cost allocation and fee-splitting can be raised.
- Having a strong IR in a multidisciplinary team can increase total revenue, for example, by enabling surgeons to perform more complex operations. As a result, an IR department should be financed as a mixed calculation in which all clinical partners profit from each other.
- Ultimately this will generate more referrals to the hospital and more patients with complex diseases





Why? Global recognition and prestige

- Apart from demonstrating to patients and oncologists that we value patient safety and quality standards, being an early adopter of the IASIOS accreditation gives our hospital the advantage and distinction of being one of the first centres in the world that are accredited in Interventional Oncology

Anadolu Medical Center is one of the three oncology clinics in the world that have received accreditation in interventional oncology

07.06.20.11.



Photo: Anadolu Medical Center

Wesley Medical Imaging becomes first hospital in Australia to achieve IASIOS accreditation in historic global milestone for CIRSE

21st September 2021 1609



Assuring high-quality IO care

Ten centres have achieved the International Accreditation System for Interventional Oncology Services (IASIOS) accreditation, a benchmark of quality standard and assurance, since 2018. Wesley Medical Imaging has just achieved this recognition to become the first hospital in the Southern Hemisphere to do so. *Interventional News* speaks to Nicholas Brown (clinical director at IMED, The Wesley Hospital, Queensland, Australia) on this significant achievement and how it certifies that this hospital is providing the highest standards of interventional oncology (IO) care. "Personally, I am convinced it will bring game-changing renewal and evolution to interventional radiology practice around the world," he says.

Kantonsspital erhält wichtige Krebs-Zertifizierung

Spital, Kantonsspital, Kantonsspital Winterthur, Onkologie, Iasios

veröffentlicht am 02. September 2021 11:10, von am | Letzte Aktualisierung 03. September 2021 11:16



Das Kantonsspital Winterthur verfügt über modernste Standards in der minimalinvasiven Krebschirurgie. | KSW

Das Kantonsspital Winterthur (KSW) ist neu im Bereich der interventionellen Onkologie zertifiziert. Es ist das erste Spital in der Schweiz.

Among the best in interventional oncology services

By Desmond Ng
23 Dec 2021 | Singapore Health



Singapore General Hospital is the first hospital in Asia to achieve the global gold standard for interventional oncology care, a rapidly growing field in cancer treatment.



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Why? Promoting our department and services

- Today's patients and their families go online first when deciding on treatments and follow-up care. Having an accreditation increases trust, security, and the chances of IO being the treatment of choice. When it comes to their health, their children, their parents – quality matters.

Azienda Ospedaliero Universitaria Pisana

Certificazioni Qualità Aoup

Ultimo modifica: Venerdì, 02 Agosto 2022 11:38
Vale: 2013

L'Azienda ospedaliero-universitaria pisana è accreditata nella sua interezza al **Legge Regionale 51/2009** secondo il modello di Accreditamento Istituzionale e Toscana.

Nella tabella seguente sono elencate le Strutture Aziendali che si sono volontarie certificate o accreditate secondo altri Sistemi di Qualità:

ISO 9000, Joint Commission, EUSOMA, IASIOS, EPI etc.

CERTIFICAZIONE	STRUTTURA AZIENDALE	RAZIONALE	LINK
Accreditamento IASIOS (International Accreditation System for Interventional Oncology Services)	IO Radiologia Interventiva (Oncologia Interventiva)	La radiologia di Oncologia Interventiva prevede attività applicative in pazienti che non possono essere candidati ad opzioni chirurgiche per l'estensione del tumore. In questi casi possono essere tentati di aiuto a ridurre l'estensione del tumore per renderlo più facilmente resecabile oppure possono essere applicate quando la fragilità dei condotti generali non rende l'opzione chirurgica ideale per l'intervento chirurgico.	https://www.iasios.org/

I-MED Radiology Network

supporting **During Breast Cancer Awareness Month**

View site as: Patient ☒ Practitioner ☐

[Find a clinic](#) [Procedures](#) [Billing information](#) [About I-MED](#)

IASIOS Accreditation

A global accreditation system operated by the Interventional Radiology Accreditation Service intended to establish the highest standards for patient care in Interventional Oncology (IO).

IASIOS Accreditation

What is IASIOS?

IASIOS is based on the Standards of Quality Assurance in Interventional Oncology, a comprehensive quality assurance document developed by the Cardiovascular and interventional Radiological Society of Europe (CIRSE). It looks at the whole process of patient care and treatment, and defines what is required to deliver IO services at a highly effective level. IASIOS accreditation establishes a framework for the development and implementation of wider measures for safe and efficient IO practice. The accreditation system has received wide international support from multiple regional and national medical societies.

What it means for patients

IASIOS can give patients confidence that this accreditation provides reassurance of quality that will result in better patient outcomes.

Why refer?

Interventional Oncologists work as part of a multidisciplinary team which includes medical and radiation oncologists. The radiologists spend time with patients in a consultative process that allows thorough individual assessment for a tailor-made treatment plan that will have the radiologist involved in their care from start to finish. This increased patient focus benefits the patient through expert sub-specialty care and quality assurance. This clinic offers one of the most extensive range of IO procedures in Australia including lung/liver tumour ablations and Selective Internal Radiation

SLK-Kliniken

Kliniken, Zentren & Institute **Pflege & Beratung** **Aufenthalt & Service** **Beruf & Bildung** **Ges & ...**

Sollten Sie Fragen zu den einzelnen Themen haben, wenden Sie sich gerne direkt an uns!

Ihr
Prof. Dr. med. Philippe L. Pereira
Direktor des Zentrums für Radiologie, Minimal-invasive Therapien und Nuklearmedizin

Zertifiziertes Tumorzentrum

Mit seiner interventionellen Radiologie als erstes
Deutsches Zentrum nach internationalen Standards
zertifiziert

Medizinische Schwerpunkte

- Diagnostische Radiologie
- Interventionelle Radiologie
- Nuklearmedizin
- Neuroradiologie
- Kinderradiologie



Why? Increased research opportunities and funding

- When a high-quality assurance programme is able to ensure that these **same conditions and standards are met in a number of centres around the world**, the ability to conduct multicentre, realistic trials demonstrating real-world effectiveness of IR interventions in broad patient groups as opposed to studies in optimized conditions in only selected centres (de Baere, T. 2017)
- Funding for research and participation in registries are more likely when it has been certified that the **patient pathway follows globally agreed-upon standards** of quality assurance, clinical care **always includes follow-ups** by the IR, and all **protocols are standardised**



Why? The return on investment is high and long-lasting

- For the price of one ablation per year we get many more referrals while also strengthening the relationship between us and our referring oncologists
- Included learning opportunities for the entire IO team remain on an ongoing basis through the IASIOS programme's network and community
- The hospital's increased exposure and reputation for being an early adopter will lead to increased revenue in other departments as well
- IO as a field will get more exposure and awareness, leading to longterm growth and stability



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Benefits of IASIOS Accreditation

For patients:

- Increases accessibility to IO procedures
- Enhances patient safety
- Improves the patient experience
- Strengthens patient-doctor relationships
- Higher patient satisfaction
- Increased quality assurance leads to better patient outcomes





Benefits of IASIOS Accreditation

For our hospital:

- Improves and ensures more specialised oncology care
- Global recognition for IO achievements with a certification of quality from an international accreditation
- Supports funding and reduces costs by streamlining and standardising the patient pathway
- Quantifiable benchmarks for quality and patient safety
- Helps centres to identify gaps in quality and address them
- Increases cooperation between administration, nurses, technicians, and doctors
- Improves the evaluation of doctors and their professional development
- Better quality care and safety reducing morbidity and mortality
- Demonstrates your facility's commitment and dedication to quality care and patient safety





Benefits of IASIOS Accreditation

For IOs and the discipline:

- Brings IO into mainstream cancer care
- Raises awareness of the profession to the general public and other medical specialties
- Provides IOs with the means to prove their value and expertise as primary clinical providers
- Offers a guideline to advocate for more support and hospital resources
- Promotes interdisciplinary understanding and communication
- Supports the global community of IO and accelerates the development of the discipline
- Allows opportunities for professional development, networking events, seminars, and more
- Assures safe and effective IO practice worldwide by standardising patient pathways



How does the process work?

- After enrolling, a team working on the application will create user accounts linked to a collaborative online application platform to start working on the application criteria and gathering evidence and documentation
- For each of the 28 core criteria in the CIRSE Standards of QA in IO, a short description will be required as well as the available supporting evidence.
- Evidence does not need to be submitted or translated into English (if applicable). If an assessor would like to see the evidence to support the description provided for the core criteria, they will request it during the evaluation of the application.

The screenshot shows a web interface for 'SUPPORTING EVIDENCE REQUIREMENT 1G', which is a 'CORE' requirement. The interface includes a question: 'Can you provide records of morbidity (complications) and mortality meetings?'. Below this question are two radio button options: 'Yes' (which is selected) and 'No'. A text box follows with the instruction: 'Please provide a short description of your morbidity and mortality meetings, including who is involved and how frequently they occur:'. Below this is a large text input area. At the bottom, there is a section titled 'List of evidence available:' with another large text input area. A navigation bar at the very bottom shows a sequence of numbered circles: 1 (highlighted in maroon), 2, 3, ..., 13, with arrows on either side.



How does the process work?

- An internal case review is required for 3 of the core criteria. This consists of 30 patient cases taken at random from the last 12 months.
- Support is always available from the IASIOS team – it is an interactive accreditation process with the aim of improving our service line as best as possible, not evaluating a centres' status at the time of enrolment

Internal Case Review

myIASIOS

Dashboard
My Profile
Messages
Documents
Invoices
Application
Internal Case Review
Logout

SHOW INSTRUCTIONS SHOW SUMMARY

< 1 2 3 ... 30 >

PATIENT CASE 1/30 Q13 MINIMUM DATASET CHECKLIST

Patient ID Number

Patient details

☐ First name
☐ Last name
☐ Gender
☐ Date of birth
☐ Nationality (at birth)
☐ Hospital name
☐ Responsible interventional oncologist

PATIENT CASE 1/30 Q30 PLANNING FOR INTERVENTIONAL ONCOLOGY TREATMENT

4) Was the patient's consent for interventional treatment and associated procedures received?

☐ Yes
☐ No

5) Was the patient's consent for any subsequent changes in procedure received?

☐ Yes
☐ No

PATIENT CASE 1/30 Q36 PATIENT CARE DURING INTERVENTIONAL TREATMENT DELIVERY

6) Were identification procedures to verify patient's identity and treatment plan, such as CIRSE Patient Safety Checklist or equivalent, applied?

☐ Yes
☐ No

7) Was a defined system for the observation and monitoring of patients during treatment used?

☐ Yes
☐ No



Who is eligible to apply?

- Any medical facility providing IO services
- No restrictions on facility size or location

Is there an audit?

- In most cases, no. If so, it would most likely be in the form of a remote audit, not onsite.

How long does it take?

- Typically 30-40 hours, spread over 3-18 months, depending on your starting point
- There are no time constraints, you may remain an enrolled centre as long as you need while working towards the criteria

How much does it cost? General IASIOS Fees

Programme Enrolment Fees	EUR 5,000
Annual Membership Fees	EUR 7,500
Re-Certification (every four years)	EUR 2,500

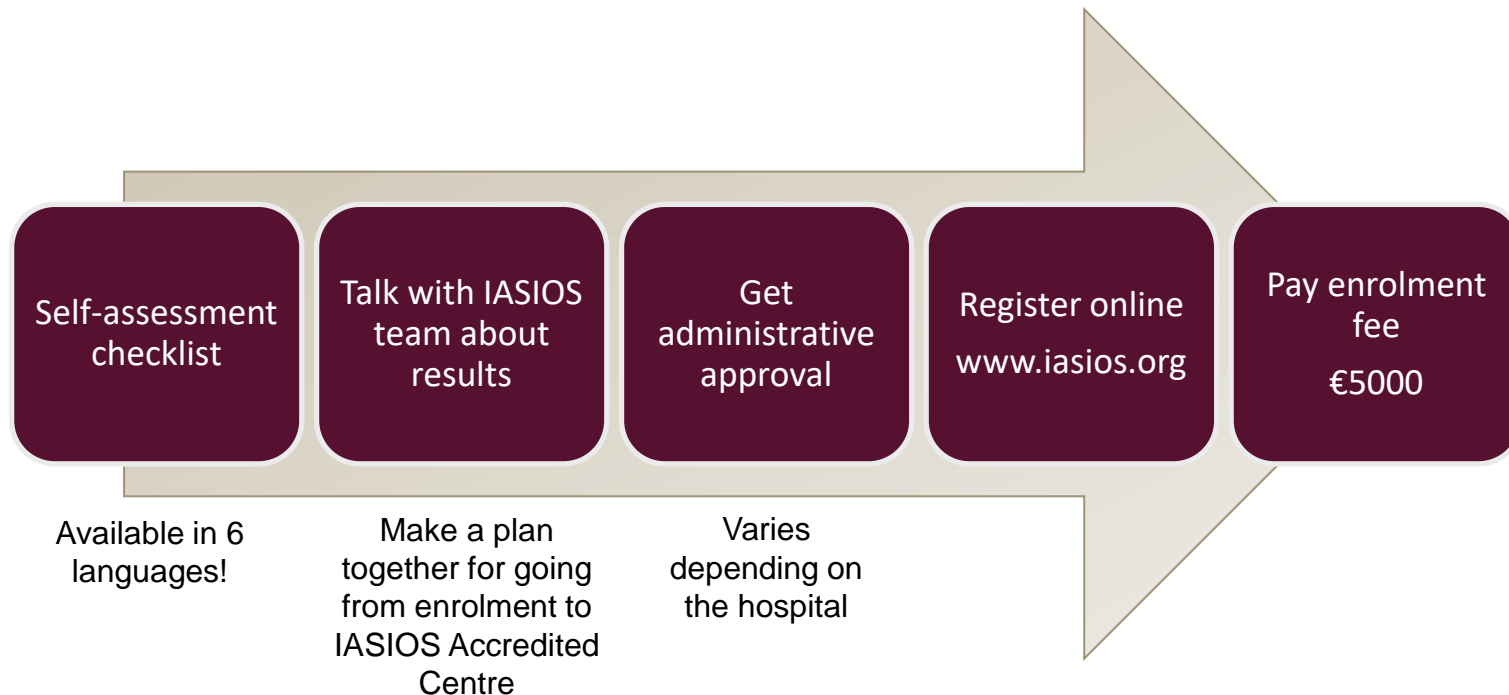
Additional [FAQ's](#) are answered on the IASIOS website or by contacting the [IASIOS team](#)



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Starting the Accreditation Journey

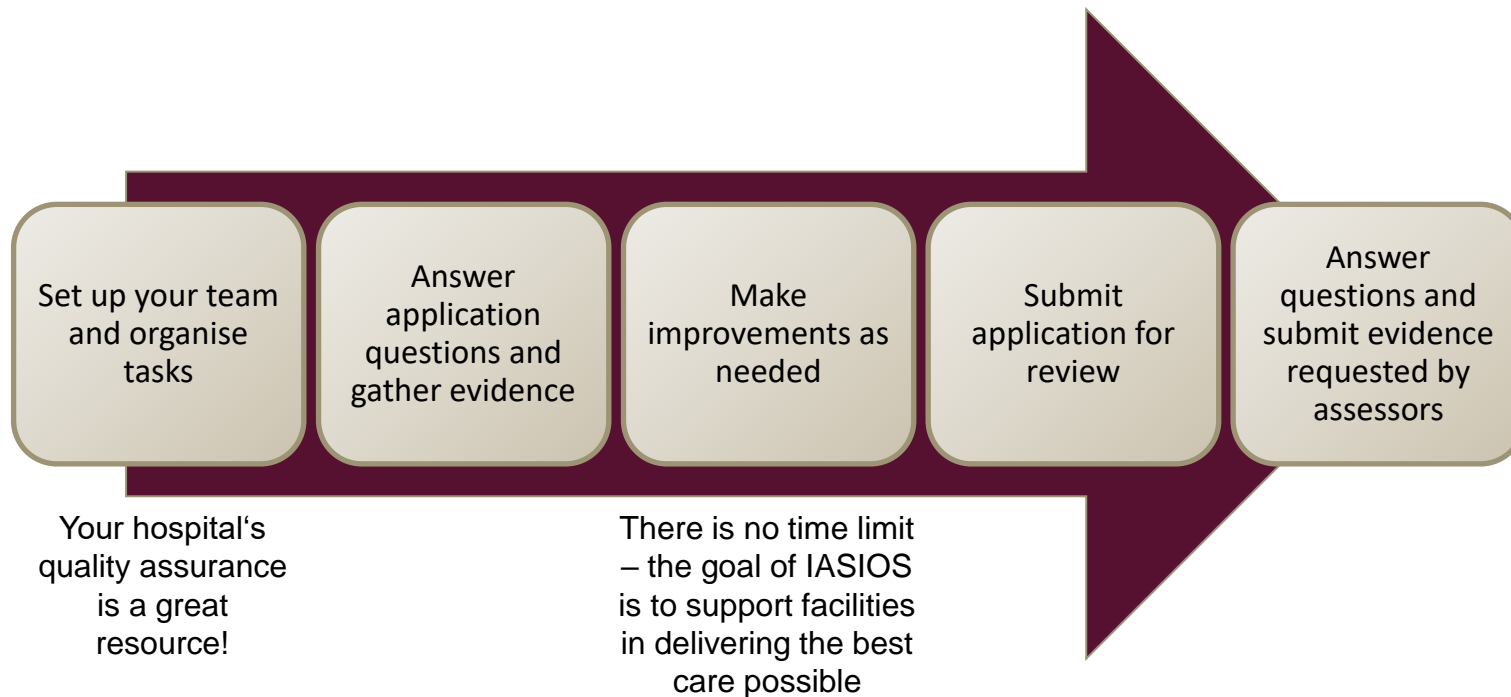


**Welcome to
the IASIOS
community!**





Going from Enrolled to Accredited Centre



**Congratulations on
being an IASIOS
Accredited Centre!**





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