GUIDELINES FOR CASE SUBMISSION

Thank you for your interest in submitting a case for ICCIR 2025.
More information about the conference can be found on www.iccir.eu.

Before submitting your case description, please read the following **instructions** carefully:

Deadline for submissions is **February 6, 2025** (23:59, CET).

General Information:

- All abstracts have to be submitted online through the **ICCIR Abstract Submission System**. Abstracts sent by email will not be considered.
- All abstracts must be submitted in **English**.
  Abstracts will **not** be **language-edited** or **proof-read**. Submitters, in particular non-native English authors, are therefore strongly recommended to have their abstracts checked by a native speaker or make use of a language editing service.
- The presenting author of an accepted abstract is expected to register for and attend ICCIR 2025 in person (remote presentations are not possible). Costs associated with the submission and presentation of an abstract are the responsibility of the presenter.
- It is the responsibility of the submitter to make sure that all authors listed in the author block of an abstract agree with the publication of the abstract.
- Submitting multiple copies of the same abstract under different topics is not allowed.
- All received abstracts will undergo a double-blind peer reviewing process.
- **Notifications of acceptance or rejection** will be sent by email mid-March 2025.
- Accepted cases have to be prepared according to the **PCO: Patient – Complication – Outcome** guidelines and will be presented orally at the conference.
- Please make sure that the indicated email addresses are correct and that your mailbox allows emails from scientific@cirse.org.

Case submission structure:

- **Title**
- **Topic** and **classification of the complication**
- **Author(s)**
- Short **case history**
- Problem/**complication**
- **Outcome**
- **3 take home points**

Total word limit: 150

- Up to **4 significant images** and one video (optional)

PCO: Patient – Complication – Outcome

Describe the case, the complication and time-line.

Discussion

Patient:
- Was it the right patient for this treatment?
- Was the treatment the best option for this patient, what were the alternatives?
- Were these alternatives discussed with the patient?
- Was the patient discussed in a multi-disciplinary team?
- Was a safety checklist filled out?
- Was the patient informed about this possible complication?

Was the complication due to:
- Wrong indication
- Material failure or choice
- Insufficient training
- Unexpected
- Avoidable
- Other

How was this complication solved?

Did the patient suffer from this complication?
- Complication during the procedure which could be solved within the same session; no additional therapy, no post-procedure sequelae, no deviation from the normal post-therapeutic course
- Prolonged observation including overnight stay (as a deviation from the normal post-therapeutic course <48 h); no additional post-procedure therapy, no post-procedure sequelae
- Additional post-procedure therapy or prolonged hospital stay (>48 h) required; no post-procedure sequelae
- Complication causing permanent mild sequelae (resuming work and independent living)
- Complication causing permanent severe sequelae (requiring ongoing assistance in daily life)
- Death

What have you learned from this complication?

How was the system in your hospital adapted to prevent this in the future?

In case of technical problems, please contact scientific@cirse.org.

We look forward to receiving your cases.
Your ICCIR Scientific Department