



BSIR 2024

GUIDELINES FOR ABSTRACT SUBMISSION

Thank you for your interest in submitting an abstract for BSIR 2024. More information about the meeting can be found on <https://www.bsirmeeting.org/>.

Before submitting your abstract, please read the following instructions carefully:

Deadline for Abstract Submission is **May 9, 2024** (23:59 GMT).

General information

- All abstracts have to be submitted online through the **official BSIR 2024 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 BSIR 2024. 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 and/or types is not allowed.
- If an abstract is on clinical or experimental research in humans or animals or in case this is required by applicable law, the study has to be approved by the competent ethics committee.
- All received abstracts will undergo a double-blind peer reviewing process.
- **Notifications of acceptance or rejection** will be sent by email in June, 2024.
- Please make sure that indicated email addresses are correct and that your mailbox allows emails from scientific@bsirmeeting.org



The following **3 abstract types** can be submitted:

Scientific Abstract

Structure:	<ol style="list-style-type: none">1. Purpose2. Materials and methods3. Results4. Conclusion
Description:	Reporting about research projects, studies, trials, etc. Prospective studies will be rated higher than retrospective, comparative higher than single-arm, multi-centre higher than single centre.
Word limit:	250
Presentation format:	Oral presentation or electronic poster. Submitters may indicate their preferred presentation format. The final decision whether an abstract is accepted for oral presentation or as an electronic poster is up to the Scientific Programme Committee.

Educational Abstract

Structure:	<ol style="list-style-type: none">1. Learning objectives2. Background3. Clinical Findings/Procedure details4. Conclusion
Description:	Reviewing and teaching a topic; by means of e.g., literature review, pictorial essay, describing a series of cases of a particular finding or procedure.
Word limit:	250
Presentation format:	Electronic poster

Morbidity and Mortality Case Submission

Structure:	<ol style="list-style-type: none">1. Short case history2. Problem/complication3. Outcome4. Take-home points5. Images (min 2 – max 5)
List of authors:	A consultant supervising or in charge of the case must be included in the author block
Description:	The submitted case should focus on a situation that involved - or only narrowly avoided - a disastrous outcome.
Word limit:	250
Presentation format:	Oral presentation in the Morbidity and Mortality session*



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

We look forward to receiving your abstracts.
Your BSIR ASM Scientific Department

*For M&M submissions: Accepted cases have to be prepared according to the PCO: Patient – Complication – Outcome guidelines and will be presented orally at the conference.

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?