GUIDELINES FOR CASE SUBMISSION

Thank you for your interest in submitting a case. Before submitting, please read the **instructions** carefully:

Deadline for submissions is **February 4, 2027** (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**.
- The presenting author of an accepted case is expected to register for and attend ICCIR 2027 in person (remote presentations are not possible). Costs associated with the submission and presentation are the responsibility of the presenter.
- It is the responsibility of the submitter to make sure that all authors listed in the author block agree with the submission.
- Submitting a case multiple times 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 2027.
- Accepted cases will be presented orally and must be prepared according to the **PCO: Patient – Complication – Outcome** guidelines (see next page).
- 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: 250

- Up to **4 significant images**

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

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

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?

Grade	Description
1a	Complication during the procedure which could be resolved within the same session and the intended procedure was completed; no additional post-procedural therapy, no post-procedure sequelae, no deviation from the normal post-procedural course
1b	Complication during the procedure which could be resolved within the same session, but the intended procedure was not completed; no additional therapy, no post-procedure sequelae, no deviation from the normal post-procedural course
2	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
3a	Additional post-procedure therapy or prolonged hospital stay (> 48 h but < 2 weeks) required; no post-procedure sequelae
3b	Additional post-procedure therapy or prolonged hospital stay (> 2 weeks) required; no post-procedure
4	Complication causing permanent mild sequelae (resuming work and independent living)
5	Complication causing permanent severe sequelae (requiring ongoing assistance in daily life or additional long-term treatment)
6	Death

What have you learned from this complication?

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