General Rules & Guidelines for Authors

Abstracts that do not adhere to the following important points will be rejected:

- The title should not exceed 15 words. The title should be in bold, sentence case with no full stop at the end and no underlining.
- The abstract should not exceed 250 words.
- Please use authors' initials and surnames only. No full stop at the end. Underline the name of the corresponding author. A comma should separate author names. Where authors are from a number of different institutions, the appropriate institution number from the affiliation list should be given as a superscript number immediately after each author's name, e.g.: John Smith1, Susan Jones1, Bill Fisher2. An asterisk * should be used to link the corresponding author with their email address
- Affiliations should include institute, town and country. Where there are multiple affiliations, each should be listed as a separate paragraph. Each institute should appear in the order used against the author names (see above paragraph) and show the appropriate superscript number, e.g.:
  1 University, Town, State, USA
  2 University, Town, UK
  2 Company, Town, Country
- Qualifications should be omitted.
- Do not include references, tables or figures.
- Please do not use block capitals.

Main text

- In structured abstracts, paragraph headings should be typed in bold with no colon at the end. Do not use the heading 'Abstract'. Each heading should be in a separate paragraph.

Aim
Followed by regular text, on a new line and in the same format as shown above for main text.
Materials & Methods
Results
Conclusions

Consent to publish If the abstract contains details relating to individual participants (for example a case report), written informed consent for the publication of these details must be obtained from the participants and a statement to this effect should appear at the end of the abstract. Our guidelines for consent statements can be found here: http://www.biomedcentral.com/about/editorialpolicies#Ethics. If the patient is deceased consent for publication should be obtained from the next of kin and if the patient is under 16 consent should be obtained from the parent or guardian.

Please find examples at the bottom of the page.

You may choose among four different abstract types:
> Oral Scientific Presentation
> Oral Case Based Presentation

> Poster Scientific Presentation
> Poster Educational Presentation

Oral Scientific Presentation
The abstract should be separated into “Aim”, “Methods”, “Results” and “Conclusion”. The abstract limit is 250 words. Abstracts should not include promissory notes such as “We will provide additional data during our presentation.” Authors of accepted oral presentations will be invited for a presentation within the Scientific Paper Sessions. Presentation time will be 8 minutes with 2 minutes for Q&A (depending on the final program).

Oral Case Based Presentation
The abstract should have an image and three teaching points. The abstract limit is 250 words. Abstracts should not include promissory notes such as “We will provide additional data during our presentation.” Authors of accepted oral case based presentations will be invited for a presentation within the Scientific Paper Sessions. Presentation time will be 8 minutes with 2 minutes for Q&A (depending on the final program).

Poster Scientific Presentation
The abstract should be separated into “Aim”, “Methods”, “Results” and “Conclusion”. The abstract limit is 250 words.

Poster Educational Presentation
The abstract should be separated into “Learning Objectives”, “Content Organisation” and “Conclusion”. The abstract limit is 250 words.

Proceedings of the 18th International Cancer Imaging

Abstracts selected for presentation will be published in the Proceedings of the 18th International Cancer Imaging, given to all delegates and faculty. A downloadable version of your submission will be made available to our membership on the members only area of our website, and be available on the Cancer Imaging open access website. Authors of selected abstracts will be notified after Friday 6th July 2018.

It will be obligatory for all scientific presenters to be members of ICIS at the time of presentation in Menton. The annual membership fee of €95 will be added to the scientific presenters’ fee at registration if current membership is not in place. Please note that we have a discounted trainee membership at €39 and a much reduced trainee registration fee for the course. Membership will run for one year from date of registration; all standard member benefits will apply.

Financial help will be available for junior proffered presenters. This will be decided on application and on a case-by-case basis. *Kindly supported by the French Society of Radiology.*

Applicants for financial aid please email admin@icimagingsociety.org.uk for further information.

Queries may be addressed to the ICIS Secretariat
Tel: +44 (0) 7956 814964 or Email: admin@cancerimagingsociety.org.uk

Submission deadline: Monday 4th June 2018

Examples

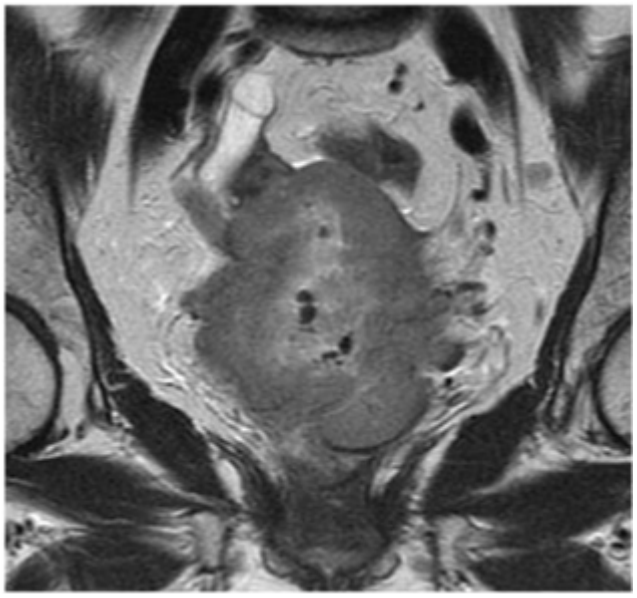
EXAMPLE – ORAL CASE BASED PRESENTATION

Diagnosis: Advanced cervix cancer

Sala E.

Memorial Sloan Kettering Cancer Center, New York, USA

Images



Teaching/Discussion points

- Discuss the role of MRI in treatment selection and planning of patients with cervical cancer
- Describe MRI Features of parametrial and pelvic sidewall invasion
- Highlight potential pitfalls

EXAMPLE - POSTER EDUCATIONAL

Chemotherapy induced cardiomyopathy: an overview, imaging features, and future prospective

Firstname A Lastname1*, Firstname B Lastname2, Firstname C Lastname3

1University, Town, State, USA
2University, Town, UK
3Company, Town, Canada

*Email address of corresponding author if being included

Learning objectives

To review the spectrum of imaging findings of chemotherapy- induced cardiomyopathy in correlation with most common cytotoxic drugs and regimens.

Content organisation

Cardio toxic effect of chemotherapy is a well-recognized problem in cancer patients. Cardio toxicity depends on multiple predisposing factors, specific components of the chemotherapy regimen, length of treatment, and dosage.

We will present the spectrum of most common cardiotoxic chemotherapy agents and their combinations, specific effects on the myocardium, and imaging features of cardiomyopathies induced by chemotherapy.

We will review pathophysiology of chemotherapy induced cardiomyopathy including:

- Dose dependent cardiomyopathy

- Predisposing conditions –diabetes, presence of coronary artery disease, age.

- Potential reversibility

We will discuss imaging characteristics of chemotherapy induced cardiomyopathy

- Imaging modalities (Echocardiography, Cardiac MR, and MUGA)

- Importance of monitoring cardiac function during and after treatment

- Distribution of late Gadolinium enhancement (LGE)

- Emerging technologies for early diagnosis of cardiomyopathy in cancer patients

Conclusions

Chemotherapy induced cardiomyopathy is a common problem among cancer patients, increasing long term morbidity and mortality and often leading to disability. Patients receiving chemotherapy treatment, particularly cardio toxic

agents, should be routinely assessed for cardiac function to diagnose cardiomyopathy during the early phase of treatment and to prevent development of irreversible heart failure.

EXAMPLE ORAL & POSTER SCIENTIFIC

The value of 68Ga-PSMA enhanced MR-PET in patients with biochemical recurrent prostate cancer

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1University, Town, State, USA
2University, Town, UK
3Company, Town, Canada

*Email address of corresponding author if being included

Aim

In patients with prostate Cancer increased levels of PSMA can be measured. Recently a new tracer, ^{68}Ga-PSMA, was developed as a specific marker for hybrid imaging (PET/CT, MR-PET). In this study we evaluated the accuracy of ^{68}Ga-PSMA in patients with rising PSA after radical prosatectomy, so called „biochemical recurrent prostate cancer“ (BRPC).

Materials and Methods

A total of 322 patients with BRPC underwent a MR-PET examination (Siemens Biograph mMR) after injection of about 150 mBq ^{68}Ga-PSMA. Images were evaluated in cosensus by one experienced nuclear medicine physician and one radiologist. Pelvine lymphnode dissection was performed in most of the patients according to a predefined template with 8 fields. Lymphnode involvement was evaluated according to a 5 point scale with a patient- and a field-based analysis. These findings were startified according to PSA-values.

Results

Four patients were excluded from the study for different reasons. Sensitivity for detction of recurrence was 95.7 % for PSA-values ≥ 2ng/ml, 81.4 % for PSA-values of 1-2 ng/ml, 76% for PSA-values 0.5-1 ng/ml, and 51% for PSA values ≤ 0.5 ng/ml. In comparison to the MR-images alone MR-PET was of superior diagnostic value.

Conclusions

MR-PET using ^{68}Ga-PSMA is a sensitive and highly accurate technique for the diagnosis of biochemical reccurence of prostate cancer after radical prostatectomy. It yields high diagnostic performance at relatively low PCA-values.