



Abstract Submission Guidelines

To ensure your abstract is eligible for submission, please take a few moments to review the guidelines and sample abstract below:

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1. Submission Categories and Educational Objectives

The 2025 Congress Learning Objectives can be found here:

<https://www.siu-urology.org/congress-2025/highlights>

Submissions may be made to one of the following categories. Any abstracts submitted for more than one type will have the duplicate submission withdrawn without notification. The first submission will be kept and reviewed.

- SIU 2025 Regular Abstract Submission
- SIU 2025 Nursing Abstract Submission
- SIU 2025 Resident's Forum Submission**

Users may request one of the following presentation categories. **All submissions for moderated sessions will be selected based on SIU Needs Assessment analysis and preference will be given to the topics which will best serve the educational needs of attendees:**

Moderated Oral ePoster

Live oral presentation on-site at congress during the moderated topic session in front of **moderators and includes a live Q&A with the presenting author.**

Unmoderated Standard ePoster

Standard ePoster presented on an interactive screen on-site and online on the SIU Academy. A voice over of maximum 3-minutes may be added after acceptance.

Moderated Video ePoster

Video presented on-site at congress during the moderated video session in front of moderators and includes a live Q&A with the presenting author. MP4 format required.

Unmoderated Video ePoster

Video ePoster of maximum 7-minutes, presented on an interactive screen on-site and online on the SIU Academy. MP4 format required.

**** Residents Forum submissions** are limited to consideration for Moderated Oral eposters. Any accepted submissions not selected for the moderated session, will be available as an unmoderated standard eposter. If the submitter wishes for their abstract to be considered for any of the other presentation types, please select 'regular abstract submission' from the submission category.

2. Rules for Authors

Prior Publication of Material

The SIU Congress is a forum for the presentation of novel research findings. The work covered by the abstract must not have been published (manuscript or abstract) before October 29, 2025. If the work has been presented at another meeting, the author must disclose when and where it was presented (during submission process), so that the Abstract Review Committee can make its decision based on all available details.

Objectivity

The SIU is committed to offering participants an open forum for scientific discussion, wherein all scientists and clinicians are invited to contribute actively. To preserve this valuable environment, the SIU urges all presenters to avoid statements, symbols or other displays that are subjective and unscientific in nature.

Registration and Expenses

Abstract status notifications will be sent to all presenting authors. Abstract presenters will be required to register by date as indicated in the notification email. **After this date presenting authors who have not paid their registration fees will have their abstracts withdrawn and therefore be excluded from the programme as well as the SIUJ.** No exceptions will be granted.

- Presenting Authors with moderated presentations (including Residents' Forum) **must register for the in-person meeting.**
- Should a moderated poster presenting author register for the virtual-only meeting, their abstract status will be modified to an unmoderated presentation.
- We encourage all Presenting Authors, regardless of presentation type, to register for the in-person congress. However, for unmoderated presentations, in person attendance is not possible, registration for virtual attendance is required. Please note that virtual registration will give you access to the platform, but there will be *no live interaction with the audience.*

Abstract presenters who are not SIU members are [encouraged to join](#), as this means possible savings of at least €200 on registration fees.

All expenses such as (but not limited to) registration, visa, airfare, lodging, etc. associated with the submission and presentation of an abstract are the responsibility of the presenter.

Failure to Present

Should the author (or a designated co-author) of an accepted abstract fail to present the work as scheduled, subsequent abstracts submitted by the individual will be flagged to the scientific committee as coming from a prior "no-show presenter" and will be judged accordingly. This could result in the non-acceptance of future submissions at SIU meetings.

Abstract Acceptance

Each abstract will be blinded and scored by up to three reviewers. Abstracts will be accepted on the basis of scientific merit.

While abstracts may be submitted as moderated or unmoderated, the Scientific Committee reserves the right to assign final presentation categories in the best interest of the programme.

All accepted abstracts will be published online in digital ePoster format and in the November 2025 issue of the *Société Internationale d'Urologie Journal*, as a digital supplement. (Exception: Late-breaking abstracts will not be published in the abstract book.)

Abstract Revisions

Abstracts may not be revised or resubmitted after the submission deadline.

Abstract Withdrawal

Abstract withdrawals may be made directly in the submission portal until the submission deadline. After this date, please submit abstract withdrawal requests in writing by **1 July 2025**. If the request is received after this date, it may not be possible to exclude from planned publications.

Change of Presenting Author

Changes may be made directly in the submission portal until the submission deadline. After this date, please submit requests in writing by **1 July 2025**. After this date, changes will no longer appear in the SIU Abstract Book and SIU Congress materials.

Requests for changes to presenting author may be accepted only if the new presenting author is already listed on the original submission as an author. Authors may NOT be added after review to accommodate presenters.

Publication and Copyright

All accepted abstracts will be published online as open access in the *Société Internationale d'Urologie Journal (SIUJ)* and online as an SIU ePoster. Publication of abstracts and ePosters implies transfer of copyright of the article to the Publisher. This will ensure the widest possible protection and dissemination of information under copyright laws.

Should the author wish to reuse the submission at later events/publications, permission should be requested for publication with the following statement: "This abstract was presented at the 45th Congress of the Société Internationale d'Urologie (Edinburgh, 2025). All rights reserved. Reused with permission."

By submitting an abstract, the submitter (and all identified authors) agrees with the conditions specified in the guidelines.

* Exception: Late-breaking abstracts will NOT be published in the SIUJ.

SANTU Submissions

The abstracts that will be considered for SANTU will be only the ones describing surgical techniques, medical management or devices that will be AFFORDABLE in low-income countries. Abstracts submitted to SANTU that do not comply with the "affordability rule" will not be considered. Only authors of submissions selected for SANTU will be contacted by SANTU Organizers.

Please note that while the same abstract may be submitted for both SIU and SANTU, its status with one does not impact the other. SANTU abstracts are not published in the SIUJ.

3. Preparation of Abstracts

Language

Abstracts must be written and presented in English. Careful typing and proofreading are essential. **If accepted, the abstract will be published as submitted. Errors, misspellings, incorrect hyphenation, and deviations from the use of correct English will be glaringly apparent in the published abstract.** Edits may be made up until the submission deadline. Once the has been reached, changes, corrections or rewording will not be possible. Presenters are requested to devote the necessary attention to language. The Scientific Committee reserves the right to reject abstracts which are presented in poor English or to request an immediate revision.

Word Count

Abstracts will not exceed 350 words.

Images, Tables and Graphs

Images, tables and graphs will not be accepted during the initial submission stage. Should your abstract be accepted, they can be added to your ePoster.

Topic Area

To ensure that your abstract receives proper scientific consideration, be sure to submit to the appropriate topic/subtopic category.

Title of Abstract

Your abstract must have a short, specific title (no abbreviations) that indicates the nature of the investigation. Please use title case.

Example: "Complications in Laparoscopic Transperitoneal Partial Nephrectomy."

Consult [Sample Abstract](#) for additional information.

Sections

Abstracts **MUST** include the following four distinct sections:

- Introduction and Objectives
- Materials and Methods
- Results

- Conclusion

Drug Names

Use generic drug names.

Abbreviations

Standard abbreviations may be used without definition. Nonstandard abbreviations should be kept to a minimum and placed in parentheses after the first use of the word or phrase.

Acknowledgments

Do not include references, credits or grant support.

Author Names and Affiliations

Author names and affiliations should not be present in the abstract title and abstract content as the abstract must be blinded for review.

List of authors: Do NOT include the authors list directly with your abstract. Only submit this information in the authors section within the submission form. There is only one presenting author permitted per submission.

Spelling: Ensure the author's full last name is provided. In the abstract book, authors names are published as first initial, last name (ie: John Smith will be displayed as 'Smith J'.) If only a letter is provided for the last name, the author's name will appear as 'S J'. If an author's name appears on more than one abstract, it must be identical on each abstract in order to ensure proper indexing.

Human Experimentation

Any human experimentation conducted as part of the submitted abstract(s) must follow the protocol approved by the institutional or local committee on ethics in human investigation; or, if no such committee exists, the investigation should have been conducted in accordance with the principles of the World Medical Association's Helsinki Declaration. The Scientific Committee may inquire further into ethical aspects when evaluating the abstract(s).

Abstract Data

Abstracts for case reports or abstracts that describe single clinical cases **will not be accepted**. Abstracts with investigations of compounds that involve inadequate numbers of study subjects or abstracts that lack quantitative data **will not be accepted**. Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, priority scores of related abstracts will be reduced.

Abstracts containing identical or nearly identical data submitted from the same institution (and/or individuals) describing the same study population will be disqualified. Statements such as "results will be discussed" will automatically disqualify the abstract. Reviewers require specific data on which to base their evaluation.

4. Video Submissions

Format

MP4 Files are required.

Title

Name the video file with your Submission ID and Abstract Title. (Within the abstract submission portal, select the 'save as draft' option to obtain your submission ID number.)

Example: "0011- Complications in Laparoscopic Transperitoneal Partial Nephrectomy"

Details

- Videos *must* be uploaded prior to the submission deadline in order to be considered for review.
- The video submission *must* include an abstract.
- All videos *must* be in the final format.
- Maximum duration of the video is 7 minutes.
- The video *must* include English commentary.
- The video *must* be blinded for review; no author names, patient names, affiliations, or faces should be visible.

If copyrighted music is included in the video production, the submitter must first receive permission from the copyright owner(s) to use the music for educational purposes.

5. Late Breaking Abstracts

The Late-Breaking Abstract submission is solely for abstracts with late-breaking data and not for abstracts submitted "late." Any "late" abstracts will be rejected outright. In order to fulfil the criteria for a late-breaking abstract you must enter the reasons why your abstract is a late-breaking abstract. Failure to do so, will mean that the abstract will not be reviewed.

Late Breaking Abstract submissions may be accepted for:

- Moderated Oral ePoster
- Unmoderated Standard ePoster

Late Breaking Abstracts that are accepted for unmoderated standard ePoster will be presented on SIU Academy online and available for viewing at designated areas on-site.

Late-breaking abstracts will NOT be published in the SIUJ.

6. Reviewing/Grading

Your abstract will be reviewed with the following criteria in mind:

- Is the design of the study valid?
- Are the methods appropriate?
- What is the significance of the results?
- Is the event described significant?

For any questions pertaining to your abstract submission, please contact: scientific.programme@siu-urology.org.

7. Sample Abstract

(Section titles do not need to be included in the submitted text.)

Title: Complications in Laparoscopic Transperitoneal Partial Nephrectomy

Introduction and Objectives: We review the complications of laparoscopic partial nephrectomy in a single surgeon series.

Materials and Methods: Between July 1999 and April 2006, a total of 125 patients underwent laparoscopic transperitoneal partial nephrectomy. Mean patient age was 58 years (range 33 to 87) and male to female ratio was 2:1. In 43 patients (34%) the procedure was handassisted. A database was kept prospectively for all patients.

Results: Mean operative time was 104 minutes (range 35 to 180) and average surgical bleeding was 258 ml (range 0 to 2000). For procedures with warm ischemia, mean arterial clamping time was 26 minutes (range 15 to 60). Mean tumor size was 2.7 cm (range 1 to 7). A total of 14 patients (11.2%) had one or more complications which were intraoperative 6 (4.8%) and postoperative 8 (6.4%) with two delayed complications. Intraoperative hemorrhage occurred in 6 cases (4%), and postoperatively in another 6 (4%). Intraoperative hemorrhage was managed in 2 cases with laparoscopic radical nephrectomy and in 4 cases with intracorporeal suture. Postoperative hemorrhage required reoperation in 4 patients: two open radical nephrectomies, one laparoscopic radical nephrectomy and one laparoscopic re-suture of the kidney. The remaining two patients were managed with endovascular (percutaneous) embolization. Urine leakage occurred in one case (0.8%) and was managed conservatively with a double-J stent. A digestive hemorrhage and a pulmonary embolism were presented by two patients (1.6%). Transfusion rate was 10.4%. No case required conversion to open surgery. Mean hospital stay was 3.6 days (range 1 to 12).

Conclusion: Laparoscopic transperitoneal partial nephrectomy is technically demanding with a high potential for complications. The most frequent complication is either intra- or postoperative hemorrhage. For delayed bleeding, endovascular techniques are safe and effective and thus our first choice in the stable patient.