IHSC 2027 Conference Regulations

International Health Sciences Conference

4–5 March 2027 | Kaunas Lithuania

These regulations set out the requirements for participation in IHSC 2027, submission and review of original research and case report abstracts, session allocation and presentation of accepted work.

1 Conference format

1.1. The conference will be held on-site at the Faculty of Pharmacy of Lithuanian University of Health Sciences, Sukileliu Ave. 13, Kaunas, LT-50166, Lithuania.

1.2. All participants are required to attend the conference on-site. No exceptions apply for international participants.

1.3. In case of illness or unplanned emergencies, the Organising committee must be informed immediately.

1.4. For emergency contact information, please email: info@ihsc.eu.

2 Fees

2.1. The full participation fee is payable when each abstract is submitted through the submission system. Payment must be completed at submission, before review; it is not deferred until acceptance.

2.2. The participation fee is EUR 25 for the first abstract submitted by an LSMU SMD member (the member rate applies only if the submitter is an LSMU SMD member) and EUR 40 for the first abstract submitted by a non-member. Each additional submitted abstract is charged at EUR 40, including for LSMU SMD members. The full applicable fee is payable at the time of each submission.

2.3. Passive participants who wish to receive a welcome pack and certificate of attendance must pay a 10 EUR fee.

2.4. Both active and passive participants must pay EUR 5–15 per workshop. Participation fees are non-refundable, subject to the workshop cancellation exception in clause 8.5.

2.5. Subject to the workshop cancellation exception in clause 8.5, all fees (active participant, passive participant and workshop fees) are non-refundable, including where a participant is unable to attend the conference.

2.6. The fee category is determined automatically by the account used to log in to the submission system. LSMU SMD members must log in with their LSMU SMD account before making the payment in order to be charged the member price. If a payment is made using a different account or under the non-member category, the price difference will not be refunded. The Organising Committee is not responsible for payments made in an incorrect category, through an incorrect account or with incorrect personal data entered by the participant.

2.7. Rejection of an abstract does not entitle the submitter to a refund of the participation fee paid at submission. Submitters whose abstracts are rejected may attend the conference as passive participants at no additional cost.

2.8. The LSMU SMD member fee applies to those who have paid the LSMU SMD fee for the 2026–2027 academic year.

2.9. For example, an active participant eligible for the LSMU SMD member rate pays EUR 25 in full when submitting the first abstract and EUR 10 separately for one workshop. A passive participant attending two workshops pays EUR 10 for passive participation and EUR 20 for the two workshops.

2.10. Regardless of the number of accepted abstracts, each presenter receives only one welcome pack.

3 Payment instructions

3.1. Payments are accepted only through the submission system. We do not accept bank transfers or other payment methods. Before paying, please check that you are logged in with the correct account and that the price shown corresponds to your participant category. Payments cannot be refunded or transferred.

3.2. The full participation fee must be paid through the submission system at the time the abstract is submitted. A submission is complete only once the applicable fee has been paid. No further participation fee is payable upon acceptance or before uploading the presentation or poster. Payment does not guarantee acceptance; the refund provisions in the “Fees” section apply.

4 Sessions

4.1. Submissions shall be classified as either original research abstracts or case report abstracts. Authors must select the submission type, the relevant session and a specific topic in the submission system. Original research sessions and case report sessions are listed separately below.

4.2. Original research abstracts may be submitted for oral or poster presentation. Case report abstracts may be submitted for oral presentation only. The final presentation format for original research is assigned by the IHSC 2027 Reviewers in accordance with the evaluation scores.

4.3. If no listed topic fits the work, authors shall select “Other” within the most relevant session. Session and topic lists are preliminary and may be amended after the abstract submission deadline.

4.4. The final allocation of abstracts to sessions depends on the number of accepted abstracts. If a session has fewer than 7 or more than 12 accepted abstracts, the IHSC 2027 Organising Committee reserves the right to transfer abstracts to a different session, combine sessions or divide a session. The Organising Committee also reserves the right to transfer an abstract to another session if its topic is deemed more relevant to that session. Session transfers, combinations and divisions must preserve the distinction between original research and case report abstracts. Accepted case reports shall be allocated only to dedicated case report oral sessions; original research abstracts shall be allocated to the relevant subject sessions or the Posters session in accordance with the assigned presentation format.

4.5 Original research sessions and topics

4.5.1 Anaesthesiology & Intensive therapy, Emergency medicine

- General & regional anaesthesia
- Perioperative medicine & pain management
- Airway management
- Sepsis & septic shock
- Mechanical ventilation & acute respiratory failure
- Cardiopulmonary resuscitation
- Trauma & prehospital emergency care
- Clinical toxicology & poisoning
- Disaster & mass-casualty medicine
- Other

4.5.2 Basic sciences & Pharmacology

- Anatomy & histology
- Physiology & pathophysiology
- Biochemistry & molecular biology
- Genetics & genomics
- Cell biology & stem cells
- Microbiology & immunology
- Pathology
- Pharmacology & clinical pharmacy
- Pharmaceutical sciences & drug development
- Experimental & animal models
- Other

4.5.3 Cardiology

- Coronary artery disease & acute coronary syndromes
- Heart failure & cardiomyopathies
- Arrhythmias & electrophysiology
- Arterial hypertension
- Valvular heart disease
- Congenital heart disease
- Cardiovascular imaging
- Preventive cardiology & cardiovascular risk factors
- Pulmonary hypertension & venous thromboembolism
- Interventional cardiology
- Other

4.5.4 Dermatovenerology

- Inflammatory skin diseases (psoriasis, atopic dermatitis, etc.)
- Skin cancer & melanoma
- Autoimmune & bullous skin diseases
- Infectious skin diseases
- Sexually transmitted infections
- Hair & nail disorders
- Dermatoscopy & skin imaging
- Dermatosurgery & aesthetic dermatology
- Other

4.5.5 Internal medicine

- Gastroenterology & hepatology
- Pulmonology
- Endocrinology, diabetes & metabolism
- Rheumatology & clinical immunology
- Nephrology
- Infectious diseases
- Haematology (non-malignant)
- Allergology
- Geriatrics
- Clinical nutrition
- Other

4.5.6 Neurosciences

- Stroke & cerebrovascular diseases

- Epilepsy
- Neurodegenerative & movement disorders
- Multiple sclerosis & neuroimmunology
- Headache & pain
- Neuromuscular diseases
- Neurosurgery (neuro-oncology, spine, neurotrauma)
- Mood & anxiety disorders
- Psychotic disorders
- Addiction medicine
- Child & adolescent psychiatry, neurodevelopmental disorders
- Other

4.5.7 Nursing

- Clinical nursing practice
- Patient safety & quality of care
- Nursing education
- Community & home care
- Palliative & end-of-life care
- Geriatric nursing
- Nursing management & leadership
- Digital health in nursing
- Other

4.5.8 Obstetrics & Gynaecology

- Pregnancy & maternal-fetal medicine
- Labour & delivery, midwifery
- Reproductive medicine & infertility
- Gynaecological oncology
- Benign gynaecology & endometriosis
- Urogynaecology
- Contraception & sexual health
- Menopause
- Other

4.5.9 Odontology & Maxillofacial surgery

- Restorative dentistry & endodontics
- Periodontology
- Prosthodontics
- Orthodontics
- Paediatric dentistry
- Oral surgery & implantology
- Oral medicine & oral pathology
- Maxillofacial surgery & trauma
- Dental materials & digital dentistry
- Other

4.5.10 Oncology

- Cancer epidemiology, prevention & screening
- Cancer biology & biomarkers
- Systemic therapy (chemotherapy, immunotherapy, targeted therapy)
- Radiation oncology
- Surgical oncology
- Haemato-oncology

- Paediatric oncology
- Supportive & palliative care in oncology
- Other

4.5.11 Ophthalmology

- Cataract & refractive surgery
- Glaucoma
- Retina & vitreous (incl. diabetic retinopathy, AMD)
- Cornea & ocular surface
- Paediatric ophthalmology & strabismus
- Neuro-ophthalmology
- Oculoplastic surgery
- Ocular imaging & artificial intelligence
- Other

4.5.12 Otorhinolaryngology

- Otology & hearing
- Audiology & vestibular disorders
- Rhinology & sinus diseases
- Laryngology & voice disorders
- Head & neck oncology
- Paediatric otorhinolaryngology
- Sleep-disordered breathing
- Facial plastic surgery
- Other

4.5.13 Paediatrics

- Neonatology
- General paediatrics, growth & development
- Paediatric infectious diseases & vaccination
- Paediatric cardiology
- Paediatric gastroenterology & nutrition
- Paediatric endocrinology
- Paediatric neurology
- Paediatric pulmonology & allergology
- Paediatric emergency & intensive care
- Adolescent medicine
- Other

4.5.14 Posters

- Original research abstracts from all fields; authors must select the relevant topic from the original research subject sessions.

4.5.15 Public Health

- Epidemiology
- Health promotion & disease prevention
- Environmental & occupational health
- Health policy & health care management
- Global health
- Lifestyle & health behaviour (nutrition, physical activity, tobacco, alcohol)
- Population mental health
- Digital health & health informatics
- Medical & health professions education

- Other

4.5.16 Radiology

- Neuroradiology
- Thoracic & cardiovascular imaging
- Abdominal imaging
- Musculoskeletal imaging
- Breast imaging
- Paediatric radiology
- Interventional radiology
- Nuclear medicine & molecular imaging
- Artificial intelligence & radiomics
- Other

4.5.17 Rehabilitation

- Neurological rehabilitation
- Musculoskeletal & orthopaedic rehabilitation
- Cardiopulmonary rehabilitation
- Physiotherapy
- Occupational therapy
- Speech & language therapy
- Paediatric rehabilitation
- Geriatric rehabilitation
- Assistive technologies
- Other

4.5.18 Sports medicine & kinesiology

- Exercise physiology
- Sports injuries & injury prevention
- Physical activity & health
- Sports cardiology
- Biomechanics & motor control
- Sports nutrition
- Training & athletic performance
- Adapted physical activity
- Other

4.5.19 Surgery I: General surgery

- Upper gastrointestinal surgery
- Hepatobiliary & pancreatic surgery
- Colorectal surgery
- Hernia & abdominal wall surgery
- Endocrine surgery
- Breast surgery
- Bariatric & metabolic surgery
- Minimally invasive & robotic surgery
- Emergency surgery & trauma
- Other

4.5.20 Surgery II: Specialised surgery

- Cardiac surgery
- Thoracic surgery
- Vascular surgery

- Orthopaedics & traumatology
- Paediatric surgery
- Urology
- Plastic & reconstructive surgery
- Transplant surgery
- Other

4.6 Case report sessions and topics

Case report sessions are organised by clinical specialty. Authors must select one session and one specific topic from the list below. The Organising Committee may combine or divide case report sessions in accordance with clause 4.4; case reports shall remain separate from original research abstracts.

4.6.1 Anaesthesiology intensive care and emergency medicine

- General and regional anaesthesia
- Perioperative complications and pain management
- Difficult airway and airway emergencies
- Sepsis and septic shock
- Mechanical ventilation and acute respiratory failure
- Cardiopulmonary resuscitation and post-resuscitation care
- Trauma and prehospital emergency care
- Clinical toxicology and poisoning
- Disaster and mass-casualty care
- Other

4.6.2 Cardiology

- Coronary artery disease and acute coronary syndromes
- Heart failure and cardiomyopathies
- Arrhythmias and conduction disorders
- Arterial hypertension and hypertensive emergencies
- Valvular heart disease and endocarditis
- Congenital heart disease
- Pericardial and inflammatory myocardial disease
- Pulmonary hypertension and venous thromboembolism
- Cardiovascular imaging and diagnostic challenges
- Interventional cardiology and procedure-related complications
- Other

4.6.3 Dermatovenerology

- Inflammatory skin diseases
- Skin cancer and melanoma
- Autoimmune and bullous skin diseases
- Infectious skin diseases
- Sexually transmitted infections
- Hair and nail disorders
- Adverse cutaneous drug reactions
- Dermatoscopy and diagnostic challenges
- Dermatosurgery and treatment complications
- Other

4.6.4 Internal medicine

- Gastroenterology and hepatology
- Pulmonology and respiratory disease

- Endocrinology diabetes and metabolic disorders
- Rheumatology and clinical immunology
- Nephrology and electrolyte disorders
- Non-malignant haematology and coagulation disorders
- Allergology and anaphylaxis
- Geriatrics and multimorbidity
- Clinical nutrition and nutritional disorders
- Multisystem disease and diagnostic challenges
- Other

4.6.5 Infectious diseases

- Bacterial infections and antimicrobial resistance
- Viral infections
- Fungal infections
- Parasitic and travel-related infections
- Tuberculosis and other mycobacterial infections
- HIV and opportunistic infections
- Infections in immunocompromised patients
- Healthcare-associated and device-related infections
- Unusual presentations and diagnostic challenges
- Other

4.6.6 Neurosciences

- Stroke and cerebrovascular diseases
- Epilepsy and seizure disorders
- Neurodegenerative and movement disorders
- Multiple sclerosis and neuroimmunology
- Headache and pain disorders
- Neuromuscular diseases
- Neuro-oncology and neurosurgical cases
- Spinal disorders and neurotrauma
- Mood and anxiety disorders
- Psychotic disorders
- Addiction medicine
- Child and adolescent psychiatry and neurodevelopmental disorders
- Other

4.6.7 Nursing

- Complex clinical nursing care
- Patient safety and adverse events
- Wound management and pressure injuries
- Community and home care
- Palliative and end-of-life nursing care
- Geriatric nursing care
- Nursing care of patients with complex devices
- Digital health in individual patient care
- Other

4.6.8 Obstetrics and gynaecology

- Pregnancy complications and maternal-fetal medicine
- Labour delivery and obstetric emergencies
- Reproductive medicine and infertility
- Gynaecological oncology

- Benign gynaecology and endometriosis
- Urogynaecology
- Contraception and sexual health
- Menopause and related disorders
- Other

4.6.9 Odontology and maxillofacial surgery

- Restorative dentistry and endodontics
- Periodontology
- Prosthodontics
- Orthodontics
- Paediatric dentistry
- Oral surgery and implantology
- Oral medicine and oral pathology
- Maxillofacial surgery and trauma
- Dental treatment and procedure-related complications
- Other

4.6.10 Oncology and haematology

- Solid tumours and unusual presentations
- Haematological malignancies
- Cancer of unknown primary origin
- Systemic therapy and treatment-related toxicity
- Radiation oncology and complications
- Surgical oncology
- Paediatric oncology
- Supportive and palliative care
- Oncological emergencies
- Rare tumours and diagnostic challenges
- Other

4.6.11 Ophthalmology

- Cataract and refractive surgery
- Glaucoma
- Retinal and vitreous disorders
- Corneal and ocular surface disease
- Paediatric ophthalmology and strabismus
- Neuro-ophthalmology
- Oculoplastic surgery and orbital disorders
- Ocular trauma and emergencies
- Ocular imaging and diagnostic challenges
- Other

4.6.12 Otorhinolaryngology

- Otology and hearing disorders
- Audiology and vestibular disorders
- Rhinology and sinus disease
- Laryngology and voice disorders
- Head and neck oncology
- Paediatric otorhinolaryngology
- Sleep-disordered breathing
- Facial plastic surgery and reconstruction
- Airway emergencies and foreign bodies

- Other

4.6.13 Paediatrics and neonatology

- Neonatology and neonatal complications
- General paediatrics growth and development
- Paediatric infectious diseases and vaccination-related cases
- Paediatric cardiology
- Paediatric gastroenterology and nutrition
- Paediatric endocrinology and metabolic disorders
- Paediatric neurology
- Paediatric pulmonology and allergology
- Paediatric emergency and intensive care
- Adolescent medicine
- Congenital disorders and rare diseases
- Other

4.6.14 Radiology

- Neuroradiology
- Thoracic and cardiovascular imaging
- Abdominal imaging
- Musculoskeletal imaging
- Breast imaging
- Paediatric radiology
- Interventional radiology and procedural complications
- Nuclear medicine and molecular imaging
- Incidental findings and diagnostic pitfalls
- Other

4.6.15 Rehabilitation

- Neurological rehabilitation
- Musculoskeletal and orthopaedic rehabilitation
- Cardiopulmonary rehabilitation
- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Paediatric rehabilitation
- Geriatric rehabilitation
- Assistive technologies and prosthetic rehabilitation
- Other

4.6.16 Sports medicine and kinesiology

- Sports injuries and overuse disorders
- Exercise-related medical emergencies
- Sports cardiology
- Biomechanical disorders and movement dysfunction
- Sports nutrition and related clinical disorders
- Return to sport and rehabilitation
- Adapted physical activity in individual patient care
- Other

4.6.17 Surgery I General surgery

- Upper gastrointestinal surgery
- Hepatobiliary and pancreatic surgery

- Colorectal surgery
- Hernia and abdominal wall surgery
- Endocrine surgery
- Breast surgery
- Bariatric and metabolic surgery
- Minimally invasive and robotic surgery
- Emergency surgery and abdominal trauma
- Postoperative complications and reoperations
- Other

4.6.18 Surgery II Specialised surgery

- Cardiac surgery
- Thoracic surgery
- Vascular surgery
- Orthopaedics and traumatology
- Paediatric surgery
- Urology
- Plastic and reconstructive surgery
- Transplant surgery
- Complex reconstruction and procedure-related complications
- Other

4.6.19 Other clinical fields

- Clinical genetics and rare diseases
- Multidisciplinary clinical cases
- Clinical cases outside the listed specialties
- Other

5 Author roles

5.1. Submitter – the person who submits the abstract in the submission system and is responsible for the information provided, the payment and communication with the Organising Committee.

5.2. Presenting author (presenter) – the author who presents the work at the conference. The presenter must be a bachelor's or master's degree student, is registered as an active participant and receives a certificate of oral or poster presentation.

5.3. Co-authors – all other authors who contributed to the work. Co-authors are listed in the Abstract book but do not present. Co-authors who wish to attend the conference must purchase a passive participant ticket.

5.4. Scientific supervisor – the academic supervisor of the work, listed among the authors. The scientific supervisor must be a researcher who, at the time of abstract submission, has been employed at a university or research institution for at least one year. By submitting the work, the authors confirm that the supervisor meets these requirements. The Organising Committee reserves the right to request proof.

5.5. The order of authors entered in the submission system will be used in the Abstract book and on certificates.

6 Active participants and submission procedure

6.1. The submitter has to designate a presenter at the time of submitting the abstract. The submitter may change the designated presenter after submission, provided that the new presenter is one of the co-authors listed in the abstract and meets the eligibility criteria (bachelor's or master's degree

student). Changes can be made until [date TBC] by contacting info@ihsc.eu. The list of authors and their order cannot be changed after the submission deadline. The designated presenter will be considered an active participant responsible for delivering the presentation. If the co-authors want to attend the conference, they have to obtain a passive participant's ticket. Abstracts must be uploaded to the IHSC 2027 website: submit.ihsc.eu. Submission is open only to university students who are pursuing a bachelor's or master's degree from any accredited higher education institution. One submitter can submit only one case report abstract and an unlimited number of original research abstracts in all topics.

6.2. Each abstract must be submitted separately. Authors must select "Original research" or "Case report" as the submission type in the submission system and follow the corresponding abstract requirements. The submission period is set out below.

6.3. 2nd of November 2026 – 22nd of December 2026, 23:59 EET

6.4. No abstracts submitted outside these dates will be accepted.

6.5. The full participation fee is payable when each abstract is submitted (see the "Fees" and "Payment instructions" sections). Participation fees are non-refundable, including where an abstract is rejected.

7 Passive participants

7.1. If you do not submit an abstract to IHSC 2027, you can still participate in the conference as a passive participant.

7.2. Passive participants must pay a 10 EUR participation fee. Passive participants are eligible for a certificate of attendance and a welcome pack.

7.3. Submitters whose abstracts are rejected are not entitled to a refund of the fee paid at submission. They may attend the conference as passive participants at no additional cost.

7.4. Attendance at the conference is necessary to receive a certificate and a welcome pack.

7.5. Tickets will be available at tickets.ihsc.eu. Tickets available from 5 January 2027.

7.6. Workshops are not included in the participation fee. See more information about workshop tickets in the Workshop section.

7.7. Participation fees are non-refundable.

8 Workshops

8.1. To attend workshops, all participants must pay a 5-15 EUR fee per workshop.

8.2. Tickets to each workshop are sold separately at tickets.ihsc.eu. Tickets available from 5 January 2027.

8.3. It is possible to attend a workshop without being registered as an active or passive participant.

8.4. Attendance at the workshops is necessary to receive a certificate.

8.5. Participation fees are non-refundable unless the workshop is cancelled by the Organising Committee.

9 Key dates

9.1 Active participants

Abstract submission and full payment of the applicable participation fee: 2 November–22 December 2026, 23:59 EET.

Review: 4–25 January 2027, 23:59 EET. Each abstract is reviewed independently by 2 or 3 Reviewers. No secondary review will be conducted. Revisions of accepted abstracts are permitted only under the conditions set out in the relevant abstract submission section.

Final Reviewers' decision (accepted or rejected), session allocation, the format of the presentation (oral or poster) and templates (will be available in the submission system): 25th of January – 5th of February 2027, 23:59 EET.

Revision of accepted abstracts according to the Reviewers' comments (optional): 25th of January – 5th of February 2027, 23:59 EET.

Payment of the participation fee through the submission system: at the time of each abstract submission, within the submission period. Payment is not deferred until the final decision.

Oral presentations and posters must be uploaded to the online MS Forms which is sent by the Organising Committee: 6–24 February 2027

CONFERENCE: 4–5 March 2027

Abstract book and certificates: 11 March–15 April 2027.

9.2 Passive participants

Tickets will be available at tickets.ihsc.eu: from 5 January 2027.

9.3 Workshops

Tickets will be available at tickets.ihsc.eu: from 5 January 2027.

10 Certificates and Abstract book

10.1. All certificates will be issued in online PDF format.

10.2. All certificates and the Abstract book will be issued during the period from 11 March to 15 April 2027.

10.3. On-site attendance of the conference is necessary in order to receive a certificate and a welcome pack.

10.4. Certificates are issued only to active and passive participants. Certificates for attending workshops are also issued.

11 Abstract requirements

11.1 General requirements

11.1.1. Case reports and original research are accepted at the conference. Literature reviews (including systematic review and meta-analysis review) are NOT accepted.

11.1.2. Abstracts must be written in English.

11.1.3. One submitter can submit only one case report abstract and unlimited number of original research abstracts in all topics. Each abstract must be submitted separately.

11.1.4. Abstracts can be submitted from 2nd of November 2026 until 22nd of December 2026, 23:59 EET. No abstracts submitted outside these dates will be accepted.

11.1.5. The full participation fee must be paid when each abstract is submitted, before review. The amounts and payment conditions are set out in the "Fees" and "Payment instructions" sections.

11.1.6. When submitting an abstract, authors must select the submission type ("Original research" or "Case report"), the relevant session and a specific topic as set out in the "Sessions" section.

11.1.7. The best work in each session will be awarded.

11.1.8. Abstracts must not have been published in any format before submitting the abstract (e.g., the Abstract book).

11.1.9. All submissions must adhere to ethical guidelines, including proper citation and acknowledgment of prior work, ensuring no form of plagiarism or unethical research practices.

11.2 Original research definition

Original research abstracts are accepted in IHSC 2027.

An original research abstract involves the collection and analysis of data to answer a specific research question or hypothesis. This type of research is designed to generate new knowledge, provide insight into existing knowledge, or test a theory by conducting a structured study.

Presented research should involve collecting and analysing novel data through experiments, surveys, or other methods. Please note that secondary reviews or summaries of existing research do not qualify as original research.

Extensive guidelines for reporting can be found on https://www.equator-network.org/.

12 Original research abstract submission

12.1. Abstracts must be written in English.

12.2. A submitter may submit an unlimited number of original research abstracts in all topics. Authors must select "Original research" as the submission type and the relevant original research subject session or the Posters session, together with a specific topic.

12.3. Abstracts can be submitted for oral or poster presentation. Authors are asked for their preference. However, the final presentation format will be assigned by IHSC 2027 Reviewers based on the evaluation scores.

12.4. Abstracts should not exceed 2500 characters. Title, authors, affiliations, references and spaces are not included in the character limit.

12.5. Abstracts can only be submitted by bachelor's or master's degree students. All original research works must have a scientific supervisor.

12.6. Abstracts must include authors and their affiliations (affiliation details: department, institution/hospital, city, state (if applicable), country). All information (title, author names, affiliations and abstract text) must be entered using the standard Latin alphabet without national diacritical marks (e.g., ą, č, ę, ė, į, š, ų, ū, ž should be written as a, c, e, e, i, s, u, u, z), as it will appear in the Abstract book.

12.7. Abstracts must include the following parts:

- Introduction – key information to introduce the background of your research and illustrate its scientific problem;
- Aim – a short description of research objectives;

- Methods – a description of methods and materials used in the research, including type of study and statistical methods;
- Results – a description of the obtained results;
- Conclusions – a summary of your research and answers to the objectives. Try to avoid phrases such as "scientific research is in progress", "the results and conclusions will be presented at the conference";
- References – a list of literature sources that were used during your study. Sources for the abstract must not be older than 10 years. Citations should be written in Vancouver Citation Style.

12.8. Each abstract will be evaluated independently by 2 or 3 IHSC 2027 Reviewers according to a set of evaluation criteria. Each criterion is scored, and based on the total score, the abstract is either accepted and allocated to a session or rejected. There will be no secondary review: the decision (accepted or rejected) is final and is based on the abstract as submitted. Reviewers may leave comments, which will be available to the authors in the submission system together with the final decision. Authors of accepted abstracts may revise their abstract according to the Reviewers' comments before uploading the presentation or poster (clause 9.1). Revisions must be limited to addressing the Reviewers' comments; the title, authors, study data and main conclusions cannot be changed. Revised abstracts are not re-evaluated, and the revised version will be published in the Abstract book. The main evaluation areas are listed below; each area consists of more detailed criteria:

- Scientific relevance and originality of the research
- Clarity of the research aim
- Appropriateness of the study design and methodology
- Quality and presentation of the results
- Validity of the interpretation and conclusions
- Structure, clarity and compliance with the abstract requirements

12.9. Each author must complete the statement of authorship and confirm the accuracy of the disclosures through the submission system. Authors must disclose any commercial support, payments, services or financial relationships relevant to the submitted work, or confirm that none exist.

12.10. Literature reviews (including systematic review and meta-analysis review) are NOT accepted.

12.11. Bioethical permission – see more in "Bioethics" section below.

12.12. Abstracts must not have been published in any format before submitting the abstract (e.g., the Abstract book).

12.13. The final version of the accepted abstract (the submitted version or the version revised according to the Reviewers' comments) will be published in the Abstract book without further editing by the Organising Committee. The IHSC 2027 Organising Committee will not be responsible for any errors in the abstracts.

12.14. Depending on the number of accepted abstracts in each session, the Organising Committee reserves the right to transfer an abstract to a different session or to combine sessions. Any such reassignment must comply with the distinction between original research and case report sessions set out in the "Sessions" section.

12.15. The full participation fee must be paid when the original research abstract is submitted. Payment is required before review and does not guarantee acceptance. Rejected abstracts are not eligible for a fee refund. No additional participation fee is payable upon acceptance or before uploading the presentation or poster.

12.16. Only abstracts that comply with the terms and requirements will be published in the Abstract book.

12.17. By uploading abstracts, participants agree to the Terms for registering and accepting abstracts.

13 Case report abstract submission

13.1. Case report must be written in English.

13.2. One submitter may submit only one case report abstract. Authors must select "Case report" as the submission type, the relevant case report session and a specific clinical topic. Accepted case reports shall be allocated only to dedicated case report oral sessions.

13.3. Case report can be submitted only for oral presentation.

13.4. Case report should not exceed 2000 characters. Title, authors, affiliations, references and spaces are not included in the character limit.

13.5. Case report can only be submitted by bachelor's or master's degree students. All case report works must have a scientific supervisor.

13.6. All case reports require authorisation from the head of the clinic from which the case was taken to use the data in the case report. Authors must enter the clinic name, the full name of the head of the clinic and the head's e-mail address in the submission system. The case report abstract may be submitted only after the head of the clinic has confirmed authorisation by e-mail. This electronic confirmation replaces the signature and stamp; a signed and stamped authorisation form does not need to be uploaded.

13.7. Case report must include authors and their affiliations (affiliation details: department, institution / hospital, city, state (if applicable), country). All information (title, author names, affiliations and abstract text) must be entered using the standard Latin alphabet without national diacritical marks (e.g., ą, č, ę, ė, į, š, ų, ū, ž should be written as a, c, e, e, i, s, u, u, z), as it will appear in the Abstract book.

13.8. Case report must include the following parts:

- Introduction – key information to introduce the background of your case report.
- Case presentation – history, physical exam, diagnostics, treatment/management, clinical course/outcome.
- Discussion – epidemiology, pathophysiology, clinical presentation, diagnosis, treatment/management, prognosis/prevention
- Conclusions – a summary of your case report.
- References – a list of literature sources that were used in your abstract. Sources for the abstract must not be older than 10 years. Citations should be written in Vancouver Citation Style.

13.9. Each case report will be evaluated independently by 2 or 3 IHSC 2027 Reviewers according to a set of evaluation criteria. Each criterion is scored, and based on the total score, the case report is either accepted and allocated to a session or rejected. There will be no secondary review: the decision (accepted or rejected) is final and is based on the case report as submitted. Reviewers may leave comments, which will be available to the authors in the submission system together with the final decision. Authors of accepted case reports may revise their case report according to the Reviewers' comments before uploading the presentation (clause 9.1). Revisions must be limited to addressing the Reviewers' comments; the title, authors, clinical data and main conclusions cannot be changed. Revised case reports are not re-evaluated, and the revised version will be published in the Abstract book. The main evaluation areas are listed below; each area consists of more detailed criteria:

- Clinical relevance and educational value of the case
- Originality and contribution of the case
- Quality of the case presentation
- Diagnostic reasoning and management
- Discussion and conclusions
- Structure, clarity and compliance with the case report requirements

13.10. Each author must complete the statement of authorship and confirm the accuracy of the disclosures through the submission system. Authors must disclose any commercial support,

payments, services or financial relationships relevant to the submitted case report, or confirm that none exist.

13.11. Case report abstract must not have been published in any format before (e.g., the Abstract book).

13.12. The final version of the accepted case report (the submitted version or the version revised according to the Reviewers' comments) will be published in the Abstract book without further editing by the Organising Committee. The IHSC 2027 Organising Committee will not be responsible for any errors in the case reports.

13.13. The full participation fee must be paid when the case report abstract is submitted. Payment is required before review and does not guarantee acceptance. Rejected case reports are not eligible for a fee refund. No additional participation fee is payable upon acceptance or before uploading the presentation.

13.14. Only case report abstracts that comply with the terms and requirements will be published in the Abstract book.

13.15. By uploading abstracts, participants agree to the Terms for registering and accepting abstracts.

14 Original research oral presentation requirements

14.1. The presentations should be prepared in English.

14.2. Presentations should be prepared using Microsoft Office PowerPoint. Presenters take full responsibility for file formats and the quality of the presentation.

14.3. The oral presentation should last no longer than 7 minutes, followed by a 2-minute discussion and questions.

14.4. Only the active participant can be a presenter. The presenter must participate in the discussion after the presentation. Co-authors may also take part in the discussion.

14.5. Presenters will be asked to use the official IHSC 2027 presentation template for their presentation. The template will be sent with the Reviewers' final decision by the 5th of February 2027.

14.6. Oral presentations must be uploaded to the online MS Forms which is sent by the Organising Committee: 6–24 February 2027

14.7. If the provided template is not used, the Organising Committee reserves the right to decline presentation at the conference and not to publish the abstract in the abstract book.

14.8. Presentations will be evaluated by a professional Jury Committee during the conference.

15 Original research poster presentation requirements

15.1. All posters will be presented on-site during the Poster session.

15.2. All posters will be presented digitally on-screen and will be presented by active participant (presenter). The presenter must participate in the discussion after the presentation. Co-authors may also take part in the discussion.

15.3. Microsoft Office PowerPoint slides cannot be used in the presentation.

15.4. Posters should follow the requirements specified in the Abstract requirements and be presented using the given template.

15.5. If the provided template is not used, the Organising Committee reserves the right to decline presentation at the conference and not to publish the work in the abstract book.

15.6. Templates will be sent with the final Reviewers' decision by the 5th of February 2027. Posters can be uploaded to the online MS Forms sent by the Organising Committee: 6–24 February 2027.

15.7. A poster is NOT equivalent to an abstract presentation. A poster should illustrate the main points of focus of the abstract using the provided official IHSC 2027 template.

15.8. The presentation should last no longer than 5 minutes, followed by a 2-minute discussion and questions.

15.9. Posters and their presentations will be evaluated by a professional Jury Committee during the conference.

16 Case report oral presentation requirements

16.1. The presentations should be prepared in English.

16.2. Presentations should be prepared using Microsoft Office PowerPoint. Presenters take full responsibility for file formats and the quality of the presentation.

16.3. The oral presentation should last no longer than 3 minutes, followed by a 2-minute discussion and questions.

16.4. Only the active participant can be a presenter. The presenter must participate in the discussion after the presentation. Co-authors may also take part in the discussion.

16.5. Authors will be asked to use the official IHSC 2027 presentation template for their presentation. The template will be sent with the Reviewers' final decision by the 5th of February 2027.

16.6. Oral presentations must be uploaded to the online MS Forms which is sent by the Organising Committee: 6–24 February 2027

16.7. If the provided template is not used, the Organising Committee reserves the right to decline presentation at the conference and not to publish the abstract in the abstract book.

16.8. Presentations will be evaluated by a professional Jury Committee during the conference.

17 Bioethics

17.1. We recommend all abstracts to have a permission issued by the biomedical research ethical committee. If an abstract does not have such permission, we require the authors to provide an explanation.

17.2. Permission details must be provided in the submission system while submitting the abstract.

17.3. All abstracts submitted without permission will be reviewed by biomedical research ethical experts to determine if the research needs approval.

17.4. For case reports, authorisation to use the case data must be obtained from the head of the clinic and confirmed by e-mail through the submission process before the abstract can be submitted. Authors must provide the clinic name, the head's full name and e-mail address in the submission system. E-mail confirmation replaces the signature and stamp, as set out in clause 13.6.

17.5. The Organising Committee reserves the right to reject an abstract if it is determined that research was conducted without necessary permissions.

Annex Participation fees and entitlements

Entitlement	Active LSMU SMD member	Active non-member	Passive	Workshop
Fee	EUR 25 at submission	EUR 40 at submission	EUR 10	EUR 5–15 each

Entitlement	Active LSMU SMD member	Active non-member	Passive	Workshop
Abstract submission	Payment required at submission	Payment required at submission	Not applicable	Not applicable
Certificate	Yes	Yes	Yes	Yes
Welcome pack	One per presenter	One per presenter	Yes	No
Workshop participation	Separate ticket required	Separate ticket required	Separate ticket required	Included in the workshop ticket

The member fee applies only where the submitter is an eligible LSMU SMD member. Each additional submitted abstract is charged at EUR 40, including for LSMU SMD members. The eligibility, payment and refund provisions in sections 2 and 3 apply.