



## Call for Interesting Cases

### Present Your Most Interesting Cases at ENDOVASCULAR SUMMIT 2010

The International Society of Endovascular Specialists (ISES) is pleased to announce a call for interesting cases for the **ENDOVASCULAR SUMMIT 2010** scheduled for December 3-4, 2010 in Sydney, Australia. We invite your submission of a **challenging clinical case, with or without complication** you have managed related to **endovascular intervention** or **vascular surgical procedure**. Also welcome are case presentations of **innovative approaches** in any area of **endovascular or vascular surgical procedures**. We are particularly interested in cases that fall into the following categories (additional categories listed on application form):

- Cerebrovascular interventions
- Aortic Interventions
- Abdominal Aortic Aneurysm Repair
- Thoracic Aortic Aneurysms Repair
- Renal, visceral, and lower extremity vascular intervention
- Cardiovascular interventions
- Venous interventions

### Case Submission Criteria and Specifications

All cases will be reviewed by the Endovascular Summit Program scientific Committee, who will select the most interesting cases for presentation at the **ENDOVASCULAR SUMMIT 2010**. Physicians whose cases are chosen will be listed as faculty and have their meeting registration waived. **Please limit the number of submitted cases to 3.**

- The case description should be no more than 150 words.
- A separate submission form for each case must be submitted.
- The submission form must be received before September 1, 2010.
- Each case must have only one submitting physician.
- For each case, please be prepared to submit on CD-ROM, a PowerPoint presentation containing all the relevant information described in the case submission form to include images, teaching points and lessons learned. PowerPoint format should be with linked AVI or MPEG video files (PowerPoint with descriptive text on each slide is preferred).
- Notification of case application status will be sent on or about October 1, 2010.

Please note: case descriptions are submitted for scheduling and program planning purposes and will not be distributed, reproduced, or listed on any meeting materials without express authorization. Information is kept highly confidential. To help preserve the confidentiality of this meeting there must be no patient names or identification on any images displayed at the meeting. Please include disclosure information as part of your presentation. Each presenter and attendee will be required to complete and submit a confidentiality agreement.

**Case application forms will be accepted for consideration beginning March 1, 2010. Submission Deadline is September 1, 2010.**



## CALL FOR INTERESTING CASE APPLICATION FORM

**Please type or print. All fields are mandatory**

Last Name	First Name	Middle	Degree (MD, DO, PhD, etc.)
Business Street Address	Suite	City	State
Zip/Postal Code	Country		
Daytime Telephone (country code/city code/number)		Fax (country code/city code/number)	
Email		Specialty	

**Case Submission Category (select pertinent categories)**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Cardiovascular imaging</li> <li><input type="checkbox"/> Cerebrovascular disease</li> <li><input type="checkbox"/> Aortic aneurysm disease</li> <li><input type="checkbox"/> Neuro and cerebrovascular interventions</li> <li><input type="checkbox"/> Carotid stenting with difficult arch anatomy</li> <li><input type="checkbox"/> Endovascular AAA and TAA repair</li> <li><input type="checkbox"/> Endovascular treatment of renal, visceral, and, lower extremity vascular disease</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Laser angioplasty, atherectomy, cryoplasty, and cutting balloon angioplasty</li> <li><input type="checkbox"/> High-risk PCI and acute MI</li> <li><input type="checkbox"/> Multivessel PCI</li> <li><input type="checkbox"/> In-stent restenosis</li> <li><input type="checkbox"/> Stent thrombosis</li> <li><input type="checkbox"/> Endovascular PFO and ASD closure</li> <li><input type="checkbox"/> Percutaneous aortic and mitral valvuloplasty</li> <li><input type="checkbox"/> State-of-the-art/new stent technology</li> </ul> |
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Patient Initials / Identifier Number \_\_\_\_\_

Relevant History and Physical Exam \_\_\_\_\_

Relevant Test Results \_\_\_\_\_

Relevant Imaging Findings \_\_\_\_\_

Interventional Management \_\_\_\_\_

Teaching points, lessons learned, device or therapy modifications or improvements needed:

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