

## 1. Abstract Submission

- a) All submissions must be made via the ICS website [www.ics.org/2019/abstracts](http://www.ics.org/2019/abstracts) before 1st April.
- b) The ICS Scientific Committee will decide on the presentation category for presentation abstracts;
  - Podium Presentation
  - E-Poster
- c) All accepted abstracts will be published on the ICS website exactly as submitted.
- d) Podium Presentations will be published in Neurourology & Urodynamics.
  - [View definitions of all presentation types at ICS Meetings](#)

## 2. Anonymity for most objective review

- a) The abstract text must be anonymous. i.e. without any authors' or institutions' names. Do not include the name of the hospital, university or city.
- b) All abstract identification details, references, ethical approval, and disclosures will be taken separately as part of the online submission process and will be merged again with the abstract text after review.

## 3. Ethical approval

- a) A clear statement on ethical approval must be given, or stated as NONE.
- b) For studies in humans, ethical committee approval must be clearly identified and patients' informed consent must be stated.
- c) For studies in animals, conformity with institutional/national guidelines for the care and use of animals must be declared, and when applicable the animal ethics committee be identified.

## 4. Disclosures and funding

- a) Any external funding of the study or grants must be declared or stated as NONE.

## 5. Abstract Formatting and Subtitles

- a) The format requested are "extended abstracts" which must be at least 600 words (1 full A4 page) but not more than 1200 words (2 full A4 pages)
- b) Do not use characters or symbols from any font set other than Arial.
- c) Images, figures, graphs and tables can be uploaded with a maximum total of 2 per abstract.
- d) Abstracts must use the sections given:
  - Hypothesis / aims of study
  - Study design, materials and methods
  - Results
  - Interpretation of results
  - Concluding message

Missing sections will cause rejection.

## 6. Abstract Content

- a) Abstracts must be written in English.
- b) Abstracts previously published or presented at an international meeting, comparable to the ICS, are rejected.
- c) All abstracts must contain adequate data. Case reports or study proposals only will not be accepted.
- d) Strictly use ICS Terminology available online at the ICS website in the documents section. Please note that the use of obsolete terminology may cause rejection.

[View current ICS Terminology reports](#)

- e) For studies comparing results between groups, sample size (power) calculations must be included.
- f) For RCTs any non-adherence to the [CONSORT guidelines](#) must be specified and justified.
- g) Studies must not be split into multiple abstracts. This could lead to each abstract being downgraded.
- h) Abstracts must specify either:
  - Basic Science / Translational
  - Clinical
- i) Abstracts must specify one Broad Category:

\* new for 2019!

- |  |  |   |
|--|--|---|
| • Anatomy / Biomechanics   | • Health Services Delivery   | • Pharmacology  |
| • Anorectal / Bowel Dysfunction                                    | • Imaging  | • Prevention and Public Health                        |
| • Conservative Management  | • Male Lower Urinary Tract Symptoms (LUTS) / Incontinence              | • Prostatic Clinical/ Surgical                        |
| • Continence Care Products / Devices / Technologies                | • Male Stress Urinary Incontinence (Post Prostatectomy Incontinence) * | • Quality of Life / Patient and Caregiver Experiences |
| • E-Health *   | • Neurourology   | • Rehabilitation                                      |
| • Ethics   | • Nocturia   | • Research Methods / Techniques                       |
| • Female Lower Urinary Tract Symptoms (LUTS) / Voiding Dysfunction | • Overactive Bladder   | • Urethra Male and Female                             |
| • Female Stress Urinary Incontinence (SUI)                         | • Paediatrics  | • Urodynamics   |
| • Geriatrics / Gerontology   | • Pelvic Organ Prolapse  |   |
|  | • Pelvic Pain Syndromes / Sexual Dysfunction                           |   |

- j) Abstracts must specify three Keywords but no more than five:

- |                                      |   |                                   |
|--------------------------------------|---|-----------------------------------|
| • Anal Incontinence                  | • Male  | • Pharmacology                    |
| • Anatomy                            | • Mathematical or statistical modelling               | • Physiotherapy                   |
| • Animal Study                       | • Mixed Urinary Incontinence                          | • Physiology                      |
| • Basic Science                      | • Molecular Biology                                   | • Pre-Clinical testing            |
| • Benign Prostatic Hyperplasia (BPH) | • Motor Dysfunction                                   | • Prevention                      |
| • Biochemistry                       | • Multiple Sclerosis                                  | • Prolapse Symptoms               |
| • Biomechanics                       | • New Instrumentation                                 | • Prospective Study               |
| • Bladder Outlet Obstruction         | • New Devices   | • Quality of Life (QoL)           |
| • Bowel Evacuation Dysfunction       | • Neuromodulation                                     | • Questionnaire                   |
| • Cell Culture                       | • Neuropathies: Central                               | • Rehabilitation                  |
| • Clinical Trial                     | • Neuropathies: Peripheral                            | • Retrospective Study             |
| • Conservative Treatment             | • Nocturia  | • Sensory Dysfunction             |
| • Constipation                       | • Nocturnal Enuresis                                  | • Sexual Dysfunction              |
| • Detrusor Overactivity              | • Nursing   | • Spinal Cord Injury              |
| • Detrusor Hypocontractility         | • Outcomes Research Methods                           | • Stem Cells / Tissue Engineering |
| • Female                             | • Overactive Bladder                                  | • Stress Urinary Incontinence     |
| • Fistulas                           | • Pad Test  | • Surgery                         |
| • Gerontology                        | • Pain, Pelvic/Perineal                               | • Terminology                     |
| • Grafts: Biological                 | • Painful Bladder Syndrome/Interstitial Cystitis (IC) | • Transgender                     |
| • Grafts: Synthetic                  | • Pain, other   | • Underactive Bladder             |
| • Hormone Therapy                    | • Pathophysiology                                     | • Urgency Urinary Incontinence    |
| • Imaging                            | • Pediatrics  | • Urgency, Fecal                  |
| • Incontinence                       | • Pelvic Floor  | • Urgency/Frequency               |
| • Infection, Urinary Tract           | • Pelvic Organ Prolapse                               | • Urodynamics Techniques          |
| • Infection, other                   |   | • Urodynamics Equipment           |
|                                      |   | • Voiding Diary                   |
|                                      |   | • Voiding Dysfunction             |

## 7. Authors

- a) First Authors (presenters) can only be first authors on a maximum of three submitted abstracts.

## 8. Abstract References

- a) A maximum of 3 references must be listed separately, and referred to in the abstract text only with numbers in brackets.

## 9. Final Precautions

- Abstract Title:**
- Title only; NO author or institution details.
- Abstract Text:**
- Arial size 10pt: minimum 600 words; maximum 1200 words and maximum 2 figures/tables/images/graphs.
  - All subtitle sections filled adequately.
  - ICS-IUGA Standards in Terminology and guidelines adhered to.

- Separately Submitted:**
- Ethical approval / Funding, - NOT in text.
  - Author and institution, - NOT in text.
  - References, ONLY numbers in brackets in text.

**IF YOU VIOLATE ANY ABSTRACT SUBMISSION RULE, YOUR  
ABSTRACT WILL BE REJECTED**