

## CASE SUBMISSION – ENDOCRINE UPDATE

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**Overview:** As part of the 21<sup>st</sup> Annual Endocrine Update course, participants will have an opportunity to present a case to a multidisciplinary panel during our TUMOR BOARD sessions. You can submit a case that represents either an interesting finding, diagnostic or management challenge to our board of experts for their input. Cases will be chosen from all submissions received by the **Wednesday, January 18** deadline.

**Abstract Eligibility:** Original cases relating to endocrinology tumors (: thyroid nodules FNAs, thyroid cancers, adrenal cortical cancers, pheochromocytomas/paragangliomas and gut neuroendocrine tumors) that present an interesting finding, diagnostic or management challenge.

**Number of Entries:** A participant may be the primary author on no more than two cases; however, he or she may be a contributing author on any number of cases.

**Deadline:** Case submission deadline is **Monday, January 18, 2018**

**Notification of Results:** All primary authors will be notified by Tuesday, January 30, 2018 if their submission has been selected for one of the tumor board sessions. Registration is required for all case presenters.

**Submission / Inquiries:** Submit your case to Kris Jones, [jones.kristen@mayo.edu](mailto:jones.kristen@mayo.edu)

### **Abstract Format Instructions:**

1. Create 4-5 concise and clear PowerPoint slides outlining the case
2. Case must be tumor-related in the field of Endocrinology: thyroid nodules FNAs, thyroid cancers, adrenal cortical cancers, pheochromocytomas/paragangliomas and gut neuroendocrine tumors
3. Case must highlight an interesting finding, diagnostic or management challenge
4. Include no patient information
5. Include no brand name drugs
6. Submit your case and the completed forms attached to [jones.kristen@mayo.edu](mailto:jones.kristen@mayo.edu)
7. The deadline for submission of abstracts is **Wednesday, January 31<sup>st</sup>, 2018**

## Case Submission Form: 21<sup>st</sup> Annual Mayo Clinic Endocrine Update

Please type the following information. Duplicate this form for multiple abstract submissions.

Name of Primary Author \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

*This email address will be used for acceptance notification.*

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