32nd SCHMS

Scientific Congress of Hellenic Medical Students

ΕΣΦΙΕ

PAPER PRESENTATION GUIDE

24-26 APRIL 2026

IOANNINA

Hotel Du Lac

20th FORUM

of Medical Students & Junior Doctors with International Participation

30th Olympiad

of Medical Knowledge

Conferre
CONFERENCE & EVENT CO-ORDINATION

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GREETINGS

Dear fellow student,

It is with great pleasure that we invite you to the **32nd Scientific Congress of Hellenic Medical Students & the 20th Forum with international participation**. This year, after **five** years, the Conference returns to **Ioannina**, and will be held from **April 24–26, 2026 at the iconic Hotel Du Lac Ioannina**.

This guide aims to assist authors submitting a **Paper Presentation** for the first time, to remind participants of the terms and conditions, and to inform previous participants of any changes in the submission process.
For this reason, the guide covers all the necessary steps, from writing to submission of a paper.

We hope that the advice provided in the guide will help you smoothly prepare a high-quality paper that will capture the interest and impress the attendees of the 32nd Conference.
We look forward to reading your work and giving you the opportunity to enjoy the fruits of your efforts by presenting in Ioannina from April 24–26, 2026!

With best regards,
The Organizing Committee of Student Projects Team

CONTENTS:

01. BASIC INFORMATION AND THEMATIC AREAS

What are Paper presentations?

Paper presentations are official, structured and systematic submissions presented in the **32nd SCHMS**. Contrary to Round Tables, students present a certain aspect of a scientific topic which is personally selected and they may also select and contact the scientific supervisor(s). The supervisor of every paper presentation may be either a Professor, or an academic fellow at the **Medical Faculty** or **at another Health Science Department, or a MSC student, a PhD candidate, a resident or an intern doctor.**

Categories of Paper presentations

Paper presentations are distinguished in **Oral presentations** and **Poster presentations** (e- posters).

Oral presentations

Oral presentations are short presentations lasting about **8 minutes**. The writing team may consist of one or more people; however, the paper has to be presented by one single speaker.

01.

Poster presentations (e-posters)

Poster presentations (e-posters) are constantly exhibited on screens at the conference area. Moreover, a specific time period is defined for every e-poster, during which the authors may present their work to the attendants and discuss.

Differences between oral presentations and e-posters:

Oral presentation papers are presented to the audience in the **form of short presentations** lasting about 8 minutes. The writing team may consist of one or more people; however, the paper is strictly presented by one speaker. E-posters will be posted at the conference area, where it will be possible for the authors to present their work to the other participants through a personal and direct audience approach. The initial steps, however, such as literature search and abstract composition, remain the same; essentially, the e-posters are a condensed version of the oral presentations.

01.

How to choose the presentation method:

During the submission process, students have the option of choosing the way in which they wish to present their paper, however the Organizing Committee reserves the right to change this way, based on criteria established by the Scientific Committee. Students will be informed by the Organizing Committee whether their paper has been accepted or not by **31/01/2026** . If you do not receive a response by the above date, please contact our email: **presentations@32esfie.gr.**

01.

How to choose thematic areas:

As done in previous conferences the choice of topic is not strictly limited. The topic of your Paper Presentation must match at least one of the following thematic areas. This choice will also need to be made when submitting your abstract, where you can select up to 3 topics that are suitable for your presentation. (see Section 6)

CONTENTS

02. STUDY DESIGNS

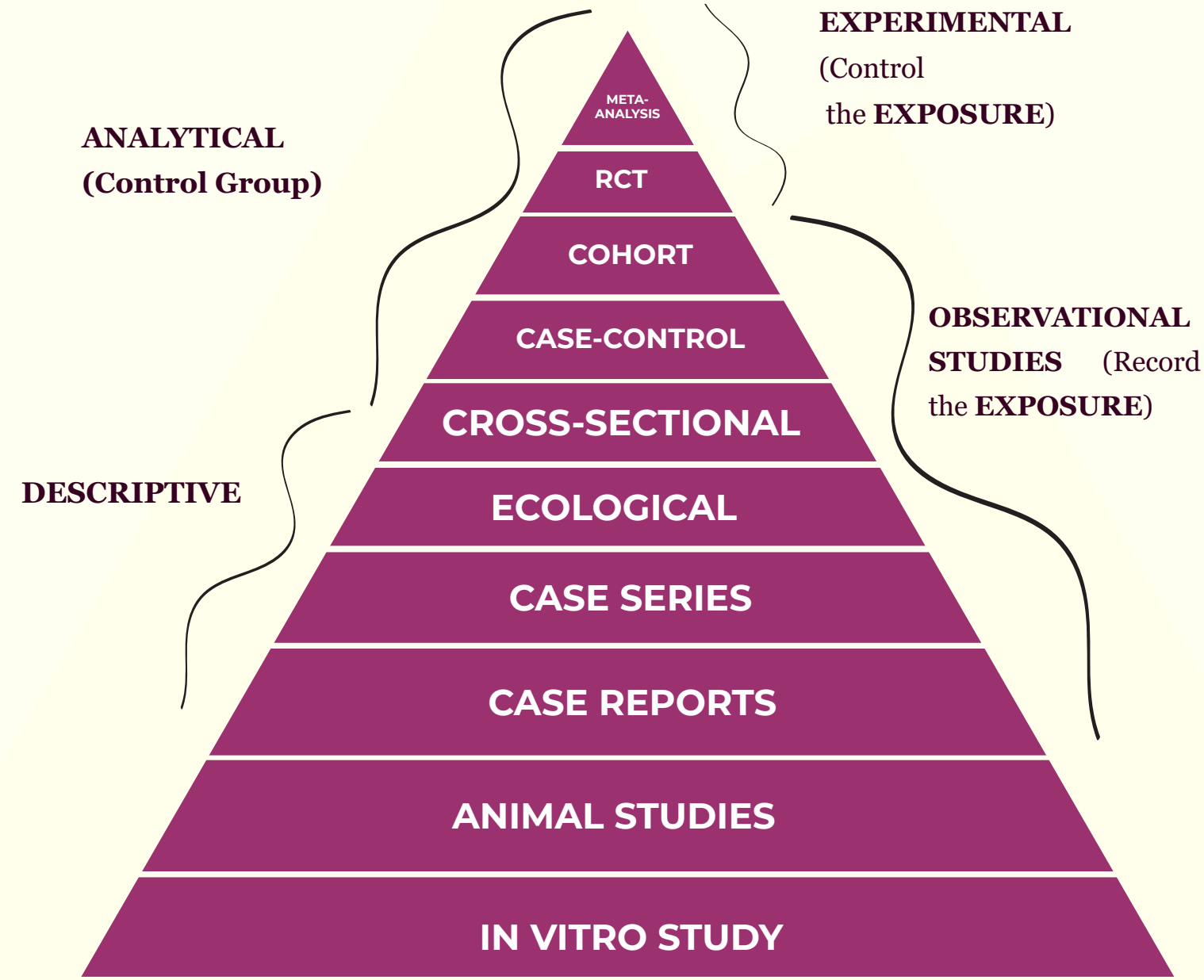
There are many different kinds of studies. Each time the researcher, having decided on the topic of his/her work and the specific research question he/she wishes to examine, is asked to choose the appropriate methodology, and therefore the type of study that will best "answer" this question. A research question is likely to be answerable by more than one type of study.

In summary, **research studies** can be **divided** into:

1. **Experimental Studies**
    a. *Randomised Controlled Trial (RCT)*
2. **Quasi-Experimental** (Analytical and Observational Studies)
    a. Cohort Study
    b. *Case-Control Study*
3. **Non-Experimental** (Descriptive Studies)
    a. Cross-Sectional Study
    b. *Ecological Study*
    c. Case Series / Case Reports
4. **Narrative (Descriptive) Literature Review / Systematic Review / Meta-Analysis**
5. **Other Types:**
    a. *Qualitative Study*
    b. *Diagnostic Test Study*
    c. *Economic Evaluation Study*
    d. *Clinical Prediction Rule Study*
    e. *Animal Studies (Experimental Animal Research)*

02.

Hierarchy of evidence based on study design:



02.

The following is information on the main features and differences between the various types of papers, among which you can choose to write your own Paper Presentation (oral presentation or e-poster).

Further information can be found in:

- ***STROBE*** *(*https://www.strobe-statement.org/checklists/*)*
- ***CASP checklist*** *(*https://casp-uk.net/casp-tools-checklists/*)*
- ***or JBI*** *(*https://jbi.global/critical-appraisal-tools*)*

02.

1. EXPERIMENTAL STUDIES

Randomized Controlled Trials-RCTs

In these studies, a patient is randomized between two strands: treatment/intervention or control/placebo. Then, the participants are being observed and the collected data is analyzed based on a strictly preordained plan.

The aim of the "randomization" that is initially carried out is to form two completely “equal” teams, having excluded all factors that could potentially influence the final result. It is therefore ensured that the outcome will only be a result of the intervention under study.

In addition, for randomised clinical trials a 'blinded' mode of conduct is chosen, whereby only the participants (single-blinded study) or both the participants and the investigators (double-blinded study) do not know the allocation of the therapeutic intervention - i.e. whether they receive/administer the treatment/intervention or the placebo.

02.

Randomised, controlled, double-blinded clinical trials, which obviously require a large research team, with each member taking on different responsibilities, are considered to have the greatest reliability among the different types of original research. Next in order: cohort studies, patient-witness studies and finally descriptive observational studies (case/series presentation).

This type of work is considered the most appropriate for assessing the effectiveness of an intervention.

Its advantages include being able to prove cause-and-effect relationships and ensuring that confounders are eliminated as much as possible and any errors are avoided.

Disadvantages are the considerable cost and time involved, the fact that its conclusions cannot always be generalised, and that it may not be feasible to carry it out because of ethical issues.

The next page gives an example of a summary/abstract of a Randomized Controlled Trial.*

02.

Blood Pressure and Cardiorenal Outcomes With Finerenone in Chronic Kidney Disease in Type 2 Diabetes

Ruilope, L. M., Agarwal, R., Anker, S. D., Filippatos, G., Pitt, B., Rossing, P., Sarafidis, P., Schmieder, R. E., Joseph, A., Rethemeier, N., Nowack, C., Bakris, G. L., & FIDELIO-DKD Investigators (2022). Hypertension (Dallas, Tex. : 1979), 79(12), 2685–2695. https://doi.org/10.1161/HYPERTENSIONAHA.122.19744

Abstract

Background: Chronic kidney disease is frequently associated with hypertension and poorly controlled blood pressure can lead to chronic kidney disease progression. Finerenone, a nonsteroidal mineralocorticoid receptor antagonist, significantly improves cardiorenal outcomes in patients with chronic kidney disease and type 2 diabetes. This analysis explored the relationship between office systolic blood pressure (SBP) and cardiorenal outcomes with finerenone in FIDELIO-DKD trial (Finerenone in Reducing Kidney Failure and Disease Progression in Diabetic Kidney Disease).

Methods: Patients with type 2 diabetes, urine albumin-to-creatinine ratio 30 to 5000 mg/g, and estimated glomerular filtration rate of 25 to <75 mL/min per 1.73 m2 receiving optimized renin-angiotensin system blockade, were randomized to finerenone or placebo. For this analysis, patients (N=5669) were grouped by baseline office SBP quartiles.

Results: Finerenone reduced office SBP across the baseline office SBP quartiles, including patients with baseline office SBP of >148 mm Hg. Overall, patients with lower baseline office SBP quartile and greater declines from baseline in SBP were associated with better cardiorenal outcomes. The risk of primary kidney and key secondary cardiovascular composite outcomes was consistently reduced with finerenone versus placebo irrespective of baseline office SBP quartiles (P for interaction 0.87 and 0.78, respectively). A time-varying analysis revealed that 13.8% and 12.6% of the treatment effect with finerenone was attributed to the change in office SBP for the primary kidney composite outcome and the key secondary cardiovascular outcome, respectively.

Conclusions: In FIDELIO-DKD, cardiorenal outcomes improved with finerenone irrespective of baseline office SBP. Reductions in office SBP accounted for a small proportion of the treatment effect on cardiorenal outcomes.

02.

“DON’T FORGET”

Randomized Controlled Trials (RCTs) are, by definition, prospective experimental studies: the start of the study coincides with the moment of the intervention (randomized exposure), and participants are followed over time until the outcome occurs.

Randomization or allocation concealment prevents selection bias: no one can predict to which group the next participant will be assigned.

Randomization or allocation concealment prevents selection bias: no one can predict to which group the next participant will be assigned.

02.

2. QUASI-EXPERIMENTAL

a. Cohort Studies

These are prospective studies in which all individuals in the study population are classified into a category according to the presence or absence of a characteristic/exposure to a factor (e.g. smoking) at the beginning of the observation period. The categorisation may be dichotomous (e.g. exposed/not exposed) or may include several sub-groups (e.g. not at all/slightly/very exposed). Subsequently, individuals are followed up for a defined period of time and all new cases of the outcome under consideration (e.g. bladder cancer) that occurred during this time period are recorded. Thus, it is possible to infer the existence of any association between exposure to a factor and the outcome.

Cohort studies provide the possibility of estimating the incidence of a disease and the associated risk. They are suitable for the simultaneous examination of multiple exposures and outcomes, while providing information on the temporal sequence of cause and effect. In addition, they are considered to have greater power and reliability compared to other types of observational studies, since data are collected from an initial point 0 onwards, thus avoiding errors associated with retrospective work (e.g. recall bias).

02.

2. QUASI-EXPERIMENTAL

a. Cohort Studies

Disadvantages are that they are not practical for rare diseases, and that they are costly and time-consuming, as the subjects have to be re-screened at regular intervals. Furthermore, there is a 'loss to follow up' phenomenon, whereby some study participants are 'lost' from follow-up, and if the study is of short duration, it is possible that cases still in latency may not be identified. Finally, it should be noted that there are also retrospective cohort studies, the start of which takes place after the start of the outcome.

02.

Below is an example of an abstract of a cohort study.*

Pregnancy and post-partum muscle and cerebral oxygenation during intermittent exercise in gestational diabetes: A pilot study

Vounzoulaki, E., Dipla, K., Kintiraki, E., Triantafyllou, A., Grigoriadou, I., Koletsos, N., Zafeiridis, A., Goulis, D. G., & Douma, S. (2019). *European journal of obstetrics, gynecology, and reproductive biology*, *232*, 54–59. https://doi.org/10.1016/j.ejogrb.2018.11.012

Abstract

Objective: This pilot, prospective, observational, cohort study aimed to examine, for the first time, the in vivo alterations in the oxygenation of the forearm skeletal muscles and the prefrontal lobes during intermittent exercise in women diagnosed with gestational diabetes mellitus (GDM), during and after pregnancy.

Study design: Nine pregnant women, diagnosed with GDM, performed a 3-min intermittent handgrip exercise protocol (at 35% of Maximal Voluntary Contraction) during pregnancy (mean 27th gestational week) and following labor (mean 71 weeks). During the protocol, muscle and cerebral oxygenation were assessed with near-infrared spectroscopy. Resting vascular parameters [carotid intima-media thickness (cIMT) and hemodynamic parameters (using rheocardiography)], and hematological/biochemical parameters during pregnancy and after delivery have been compared.

Results: Although changes were observed in certain hematological parameters ($p < 0.05$), cIMT and hemodynamic parameters were not altered post-partum. In addition, both muscle and cerebral oxygenation parameters during handgrip were not significantly altered post-partum.

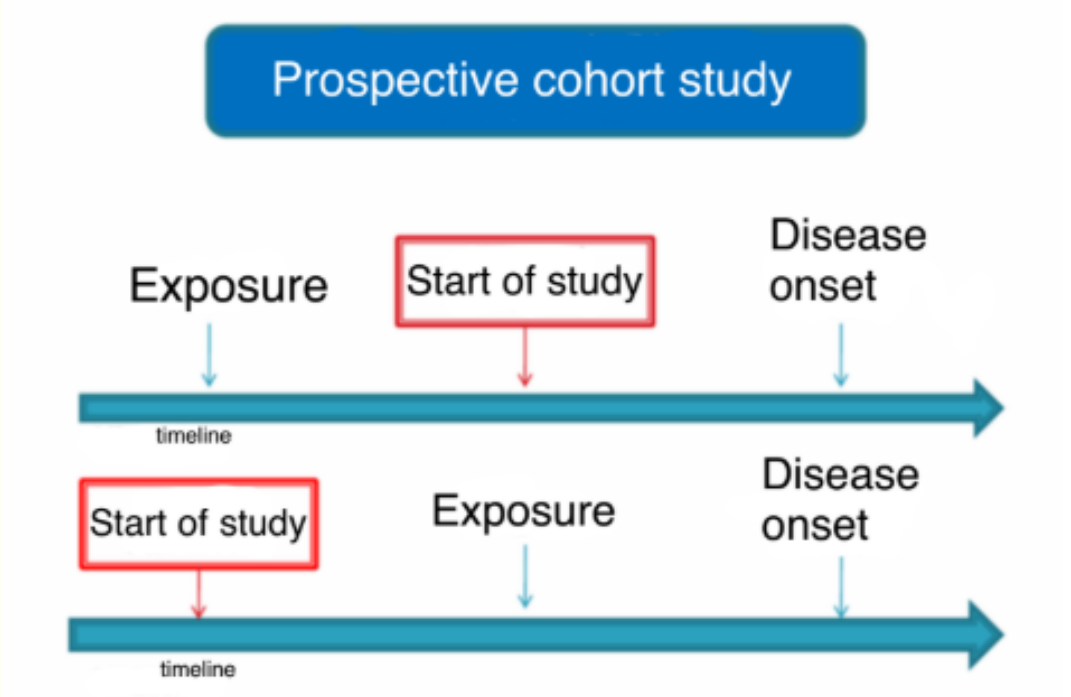
Conclusions: Despite significant changes in specific hematological parameters in women with GDM, impairments in muscle and cerebral oxygenation during exercise remained at one year after labor. These results indicate that alterations in vascular parameters and muscle/cerebral oxygenation associated with GDM do not entirely reverse post-partum. Future studies are needed to examine which interventions will lead to improvements in microvascular parameters and prevent type 2 diabetes.

02.

“DON’T FORGET”

There are prospective and retrospective cohort studies, with their main difference lying in the temporal sequence of events.
In prospective cohort studies, the start of the study precedes the occurrence (or non-occurrence) of the disease.

Prospective cohort studies help avoiding recall bias, as exposure data are collected before the disease develops.



02.

2. QUASI-EXPERIMENTAL

b. Case-control studies

These are retrospective studies in which two (or more) groups are compared: the case group, which includes people with a particular characteristic, and the control group, which includes people without the particular characteristic. Correlations and conclusions are drawn by comparing the degree of past exposure of individuals in each of the two groups to the factor(s) under investigation.

It should be noted that the control group selected should be a representative sample of the 'healthy'/non-diseased individuals in the reference population and that it is important that it is 'homologous' to the case group so that both groups have the same probability of exposure to the causal agent under study.

This type of work is considered suitable for the investigation of effect-exposures in rare diseases with a long latency period. The advantages of patient-witness studies include that they are rapid, shorter and less costly. A disadvantage is that they do not provide the possibility of estimating disease prevalence and that only one outcome can be examined at a time. Furthermore, they are vulnerable to systematic errors (e.g. selection bias, recall bias-information bias).

02.

'Below is an example of an abstract of a patient-witness study.*

A preliminary case-control study on nutritional status, body composition, and glycemic control of Greek children and adolescents with type 1 diabetes

Galli-Tsinopoulou, A. Grammatikopoulou, M. G., Stylianou, C., Kokka, P., & Emmanouilidou, E. (2009) *Journal of diabetes*, *1*(1), 36–42. https://doi.org/10.1111/j.1753-0407.2008.00002.x

Abstract

Background: Because scientific data on the diet of diabetic Greek youngsters are scarce, diabetic experts use findings from international studies. However, because of diet variations between countries, this may result in problems in diabetes control. The aim of the present pilot study was to assess body composition, nutritional status, and diabetes control in Greek youngsters with type 1 diabetes mellitus (T1DM).

Methods: Twenty-four children and adolescents with diabetes, aged 4-16 years, and the same number of age- and sex-matched controls participated in the study. Anthropometry included stature, weight, and body fat determined by bioelectrical impedance analysis. Body mass index (BMI), fat mass index (FMI), fat-free mass index (FFMI), and z-scores were calculated. Diabetes control was evaluated through glycosylated hemoglobin (HbA1c) and dietary intake was recorded for 3 days.

Results: The FFMI, BMI z-score and weight-for-age z-score were lower in controls compared with diabetic youngsters ($P \leq 0.001$, $P \leq 0.02$, and $P \leq 0.01$, respectively). Three diabetic participants were overweight (12.5%) and two controls were underweight (8.3%). The energy and nutrient intake was similar between the two groups, and all participants consumed a diet high in fats and proteins at the expense of carbohydrates. Dietary fat was highly correlated with BMI in both groups. The consumption of vitamin D was inadequate in the diabetic participants, but they had a higher intake of antioxidant vitamins, vitamin B(6) , and folate compared with the control group.

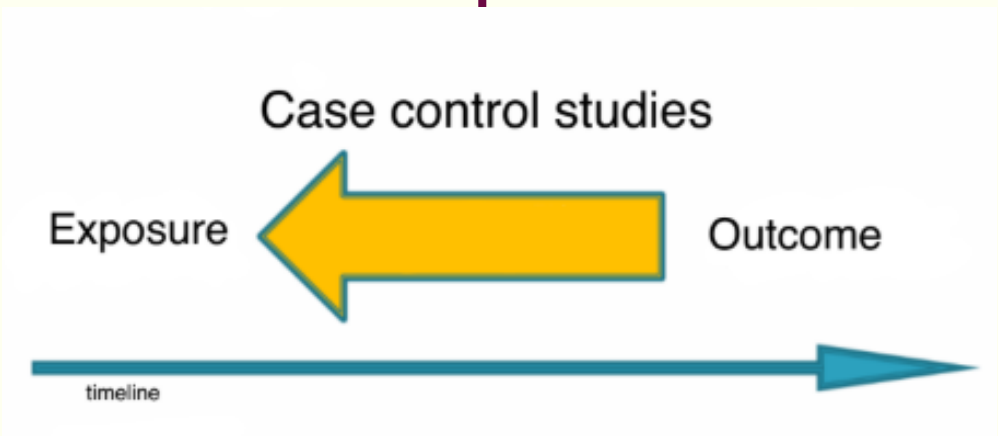
Conclusions: In conclusion, youngsters with T1DM failed to adhere to the macronutrient recommendations for diabetes, but dietary patterns were similar in both the diabetic and control groups. The control of diabetes was not associated with any nutrient or anthropometric variable.

02.

“DON’T FORGET”

These studies are susceptible to systematic errors (biases), such as selection bias and recall (information) bias

In this study design, cases with the outcome (disease) are identified first, and then participants are classified as exposed or unexposed based on their prior exposure status.



02.

3. NON-EXPERIMENTAL

a. Ecological Studies

Ecological studies use groups rather than individuals as the unit of observation. In these studies, both exposure and disease are assessed at the population level, typically using routinely collected data (e.g. demographic statistics, hospital records, levels of air pollution, or average alcohol consumption in different cities), which are then related to indicators of morbidity and mortality.

This approach allows the comparison of groups across place and time and can also serve etiological purposes, providing valuable information for public health, particularly when collecting individual-level data is difficult or impossible.

Advantages:

1. Easy to conduct
2. Low cost
3. Enable the observation of large-scale population data

Limitations:

1. Inability to control for confounding factors
2. Dependence on the quality and accuracy of available data
3. Ecological fallacy, which occurs when associations observed at the group level are incorrectly interpreted as applying to individuals

02.

For example, in a study comparing average fruit consumption and rates of cardiovascular disease across countries, it may be observed that nations with higher fruit consumption have lower rates of cardiovascular disease. The erroneous assumption that every individual who consumes more fruit is at lower risk represents an ecological fallacy.

Below is an example of an abstract of an ecological study.

*The example is used for educational purposes in the context of the 32nd SCHMS Paper Presentation Guide

International comparisons of prostate cancer mortality rates with dietary practices and sunlight levels

Janet Laura Colli 1, Albert Colli Affiliations Expand PMID: 16678047 DOI: 10.1016/j.urolonc.2005.05.023

Abstract

Prostate cancer mortality rates vary widely across the world. The purpose of this study is to identify environmental factors associated with prostate cancer mortality risk. Prostate cancer mortality rates in 71 countries were compared to per capita food intake rates using age-adjusted cancer rates (year 2000) from the International Agency for Research on Cancer, and food consumption data (1990-1992) provided by the Food and Agricultural Organization of the United Nations. Simple regression models were applied to prostate cancer mortality rates and consumption rates for 38 foods (or food categories), and sunlight levels (latitude from the equator and ultraviolet indexes). The analysis found a correlation between increased prostate cancer mortality rates and the consumption of total animal calories, total animal fat calories, meat, animal fat, milk, sugar, alcoholic beverages, and stimulants. The consumption of cereal grains and rice, in particular, correlated strongly with decreasing prostate cancer mortality. The analysis found that increased sunlight levels and consumption of oilseeds, soybeans, and onions also correlate with decreased prostate cancer mortality risk. Stepwise multiple regression analysis was used to build a regression model with minimum colinearity between the variables. Cereals, total animal fat calories, sugar, and onions are the foods that resulted in a model with the best fit. Cereals, ultraviolet index, sugar, and onions were the variables found to provide the best fit in a model when ambient sunlight exposure was included as a factor.

02.

“DON’T FORGET”

The ecological level of analysis is independent of the time frame or study design, although ecological studies are usually retrospective, as they rely on existing population-based statistical data.

Ecological fallacy: an error that occurs when an association observed at the group level is incorrectly interpreted as a relationship at the individual level.

02.

3. NON-EXPERIMENTAL

b. Cross-sectional Studies

Cross-sectional studies are based on data (exposure and outcome) collected at the individual level, typically at a single point in time, without following participants over a period. All measurements are taken once, although questions may refer to past exposures. This design allows for the estimation of the prevalence of diseases or biological characteristics within a population.

Cross-sectional studies are often used as an initial approach to explore etiological hypotheses, particularly for diseases with a long natural history or extended latency period (e.g. tuberculosis, syphilis). They are also useful for assessing the distribution of diseases and risk factors across populations.

Advantages:

1. Ease and low cost of implementation, as they require fewer resources and less time compared to prospective studies
2. Possibility of sampling from the general population, enhancing the generalizability of findings
3. Useful for assessing stable exposures, such as genetic polymorphisms, and outcomes that do not change substantially over time

02.

Limitations:

1. Causality cannot be established, since participants are not followed longitudinally
2. Length-bias (duration bias): the prevalence of a disease is influenced by its duration, leading to an overrepresentation of cases with longer disease duration in the sample

Below is an example of an abstract of a cross-sectional study.

*The example is used for educational purposes in the context of the 32nd SCHMS Paper Presentation Guide

02.

Smoking among adolescents in Northern Greece: a large cross-sectional study about risk and preventive factors

Dionisios G Spyratos 1, Despoina T Pelagidou, Diamantis Chloros, Anna-Bettina Haidich, Eleni Karetsi, Christina Koubaniou, Stavros Konstantopoulos, Konstantinos Gourgoulianis, Lazaros T Sichletidis
Affiliations Expand: PMID: 22963755, PMCID: PMC3511804, DOI: 10.1186/1747-597X-7-38

Abstract

Background: The aim of the present study was to investigate epidemiological data about cigarette smoking in relation with risk and preventive factors among Greek adolescents.
Methods: We randomly selected 10% of the whole number of schools in Northern Greece (133 schools, 18,904 participants were included). Two anonymous questionnaires (smoker's and non-smoker's) were both distributed to all students so they selected and filled in only one. A parental signed informed consent was obtained using an informative leaflet about adolescent smoking.

Methods: We randomly selected 10% of the whole number of schools in Northern Greece (133 schools, 18,904 participants were included). Two anonymous questionnaires (smoker's and non-smoker's) were both distributed to all students so they selected and filled in only one. A parental signed informed consent was obtained using an informative leaflet about adolescent smoking.

Results: The main findings of the study were: a) 14.2% of the adolescents (mean age+/-SD: 15.3+/-1.7 years) reported regular smoking (24.1% in the age group 16-18 years), b) 84.2% of the current smokers reported daily use, c) students who live in urban and semirural areas smoke more frequently than those in rural areas, d) students in technically oriented schools smoke twice as frequent compared to those in general education, e) risk factors for smoking: male gender, low educational level of parents, friends who smoke (OR: 10.01, 95%CI: 8.53-11.74, p<0.001), frequent visits to internet cafes (OR:1.53, 95%CI: 1.35-1.74, p<0.001), parents, siblings (OR:2.24, 95%CI: 1.99-2.51, p<0.001) and favorite artist (OR:1.18, 95%CI: 1.04-1.33, p=0.009) who smoke, f) protective factors against smoking: participation in sports (OR:0.59, 95%CI: 0.53-0.67, p<0.001), watching television (OR:0.74, 95%CI 0.66-0.84, p<0.001) and influence by health warning messages on cigarette packets (OR:0.42, 95%CI: 0.37, 0.48, p<0.001).

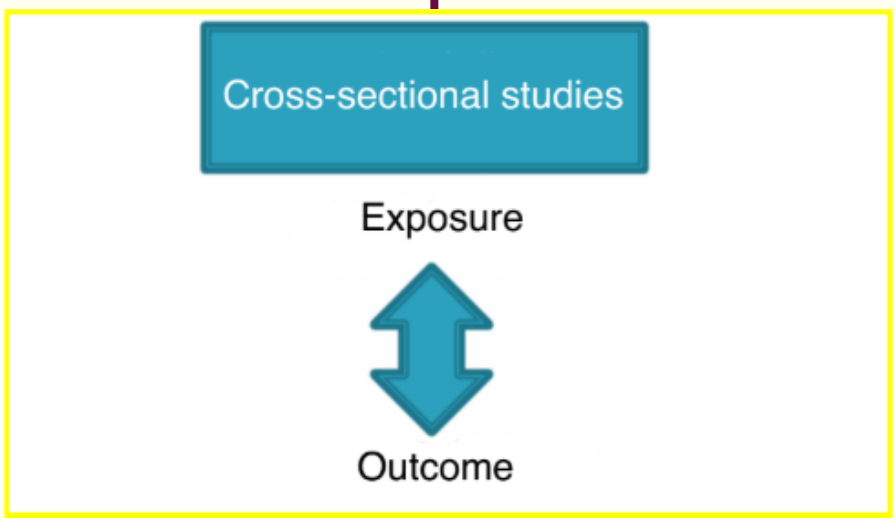
Conclusions: Even though prevalence of cigarette smoking is not too high among Greek adolescents, frequency of everyday cigarette use is alarming. We identified many social and lifestyle risk and preventive factors that should be incorporated in a national smoking prevention program among Greek adolescents.

02.

“DON’T FORGET”

The time point of exposure assessment coincides with the time point of disease occurrence or non-occurrence.

Caution should be exercised regarding length bias (duration bias): this bias arises when patients with slowly progressive disease appear to have better survival, because cases with rapid disease progression are often underrepresented or excluded from the study.



02.

3. NON-EXPERIMENTAL

c. Case Series - Case Reports

This type of study focuses on a single patient (case study/report) or a series of similar patients (case series), without the presence of a control group. Its aim is to inform the scientific community about cases with unexpected symptoms or outcomes, which may lead to the identification of new diseases or syndromes and provide recommendations for modifying clinical practice to enhance patient safety and management.

Case studies are categorized as investigatory, explanatory, or descriptive. Their main advantage is that the data are usually examined within the context of clinical practice. Conversely, their main limitation is that they provide minimal basis for scientific generalization.

Below is an example of an abstract of a cross-sectional study.

*The example is used for educational purposes in the context of the 32nd SCHMS Paper Presentation Guide

02.

Bilateral secondary neurolymphomatosis of the internal auditory canal nerves: a case report

Blioskas, S., Tsaligopoulos, M., Kyriafinis, G., Psillas, G., Markou, K., Perifanis, V., Kouskouras, K., & Vital, V. (2013). *American journal of otolaryngology*, *34*(5), 556–558. https://doi.org/10.1016/j.amjoto.2013.04.002

Abstract

Background: Neurolymphomatosis describes the malignant lymphomatous infiltration of nerves.

Methods: We encountered a unique case of a 47-year-old patient with non-Hodgkin's lymphoma presenting with bilateral sensorineural hearing loss, vestibular dysfunction and bilateral facial nerve palsy.

Results: Magnetic resonance imaging demonstrated enhancement and thickening of internal auditory canal nerves bilaterally consistent with neurolymphomatosis. Patient was treated with combined intrathecal chemotherapy and total brain irradiation.

Conclusions: One must always remain vigilant for metastatic disease in patients with sensorineural hearing loss and/or vestibular dysfunction and facial nerve palsy in the context of known malignancy.

02.

4. NARRATIVE (DESCRIPTIVE) LITERATURE REVIEW SYSTEMATIC REVIEW META-ANALYSIS

These are types of research that are classified as "secondary" research, as they result from the processing of data from other original or secondary studies. The aim is to clarify scientific issues on which there is uncertainty, but also to reveal areas where existing research is incomplete.

The three types of studies mentioned above differ mainly in terms of the methodology used to collect and process the information

01. A systematic review is based on identifying, selecting, evaluating and summarising primary studies that answer specific clinical questions using methods that reduce the likelihood of systematic errors. It requires careful and clear formulation of the research question, a s**earch of the literature in evidence-based databases**, **selection based on inclusion/exclusion criteria**, and **assessment of the quality of the studies**. If the studies are not primary but consist of other systematic reviews, this is referred to as an umbrella systematic review.

02.

02. Simple (descriptive) reviews do not follow the aforementioned rigorous and methodical approach to data search and analysis. A subject matter expert usually collects data and writes the review in order to inform the scientific community on the subject.

03. A meta-analysis is usually included in a systematic review, as it represents a quantification of its data. In a meta-analysis, the data from various studies are quantitatively combined to answer the research question with greater statistical power, to assess and explain the heterogeneity of the results across individual studies, and to correct for systematic errors. The data synthesis is performed using either fixed-effect models (where differences in results are assumed to be due only to random error) or random-effects models (where differences are due to both random error and heterogeneity).

The results are usually presented in a forest plot, and measures of association are used depending on the type of data
(e.g., dichotomous data → OR, HR, RR / continuous data → regression coefficients).

Below is an example of an abstract of a cross-sectional study.

*The example is used for educational purposes in the context of the 32nd SCHMS Paper Presentation Guide

02.

Type 2 diabetes and cancer: umbrella review of meta-analyses of observational studies

Konstantinos K Tsilidis 1, John C Kasimis 2, David S Lopez 3, Evangelia E Ntzani 2, John P A Ioannidis 4
PMID: 25555821 DOI: 10.1136/bmj.g7607

Abstract

Objectives: To summarise the evidence and evaluate the validity of the associations between type 2 diabetes and the risk of developing or dying from cancer.

Design: An umbrella review of the evidence across meta-analyses of observational studies of type 2 diabetes with risk of developing or dying from any cancer.

Data sources: PubMed, Embase, Cochrane database of systematic reviews, and manual screening of references.

Eligibility criteria: Meta-analyses or systematic reviews of observational studies in humans that examined the association between type 2 diabetes and risk of developing or dying from cancer.

Results: Eligible meta-analyses assessed associations between type 2 diabetes and risk of developing cancer in 20 sites and mortality for seven cancer sites. The summary random effects estimates were significant at P=0.05 in 20 meta-analyses (74%); and all reported increased risks of developing cancer for participants with versus without diabetes. Of the 27 meta-analyses, eventually only seven (26%) compiled evidence on more than 1000 cases, had significant summary associations at P ≤ 0.001 for both random and fixed effects calculations, and had neither evidence of small study effects nor evidence for excess significance. Of those, only six (22%) did not have substantial heterogeneity (I(2)>75%), pertaining to associations between type 2 diabetes and risk of developing breast, cholangiocarcinoma (both intrahepatic and extrahepatic), colorectal, endometrial, and gallbladder cancer. The 95% prediction intervals excluded the null value for four of these associations (breast, intrahepatic cholangiocarcinoma, colorectal, and endometrial cancer).

Conclusions: Though type 2 diabetes has been extensively studied in relation to risk of developing cancer and cancer mortality and strong claims of significance exist for most of the studied associations, only a minority of these associations have robust supporting evidence without hints of bias.

02.

“DON’T FORGET”

- Meta-analysis studies have the greatest statistical power
- Choose a clear methodology for searching, selecting and assessing primary studies
- Check for heterogeneity (Cochran’s Q) and quantify it (I2)
- Check in grey bibliography (see Section 3)

02.

5. Other:

Study Design	Purpose	Typical Features & Examples
Qualitative Studies	Examine experiences, attitudes, perceptions, and meanings	- Data collected via interviews, focus groups, observation
Diagnostic Test Studies	Evaluate a diagnostic test compared to a gold standard	- Metrics: Sensitivity (Se), Specificity (Sp), Positive LR (LR+), Negative LR (LR–)
Economic Evaluation Studies	Compare costs and outcomes of different interventions or treatments	- -Outcomes measured in QALYs (Quality-Adjusted Life Years)
Clinical Prediction Rule Studies	Predict outcomes (e.g., survival, relapse) based on clinical parameters	APACHE II (ICU prognosis), Wells score (pulmonary embolism)
Animal Studies	Investigate mechanisms, outcomes, and safety of biological phenomena/interventions in a controlled, ethical way	ARRIVE guideline: https://arriveguidelines.org/arrive-guidelines

03. BIBLIOGRAPHY SEARCH

Literature search is a basic step towards the preparation of a paper. Digital sources give access to information for every kind of scientific preparation. Some helpful databases are: NLM, MEDLINE, CENTRAL, EMBASE, SCOPUS, PubMed.

Pubmed (https://pubmed.ncbi.nlm.nih.gov/)

PubMed is a database, created by the National Center for Biotechnology Information (NCBI), consisting of a large number of journals and books of biomedical interest, providing free access to their full text. Searching PubMed simulates the process of using any search engine. The main difference is the existence of a specific vocabulary of MeSH (Medical Subject Headings), which is a set of words related both to the search term and to each other. When browsing PubMed, it is necessary to formulate a clear research question based on the acronym 'PICO' (P-population/problem, I-intervention/exposure, C-comparison/ control, O-outcome) on the one hand, and to select the right keywords, use the appropriate logical operators (AND, OR, NOT) and use the search filters provided (e.g. e.g. type of article, date of publication).

03.

SCOPUS (https://www.scopus.com/)

Scopus, a service of Elsevier, is a huge, multidisciplinary database of articles from peer-reviewed journals, books and conference proceedings in the physical, biomedical, social and human sciences. It is searched in a similar way to PubMed by logging in to the institutional account.

Cochrane Library (https://www.cochranelibrary.com/)

The Cochrane Library is a collection of individual databases that aims to provide high- quality information to help health professionals make scientifically sound decisions on emerging clinical questions. It offers access to systematic reviews (Cochrane Database of Systematic Reviews), clinical trials (Cochrane Central Register of Controlled Trials-CENTRAL) and clinical answers (Cochrane Clinical Answers). There is the possibility of both advanced searching and navigation in certain a priori defined subject areas (e.g. blood disorders, child health, mental health, neurology).

03.

NLM (https://www.nlm.nih.gov/)

It is the largest library in the world, with scientific references dating from 1879 to the present day. (1) PubMed (2) MeSH (3) MedlinePlus (a source of health information for patients and their family/friends) (4) Open-i (Open Access Biomedical Image Search Engine) (searchable from biomedical or microscope images) (5) BLAST (Basic Local Alignment Search Tool) (a tool for finding the percentage of similarity between nucleotide or amino acid sequences).

03.

Grey Literature

Grey literature includes information and studies produced by institutions, organizations, researchers, or academics, but not published through commercial or scientific publishing channels. This category includes doctoral and postgraduate theses, technical or governmental reports, conference proceedings, preprints, reports from organizations and NGOs, as well as internal research papers. The evaluation of such sources is essential, as they are not subject to peer review· a useful method for this is **AACODS** (Authority, Accuracy, Coverage, Objectivity, Date, Significance).

Sources for retrieving grey literature include university institutional repositories (e.g., the **Institutional Repository of Aristotle University of Thessaloniki**, **National Archive of Doctoral Dissertations**), international databases such as **OpenGrey**, **ProQuest Dissertations & Theses**, **WHO IRIS**, **OECD Library**, as well as national or international organizations (**ELSTAT**, **European Commission**, **World Health Organization**).

Grey literature can be used in studies as a supplementary or primary data source, offering up-to-date information, empirical evidence, and a variety of perspectives, especially in fields where published research is limited. Furthermore, its inclusion contributes to the reduction of publication bias, as it allows the integration of results that have not been published, thereby providing a more comprehensive and unbiased picture of the research field.

04. BIBLIOGRAPHICAL REFERENCES

The citation of bibliography is a necessary element of every academic project. Even though this seems to be a typical procedure, it is important to be done properly because it provides validity to the project. A number of various referencing styles has been developed worldwide which basically provide the same information (author's name, title, publication etc.), but each of them has different requirements. The most popular of those are the MLA references and the Vancouver System. For the 32nd SCHMS, the bibliography should follow the Vancouver system, which is discussed below.

- The list of bibliographical references is placed at the end of the paper
- References are numbered (1,2,3...) in the order they appear in the text, not alphabetically
- The reference number remains the same if the same source is used again
- Both images and tables are included in the bibliography.

04.

A. Papers from Journals

Printed papers:

- The first 6 authors of the scientific article are indicated and if more authors are involved, they are indicated as et al.
- Furthermore, the title of the article, the title of the Journal, the publishing date, the volume and the page numbers used must be indicated.

Author A, Author B, Author C. Title of Article. Abbreviated title of journal. Date of publication YYYY Month DD; volume number (issue number): page numbers.

Example: Russell FD, Coppell AL, Davenport AP. In vitro enzymatic processing of radiolabelled big ET-1 in human kidney as a food ingredient. Biochem Pharmacol 1998;55(5):697-701.

Online publications:

Compared to the printed papers, digital papers differ in the following feature; after the date of publication, the date of the reference must be indicated as well as the DOI (persistent interoperable identifier).

Author A, Author B. Title of article. Abbreviated title of Journal [Internet]. Date of publication YYYY MM [cited YYYY Mon DD];volume number (issue number): page numbers. Available from: URL

Example: Bastianelli S, Orr KM, Kelly K. Nonprescription naloxone: pros and cons. J Am Pharm Assoc [Internet].
2014 Jul-Aug [cited 2019 Jan 5];54(4):328-9.
Available from:
http://www.sciencedirect.com/science/article/pii/S1544319115302004DOI:10.1331/JAPhA.2014.14048

04.

B. Books - Book chapters

The author's last names have to be mentioned as well as the initial letters of their first names in order of appearance on the textbook, separated by a comma and a gap. The first letter of the book's/chapter's title has to be written in capital letter along with any other words that should be written in capital letters (people's names, places, etc.). For the books' chapters used, you have to cite the page numbers e.g. p.15- 25 or p.120-8 if possible. For books which are available online, the DOI has to be mentioned.

Printed Textbook

Author A. Title of book. # edition [if not first]. Place of Publication: Publisher; Year of publication. Pagination.

Example: Lodish H, Baltimore D, Berk A, Zipursky SL, Matsudaira P, Darnell J. Molecular cell biology. 3rd ed. New York: Scientific American; 1995. p. 541.

Digital Textbook

Author A. Title of web page [Internet]. Place of Publication: Sponsor of Website/Publisher; Year published [cited YYYY Mon DD].Number of pages. Available from: URL DOI: (if available)

Example: Ettinger S. Nutritional pathophysiology of obesity and its comorbidities: a casestudy approach [Internet]. Amsterdam: Academic Press; 2017 [cited 2019 Aug 20]. 334 p. Available from: https://www.sciencedirect.com/book/9780128030134doi:10.1016/C2014-0-04074-9

04.

Chapter of Printed Book

Author A, Author B.Title of book. Edition.Place of publication: Publisher; Year of publication. Chapter number, Chapter title; p. [page numbers of chapter].

Example: Speroff L, Fritz MA. Clinical gynecologic endocrinology and infertility. 7th ed.Philadelphia: Lippincott Williams & Wilkins; c2005. Chapter 29, Endometriosis; p. 1103-33.

Chapter of Digital Book

Author A, Author B. Title of the book [Internet]. Edition. Place of publication: Publisher; Year of publication. Chapter number, Chapter title; [cited YYYY Mon DD]. p. number. Available from: URL doi: (if available)

Example: Elisabetta B, Yassin G. Crash course: pharmacology [Internet]. 4th ed. Edinburgh (GB): Mosby Ltd; 2012. Chapter 5, Central nervous system; [cited 2019 Jan 7]. p. 69-98.
Available from:
http://site.ebrary.com/lib/monash/reader.action?docID=10574606

04.

C. Online sources

Website-Internet

The authors must be listed in the form and the sequence they are mentioned in the website. After the journal's title, comment on whether this is an article taken from the internet using the clause [internet]. The location of the publication is considered to be the city where the website that accommodates the paper is located. In case this information is not known, use the clause [place unknown]. Before using the URL, report the phrase: Available from:

Title of the homepage [Internet]. Place of publication: Publisher's name; Date or year of publication. Title of specific page/part; Date of publication of part [Date cited of part]; [location or pagination of part]. Available from: URL

Example: Australian Medical Association [Internet]. Barton ACT: AMA; c1995-2012. Junior doctors and medical students call for urgent solution to medical training crisis; 2012 Oct 22 [cited 2012 Nov 5]; [about 3 screens]. Available from: https://ama.com.au/media/junior-doctors-and-medical-students-callurgentsolutionmedical-training-crisis

Image from the Internet

Author or organisation. Title [Image on internet]. Place of publication: Publisher; Date of publication [date cited YYYY Mon DD]. Available from: URL

Example: Centres for Disease Control and Prevention. Shingles on face. [Image on internet]. 2011 [updated 2011 Jan 10; cited 2019 Nov 6]. Available from: http://www.cdc.gov/shingles/about/photos.html

05. ABSTRACT COMPOSITION

The abstract constitutes a dense, concise and comprehensible summary of the paper, where the purposes and the results of the research are briefly mentioned. The aim of the abstract is to demonstrate the main subject of the research and its conclusions to the readers. It will form the readers' first impression of the paper, so it must be correctly structured and carefully written.

The Organization Committee of the Congress will review all the abstracts, evaluate them according to their topics, and validate their scientific credibility as well as their creativity. The Committee will eventually define which papers are ideal to be presented at the Congress as well as the way they will be presented (either as Oral or e-Poster Presentations).

The abstract should NOT exceed the limit of 350 words.

05.

ABSTRACT WRITING INSTRUCTIONS:

Title:

The title should be short, interesting and it should describe the purpose and the content of the paper as well as the study design.

Introduction / Background:

The introduction usually consists of one or two sentences that briefly describe the practical or theoretical question addressed by the research, as well as the purpose of the paper. The introduction mentions what is already known from the literature which is related to the field of the paper as well as the objective that will be investigated.

Methods / Data:

The methods include a description of all the procedures that were for the research and in particular the data collection process, which contributed to the outcome of the paper. The description should be concise while details of the procedure are omitted. In case of primary (clinical or laboratory) research it is necessary to indicate its quantitative and qualitative analysis of the sample, equipment and materials used, type of study, the duration of the study, the number of participants, the interventions carried out. If it is a bibliographic review, the selection criteria of the publications, the study period of the references as well as the data processing procedures should be mentioned.

Results: The results are usually the most extensive part of the abstract, summarizing the most important findings that will allow the reader to understand the conclusions of the paper.

05.

Summary / Discussion:
The summary mentions the main conclusions of the research, which answer the clinical question of the paper. At the end of the abstract, the reader should be able to comprehend the key points that have been proven or supported by the research.

T i p s:

- Remember that the summary should be comprehensible by someone without extensive prior knowledge of the subject.
- Make sure there is a logical and coherent flow in your text.
- Optionally you can include keywords to facilitate recognition of the key points of the abstract.
- Do not use references in the summary text; include all the bibliography used in the relevant field of the submission form.
- Avoid abbreviations or if necessary, the whole word or phrase should be preceded.
- Check the text for grammatical, punctuation and spelling errors.
- Submit your article abstract on time, avoid the stress of submitting a few minutes before the end of the deadline, as technical problems may occur.

06. ABSTRACT SUBMISSION GUIDELINES

Access the conference website (**https://32esfie.gr/**), go to the "**Papers**" section and then to "**Oral Presentations & e-posters**" to complete the **Abstract Submission Form**.

The information you will be asked to provide, in order, is as follows:

1. Personal Information:

- To be completed by the person who will also act as the **Contact person.**

2. Scientific Supervisor Information:

- There are fields to enter up to **3 supervisors.**

3. Author Information:

- In the **Registration ID** field fill in "Supervisor" for the scientific supervisors.
- **Presenter Selection**: click the **checkbox** to indicate the presenting author.
- Author Affiliation (**Institution** and **Position**): Enter the affiliation of each author. If an author belongs to more than one institution, separate them using the & symbol (e.g., 2nd Department of Internal Medicine, National & Kapodistrian University of Athens, University General Hospital of Athens & 4th Department of Internal Medicine, University General Hospital of Athens, Athens).

06.

4. Presentation Language Selection:

- Choose the **presentation language**. Depending on the presentation language (Greek or English), the presentation will take place at the **32nd SCHMS** or the **20th International Forum**, respectively.

5. Presentation Type:

Oral Presentation or **Poster Presentation**

- The presentation type is ultimately decided by the Organizing Committee and the Awards Scientific Committee and will be communicated to the Contact person.

6. Abstract Title:

- Should be short and concise

7. Thematic Area Selection:

- Choose **up to 3** thematic areas suitable for your work.
- Thematic areas are used to help organize the Paper Presentations.

06.

8. Abstract Text:

- Should not exceed **350 words**
- Submit the abstract only in the **desired presentation language**. For example, if you select “English or Greek,” the abstract must be submitted in both Greek and English.

9. Optional Figure/Graph:

- One figure (table/diagram/photo) may be included.
- The figure counts as **50 words** and must be within the 350-word limit. It must be saved as an **image file** (allowed formats: jpeg, gif, png) to be attached; otherwise, attachment will not be accepted.

10. References:

- In **Vancouver style**

11. Optional Award Submission:

- If you wish to be considered for an award, you must upload a **Word file** containing the full **text** of your work in **Calibri** font and **font size 12**.

06.

Online Submission Confirmation

Immediately after submitting your abstract, you will receive an automatic confirmation email containing a “Submission ID”. This number should be used in all communications with the Organizing Committee.

If you do not receive the confirmation email automatically, you should contact the Organizing Committee.

Author Notification – Acceptance/Rejection Letter

Authors (contact persons) will be informed about the acceptance or rejection of their work, as well as details regarding the presentation format, shortly after the submission deadline (January 11, 2026) via email*.

*Notification will be sent to the email of the Contact person.

06.

Important Instructions:

- Ensure that the Word file format follows the instructions above and that the total word count does not exceed 350 words.
- Accurate entry of all authors' information is the sole responsibility of the submitting author.
- Abstracts that do not meet all requirements or are submitted via email or fax will not be accepted.
- Registration is required for all members of the author team except for the Scientific Supervisors.

Carefully follow these instructions to ensure the successful submission and evaluation of your abstract.

07. ORAL PRESENTATION GUIDELINES

Below is some general information and tips about the presentation of your **Oral Presentation** during the congress. We hope you find them useful, especially if you present for the first time an Oral Presentation at SCHMS!

- Use **Microsoft PowerPoint** or a similar program for the presentation of your work. Your slides should be short, concise and comprehensible, preferably containing mainly images and diagrams instead of long texts.

- Try **not to read** the content of the slides during your presentation, but this does not mean that you should memorize it. Use bullet points as prompts in your slides, which will help you remember and describe the basic points of your paper.

- Note that during the presentation of the Oral Presentation at the congress you will **address mainly fellow students**, several of them may be attending an earlier semester of medical school. Therefore, try to present your work in a simple and understandable way, always remaining scientifically accurate.

- Keep in mind that your Oral Presentation will be presented in the **same session** with other presentations of the same or relevant subjects. Therefore, try to keep the interest of your audience undiminished and give an exclusive figure to your work so that it remains in the memory of the audience.

07.

- The time available for the presentation of your Oral Presentation is strictly **8 minutes**. Therefore, organize your speech before the congress to ensure that it does not exceed the time limit, respecting at the same time the speakers who will present at the same session with you.

- Finally, **rehearse** your presentation several times before the congress, preferably in front of an audience, to eliminate as much as possible your stress during the presentation of your paper.

08. E-POSTER GUIDELINES

E-posters are a condensed **version** of the **oral presentations**. The initial steps, however, such as searching the literature and writing the abstract, are the same. The difference lies in the form and structure of presentation.
E-posters are **posted on screens in appointed areas at Hotel Du Lac Congress Center & Spa and the authors can present their work and discuss with the attendants at a specific time.**

Each e-poster consists of a single slide (or two maximum) which needs to include:

- The title of the e-poster and the author names and titles.
- The logos of the scientific institutions that have contributed to the supervision and writing of the paper and are thus mentioned in the e-poster.
- The abstract of your paper, as written in the submission form
- An introduction to your paper
- A brief text about the materials and methods you used
- Your results and conclusions
- Pictures, tables, diagrams that complete your research
- Your bibliography
- A thank you statement to the teachers and people who helped you create your paper presentation.

08.

Notes

- Recommended e-Poster **Dimensions: 16:9** (wide-screen), **1920 x 1080 pixels**
- Number of pages: **one-two (1-2)**
- Orientation: **Horizontal**
- Make sure the **text contrasts** with the background for better clarity
- If you import images, prefer **.jpeg or .png format.**
- Do not use effects or video

09. AWARDED PROJECTS

Any Paper Presentation, regardless of its presentation format (oral or e-poster), can be submitted for an award. As the Papers Team of the Organizing Committee of the 32nd SCHMS, we aim to ensure the highest possible competition for the prize. Therefore, it is important that all papers submitted for the award address a special and original topic, which should go well beyond the basic academic level of undergraduate studies.

It is necessary to submit the **full text** in the language that will be presented (English or Greek) for the evaluation of the award-winning projects, which will be performed by the Awards Scientific Committee of the conference. The text submitted should be detailed and contain all parts of the project (Introduction, Methods, Results, Conclusions, Discussion). It should also contain the complete **bibliography** as well as relevant images and graphs, if necessary.

The evaluation of the shortlisted papers for the award will be carried out after the authors' details have been withheld, in order to ensure full decency in the process. After the evaluation of the written text by the Awards Scientific Committee, the 7 best Paper Presentations for award will be presented at the same Session of the Conference (at a date and time to be announced) where the oral presentation of the papers will be evaluated. Regarding the e-posters shortlisted for the award, the Awards Scientific Committee will evaluate them to determine the best one before the beginning of the Conference.
This year, **2 prizes** will be awarded, the best Oral Presentation and the best e-poster.

09.

In order to submit a paper for an award at the 32nd SCHMS it is necessary to fill in **the E-Poster & Oral Presentations' Submission Form**, which you will find on the official conference website: **www.32esfie.gr**. Specifically:

- Fill in the relevant fields with the details of the writing team and supervisor.
- Provide the text of the abstract and the bibliography used.
- Select the relevant field for submitting papers to be awarded.
- After following these steps, you will then be taken to the corresponding page where you will be able to submit the full text of your paper.

10. TERMS & CONDITIONS

Compliance with the following **Terms & Conditions** is required to present a Paper Presentation during the 32nd SCHMS. In case of non-compliance with these, the Organizing Committee has the right not to accept the presentation and not to include it in the scientific program of the conference.

1.There can only be one presenter for each Paper Presentation, regardless of the number of authors the writing team consists of. The presenter should still maintain their student identity by the time of the presentation.*

2. All authors participating in each paper, including the presenter, must have completed their registration at the 32nd SCHMS for the submission of the paper. In case the registration of all authors has not been completed, there will be a registration reminder update for the conference. If, despite the reminder, authors continue not to register, the submission will not be accepted.

10.

3. For each Paper Presentation there must be one, or two at the most, Supervisors. The Supervisor of the Oral or e-Poster presentation should be a member of a Faculty of Medicine or another department of a School of Health Sciences, or a postgraduate student or a doctoral candidate, or a specialist doctor or an intern. The Supervisor of the Oral Presentation has honorary free entry to the 32nd SCHMS, as a member of the Scientific Committee providing valuable contribution to the congress. Therefore, their registration at the conference is NOT mandatory.

4. The information entered in the Paper Presentation submission form is the final information that will be included in the scientific program. After the submission of the Paper Presentation no further changes will be accepted, except for specific occasions, after communication with the Contact Person of the writing team.

5. The submission period of the Paper Presentation is clearly defined and upon completion, no paper will be accepted. Those interested must have completed the Paper Presentation' submission form within the time period that has been announced.

10.

6. The students responsible for communication must comply with the deadlines, which are announced by the Organizing Committee and respond promptly to the emails sent to them by the Organizing Committee of the conference. Any delay in communication is likely to lead to rejection of the Paper Presentation, in case there are unresolved issues regarding the paper.

7. There is no restriction regarding the number of Oral Presentations or e-posters each person registered at the 32nd SCHMS can submit. The Organizing Committee reserves the right to decide the format of a Paper Presentation, in accordance with the relevant criteria established by the Scientific Committee. This means that, if deemed necessary, a paper may be presented as a Poster instead of Oral Presentation or vice versa and the authors must comply with the decision of the Organizing Committee.

8. It is not possible to change the presentation time, given the number of papers and presenters.

9. Regarding the Oral Presentations, the presenter should strictly comply with the time limit of 8 minutes for each presentation. If the given time is exceeded, the panel reserves the right to interrupt the speaker, in order to maintain the flow of the scientific program.

*Oral Presentations that are to be submitted at the 20th International Forum and are to be presented in English are excluded from this condition, as the presenter can also be an intern.

11. COMMUNICATION

To resolve any questions about this Guide or to provide clarification on the writing, submission and presentation of a Paper Presentation, please do not hesitate to contact the Papers Group of the Organizing Committee of the 32nd SCHMS at our e-mail address: **presentations@32esfie.gr** .

Moreover, to keep up to date with everything related to the 32nd SCHMS and the 20th International Forum, you can follow us on social media:

Facebook: https://www.facebook.com/32esfie

Instagram: https://www.instagram.com/32.esfie/

Website: **https://www.32esfie.gr/index.php/el/**

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