2018 Abstract Submission Guide

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IMPORTANT DATES TO REMEMBER

Abstract Submission Deadline  October 6, 2017
Abstract Selection Notification  December 15, 2017
Manuscript Submission  Feb. 15 – Mar. 15, 2018
GENERAL INFORMATION
The abstract(s) you are about to submit will be reviewed and considered for the 2018 annual meeting. The deadline for submitting abstracts is **October 6, 2017, 11:59 pm Central Time**. For additional meeting information, please visit the APSA website [www.eapsa.org](http://www.eapsa.org). If you have questions or need clarification about any of the information in this document, please contact Marina Petrulla at [mpetrulla@eapsa.org](mailto:mpetrulla@eapsa.org) or +1-847-686-2339.

NOTIFICATION
Authors will be notified of the review outcome by December 15. Notifications are sent to the corresponding author’s email address provided during submission. It is the submitter’s responsibility to provide a reliable e-mail address, notify APSA of any address changes and inform the rest of the abstract team of APSA notifications.

AWARDS
**Poster of Distinction Award**
APSA selects two recipients for outstanding poster presentations. Members of the Program Committee select recipients in two categories: one for basic science and one for clinical poster. Each recipient receives a prize in the amount of $250 and a framed certificate.

**M. Judah Folkman Award**
APSA and the Association of Pediatric Surgery Training Program Directors select two recipients for outstanding research presentation in basic science and clinical categories. Award recipients must be residents currently enrolled in an ACGME approved or equivalent Royal College of Surgeons of Canada approved training program (general or pediatric surgery). Presentations are judged on scientific merit and actual presentations. Each recipient receives a prize in the amount of $1,000, a Folkman medallion and a framed certificate.

**Quality, Safety, and Value Award in Surgery**
APSA Quality, Safety and Value Award in Surgery is awarded to the manuscript that best demonstrates quality improvement principles, patient safety initiatives and/or addresses the value proposition by demonstrating an improvement in outcomes while at the same time reducing cost or other measures of resource utilization. The quality of the manuscript and potential impact of the intervention on the author’s own institution will serve as the primary criteria for judging. Each recipient receives a prize in the amount of $500 and a framed certificate.

Eligibility Requirements
- Interest in being considered for the award must be indicated during the abstract submission process.
Abstract Submission

- Abstracts must be submitted for podium or poster, or podium presentation, and must be selected for podium presentation at the APSA annual meeting.
- Abstracts must provide data on both outcomes and resource utilization and demonstrate an improvement in healthcare in one of the following three ways:
  - Improvement in outcomes and a concomitant reduction in resource utilization or cost. Outcomes can include condition/disease-specific measures (e.g. complications) and/or patient-centered measures (e.g. patient satisfaction, quality of life)
  - Improvement in outcomes without an increase in resource utilization or cost
  - Reduction in resource utilization or cost without a detrimental effect on outcomes
  - Improved patient safety through systematic improvement in care
  - Utilization of quality improvement tools or techniques
- A manuscript supporting the abstract must be submitted for review for publication in the *Journal of Pediatric Surgery* (JPS), via the regular APSA channels by the stated deadline.
- Video presentations are not eligible.

More detailed information regarding timelines and judging criteria for the award will be sent to authors following the initial review of eligible abstracts.

Innovation Award
Awarded for best innovation abstract presented at the APSA Annual Meeting for podium or video presentation. The recipient is selected by a special committee made up of the chairs and vice chairs of the Program and New Technology Committees, members of the Board of Governors and Program Committee in attendance at the innovation session. The award includes a prize in the amount of $500 and a personalized plaque.

In an effort to encourage and disseminate novel ideas, authors are encouraged to submit abstracts detailing new techniques, therapies, devices or processes of care that have the potential to improve the treatment of pediatric patients. Abstracts may be submitted by attending surgeons or trainees as video or podium presentations and will be judged on the uniqueness and potential impact of the idea, as well as the quality of the presentation. Submissions designed to promote a particular product are discouraged.

ABSTRACT SUBMISSION GUIDELINES
The intent of the scientific program at the annual meeting is to include the broadest possible scope of the science and practice of pediatric surgery. Abstracts are welcome on any subject in clinical and experimental pediatric surgery including patient series, new operations, laboratory findings, preliminary results and diagnostic techniques. Case reports are discouraged. Any Regular, International or Associate member of APSA is eligible to submit an abstract for consideration. Abstracts from Candidate and Resident members, and fellows and residents who are not members, require sponsorship by a regular APSA member. All presenters must register as delegates to the 2018 APSA Annual Meeting.

Abstracts will be judged on originality, scientific merit, study design, clarity of expression, presentation of data, adherence to the rules of submission and relevance to pediatric surgical care or research.

ABSTRACT SUBMISSION REQUIREMENTS

**ABSTRACT TITLE**
Short and descriptive titles are preferred, avoiding declarative or interrogatory title styles.

**DISCLOSURES**
Authors must disclose any financial interest/relationship that they have with any commercial interest
related to the content of the presentation. In addition, authors must identify any off-label or experimental uses of any drugs that are presented in the abstract.

INFORMED CONSENT - IRB and IACUC APPROVAL
Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC) approval must be indicated for all studies involving human subjects and/or animals. IRB approval is required for retrospective reviews. Indication on the abstract form that IRB/IACUC approval has been obtained implies that written approval from the appropriate institutional committee has been obtained. Authors of abstracts that are exempt from IRB approval must provide documentation of exemption in the form of a letter from the chair of their IRB, or provide a letter from the senior APSA member author on the abstract attesting to the fact that the study design meets all criteria for exemption from IRB review and approval. The program committee reserves the right to refuse claims of exemption if, in the opinion of the program committee members, the study design does not meet criteria for exemption. IRB/IACUC requirements must be satisfied upon submission of the abstract. Failure to comply with this requirement will result in the abstract being automatically withdrawn. There will be no exceptions to this rule. More detail about each approval type is below.

Any studies involving human subjects must conform to the principles of the Declaration of Helsinki of the World Medical Association (Clinical 57 Research 1966; 14:103) and must meet all of the requirements governing informed consent of the country in which it was performed. To complete your abstract submission you will be required to upload a copy of your IRB/IACUC approval (or equivalent of) or exemption for the abstract to be considered. If you are submitting an abstract based on a cooperative group trial results (COG), your institutional IRB for that specific trial will suffice.

CATEGORIES
The category options are:
  - Basic Science
  - Clinical Care/Quality Improvement
  - Clinical Surgery
  - Critical Care
  - Fetal Surgery/Developmental Biology
  - Innovation
  - Oncology
  - Transplantation
  - Trauma

Keywords
Select at least one, but no more than two, keyword from the list below that best categorizes your abstract.

  - Abdominal wall defects
  - Anorectal malformations
  - Appendicitis
  - Blunt trauma
  - CDH
  - Chest wall deformities
  - ECMO
  - Esophageal atresia/tracheo-esophageal fistula
  - Gynecologic conditions
  - Hirschsprung disease
  - Intestinal atresia
  - Minimally invasive surgery
Neuroblastoma
Penetrating trauma
Short bowel syndrome
Soft tissue infections and other soft tissue disorders
Wilms tumor
Other colorectal disorders
Other malignancies
Other

ABSTRACT TEXT
- Authors and institutions must be omitted from the abstract text. Because of the blinding process used during the review process these rules must be observed. Non-conforming abstracts will NOT be considered.
- Abstracts must be limited to 300 words and one graphic element. A graphic element will not count against the 300 word limit.
- Tables are limited to a maximum of 7 columns and 10 rows.
- For best resolution, images should be a jpg or gif file, 300 dpi with a maximum file size of 15K.
- The abstract should state clearly the purpose for the study or review, the results obtained and the conclusions. Promises to explain the work or vague presentations of data will result in rejection.
- The reviewers prefer and will look with greatest favor on abstracts submitted in the Purpose-Methods-Results-Conclusion format.
- The Purpose should be a succinct statement of the research question or hypothesis to be addressed.
- The Methods should include the clinical setting (taking care not to identify the institution), sampling criteria and inclusive dates. The control group should be adequately described. Specific mention should be made of the number of experimental subjects or patients in groups (n=). The statistical method and levels of significance should be included.
- The Results should be stated in sufficient detail to support the conclusion, with only enough interpretation to indicate relevance; extended discussion or literature reviews should be avoided.
- The Conclusion should summarize the abstract (We conclude...) with a brief statement of findings clearly supported by the data, consistent with the research purpose, and with a minimum of further suggestions or inferences. The conclusion should be readable as a short, stand-alone statement.
- The reviewers will consider abstracts submitted in different styles only when the above-described format is inappropriate to the content.
- Tables, figures and graphs should not be used in the abstract unless they are simple and illustrate the central theme of the work in ways that text cannot.
- Abbreviations conjured up for use within an abstract are discouraged. Thus, non-standard abbreviations should be avoided. There should be no abbreviations used in the conclusion. Authors agree to copy editing of the abstract.

ABSTRACT SUBMISSION GUIDELINES, ORIGINALITY AND DUPLICATE SUBMISSION POLICY
1. Abstracts are submitted with the understanding the data and essential substance are original. Members, corresponding authors and sponsors have a duty to avoid any appearance of duplicate publication.
2. Originality requires that the data are not part of any previously published book or journal, or other work previously presented, accepted for presentation, or being considered for presentation at a regional, national, or international scientific meeting or organization where papers are chosen through a peer review process (unless the other meeting will take place after APSA).
3. If an abstract is submitted for consideration at APSA and another regional/national/international meeting simultaneously, and the other meeting takes place prior to APSA, the abstract must either be: (i) withdrawn from APSA consideration immediately upon acceptance for presentation
at the other meeting, or (ii) withdrawn from consideration at the other meeting and presented at APSA.

4. Abstract submitters can choose their preferred method of delivery (Podium Only, Poster Only, Podium or Poster, Video). Submitters whose Podium Only abstract was not chosen for oral presentation may be offered the option of a Poster presentation at the discretion of the Program Committee. The presenter may accept or decline the poster presentation option at their discretion with no associated penalty.

5. Any work that is published or electronically available in a peer-reviewed journal before the date of the APSA meeting is **NOT** permissible. If a manuscript associated with the submitted abstract has been accepted for publication, the abstract must be immediately withdrawn upon acceptance for publication in journals (print or online) unless the publication date is after the annual meeting.

6. **Exceptions to duplicate submission:** (i) abstracts presented at the ACS Surgical Forum in the same year, (ii) data presented in a local city, county, or state presentation or at the authors’ institution, such as at an institution-sponsored research day, citywide society meeting, or statewide meeting, (iii) data previously presented in the context of an invited lecture, (iv) data presented at national disease-specific or topic-specific conferences or workshops (e.g. ELSO, COG, IFMSS, Keystone Symposium, etc.), and (iv) videos.

7. Abstracts for consideration for the Quality, Safety and Value Award in Surgery have a required manuscript submission to the *Journal of Pediatric Surgery.*

8. **Failure of authors or sponsors to comply with these guidelines will result in penalties by the APSA Board of Governors** including abstract withdrawal and a potential 2-year prohibition on submitting additional work to the organization.

*Videos are exempt from the originality requirement. Videos that have been presented at other meetings may be submitted for consideration.

**AUTHORS**
Credit for authorship implies substantial contributions to conception, design, analysis and interpretation of data, and to writing and revising the abstract. The number of authors should be reasonable, given the subject and experimental design. Data generated from multiple institutions should include an author from each institution or permission from a representative from each institution to use the data.

**SPONSORSHIP**
If none of the authors are members of APSA, an APSA member must sponsor the abstract. The sponsor agrees to assume the responsibilities above. In addition to making sure the abstract is valid, ethical and understandable, the sponsor must also make sure the presentation is of value to the membership. The sponsor is expected to assist the presenter with editing should a manuscript be submitted to the *Journal of Pediatric Surgery.* The sponsor must provide a signed letter e-mailed to APSA Headquarters at mpetrulla@eapsa.org by **October 6, 2017,** affirming this level of supervision and assuring the program committee that oversight will continue through preparation of the presentation and the manuscript.

**CORRESPONDING AUTHOR**
The corresponding author must provide a reliable email address at the time of abstract submission and must notify APSA Headquarters of any changes in contact information. In addition to acting as the liaison for the abstract(s), the duty of the corresponding author is to warrant to APSA he or she has reviewed the material to assure the quality and integrity of the work, and will supervise preparation of the presentation and the manuscript. The individual identified as the presenting author during submission is also the corresponding author. **APSA headquarters must be notified of any changes in contact information.**

**PRESENTATIONS**

**PRESENTATION LIMITS**
The maximum number of podium presentations any individual can make is two, although an individual may present an unlimited number of posters. Authors agree to present their abstracts on the days and times assigned by APSA.

**PRESENTATION PREFERENCE**
Authors shall indicate their preferred method of presentation: podium, poster, podium or poster (give APSA the option to select the method of presentation) or video. Authors agree to accept APSA’s decision as final. Below are descriptions of potential ways the abstract may be presented.
PODIUM PRESENTATIONS

- Usually complex clinical or experimental studies or a clinical series, as well as straightforward clinical series or basic science studies.
- Limited to 8 minutes: 4 minutes for presentation and 4 minutes for Q&A.

POSTER

- Limited to 5 minutes: 2 minutes for oral presentation and 3 minutes for Q&A.

VIDEO PRESENTATIONS

- Most appropriate to demonstrate new techniques or operations.
- Must include an abstract submitted through the abstract submission site.
- Digital format only.
- Must include audio narration of the procedure (presenters cannot narrate from the podium).
- Video and audio cannot contain any information identifying institutions or authors. If your abstract is accepted, you will be asked to bring an authored version of your video to the conference for presentation, which can include institution and author information.
- Limited to 8 minutes: 5 minutes for video presentation and 3 minutes for Q&A.

Format

- Video upload maximum is 115MB.
- Acceptable video file formats are MOV, MP4 and WMV.

Frame Size

- The video should be scaled no smaller than 320 pixels wide x 240 pixels high, and no more than 720 pixels wide x 480 pixels high. An aspect ratio of 16:9 or 4:3 is required for all video submissions.

MANUSCRIPTS

Authors of accepted abstracts are encouraged to submit a manuscript for publication in the APSA edition of the Journal of Pediatric Surgery. Additional information will be provided in January 2018. Video abstracts are not eligible for manuscript submission.

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