2019 Abstract Submission Guide

General Information Page 2
Submission Guidelines & Requirements Page 2
Duplicate Submission Policy Page 2
Awards Page 3
Submission Details Page 4
Presentations Page 7
Manuscripts Page 8
APSA Headquarters Contact Information Page 8

IMPORTANT DATES TO REMEMBER

Abstract Submission Deadline October 7, 2018
Abstract Selection Notification December 31, 2018
Manuscript Submission Feb. 15 – Mar. 15, 2019
GENERAL INFORMATION

- **SUBMISSION** - Abstracts must be submitted via the APSA submission site.
- **SUBMISSION DEADLINE** - October 7, 2018, 11:59 pm Eastern Time.
- **NOTIFICATIONS** - Sent to Authors by December 31, 2018. Notifications are sent to the submitting author’s email address provided during submission.
- **REGISTRATION** - All presenters must register as delegates to the 2019 APSA Annual Meeting.

ABSTRACT SUBMISSION GUIDELINES AND REQUIREMENTS

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, or individuals who are not members of APSA, require sponsorship by a Regular APSA member.

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.

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. The Program Committee will determine the presentation method for selected abstracts, e.g. podium (oral presentation in the Plenary, Scientific or Quick Shot sessions) or display posters (without oral presentation). Submitters whose abstract was not chosen for oral presentation may be offered the option of a poster display at the discretion of the Program Committee. The presenter may accept or decline this option 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* via the regular APSA channels by the stated deadline.

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 two-year prohibition on submitting additional work to the organization.

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**AWARDS**

**QUICK SHOTS OF DISTINCTION**

APSA’s Program Committee selects two recipients for outstanding presentations in basic science and clinical categories presented in the Quick Shots sessions. Each recipient receives a prize in the amount of $250 and a framed certificate. Visit the [APSA website](#) for eligibility requirements additional information.

**M. JUDAH FOLKMAN**

APSA’s Program Committee and the Association of Pediatric Surgery Training Program Directors select two recipients for outstanding research presentation in basic science and clinical categories, presented in Plenary or Scientific sessions. 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). Each recipient receives a prize in the amount of $1,000, a Folkman medallion and a framed certificate. Visit the [APSA website](#) for eligibility requirements additional information.

**QUALITY, SAFETY, AND VALUE IN SURGERY**

APSA’s Surgical Quality and Safety Committee selects one 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. Each recipient receives a prize in the amount of $500 and a framed certificate. Visit the [APSA website](#) for eligibility requirements additional information.

**Eligibility Requirements**

- Abstracts presented in the Quality and Safety Scientific Sessions are eligible for award consideration, provided a manuscript is submitted via the regular APSA channels (see more below).

- Abstracts must provide data on both outcomes and resource utilization and demonstrate an improvement in healthcare in one of the following 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.
More detailed information regarding timelines and judging criteria for the award will be sent to authors following the initial review of eligible abstracts. Visit the [APSA website](https://www.apsa.org) for eligibility requirements additional information.

**INNOVATION**

APSA’s Program and New Technology Committees select one recipient for best innovation abstract presented at the APSA Annual Meeting. Abstracts presented in the Innovation Sessions are eligible for award consideration. The recipient receives a prize in the amount of $500 and a framed certificate.

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 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 DETAILS**

**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/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
Abstracts will be considered in the following categories:
- Advocacy
- Basic Science
- Chest/Pectus
- Colorectal
- Critical Care
- ECMO/CDH
- Ethics
- Fetal/Developmental Biology
- General Pediatric Surgery
- Global
- Innovation
- Obesity/Nutrition
- Oncology/Vascular
- Practice
- Quality and Safety
- Trauma

KEYWORDS
One to two keywords that best categorize your abstract are required:
- Abdominal wall defects
- Anorectal malformations
- Appendicitis
- Blunt trauma
- Business and practice of surgery
- CDH
- Chest wall deformities
- Critical care and nutrition
- ECMO and extracorporeal support
- Esophageal atresia/tracheo-esophageal fistula
- Ethics
- Global surgery
- Gynecologic conditions
- Hirschsprung disease
- Minimally invasive surgery
- Neonatal GI, other than colorectal
- Neuroblastoma
- Penetrating trauma
- Short bowel syndrome
- Soft tissue infections and disorders
- Thoracic surgery, other than chest wall deformities
- Tissue Engineering
- Wilms tumor
- Other oncology
- Other

ABSTRACT TEXT
- The abstract must be written in English.
- 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.
Abstract Submission

- 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.
- Graphics should be submitted in a .jpg or .gif format. Do not submit .bmp files. Maximum file size is 20,000 KB.
- 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.

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
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 by **October 7, 2018**, 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 display an unlimited number of posters. Authors agree to present their abstracts on the days and times assigned by APSA. The program committee will not honor requests to present on a certain day or time.

PRESENTATION METHODS
The Program Committee determines the presentation method of accepted abstracts. See detailed descriptions below.

- **Podium Presentations** Oral presentations in Plenary, Scientific or Quick Shots sessions.
  - Usually complex clinical or experimental studies or a clinical series, as well as straightforward clinical series or basic science studies.
  - Plenary Sessions:
    - 9-minute presentation: 5 minutes for presentation, 4 minutes for discussion
    - Unlimited number of slides
  - Scientific Sessions:
    - 8 minute presentation: 5 minutes for presentation, 3 minutes for discussion
    - Unlimited number of slides
  - Quick Shot Sessions:
    - 4 minute presentation: 2 minutes for presentation, 2 minutes for discussion
    - Maximum 6 slides, no minimum
    - Recommended 3-6 slides

Poster Display
- No oral presentations
- Size - posters should not exceed 4’ (1.22 meters) tall by 8’ (2.44 meters) long

Video Presentations
- Most appropriate to demonstrate new or novel techniques or operations.
- Must include an abstract submitted through the abstract submission site.
- Abstracts accompanied by videos are considered for Plenary or Scientific sessions.
- 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.
- Video presentations will be dispersed throughout the meeting in the category deemed most appropriate.

Format
- Video file maximum is 250,000 KB.
- Acceptable video file formats are .mov or .mp4.
- An aspect ratio of 16:9 or 4:3 is required for all video submissions.

MANUSCRIPTS
Authors of accepted abstracts in the Plenary, Scientific and Quick Shot sessions are encouraged to submit a manuscript for publication in the APSA edition of the *Journal of Pediatric Surgery* via the regular APSA channels. Video abstracts and posters are not eligible for manuscript submission. Additional information will be provided in February 2019.
APSA Contact Information

Casey Calkins, MD
Program Committee Chair
ccalkins@chw.org

Marina Petrulla
Administrative Director
+1-847-686-2339
mpetrulla@eapsa.org
One Parkview Plaza, Suite 800
Oakbrook Terrace, IL 60181 USA

Visit the APSA website at www.eapsa.org