

93rd ANNUAL MEETING NEW ENGLAND SURGICAL SOCIETY

PREVIOUSLY PRESENTED WORK

Work that has been submitted and/or presented at the NESS Residents and Research Presentation Day **is** eligible for submission and presentation at the NESS Annual Meeting. Likewise, if an abstract has been presented at another meeting, such as a Residents Day Program or other medical conference, the work is eligible for submission to the NESS Annual Meeting but acceptance will be at the Program Committee's discretion.

All authors will be prompted to disclose if their work has been previously presented and/or published. Please be sure to complete the detailed portion of this section within the submission-site, specifying the name of the conference/publication and where it was presented and/or published.

SPONSOR INFORMATION

The author or one of the co-authors of each abstract must be a member of NESS. If you are not a member, your abstract **MUST** be sponsored by a member of NESS. During the abstract submission process you will be asked to confirm that you or one of your co-authors is a member or identify a sponsor for your abstract.

PRESENTATION FORMATS

There are four presentation formats: Podium Presentation, Brief Report, Specialty Session Presentation, and Poster. *Podium Presentations require manuscript submission*; Brief Reports, Specialty Session Presentations, and Posters are encouraged but not required to submit manuscripts. When submitting an abstract, one of the following options must be selected:

- Consider this abstract for all of the following presentation formats: Podium, Brief Report, Specialty Session, and Poster. If the abstract is selected for Podium Presentation, manuscript submission is required.
- Please consider this abstract for Poster Presentation only. If the abstract is selected, manuscript submission is encouraged but not required.

Please note the final presentation format will be determined by the NESS Program Committee.

Podium:

Podium presentations will be limited to ten minutes followed by eight minutes discussion from the floor. All audiovisual aids must be formatted in PowerPoint and delivered to the Speaker Ready Room in the Registration area on-site at least 2 hours prior to the scheduled presentation. Presentations must be on CD-ROM or flash drive (USB memory stick); individual laptops are not permitted. A manuscript must be submitted to the *Archives of Surgery* for consideration for publication. **The Archives of Surgery will only accept electronic submissions.** Details regarding the manuscript submission process may be found on the *Archives of Surgery* website, http://archsurg.ama-assn.org/ifora_current.dtl.

Brief Report:

Brief Reports are delivered from the podium and must be limited to three minutes, followed by two minutes discussion from the floor. All audiovisual aids must be formatted in PowerPoint and delivered to the Speaker Ready Room in the Registration area on-site at least 2 hours prior to the scheduled presentation. Presentations must be on CD-ROM or flash drive (USB memory stick); individual laptops are not permitted. Although brief reports do not require the submission of a manuscript, one is encouraged to be submitted directly to the *Archives of Surgery* as an independent submission.

Specialty Session:

While the NESS welcomes abstract submissions from all surgical disciplines, for its 2012 Annual Meeting the Society has proposed scheduling at least two parallel Specialty Sessions from the following surgical specialties: **Pediatric and Thoracic**. The focus of these parallel sessions will be determined by the number and quality of abstracts submitted from each of these specialties, and therefore the NESS highly encourages submissions from both. Specialty Session presentations will be limited to ten minutes followed by approximately eight minutes discussion from the floor. All audiovisual aids must be formatted in PowerPoint and delivered to the Speaker Ready Room in the Registration area on-site by at least the day before the scheduled presentation. Presentations must be on CD-ROM or flash drive (USB memory stick); individual laptops are not permitted. An author who presents an abstract at one of these Specialty Sessions will **not** be required to submit a manuscript of that presentation to the *Archives of Surgery*, although one may be submitted directly to the *Archives of Surgery* as an independent submission.

Poster:

Posters will be displayed on boards measuring 8 feet wide and 4 feet high beginning on the Friday of the Annual Meeting. Although poster presentation does not require the submission of a manuscript, one may be submitted directly to the *Archives of Surgery* as an independent submission.

MANUSCRIPT SUBMISSION OF ACCEPTED ABSTRACTS

The *Archives of Surgery* is the official publication of the New England Surgical Society. Podium Presentations require manuscript submission to the *Archives*; Brief Reports are strongly encouraged to submit manuscripts but not required to do so; likewise, Poster Presentations are encouraged but not required to submit manuscripts.

- The *Archives* is an international peer-reviewed journal published 12 times a year.
- The *Archives*' editor is Julie Ann Freischlag, MD, who envisions the journal as a sounding board and forum for all the changes that are occurring in surgery today, including training paradigms, the 80-hour work week, women and minorities in surgery, malpractice concerns, and universal access to health care.
- The *Archives*' 2010 impact factor is 4.5, ranking it among the top five currently published surgical journals. The acceptance rate for manuscripts submitted from the NESS Annual Meeting exceeds the average 27% acceptance rate.
- The *Archives*' submission/review process is an all-electronic system, only accepting manuscripts submitted through its online submitter.

PRIZE COMPETITIONS

The New England Surgical Society, in conjunction with the New England Surgical Society Charitable Foundation, sponsors both a **Resident Prize Essay Competition** (for Residents graduating this year or later from a surgical program in New England or Albany Medical Center) and a **New Member Prize** (for members inducted between 2007 and 2012 inclusive). *An author who wishes to be considered for either competition must first submit his/her abstract for consideration in all presentation formats, and then that abstract must be selected by the Program Committee for podium presentation.* Authors participating in either competition must also submit a manuscript to the Society Offices by August 20, 2012. If the manuscript is not received on or before August 20, 2012, the entry will be disqualified from the competition. Winners of both competitions will be announced during the President's Banquet, Saturday evening, September 22, 2012.

The New England Surgical Society, in conjunction with the New England Surgical Society Charitable Foundation, will also sponsor a **Best Poster Prize**. The Program Committee will select the winner during the Poster Session and announce their selection during the President's Banquet, Saturday evening, September 22, 2012.

STRUCTURED ABSTRACT FOR REPORTS OF ORIGINAL DATA

Abstracts submitted for consideration for presentation at the 93rd Annual Meeting **MUST** be in a Structured Abstract format and of no more than 275 words. **ABSTRACTS NOT SUBMITTED IN THIS FORMAT WILL NOT BE CONSIDERED.**

Authors reporting original data should prepare an abstract under the following headings:

1. Objective
2. Design
3. Setting
4. Patients (or Other Participants)
5. Interventions (if any)
6. Main Outcome Measure (s)
7. Results
8. Conclusions

The content following each heading should be as follows:

1. OBJECTIVE

The abstract should begin with a clear statement of the precise objective or questions addressed in the report. If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated. If a prior hypothesis was tested, it should be stated.

2. DESIGN

The basic design of the study should be described. The duration of follow-up, if any, should be stated. As many of the following terms that apply should be used.

- A. Intervention studies: randomized control trial; non-randomized control trial; double-blind; placebo control; crossover trial; before-after trial.
- B. For studies of screening and diagnostic tests: criterion standard (that is, a widely accepted standard with which a new or alternative test is being compared; this term is preferred to "gold standard") blinded or masked comparison.
- C. For studies of prognosis: inception cohort (subjects assembled at a similar and early time in the course of the disorder and followed thereafter); cohort (subjects followed forward in time, but not necessarily from a common starting point); validation cohort or validation sample if the study involves the modeling of clinical predictions.
- D. For studies of causation: randomized control trial; cohort; case-control; survey (preferred to "cross-sectional study").
- E. For descriptions of the clinical feature of medical disorders: survey; case series.
- F. For studies that include a formal economic evaluation: cost-effectiveness analysis; cost-utility analysis; cost-benefit analysis. For new analyses of existing data sets, the data set should be named and the basic study design disclosed.

3. SETTING

To assist readers to determine the applicability of the report to their own clinical circumstances, the study setting (s) should be described. Of particular importance is whether the setting is the general community, a primary care or referral center, private or institutional practice, ambulatory or hospitalized care.

4. PATIENTS OR OTHER PARTICIPANTS

The clinical disorders, important eligibility criteria and key sociodemographic features of patients should be stated. The numbers of participants and how they were selected should be provided (see below), including the number of otherwise eligible subjects who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn for adverse effects should be given.

For selection procedures, these terms should be used, if appropriate: Random sample (where "random" refers to a formal, randomized selection in which all eligible subjects have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample. These terms assist the reader to determine an important element of the generalizability of the study. They also supplement (rather than duplicate) the terms used by professional indexers when articles are entered into computerized databases.

5. INTERVENTION(S)

The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name (for example, the generic term "chlorthalidone"). Common synonyms should be given as well to facilitate electronic text-word searching. This would include the brand name of a drug if a specific product was studied.

6. MAIN OUTCOME MEASURE(S)

The primary study outcome measurement(s) should be indicated as planned before data collection began. If the paper does not emphasize the main planned outcomes of a study, this fact should be stated and the reason indicated. If the hypothesis being reported was formulated during or after data collection, this information should be clearly stated.

7. RESULTS

The main results of the study should be given. Measurements that require explanation for the expected audience of the manuscript should be defined. Important measurements not included in the presentation of results should be declared. As relevant, it should be indicated whether observers were blinded to patient groupings, particularly for subjective measurements. Due to the current limitations of retrieval from electronic databases, results must be given in narrative or point form rather than tabular form if the abstract is to appear in computerized literature services such as MEDLINE. If possible, the results should be accompanied by confidence intervals (for example, 95%) and the exact level of statistical significance. For comparative studies, confidence intervals should relate to the differences between groups. For nonsignificant differences for the major study outcome measure(s), the clinically important difference sought should be stated and the confidence interval for the difference between the groups should be given. When risk changes or effect sizes are given, absolute values should be indicated so that the reader can determine the absolute as well as relative impact of the finding. Approaches such as "number needed to treat" to achieve a unit of benefit are encouraged when appropriate; reporting of relative difference alone is usually inappropriate. If appropriate, studies of screening and diagnostic tests should use the terms "sensitivity", "specificity", and "likelihood ratio". If predictive values or accuracy is given, prevalence or pretest likelihood should be given as well. No data should be reported in the abstract that does not appear in the rest of the manuscript

8. CONCLUSIONS

Only those conclusions of the study that are directly supported by the evidence reported should be given, along with their clinical application (avoiding speculation and overgeneralization), and indicating whether additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

NOTE:

To permit quick and selective scanning, the headings outlined above should be included in the abstract. For brevity, parts of the abstract can be written in phrases rather than complete sentences.

Acceptable Example

2. Design. Double-blinded randomized trial.

Instead of

2. Design. The study was conducted as a double-blind, randomized trial