

# 104th ANNUAL MEETING NEW ENGLAND SURGICAL SOCIETY

**Abstract Submission Deadline: Monday, March 27, 2023 at 11:59 PM ET**

## ABSTRACT SUBMISSION ELIGIBILITY

If an abstract has been previously presented at another meeting, it will not be considered for acceptance to the NESS program. Exceptions to this include:

- Work that has been submitted and/or presented at the NESS Residents and Research Presentation Day is eligible for submission. Likewise, if an abstract has been presented at a similar Residents Day program or other local/institutional medical conference (i.e. Grand Rounds, ACS local chapter meetings), the work is eligible for submission, but acceptance will be at the Program Committee's discretion.
- The abstract represents significant updates, new data, or follow-up to previously presented work.

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.

If an abstract is simultaneously submitted to another meeting and is accepted for presentation at that meeting, the abstract will be withdrawn from the NESS program.

## SPONSOR INFORMATION

At least one of the co-authors of each abstract must be a member of NESS. If not, the abstract MUST be sponsored by a member of NESS. During the abstract submission process you will be asked either to confirm that you or one of your co-authors is a member or to identify a sponsor for your abstract. If you need help with identifying a sponsor, please contact the Administration offices at [meetings@nesurgical.org](mailto:meetings@nesurgical.org)

## 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 eight minutes followed by five 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 a flash drive; individual laptops are not permitted. A manuscript must be submitted by July 31, 2023 to the NESS at [meetings@nesurgical.org](mailto:meetings@nesurgical.org) for a Publications Committee review, which will provide suggestions for revision; the manuscript must then be submitted by October 24, 2023 (within four weeks *after* the Annual Meeting) to the *Journal of the American College of Surgeons (JACS)* for consideration for publication.\* **JACS will only accept electronic submissions.** Details regarding the manuscript submission process may be found on the JACS website, [journals.lww.com/journalacs](http://journals.lww.com/journalacs), under the "For Authors" tab. \***NEW: Authors of basic science abstracts accepted for Podium presentation may request a waiver from the requirement to submit a manuscript to JACS.**

**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 a flash drive; individual laptops are not permitted. Although brief reports do not require the submission of a manuscript, brief report authors are strongly encouraged to do so.

**Specialty Session:**

The NESS welcomes abstract submissions from all surgical disciplines. Should the NESS receive enough abstracts from a particular specialty (or specialties), the Society will schedule a Specialty Session, the focus of which will be determined by the number and quality of abstracts submitted. Specialty Session presentations will be limited to eight minutes followed by five 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 a USB memory stick; individual laptops are not permitted. An author who presents an abstract at a Specialty Session will **not** be required to submit a manuscript of that presentation to JACS—but is strongly encouraged to do so.

**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, poster presentation authors are encouraged to do so.

**ABSTRACT CATEGORY SELECTION**

A category must be selected for each abstract submitted, from the following list of topic areas:

- Basic Science
- Clinical Burns/Trauma/Acute Care
- Clinical GI
- Clinical Cancer
- Clinical Pediatric Surgery
- Clinical Transplantation
- Clinical Endocrine Surgery
- Clinical Plastic Surgery
- Clinical Cardiothoracic/Vascular
- Clinical Surgical Specialties (i.e. Urology, Neurosurgery, Other)
- Quality of Life and/or Patient-Reported Outcomes
- Outcomes Studies of Patient Management
- Education and Residency Training Issues
- Social and Ethical Issues in Surgery
- Other

**MANUSCRIPT SUBMISSION OF ACCEPTED ABSTRACTS**

The *Journal of the American College of Surgeons (JACS)* is the official publication of the New England Surgical Society. Podium Presentations require manuscript submission to JACS\*; Brief Reports and Specialty Session Presentations are strongly encouraged to submit manuscripts but not required to do so; likewise, Poster Presentations are encouraged but not required to submit manuscripts.

**\*NEW: Authors of basic science abstracts accepted for Podium presentation may request a waiver from the requirement to submit a manuscript to JACS.**

- JACS is a monthly journal publishing peer-reviewed original contributions on all aspects of surgery.
- As the official scientific journal of the American College of Surgeons, JACS has the goal of providing its readership the highest quality rapid retrieval of information relevant to surgeons.
- JACS' 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 Scholars Foundation, sponsors the following cash awards:

- A **Podium Prize (formally Resident Prize Essay Competition)** for Residents/Fellows/Medical students graduating this year or later from a program within New England or at Albany Medical Center;
- A **John P. Welch Award** for the resident (in training at the time of abstract submission) who presents the most original paper that offers the greatest potential to improve the clinical care and outcomes of patient;
- A **Brief Presentation Award** for Residents/Fellows/Medical students graduating this year or later from a program within New England or at Albany Medical Center;
- A **New Member Prize** for Active, Associate, Affiliate, and Senior members only inducted in or after 2018.

*An author who wishes to be considered for any competition must first submit their abstract for consideration in all presentation formats, and then that abstract must be selected by the Program Committee for podium or brief presentation. It is anticipated that the winners of all competitions will be announced during the President's Banquet, Saturday evening.*

The New England Surgical Society, in conjunction with the New England Surgical Society Scholars Foundation, will also sponsor a **Best Poster Prize**. The Program Committee will select the winner from those presentations designated as Posters of Distinction and announce the recipient during the President's Banquet, Saturday evening.

## STRUCTURED ABSTRACT FOR REPORTS OF ORIGINAL DATA

*Abstracts submitted for consideration for presentation at the 104<sup>th</sup> Annual Meeting MUST be in a Structured Abstract format and of no more than 3,000 characters (including spaces). 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-effective NESS 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