



## TAS Abstract Submission Guidelines

### **Submission Opens on October 2, 2023, and Closes on December 1, 2023**

The Society of Cardiovascular Anesthesiologists invites the submission of abstracts and difficult cases to be presented at the upcoming Thoracic Anesthesia Symposium and Workshops in Toronto, Ontario, Canada on April 26, 2024.

### **Important Dates**

- Submission site **opens on October 2, 2023**.
- Submission site **closes at 11:59 PM (Central) on December 1, 2023**.
  - Additional submissions will not be accepted after the submission system closes.
  - If you do not receive email confirmation of your abstract submission within 30 minutes of finalizing your abstract submission, please contact SCA Member Services for assistance: [kflowers@veritasamc.com](mailto:kflowers@veritasamc.com)
  - Co-Authors must complete their disclosure forms by **December 1, 2023**.
  - Notifications regarding abstract selection will be sent in **late January 2024**.

### **Instructions for Online Submission**

#### **Submission Content and Format Rules**

- Submissions will be made to one of the following categories:
  - Difficult Case
    - This category provides a forum for showcasing interesting, challenging, or unique anesthetic clinical scenarios related to thoracic surgery cases.
  - Basic and Clinical Research
  - Resident and Fellow Submission
- Submission must be submitted in English.
- **Abstracts are limited to 3,300 characters.** Character count includes body text and spaces.
- Still images must be submitted in the following formats: .jpg, .tiff, or .bmp.
- Title should be short and specific, with a capitalized first letter of each word, and should not contain abbreviations, quotation marks, and all capital letters.
- Use generic drug/product names rather than trade names.
- Do not include references to the institutions involved in the abstract body.
- Standard abbreviations may be used without definition. Non-standard abbreviations should be kept to a minimum.

#### **Submission Requirements**

1. Title
2. Body Text

- For Difficult Case Category ONLY, submission should include:
  - Introduction paragraph: state why the case is presented.
  - Brief summary of the clinical case.
  - Bulleted discussion section, including:
    - Techniques employed for airway management, lung isolation or any aspects of thoracic clinical care.
    - Surgical considerations which impact the anesthesia decision making
    - Teaching point of the case
  - Images and videos are optional, but highly encouraged.
- 3. References
- 4. Figure and video legends (brief)
- 5. Still images may accompany the submission (Optional)
  - Should be of high quality but **cannot** be larger than 1 MB
- 6. Video clips may accompany the submission (Optional)
  - Video file formats should be AVI.
  - Optimal video frame dimensions are 480×360 pixels.
  - Use video-compression software to reduce size, if necessary.
  - If you combine clips, please allow enough time for each clip and leave a gap between clips.
  - Label submitted figures/videos with your initials followed by Figure/Video # to facilitate reviews (i.e. John Smith: JS Figure 1/JS Video 1).

## General Rules

- Abstract authors will not be provided complimentary registration or any other financial remuneration. Presenting authors are expected to register for and attend the meeting.
- Only abstracts submitted using the online submission system will be considered.
- Only authors may complete submissions. Abstracts should not be submitted by an assistant, supervisor, or other third party.
- Once the abstract is submitted, no revisions are permitted.
- An abstract may only be submitted once (i.e., may not be submitted to multiple categories).
- Abstracts must summarize an original contribution.
  - If there is any conceivable question regarding similarity to earlier work or possible duplication or redundancy, it is the responsibility of the presenting author of the paper to contact SCA at [kflowers@veritasac.com](mailto:kflowers@veritasac.com)
- Abstracts/Cases should have not been previously published or presented at other national and international meetings.
  - If there is a potential conflict regarding an abstract already being presented or published, please notify SCA via email at the time of submission. Failure to comply will result in the abstract being rejected.
- Submitting author will attest that all co-authors of the abstract have granted consent for the material to be submitted for presentation, and that the submitting author has been granted the right by all co-authors to act on their behalf.
- No abstract will be considered with deferred outcome data. If data is to be presented, it must appear in the original abstract submitted.
- Submissions should include the best available evidence and should not include content that is biased or promotional in nature.

- Submitted text and images must be HIPPA compliant, including masking of all patient identification material. Images with patient identifiers will not be considered for presentation.
- SCA reserves the right to withdraw an abstract at any time.
- The presenting author for each abstract must attend the **Thoracic Anesthesia Symposium and Workshops**.
  - In the event that a change of presenting author must be made after the submission of the abstract, SCA must be notified in writing as soon as possible.
- Residents and fellows are encouraged to work with a faculty mentor and submit an educational or difficult case, case series or the results of a study they have participated during residency training. These submissions will be evaluated as a separate group with a best abstract selection and plenary presentation.

## **Abstract Reviews**

All abstracts undergo a blinded peer-review process and will be reviewed for the following criteria:

- **Background:** Clearly stated study. If a case report or case series, the reason for presenting the case(s) is clearly stated instead of a study hypothesis.
- **Methods:** Clearly describes the method of data collection (e.g.) prospective data collection or chart. If statistical methodology is indicated, these methodologies are clearly described.
- **Results:** Presented in a manner (description +/- graphics) that is easy for the reader to follow. The case presentation with the appropriate clinical details included. Descriptive and statistical results are stated. Tables, figures, or other graphics add to what is described in the abstract.
- **Conclusion:** Well-stated so that it is obvious how the data support or refute the stated Case report. Conclusions should clearly state how observations support a clinical or scientific principle or hypothesis worthy of future study.
- **Clarity of presentation:** Well written in a style that is understandable to a non-specialist. The "message" is easily understood by the reader without having to re-read the abstract several times.

## **Top Abstracts and Difficult Cases**

The highest scoring submissions from the Research and Resident and Fellow categories will be recognized by presenting their work as oral slide presentations at the meeting. Authors will be notified at the time of abstract acceptance notification.

The highest scoring submissions from the Case Reports category will be presented as oral slide presentations at the "Difficult Case? No Problem!" session at the meeting. Authors will be notified at the time of abstract acceptance notification.