



## FALL 2024 ABSTRACT SUBMISSION

DEADLINE: THURSDAY, MAY 2, 2024, NOON CENTRAL

This will be an in-person meeting, not hybrid.

### SUBMISSION RULES

- 1) First author or a co-author must be an ASOPRS Member or Candidate Member. The first author is the presenting author.
- 2) Changes to authors are not allowed after submission deadline.
- 3) Abstracts must not be previously presented, submitted for publication, or published prior to the ASOPRS 2024 Fall Scientific Symposium.
- 4) **General Dual Submission Policy:** *Ophthalmic Plastic and Reconstructive Surgery* has the right of first refusal for manuscripts. Submission to any other organization that also claims right of first refusal is prohibited.

If OPRS does not accept the manuscript, it may be submitted to another publication.

If the author does not wish to publish their work, the copyright goes to them after the meeting.

**AAO Annual Meeting Dual Submission Policy:** Authors who submit their work dually to the AAO Annual Meeting and the ASOPRS Fall Scientific Symposium, and have their work accepted at both meetings, may present their work at both. The AAO will retain copyright and first right of refusal. ASOPRS will waive the copyright and permit presentation at the ASOPRS Fall Scientific Symposium.

- 5) All rights other than copyright are the authors' including the right to reproduce original figures and tables in future works, provided full credit is given to the original publication.
- 6) Abstracts may not contain libelous, unlawful statements, or infringe on the rights of others. If excerpts from copyrighted works are included, written permission must be secured, and proper credit given.
- 7) Patient consent is required if using photographs or videos.
- 8) Members who participate in oculofacial plastic surgery training not approved by ASOPRS or ACGME may not participate in ASOPRS meetings. ***Submission attests that all authors are not participating in such training.***
- 9) Accurate disclosure of financial relationships is required for all authors.

**Violation of submission rules may result in a 2-year ban from presenting at ASOPRS meetings.**

### FINANCIAL DISCLOSURE

As an accredited CME provider, ASOPRS is responsible for demonstrating that our CME content is planned and presented independent of commercial influence.

All authors are required to disclose financial relationships with ineligible companies **over the past 24 months. Disclose all financial relationships with ineligible companies regardless of amount or potential relevance.**

**Ineligible companies** are *companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

- Consultant/Advisor
- Employee
- Executive role
- Independent Contractor (including contracted research)
- Ownership interests
- Researcher\*
- Royalties or patent beneficiary
- Speakers Bureau
- Stocks (individual and stock options; does not include diversified mutual funds)

\*Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Per ASOPRS CME Educational Content Policy and Procedure, ASOPRS Accreditation Committee evaluates all meeting participants' financial relationships with ineligible companies for relevancy. If a relevant financial relationship is found, it must be mitigated before you are able to participate in the education.

**Employees or owners of ACCME-defined ineligible companies participating as abstract authors is prohibited except in the following circumstances:**

- a. When the content of the activity is not related to the business lines or products of their employer/company.
- b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
- c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Any author fitting the definition of an employee or owner of an ineligible company **MUST** meet one of these exceptions to be included in the abstract.

These expectations are drawn from Standard 1 of the ACCME Standards for Integrity and Independence in Accredited Continuing Education. For more information, see [accme.org/standards](http://accme.org/standards).

## **SUBMISSION PROCESS**

Abstracts that do not meet requirements will not be reviewed.

- 1) Abstracts are published as submitted.
- 2) Authors and affiliations are entered on the Authors page. Countries outside of the US should be spelled out; leave the "State" field blank.
- 3) Identifying features such as names of hospitals may not be included.
- 4) Abstracts are published in a standardized format. Special characters and formatting can be copied into the submission site.

- 5) **Use of tradenames is not allowed** unless comparing/contrasting several products.
- 6) 500-word limit NOT including Title, Authors, Affiliations, and Disclosures.
- 7) The body should contain:
  - a. **Introductory Sentence** – state the hypothesis, purpose, or scientific objective of the study.
  - b. **Methods** – describe the study, design, subjects, and analytic procedures. The method described should unquestionably address the stated hypothesis, purpose, or objective. A clear documentation of statistical methodology should accompany the methods/results section with comparison or differences to support the results. Include enough detail to enable reviewers to gain a clear understanding of the methodology.
  - c. **Results** – a summary of the results should be in sufficient detail to support the conclusion. If applicable, the mean results should be presented in numerical fashion with deviations or standard errors on the mean. Number of animals, studies or patients should be noted. Statistical comparisons will make an abstract competitive. Present the data in sufficient detail for the reader to form conclusions and acknowledge (or disagree with) the interpretation of the author's analysis. If there are sufficient data to display, single spaced tables can be used but are not necessary. Figures may be helpful with certain types of results if clarity and conciseness can be ensured.
  - d. **Conclusions** – close with a brief statement of the conclusion. Make certain that all conclusions follow logically from the data and that the data presented confirms, refutes, or modifies the purpose or the specific objectives of the study in the introductory sentence.
  - e. **Bibliography** – cite any references indicating author, name of article/chapter, journal, date of publication, volume, and page reference.
- 8) Maximum of 5 figures submitted exactly as below:
  - a. File format: JPEG, JPG, PNG, GIF
  - b. Maximum of 10 cm x 10 cm;
  - c. Saved at a resolution of exactly 300 dpi

#### **FAIR AND BALANCED CONTENT**

As an important contributor to our accredited education, we expect that your contributions are fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- 1) All recommendations for patient care must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- 2) All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- 3) Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current

science, evidence, and clinical reasoning.

4) Content cannot be included if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.