



2026 SPRING ABSTRACT SUBMISSION

DEADLINE: WEDNESDAY, JANUARY 28, 2026, NOON CENTRAL

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A. ABSTRACT SUBMISSION POLICIES

- 1) The first author must be an ASOPRS Member or Candidate Member. The first author is the presenting author.
- 2) Changes to authors are not allowed after the submission deadline.
- 3) In an effort to provide novel content, abstracts must not be previously presented, submitted for publication, or published prior to the meeting.
- 4) **General Dual Submission Policy:** *Ophthalmic Plastic and Reconstructive Surgery (OPRS)* has the right of first refusal for manuscripts. Submission to any other organization that also claims right of first refusal is prohibited.
 - a. If OPRS does not accept the manuscript, it may be submitted to another publication.
 - b. Authors to request permission directly from the editor of OPRS to submit to another publication.
 - c. If the authors do not wish to publish their work, the copyright goes to them after the meeting.
- 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 for photographs or videos.
- 8) Accurate disclosure of financial relationships with ineligible companies is required for all authors for the past 24 months.

Violation of submission policies will result in a 2-year ban from presenting at ASOPRS meetings.

END OF ABSTRACT SUBMISSION POLICIES

B. ABSTRACT SUBMISSION PROCESS

- 1) Abstract text, authors and affiliations are published as submitted.
- 2) Abstracts are published in a standardized format. Special characters can be copied into the submission site.
- 3) Authors, affiliations, and financial disclosures are entered on the Authors page. Submitter should be prepared to accurately disclose financial relationships of all authors at time of submission. See below for more on financial disclosures.
- 4) 500-word limit NOT including Title, Authors, Affiliations, and Disclosures.
- 5) Identifying features such as names of institutions may not be included to allow for de-identified review by Abstract Reviewers.
- 6) **Use of tradenames is not allowed** unless comparing/contrasting several products or services.
- 7) The body must contain:
 - a. **Introduction** – A two- to three-paragraph introduction should be without a heading and should explain why the study was done. In particular, what is the clinical question to be answered or the hypothesis tested, and what is its importance for medical practice. The introduction should refer only to the most pertinent past publications and should not be an extensive review of the literature.
 - b. **Methods** – Identify the study design using a phrase such as randomized or nonrandomized clinical trial, case-control study, cross-sectional study, cohort study, case series, case report, meta-analysis, review, experimental study, or historical manuscript. Patient selection, interventions, and outcome measures must be defined.
 - c. **Results** – Briefly summarize the principal measurements (data) obtained and relevant statistical analysis.
 - d. **Conclusions** – State the specific conclusions derived from the data analysis and their clinical significance.
 - e. **Bibliography** – cite any references indicating author, name of article/chapter, journal, date of publication, volume, and page reference.
- 8) Maximum of 5 figures allowed, submitted exactly as below:
 - a. File format: JPEG, JPG, PNG, GIF
 - b. Maximum of 10 cm x 10 cm; saved at a resolution of exactly 300 dpi

Abstracts that do not meet requirements will not be reviewed.

END OF ABSTRACT SUBMISSION PROCESS

C. 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.*

Financial relationship examples:

- Consultant/Advisor
- Researcher*
- Speaker
- Independent Contractor (including contracted research)
- Royalties or patent beneficiary
- Executive role
- Employee
- Ownership interests (including stock in a privately held company)**
- 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.

**Individuals who own stock (not through a mutual fund or pension plan) in privately held ineligible companies are considered an owner or employee.

Per ASOPRS CME Educational Content Policy and Procedure, the ASOPRS Accreditation Committee evaluates all authors' financial relationships with ineligible companies for relevancy to the abstract content. If a relevant financial relationship is found, the Accreditation Committee will work with authors to mitigate before participating in the meeting.

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 requirements are drawn from Standard 1 of the ACCME Standards for Integrity and Independence in Accredited Continuing Education. For more information, see accme.org/standards.

END OF FINANCIAL DISCLOSURE

D. 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.

END OF FAIR AND BALANCED CONTENT

E. ABSTRACT REVIEW AND SELECTION PROCESS

1) Abstract Reviewers

- a. Members may volunteer to be Abstract Reviewers.
- b. Reviewers are selected by the Scientific Symposium Director based on factors such as career stage, topic experience, geography, gender and publication experience, whenever possible.

2) Reviewer Disclosure

- a. Reviewers are required to disclose financial relationships with ineligible companies for the last 24 months.

3) Abstract Review Assignments

- a. Abstracts are assigned to reviewers by the Scientific Symposium Director.
- b. Greater than 50% of an abstract's reviewers must not have financial relationships related to the content of the abstract. The Accreditation Committee Chair is consulted if there are questions about the relevancy of a reviewer's financial relationship.
- c. Abstracts are reviewed by at least four reviewers, whenever possible.
- d. Author names and affiliations are blinded to reviewers to avoid bias.

4) Reviewer Responsibility

- a. Assess financial disclosure information of authors; include in analysis of the quality of the submission.
- b. Review includes:
 - i. Score the overall quality of the submission based on impact, scientific rigor, clarity, relevance, and originality. Scores are on a scale from 1 (lowest) to 5 (highest).
 - ii. Recommend the appropriate presentation format for the submission.
 - o Oral Presentation: Highly impactful or suitable for an in-depth discussion.
 - o Poster Presentation: Submission is appropriate for poster presentation.
 - o Surgical Video: Best for surgical procedures, presented online only.
 - o Narrated Presentations: Submission is appropriate for online viewing.
 - iii. Provide feedback to justify score and presentation type recommendation to assist Scientific Symposia Committee in making programmatic decisions.

5) Abstract Selection

- a. Abstracts selected for presentation by the Scientific Symposia Committee are evaluated by the ASOPRS Accreditation Committee.
- b. Authors with financial relationships relevant to the content must engage in the mitigation process in order to be included in the program.

END OF ABSTRACT REVIEW AND SELECTION PROCESS