CSF2019
MONTRÉAL | SEPT. 5-7
CANADIAN SURGERY FORUM CANADIEN DE CHIRURGIE

CALL FOR ABSTRACTS AND VIDEOS

You are invited to submit abstracts and videos for the 18th annual Canadian Surgery Forum taking place September 5-7, 2019 at the Fairmont Queen Elizabeth Hotel, Montreal, Quebec.

The various paper, poster, and video presentations all contribute to the conference's dynamic and interactive learning environment. This is your opportunity to share your research with other national and international surgical professionals!

SUBMISSION

All abstract and video submissions must be made electronically by MARCH 28, 2019. Submissions received after this date will not be considered. Please note that submission information will be printed as submitted in all Forum materials. Further submission instructions and an abstract example are available below.

CATEGORIES

Abstract and video submissions related to the following topics will be considered for presentation at the CSF:

- CON/CABPS - Bariatric Surgery
- CSCRS - Colorectal Surgery
- CAGS - General Surgery
- CHPBA - Hepatobiliary Surgery
- CHS - Hernia Surgery
- CSSO - Surgical Oncology
- CATS - Thoracic Surgery
- ACS COT/TAC Resident Trauma Paper Competition*

Authors may submit more than one abstract or video, but no more than two to be presented by the same author at the same session.

REVIEW AND SELECTION

Submissions will be blinded, reviewed and selected by review panels established for each category.
Abstracts will be judged on quality and clarity, scientific merit, relevance to current or future practices, ability to fill in knowledge gaps, and absence of commercial bias.
In early June, an email will be sent to the submitter (the person who submitted the abstract or video, whether an author or not) to confirm the status (accepted/rejected) of the submission.

The highest ranked abstracts will be offered a podium presentation and all other accepted abstracts will be offered a poster presentation.
The best video submissions will be offered a presentation at the Video Competition. Video submissions will also be considered for presentation in other sessions related to their topic.

NOTE: Consideration will be given only to papers and videos that have not been previously published in a Canadian journal or presented at a national meeting in Canada.

PRESENTING AT THE 2019 CSF

All individuals attending the Forum (including presenters) are required to register for the Forum and pay for their registration fee. Travel and accommodation arrangements are also the responsibility of the attendee. Discounted registration rates will be available for residents and students, and many universities have funding assistance available for this as well. Specific details will be provided to the submitter about the session, date, time and location of the presentation along with registration, housing and audio-visual information.

RECOGNITION & AWARDS

All accepted abstracts will be published in a supplement of the *Canadian Journal of Surgery* in August 2019. All accepted abstracts to be presented by a medical/undergraduate student or resident during the Forum will be eligible for an award. The Canadian Surgery Forum is sponsoring an award for the best poster presentation in each category presented at the Forum. The individual societies also present awards to the best papers in their respective categories. The video presentations will be judged by the audience at the Video Competition, and a prize will be awarded to the winner. The top four abstracts will also present their work during the *Canadian Journal of Surgery Editor's Choice Awards* at the Forum.

SUBMISSION INSTRUCTIONS

Deadline for submission: March 28, 2019

ABSTRACT GUIDELINES

- All abstracts must be submitted electronically.
- Abstracts should be no more than 300 words in length.
- Single-space all typing and do not use CAPS.
- The abstract body should not contain any author or affiliation information to maintain a blinded review process. Do NOT include names of people, provinces, universities, hospitals, etc.
- Abstracts must present a clear, concise summary of the work. Do not include the words introductions, historical data, literature reviews, bibliographies, references or mention of corporate support. Organize the body of the abstract to include the objective (preferably one sentence), the methods used, the results obtained, and the conclusion. Do not use subheadings for results, conclusions, etc.
- Use standard abbreviations such as kg (kilogram), g (gram), mg (milligram), ml (millilitre), L (litre), mEq, m (metre), mmol (millimole), / (per) and % (per cent). Place special or unusual abbreviations in parentheses after the full word the first time it appears. Use numerals to

indicate all numbers (including 1–10), except to begin sentences. Non-proprietary (generic) names are required when a drug is mentioned. For example, acetazolamide (Diamox).

- Place acronyms in parentheses after the full term the first time it is used.
- Please list authors in the order of authorship. Do not include degrees, titles, institutional appointments or addresses. Please note that correspondence will be sent to the SUBMITTER only.

HOW TO SUBMIT

On/After February 1 2019, Go to www.canadiansurgeryforum.com and click on the "Submit your Abstract or Video" link.

TIPS FOR VIDEOS

*Video submissions must also include a written abstract. The video should not last longer than 8 minutes and must include a soundtrack providing a clear verbal narration of the visual content.

1. Upload your video to YouTube.
2. In the abstract submission textbox, insert your abstract text and paste the YouTube link at the end.

ABSTRACT EXAMPLE

Abstract body:

Laparoscopic hepatic resections (LHR) for both benign and malignant tumours have been compared to open hepatic resections (OHR) in previous studies; however, the number of patients and follow-up has been limited. An updated meta-analysis on the role of laparoscopic liver resection for benign and malignant tumours including an analysis of long-term outcomes was needed.

Studies from January 1998 to May 2009, comparing laparoscopic to open approaches in patients undergoing liver resection for benign and malignant neoplasms, were analyzed by meta-analysis. Operative, postoperative, resection margin, complication and survival outcomes were evaluated. Weighted mean differences (WMD) and relative risks were calculated. As well, hazard ratios (HR) up to the longest available follow-up time (2, 3 or 5 years) for all-cause mortality and recurrence were evaluated. A random effect model was used.

A total of 26 studies were included in the meta-analysis. The hazard ratio of death was significantly lower in the LHR group compared to the OHR group HR 0.629 (p = 0.043). The hazard ratio of recurrence was not significantly different between the 2 groups (HR 0.816, p = 0.379). LHR had a lower operative blood loss (-161ml, $p < 0.001$) and relative risk of total postoperative complications (RR 0.41, $p < 0.001$). Furthermore, duration of hospital stay, days of narcotic use and days until oral intake were all significantly lower in the LHR group compared to the OHR group. Operative time between LHR and OHR was not significantly different. Significant heterogeneity was observed in some of the operative parameters, likely due to surgeon differences and different surgical techniques.

LHR has a long-term survival that is at least comparable, if not superior, to OHR. LHR for both benign and malignant tumours is a viable alternative to OHR with many potential operative and postoperative benefits. Despite concerns by some, there does not appear to be any difference in disease recurrence between LHR and OHR. If used by specially trained hepatic surgeons who have extensive experience with laparoscopic techniques, laparoscopic hepatic resection is an effective means of dealing with benign and malignant tumours.

*ANNUAL ACS COT/TAC RESIDENT TRAUMA PAPER COMPETITION

The **American College of Surgeons Committee on Trauma (ACS COT)** in conjunction with the **Trauma Association of Canada (TAC)** annually hosts a Resident Trauma Paper Competition. This is held annually at the Canadian Surgery Forum. Winning papers from each of Western and Eastern Canada are selected and considered by the ACS COT for further international competition at the ACS COT spring meeting.

ELIGIBILITY

The competition is open to all general surgery residents, surgical specialty residents, and trauma fellows. Medical students are not eligible. TO BE ELIGIBLE FOR PRESENTATION AT THE NATIONAL LEVEL, ABSTRACTS SUBMITTED MAY HAVE BEEN PREVIOUSLY PRESENTED BUT NOT PUBLISHED AS FULL PAPERS IN ANY PEER-REVIEWED JOURNAL BEFORE MARCH 22nd, 2019.

Submissions are made through the Provincial Chairs of the Committee of Trauma (https://www.facs.org/quality-programs/trauma/about-trauma/regional).

SCOPE

The abstracts should describe original research in trauma, acute care or injury prevention. The papers must be categorized as either: 1) basic laboratory research or 2) clinical research/investigation. Two abstracts from each ACS COT Region (one abstract from each category) are submitted for consideration for presentation at the national meeting, but only one will be selected for the national competition.

QUESTIONS?

Visit www.canadiansurgeryforum.com or contact Karen Norris at knorris@cags-accg.ca