#### STS 57th Annual Meeting Abstract, Surgical Video, and Late-Breaking Promissory Abstract Submission Instructions and Policies

You are invited to submit abstracts, surgical videos, and late-breaking promissory abstracts for the STS 57th Annual Meeting currently scheduled in Austin, Texas, January 30-February 2, 2021.

Submissions will be accepted until **Tuesday**, **August 11**, **2020**, **at 3:00 p.m. Central Daylight Time**. Accepted submissions will be presented at the STS 57th Annual Meeting as oral presentations, scientific e-posters, or surgical videos.

The STS Annual Meeting is a premier educational event, offering more translational science and activities than any other cardiothoracic surgery meeting in the world. Manuscripts corresponding to accepted oral and poster presentations are **required to be submitted for publication consideration in** *The Annals of Thoracic Surgery*, which has a circulation of more than 7,000. This makes the STS Annual Meeting the best forum for disseminating information related to the field of cardiothoracic surgery.

### **Submission Instructions:**

- To access the online abstract submission site go to <u>www.sts.org/abstracts</u>. You will need to log into the STS Web Portal with your username and password. If you have trouble logging in, contact STS Member Services at <u>membership@sts.org</u>.
- If you are a current or former STS member, or if you attended a prior STS Annual Meeting and provided STS with an email address, an account for you already exists.
- If you do not have an account, you will need to create one by clicking on the "Get Started" button located on the welcome screen to the right.
- Be sure to save your username and password for future use. You will need to enter this information each time you want to access the submission site.
- Email is the sole means of communication from STS regarding your abstract(s). Should any email address change prior to the STS Annual Meeting, please provide the updates to <u>education@sts.org</u>.
- Once you begin entering an abstract or surgical video, you have until **Tuesday**, **August 11**, **2020**, **at 3:00 p.m. Central Daylight Time** to submit your abstract and/or surgical video for review.
- Please check that the "Task List" page is complete with green check marks. Your abstract will not be reviewed unless all necessary information is provided.
- Please do not enter duplicate submissions if you have forgotten your username and password. STS staff can help; contact STS Member Services at <u>membership@sts.org</u> or 312-202-5800.
- Once you have completed the process and submitted your abstract or surgical video for review, you will receive an email confirmation. Please save this confirmation for your reference and use the abstract ID number in any correspondence you have with STS regarding your abstract and/or surgical video. If you do not receive an email confirmation, please contact STS at <a href="mailto:education@sts.org">education@sts.org</a>.

#### Submission Categories

For your submission, you are required to select one category (in bold below) and one corresponding subcategory. There is an option in the submission system to indicate whether or not your abstract relates to the COVID-19 pandemic.

## I. Adult Cardiac

- a. Aorta and Endovascular
- b. Aortic Valve (Open/Transcatheter)
- c. Atrial Fibrillation/Arrhythmia
- d. Basic Science Research
- e. Coronary Artery Disease
- f. End-Stage Heart Failure/Heart Transplantation/Extracorporeal Circulation/VADs
- g. Mitral Valve (Open/Transcatheter)
- h. Tricuspid Valve (Open/Transcatheter)
- i. Other/Novel Technologies

#### Congenital II.

- a. Adult Congenital Cardiac
- b. Basic Science Research
- c. Pediatric Congenital Cardiac
- d. Other

#### III. **General Thoracic**

- a. Airway/Pulmonary
- b. Basic Science Research
- c. End-Stage Lung Disease/Lung Transplantation
- d. Esophagus
- e. Mediastinum/Chest Wall/Rare Tumors
- f. Pulmonary Infection
- g. Other

#### IV. **Perioperative/Critical Care**

- a. Bleeding and Anti-Coagulation
- b. Cardiac Advanced Life Support (CALS)
- c. Checklists and Handoffs
- d. Employee Burnout
- e. Enhanced Recovery After Surgery (ERAS)
- f. Extracorporeal Membrane Oxygenation (ECMO)
- g. ICU Structure and Function
- h. PADIS Guidelines
- i. Palliative Care and Hospice
- j. Respiratory
- k. Sepsis
- l. Nutrition
- m. Post-Cardiotomy Shock
- n. Other
- V. Other
  - Quality Improvement a.
  - b. Cardiothoracic Surgical Education and Professional Development
  - Other c.

## Abstract and Surgical Video Submission Specifications (NOT Late Breaking):

Your abstract must conform to the following guidelines:

- Title case: Capitalize the first letter of each main word in the title; please do not enter information in all upper case or in quotation marks.
- Title length: No limit.
- Abstract maximum word length: • Purpose: 50 words Methods: 100 words Results: 150 words Conclusions: 50 words
- Spacing: Single space only. No double spacing permitted. No hard returns.
- Tables: Up to one (1) table allowed. The table cannot have more than five (5) columns of data.
  - Files should be in one of the following formats: .jpg, .tif, or .png. (PowerPoint, Excel, and Word 0 documents are not permitted.)
  - Images: Up to one (1) image allowed.
  - Images should be between 300 and 600 dpi at 3"x5".
  - o Files should be in one of the following formats: .jpg, .tif, or .png. (PowerPoint, Excel, and Word documents are not permitted.)
- Other:

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- There should be no reference to the institutions involved in the body of the text. 0
- Abstracts cannot contain product names; generic terms must be used when describing a single 0 product.

- The institution name, city, state, and email address information of the presenting author and all coauthors must be provided.
- When percentages are used, the absolute numbers of derivation must be stated.
- Each submission must include one multiple choice question that is associated with the content, along with four possible answers—one of which must be the correct answer, identified in the submission.
- Each submission requires three to four keywords relating to the abstract.
- Each submission requires a minimum of two bibliographic references related to the abstract.
- All abstracts must be structured using the following section headings, or they will not be accepted: <u>Purpose</u> - Include a brief statement on the intent of the study and the current state of research in the field. Specifically, describe the quality gap (limitation or problem) within the practice of cardiothoracic surgery that this research addresses.

<u>Methods</u> - The methods of the study or experimental approach should be clearly and briefly defined. <u>Results</u> - Provide a summary of the study findings, including sufficient details to support those conclusions. These may be presented in a brief table (no more than five columns of data). <u>Conclusions</u> - Include a statement concerning the significance of the work and its implications for further research. In what way might the results of this project supplement or inform clinical or research knowledge or strategies?

## **Surgical How To Video Specifications**

- An abstract must be submitted along with each surgical video submission.
- Information for all authors involved in the submission must be entered via the online submission process. The identity of the authors, institutions, and/or names of hospitals should be excluded from the actual video itself.
- The surgical video may not exceed 8 minutes in length or 100 MB.
- All surgical videos must be submitted in .mp4, .mov, .avi, or .wmv format. If you do not submit your video in one of these formats, it will not be forwarded for review.
- For purposes of review, sound should be included.
- If the surgical video is selected, live narration by the presenting author is required for participation in the program.

# Late-Breaking Abstract Submission Specifications

- Reserved for Phase I, II, or III clinical trials for which no preliminary data are available at the time of the abstract submission deadline of Tuesday, August 11, 2020, but are expected by Monday, December 14, 2020.
- If your promissory abstract is approved, the complete late-breaking abstract with results and conclusions must be submitted by Monday, December 14, 2020, at 3:00 p.m. CST.
- Abstracts must conform to the following guidelines:
  - Title case: Capitalize the first letter of each main word in the title; please do not enter information in all upper case or in quotation marks.
  - Title length: No limit.
  - Abstract maximum word length:
    - Purpose: 50 words
    - Methods: 100 words (Must include trial design and primary clinical endpoints.)
    - Results: Not required by the August 11, 2020 deadline.
    - Conclusions: Not required by the August 11, 2020 deadline.
- Tables: Up to one (1) table allowed. The table cannot have more than five (5) columns of data.
  - Files should be in one of the following formats: .jpg, .tif, or .eps. (PowerPoint, Excel, and Word documents are not permitted.)
- Images: Up to one (1) image allowed.
  - Images should be between 300 and 600 dpi at 3"x5" and in one of the following formats: .jpg, .tif, or .eps.

# Awards

The Society will once again offer the President's Award, which will be selected from abstracts submitted by residents or young investigators who have completed their cardiothoracic surgery training in the past 5 years. These abstracts will be assessed based on quality and potential impact on the field of cardiothoracic surgery. The President's Award recipient will be recognized at the Awards Presentation during the Tuesday General Session at the Annual Meeting.

The Thoracic Surgery Directors Association (TSDA) will once again offer the Benson R. Wilcox Resident Award. Potential award abstracts must represent original work by a cardiothoracic surgery resident enrolled in a US ACGME-accredited cardiothoracic surgery residency program at the time the research was conducted. General surgery residents and previous TSDA Wilcox Award recipients are not eligible. Residents enrolled in their first 4 years of a 4/3 track are not eligible to apply; residents enrolled in their last 3 years of a 4/3 track are eligible to apply. The resident must be the first author and abstract presenter. Those who wish to be considered for this award should check the designated box when applying through the online abstract submission system. Poster abstracts and surgical video submissions are not eligible for the Wilcox Award. Wilcox Award abstracts may be accepted for presentation in the STS Annual Meeting General Session or Parallel Sessions. The Wilcox Award recipient will be recognized at the TSDA General Session and the STS Awards Presentation.

### **Review Process**

To ensure fairness, abstracts are read and graded in a blinded fashion with no references to authors or institutions. The STS Annual Meeting scientific program will include oral presentations, scientific posters, and surgical videos. Submissions are reviewed by peer reviewers based on scientific merit, originality, and practice gaps identified. STS members have been selected by the Workforce on Annual Meeting Program Task Force to serve as reviewers for the STS 57th Annual Meeting.

### **Disclosure Information**

Conflict of interest and FDA disclosures are required before an abstract and/or surgical video will be accepted for consideration. If a potential conflict of interest exists, be sure to include the name of the organization/company and the nature of the potential conflict.

- Each author must submit her/his individual disclosure when completing the abstract submission.
- It is the responsibility of the submitting author to identify each coauthor on the abstract. Upon submission of the abstract, an email will be sent to each coauthor, who will then be responsible for logging into the abstract system to complete her/his individual disclosure.
- If commercial relationships information and FDA disclosures are not received from all coauthors by the abstract submission deadline (3:00 p.m., Central Daylight Time, on Tuesday, August 11, 2020), the abstract will not be considered for review.
- For live presentations, all relationships with commercial interests and FDA disclosures, as defined in the STS Disclosure Policy, must be stated orally to the audience at the beginning of each presentation. In addition, a slide at the beginning of the PowerPoint presentation must be used to reveal the nature of the disclosure(s). This commercial relationship and FDA disclosure information will be noted in published materials. Speakers are required to communicate that they have nothing to disclose, if that is the case.
- For scientific poster presentations, all relationships with commercial interests, as defined in the STS Disclosure Policy, must be displayed on each scientific poster along with any FDA disclosures. This disclosure information also will be provided in the STS mobile app.

## **Education Disclosure Policy**

As a sponsor of continuing medical education accredited by the Accreditation Council for Continuing Medical Education (ACCME), The Society of Thoracic Surgeons requires that any individual who is in a position to control the content of an educational activity must disclose all relationships with commercial interests (including known relationships of his or her immediate family, department, and partners). The ACCME defines a commercial interest as "any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests." The question of whether a disclosed conflict situation could represent undue influence on the educational activity by a commercial interest or whether the disclosed information is sufficient to consider an abstract, presentation, or other educational enduring material to represent potentially biased information must be resolved prior to an individual's

involvement in STS educational programming.

Required disclosures include (1) a financial interest of any amount (e.g., through ownership of stock, stock options, or bonds) (2) the receipt of any amount of cash, goods or services within the current 12-month period (e.g., through research grants, employment, consulting fees, royalties, travel, or gifts) or (3) a nonremunerative position of influence (e.g., as officer, director, trustee or public spokesperson). EXCLUDED from this disclosure requirement are blind trusts or other passive investments such as mutual funds. In the case of a financial or other relationship disclosure, the company, product/service, and specific nature of the relationship must be noted. Disclosure is mandatory for any person involved in the planning, management, presentation, and/or evaluation of STS educational activities.

Failure to disclose all relationships with commercial interests disqualifies the individual from being a planning committee member, a teacher, or an author of educational materials, and this individual cannot have any responsibility for the development, management, presentation, or evaluation of STS educational activities. This requirement is intended neither to imply any impropriety of such relationships nor to prejudice any individual planner, presenter, or author. It is merely to identify such relationships through full disclosure, and to allow STS to assess and resolve potential influences on the educational activity prior to the planning and implementation of an educational activity. If no relationships with commercial interests exist, the individual must indicate this on the disclosure form.

Additionally, the fact that the presentation, paper, or other educational product describes (a) the use of a device, product, or drug that is not FDA approved or (b) an off-label use of an approved device, product, or drug must also be disclosed. This requirement has been adopted in response to FDA policy and case law involving medical societies, and is not intended to prohibit or inhibit independent presentation or discussion regarding the uses of devices, products, and drugs as described in (a) or (b) above.

For live presentations, all disclosures must be stated orally and on a slide at the beginning of the presentation and will be noted in published material related to the activity. Slides, handouts, and other materials utilized as part of an educational activity cannot contain any advertising, trade names, or a product group message. Speakers are required to disclose that they have nothing to disclose if this is the case.

Amended by the STS Executive Committee: April 11, 2012

#### Withdrawal of an Abstract or Surgical Video

To withdraw an abstract or surgical video, the submitter until he/she becomes a presenter must notify STS in writing 60 days in advance of the Annual Meeting. Please email STS at <u>education@sts.org</u> and include the title of the abstract and/or surgical video and the abstract control number.

#### Abstract/Surgical Video Disposition Notification

At the time of submission, please ensure all author and coauthor email addresses are accurate as this is the only way that you can be contacted regarding the status of your abstract and/or surgical video submission(s).

On or after September 28, 2020, STS will send peer-reviewed selection results to the presenting author listed on the abstract via email only. Only the presenting author will be notified. We kindly ask that the presenting author communicate this information with all coauthors.

If you move to another location or change your email address, please contact STS at <u>education@sts.org</u> or 312-202-5800 to update your contact information.

#### The Society of Thoracic Surgeons Policy on STS Annual Meeting For Submitters, Presenters, and Moderators

### **Abstract and Surgical Video Submissions**

- Abstracts and surgical videos chosen for presentation are selected at the discretion of the Workforce on Annual Meeting to create a fair and balanced program.
- For any submitted abstract or surgical video, each co-author must complete his or her disclosure information in the Society's online submission system. The abstract or surgical video will not be reviewed or considered for acceptance unless and until all authors have completed their disclosures.
- Only electronic abstracts submitted using the Society's online submission system will be considered for presentation.
- Only authors (and not their assistants or other proxies) may complete submissions; authors will be responsible for the information provided via the online submission system.
- The submitting author must attest that (a) all co-authors of the abstract have granted consent for the material to be submitted for presentation, and (b) that the submitting author has been granted the right by all co-authors to act on their behalf.
- STS reserves the right to withdraw any abstract and/or surgical video from consideration or acceptance at any time.
- In the event that a change of presenter must be made after the submission of the abstract, the replacement must be a co-author of the content in question, and STS must be notified in writing of the change.
- Once an abstract and/or surgical video has been accepted, additional authors may not be added.
- If an abstract is not accepted as an oral presentation, it may be accepted as a scientific poster instead. The final determination on presentation format is at the discretion of the Workforce on Annual Meeting.
- Presenting authors for each abstract (oral and poster) and/or surgical video must attend and be able to present in person during the STS Annual Meeting (or via the virtual platform required by STS, if the Society determines that in person presentations will not take place and a virtual presentation will be used instead). In the event of extenuating circumstances in which STS requires in-person presentations but a presenter is unable to attend the Annual Meeting and is also unable to secure a co-author to present on his or her behalf, the presenter may submit a written request to the Chair of the Workforce on Annual Meeting for permission to make a virtual presentation.
- Unless it is submitted as a late-breaking promissory abstract, no abstract that contains deferred outcomes data will be considered for program inclusion. If data are to be presented, they must appear in summary form from within the original abstract submitted. If there are any questions regarding changes in data after the abstract has been submitted, it is the responsibility of the presenting author to notify STS of this by e-mail at education@sts.org.

## Required Submission to The Annals of Thoracic Surgery

• For each abstract that is presented orally or as a scientific poster during the STS Annual Meeting, a corresponding manuscript must also be submitted to *The Annals of Thoracic Surgery* for publication consideration before or at the time of the meeting. Authors must submit manuscripts separately via *The Annals* manuscript submission system (www.editorialmanager.com/annals). All manuscripts shall become the property of the Society. Publication of all manuscripts in *The Annals of Thoracic Surgery* is not assured. If a manuscript is not submitted to *The Annals* prior to or at the time of the STS Annual Meeting, a 2-year period of ineligibility for participation in the STS Annual Meeting will be imposed upon each author of that manuscript. The Editor of *The Annals* – at his or her sole discretion – may provide the author(s) with an extension of time in which to submit the manuscript when unusual circumstances are presented. The same 2-year sanction rules apply to each abstract returned for revision that is not resubmitted within 12 months of the request for the revision. Notwithstanding the foregoing, in unusual circumstances the STS Board of Directors or Executive Committee may waive the requirement that authors of an abstract accepted for presentation at the STS Annual Meeting submit a corresponding manuscript to *The Annals of Thoracic Surgery* for publication consideration. Requests for such waivers must be submitted in writing to the STS Secretary, and may be granted subject to certain terms and conditions.

- Only unpublished work that has not previously been presented is allowed. The submitting author must attest that the material has not been presented or published elsewhere, will not be presented or published after submission and prior to notification of acceptance or rejection, will not be presented elsewhere if accepted for the scientific program, and subject to any waiver granted pursuant to the terms of this policy will not be published elsewhere if accepted for published elsewhere if accepted for publication in *The Annals of Thoracic Surgery*.
- If there is any conceivable question regarding similarity to earlier work or possible duplication or redundancy (whether compared to previously or prospectively presented or published material), it is the responsibility of the presenting author to consult directly with the Chair of the Workforce on Annual Meeting. If there is a potential conflict with an abstract or surgical video already presented or published, authors must notify STS by email (education@sts.org) of the conflict at the time of submission. Failure to comply will result in the abstract being rejected.

# Financial Disclosure and Conflicts of Interest

- Conflicts of Interest and FDA disclosures are required before any presenter/moderator will be allowed to present.
- Every presenter/moderator must submit to STS his/her individual disclosure.
- Presentations should not promote any health care device, drug, other product or service. If the presenter/moderator has any relationship posing a conflict of interest or potential conflict of interest relevant to a session during which they are presenting or moderating, he or she may not make any recommendations regarding relevant products or services as part of that session.

## Slide Presentation Requirements

- All presentations must be submitted and presented in English.
- The first slide (after title slide) must show all required disclosure information.
- Slides, handouts, and other materials utilized as part of an educational activity cannot contain any advertising, trade name, product group message, corporate logos, clinical trial logos, or logos of other meetings, or contain any copyrighted material for which the speaker has not obtained permission in writing for the use thereof in their presentation and provided a copy of such written permission to STS.
- The names of commercial products cannot be used unless the failure to do so would present a patient safety issue.
- No patient identifying information can be visible within presentation materials (e.g., no names in echo scans, CT scans, or X-rays, and no photos of patients' faces or identifying marks).

## Additional Policies for Presenters and Moderators

- Industry is not allowed to perform data analysis or present abstracts, surgical videos, or scientific posters.
- Presenters/moderators are responsible for ensuring that the content being presented at the Annual Meeting is not duplicative and does not violate another organization's publication guidelines and conditions.
- Presenters/Moderators are responsible for ensuring that the content presented is accurate and not misleading. All presentations must be based upon the best available evidence.
- Presented content should not include political or religious commentary, and all presentation content, including that which is displayed on the slide as well as verbally conveyed, must be professional and appropriate. Content that contains bullying, disrespectful language or images, or other material of an explicit and/or demeaning nature is unacceptable. All content should meet the Society's values of diversity, equity, and inclusion.
- STS reserves the right to require modification or removal of content that does not comply with STS policies, and any such determination shall be final.

#### **Potential Discipline**

Failure to comply with these policies may result in the potential loss of privileges for future meeting participation, including but not limited to a 2-year period of ineligibility for planning or presenting at the Annual Meeting and/or other Society educational activities. Violation of this policy by members of the Society may also result in the matter being referred to the STS Standards and Ethics Committee for possible disciplinary action.

Approved by the STS Executive Committee (June 24, 2020)