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Christopher Tasik

65 High Ridge Road, PMB 275

Stamford 06905

T: 203-674-0747 - F: 203-621-3023

www.ctacs.org
 CTACS_PA

2020 Call for Abstracts

August 2020

Dear Surgical Colleague:

The Annual Meeting of the Connecticut Chapter of the American College of Surgeons will be held on **Friday, October 30th**. ***Chapter leadership has decided to make the 2020 meeting virtual to help protect the health and safety of the surgical community and our patients.***

More information will be forthcoming but it is expected that the Resident Paper Competitions will be held on Tuesday October 27th and Wednesday October 28th in the late afternoon or evening. Final times will be determined once we have all the papers in hand and the competitions spaced out. The 1st place papers from all categories will be presented again on Friday October 30th in the morning as part of the online Chapter meeting.

We encourage you to plan to attend the entire Annual Meeting online on the 30th. We expect it will run from 9am to 12:30pm.

All abstracts must be submitted in written format consistent with what we have done in past years and within the guidelines specified in this document. When you receive notification of your acceptance, we will include guidelines to submit your research via a pre-recorded video presentation. You will be required to be present at the online competition when your abstract is played so that you can answer questions from the Judge and audience.

Paper Competitions

We accept submissions for the following competitions:

- John MacArthur, MD, FACS Trauma/Critical Care* - *Hosted by the CT Committee on Trauma*
See separate rules for this competition in the guidelines.
- Clinical Oncology - *Hosted by the CT Commission on Cancer*
- Sultan Ahamed, MD, FACS General Surgery - *Hosted by the CTACSPA*
- Plastic & Reconstructive Surgery- *Hosted by the CTACSPA*
- Surgical Subspecialties - *Hosted by the CTACSPA*
- Surgical Quality, NSQIP and ERAS - *Hosted by the CT Surgical Quality Collaborative*
- Bariatric and Metabolic Surgery - *Hosted by the CT Chapter of the American Society for Metabolic and Bariatric Surgery*
- Medical Student Research Competition- *Hosted by the CTACSPA*
**The winner of the Trauma competition will be competing in the COT Region One Resident Paper Competition*

We are pleased to announce that we will again have a **Medical Student Research Paper Competition** this year. It will follow the same presentation format rules as below and the same procedures as the resident paper competition. We ask that you submit papers focused on the surgical sciences. Prize(s) will be awarded based on the total number of submissions.

The Connecticut Commission on Cancer is pleased to announce that the winning paper from the Clinical Oncology competition will be submitted to the ACS Commission on Cancer's national competition. The author of the first-place abstract in the ACS-CoC Research Competition will receive a plaque and cash award of \$1,000, travel expenses to Clinical Congress with the opportunity to make a presentation on their research to the Annual Meeting of the Commission on Cancer. The authors of the second and third place winning abstracts will receive a cash award of \$500, and an invitation to present a poster presentation of their research during the Annual Meeting of the Commission on Cancer.

Acceptance Policies

Papers will be reviewed for acceptance in all sessions for all categories by the Chapter. Final decisions regarding placement will be made by the CTACSPA Program Committee. All submissions must conform to the procedures outlined in the submission template and on the submission website. Prizes will be awarded for the best presentations of the meeting.

Any unpublished work that has previously been presented at national or regional meetings is eligible. Presentation at our meeting may preclude future presentation at upcoming meetings depending on the individual societal rules.

Presentations are 7 minutes long followed by 3 minutes for questions and answers. The abstract must describe work performed during residency or research training or by a medical student or a physician assistant and should indicate the mentor and institution where the work was performed.

Deadlines

All abstracts are submitted at <http://www.ctacs.org>

Submission Start Date: August 21, 2020

Submission Deadline: **5pm** Thursday, September 3, 2020

Acceptance Notification: End of day - Wednesday, September 23, 2020 – by email and online

Presentation Deadline: 5PM Wednesday, October 21, 2020

Authors of all accepted papers will be required to comply with the Chapter's CME Conflict of Interest disclosure policy or risk the removal of your paper from the competition.

We encourage you to attend the Chapter's business meeting to learn more about how your Chapter is run and join us for the compelling guest lectures we will be presenting. No matter where your surgical career takes you, there is a local College chapter to help you.

Thank you for your continued support of the Connecticut Chapter of the American College of Surgeons Professional Association and look forward to seeing you online Friday, October 30th!

Sincerely,

Alan Meinke, MD, FACS

Alan Meinke, MD, FACS
President,

Felix Lui, MD, FACS

Felix Lui, MD, FACS
President-elect

2020 Annual Meeting Program Committee

Felix Lui, MD, FACS, Yale School of Medicine, New Haven, CT

Alan Meinke, MD, FACS, Nuvance Health – Norwalk Hospital Campus, Norwalk, CT

David Shapiro, MD, FACS, St. Francis Hospital, Hartford, CT

Christine VanCott, MD, FACS, St. Vincent's Medical Center, Bridgeport, CT



ABSTRACT SUBMISSION GUIDELINES SUMMARY

DEADLINE:

All submissions of abstracts for all competitions must be received on or before 5:00 PM on **Thursday, September 3, 2020.**

All abstracts must be submitted in MS-Word (Macintosh files will not be accepted) adhering to the guidelines outlined below, including fonts and type size. Please go to www.ctacs.org after August 14 to submit your paper. Contact Christopher Tasik at 203-674-0747 or info@ctacs.org with questions.

OVERALL FORMATTING INSTRUCTIONS

The abstract should clearly state the reason for doing the study, the exact results obtained, and the conclusions reached. Vague descriptions and promises to explain the importance of the work should not be included. Submission of an abstract that deals with experimentation on humans or animals implies that the authors adhere to the federal and institutional guidelines dealing with human or animal experimentation and that the appropriate approval has been granted from the institutions review committees.

Notification of Acceptance/Rejection & Oral Presentation Guidelines

Authors will be notified of abstract acceptance *no later than* end of day on Wednesday, September 23, 2020 by email and online at www.ctacs.org

If your abstracted is selected for presentation you will be required to submit a 7 minute or shorter video which will be played during the competition. It can be a PowerPoint with an audio track or a single slide visual abstract. Showing your face as you are speaking is optional. Specific details to follow with acceptance notifications.

Submission Guidelines – PLEASE follow exactly

Trauma Competition ONLY

- The abstract should be no more than three pages and provide adequate information and objective data to evaluate the abstract properly.
- The abstract should be submitted electronically, preferably as a Word document. It is permissible to single space the abstract. Charts and graphs may be embedded in the document as .jpeg files.
- The paper must have a title page (not included in the page count) that includes the principal author's name, the title of the abstract, the author's institution, the author's preferred mailing address, telephone number, and e-mail address. (Please use the ACS title page template (<https://bit.ly/COTtemp>). Template also available at www.ctacs.org)
- The first page of the abstract must include the full title of the abstract and full name of the principal author with academic degrees listed.



ALL Other Competition Categories

- Abstracts are limited to one page at a minimum 11pt font, including title box, charts, tables and photographs (B&W) and must be submitted using the template at <https://bit.ly/TemplateCT> or download from www.ctacs.org
- Imbed all charts, tables, and photographs. Do not link them.

Rules that APPLY to ALL Submissions for ALL Competitions

- **Reduce all photos to 72dpi** prior to or after imbedding them in MS-WORD.
<https://support.office.com/en-us/article/Reduce-the-file-size-of-a-picture-8db7211c-d958-457c-babd-194109eb9535>
- **Save your abstract file using the following naming convention:**
Author's Last Name and First 15-20 Characters of Title
For example, if your name is Samantha Smith and your paper is New Laparoscopic Surgery Techniques you would save your files as **"Smith New Laparoscopic"**

ALL abstracts should have the following information and sections.

[Title: Title of Paper Use "Title" Case, i.e. This is the Title of my Paper]

[Author(s) Name(s):]

[Institution:]

Introduction: [state the reason for doing the study]

Method(s): [state the methods you employed]

Results: [state the exact results you obtained]

Conclusion(s): [state the conclusions you reached]

(Please see next page for a properly formatted abstract to use as a model/template or download the template at <https://bit.ly/TemplateCT>)

Thank you and good luck!

Sample of a properly formatted submission. Please follow this exactly.

American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) Supports the Use of an Early Warning System in Identifying Postoperative Patients at Risk for 30-day Occurrences

Bruna Babic MD, Sharon Weintraub MD, MPH, FACS, Christine Bartus MD, FACS, FASCRS, Rekha Singh MD FACS

Introduction: Hospitalized patients may experience clinical deterioration which, if recognized in a timely fashion, can be acted upon to mitigate potential morbidity and mortality. Early Warning System (EWS) (Cerner Millennium®) is an evidence-based Electronic Medical Record (EMR) screening tool which triggers alerts based upon physiologic or laboratory abnormalities reflective of SIRS or organ dysfunction. ACSNSQIP is used to measure and improve quality of care in surgical patients. We hypothesize that postoperative EWS alert correlates with 30-day occurrences in our NSQIP database.

Method(s): A single institution new to NSQIP (9/2013) examined data prospectively for the period 9/23/2013 to 12/10/2013. EMR data for this period identified EWS alerts. Records of postoperative patients generating an alert (EWS+) were compared to those with no alert (EWS-), and 30-day outcomes were examined for both groups. Categorical data was analyzed using Fisher’s Exact test, and continuous data was analyzed using Student t test.

Results: All NSQIP cases for the study period were included (n=365), with 48 patients having 1 or more occurrences at 30 days, and 20 patients generating one or more postoperative EWS alerts during this period. There was no difference in patient characteristics (age, gender, ASA class, elective vs. emergency surgery) between the EWS+ and EWS– groups. EWS+ was positively associated with NSQIP reportable occurrences (p<.0001).

Conclusions: Using our early experience with NSQIP, we found that EWS identified postoperative patients at risk for 30-day occurrences. Integration of NSQIP and EWS may drive process improvement, leading to better postoperative outcomes.

	EWS+	EWS-	Total	Fishers		EWS+ Expected	EWS- Expected
OCCURRENCE +	13	35	48	<i>p 2-Tail</i>	2.86E-08	2.630136986	45.36986301
OCCURRENCE -	7	310	317	Chi-Sq	49.80515	17.36986301	299.630137
Total	20	345	365	<i>p</i>	1.7E-12		