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2025 Call for Abstracts

Summer 2025

Dear Surgical Colleague:

The Annual Meeting of the Connecticut Chapter of the American College of Surgeons will be held on **Friday, October 17th** at the Trumbull Marriott in Trumbull, CT.

Resident and medical student papers will be presented in the morning. We encourage you to spend the entire day at the Annual Meeting and to participate in both the afternoon resident lectures and the Surgical Skills Competition. **All** residents are welcome and encouraged to attend **all** sessions.

Paper Competitions
We accept submissions in the following areas of clinical study:

- Trauma/Critical Care* - *Sponsored by the CT Committee on Trauma*
  See separate rules below for this competition.
- Clinical Oncology - *Sponsored by the CT Commission on Cancer*
  See information below for this competition.
- General Surgery - *Sponsored by the CTACSPA*
- Plastic & Reconstructive Surgery - *Sponsored by the CTACSPA*
- Surgical Subspecialties- *Sponsored by the CTACSPA*
- Pediatric Surgery - *Sponsored by the CTACSPA*
- Surgical Quality, NSQIP and ERAS - *Sponsored by the CT Surgical Quality Collaborative*
- Metabolic and Bariatric Surgery - - *Sponsored by the CT Chapter of the American Society of Metabolic and Bariatric Surgery*
- Medical Student Research Competition - *limited to surgical sciences*
  **The winner of the Trauma competition will be competing in the COT Region One Resident Paper Competition at the Fairmont Copley Hotel in Boston in November.*

Prize(s) for all competition sessions will be awarded based on the total number of submissions.

The abstract must describe work performed during residency or research training. Papers submitted by a medical student, or a physician assistant, are also accepted. All submissions should indicate the mentor and institution where the work was performed.

The program committee reserves the right to add a Quick Shots or any other sections and recategorize papers at its discretion.

Any unpublished work that has previously been presented at national or regional meetings is eligible.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.

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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 at the meeting.

Deadlines

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

Submission Start Date:	August 20, 2025
Submission Deadline:	**Midnight** Wednesday, September 3, 2025
Acceptance Notification:	End of day - Friday, September 26, 2025 – by email and online
Presentation Deadline:	5PM Wednesday, October 9, 2025

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

We encourage you to attend the Chapter's business meeting to learn more about your Chapter. No matter where your surgical career takes you, there will be a local College chapter there to help you and hopefully you will choose to help lead it forward.

The meeting features lectures on topics of interest to surgeons **and special resident and medical student focused lectures**. We encourage you to join us for the entire day to take advantage of this excellent program.

We thank you for your continued support of the Connecticut Chapter of the American College of Surgeons Professional Association and look forward to seeing you at the Annual Meeting!

Sincerely,

Shawna Kettyle, MD, FACS

Shawna Kettyle, MD, FACS
Vice President, Annual Meeting

2025 Annual Meeting Program Committee

**Denise Barajas, MD, FACS, Griffin Health, Derby, CT*
Royd Fukumoto, MD, FACS, Nuvance Health, Danbury, CT
**Krishan Patel, MD, FACS, Nuvance Health, Danbury, CT*
David Shapiro, MD, FACS, St. Francis Hospital, Hartford
Christopher Tasik, CTASCPA
**Surgical Skills Co-Chairs*

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ABSTRACT SUBMISSION GUIDELINES

DEADLINE: All submissions of abstracts for all competitions must be received on or before midnight on **Wednesday, September 3, 2025.**

All abstracts must be submitted in MS-Word (**Mac and PDF files will not be accepted**) adhering to the guidelines outlined below, including fonts and type size.
Contact Christopher Tasik at 203-674-0747 or info@ctacs.org with questions.

OVERALL FORMATTING INSTRUCTIONS – please follow closely and USE OUR TEMPLATE

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. The 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 by the institution's review committees.

Notification of Acceptance/Rejection & Oral Presentation Guidelines

Authors will be notified of abstract acceptance *no later than* end of day Friday, September 26, 2025, by email and online at www.ctacs.org

The Chapter requires you to submit your PowerPoint presentation to us by 5PM on Wednesday, October 9, 2025, or your paper will be ineligible for presentation.

We will do everything in our power to get notifications out earlier. *If you **make the effort** to conform to the submission template and instructions, it makes it much easier to process papers and notify you.*

- Presentations must conform to the time length specified for your session or you will be cut short by the moderator to allow the program to run on time.
- An LCD video projector and a laptop will be provided. You are not permitted to present using your own equipment, nor can you make any changes to your presentation once it is submitted.

Submission Rules – PLEASE follow them exactly – these are not suggestions.

Commission on Cancer Competition

The CT Commission on Cancer will submit the winning abstract to the College for the 2025 ACS Cancer Research Competition. Click here for details about the 2025 Competition. We expect 2025 to be similar. Your paper must either be Basic Science or Clinical Research to be considered for the national competition. Use the Chapter Template to submit your paper.

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Trauma Competition

- The Connecticut Committee on Trauma participates in the national COT Trauma competition. The first prize winner will present at the New England Regional Trauma Competition in Boston in November.
- For full Trauma Competition details click here – you **MUST** read these if you submit a Trauma paper
- Download Abstract Template here - you **MUST** use this if you submit a Trauma paper.
- 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 COT Annual Meeting (Central competition), abstracts submitted may have been previously presented but not published as full papers in any peer-reviewed journal before March 30, 2025.
- The one-page abstracts should describe original research in any aspect of trauma care.
- The topics must be categorized as either: basic laboratory research or clinical investigation (as applicable) in the template.

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 this template.
- 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.
  How to Reduce File Size in Powerpoint
- **Save your abstract file using the following naming convention**:
  Author's Last Name and First 10-15 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**"

Formatting Your Abstract

All abstracts must have the following sections: Title, Author(s) Names, Institution(s), 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]

The use of this template is MANDATORY → Template download

Please see the next page for a properly formatted abstract to use as a model.

Thank you and good luck!

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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 (9/2011) examined data prospectively for the period 9/23/2011 to 12/10/2011. 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 +	11	35	48	*p 2-Tail*	2.86E-08		2.630116986	45.36986301
OCCURRENCE -	7	310	317	Chi-Sq	49.80515		17.36986301	299.630117
Total	20	345	365	*p*	1.7E-12			