

# Abstract Rules & Regulations

## Overview

1. **Deadline:** Abstracts may be submitted until Tuesday, July 5, 2016, 5:00 PM Pacific Time US.
2. **Payment:** There is no charge for submission.
3. **Prior Publication Policy:**
  - a. ACP policy allows for the submission of abstracts that have been presented at other educational activities
  - b. However, abstracts presented at the ACP meeting must be original work and not have been published elsewhere
4. **Editing Abstract Submissions:** Until the Abstract Submission Deadline on Wednesday, June 15, 2016 submitting (contact) authors will be able to return to the site to edit their abstract. NO REVISIONS will be allowed once the site closes on Tuesday, July 5, 2016, 2016 5:00 PM Pacific time (US). Authors cannot be added or the order rearranged after this deadline.
5. **Co-Author Review:** The submitting author (contact) is responsible for ensuring that ALL co-authors complete their Disclosure of Financial Interest, review the abstract and attest to the Agreement prior to finalizing the submission. Confirmation of abstract acceptance or rejection will be emailed to all co-authors listed on the abstract. Failure to obtain permission to publish from co-authors may result in abstract rejection.
6. **Meeting Registration and Attendance:**
  - a. Upon submission, the presenting author of the abstract agrees to register and attend ACP2016 to validate the abstract.
  - b. Online registration, PDF registration forms and program information are available at ACP2016.org.
  - c. To receive registration forms by mail, contact the ACP by phone (1.510.346.6800 or email [meetings@acpmail.org](mailto:meetings@acpmail.org)).
7. **Authorship:** Authorship on multiple abstracts is permitted. All authors will be asked to provide name, institution and disclosure information.
8. **Abstract Format:** Introduction, Objective/Purpose, Method, Result, Conclusion, References
9. **Abstract Graphics:** All lettering/symbols/lines should be clear and distinct. References are not required, but recommended. For uploaded images, the preferred files types are: TIFF, JPEG and PSD. Files should not exceed 20 MB.
10. **Abstract Tables:** Tables can be copy and pasted into the system from other applications, such as Excel or Word.
11. **Abstract Grading:**
  - a. Abstracts are reviewed, graded, and accepted/rejected by the Annual Meeting Abstract Review Committee.
  - b. Approximately 10% of the top-scoring abstracts from each category are selected for oral sessions. The number of oral session allocations is determined by available space and the number of abstract presenters requesting oral presentation in each category.
  - c. The remaining accepted abstracts are scheduled for poster presentation sessions. Top-scoring abstracts selected for poster presentation may also be invited to participate in poster preview sessions.
12. **Abstract Publication:** Abstracts will be published as a supplement to Phlebology Journal. Only those physically present, as an oral presentation or as a poster, at the ACP 2016 Annual Congress will be accepted for publication. Those not present at Congress will not be approved for publication.
13. **Abstract Awards:**
  - a. Those wishing to be considered for an award MUST meet the qualifications described on the Awards
  - b. Applicants must be the first author AND the presenting author to be considered for ANY ACP award.

# Abstract Rules & Regulations

- c. Preference for certain awards and travel scholarships will be given to first-time trainee presenters.
14. Abstract Withdrawal: Abstracts may be withdrawn by sending an email to Sue Alexander, Director of Meetings and Events, at [salexander@acpmail.org](mailto:salexander@acpmail.org).
  - a. Include your submission confirmation number no later than Tuesday, July 5, 2016.
  - b. Withdrawal request must be submitted by the submitting (contact) author.
15. Rescheduling: Abstract presentations will be scheduled by the Annual Congress Planning Committee. Presenting authors will NOT be allowed to reschedule their presentations except for religious reasons. Failure to comply with any of the above rules may lead to an abstract being rejected by the Annual Congress Planning Committee. Gross violation of research or publication ethics may result in an author's exclusion from future abstract submission.

## Contacts

Sue Alexander, Director of Meetings and Events  
([meetings@acpmail.org](mailto:meetings@acpmail.org))

Stephen Moss, Director of Continuing Medical Education  
([education@acpmail.org](mailto:education@acpmail.org)).

Authors should review the following information prior to submitting their abstract(s).

All abstracts must be submitted electronically by 5 p.m. Pacific time on Tuesday, July 5, 2016. Submission of an abstract for consideration by the ACP Program Committee carries with it an implicit obligation that, if accepted, you will present the abstract at the meeting (between 11/4/2016 and 11/6/2016). Declining the invitation to present may adversely affect future submissions to the ACP.

## Submission Information

### Abstract Title

An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the investigation. Please do not include author(s) names or trade names in the title.

### Presentation Preference and Category

Please indicate your format preference in the electronic submission system. Participants can submit an abstract under one of the following formats:

- Abstract (10 minute oral presentation with slides)
- Poster Presentation

### Author and Submitter Information

Include all Authors' names, titles and professional affiliations or organizations. Provide the submitter's full contact details in the specified area of the online screen.

Note: The submitter (such as an assistant) does not need to be one of the authors, although frequently they are one in the same page.

Applicant must be listed as such at the time of abstract submission.

The American College of Phlebology supports fair and unbiased participation of our speakers in our educational interventions. As such, the ACP has implemented a mechanism to identify and resolve any conflicts of interest prior to the start of an activity. Disclosure of financial relationships or the lack thereof will be made prior to the start of the activity.

Disclosure of all financial relationships with ACCME-defined commercial interests within the last 12 months is required by all abstract authors and their spouses/partners. Please note this includes:

- The name of the commercial interest
- What role the individual held (e.g. consultant, speakers' bureau, patent, ownership interest, etc.)

ACCME definitions relevant to authors of abstracts presented at CME-certified activities, including disclosure

# Abstract Rules & Regulations

of financial relationships, commercial interests, and conflicts of interest can be found at [http://www.accme.org/sites/default/files/11\\_20140408\\_Glossary\\_of\\_Terms.pdf](http://www.accme.org/sites/default/files/11_20140408_Glossary_of_Terms.pdf).

Full and complete disclosure for EVERY author must be submitted with each abstract. Co-authors must complete his/her own disclosure information by logging into the online system before the abstract may be final.

Failure to provide disclosure information will result in disqualification from participation in the educational activity. This requirement is intended to identify financial relationships that may create a conflict of interest, and to allow the ACP to assess and resolve potential conflicts of interests prior to the start of the educational activity.

Some conflicts of interest cannot be resolved, including but not limited to an author who has a financial relationship with a commercial interest and is presenting on the business lines of that particular commercial interest. For example, if an author has a financial relationship with a commercial interest that produces a compression device it would be considered an irreconcilable conflict of interest for that individual to present on compression devices. In that or similar situations an abstract could not be accepted for inclusion in ACP's CME activity. Additionally, ACP prohibits employees of commercial interest from participating in its CME activities in any capacity.

## Abstract Format

Abstracts should use the Introduction, Objective/Purpose, Method, Result, Conclusion format. Each category is limited by the number of characters (to include all spaces and punctuation)

1. Title: (limited to 300 characters)
2. Introduction: (limited to 500 characters)
3. Objectives and/or Purpose (limited to 1,000 characters): A precise statement of the primary objective(s) or purpose of the study/study question; we recommend at least three objectives in a numbered format, starting with a verb (i.e., Use, Implement, Integrate, Perform, etc.).
4. Methods (limited to 10,000 characters): Summarize

the following:

- Study Design
  - Year(s)/Month(s) Study Conducted
  - Disease/Condition Studied
  - Subjects Studied
  - Setting in Which Subjects Studied
  - Intervention(s)
  - Outcome Measurement(s)
  - Independent Variables
  - Preliminary Analyses (Analysis of Ongoing Study)
5. Results (limited to 1,000 characters): State the main outcome(s) of the study, including confidence levels or P values.
  6. Conclusion (limited to 1,000 characters): A precise statement of conclusion(s) directly supported by the results, giving equal emphasis to positive and negative scientific findings.

## Abstract Categories

1. BASIC VENOUS AND LYMPHATIC SCIENCE
2. CHRONIC VENOUS INSUFFICIENCY AND VENOUS ULCERATION
3. COMPRESSION THERAPY
4. DEEP VENOUS THROMBOSIS
5. LYMPHEDEMA
6. PELVIC VENOUS DISEASE - REFLUX & OBSTRUCTION
7. SCIENTIFIC REPORTING
  - ACP Pro-Vein Registry Reports
  - Quality of Life Assessments
  - Outcomes Reporting
  - Technological Advances
8. SUPERFICIAL VENOUS INTERVENTION
  - Venous Ablation
  - Sclerotherapy
  - Miscellaneous
9. TECHNOLOGICAL ADVANCES
10. VENOTONIC DRUGS

# Abstract Rules & Regulations

11. VENOUS DIAGNOSTICS

12. VENOUS MALFORMATIONS

## Abstract Text

All abstracts must be in English. Standard abbreviations may be used without definition. Nonstandard abbreviations (please keep to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated. Abstracts should be no longer than 250 words in length. Abstracts longer than 250 words will be truncated and given a lower ranking. To ensure educational quality and ease of comprehension, abstracts selected for oral presentation must be related in conversational English. Those in need of a translator may do so but are responsible to confirm said translator is capable of responding to live audience questions in an accurate and timely manner. Failure to do so is not in keeping with the academic standards of presentation and may result in sanctions by the ACP Program Committee. Your consideration and compliance with this expectation is appreciated.

Special Note: DO NOT place the author(s) or presenter(s) name(s) or any affiliations within the text of your abstract. This will be linked to the author information via the screens you will fill in during the submission process, and it will be printed with full author acknowledgement based on those screens. Omitting author information in the abstract text allows your abstract to be reviewed in a blinded fashion. Placing author information in the text will delay processing of your abstract and may prevent its timely review.

All authors must indicate whether or not his/her abstract is about a specific product, medication or device. All orally presented abstracts will be designated for *AMA PRA Category 1 Credit*<sup>™</sup> and must comply with the ACCME's (Accreditation Council for Continuing Medical Education) Accreditation Criteria, and the Standards for Commercial Support<sup>SM</sup>. Abstracts must be free from commercial bias and should include generic terms instead of trade names for both drugs and devices. If generic terms are not widely known examples of multiple trade names should be presented to maintain fair balance.

## Multiple Abstracts

Multiple, different, co-authored abstracts may be submitted for review.

## Informed Consent

Any studies involving human subjects must conform to the principles of the Declaration of Helsinki of the World Medical Association (Clinical Research 1996: 14:103) and must meet all of the requirements governing informed consent of the country in which the study was performed.

## Unlabeled and Unapproved Uses

Abstracts that include information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly state the unlabeled indications or the investigational nature of their proposed uses within the body of the abstract in addition to other required disclosures as outlined below.

## Statement of off-label use MUST be given

1. within body of abstract, and
2. written disclosure during presentation

## Other Guidelines

- Investigators should not submit the same research more than once. Abstracts that appear to be replicated versions of a single study will be rejected.
- All abstracts are disclosed to members of the review selection committee as well as ACP employees and contractors as necessary in connection with the Scientific Session. Abstracts accepted for oral presentation may be published and made available on the ACP website in advance of the meeting.
- Notwithstanding these policies and procedures, the ACP is not subject to any confidentiality requirements with respect to submitted abstracts. In addition, compliance with any disclosure or nondisclosure requirements that apply to researchers or research sponsors (whether under federal securities laws, contract agreement, or otherwise) is the sole

# Abstract Rules & Regulations

responsibility of the researcher and/or sponsor, and not the American College of Phlebology.

- Any abstract author who agrees to present his/her abstract must present the accepted abstract and must present only the material described in the abstract.

## Publication

Please note that all abstracts selected for oral presentation in the Program may be recorded for re-purposing in future educational content. You must agree to this stipulation by checking the appropriate check box in the online forms in order to be considered for selection. Oral abstracts also will be published as a supplement to Phlebology Journal.

Validation of Clinical Recommendations in Accredited CME According to the American Medical Association (AMA), continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. (HOD policy #300.988)

All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

## Selection Information

Judging and Selection Process Due to limited time and space, not all submissions will be accepted for oral presentation. Submissions will be judged in a blinded fashion on: Originality, Scientific Merit, Importance to Phlebology, and Conclusions.

Those with highest marks will be selected to present a balanced program. NOTE: Abstract presenters will be required to register for the 30th Annual Congress and will not receive any monetary support for their participation.

## Blind Scoring

For purposes of blind scoring, author and institutional names must be omitted in the title and body of the abstract. Abstract graders will be opted out of scoring for a particular abstract if a conflict of interest exists.

## Criteria

The following are the criteria used to rank abstracts for presentation at the 30th Annual Congress:

**Statistical Scoring & Analysis** - Studies that involve large numbers of patients or data points will have a greater statistical score. As such, an abstract based on a large series will receive a higher ranking than one based on a smaller series. In addition, appropriate statistical analysis should be performed on the data and presented within the text of the abstract. Abstracts lacking any statistical analysis will be downgraded in the scoring process.

**Study Design** - A well designed study increases the value and validity of the data presented. Therefore, a better designed study will receive a higher score during the evaluation process. Listed below are several study design types in ascending order.

1. A case report: A doctor's detailed account of a patient with a medical complaint or illness. Several such reports of patients with like symptoms constitute a case series.
2. An observational study observes and reports patient outcomes without offering any treatment or intervention. Observational research includes case-control and cohort studies.
  - A case-control study compares data on a group of people who have a particular condition (the cases) with data on people who don't (the controls). Correlations may suggest a stronger connection than exists between two unrelated sets of data.
  - A cohort study follows a group of people (a

# Abstract Rules & Regulations

cohort) who have a particular condition or receive a prescribed treatment over a period of time, comparing outcomes for that group with those for similar people who lack the condition or don't take the treatment. Researcher bias may affect outcomes, as may variations in the groups.

3. A controlled clinical trial tests a suspected cause-and-effect relationship by assigning participants to a treatment group or a control group in a way that makes an individual's assignment known to the researchers.
4. A double-blind, randomized, controlled clinical trial: the gold standard of research studies, tries to correct for bias by assigning participants by chance (or randomly) to either a treatment group or a control group; by including a comparison, or control, group that receives a placebo (a sham treatment), another treatment or no treatment at all; and by making sure neither the participants nor the researchers know to which group a person has been assigned until the study's end (double- blinding).
5. For non-clinical relevant study, grade will be issued based on statistical method used in the study.

**Innovation** - Abstracts that highlight topics that are new and unique will be given a higher ranking than abstracts that present concepts that are already well established. As an example, a large series on endovenous laser ablation may be given a lower ranking than a small series on deep vein valve creation.

**Previously Presented Data** - ACP policy allows for the submission of abstracts that have been presented at other educational activities. However, abstracts containing data that has not been previously presented will be given a higher ranking.

**Adherence to Abstract Formatting Instructions** - It is very important that all of the above listed author instructions be followed closely. For abstract formatting questions, please contact the American College of Phlebology at 510-346-6800 or [meetings@acpmail.org](mailto:meetings@acpmail.org) or [education@acpmail.org](mailto:education@acpmail.org).

## Important Dates

Deadline for Submission Of Abstracts	July 5, 2016
Notices of Acceptance / Rejection Sent	July 22, 2016
Early Registration Closes	July 29, 2016

## Frequently Asked Questions

### How many abstracts can I submit?

There is no limit to the number of abstracts an investigator may submit. If more than two abstracts are accepted from an investigator, one of the co-authors must present any additional abstracts.

### Can I enter authors and institutions in my abstract title?

Do not include authors or institutions in the title. If you do, the abstract will be disqualified.

### Does the order in which the authors are listed on the abstract matter?

No, however you cannot change that information after submitting the abstract.

### Can I use abbreviations in my abstract?

Standard abbreviations may be used without definition. Nonstandard abbreviations (please keep to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated. Please do not use abbreviations in the title.

### Do I have to enter my abstract in a specific format?

Yes, the online system format is Objectives/Purpose, Objectives, Methods, Results and Conclusions.



# Abstract Rules & Regulations

## How will I know if my abstract meets all of the required criteria and is ready for submission?

All fields are on the abstract submission page. You will be taken through a series of questions that are required to submit an abstract.

## Will my abstract be processed if I leave it in an Incomplete Status?

No. Your abstract must be in a “complete” status before it can be processed. If you do not answer all required questions, your abstract will be in an incomplete status and will not be submitted for review.

## Can I revise my abstract after it has been submitted?

Yes, you may edit your abstract until 5:00 p.m. Pacific time July 5, 2016.

## How do I go about making changes/additions to my abstract after the submission deadline?

No changes can be made to the abstract once the submission deadline has passed. If selected for presentation, your abstract will be printed exactly the way that it was submitted. Also, an author’s name cannot be added or removed after the submission deadline.

## When will I be notified as to whether or not my abstract has been selected?

Notifications will be sent to the presenting author no later than July 22, 2016. Only the person who is listed as the presenting author will be notified. It is up to this person to notify the remainder of the co-authors. As such, please make sure contact information for the presenting author is up to date.

## When will the selected abstracts be presented?

Accepted abstracts are presented during the 30th Annual ACP Congress, November 3-6, 2016 in Anaheim,

## If my abstract is accepted, will I receive a complementary registration to the meeting?

No. Abstract presenters are responsible for registering and paying for the 30th Annual ACP Congress.

## How do I go about withdrawing my abstract?

You may withdraw your abstract using the online submission system.