



ABSTRACT GUIDELINES

October 9-11, 2025
Washington, DC



**AMERICAN VEIN &
LYMPHATIC SOCIETY**
www.avlscongress.org

Correspondence send to education@myavls.org



2025 AVLS ABSTRACT SUBMISSION GUIDELINES

General Information

1. **Deadline:** Abstracts may be submitted until **Monday, August 4, 11:59 PM Eastern Time (US)**.
2. **Payment:** There is no charge for submission.
3. **Prior Publication Policy:** Abstracts presented at the AVLS Annual Congress must be original work and not have been previously published or presented. In the event the research has been previously presented or published by your institution, additional documentation will be required for submission to include: Publication Date, Event and Outcome. Final acceptance of abstract will be subject to AVLS for approval.
4. **Editing Abstract Submissions:** Until the Abstract Submission Deadline, the submitter can return to the site to edit their abstract. NO REVISIONS will be allowed once the site closes on **Monday, August 4, 11:59 PM Eastern Time (US)**. Authors cannot be added, or the order rearranged after this deadline.
5. **Co-Author Review:** The submitter and/or presenting author is responsible for ensuring that ALL co-authors agree to the submission of the material prior to finalizing the submission. Confirmation of abstract acceptance or rejection will be emailed only to the submitter listed on the abstract. Failure to obtain permission to publish from co-authors may result in abstract rejection.
6. **Meeting Registration & Attendance:** Upon submission and abstract acceptance/confirmation, **the presenting author of the abstract agrees to register and be a paid registrant for the Live event as an attendee for the AVLS Annual Congress in order to present their work.** The accepted author must be available for Q/A at the time of presentation. Online registration and program information is available at <https://www.myavls.org/annual-congress-2025.html>. Contact AVLS by phone **(+1-510-346-6800)** or email (info@myavls.org) with any questions. **Oral abstract acceptance emails will contain a discount code good for 10% off meeting registration.** The use of the discount code is limited to oral abstract presenters only (poster presenters are excluded) and will be provided after the completion of the initial judging has been achieved. All presenting

authors, oral or poster, will receive a letter of acceptance by **Tuesday, August 15, 2025, 11:59 PM Eastern Time (US)** and must respond confirming in-person attendance no later than **August 29, 2025, 11:59 Eastern Time (US)**. Requests to withdraw no later than **August 29, 2025, 11:59 PM Eastern Time (US)**. All abstracts accepted for oral presentation will require submission of slides to be used on stage by **Monday, September 15, 2025, 11:59 PM Eastern Time (US.)**

7. **Authorship:** Authorship on multiple abstracts is permitted. However, if the same institution has more than one abstract selected from the same first author, then the presenting author must be different individuals. That is, for each abstract from the same institution, the presenting author must be a different presenter for each abstract. In the event the same institution is unable to select an alternate presenting author where multiple abstracts have been accepted, the committee reserves the right to choose whether only one abstract will be allowed to be presented or whether only one abstract will be judged during the live presentation. Additionally, if a presenting author is the sole single submitter of more than one abstract, the committee reserves the right to choose whether only one abstract will be allowed to be presented or whether only one abstract will be judged during the live presentation. If the second potential presenter is a student, they cannot participate in the resident/student competition unless they meet the full criteria for that competition (namely, the research is theirs). Therefore, it is highly recommended to list a second potential presenter in the event that more than one of the abstracts is selected for presentation. AVLS reserves the right in determining the final disposition of eligibility for judging or presentation.
8. **Abstract Format:** Introduction, Objective(s)/Purpose, Methods, Results, Conclusion, References. Note that references of selected and presented abstracts will not be published, and therefore in-text citations should not be used.
9. **Figures & Graphics:** All lettering, symbols, and lines should be clear, distinct, and of sufficient resolution for print publication. There is a limit of three (3) images per abstract and file sizes cannot exceed 20 MB. Accepted file types are .png, .jpeg, .jpg, and .gif.
10. **Tables:** Tables can be copied and pasted into the system from other software applications, such as Microsoft Excel or Word. There is a limit of one (1) table per abstract. Tables should be kept simple and focused to allow formatting for possible publication.

Judging: Judging is a two-step process: Initial (blinded review) and Final (In-Person). The Abstract Review Committee is committed to supporting diversity, equality, and inclusion initiatives within the committee itself, while continuing to focus on excellence in research and scientific processes.

- A. Initial Abstracts are reviewed and graded in a blinded fashion by the Abstract Review Committee. For this reason, author, co-author names and affiliated institutions should be omitted from the body of submitted abstracts. Committee members will recuse themselves from judging abstracts when a potential conflict of interest exists. Abstracts are graded on statistical scoring and analysis, study design, originality and innovation, adherence to abstract formatting instructions, and relevance to the field of venous and lymphatic medicine.

- B. Abstracts designated for Oral Presentation (by choice on submission) that receive the receiving the best scoring results, upwards top 36, will be accepted for Oral presentation. Abstracts falling within the second tier of scoring will be offered Poster presentations instead of Oral presentations. Abstracts designated for Poster Presentation (by choice on submission) will be chosen for presentation based on the best scoring results from the initial blinded scoring process.
- C. Final Abstracts and Posters are presented by the designated author to the Abstract Review committee in-person. The live judging occurs over the designated time slots during Annual Congress. Each abstract and poster is allotted specific time to present, followed by a question-and-answer session dialog in which the defending author will dialog with the committee and/or audience participants on the research presented. Final presentation awards are presented on Saturday at the close of the AVLS Annual Congress.

11. Awards:

- a. **Oral Abstracts:** First, second, and third place awards will be given in the category of Best in Show for a Non-Trainee. A Best in Training Award for Fellows, Residents and Medical Students will be given to the highest rated Oral abstract presenter in this category. First, second and third place prizes will be awarded to Basic Science Research award oral presenter recipients irrespective of training level. Winners in the Best in Show for a Non-Trainee category will receive a complimentary registration to the 2026 AVLS Annual Congress and a 2026 gala ticket depending on your placement/ranking.

ORAL NON-TRAINEE:

1 ST Place	1 Complimentary 2026 Congress and Gala Ticket
2 nd Place	50% OFF 2026 Congress and Gala Ticket
3 rd Place	50% OFF 2026 Congress

ORAL TRAINEE:

1 ST Place	1 Complimentary 2026 Congress and Gala Ticket
2 nd Place	50% OFF 2026 Congress and Gala Ticket
3 rd Place	50% OFF 2026 Congress

POSTERS:

1 ST Place	1 Complimentary 2026 Congress and Gala Ticket
2 nd Place	50% OFF 2026 Congress and Gala Ticket
3 rd Place	50% OFF 2026 Congress

- b. **Poster Abstracts** a: First, second, and third place prizes will be awarded for Poster Presentation Best in Show and Basic Science Research Awards irrespective of training level. Prizes include a complimentary registration to the 2026 AVLS Annual Congress and a 2026 gala ticket depending on your placement/ranking.
- c. **Abstract Withdrawal:** Abstracts may be withdrawn by sending an email to John Mangold, Executive Director, at info@myavls.org. Requests must be made by the abstract submitter no later than **September 15, 2025, 11:59 Eastern Time (US)**.
- d. **Presentation Scheduling:** Rescheduling of presentations will generally not be permitted except in significant extenuating circumstances with review and approval from the Abstract Committee (or AVLS) approval.

Disclosure: The AVLS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. As such the AVLS requires that all associated authors must submit a disclosure of financial interests so that any potential conflicts of interest related to the content of the abstract can be identified and resolved prior to inclusion in the CME program. While the electronic abstract submission system will send an email to identified co-authors inviting them to complete a financial disclosure form it is the responsibility of the submitter to ensure that co-author disclosures are submitted by the deadline **Monday, August 4, 2025, 11:59 PM Eastern Time (US)**. Abstract submissions cannot be finalized until all disclosures are received.

All presenter profiles and disclosures MUST be completed and submitted by the deadline, Monday, August 4, 2025, 11:59 PM Eastern Time (US), in order for abstracts to be submitted and for the abstract to be considered or accepted.

Failure to comply with any of the above rules may lead to an abstract being rejected by the AVLS Annual Congress Planning Committee, as well as disqualification of abstract submission for the following two (2) consecutive years at the discretion of the Planning Committee. Gross violation of research or publication ethics may result in exclusion from all future calls for abstract submission.

Submission Information & Format

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

1. **Timeline:** Abstracts must be submitted electronically by **Monday, August 4, 2025, 11:59 PM Eastern Time (US)**. Incomplete submissions or late submissions will not be considered. Submission of an abstract for consideration by the AVLS Annual Congress Abstract Review Committee carries with it the implicit obligation that, if accepted, the individual identified as the presenting author will register for the meeting and present their work at the meeting (between **October 9-11, 2025**). Declining or not responding to the invitation to present may adversely affect consideration of future abstract submissions. The AVLS anticipates that notification of abstract acceptance will go out on or around **August 15, 2025**. The deadline for acceptance for the in-person meeting is **August 29, 2025, 11:59 Eastern Time (US)**.

2. **Abstract Text:** All abstracts must be in English with accurate grammar and spelling of a quality suitable for publication. If you require assistance, please arrange for the review of your abstract by a colleague who is a native English speaker, by a university specific publications office (or other similar facility) or by a copy editor, prior to submission. Standard abbreviations may be used without definition (e.g., GSV, CVD, VLU). Nonstandard abbreviations should be placed in parentheses after the first use of the word or phrase and should be kept to a minimum. Character limits will be enforced by the online submission system. Additionally, and in accordance with the AVLS' policy that English is the official language of its Annual Meeting, all abstracts should be presented in English.
3. **Informed Consent & IRB:** Any study 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 the requirements governing informed consent of the country in which the study was performed. Study clearance through an institutional review board (IRB) as appropriate is required. If the abstract involves animals for experimentation, the study must conform to the Institutional Animal Care and Use Committee (IACUC) as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals, or equivalent for international investigators.

Any presentation found to be in violation to this requirement will be referred to the Research Standing Committee and the Board Advisory Committee and will adversely affect consideration of future abstract submissions.

4. **Off-Label & 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 off-label indications or the investigational nature of their proposed uses within the body of the abstract as well as in writing during the presentation of accepted abstracts (both oral and poster).
5. **Final Presentation Format Uploads:** We ask that each Final presentation or digital poster uploads utilize the provided slide template background for their presentation – or a background that does not indicate their institution/business affiliation/or other affiliation that may be constructed as “marketing”. Please refrain from utilizing business or institutional logos on your slide presentation beyond your introductory slide.
6. **Abstract Categories:** Select one of the following abstract categories:
 - Basic Science
 - Compression Therapy
 - Deep Venous Insufficiency
 - Deep Venous Obstruction
 - Innovations
 - Lymphatic Disease

- Other Venous or Lymphatic
 - Pelvic Vein Insufficiency and Disorders (Pelvic Congestion Syndrome)
 - Perforator Venous Insufficiency
 - Scientific Reporting – AVLS PRO Venous Registry Reports
 - Scientific Reporting – Outcomes Reporting
 - Scientific Reporting – Quality of Life Assessments
 - Scientific Reporting – Technological Advances
 - Superficial Venous Insufficiency
 - Superficial Venous Intervention – Endovenous Ablation
 - Superficial Venous Intervention – Miscellaneous
 - Superficial Venous Intervention – Sclerotherapy
 - Superficial Venous Intervention – Surgical
 - Superficial Venous Intervention – Venotonic Drugs
 - Venous Governance, Ethics, Law, Reimbursement, Accreditation, and Coding
 - Venous Thrombosis and Pulmonary Embolism
 - Venous Training and Education
 - Venous Ulceration
 - Venous/Lymphatic Diagnostics and Laboratory
 - Venous/Lymphatic Malformations
7. **Title:** An abstract title should be kept short and specific so that it clearly communicates the nature of the investigation. Do not include abbreviations, author names, or trade names. Titles are limited to 300 characters (approximately 50 - 60 words).
8. **Presentation Preference:** Indicate your presentation format preference in the electronic submission system. Submitters can select Oral Presentation or Poster Presentation. Note that by declaring either Oral Presentation or Poster Presentation you may also elect to be considered for either or the other during the submission process. It is at the discretion of the Abstract Program Chair(s) rather the Oral or Poster Presentation will receive an invitation to present in the differing category.
9. **Submitter & Author Information:** Provide all authors' names, titles, professional affiliations or organizations, and email address and telephone number. Note that the submitter does not need to be an author. Indicate which author would present the work if selected and identify the order in which authors should be listed. All students/in-training presenters who present should only be presenting if the project was their project and they will answer any questions on their own regarding the research.

10. **Disclosure:** The AVLS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. As such the AVLS requires that all associated authors must submit a disclosure of financial interests so that any potential conflicts of interest related to the content of the abstract can be identified and resolved prior to inclusion in the CME program. While the electronic abstract submission system will send an email to identified co-authors inviting them to complete a financial disclosure form it is the responsibility of the submitter to ensure that co-author disclosures are submitted by the deadline **Monday, August 4, 2025, 11:59 PM Eastern Time (US)**. Abstract submissions cannot be finalized until all disclosures are received.

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Failure to comply with any of the above rules may lead to an abstract being rejected by the AVLS Annual Congress Planning Committee, as well as disqualification of abstract submission for the following two (2) consecutive years at the discretion of the Planning Committee. Gross violation of research or publication ethics may result in exclusion from all future calls for abstract submission.

11. **Introduction, Objectives, and/or Purpose:** A precise statement of the primary objective(s) or purpose of the study. A maximum of three (3) objectives beginning with verbs and listed in a numbered format is recommended. This section is limited to 1,500 characters (approximately 225 - 300 words).
12. **Methods:** This section is limited to 1,000 characters (approximately 150 - 200 words). and should summarize the following:
- Study design
 - Dates (months, years) the study spans
 - Disease or condition studied
 - Subjects studied
 - Study setting
 - Interventions
 - Outcome's measurements
 - Other important variables
 - Analyses and statistical methods (preliminary for ongoing studies)
13. **Results:** State the main outcome(s) of the study, including confidence levels or P values as appropriate. This section is limited to 1,500 characters (approximately 225 - 300 words).
14. **Conclusion(s):** A precise statement of conclusion(s) directly supported by the study results, giving equal emphasis to positive and negative scientific findings, and implications for future research or clinical practice. This section is limited to 2,500 characters (approximately 250 - 400 words).

Other Guidelines

1. Investigators should not submit the same research more than once unless new objectives are identified, and new analyses performed. Abstracts that appear to be a replicated version of a single study will be rejected.
2. All submitted abstracts are disclosed to members of the Abstract Review Committee, AVLS employees, and contractors as necessary in connection with the scientific abstract program of the AVLS Annual Meeting. Accepted abstracts will be made available to meeting attendees through both the meeting website and mobile app. Abstracts presented orally will be recorded for use in the AVLS' Online Education Center.
3. The AVLS 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 agreements, or otherwise), it is the sole responsibility of the researcher and/or sponsor, and not the American Vein & Lymphatic Society.
4. Any author who agrees to present their work must present only the material described in the accepted abstract.
5. Oral Abstract Sessions are Continuing Medical Education (CME) sessions. All abstracts accepted for Oral presentation will require submission of slides to be used on stage by **Monday, September 15, 2025 at 11:59 p.m. Eastern Time (US)** for review to ensure compliance. If changes are made to the slide presentation after initial review, these changes must be submitted for review **48 hours** prior to the scheduled presentation time and emailed directly to **education@myavls.org**. Presentations that threaten accreditation, negatively impact not only AVLS, but attendees who would not be able to receive CME credits for attending the Abstract session where violations occur. Therefore, Live Oral Presenters / presentations that are deemed to threaten AVLS's accreditation during the Abstract sessions, will adversely affect consideration of future abstract submissions.
6. The AVLS Annual Congress is a Continuing Medical Education (CME) event. According to the American Medical Association (AMA), the organization that owns the credit system, 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.