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**SOUTH FLORIDA CHAPTER**

**2025 ANNUAL MEETING AND RESIDENT COMPETITION**

**Abstract Submission Instructions and Forms**

**ABSTRACT SUBMISSION DEADLINE: September 15, 2025**

Use the **Abstract Submission Form below** to submit each abstract. **Submit only** **one abstract per form**.

**Instructions: Please read instructions below carefully prior to submitting your abstract.**

* Abstract word limit: 300 words
* Complete all sections of the form typed so all text is legible.
* Only one submission per primary author per presentation type allowed.
* The primary author is the presenter (unless otherwise specified)
* Abstract grading will be blinded. Do not include institution or other identifying information within the abstract itself for any of the submission types.
* One table OR one figure allowed per submission.
* Figures should be saved as PDF or JPEG files

**Video Guidelines**

* Submit video as original production, in final edited form, using clear voiceover in English.
* Videos must not exceed 5 minutes in length.
* Each video must include an abstract.
* Do not include institution or other identifiers in the video. Include only the title of the abstract on a slide at the beginning of the video. Videos with identifiers will be returned.
* Title on video must match title on submission.
* Background music is not acceptable. Only clear, good quality videos will be considered.
* If the information is about a clinical case, narration must provide information about the case such as medical history, diagnostic work-up, and outcomes.
* If the information is about a particular procedure, the video must address the components of the procedure and include information that addresses the various surgical techniques.
* Patient privacy must be maintained at all times. Videos submitted with identifiable patient information or features will not be considered. Please obscure patient name on any images, removing personal information and blur the patient’s face if not part of procedure. The video must be HIPAA compliant.
* Do not use copyrighted images or video unless you are the copyright holder.
* Ensure that text graphics are legible.
* If using PowerPoint slides in the video, keep content at least 50 pixels from the screen edges.
* Any video recorded with a mobile device should be recorded horizontally, not vertically

**Video Formatting:**

* All videos must be minimum 720x480 and maximum of 1920x1080 for HD.
* Do not create HD video file if your content is not HD.
* Acceptable formats: MPEG-2, MP4, Quicktime Mov.

**Submitting Video Files:**

* Name the abstract as **last and first name of primary author and type of presentation**
* Please send video by Dropbox link, wetransfer (<https://wetransfer.com>) or other file transfer method to [admin@sfcacs.org](mailto:admin@sfcacs.org)

**Submission Checklist**

* **All** submission types require an abstract
* Ensure that all fields in the submission form are completed.
* Adhere to the 300-word limit
* Ensure that videos follow the formatting guidelines and are no longer than **5** minutes
* Include three learning objectives with each submission for **all** submission types
* Complete the presenter conflict of interest form and include with your submission.
* Do not submit abstracts as PDF files
* Abstracts should be completed according to instructions and **emailed as a Word document to admin@sfcacs.org.**

**SFACS 2025**

**ABSTRACT SUBMISSION FORM**

**Presentation Type (select one):**

|  |  |
| --- | --- |
| Oral or Poster | Video |
| Poster only | Interesting case |

**Category (select one):**

|  |  |  |  |
| --- | --- | --- | --- |
| Bariatric | General Surgery | Oncology | Plastic |
| Basic Science | Gastroenterology | Ophthalmic | Thoracic |
| Breast | Hepatobiliary | Oral/Maxillofacial | Transplantation |
| Cardiothoracic | Health Disparities | Orthopedic | Trauma/Critical Care |
| Colorectal | Minimally Invasive | Otolaryngology | Vascular |
| Education | Hepatobiliary | Outcomes | Urogynecology |
| Endocrine | New technology | Pediatric | Urology |
| Fluorescence | OB/GYN | Policy/Procedure |  |

**Abstract title:**

**Primary author (presenter):** *PLEASE INCLUDE FIRST NAME, LAST NAME AND HIGHEST DEGREE*

**Coauthor(s):** *PLEASE INCLUDE FIRST NAME, LAST NAME AND HIGHEST DEGREE FOR EACH CO-AUTHOR*

**Trainee status (check one):**  Fellow Resident Medical Student

**Institution Name and Department:**

**Primary author email:**

**Primary author cell phone:**

**Learning Objectives: Each abstract submission must include 3 learning objectives.**

Upon completion of this presentation, participants will be able to….

1.

2.

3.

**SOUTH FLORIDA CHAPTER**

**2025 ANNUAL MEETING AND RESIDENT COMPETITION**

**ABSTRACT FORM**

**WORD LIMIT:** **300 WORDS** (and one image or one table optional)

**DO NOT INCLUDE INSTITUTION OR OTHER IDENTIFIERS IN THE BODY OF THE ABSTRACT**

**SUBMIT COMPLETED ABSTRACT AS A MS WORD DOCUMENT TO: admin@sfcacs.org**

**\*\*DO NOT SUBMIT ABSTRACT AS A PDF FILE\*\***

TITLE:

BACKGROUND:

METHODS:

RESULTS:

CONCLUSIONS:

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Disclosure of Financial Relationships

|  |  |
| --- | --- |
| **Name of Individual:** |  |
| **Role:** *(Speaker, moderator, Planning Committee, Chair, Reviewer, Author etc.)* |  |
| **ACS Member ID Number**  *(If readily available):* |  |
| **Name of Activity:** |  |

In accordance with ACCME regulations ([ACCME Standard 3](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships)), the American College of Surgeons must ensure that anyone who is able to control the content of the activity has disclosed **all financial relationships with any ineligible companies in the 24 months prior to their involvement in the educational activity.** There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to this education.

|  |
| --- |
| **Ineligible Company: Companies** that are ineligible to be accredited in the ACCME system (ineligible companies) are those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. |
| **Financial Relationships:** Financial relationships are relevant if the following three conditions are met for the individual who will control content of the education: 1) a financial relationship, in any amount, exists between the person in control of content and an ineligible company; 2) the financial relationship existed in the last 24 months; 3) the content of the education is related to the products of an ineligible company with whom the person has a financial relationship. |
| **Has the Financial Relationship Ended?** If the financial relationship has existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken. |

All CME Planners and Speakers /Moderators/Discussants/Authors/Editors etc. involved in the development and/or presentation of CME content must complete this form. **This form must be updated whenever circumstances require.** As relevant, all disclosure information for speakers must be revealed by a slide at the beginning of the presentation.

I do not have personal financial relationships with any ineligible companies as defined above.

I am an owner or employee of an ineligible company. I am to be excluded from controlling content or participating as faculty in accredited education unless the planning chair determines that I meet an ACCME exception on page 2 of the Mitigation Section. For more information: [***ACCME Standard 3***](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships)

I am a stockholder of a privately held ineligible company (not through a mutual fund or pension plan). I am to be excluded from controlling content or participating as faculty in accredited education unless the planning chair determines that I meet an ACCME exception on page 2 of the Mitigation Section. For more information: [***ACCME Standard 3***](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships)

I **do** have financial relationship(s) with ineligible companies as defined above.

* 1. List the names of companies that you have a financial relationship with currently or have had in the last 24 months.
  2. Explain what you received (i.e., salary, honorarium, stock options, travel expenses, etc.)
  3. Specify your role (i.e., planner, faculty, author, content creator, content reviewer, moderator, etc.)
  4. Indicate Yes or No if the financial relationship has ended.
  5. As a result of your disclosure of a financial relationship with an ineligible company, a designated official will contact you to discuss the possible conflict of interest, and determine the most appropriate management strategy to ensure unbiased CME content

|  |  |  |
| --- | --- | --- |
| Company Name | For What Role (the nature of the relationship) and What I Received | Has the Relationship Ended? |
| *Example: American College of Surgeons* | ***Consultant: Honorarium, travel expenses, stock options*** | ***Yes or No*** |
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I agree that I will not accept honoraria, travel expenses, in-kind contributions, or any other support from commercial companies/ineligible companies in connection with this activity.

If any of the information reported above changes, I will **notify ACS immediately** and update this form accordingly.

**By signing or typing my name below, I certify that I have identified and disclosed all financial relationships with any ineligible companies (in the last 24 months) and that all information provided herein is true and correct.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If a financial relationship is noted above, a designated official must complete page 3 after discussing ways to mitigate the conflict of interest with you. As relevant, this mitigation and the Mitigation Section must be completed prior to the start of the planning process.

Failure or refusal to disclose or the inability to mitigate an identified conflict will result in the withdrawal of the invitation to participate.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mitigation

|  |  |
| --- | --- |
| **Name of Designated Official (MD/DO) Completing Form:** |  |
| **Financial Relationship with Ineligible Company Identified Above:** |  |
| **Role or Presentation Title (if planning committee member, speaker, moderator, content reviewer, etc.):** |  |
| **Mitigation Plan (Please select one (1) from the listed options):** | * Reviewed the individual’s disclosed conflict and determined that it is not relevant to his/her role in the educational activity. * Removed individual with conflict of interest from participating in parts of the educational activity. * Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity. * Not awarding credit for a portion of the educational activity. * Undertaking review of the planning process of the activity, including selection of topics/speakers based on the best available evidence.      * Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias. * Monitoring the educational activity to evaluate for commercial bias in the presentation. * Reviewing participant feedback to evaluate for commercial bias in the activity. * Other (describe): * **The planner** is recused from any aspects of planning content that is related to their financial relationship. * A **planner with no relevant relationship** has **reviewed the planner with a relevant financial relationship** prior to engagement in the planning of this activity.   By inputting your name below, you are verifying that the statements and information provided are true and correct, and you are attesting to the validity of all contents within this electronic submission. *Signature (Required):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date (Required):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mitigation Plan for Individuals who are owners, employees, or stockholders of privately held ineligible companies (Please select from the listed options):** | **ACCME Exceptions – Please Select:**  ☐ When the content of the activity is not related to the business lines or products of their employer/company.  ☐ When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.  ☐ When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.  ☐ None of the exceptions apply and **I am excluded** from controlling content or participating as faculty in accredited education. |

Mitigation

This section should be completed by a designated official (Program Chair or Co-Chair (MD or DO), Program Director) only if a financial relationship with an ineligible company is reported above. The designated official must indicate how the potential conflict can be mitigated. For questions regarding the mitigation process please contact [cpda@facs.org](mailto:cpda@facs.org)

|  |  |
| --- | --- |
| **Name of Designated Official (MD/DO) Completing Form:** |  |
| **Financial Relationship with Ineligible Company Identified Above:** |  |
| **Role or Presentation Title (if planning committee member, speaker, moderator, content reviewer, etc.):** |  |
| **Mitigation Plan. Note options for mitigation of a planner are highlighted in red. When mitigating, a planner select from one of those two options *only*. (Please select one (1) from the listed options):** | * Reviewed the individual’s disclosed conflict and determined that it is not relevant to his/her role in the educational activity. * Removed individual with conflict of interest from participating in parts of the educational activity. * Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity. * Not awarding credit for a portion of the educational activity. * Undertaking review of the planning process of the activity, including selection of topics/speakers based on the best available evidence.      * Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias. * Monitoring the educational activity to evaluate for commercial bias in the presentation. * Reviewing participant feedback to evaluate for commercial bias in the activity. * **The planner** is recused from any aspects of planning content that is related to their financial relationship. * A **planner with no relevant relationship** has **reviewed the planner with a relevant financial relationship** prior to engagement in the planning of this activity. * Other (describe):   By inputting your name below, you are verifying that the statements and information provided are true and correct, and you are attesting to the validity of all contents within this electronic submission. *Signature (Required):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date (Required):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mitigation Plan for Individuals who are owners, employees, or stockholders of privately held ineligible companies (Please select from the listed options):** | **ACCME Exceptions – Please Select:**  ☐ When the content of the activity is not related to the business lines or products of their employer/company.  ☐ When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.  ☐ When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.  ☐ None of the exceptions apply and **I am excluded** from controlling content or participating as faculty in accredited education. |

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