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www.ctacs.org

2017 Call for Abstracts

July 2017

Dear Surgical Colleague:

The Annual Meeting of the Connecticut Chapter of the American College of Surgeons will be held on **Friday, October 20th** at the Farmington Marriott in Farmington, CT.

The final agenda will be published later this summer, resident papers will be presented in the morning. We encourage you to spend the entire day at the Annual Meeting and to participate 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*
- Clinical Oncology - *Sponsored by the CT Commission on Cancer*
- General Surgery - *Sponsored by the CTACSPA*
- Plastic & Reconstructive Surgery- *Sponsored by the CTACSPA*
- Bariatric Surgery- *Sponsored by the CT Chapter of the ASMBS*
- Surgical Subspecialties- *Sponsored by the CTACSPA*
- Surgical Quality, NSQIP and ERAS - *Sponsored by the CT Surgical Quality Collaborative*

**The winner of the Trauma competition will be competing in the COT Region One Resident Paper Competition in Boston tentatively scheduled for November 20th at 1:30pm.*

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 physician assistant and should indicate the mentor and institution where the work was performed.

The Connecticut Commission on Cancer is pleased to announce that the winning paper from the Clinical Oncology competition will be submitted to the American College of Surgeons Commission on Cancer's national competition. The author of the first place winning abstract in the ACS-CoC Research Paper Competition will receive a plaque and cash award of \$1,000, travel expenses to the American College of Surgeons Clinical Congress with the opportunity to make a presentation on his/her 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.

Any unpublished work that has previously been presented at national or regional meetings is eligible.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



Resident and Physician Poster Session – *At the sole discretion of the Program Committee, abstracts may be selected for a poster presentation.*

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.

Deadlines

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

Submission Start Date: August 15, 2016

Submission Deadline: **5pm** Tuesday September 5, 2017

Acceptance Notification: *no later than* Wednesday, September 27, 2017 – by email and online

Presentation Deadline: End of day on Wednesday, October 11, 2017

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. 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 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 on Friday, October 20th!

Sincerely,

Royd Fukumoto, MD, FACS
Co-Vice President, Annual Meeting

Adrian Maung, MD, FACS
Co-Vice President, Annual Meeting

2017 Annual Meeting Program Committee

Royd Fukumoto, MD, FACS, Danbury Hospital – Co-VP

Adrian Maung, MD, FACS, Yale University School of Medicine – Co-VP

Amanda Ayers, MD, FACS, Private Practice, Bloomfield, CT

Jonathan Blancaflor, MD, FACS, Private Practice/Middlesex Hospital

Stephanie Montgomery MD, FACS, St. Francis Hospital, Hartford, CT

J. Alexander Palesty, MD, FACS, St. Mary's Hospital, Waterbury, CT

Kevin Pei, MD, FACS, Yale University School of Medicine, New Haven, CT

Brian Shames, UCONN School of Medicine, Farmington, CT

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

Rekha Singh, MD, FACS, Hospital of Central CT



ABSTRACT SUBMISSION GUIDELINES SUMMARY

DEADLINE:

All submissions of abstracts for all competitions must be received on or before 5:00 PM on **Tuesday, September 5, 2017.**

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 on or after August 15 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* Wednesday, September 27, 2017 by email and online at www.ctacs.org

The Chapter requires you to submit your PowerPoint presentation to us by 5PM on Wednesday, October 11, 2017 or your paper will be ineligible for presentation. Due to the timing of Clinical Congress and Obesity week our meeting is a week earlier than normal. We apologize for the short turnaround time.

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

- 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 from your own equipment nor can you make any changes to your presentation once it is submitted.



Submission Guidelines – PLEASE follow exactly

- You are limited to one page at 11pt font, including charts, tables and photographs (B&W)
- Imbed all charts, tables and photographs. Do not link them.
- **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.

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

[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]

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		