

2013 AATS ANNUAL MEETING

ABSTRACT SUBMISSION GUIDELINES

The Abstract Deadline for the 93rd Annual Meeting is Friday, October 12, 2012 at 11:59 p.m. Eastern Daylight Time (EDT).

Submission of Abstracts

Authors submitting abstracts for the 93rd Annual Meeting must use **electronic submission ONLY**. Specific instructions on how to submit an abstract are located on the website, including how to submit graphics and charts. Abstract Submission guidelines can be found below.

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EMBARGO POLICY: Presentation or publication of any submitted abstract and/or its contained information by **any** of its authors to any other entity outside of the AATS 93rd Annual Meeting prior to notification of abstract selection by the Abstract Committee on December 15, 2012 is **prohibited**. The work **MUST NOT** have been presented or published elsewhere (including online Journals) prior to submission to the AATS 93rd Annual Meeting in May 2013, as well. Once an abstract is accepted, it is **prohibited** from being submitted (with the exception of the JTCVS), presented or published elsewhere prior to its presentation at the AATS 93rd Annual Meeting. At the conclusion of the 93rd Annual Meeting, the requirement for manuscript submission to the JTCVS only applies to abstracts selected for the Regular Session. It does **NOT** apply to abstracts selected for the Laboratory Research Forum sessions (Cardiac Surgery Forum or General Thoracic Surgery Forum), the C. Walton Lillehei Resident Forum, the Emerging Technologies and Techniques Forum, or Case Videos. Failure to follow this policy will jeopardize the eligibility of **all** authors to submit abstracts to future AATS meetings and/or submit manuscripts for publication in the JTCVS in future years.

Requests for waiver of mandatory manuscript submission for publication in JTCVS should be sent to the AATS Secretary, Thoralf M. Sundt, III, MD, at secretary@aats.org. Acceptance of an abstract remains a commitment to present at the AATS 93rd Annual Meeting regardless of **any** waiver request. Waiver deadline will be produced at the time of acceptance.

General Overview

The AATS Abstract Committee and ad hoc reviewers grade abstracts blinded to authors' names and institutions. In December the Abstract Committee meets to construct the scientific program based on these scores. Abstracts are then unblinded to assure a program balanced in authorship and institutional representation.

Below are the rules for submission, as well as some tips to help facilitate your abstract submission process. Good luck!

Session / Presentation Categories:

- **REGULAR SESSION (Plenary and Simultaneous Session):** Select from among the following categories which most accurately defines the field your abstract represents.
 - **ADULT CARDIAC:** Clinical and translational studies pertaining to the selection, treatment and outcomes of patients with acquired cardiovascular conditions.
 - **CONGENITAL:** Clinical and translational studies pertaining to the selection, treatment and outcomes of patients with congenital disorders of the heart, lungs and great vessels.
 - **GENERAL THORACIC:** Clinical and translational studies pertaining to the selection, treatment and outcomes of patients with benign and malignant conditions of the lungs, airways, mediastinum, diaphragm and chest wall.
 - **PERIOPERATIVE CARE:** This category will consist of presentations that address perioperative evaluation and management including, but not limited to perioperative imaging and assessment, intraoperative hemodynamic and pharmacologic interventions, postoperative management protocols, and evidence-based trials of critical care pathways and short-term cardiopulmonary support.
 - **Other:** Presentations on subjects which the submitter is uncertain about the proper category such as surgical education and training, quality assurance, workforce issues or other broad programs that do not fit neatly into one of the other categories.
- **EMERGING TECHNOLOGIES FORUM:** Presentations are focused on emerging technologies and techniques that would be of interest to cardiothoracic surgeons worldwide.
- **LABORATORY RESEARCH FORUM (Cardiac Surgery and General Thoracic Surgery Fora):** Appropriate studies include original basic science and laboratory animal experiments or translational research performed on tissue or blood obtained from patients. In contrast to the Lillehei Forum, presenters for the Research Forum Sessions are not limited to North American cardiothoracic and general surgery residents.
- **C. WALTON LILLEHEI RESIDENT FORUM: Limited to original work presented by residents in cardiothoracic surgery and / or residents in general surgical training programs who are working in a cardiothoracic surgical laboratory or clinical rotation in North America.** This forum is designed primarily for abstracts concerning basic science and laboratory animal experiments or translational research performed on tissue or blood obtained from patients. Rarely, clinical abstracts, when analyzed and presented by residents, would also be considered. Eight abstracts will be selected for presentation. Each selected author will receive round-trip travel and accommodations for the duration of the Annual Meeting. Additionally, one presentation will be selected to receive the AATS Residents' Award of \$5,000. Training Program Directors are urged to have residents participate in the Resident Forum session and must acknowledge that the material being presented is original work and that of the resident.

Manuscript Submission to the JTCVS

Submission of an abstract constitutes a commitment by the author(s) to present the paper if accepted, and an exclusive, binding obligation to submit the manuscript only to the *Journal of Thoracic and Cardiovascular Surgery (JTCVS)* with the exception noted below*. Please refer to the Journal link on the AATS website (www.aats.org) (also accessible through www.jtcvs.com or www.ctsnet.org) for more information. Papers **must** be submitted to the JTCVS electronically (<http://www.editorialmanager.com/jtcvs/>) prior to presentation and NO LATER than Monday, May 6, 2013 at 8:00 a.m. CST. To expedite review and publication, the Editor requests that submission occur **one month**, prior to the meeting to facilitate possible publication.

The requirement for manuscript submission to the JTCVS does **not apply to abstracts selected for the Laboratory Research Forum sessions (Cardiac Surgery Forum or General Thoracic Surgery Forum), the C. Walton Lillehei Resident Forum, the Emerging Technologies and Techniques Forum, or Case Videos.*

NEW THIS YEAR: Requests for waiver of mandatory manuscript submission for publication in JTCVS should be sent to the AATS Secretary, Thoralf M. Sundt, III MD, at secretary@aats.org. Acceptance of an abstract remains a commitment to present at the AATS 93rd Annual Meeting regardless of any waiver request.

Basic Submission Overview

- Abstracts containing identical or nearly identical data submitted from the same institution and/or authors will be disqualified and all authors and co-authors may face a two-year sanction.
- Authors should not split data to create several abstracts from one study, clinical trial or experiment. If splitting is judged to have occurred, priority scores of all related abstracts will suffer, and abstracts may be disqualified.
- The submitting author **must** notify **all** co-authors that this work has been submitted and their disclosures **must** be recorded upon submission.
- Abstracts should clearly reflect the content of the completed paper.

Abstract Submission Policies

- Please note: PowerPoints are not accepted as part of abstract submissions for the 2013 AATS Annual Meeting.
- The text of your abstract **must** be less than 2,500 characters including spaces for the text of your abstract submission (title, authors, institutions and one table or one image will not be counted). You may use one table **or** one figure within your abstract.
- If an author's name appears on more than one abstract, it must be identical on each abstract. If an author has more than one abstract accepted for presentation, he/she may only present one paper personally and must assign an alternate presenter to the second abstract.
- In order to comply with the [Standards of Commercial Support of the Accreditation Council for Continuing Medical Education \(ACCME\)](#) which accredits the AATS. Product names may not be included in the title or body of the abstract or the abstract may be disqualified. Please use generic, not commercial, names for all therapeutic agents.

- In order to maintain anonymity, neither the title nor the abstract text should identify the institution and/or author(s) in any way (i.e. “1000 Cases at University General Hospital” is NOT an acceptable title).
 - The abstract should NOT use abbreviations which are not commonly accepted within the cardiothoracic surgical literature. Commonly accepted abbreviations within the cardiothoracic surgical literature will be accepted, i.e., CABG, FEV1, GERD, CPR. However, other medical acronyms, i.e., bronchiolitis obliterans syndrome (BOS) should be first spelled out.
 - All abstracts **must** be structured using the following section headings or they will not be considered. The labels must be submitted in bold font:
 - **OBJECTIVE(S)** – The hypothesis tested or purpose of the study.
 - **METHODS** – Details of the study design or protocol.
 - **RESULTS** - Results of the study with appropriate statistical inferences.
 - **CONCLUSIONS** – Clinical importance and potential significance of findings.
 - When percentages are used, the absolute numbers from which the fractions are derived must also be stated.
 - Please see the sample abstract at the end of this document.
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Responsibility of the Presenting Author

- The first author listed for each abstract serves as the presenting author and as the primary contact for all correspondence regarding the abstract, unless otherwise specified in the contact information provided during the online submission process.
 - The presenting author must be one of the co-authors listed on the submitted abstract.
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Authors' Consent & Waiver of Claims

- Each author agrees that they have read and consent to all rules and regulations as outlined, pertaining to submission of abstracts. It is the responsibility of the authors to be in accordance with these rules and regulations during all parts of, but not limited to, abstract submission and review.
- Upon submission, authors waive any and all claims against the AATS and any Reviewer and/or Abstract Committee member pertaining to, but not limited to, the abstract/Case Video submission and review process.
- If the presenting author has been trained or utilized by a commercial entity or its agents as a speaker (e.g. participation in the Speaker's Bureau) for any commercial interest, the promotional aspects of that work must not be included in the presentation in any way in order to comply with the [Standards of Commercial Support of the Accreditation Council for Continuing Medical Education \(ACCME\)](#).
- Presenting authors must act in full accordance with [HIPAA Research Policies](#). Any and all abstracts and presentation materials must follow these guidelines.

Abstract Acceptance / Rejection Notification

Decisions of the Abstract Committee will be made known to all Presenting Authors by email after **December 17, 2012**. It is the responsibility of the Presenting Author to notify all co-authors of the Abstract Committee's decision.

Abstract Withdrawal

Requests for withdrawal of an abstract must be received in writing no later than November 23, 2012 and must state the reason for withdrawal.

Withdrawal requests made after November 23, 2012 may result in a two-year sanction of the submitting author and all co-authors.

ACCME Guidelines

- Based upon ACCME criteria, after entering abstract text, authors will be asked three questions for which responses are strongly encouraged but not mandatory. Please contact meetings@aats.org with questions.
 - o What quality gap (limitation or problem) in the practice of cardiothoracic surgery does this research address?
 - o How does this project change surgeon competence or improve patient outcomes?
 - o Please indicate which of the following ACGME Competencies this abstract addresses. (Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement and Systems-based Practice)
- In accordance with ACCME's Standards for Commercial Support, The American Association for Thoracic Surgery, as the accredited CME provider of this activity, follows a strict disclosure process to ensure that anyone who is in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest **as it pertains to the content of the presentation**. The goal of this process is not to exclude authors who have financial conflicts, but to manage these conflicts. The submitting author will complete a **Disclosure Form** and **Content Validation Form**. All co-authors will receive an email directing them to the website to complete the Disclosure Form and Content Validation Form which all authors and co-authors **MUST** complete. **Failure, to complete required co-author disclosure(s) may result in disqualification of consideration for presentation at the Annual Meeting.**

Randomized Trial of Mediastinal Lymph Node Sampling versus Complete Lymphadenectomy During Pulmonary Resection in Patients with N0 or N1 (Less than Hilar) Non-Small Cell Carcinoma: Results of the ACOSOG Z0030 Trial

Gail E. Darling¹, Mark S. Allen², Paul Decker³, Karla V. Ballman³, Rodney J. Landreneau⁴, Robert J. McKenna⁵, David R. Jones⁷, Richard I. Inculet⁸, Valerie W. Rusch⁹, Joe B. Putnam⁶

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Objective: To evaluate whether mediastinal lymph node dissection (MLND) improves overall survival compared to mediastinal lymph node sampling (MLNS) in patients undergoing pulmonary resection for N0 or non-hilar N1, T1 or T2 NSCLC.

Methods: Patients with proven NSCLC underwent sampling of lymph node stations 2R, 4R, 7 and 10R for right sided tumors; and 5, 6, 7 and 10L for left sided tumors. If these lymph node stations were negative for malignancy, patients were randomized to no further lymph node resection (MLNS) or complete MLND. All surgeons were required to adhere to the technique described in written instructions and demonstrated in an approved instructional video. Following surgery, patients were followed for a minimum of 5 years.

Results: A total of 1,111 patients were randomized (555 MLNS and 556 MLND). After final eligibility review, 1,023 (498 MLNS and 525 MLND) patients were classified as eligible/evaluable. There were no significant differences between the two groups in terms of gender, race, age or ECOG performance status. The right upper lobe was the most common tumor location (MLNS: 213 vs MLND: 205) and adenocarcinoma was the most common histologic type in both arms (MLNS: 210 vs MLND: 235). There was no significant difference between the two arms in terms of type or extent of resection, stage, length of stay, morbidity or mortality. In the MLND group 20 patients (3.8%) were found to have occult N2 disease in the lymphadenectomy specimen. At a median follow-up of 6.3 years, 431 (42.1%) patients have died: 214 (42.9%) in the MLNS arm and 217 (41.3%) in the MLND arm. The median survival was 8.1 years (MLNS) versus 8.5 (MLND) ($p=0.531$). There were 493 recurrences including deaths: 54 local; 73 regional; and 224 distant. The median time to recurrence was 5.7 years in the MLNS group (243 recurrences; 24 local; 42 regional; and 110 distant) versus 6.1 years in the MLND group (250 recurrences; 30 local; 31 regional; and 114 distant) ($p=0.655$). There also was no difference for local ($p=0.527$) or regional recurrence ($p=0.126$) between the two groups.

Conclusion: MLND does not improve survival in patients with early stage NSCLC when a thorough preresection sampling of the mediastinal lymph nodes is negative. MLND also does not decrease the incidence of local or distant recurrences. These results are not generalizable to higher stage tumors.

Contact Information

For further information on submitting an abstract or video for consideration, please visit www.aats.org or contact:

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