



## CALL FOR ABSTRACTS & VIDEOS

You are invited to submit an abstract for paper, poster or video presentation at the 24rd annual [Canadian Surgery Forum](#) (CSF) taking place September 17 to 20, 2025, at the Fairmont The Queen Elizabeth in Montréal, QC.

The various paper, poster, and video presentations all contribute to the dynamic and interactive learning environment of the Conference. This is your opportunity to share your research with other national and international surgical professionals!

### SUBMISSION

All abstract and video submissions must be submitted in English using the online submission form. [Further instructions and an abstract example are available below](#). Authors may submit more than one abstract or video, but no more than two may be presented by the same presenting author at the same session. **Note:** Case reports can be submitted as an abstract.

### VIDEOS

Video submissions must also include a written abstract. The video should not last longer than 3 minutes and must include a soundtrack providing a clear verbal narration of the visual content.

1. Upload your video to YouTube.
2. In the abstract submission textbox, insert your abstract text and paste the YouTube link at the end.

Please note that all video submissions will be shared through the new General Surgery Learning & Resource Centre. More details will be found on the CAGS website. If you do not wish your video to be uploaded to the General Surgery Learning & Resource Centre, you will have the opportunity when submitting your abstract to opt out from this option.

Please note that all submission information including the abstract will be posted as submitted in all CSF material and on the conference app.

**The deadline to submit is MARCH 20, 2025 (18:00 ET).** Submissions received after this date will not be considered.

### CATEGORIES & SURGICAL SUBSPECIALITIES

Abstract and video submissions related to the following topics will be considered for presentation:

Categories	SURGICAL SUBSPECIALITIES
CAGS - General Surgery	Acute Care Surgery/Trauma
CATS - Thoracic Surgery	CAGS - General Surgery
CHPBA - Hepatobiliary Surgery	CATS - Thoracic Surgery
CHS - Hernia Surgery	CHPBA - Hepatobiliary Surgery



CSCRS - Colorectal Surgery	CHS - Hernia Surgery
CSSO - Surgical Oncology	CON/CABPS - Bariatric Surgery
	CSCRS - Colorectal Surgery
	CSSO - Surgical Oncology

\*The ACS COT/TAC – American College of Surgeons on Trauma Paper Competition has a separate selection process; more details will be provided shortly.

### **REVIEW AND SELECTION**

Submissions will be blinded, reviewed, and selected by a review panel established for each category. Abstracts will be judged on quality and clarity, scientific merit, relevance to current or future practices, ability to fill in knowledge gaps, and absence of commercial bias.

In May, an email will be sent to the submitter (the person who submitted the abstract or video, whether an author or not) to confirm the status (accepted/rejected) of the submission.

The highest ranked abstracts will be offered a podium (paper) presentation, and all other accepted abstracts will be offered a poster presentation (in some cases a Not-Formally Presenting Poster). Accepted video submissions will present at a separate podium/video session.

NOTE: Consideration will be given to abstracts that have not been previously published in the Canadian Journal of Surgery or presented at a national meeting in Canada.

### **PRESENTING AT THE 2025 CSF**

Please note that by making a submission, the presenting author must agree to participate as scheduled, to register for the conference, pay the registration fees and any related expenses including travel and accommodation.

Discounted registration rates will be available for residents and students, and many universities have funding assistance available for this as well.

Presentation type, date, time, and location will be provided to the submitter, in addition to specific details regarding preparing an e-poster or a podium (or video) presentation.

For all conference information, including registration and accommodation, visit the CSF 2025 website at [CanadianSurgeryForum.com](http://CanadianSurgeryForum.com) – Information will be posted as it becomes available.

### **RECOGNITION & AWARDS**



All accepted abstracts to be presented as Paper will be published in a supplement of the Canadian Journal of Surgery following the CSF, excluding those who withdraw, or who do not register for the conference, or do not present at their scheduled session.

All accepted abstracts presented by a medical/undergraduate student or resident during the CSF will be eligible for an award/prize. The Canadian Surgery Forum sponsors an award for the best podium and poster submission in each category. The top podium (paper) presentation from each surgical society will also present their work during the annual Canadian Association of General Surgeons - Canadian Surgery Forum Judges' Choice Awards at the Forum, schedule on Saturday, September 20, 2025, at 11:15 EDT (TBC).

### **SUBMISSION INSTRUCTIONS**

On/After February 6, 2025, go to [www.canadiansurgeryforum.com](http://www.canadiansurgeryforum.com) and click on the "Submit your Abstract or Video" link.

**Deadline for submission: March 20, 2025 (18:00 ET). Late submissions will not be considered.**

### **ABSTRACT GUIDELINES**

- All abstracts must be submitted electronically.
- Abstracts should be no more than 300 words in length.
- Abstract submissions can include photos, graphs and charts as separate attachments and these do not count towards the 300-word limit.
- Single-space all typing and do not use CAPS.
- The abstract body should not contain any author or affiliation information to maintain a blinded review process. No identifying features such as names of authors and their affiliations, hospitals, medical schools, or cities etc. may be listed in the title or text of the abstract.
- Abstracts must present a clear, concise summary of the work. Do not include the word introductions, historical data, literature reviews, bibliographies, references or mention of corporate support. Specify in the abstract body the words "Background, Methods, Results and Conclusion". Please review the sample below.
- Use standard abbreviations such as kg (kilogram), g (gram), mg (milligram), ml (millilitre), L (litre), mEq, m (metre), mmol (millimole), / (per) and % (per cent). Place special or unusual abbreviations in parentheses after the full word the first time it appears. Use numerals to indicate all numbers (including 1–10), except to begin sentences. Non-proprietary (generic) names are required when a drug is mentioned. For example, acetazolamide (Diamox).
- Place acronyms in parentheses after the full term the first time it is used.
- Please list authors in the order of authorship. Do not include degrees, titles, institutional appointments or addresses. Please note that correspondence will be sent to the SUBMITTER only.

### **ABSTRACT EXAMPLE**



## WRITING AND SUBMITTING YOUR ABSTRACT

Before you begin, prepare the following information. Please be aware that it is your responsibility to fill in all data correctly and completely. Abstracts will be published exactly as they are received. Any errors in spelling, grammar or scientific fact will be reproduced as typed by the author.

**ABSTRACT TITLE** (maximum 25 words): The title should be concise and reflect the content of the abstract. Capitalize the first letter of each word with the exception of transition words. There should be no period at the end of the title.

**AUTHORS:** List the first and last names of ALL authors in the order you wish for them to appear in publication. Middle initials are optional. Please ensure that you have permission from all authors to submit the abstract and that you have verified their full name and affiliations. You must identify the presenting author and provide a contact email.

**AFFILIATIONS:** List each author's university, hospital or organizational affiliation (in full, no acronyms), city, province and country. Use standard abbreviations for the province (e.g., ON, AB, BC).

**ABSTRACT:** Enter your abstract using the following key elements: **Background, Methods, Results and Conclusion.**

### EXAMPLE

**Background:** Laparoscopic hepatic resections (LHR) for both benign and malignant tumours have been compared to open hepatic resections (OHR) in previous studies; however, the number of patients and follow-up has been limited. An updated meta-analysis on the role of laparoscopic liver resection for benign and malignant tumours including an analysis of long-term outcomes was needed.

**Methods:** Studies from January 1998 to May 2009, comparing laparoscopic to open approaches in patients undergoing liver resection for benign and malignant neoplasms, were analyzed by meta-analysis. Operative, postoperative, resection margin, complication and survival outcomes were evaluated. Weighted mean differences (WMD) and relative risks were calculated. As well, hazard ratios (HR) up to the longest available follow-up time (2, 3 or 5 years) for all-cause mortality and recurrence were evaluated. A random effect model was used.

**Results:** A total of 26 studies were included in the meta-analysis. The hazard ratio of death was significantly lower in the LHR group compared to the OHR group HR 0.629 ( $p = 0.043$ ). The hazard ratio of recurrence was not significantly different between the 2 groups (HR 0.816,  $p = 0.379$ ). LHR had a lower operative blood loss ( $-161\text{ml}$ ,  $p < 0.001$ ) and relative risk of total postoperative complications (RR 0.41,  $p < 0.001$ ). Furthermore, duration of hospital stay, days of narcotic use and days until oral intake were all significantly lower in the LHR group compared to the OHR group. Operative time between LHR and OHR was not significantly different. Significant heterogeneity was observed in some of the operative parameters, likely due to surgeon differences and different surgical techniques.



**Conclusion:** LHR has a long-term survival that is at least comparable, if not superior, to OHR. LHR for both benign and malignant tumours is a viable alternative to OHR with many potential operative and postoperative benefits. Despite concerns by some, there does not appear to be any difference in disease recurrence between LHR and OHR. If used by specially trained hepatic surgeons who have extensive experience with laparoscopic techniques, laparoscopic hepatic resection is an effective means of dealing with benign and malignant tumours.

**\*ANNUAL ACS COT/TAC RESIDENT TRAUMA PAPER COMPETITION**

The American College of Surgeons Committee on Trauma (ACS COT) in conjunction with the Trauma Association of Canada (TAC) annually hosts a Resident Trauma Paper Competition and more information will be provided shortly.

**QUESTIONS?**

Visit [www.canadiansurgeryforum.com](http://www.canadiansurgeryforum.com) or contact the CSF2025 Admin by email at: [csf@cags-accg.ca](mailto:csf@cags-accg.ca)