Guidelines and tips for getting your abstract accepted: ASPS plastic surgery congress

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The Australian Society of Plastic Surgeons (ASPS) plastic surgery congress (PSC) is a major national and international meeting that routinely attracts over 600 registrants and upwards of 10 international invited faculty. As such, having an abstract accepted as an oral presentation or poster carries considerable kudos and weight in a curriculum vitae. The prime goal of the PSC is to produce the highest quality academic program with a combination of invited speakers and submitted free papers.

Each PSC consistently receives around 220 abstracts for consideration. Of those, due to time constraints and the structure of the program, approximately 48 can be accepted for oral presentation (there is no limit on e-posters). For any form of presentation, however, there is a standard that must be met for the abstract to be accepted. Frequently, more abstracts than can be accepted meet the standard for oral presentation. Generally the worthiest will be accepted but factors such as session themes may elevate a paper over others. Similarly, some high standard papers that ‘don’t fit anywhere’ may not be accepted despite their academic merit (these will always be accepted as posters, as will any abstracts of appropriate standard).

In general terms, as with journal submissions, the academic merit of a proposed paper is of prime consideration. While well-constructed scientific investigation producing high-level evidence is clearly desirable, generally one of two criteria need to be met no matter what the form of the paper:
Firstly, will the paper contribute to the body of scientific knowledge? Or, secondly, does it have educational value? That is, will it teach attendees something that may potentially change their practice? Will it provide a cautionary tale that alerts them to avoid misadventure? Will it make them aware of a procedure or approach that they are not familiar with?

The quality of the presentation is also considered. Abstracts submitted by trainees, researchers or junior doctors are judged against the same baseline standard that is applied to all submissions. However, a recognised specialist plastic surgeon presenting their own clinical work is, in practical terms, different to a junior doctor who has tabulated the experience of their ‘boss’ and is likely to present data without being able to add expert clinical comment. Having said that, having a highly-respected senior author on the paper, who is renowned for high quality work, can only help.

Abstracts are submitted reflecting a variety of different types of academic endeavour. I will highlight some categories which commonly produce weaker abstracts, with suggestions on how to improve their chance of success.

**Literature review**

We all have computers and access to Medline searches and the like. To conduct a literature review and conclude that the available data supports current practice does not significantly add to our body of knowledge, teach us anything or change our practice. If the conclusion is that ‘more research needs to be done’, then conducting that research will escalate your chance of acceptance.

The most valuable literature review is one where the available data does not support, or even contradicts, current clinical practice. Then something may be learnt that changes practice.

**Unit data review**

Most plastic surgery units have computer databases that, at the push of a button, can produce a mass of epidemiological data and outcomes. A unit review is an invaluable quality assessment tool for benchmarking performance against published data and the experience and outcomes of other units. However, to conclude that your unit is performing like others is not of wider educational benefit. Then again,

If your data and analysis supports or suggests modification to, or change of, established practice, this may be significant, especially if your unit has some unique epidemiology or practices.

**Case reports**

Just because something is rare doesn’t mean it is of great educational value. This is especially so if it can be diagnosed by the usual investigative ladder, that is, history, examination, imaging and biopsy. The fact that a tumour is rare, or that this is the first time it is described in, say, the little finger, makes the case unlikely to change clinical practice. It just makes it unlikely that any attendee will ever encounter such a case and makes it a surgical oddity.

If there is some cautionary tale or lesson in the case to prevent adverse outcomes in the future, then this may be educational. If the case makes attendees aware of something new, this may be educational. If this is the ‘17th case described’ then there are probably many others who have not bothered to publish as the situation is already well documented.

Examples of good case reports which stand out in my memory include: a report on an ALCL of the breast in association with a chronic abscess in a patient who had never had a breast prosthesis, and a report describing the experimental use of Vismidogeb, before it was widely known, in a patient whose BCC was surgically irresectable and...
converted to resectable with no tumour found in the removed specimen. The first case has valuable implications for pathogenesis and the second raised awareness of a treatment which may drastically change clinical practice.

**Clinical series**

These are best presented by the senior clinician who has performed the clinical cases. It is noteworthy that for the 2019 PSC there were four papers on an identical topic each claiming to be the ‘largest series in Australia’.

**Basic science**

These papers have a high probability of being accepted as they have quarantined slots, albeit limited to 12.

Whatever the nature of the paper, the abstract is a small window to sway the reviewer. Make the key educational message prominent, make data easy to decipher and make it meticulously error free (especially spelling errors in the title). The reviewer does not want to have to ‘mine’ for the message or key data. We encourage all to participate in the PSC, but as the meeting grows, so does the standard of the free papers. Start your preparation early as rushed abstracts put together to meet deadlines are easy to spot. If you are not an experienced clinician, ask someone who is to review the abstract and suggest changes, even if they are not named on the paper.

Ask yourself: ‘will this educate my colleagues and teach them an important lesson or will this add significantly to the body of scientific knowledge?’ If you can answer yes to either or both of these, you had best start getting your abstract ready for the next PSC.