# SUBMISSION GUIDE

**ASCRS·ASOA** 

**SYMPOSIUM & CONGRESS** 

**APRIL 17–2**1

# **TECHNICIANS & NURSES PROGRAM APRIL 18–20**



SAN DIEGO

APRIL 15-17, 2015





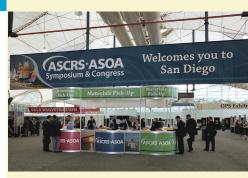
Asociación Latinoamericana de Cirujanos de Catarata, Segmento Anterior y Refractiva® Latin American Society of Cataract and Refractive Surgeons®

# **IMPORTANT DATES**

August 13–September 23	Online submission
	Financial Interest Disclosure
	Faculty CME Review Program
September 23, 2014	Deadline for ASCRS course, paper, poster, and film submissions
	Deadline for ASOA course submissions
	Deadline for WCC paper, poster submissions
	Deadline for completion of Faculty CME Review Program (see page 6)
	Deadline for Financial Interest Disclosure (see page 6)
November 5	Registration opens
November 6	ASCRS•ASOA Program acceptance sent via e-mail
November 11	World Cornea Comgress VII acceptance sent via e-mail
December 2	Online Itinerary Planner available
January 9, 2015	Deadline for Ophthalmic Photographers' Society Exhibit submissions and receipt of OPS photographs at ASCRS
January 31	Deadline for revising paper and poster results and conclusions
February 4–March 4	Upload films and electronic posters
March 4	Deadline for receipt of films at TMI (Tradeshow Multimedia, Inc.)
	Deadline for ASCRS electronic posters to be uploaded for judging
March 20	Deadline for COE Exam Registration
April 2	Deadline for electronic ASCRS course handouts
	Deadline for electronic ASOA Practice Management course handouts
April 15	On-site registration opens
April 15–17	World Cornea Congress VII
April 17	ASCRS Glaucoma Day 2015
	ASOA Workshops (Separate registration required)
	ATPO COA/COT/COMT Exam Review Sessions
April 17–21	ASCRS Symposium on Cataract, IOL and Refractive Surgery
April 17–21	ASOA Congress on Practice Management
April 18–20	Technicians & Nurses Program: Invited presentations only
April 21	COE exam (no onsite registration)

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# 2015 ASCRS•ASOA SUBMISSION



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- Ophthalmic Photographers' Society Exhibit Submission
- World Cornea Congress VII Submissions

# **Program Participant Guidelines**

### All ASCRS•ASOA program participants are required to register for the ASCRS Symposium • ASOA Congress.

All World Cornea program participants are required to register for the World Cornea Congress VII.

Submissions to these programs must be via the online submission process at www.ascrs.org, www.asoa.org, and www.corneacongress.org

All submissions are subject to the ACCME guidelines regarding validation of clinical content. Instructors/authors/producers are responsible for ensuring that (1) all recommendations involving clinical medicine presented are based on evidence that is accepted within the profession and (2) all scientific research referred to, reported, or used conforms to the generally accepted standards of experimental design, data collection, and analysis. Recommendations, treatments, or manners of practicing medicine that do not comply with the above, are known to have risks or dangers that outweigh the benefits, or are known to be ineffective in the treatment of patients should not be submitted or presented.

Material in any ASCRS presentation must not be presented or submitted for publication elsewhere. In making an ASCRS•ASOA submission, you are agreeing to the terms of the Copyright Assignment Statement on page 5.

#### **Submission Deadlines**

- September 23, 2014 ASCRS Symposium (course, paper, poster, film) ASOA Congress (courses)
  - World Cornea Congress VII (paper, poster)
  - Faculty CME Review and Financial Interest Disclosure
- January 9, 2015 OPS Photographs

The requirements for each type of submission (course, paper, poster, film, and photograph) are on the following pages.

#### **Submission Process**

Online submission is open from August 13 to September 23, 2014.

**Step 1:** Lead presenters, instructors, producers, and faculty must complete the Faculty CME Review (see page 6). The review must be completed by September 23, 2014.

**Step 2:** All participants—presenters, coauthors, instructors, co-instructors, faculty, producers, and coproducers—must disclose their financial interests. The financial interest disclosure instructions are on page 6. The disclosure must be completed by September 23, 2014.

Step 3: To submit

ASCRS•AOSA course, film, paper, poster, or photographer, click here: http://annualmeeting.ascrs.org/submissions

World Cornea Congress VII, click here: www.corneacongress.org

- Provide all required information. The process will allow you to review your submission.
- It is important to use a valid e-mail address as all correspondence regarding the account and/or submission will be sent to this e-mail address.

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# **Program Participant Guidelines**

**Step 4:** Use your browser "print" command to print a copy of your submission for your records. If you do not receive a completed submission confirmation ID, please contact us at **submissions@ascrs.org (ASCRS course, film, paper, poster, or photograph); submissions@asoa.org (ASOA course); or submissions@corneacongress.org (WCC paper, poster). Incomplete submissions will not be processed.** 

#### **Guidelines for Nonacceptance**

- Submissions that are commercially biased will not be accepted.
- If the instructor/author/producer did not present his/her scheduled presentation the previous year and did not follow the withdrawal guidelines, the submission will not be accepted.
- If the submission information has been published or presented elsewhere, the submission may not be accepted.
- If the lead instructor/author/producer and all co-instructors/coauthors/ coproducers have not provided the Financial Interest Disclosure by September 23, the submission will not be accepted.
- If the lead instructor/author/producer and all course co-instructors/faculty have not successfully completed the Faculty CME Review by September 23, the submission will not be accepted.
- Previous failure to provide a handout as required for a course may result in the submission not being accepted.

### **Disclosure of Unapproved/Off-Label Use**

If a presentation concerns the use of a drug or device that has not been approved by the U.S. Food and Drug Administration or concerns off-label use of a drug or device approved by the FDA for other use, this must be disclosed during the presentation.

### **Notification of Status**

An e-mail with the status of the submission, scheduling information, and detailed instructions will be sent on November 6. If notification is not received by November 13, please contact **submissions@ascrs.org (ASCRS course, film, paper, or poster); submissions@asoa.org (ASOA course); or submissions@corneacongress.org (WCC paper, poster)**.

#### **Submission Withdrawals**

#### ASCRS•ASOA

If an instructor/author/producer is unable to present, he/she must notify ASCRS•ASOA by e-mail, **submissions@ascrs.org** or **submissions@asoa.org**, or by facsimile, (703) 547-8846. If instructor/author/producer fails to notify ASCRS•ASOA of withdrawal or does not present, he/she will be ineligible to submit in 2016 (see Guidelines for Nonacceptance).

#### World Cornea Congress VII

If an author is unable to present, he/she must notify WCC by e-mail, **submissions@corneacongress.org** or by facsimile, (703) 434-4000. If author/ instructor/producer fails to notify WCC of withdrawal or does not present, he/ she will be ineligible to submit in future Cornea Society sponsored programs (see Guidelines for Nonacceptance).



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# 2015 ASCRS•ASOA SUBMISSION

#### **COPYRIGHT ASSIGNMENT STATEMENTS**

#### **ASCRS**

By submitting this presentation (paper, poster, course, film, photograph), I agree to grant and assign exclusively to the American Society of Cataract and Refractive Surgery and the American Society of Ophthalmic Administrators ("the Societies") all of the rights, including copyright, in the submitted presentation, as well as any related materials used for audiovisual presentation (collectively referred to as "the works"). I also grant and assign to the Societies the rights to film, record, reproduce, reprint, distribute, sell, and otherwise make use of the works, or any presentation of the works, in any media or format, and authorize the Societies to use my name, likeness, photograph, and biographical data in connection with its use and promotion of the works. I understand that I will receive no royalty or other monetary compensation from the Societies for this assignment of rights and the subsequent use of my works by the Societies.

I represent and warrant that the works are my own original work or that I have obtained all necessary permissions and authorizations from all individuals or entities that may otherwise have a right, title, or interest in the works; that I have full right and power to make this assignment; that the works do not violate any copyright, proprietary or personal rights of others; and that the works are factually accurate and contain no matter libelous or otherwise unlawful.

#### ASOA

By my signed acceptance of the terms and conditions of this agreement, and in consideration of the opportunity to speak and present my work at the ASOA Congress, I hereby grant the American Society of Ophthalmic Administrators, a division of the American Society of Cataract and Refractive Surgery (the "Societies"), a royalty-free, perpetual worldwide license to copy, reproduce, film, distribute and/or sell the work in any media or format in connection with the Congress or sale or other distribution of congress materials, as well as authority to use my name, likeness, photograph, and biographical data in connection with its use and promotion of the works. I understand that I will receive no royalty or other monetary compensation from the Societies for this license of rights and the use of my works by the Societies in connection with the Congress or sale/distribution of Congress materials without my written permission prior to use. The Societies understand and agree that the above grant of rights does not constitute a transfer of copyright and that I remain free to present the materials or revised versions thereof elsewhere for any purposes. I represent and warrant that the works are my own original work or that I have obtained all necessary permissions and authorizations from all individuals or entities that may otherwise have a right, title, or interest in the works; that I have full right and power to make this license; that the works do not violate any copyright, proprietary or personal rights of others; and that the works are factually accurate and contain no matter libelous or otherwise unlawful. I further agree to indemnify and hold harmless the Societies and their respective officers, directors, employees, and volunteers from any and all claims of copyright infringement made against the Societies and arising out of the work and my presentation of the work at the Congress.

#### WCC

By submitting this presentation (paper, poster), I agree to grant and assign exclusively to the Cornea Society all of the rights, including copyright, in the submitted presentation, as well as any related materials used for audiovisual presentation (collectively referred to as "the works"). I also grant and assign to the Society the rights to film, record, reproduce, reprint, distribute, sell, and otherwise make use of the works, or any presentation of the works, in any media or format, and authorize the Society to use my name, likeness, photograph, and biographical data in connection with its use and promotion of the works. I understand that I will receive no royalty or other monetary compensation from the Society for this assignment of rights and the subsequent use of my works by the Society.

I represent and warrant that the works are my own original work or that I have obtained all necessary permissions and authorizations from all individuals or entities that may otherwise have a right, title, or interest in the works; that I have full right and power to make this assignment; that the works do not violate any copyright, proprietary or personal rights of others; and that the works are factually accurate and contain no matter libelous or otherwise unlawful.

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# **Faculty CME Review/Financial Interest**

### **Faculty CME Review Program**

To ensure the highest quality programming and compliance with the Accreditation Council on Continuing Medical Education (ACCME) requirements for CME activities, ASCRS has created a mandatory CME review program for all participants in the ASCRS Symposium, ASOA Congress, and World Cornea Congress VII.

The Faculty CME Review Program consists of an online 15-minute presentation and a short post-test. **http://annualmeeting.ascrs.org/faculty-cme-review**.

### **Financial Interest Disclosure Requirements**

As a sponsor accredited by the ACCME, ASCRS•ASOA must ensure balance, independence, objectivity, and scientific rigor in all its individually or jointly provided activities.

All individuals participating in a sponsored activity must disclose any financial interest or relationship with a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services discussed in an educational presentation or lack thereof. Financial interest can include such things as grants or research support, consultant, stockholder, member of speaker's bureau, financial relationships held by spouse, etc. The intent of the financial interest disclosure is to provide the Program Committee with information to design and implement a balanced, independent, and scientific educational activity. The Financial Interest Index in the Final Program provides information to attendees so they can make their own judgment regarding the interest or relationship and the materials presented.

Potential participants (instructors, authors, producers) in ASCRS-sponsored and jointly provided CME activities, including co-instructors/coauthors/coproducers, faculty and panelists, must provide a complete listing of ALL financial relationships relevant to ophthalmology—not just those related to a specific talk—in the financial interest disclosure database. Any relevant relationship that occurred within the previous 12 months should be reported. Those who have no financial interests to disclose should indicate "none" in the database. Disclosure information will be kept on file and used during the calendar year in which it was collected for all CME-bearing activities.

To submit for the 2015 ASCRS•ASOA Symposium and Congress and the World Cornea Congress VII, you must complete the information for this database. All lead presenters must notify all co-instructors/coauthors/coproducers and faculty that they must enter their financial interest information **PRIOR** to submitting an abstract. **Submissions with incomplete financial disclosures will not be accepted for presentation**.

#### **Entering Financial Interest Disclosure**

Go to **http://annualmeeting.ascrs.org/financial-interest-disclosure** and click on "2014/2015 Financial Interest Disclosure."

In addition to the written disclosure, presenters must disclose financial relationships (or lack thereof) at the start of the presentations. Failure to do so will render the submission ineligible for program awards (Best Paper of Session [BPOS], Best Poster of Program [BPOP], Film Festival awards).

This system ensures ASCRS', ASOA's, and WCC's continued compliance with the ACCME's guidelines and ensures the Societies provide exceptional quality continuing education.



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### **Continuing Medical Education**

#### ASCRS•ASOA Symposium & Congress Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Society of Cataract and Refractive Surgery (ASCRS) and the Asociación Latinoamericana de Cirujanos de Catarata, Segmento Anterior y Refractiva (Latin American Society of Cataract and Refractive Surgery). ASCRS is accredited by the ACCME to provide continuing medical education for physicians.

#### **Objectives**

Ophthalmologists attending the ASCRS Symposium on Cataract, IOL and Refractive Surgery and the ASOA Congress on Ophthalmic Practice Management will have the opportunity to

- Summarize, assess, analyze, and evaluate the latest developments for the management of multiple ocular conditions within the various ophthalmic specialties
- Formulate current and advanced treatment strategies with ocular conditions, including anterior segment and refractive surgery, glaucoma, and retinal conditions
- Identify complicating factors in anterior segment surgery and develop appropriate treatment plans to address the factors pre-, peri- and postoperatively
- Compare and contrast ophthalmic pharmaceuticals and devices
- Integrate prescribed medical and surgical treatment options into everyday practice
- Examine external legislative and internal practice issues affecting the field of ophthalmology

#### **Designation Statement**

The American Society of Cataract and Refractive Surgery designated this educational activity for a maximum of 36 AMA PRA Category 1 Credits<sup>™</sup>. Physicians should claim credit commensurate with the extent of their participation in the activity.

All CME activities approved for AMA PRA Category 1 Credit<sup>™</sup> are valid for recognition by the European Accreditation Council for Continuing Medical Education (EACCME).

Physicians not licensed in the U.S. who participate in this CME activity are eligible for AMA PRA Category 1 Credits<sup>™</sup>.

Attendees registered as exhibitors, spouses, and guests are not eligible for CME credits.

#### World Cornea Congress VII Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Society of Cataract and Refractive Surgery (ASCRS) and the Cornea Society. ASCRS is accredited by the ACCME to provide continuing medical education for physicians.

#### **Objectives**

Ophthalmologists attending the World Cornea Congress VII will have the opportunity to:

- Improve diagnostics skills and discuss treatment options related to ocular infections;
- Describe current research on the risk factors for, diagnosis of, and treatment of keratoconus and other ectactic disorders;
- Evaluate current and emerging options for penetrating keratoplasty and keratoprosthesis;
- Describe dystrophies, degenerations, and potential therapeutic and diagnostic implications of advances in molecular genetics;
- Contrast lamellar and endothelial keratoplasty techniques;
- Evaluate and describe intraocular and corneal-based refractive surgery treatment options;
- Explain current research related to the etiology and treatment of ocular surface diseases;
- Discuss research findings on biochemistry, physiology, and wound healing, and the impact on patient outcomes; and
- Describe current issues affecting global eye health and eye banking.

# 2015 ASCRS•ASOA SUBMISSION



#### **QUICK LINKS**

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- Faculty CME Review/ Financial Interest Disclosure

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Questions: cme@ascrs.org

# **Credits**

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#### **World Cornea Congress VII Designation Statement**

The American Society of Cataract and Refractive Surgery designated this educational activity for a maximum of 15 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim credit commensurate with the extent of their participation in the activity.

All CME activities approved for AMA PRA Category 1 Credit<sup>™</sup> are valid for recognition by the European Accreditation Council for Continuing Medical Education (EACCME).

Physicians not licensed in the U.S. who participate in this CME activity are eligible for AMA PRA Category 1 Credits<sup>™</sup>.

Attendees registered as exhibitors, spouses, and guests are not eligible for CME credits.

### **Continuing Education Credits**

#### **American Academy of Professional Coders (AAPC)**

Application will be made for AAPC continuing education credit for ASOA coding courses.

#### American Board of Opticianry (ABO)

Application will be made for ABO continuing education credits for ASOA optical courses.

**California Bureau of Registered Nursing (CA BRN)** Provider approved by the California Board of Registered Nursing, Provider #15934, for contact hours.

#### **Certified Ophthalmic Executive (COE)**

Attendees: The ASOA Congress on Ophthalmic Practice Management qualifies for COE Category A credits. All attendees seeking COE credits MUST be registered for the ASOA program or the joint Technicians & Nurses–ASOA program.

Speakers: ASOA designates this activity for a maximum of 15 COE Category C credits.

Joint Commission on Allied Health Personnel in Ophthalmology, Ophthalmic Photographers' Society, American Orthoptic Council, and California Bureau of Registered Nursing (JCAHPO/OPS/AOC/CA BRN)

Application will be made for JCAHPO/OPS/AOC/CA BRN continuing education credits for the Technicians & Nurses Program. All attendees seeking JCAHPO/OPS/ AOC/CA BRN credits MUST be registered for the Technicians & Nurses Program or the joint Technicians & Nurses–ASOA Program.

**California Bureau of Registered Nursing (CA BRN)** Provider approved by the California Board of Registered Nursing, Provider CEP #13516, for contact hours.

#### Council on Optometric Practitioner Education (COPE®)

ASCRS is a COPE-Approved Administrator/Provider. COPE Accreditation Pending.





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# **ASCRS** Course, Paper, and Poster Categories/Topics and Subtopics

# 2015 ASCRS•ASOA SUBMISSION

#### Cataract

- Challenging Cases
- Comparisons
- Complications
- Measurements
- Medications and Medical Therapy
- Outcomes/Studies/Surveys
- Risk Management/Patient Safety
- Techniques

#### Keratorefractive

- Challenging Cases
- Comparisons
- Complications
- Measurements
- Medications and Medical Therapy
- Outcomes/Studies/Surveys
- Risk Management/Patient Safety
- Techniques

#### Cornea

- Challenging Cases
- Comparisons
- Complications
- Measurements
- Medications and Medical Therapy
- Outcomes/Studies/Surveys
- Techniques

#### **Pediatric**

- Challenging Cases
- Comparisons
- Complications
- Measurements
- Medications and Medical Therapy
- Outcomes/Studies/Surveys
- Techniques

#### Glaucoma

- Challenging Cases
- Comparisons
- Complications
- Measurements
- Medications and Medical Therapy
- Outcomes/Studies/Surveys
- Techniques



#### Retina

- Challenging Cases
- Comparisons
- Complications
- Measurements
- Medications and Medical Therapy
- Outcomes/Studies/Surveys
- Techniques

#### Presbyopia Correcting (Cornea- and Lens-based)

- Challenging Cases
- Comparisons
- Complications
- Measurements
- Medications and Medical Therapy
- Outcomes/Studies/Surveys
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# **ASCRS Course Submission: Instructions and Checklist**

#### SUBMISSION DEADLINE: SEPTEMBER 23, 2014 ELECTRONIC HANDOUT DEADLINE: APRIL 2, 2015

Limit: 1 course submission per instructor

**Course Presentations: All courses will be 90 minutes.** Potential faculty are reminded to design courses that are scientifically sound and unbiased.

If the proposed course has special requirements, please contact us at **courses@ascrs.org**.

If the proposed course will be conducted in a language other than English, an English translation of the title, course description, and objectives must also be submitted.

**Peer Review:** All course submissions will be peer-reviewed by the ASCRS Program Committee and appropriate clinical committees. Submissions will be graded on content and scientific integrity. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

#### **Responsibilities of the Lead Instructor**:

- Ensure that all participants in the course complete the Faculty CME Review Program by September 23, 2014 (see page 6).
- If entering co-instructors/faculty, confirm the e-mail address they used when submitting their financial interest disclosure to be able to include them with the electronic submission.
- Prior to submitting:
  - Invite all co-instructors and faculty to confirm their willingness to participate.
  - Notify all co-instructors and faculty that they must enter their financial interest information into the financial interest disclosure database. In accordance with the ACCME's updated requirements, faculty who have not done so will not be allowed to participate in the course and will not be listed in the Final Program. (See page 6 for details.)
- In submitting a course, the instructor attests that he/she has reviewed each faculty member's financial interest and determined there is no conflict of interest.
- If accepted, you must notify all faculty of the scheduled date and time for the course.
- Prepare or coordinate comprehensive handouts to be distributed at the course or submitted to ASCRS for posting online. ASCRS will not accept, photocopy, or distribute handout copies. We will, however, accept electronic handouts for posting to our web site. Further instructions regarding electronic handouts will be sent to lead instructors of accepted courses.

#### Title

The title should accurately and concisely reflect the submission content. For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. The title should not be formulated as a question or statement (i.e.,

should not include a verb). Titles should follow title case rules and may be edited by ASCRS editorial staff.

Limit: 140 characters, including spaces

#### Category

Choose from the categories on page 9.

#### **Course Description**

The course description will be used in the final program and is the basis upon which participants select sessions to attend. The course description should include 2 components: (1) the topics to be presented and (2) the format for the presentations; i.e., videos, panel discussion, interactive debate. Please begin your description with the words "Course will"...

Limit: 50 words/450 characters

### **Educational Objective**

The educational objective should be a succinct statement of what the attendee can expect to learn from the course. Well-written objectives are action oriented and can be observed or measured; i.e., analyze, differentiate, demonstrate, apply. Begin your objective with the words "Attendee will . . .

Limit: 40 words/250 characters

#### Example

# **Objective Imaging: Quantitative and Qualitative Keratoconus Diagnosis and Progression Criteria**

Gregory Pamel, MD

Faculty: George Asimellis, PhD; A. John Kanellopoulos, MD

**Course Description:** Course will present methodology and pearls in evaluating corneal ectasia and keratoconus diagnosis and progression assessment based on a multitude of most contemporary imaging modalities (Scheimpflug, Placido topography, anterior segment optical coherence tomography corneal and epithelial imaging, ocular stray-light quantifier, and novel point source reflection topography).

**Educational Objective:** Attendee will share our experience in ectasia and progressive keratoconus diagnosis by employment of new anterior-segment imaging modalities.

# Handouts

If your course is accepted, you will be required to submit an electronic version of your handout no later than **April 2, 2015**. Handouts will be available online. Instructions and information about the format for course handouts will be included in the presentation acceptance letter if your submission is accepted. **The handouts must be received by the deadline or the instructor assumes responsibility for providing copies on site.** 

# 2015 ASCRS•ASOA SUBMISSION



### CHECKLIST

- Notify all faculty of their inclusion in the course by the September 23 deadline and (if accepted) of the scheduled date and time for the course.
- Confirm completion of Faculty CME Review Program by all faculty members, including all co-instructors, by the September 23 deadline.
- Confirm the valid e-mail address of each faculty member before starting the online submission process.
- Notify all faculty members that they must complete the Financial Interest Disclosure by the September 23 deadline.
- Confirm that the title does not include product/trade names and is in the proper format.
- Provide course description and educational objective.

# **ASCRS Paper Submission: Instructions and Checklist**

# 2015 ASCRS•ASOA SUBMISSION

#### **SUBMISSION DEADLINE: SEPTEMBER 23, 2014**

#### Limit: 2 paper submissions per author

Because of repetition and time limitations, only 1 submission may be accepted. Please submit in order of your preference of acceptance.

**Paper Presentations:** All accepted papers will be limited to 5-minute presentations. Within each session, papers will be clustered into discussion groups, typically 3 to 5 related papers. After each cluster, there will be a panel discussion.

**Peer Review:** All paper submissions will be peer-reviewed by the ASCRS Program Committee and appropriate clinical committees. Abstracts will be graded on content and scientific integrity. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

#### **Responsibilities of the Lead Author**

- Prior to submitting, the lead author must complete the Faculty CME Review and enter their financial interest information into the financial interest disclosure database.
- Lead authors must notify coauthors to enter their financial interest information into the financial interest disclosure database. Those who have not submitted by September 23, 2014, cannot be included on the abstract.
- In submitting a paper, the lead author attests that he/she has reviewed each coauthor's financial interest and determined there is no conflict of interest.

### **Structured Abstract**

# Please read the following instructions carefully before completing the submission:

- Choose the paper category from the list on page 9.
- Do not use all capital letters when completing the submission.
- The title should accurately and concisely reflect the submission content. For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. The title should not be formulated as a question or statement (i.e., should not include a verb). Titles should follow title case rules and may be edited by ASCRS editorial staff.
   Limit: 140 characters, including spaces

 Contributing authors who have completed the financial interest requirements can be listed on your abstract. Complete address, telephone number, and valid e-mail address are also required for each contributing author.

#### Limit: 6 contributing authors

**NOTE:** Coauthors who have not been indicated on the abstract submission and/or have not submitted a financial interest disclosure cannot be acknowledged within the presentation. Please ensure you have listed all contributing authors on the abstract and that the contributing authors have submitted current financial interest disclosures in the submission database before the September 23 deadline.

 Purpose: Indicate the question that the study answers or the hypothesis it tests. Do not include names or affiliations of authors. Do not include sponsorships, grants, etc.

Limit: 50 words/350 characters including spaces and punctuation

- Methods: Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measures.
  Limit: 100 words/700 characters including spaces and punctuation
- Results: Present the outcomes and measurements. Data should include the level of statistical significance.

Limit: 100 words/700 characters including spaces and punctuation

• **Conclusion:** State the conclusion and clinical pertinence.

Limit: 50 words/350 characters including spaces and punctuation

- Abstracts that do not include final results and conclusion must be revised by January 31, 2015, to be included with the online abstracts. This date applies to papers and posters only.
- Proofread the abstract carefully. It will appear exactly as submitted.
- Do not submit the abstract if the material has been presented or published elsewhere.

Questions: papers@ascrs.org



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# **ASCRS Paper Submission: Instructions and Checklist**

# 2015 ASCRS•ASOA SUBMISSION

# Sample Structured Abstract

Comparison of Incision Integrity and Morphological Features After IOL Implantation With 3 Injector Devices: Randomized Clinical Trial

Vaishali Vasavada, MS

Coauthors: Abhay R. Vasavada, MS, FRCS, Shetal M. Raj, MS, Viraj Vasavada, MS, Samaresh Srivastava, DNB

**Purpose:** Evaluate and compare incision enlargement as well as ingress of trypan blue from the ocular surface into the anterior chamber following implantation of a foldable hydrophobic acrylic intraocular lens (IOL) through a 2.2 mm clear corneal incision (CCI) using one automated and two manual injector systems.

**Methods:** Randomized clinical trial in120 eyes (120 patients) undergoing microcoaxial phacoemulsification through a 2.2mm CCI randomized to three groups depending on IOL injector used: Group I(n=40), where automated motorized injector (Autosert) used; Group II(n=40), where a plunger type injector (Royale) used; Group III(n=40), screw type injector (Monarch III) used. Incision widths were measured before and after implantation of a foldable, single-piece aspheric hydrophobic acrylic IOL using D cartridge. Following IOL implantation and stromal hydration, trypan blue 0.0125% was applied over the conjunctival surface, and ingress compared. Architectural features of CCIs were evaluated using anterior segment OCT(AS-OCT) on postoperative day 1, 1 week, and 1 month.

**Results:** Ongoing study, results of 60 eyes presented, results will be updated. Incision enlargement from end of phacoemulsification to IOL implantation: Group I (n=19): 0.07+0.05, Group II (n=18): 0.16+0.05, Group III (23): 0.22+0.04; difference being statistically significant (P=0.03). Incision enlargement was greatest with Monarch III injector, followed by Royale, and Autosert. Trypan blue concentration into anterior chamber was (log units): Group I=1.97+0.45, Group II=1.78+0.48, Group III=2.16+0.38; difference not statistically significant (P=0.48). No difference in descemet's detachment, incision gaping and loss of coaptation between groups at any follow-up (P>0.05).

**Conclusion:** All injectors allowed smooth IOL implantation through a 2.2mm incision. However, incision enlargement and trypan blue ingress from the extraocular surface into the anterior chamber was least using automated injector.

### Best Paper of Session (BPOS)

At the end of each paper session in the Physicians Program, the moderator and panelists will confer to select the Best Paper of Session (BPOS). A BPOS ribbon will be presented immediately after the decision is made; therefore, all presenters should plan to stay for the conclusion of each session.

#### Eligibility

All accepted paper presentations must meet these 4 requirements to be eligible for BPOS judging:

- The final approved title appears on the PowerPoint slide, including all edits provided within acceptance notification.
- Disclosure of relevant financial interests (or lack thereof) appears on either the title slide or the slide immediately following it.

Questions: papers@ascrs.org

- Disclosure of relevant financial interests (or lack thereof) is made verbally at time of presentation.
- Presentation is within the 5-minute time limit.

#### **Judging Criteria**

- Scientific merit
- Originality
- Adherence to time limits
- Clarity



# ✓ CHECKLIST

- Lead author must complete both the CME Faculty
   Review and the Financial Interest Disclosure before submitting.
- Notify all coauthors that they must complete the Financial Interest Disclosure by the September 23 deadline.
- Confirm the valid e-mail address of each coauthor before starting the online submission process.
- Confirm that title does not include product/trade names and is in the proper format.
- Confirm that abstract includes 4 required sections: purpose, methods, results, conclusion.
- Confirm that the entire abstract is no more than 300 words.

# **ASCRS Poster Submission: Instructions and Checklist**

#### SUBMISSION DEADLINE: SEPTEMBER 23, 2014 UPLOAD ELECTRONIC POSTER: FEBRUARY 4–MARCH 4, 2015 RECEIPT OF ELECTRONIC POSTER: MARCH 4, 2015

#### Limit: 1 poster submission per author

**Electronic Poster Presentations:** Accepted poster abstracts will be presented in electronic format only (PowerPoint). All accepted poster submissions will be available for viewing on-demand at kiosks throughout the convention center.

**Peer Review:** All poster submissions will be peer reviewed by the ASCRS Program Committee and appropriate clinical committees. Abstracts will be graded on content and scientific integrity. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

#### **Responsibilities of the Lead Author**

- Prior to submitting, the lead author must complete the Faculty CME Review and enter their financial interest information into the financial interest disclosure database.
- Lead authors must notify coauthors to enter their financial interest information into the financial interest disclosure database. Those who have not submitted by September 23, 2014, cannot be included on the abstract.
- In submitting a poster, the lead author attests that he/she has reviewed each coauthor's financial interest and determined there is no conflict of interest.

Accepted electronic posters will be on continuous display at poster and film kiosks. There is no formal presentation time/date for posters. Questions from attendees will be submitted electronically to the lead author's email.

#### **Structured Abstract**

# Please read the following instructions carefully before completing the submission:

- Choose the poster category from the list on page 9.
- Do not use all capital letters when completing the submission.
- The title should accurately and concisely reflect the submission content.
  For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. The title should not be formulated as a question or statement

(i.e., should not include a verb). Titles should follow title case rules and may be edited by ASCRS editorial staff.

#### Limit: 140 characters, including spaces

 Contributing authors who have completed the financial interest requirements can be listed on your abstract. Complete address, telephone number, and valid e-mail address are also required for each contributing author.
 Limit: 6 contributing authors

**NOTE:** Coauthors who have not been indicated on the abstract submission and/or have not submitted a financial interest disclosure cannot be acknowledged on electronic poster presentation and will be removed prior to the Symposium. Please ensure you have listed all contributing authors on the abstract and that the contributing authors have submitted current financial interest disclosures in the submission database before the September 25 deadline.

 Purpose: Indicate the question that the study answers or the hypothesis it tests. Do not include names or affiliations of authors. Do not include sponsorships, grants, etc.

Limit: 50 words/350 characters including spaces and punctuation

- Methods: Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measures.
  Limit: 100 words/700 characters including spaces and punctuation
- **Results:** Present the outcomes and measurements. Data should include the level of statistical significance.

Limit: 100 words/700 characters including spaces and punctuation

- Conclusion: State the conclusion and clinical pertinence.
  Limit: 50 words/350 characters including spaces and punctuation
- Abstracts that do not include final results and conclusion must be revised by January 31, 2015, to be included with the online abstracts. This date applies to papers and posters only.
- Proofread the abstract carefully. It will appear exactly as submitted.
- Do not submit the abstract if the material has been presented or published elsewhere.

Questions: posters@ascrs.org



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# **ASCRS Poster Submission: Instructions and Checklist**

# 2015 ASCRS•ASOA SUBMISSION

# Sample Structured Abstract

#### Real-Time Intraoperative OCT Imaging: Lamellar Keratoplasty and Donor Tissue Preparation

#### Florence Cabot, MD

Coauthors: Marco Ruggeri, PhD, Carolina P. de Freitas, BS, George D. Kymionis, MD, PhD, Pravin K. Vaddavalli, MD, Jean-Marie A. Parel, PhD, FARVO, Sonia H. Yoo, MD

**Purpose:** To assess intraoperative Spectral Domain OCT imaging in Descemet Stripping Automated Endothelial Keratoplasty (DSAEK), Deep anterior lamellar keratoplasty (DALK) and donor tissue preparation for Descemet's membrane endothelial keratoplasty (DMEK).

**Methods:** Six patients were included: 3 underwent DSAEK and 3 others DALK. A supine intraoperative high axial resolution OCT built by the BPEI's Ophthalmic Biophysics Center was used for DSAEK and DALK surgeries as well as for DMEK donor tissue preparation. SD-OCT scans of the cornea were performed intraoperatively at each step of the procedure: before and after insertion of the donor graft for DSAEK and during the intrastromal air injection (big bubble technique) for DALK. For DMEK donor tissue preparation, reverse big bubble technique was used and assisted by real-time OCT imaging.

**Results:** During DSAEKs cases, no interface space was detectable in the 3 patients and only one presented an irregular host-donor interface. The graft was well attached at the end of the surgery in all 3 cases. During DALKs, corneal perforation occurred in 2 cases and required conversion to penetrating keratoplasty; in the other case, dissection of the Descemet's membrane from the overlying stroma was obtained after intrastromal air injection. SD-scans enabled to image reverse big bubble, emphysema and corneal perforation in real-time during DMEK preparation.

**Conclusion:** Intraoperative real-time SD-OCT is a useful technique to assist lamellar keratoplasty. Surgical tool tracking and integration of the technology into the operating microscope may improve its ease of use and benefits in lamellar keratoplasty surgery and donor tissue preparation.

### **Best Poster of Program (BPOP)**

Selections for winning posters (BPOP) will be judged in the following four categories: intraocular surgery (cataract and refractive), keratorefractive, cornea, and supplementary (pediatric, glaucoma, retina, and other). Winning posters will be announced in the EyeWorld show daily. Please note eligibility and judging criteria below.

#### **Eligibility**

All accepted poster submissions must meet these 4 requirements to be eligible for poster judging:

- The final approved title appears on the electronic poster, including all edits provided within acceptance notification.
- Disclosure of relevant financial interests (or lack thereof) appears on either the title slide or the slide immediately following it.
- Submitted electronic poster is no more than 12 PowerPoint slides.
- Meets the electronic poster upload deadline requirement, March 4.

#### **Judging Criteria**

- Applicability/educational value
- Originality
- Scientific content/validity
- Clarity

#### **Electronic Format for Accepted Posters**

- Electronic Posters must be uploaded as PowerPoint Files (.PPT or .PPTX, only). Maximum of 12 PowerPoint Slides (file size of 50 MB)
- Any combination of PowerPoint slides with images, tables, and text accepted.
- Videos and/or animation cannot be embedded in the PowerPoint file.
- An additional file upload containing supporting multimedia file is available (Limit: 1 file; 50 MB max)
- PowerPoint file should not be password protected.
- Do not submit the poster as a single slide.
- Title slide must include financial interest statement, or lack thereof, for all authors listed on the abstract.



# ✓ CHECKLIST

- Invite and confirm all faculty and co-instructor participation
- Lead author must complete both the CME Faculty Review and the Financial Interest Disclosure before submitting.
- Notify all coauthors that they must complete the Financial Interest Disclosure by the September 23 deadline.
- Confirm the valid e-mail address of each coauthor before starting the online submission process.
- Check that title does not include product/trade names and is in the proper format.
- Confirm that abstract includes 4 required sections: purpose, methods, results, conclusion.
- Confirm that the entire abstract is no more than 300 words.

Questions: posters@ascrs.org

# **ASCRS Scientific Film Submission: Instructions and Checklist**

#### SUBMISSION DEADLINE: SEPTEMBER 23, 2014 UPLOAD FILM: FEBRUARY 4–MARCH 4, 2015 DEADLINE FOR RECEIPT OF FILM: MARCH 4, 2015

Please read the following instructions carefully before beginning a submission.

**Number of Film Submissions Allowed:** First author/producer—1 film submission and coproducer on no more than two additional films for a total of 3 film submissions.

**Presentation of Film:** Title and synopsis will be included in final program. All films will be available for viewing on demand at kiosks throughout the convention center. Film author/producer must attend the ASCRS Film Festival Awards Ceremony.

**Peer Review:** All film submission synopses will be peer reviewed by the ASCRS Program Committee and appropriate clinical committee, and will be graded on content and scientific integrity. Accepted films will be peer reviewed by a panel of judges according to the judging criteria contained in these instructions. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

#### **Responsibilities of the Lead Producer:**

- Prior to submitting, the lead producer must complete the Faculty CME Review.
- Lead producer must enter their financial interest information, when prompted, during the submission process. A reviewer will not be assigned to your submission until this is completed.
- Lead producer must notify coproducers to submit their financial interest information into the submission database by September 23, 2014. Coproducers who have not submitted their financial interest will not be included in the final program.
- In submitting a film, the lead producer attests that he/she has reviewed each coproducer's financial interest and determined there is no conflict of interest.

#### **Title and Synopsis**

Title: The title should accurately and concisely reflect the submission content. For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names will be edited. The title should not be formulated as a question or statement (i.e., should not include a verb). Titles should follow title case rules and may be edited by ASCRS editorial staff.

Limit: 140 characters, including spaces

**Synopsis:** A short synopsis of the proposed film is mandatory and will be published in the Final Program. **Limit: 400 characters, including spaces.** 

#### Sample Film Synopsis

#### Deep Sclerectomy Assisted by Trypan Blue in Combined Surgery for Open-Angle Glaucoma

#### Thierry Delayre, MD

Video describes the steps to stain the loose collagen of the juxtacanalicular trabecular meshwork with trypan blue during combined cataract and filtration procedure. Once it is stained, the surgeon is able to remove this barrier to aqueous humor egress and will have more confidence on the quality of the filtration pathway.

#### **Film Submission Categories**

- Cataract Complications
- Cataract/Implant Surgery
- ◆ Glaucoma Surgery
- In-House Productions—A video produced by the author independent of financial or technical resources provided by a professional entity.
- Instruments and Devices/IOLs
- New Producer/Young Physician—Combined category that includes the New Producer of any age and the Young Physician. New Producers can submit in this category if this is their 1st or 2nd film as the lead producer and they have not won in a society film festival as the lead producer. A Young Physician producer is in their first 5 years of practice and has not won in a society film festival as the lead producer.
- New Techniques
- Quality Teaching
- Refractive/Cornea Surgery
- Special Interest—Videos that don't easily fit into the other categories because of their unusual subject matter or unique approach.



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# **ASCRS Scientific Film Submission: Instructions and Checklist**

# 2015 ASCRS•ASOA SUBMISSION

### **Deadline for Receipt of Film: MARCH 4, 2015**

NOTE: Once the submission is accepted, further film instructions will be sent to the producer.

#### **Eligibility**

All submission films must meet the following 4 requirements to be eligible for Film Festival judging:

- 8 minutes maximum, including opening and closing credits and financial interest statement.
- Opening credits include text and verbal statement of financial interest, as relevant to your film. (If no financial interest, this must be stated also.)
- The final approved and edited title should appear in the opening credits as shown in your acceptance notification email.
- English narration (title, subtitle, and soundtrack).

#### Film Specifications:

- Standard definition (720 × 480 resolution) or high definition (1280 × 720 resolution)
- Audio tracks should be in Dolby digital format
- Film must conform to the NTSC standard (29.97 frames per second)
- PAL formats will not be accepted
- Color bars and/or countdown graphics cannot be included in the lead in of the film

#### **Film Format**

#### Submissions must be in one of the following formats:

- Physical DVD disc containing film in MPEG-2 format conforming to the film specifications above
- Electronically submitted DVD .VOB file conforming to the film specifications above
- Electronically submitted MPEG4 (.mp4) or H.264 (.mov) file conforming to the film specifications above

- High-Definition (HD) film:
  - HD film may be submitted in MPEG4 (.mp4) or H.264 (.mov) formats. Only 720p HD film will be accepted. (1280  $\times$  720 resolution at 60 frames per second)
  - HD film files may be submitted electronically or burned to a CD-ROM or DVD and physically mailed
  - Apple users: Do not submit your video In AIC format. Your .mov files should contain H.264 or MPEG4 formatted video before submission to ASCRS.

#### **Important Items to Note This Year**

- The first film you submit, either by mail or uploading, will be the only film accepted for judging.
- Do not upload multiple edited versions of your film.
- You may submit by Internet or mail. A web link to upload films online to ASCRS will be provided on February 4, 2015.

#### **Judging Criteria**

- Applicability/educational value
- Originality
- Scientific content/validity
- Clarity
- Cinematic quality (audio, editing, technical)
- Artistic effects (music, graphic, lighting, animation, talent, effects)

### **Film Festival Awards**

All accepted film submissions will be formally judged. A runner-up and winner will be selected for each category. In addition, 3 of the category winners will be selected as Best of the Best. Educational value and film merits of these 3 films will be discussed, and one will be chosen as the Grand Prize Winner. Awards will be presented during the Film Festival Awards Ceremony on Monday, April 20, 2015, at 5:00 PM. All Film Festival participants must attend the Film Festival Awards Ceremony as this is considered the official film presentation.



# ✓ CHECKLIST

- Lead producer must complete
  both the CME Faculty Review
  and the Financial Interest
  Disclosure before submitting.
- Notify all coproducers that they must complete the Financial Interest Disclosure by the September 23 deadline.
- Confirm the valid e-mail address of each coproducer before starting the online submission process.
- Confirm that the title does not include product/trade names and is in the proper format.
- Provide synopsis of film. Limit
  400 characters including
  spaces and punctuation.



# **ASOA Congress: General Information & Submission Instructions**

#### SUBMISSION DEADLINE: SEPTEMBER 23, 2014 ELECTRONIC HANDOUT DEADLINE: APRIL 2, 2015

The American Society of Ophthalmic Administrators (ASOA) strives to provide the highest quality continuing education to administrators and the ophthalmic community. ASOA welcomes course submissions that promote this goal and meet the educational needs of attendees. Presenting at the Congress provides national recognition and exposure as well as the opportunity to share concerns and ideas with colleagues.

ASOA gives strong preference to submissions from its members and to material that has not been presented elsewhere. Course submissions are limited to **8 per consulting company**. Unless otherwise approved, all courses will be 60 minutes in length. If more time is needed, please enter the course twice as parts one and two. Course evaluations are completed by all attendees and reviewed by the ASOA Governing Board, ASOA Program Committee, and ASOA staff. Only instructors who receive at least 4.0 points out of a possible 5.0 are accepted as faculty for a future ASOA Congress. Instructors must arrive on time and end at the designated time. If an instructor fails to appear for a presentation without notifying ASOA in advance, or has not provided the required handout, he/she may not be eligible to submit for the following Congress.

#### **CE Credit for Speakers**

ASOA designates this activity for a maximum of 15 COE Category C credits. Individuals should only claim credit commensurate with the extent of their participation in the activity.

#### **Know Your Audience**

Although ASOA Congress attendees are primarily ophthalmic administrators and practice managers, the audience may include attendees from other professional backgrounds including ophthalmologists, optometrists, technicians, nurses, and staff involved in marketing, human resources, accounting/billing, and front-desk operations.

#### **Room Setup and Audio Visual**

All session rooms will be set with theater-style seating, a head table with 4 chairs, and with the following AV equipment provided: wired microphones for the podium, table and clip on lavaliere, LCD projector, screen, and laptop computer. **Submitters must contact ASOA and request any changes to the stated set up**, including additional head table seating, wireless microphone, flipchart, or wireless slide advancer.

#### **Financial Interest**

All instructors, co-instructors, and faculty members must provide full financial interest disclosure to submit courses for consideration. See page 6 for details.

#### **Faculty CME Review**

All instructors, co-instructors, and faculty members must complete the Faculty CME Review to submit courses for consideration. (See page 6 for details.)

#### **Practice Management Tracks**

The Congress is organized by functional tracks. Each track corresponds to a position or common division of responsibilities within an ophthalmic practice. When completing the course submission, please identify the appropriate track.

- Advanced Administrator
- Ambulatory Surgery Center
- Ancillary Services (Cosmetics, Hearing, etc.)
- Business Management
- Coding & Billing
- EHR & Health Information Technology
- Human Resources
- Leadership & Strategic Management
- Marketing & Business Development
- Optical Shop
- Retina
- Risk Management and Compliance

#### **Course Level**

Indicate if the course material is introductory or experienced.

Questions: courses@asoa.org

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# **ASOA Congress: General Information & Submission Instructions**

2015 ASCRS•ASOA SUBMISSION

Please read the following instructions carefully before completing the submission.

#### Title

The title should concisely reflect the content of the course. For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. Titles should follow title case rules and may be edited by ASOA editorial staff.

Limit: 10 words or less

#### **Course Description**

The course description will be used in the final program (subject to editing) and will be the basis on which attendees select their sessions. Keep the reader in mind and explain the content of the course and what the audience will learn. Begin your course description with the words "Course will...."

Limit: 50 words (Note: If description exceeds the limit, only the first 50 words will be included.)

#### **Learning Objectives**

Together with the description, the learning objective will be used by the Program Committee to review and rate the submission. Please provide 2 to 3 specific objectives that define what the attendee can expect to learn from the course. Well-written objectives are action oriented and can be observed and measured. Begin your objectives with the words "Attendees will . . . ."

#### Example of poorly worded objective:

To teach a course about practice marketing and competition

#### Example of appropriately worded objectives:

Attendees will be able to

- define managed competition
- design a basic practice marketing plan

### Sample Course Description and Learning Objectives

#### **Maximizing Leadership Skills**

Vonda Syler, COE

**Course Description:** Course will be a hands-on workshop in which attendees will identify their leadership style and philosophy, develop leadership goals, measure leadership traits, and plan for future growth of leadership potential.

**Learning Objectives:** Attendees will understand how to be a more effective leader, be able to relate leadership activities to a plan for growth as a leader, and clearly identify leadership characteristics.

#### Scheduling

Programming is scheduled in one-hour segments. If your course requires more than 60 minutes, you should submit two sessions and give your presentation as parts one and two. By your submission you **agree to be available to present at any time during the Congress**.

#### **Expenses**

Presenters working in the field of ophthalmology must register and pay to attend the Congress. All travel and hotel expenses are the responsibility of the presenter. As submitter, you are responsible to communicate all requirements and deadlines to co-presenters.

#### Handouts

If your course is accepted, you will be required to submit an electronic version of your handout no later than **April 2, 2015**. Handouts will be available online. Instructions and information about the format for course handouts will be included in the presentation acceptance letter. **The handouts must be received by the deadline or the instructor assumes responsibility for providing copies on site. Failure to provide a handout will impact the course evaluation and may be cause for non-acceptance of future submissions.** 

Questions: courses@asoa.org



### ✓ CHECKLIST

- Notify all faculty members that they must complete the Financial Interest Disclosure and Faculty CME Review by September 23, 2014. Faculty cannot be added to the course submission until the disclosures are completed.
- Confirm the valid e-mail address of each faculty member before starting the online submission process.
- Confirm that the title is entered in title case, is 10 words or less, and does not include product/trade names.
- Contact ASOA to request any changes to the stated room and AV setup by March 1.

# **Ophthalmic Photographers' Society Exhibit Submission**

#### DEADLINE FOR SUBMISSION AND RECEIPT OF PHOTOGRAPH: JANUARY 9, 2015

#### **Online Preparation and Submission**

- 1. Online submission is open from August 13, 2014, to January 9, 2015.
- 2. Go to **http://annualmeeting.ascrs.org/submissions** to submit a photograph entry. It is important to use a valid e-mail as all correspondence regarding the entry will be sent to this e-mail address. Please read the following instructions carefully before submitting. All information must be provided or the submission will not be considered for judging.

#### Categories

- Clinical Setting Photography
- Composite
- Corneal Endothelial Photography
- Cross Categories
- External Photography
- Fluorescein Angiography
- Fundus Photography, High Magnification, 20°
- Fundus Photography, Normal, 30°– 40°
- Fundus Photography, Wide Angle, 45°+
- Gonio Photography
- Gross Specimen Photography
- ICG Angiogram
- Instrumentation Photography
- Monochromatic Photography
- Optical Coherence Tomography
- Photo/Electron Micrography
- Slitlamp Photography
- Special Effects Photography
- Surgical Photography
- The Eye as Art
- Ultra-Widefield Imaging

**Note:** If you wish to submit an iris angiogram, please submit it in the "Fluorescein Angiography" category. Images of anterior segment lesions stained with fluorescein dye (HSV, abrasions, etc.) should be submitted in the "Slitlamp Photography" category. If you have a single retinal image with a field of view greater than 60 degrees, including color imaging, IVFA, ICG, FAF, etc., please use the Ultra-Widefield Imaging category.

#### **Judging Panel**

A panel of judges will review entries. The judges will be composed of ASCRS ophthalmologists and OPS member photographers. Judges **may not** submit entries. The judges reserve the right to reassign images to different categories.

#### **Winning Photographs**

Winners will be listed in the final program and displayed in the OPS exhibit at the annual meeting. First, second, third, and honorable mention photographs will be selected. Additionally, an overall Best in Show winner will be selected.

**Note:** You do not have to be an OPS member to submit photo entries. Meeting registration is not required.

#### **Eligibility**

Photographs that have not been displayed in previous OPS exhibits are eligible for entry.

#### **Releases**

Photographs revealing patient identity must be accompanied by a typewritten, signed, and witnessed photographic release. **Photographs received without a release will be rendered ineligible.** 

#### **Number of Entries**

**Individuals can submit up to 3 entries per category.** A single entry can consist of more than 1 photograph (e.g., 4 photographs from the same angiogram, progression studies). Extra photographs will be arbitrarily eliminated.

### **Quality of Entries**

Images that have obvious defects (e.g., poor focus, color imbalance, improper exposure, or significant artifacts) will not be accepted for judging. If masking reduces the artifacts, it is recommended that it be used. Recent work is encouraged.

#### Questions: ops@ascrs.org

# 2015 ASCRS•ASOA SUBMISSION



#### **QUICK LINKS**

- Important Dates
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- Faculty CME Review/ Financial Interest Disclosure
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- ASCRS Course, Paper, and Poster Categories/Topics and Subtopics
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- ASCRS Poster Submission: Instructions and Checklist
- ASCRS Scientific Film Submission: Instructions and Checklist
- ASOA Congress: General Information & Submission Instructions
- ASOA Congress Tracks

# Ophthalmic Photographers' Society Exhibit Submission

 World Cornea Congress VII Submissions

# **Ophthalmic Photographers' Society Exhibit Submission**

#### Format

An 8"  $\times$  10" (20.0 cm  $\times$  25.5 cm) or 11"  $\times$  14" (28.0 cm  $\times$  35.5 cm) format is encouraged. Photographs in other sizes will be accepted if they can be mounted on an 11"  $\times$  14" (28.0 cm  $\times$  35.5 cm) or 16"  $\times$  18" (40.5 cm  $\times$  46.0 cm) display board and still maintain an aesthetic appearance.

Multiple photographic entries are acceptable in the following size combinations only:

Two $8" \times 10"$  $20.0 \text{ cm} \times 25.5 \text{ cm}$ Two-four $5" \times 7"$  $12.5 \text{ cm} \times 17.5 \text{ cm}$ Two-six $4" \times 5"$  $10.0 \text{ cm} \times 12.5 \text{ cm}$ 

Photomontages (multiple photographs affixed to each other) will not be accepted. A montage must be re-photographed/digitized, printed, and submitted as a single photograph.

#### Mounting

Mounted photographs will not be accepted. Photographs accepted for display will be mounted at ASCRS' expense. Mounting will be determined by ASCRS. All photographs will be trimmed slightly.

#### Identification

Make sure you label your submissions carefully. (**Please, no labels on the backs of prints**). Please do not use correction fluid. Photographs should be identified on the back, top-center, with a felt-tipped pen. Please print **legibly** and label the back, top-center, of each photograph with the following information exactly as it appears on the submission.

#### Example

Full Name: James Gilman, CRA, FOPS Practice or Institution: Moran Eye Center City, State, Country: Salt Lake City, UT, USA Print Title or Diagnosis: Capillary Canopy Division Category: The Eye As Art

- Clinical photographs must be titled with diagnosis. The terms normal, probable, or unknown are acceptable.
- Entries will not be judged on the basis of an accurate diagnosis.
- Monochromatic photographs must be labeled with the wavelength used.
- Multiple photograph entries should indicate the intended order.
- Gross specimen photographs should include final magnification with identification or contain a metric scale.
- Photomicrographs must contain information on lighting or type of micrography (polarized, phase contrast, scanning electron, etc.) and the final photograph magnification.

#### **Mailing Instructions**

All photographs should be mailed to:

ASCRS OPS Submissions 4000 Legato Road, Suite 700 Fairfax, VA 22033, USA

Please package your entries carefully. All photographs must be entered online and received at the ASCRS office by **January 9, 2015**. Photographs received after this date run the risk of not being processed in time for judging.

#### **Return of Entries and Liability**

Photographs will not be returned unless this is specifically requested. The request must accompany your printed photograph when you ship it to ASCRS. For requested returns: Photographs will be returned within 3 months of the annual meeting. Every attempt will be made to protect the entries. ASCRS, OPS and the judging panel do not accept responsibility for loss or damage to entries.

Questions: ops@ascrs.org

# 2015 ASCRS•ASOA SUBMISSION



# ✔ CHECKLIST

 Include full name, degrees (limit 2), address, phone and fax numbers, and e-mail address on submission.

# World Cornea Congress VII Paper/Poster Topic List

- Anterior Lamellar/DALK and Molecular Genetics
- Biochemistry
- Diagnostic and Treatment of keratoconus and other Ectatic Disorders
- Dystrophies/Degenerations
- Endothelial Keratoplasty
- Immunology
- Infection

- Keratoprosthesis
- Ocular Surface Disease
- Penetrating Keratoplasty
- Physiology/Wound Healing
- Refractive Surgery
- Surgical and Diagnostic Technologies
- World Health/Eye Banking





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- World Cornea Congress VII Submissions



# World Cornea Congress VII Paper Submission: Instructions and Checklist

#### SUBMISSION DEADLINE: SEPTEMBER 23, 2014

#### Limit: 2 paper submissions per author

Because of repetition and time limitations, only 1 submission may be accepted. Please submit in order of your preference of acceptance.

**Paper Presentations:** All accepted papers will be limited to 5-minute presentations. Within each session, papers will be clustered into discussion groups, typically 3 to 5 related papers. After each cluster, there will be a panel discussion.

**Peer Review:** All paper submissions will be peer-reviewed by the WCC Program Committee and appropriate clinical committees. Abstracts will be graded on content and scientific integrity. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

#### **Responsibilities of the Lead Author**

- Prior to submitting, the lead author must complete the Faculty CME Review and enter their financial interest information into the financial interest disclosure database.
- Lead authors must notify coauthors to enter their financial interest information into the financial interest disclosure database. Those who have not submitted by September 23, 2014, cannot be included on the abstract.
- In submitting a paper, the lead author attests that he/she has reviewed each coauthor's financial interest and determined there is no conflict of interest.

#### **Structured Abstract**

Please read the following instructions carefully before completing the submission:

- Choose the paper category from the list on page 21.
- Do not use all capital letters when completing the submission.
- The title should accurately and concisely reflect the submission content. For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. The title should not be formulated as a question or statement (i.e., should not include a verb). Titles should follow title case rules and may be edited by WCC editorial staff.
   Limit: 140 characters, including spaces

 Contributing authors who have completed the financial interest requirements can be listed on your abstract. Complete address, telephone number, and valid e-mail address are also required for each contributing author.

#### Limit: 6 contributing authors

**NOTE:** Coauthors who have not been indicated on the abstract submission and/or have not submitted a financial interest disclosure cannot be acknowledged within the presentation. Please ensure you have listed all contributing authors on the abstract and that the contributing authors have submitted current financial interest disclosures in the submission database before the September 23 deadline.

 Purpose: Indicate the question that the study answers or the hypothesis it tests. Do not include names or affiliations of authors. Do not include sponsorships, grants, etc.

#### Limit: 50 words/350 characters including spaces and punctuation

- Methods: Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measures.
   Limit: 100 words/700 characters including spaces and punctuation
- **Results:** Present the outcomes and measurements. Data should include the level of statistical significance.

Limit: 100 words/700 characters including spaces and punctuation

- Conclusion: State the conclusion and clinical pertinence.
  Limit: 50 words/350 characters including spaces and punctuation
- Abstracts that do not include final results and conclusion must be revised by January 31, 2015, to be included with the online abstracts. This date applies to papers and posters only.
- Proofread the abstract carefully. It will appear exactly as submitted.
- Do not submit the abstract if the material has been presented or published elsewhere.

### 2015 WORLD CORNEA CONGRESS VII SUBMISSION



#### **QUICK LINKS**

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- World Cornea
  Congress VII Submissions

# Questions: submissions@corneacongress.org

# World Cornea Congress VII Paper Submission: Instructions and Checklist

#### **Sample Structured Abstract**

#### Regional and Anisotropic Changes in Stromal Diffusivity After Corneal CXL With Riboflavin and UVA Light

George O. Waring IV, MD, FACS

Coauthors: Richard G. Hepfer, BS; Changcheng Shi, PhD; Hai Yao, PhD

**Purpose:** The purpose of this study is to investigate regional and anisotropic changes in stromal diffusivity after crosslinking (CXL). We hypothesize that regional changes, observed with fluorescence recovery after photobleaching (FRAP), will be a sensitive measurement of crosslinking effect, and anisotropic changes will provide insight into the mechanism.

**Methods:** Standard, epithelium-off corneal CXL was performed on fresh, intact porcine eyes and human corneas, while controls received riboflavin without irradiation. FRAP was performed at different stromal depths, and nasal-temporal (X) and superior-inferior (Y) diffusivities were calculated with a custom program. FRAP was also performed in wells of riboflavin solution before and after UVA-irradiation to control for its effect on solute diffusivity in free solution. To evaluate the effect of crosslinking on diffusivity in the anterior-posterior (Z) direction, an electrical method was employed to calculate overall conductivity, dependent on small ion diffusivity. **Results:** Normalized XY diffusivities of crosslinked and control porcine corneas were significantly increased (P=0.005, ANOVA) in the anterior cornea. This difference decreased as stromal depth increased (R=-0.87, Pearson's). However, in the Z direction, conductivity decreased (P<0.0001, ANOVA) in porcine corneas, indicating a corresponding decrease in diffusivity in the Z-direction. UVA irradiation had no effect on riboflavin diffusivity in free solution.

**Conclusion:** The effect of CXL is more pronounced in the anterior stroma. We present a non-destructive ex vivo method for quantifying and comparing crosslinking effect with respect to stromal depth. The observed anisotropic change in diffusivity has implications for the CXL mechanism and ophthalmic drug delivery.



# 2015 WORLD CORNEA CONGRESS VII SUBMISSION



### CHECKLIST

- Lead author must complete both the CME Faculty Review and the Financial Interest Disclosure before submitting.
- Notify all coauthors that they must complete the Financial Interest Disclosure by the September 23 deadline.
- Confirm the valid e-mail address of each coauthor before starting the online submission process.
- Confirm that title does not include product/trade names and is in the proper format.
- Confirm that abstract includes 4 required sections: purpose, methods, results, conclusion.
- Confirm that the entire abstract is no more than 300 words.

# World Cornea Congress VII Poster Submission: Instructions and Checklist

#### SUBMISSION DEADLINE: SEPTEMBER 23, 2014 UPLOAD ELECTRONIC POSTER: FEBRUARY 4–MARCH 4, 2015 RECEIPT OF ELECTRONIC POSTER: MARCH 4, 2015

#### Limit: 2 poster submission per author

**Electronic Poster Presentations:** Accepted poster abstracts will be presented in electronic format only (PowerPoint). All accepted poster submissions will be available for viewing on-demand at kiosks throughout the convention center.

**Peer Review:** All poster submissions will be peer reviewed by the WCC Program Committee and appropriate clinical committees. Abstracts will be graded on content and scientific integrity. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

#### **Responsibilities of the Lead Author**

- Prior to submitting, the lead author must complete the Faculty CME Review and enter their financial interest information into the financial interest disclosure database.
- Lead authors must notify coauthors to enter their financial interest information into the financial interest disclosure database. Those who have not submitted by September 23, 2014, cannot be included on the abstract.
- In submitting a poster, the lead author attests that he/she has reviewed each coauthor's financial interest and determined there is no conflict of interest.

Accepted electronic posters will be on continuous display at poster kiosks. There is no formal presentation time/date for posters. Questions from attendees will be submitted electronically to the lead author's email.

# **Structured Abstract**

# Please read the following instructions carefully before completing the submission:

- Choose the poster category from the list on page 21.
- Do not use all capital letters when completing the submission.
- The title should accurately and concisely reflect the submission content.
  For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected.
  The title should not be formulated as a question or statement (i.e., should not include a verb). Titles should follow title case rules and may be edited by WCC editorial staff.

Limit: 140 characters, including spaces

 Contributing authors who have completed the financial interest requirements can be listed on your abstract. Complete address, telephone number, and valid e-mail address are also required for each contributing author.
 Limit: 6 contributing authors

**NOTE:** Coauthors who have not been indicated on the abstract submission and/or have not submitted a financial interest disclosure cannot be acknowledged on electronic poster presentation and will be removed prior to the Congress. Please ensure you have listed all contributing authors on the abstract and that the contributing authors have submitted current financial interest disclosures in the submission database before the September 25 deadline.

 Purpose: Indicate the question that the study answers or the hypothesis it tests. Do not include names or affiliations of authors. Do not include sponsorships, grants, etc.

#### Limit: 50 words/350 characters including spaces and punctuation

- Methods: Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measures.
   Limit: 100 words/700 characters including spaces and punctuation
- **Results:** Present the outcomes and measurements. Data should include the level of statistical significance.

Limit: 100 words/700 characters including spaces and punctuation

- Conclusion: State the conclusion and clinical pertinence.
  Limit: 50 words/350 characters including spaces and punctuation
- Abstracts that do not include final results and conclusion must be revised by January 31, 2015, to be included with the online abstracts. This date applies to papers and posters only.
- Proofread the abstract carefully. It will appear exactly as submitted.
- Do not submit the abstract if the material has been presented or published elsewhere.

### Questions: submissions@corneacongress.org

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# World Cornea Congress VII Poster Submission: Instructions and Checklist

### **Sample Structured Abstract**

**Real-Time Intraoperative OCT Imaging: Lamellar Keratoplasty and Donor Tissue Preparation** 

#### Florence Cabot, MD

Coauthors: Marco Ruggeri, PhD, Carolina P. de Freitas, BS, George D. Kymionis, MD, PhD,

Pravin K. Vaddavalli, MD, Jean-Marie A. Parel, PhD, FARVO, Sonia H. Yoo, MD

**Purpose:** To assess intraoperative Spectral Domain OCT imaging in Descemet Stripping Automated Endothelial Keratoplasty (DSAEK), Deep anterior lamellar keratoplasty (DALK) and donor tissue preparation for Descemet's membrane endothelial keratoplasty (DMEK).

**Methods:** Six patients were included: 3 underwent DSAEK and 3 others DALK. A supine intraoperative high axial resolution OCT built by the BPEI's Ophthalmic Biophysics Center was used for DSAEK and DALK surgeries as well as for DMEK donor tissue preparation. SD-OCT scans of the cornea were performed intraoperatively at each step of the procedure: before and after insertion of the donor graft for DSAEK and during the intrastromal air injection (big bubble technique) for DALK. For DMEK donor tissue preparation, reverse big bubble technique was used and assisted by real-time OCT imaging.

**Results:** During DSAEKs cases, no interface space was detectable in the 3 patients and only one presented an irregular host-donor interface. The graft was well attached at the end of the surgery in all 3 cases. During DALKs, corneal perforation occurred in 2 cases and required conversion to penetrating keratoplasty; in the other case, dissection of the Descemet's membrane from the overlying stroma was obtained after intrastromal air injection. SD-scans enabled to image reverse big bubble, emphysema and corneal perforation in real-time during DMEK preparation.

**Conclusion:** Intraoperative real-time SD-OCT is a useful technique to assist lamellar keratoplasty. Surgical tool tracking and integration of the technology into the operating microscope may improve its ease of use and benefits in lamellar keratoplasty surgery and donor tissue preparation.

#### **Electronic Format for Accepted Posters**

- Electronic Posters must be uploaded as PowerPoint Files (.PPT or .PPTX, only).
  Maximum of 12 PowerPoint Slides (file size of 50 MB)
- Any combination of PowerPoint slides with images, tables, and text accepted.
- Videos and/or animation cannot be embedded in the PowerPoint file.
- An additional file upload containing supporting multimedia file is available (Limit: 1 file; 50 MB max)
- PowerPoint file should not be password protected.
- Do not submit the poster as a single slide.
- Title slide must include financial interest statement, or lack thereof, for all authors listed on the abstract.

# 2015 WORLD CORNEA CONGRESS VII SUBMISSION



### ✔ CHECKLIST

- Lead author must complete both the CME Faculty Review and the Financial Interest Disclosure before submitting.
- Notify all coauthors that they must complete the Financial Interest Disclosure by the September 23 deadline.
- Confirm the valid e-mail address of each coauthor before starting the online submission process.
- Check that title does not include product/trade names and is in the proper format.
- Confirm that abstract includes
  4 required sections: purpose,
  methods, results, conclusion.
- Confirm that the entire abstract is no more than 300 words.

Questions: submissions@corneacongress.org