ASCRS SCIENTIFIC PAPER SUBMISSION REQUIREMENTS AND EXAMPLE

DEADLINE: OCTOBER 17, 2018

REQUIREMENTS:

1	**Title:** *Limited to 140 characters, including spaces and punctuation* 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 the case rules and may be edited by ASCRS editorial staff. Please do not enter the title in all CAPS.
2 3 4	**Category & Topic:** Refer to **https://ascrs.org/category** for a complete list of ASCRS Category and Topics.
5	**Purpose:** *Limited to 350 characters, including spaces and punctuation* 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.
6	**Methods:** *Limited to 700 characters, including spaces and punctuation* Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective, if applicable. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measures.
7	**Results:** *Limited to 700 characters, including spaces and punctuation* Present the outcomes and measurements. Data should include the level of statistical significance.
8	**Conclusion:** *Limited to 350 characters, including spaces and punctuation* State the conclusion and clinical pertinence. Although presenting authors can update the results and conclusions through **February 20, 2019**, incomplete submissions (IE. Incomplete results and conclusions) run the risk of a lower score and non-acceptance).
9 10	**Authors:** **List the presenting author and up to 6 coauthors.** All authors must complete the financial disclosure form to be listed in the abstract. All authors must have an ASCRS-ASOA account, or can create one at no cost.
	NOTE: • Proofread the abstract carefully. It will appear exactly as submitted. • Do not submit the abstract if the material has been presented or published elsewhere.

EXAMPLE:

1. **Title:** Clinical Evaluation of the Effect of Optimized Femtosecond Laser Capsulotomy Settings on Anterior Capsule Tears
2. **Category:** Cataract
3. **Topic:** Femtosecond Laser
4. **Sub-Topic:** Capsulotomy
5. **Purpose:** To evaluate the frequency of capsule edge irregularities and anterior capsule tears related to femtosecond laser anterior capsulotomy settings, including optimized vertical spacing.
6. **Methods:** Over a 1000 consecutive cases performed by 2 surgeons were evaluated. Based on previously presented data, one surgeon used settings with a vertical spacing of 15 microns on all routine patients. Based on additional clinical experience, another surgeon used settings with a vertical spacing of 20 microns, horizontal spacing of 4 microns, an incision depth of 500 microns, and a power of 5 mJ. All cases were evaluated for capsulotomy incision quality and anterior capsule tears. Capsulotomy edge irregularities (slivers, tags, tongues) and tears visible under the operating microscope were recorded. HDV recordings were reviewed.
7. **Results:** Increasing the vertical spacing setting to either 15 or 20 microns decreased the rate of capsular edge irregularities and lead to a low incidence of anterior capsule tears. Also, increasing the vertical spacing resulted in a decreased capsulotomy treatment time. The faster capsulotomy may decrease the negative affect of patient movement and results in a more predictable capsulotomy.
8. **Conclusion:** By increasing the vertical spacing setting, we were able to show a decrease in the rate of anterior capsule tears. As these are risk factors for developing capsular rupture and subsequent vitreous loss, preventing these tears will likely increase the safety of femtosecond laser-assisted cataract surgery.
9. **Presenting Author:** Craig Eck, MD
10. **Co-authors:** Wendell Scott, MD, Shachar Tauber, MD