ASCRS E-POSTER SUBMISSION REQUIREMENTS AND EXAMPLE
DEADLINE: SEPTEMBER 22, 2017

REQUIREMENTS:

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.

Category & **Topic:** Refer to **https://ascrs.org/category** for a complete list of ASCRS Category and Topics.

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.

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.

Results: *Limited to 700 characters, including spaces and punctuation*
Present the outcomes and measurements. Data should include the level of statistical significance.

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 2, 2018,** incomplete submissions (IE. Incomplete results and conclusions) run the risk of a lower score and non-acceptance).

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:

Title: Pathogens and Antibiotic Sensitivities in Post-Phacoemulsification Endophthalmitis, Kaiser Permanente, California, 2007–2012

Category: Cataract

Topic: Endophthalmitis

Purpose: We characterized pathogenic organisms, antibiotic sensitivities, and antibiotic prophylaxis in 215 diagnosed endophthalmitis cases following phacoemulsification to inform optimal selection of antibiotic prophylactic agent and route of administration for cataract surgery.

Methods: Descriptive case series of isolated organisms and antibiotic susceptibility testing results in relation to antibiotic prophylaxis (intracameral (IC), topical) in identified endophthalmitis cases up to 90 days after phacoemulsification performed at 38 surgical centers at Kaiser Permanente, California during 2007–2012.

Results: Most culture-confirmed organisms (N=83) were gram-positive (96%), notably coagulase-negative Staphylococci (CoNS) (N=43, 52%). All CoNS isolates that underwent testing were sensitive to vancomycin (N=32, 100%). Of 4 endophthalmitis cases that had received IC antibiotic prophylaxis, 2 (both CoNS) showed resistance to the antibiotic given (1 tomoxifloxacin, 1 to cefuroxime). All 4 cases were sensitive to vancomycin. Of 19 cases that had received only topical antibiotic prophylaxis, 7 (37%) were resistant to the antibiotic given: 50% of cases that had received ofloxacin were resistant, 40% that had received gatifloxacin were resistant, and 0% that had received aminoglycosides were resistant.

Conclusion: Culture-confirmed cases that had received fluoroquinolone prophylaxis (either IC or topical) demonstrated a degree of bacterial resistance with in vitro testing. Most isolated endophthalmitis cases were caused by gram-positive organisms, with a high degree of sensitivity to vancomycin.

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