



## Call for Abstracts

The American Society of Regional Anesthesia and Pain Medicine is now accepting abstracts for poster presentations for the 21<sup>st</sup> Annual Pain Medicine Meeting in Orlando, November 17-19, 2022. Authors are encouraged to submit abstracts on the following key topics (in addition to general interest topics)...

- **Specific Regions**
  - Abdominal
  - Head and Neck
  - Peripheral Nerve/Joint
  - Spine
- **Cancer**
- **Pain Syndromes**
- **Pharmacology**
- **Regenerative Medicine**
- **Arts and Humanities (creative arts/narrative)**

Deadlines and Overview	
Submission Opens	Mid-May
<b>Abstract Submission Deadline (no extensions)</b>	<b>Thursday, August 11</b>
<b>Abstract Notifications Sent (without session assignments)</b>	<b>Tuesday, September 20</b>
Early-Bird Registration Cut-Off	Thursday, October 6
<b>ePoster Submission Deadline</b>	<b>Thursday, October 13</b>
<b>Abstract Notifications Sent (including session assignments)</b>	<b>Tuesday, October 18</b>
Pre-Registration Deadline for Inclusion in Meeting Materials	Tuesday, October 18

Abstracts must be submitted via the online submission system at [www.asra.com](http://www.asra.com). The system allows storing abstracts as a draft in order to make changes. However, abstracts must be formally submitted before the deadline in order to be considered. Key abstract submission guidelines include:

- In proper and grammatically correct English.
- No limit to the number of abstracts that may be submitted
- If previously submitted to a different meeting an abstract may still be submitted
- The submitting author is required to ensure that all co-authors are aware of the abstract content before submission
- **Submission of an abstract constitutes a commitment by the presenting author to present their work if the abstract is accepted.** Presenters are responsible for their own expenses, including the meeting registration fee, travel, and accommodations.
- Meeting registration is required at least 3 weeks prior to the meeting in order to be included in the final program
- There is no fee to submit an abstract, but there is a \$75 fee to submit an ePoster after abstract acceptance. **IMPORTANT NOTE: Poster submittals are required for all abstract presentations.**
- Quality suitable for publication and strict adherence with all requirements outlined in the call for abstracts

## Submission Content

### Abstract Category

- Scientific Abstracts
  - Acute Pain
  - Chronic Pain
  - Regional Anesthesia
  - Emerging Technology
  - Education
  - Case Series (5 or more patients) **\*\*Patient informed consent documentation required for submission.\*\***
- Medically Challenging Cases
  - Report of up to 4 cases having a similar presentation; case series of 5 or more patients must be presented as a scientific abstract. **\*\*Patient informed consent documentation required for submission.\*\***
- Safety/QA/QI Projects
  - Showcase for Resident quality improvement projects with a focus on chronic pain
  - IRB approval is not required for this category



**Abstract Title** (limited to 130 characters including spaces in sentence format)

### Submitting Author Details

The submitting author will receive all communications regarding the abstract and is responsible for informing the other authors, as necessary.

### Co-Author(s) Details

Name, contact information, role (author, co-author, presenting author). List the primary or presenting author first. **PLEASE NOTE: if the submitting author is also a co-author, they must be added to this list, or they will not be recognized on the abstract or certificate of recognition.**

### Abstract Body

Strictly limited to 1000 words over the following content areas:

- Introduction
- Material and Methods (including statement of IRB approval/waiver, IND approval, patient informed consent, etc.)
  - **An IRB approval statement must be included along with checking the IRB box under attestations.**
  - An investigator cannot him/herself determine if the IRB is needed or not. This can only be done by the IRB. However, if the IRB at your organization has a policy that as long as there is no identifiable patient information in the case report it is IRB exempt, this needs to be stated with documentation from institution available upon request. So, the wording could read: As the case report is devoid of patient identifiable information, it is exempt from IRB review requirements as per (please provide name of organization) policy.
  - Document any off-label indications and IND approvals, if applicable.
- Results / Case Report
- Discussion
- References (max. 5 references, not included in 1000-word count)
- Tables (not included in 1000-word count)
  - Maximum 3 tables of 10 rows x 10 columns
  - File type must be one of the following: .pdf, .jpg, .jpeg, .png
- Images (not included in 1000-word count)
  - Patient faces must be entirely covered
  - Only figures in JPG format may be uploaded
  - Maximum 2 images
  - Maximum file size of each image is 500 KB
  - Maximum pixel size is 600(w) x 800(h) pixel
  - File type must be one of the following: .pdf, .jpg, .jpeg, .png

### Important Considerations

- No promotional content of a commercial entity may be included (brand/trade/product names, photos, logos, company names, etc.).
- If necessary for clarity, a trade/product name may be included parenthetically once in the materials and methods section, but no more, and not in the abstract title. If more than one company makes the product, all applicable trade names are identified.
- Any off-label indications should be clearly documented within the Material and Methods section as such.
- The most common reasons for author revision requests and rejection include lack of IRB approval statements and/or missing informed consent documentation. Please double check your abstract prior to submission.

## Mandatory Attestations

### Conflicts of Interest Disclosure

All submissions require disclosure of financial or other relationships with ineligible companies producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Disclosure must include the company name(s) and nature of relationship (honoraria/expenses, consulting/advisory board, funded research, royalties/patent, stock options, equity position/ownership, employee, other similar relations). Disclosure is required for the submitting author over the last 24 months.

### Institutional Review Board (IRB) and/or Animal Use Committee Approval (select one)

- IRB and/or animal use committee approval was either obtained or waived for the study. **IMPORTANT:** abstracts must include this approval/waiver statement under methods and materials.
- This is a medically challenging case and IRB approval may not be mandatory, but I will adhere and document the process for IRB approval at my organization.

### Patient Informed Consent and Protected Health Information (select all that apply)

- Patient informed consent was obtained for submission of a case report. **IMPORTANT:** abstracts must include this consent statement under methods and materials, or the abstract will be rejected without review.
- All patient protected health information has been de-identified; patient faces are entirely covered.
- This is a scientific abstract with no patient protected health information.

### Off-Label Drug Use (select all that apply)

- If my study involves off-label use of drugs placed near the neuraxis, I have obtained an FDA IND and/or I have followed the conditions set forth regarding such experimentation as described within the [How to Format Data for Presentation in the Regional Anesthesia and Pain Medicine Journal](#).
- If my study involves off-label use of drugs for peripheral nerve block, I have obtained IRB approval and documented under methods and materials section.
- All off-label indications have been clearly indicated as such in the abstract. **IMPORTANT:** abstracts without this text will be rejected.
- There are no off-label indications included.

### Trade Names (select one)

- No promotional content of a commercial entity is included (brand/trade/product names, photos, logos, company names, etc.).
- If necessary for clarity, a trade/product name is included parenthetically once in the materials and methods section, but no more, and not in the abstract title. If more than one company makes the product, all applicable trade names are identified.

### Copyrighted Material (select one)

- There are no copyrighted figures, images, or content in my abstract.
- If copyrighted figures, images or content are contained in my abstract, I have obtained the necessary permission from the copyright owner.

### Oral Presentation

I would like my abstract to be considered for oral presentation during the moderated poster sessions. (If not, will not be considered for best of meeting or patient safety awards.)

Yes

No

### Research Award

I am a resident or fellow ASRA Pain Medicine member and would like to be considered for a research award. (ASRA Pain Medicine membership is required for award eligibility. [Join now.](#))

Yes

No



## Agreement and Submission

- I reviewed this abstract and all information is correct. I accept that the content of this abstract cannot be modified or corrected after final submission; I am aware that it will be published exactly as submitted.
- I and all others listed as (co-)authors contributed substantively to the writing, review, and work described by this abstract, and further affirm that it was not prepared or written by anyone not listed as an author.
- I am the sole owner and/or have the rights of all the information and content. The publication of the abstract does not infringe any third-party rights including, but not limited to, intellectual property rights. I herewith grant ASRA Pain Medicine a royalty-free, perpetual, irrevocable nonexclusive license to use, reproduce, publish, translate, distribute, and display the abstract content.
- Submission of the abstract constitutes my consent to print and/or electronic publication (e.g. meeting website, program, other promotions, etc.).
- The submitting author is responsible for informing the other authors about the status of the abstract.
- It is the author's responsibility to maintain necessary documentation for all attestations (IRB approval/waiver, patient informed consent, copyright, etc.). ASRA Pain Medicine is not liable for any issues arising from improper documentation.
- I understand that my abstract may be immediately rejected and/or removed from any publication if it does not thoroughly comply with all of the above requirements.

## Review and Grading Process

Abstracts are blind reviewed by at minimum two committee members and are graded using a 1 to 9 scale, with 1 being "exceptional" and 9 being "poor". The ASRA Pain Medicine committee performing the review and selecting abstracts for presentation is identified based on the abstract category.

- **Scientific Abstracts**
  - Research Committee
  - Support from the Scientific/Education Committee members with expertise in each field as necessary
- **Medically Challenging Cases**
  - Scientific/Education Planning Committee
- **Safety/QA/QI**
  - Fellowship Directors

The ASRA Pain Medicine committee review and ranking of abstract submissions does not constitute peer review and should not be interpreted as such. Notification regarding the status (accepted for poster presentation or rejected) will be sent to the abstract author approximately 2 months prior to the meeting. Some submitted abstracts may not be accepted based on their quality or space limitations at the meeting venue.

## Reviewer Checklist

Reviewers will complete the checklist below to verify that all requirements are integrated into the submitted abstract. Abstracts not complying with all requirements will be automatically rejected. There will be no revision and resubmission period or process.

### Submission Requirements:

- The abstract is correctly categorized.
- The abstract is incorrectly categorized and should be re-categorized (see comments).
- All abstract content areas are thoroughly completed.
- Conflicts of interest disclosure and financial support have been declared.
- IRB, animal use committee, and/or patient informed consent stated or documented as waived, as necessary.
- If off-label use, proper approval obtained (IND and/or IRB) and/or follows conditions set forth regarding such experimentation as described within the [How to Format Data for Presentation in the Regional Anesthesia and Pain Medicine Journal](#).
- Any off-label indications have been clearly documented as such.

- No promotional content has been used (brand/trade names, logos, ultrasound logos, etc.). If necessary for clarity, a trade/product name is included parenthetically once in the Materials and Methods section, but no more, and not in the abstract title. If more than one company makes the product, all applicable trade names are identified.
- Copyright permission obtained, if necessary.

Scoring:

- Accept
- Accept with changes
- Reject
- Comments, reasons for rejection, or re-categorization:
  - o Incorrectly categorized; Recategorize to Scientific Abstract
  - o Incorrectly categorized; Recategorize to Medically Challenging Case

Score	Descriptor	Additional Guidance on Strengths/Weaknesses
1	Exceptional	Exceptionally strong with essentially no weaknesses
2	Outstanding	Extremely strong with negligible weaknesses
3	Excellent	Very strong with only some minor weaknesses
4	Very Good	Strong but with numerous minor weaknesses
5	Good	Strong but with at least one moderate weakness
6	Satisfactory	Some strengths but also some moderate weaknesses
7	Fair	Some strengths but with at least one major weakness
8	Marginal	A few strengths and a few major weaknesses
9	Poor	Very few strengths and numerous major weaknesses
<b>Minor Weakness:</b> An easily addressable weakness that does not substantially lessen impact		
<b>Moderate Weakness:</b> A weakness that lessens impact		
<b>Major Weakness:</b> A weakness that severely limits impact		

RAPM Publication:

- Would the content of this abstract be of interest to the general public (if accepted)? ASRA Pain Medicine would like to develop press releases for some of the excellent work being done in the ASRA Pain Medicine community and enhance the visibility of the experts in our field.

**Presentation during Meeting**

**ePoster Fee**

ASRA Pain Medicine does not charge a fee to submit an abstract. However, \$75 will be charged for each abstract actually accepted for ePoster presentation. This payment is non-refundable and partially offsets ASRA Pain Medicine's cost for abstract presentation in the ePoster format. This ePoster fee is generally less expensive than printing a poster; printed posters are not accepted (except for the best of meeting abstracts, see award section below). The ePoster fee will be charged after abstract acceptance and upon online submission of the ePoster.

**Meeting Pre-Registration**

Only abstracts/ePosters by authors who register no later than the ePoster submission deadline will be included in the final program and meeting materials. Meeting registration is refundable according to the meeting cancellation policy.

**Eligibility**

Only authors listed on the submitted abstract may present onsite during the meeting. Investigators who have abstracts approved for presentation but fail to attend the meeting three years in a row will be prohibited from submitting abstracts for the following two years.



## ePoster Display

All abstracts accepted for poster presentation during the annual meeting will be available onsite each day using ePoster technology. Multiple plasma screens will be available in a clearly identified viewing area. Authors will have 10-15 minutes for scheduled presentation, grouped by category and subcategory as much as possible. The ePosters will not be formally moderated during general viewing hours.

## Moderated Poster Sessions

Upon submission, authors will have the option to indicate if they would like to be considered for oral presentation during the annual meeting. The maximum number of moderated sessions will be determined by the project management team based on program organization and meeting space; ASRA Pain Medicine will provide as many opportunities as possible. Moderated poster sessions will include at least one dedicated session for medically challenging cases. All other sessions will be allocated for presentation of scientific abstracts; these sessions will be structured according to category and subcategory as much as possible. The final number of presentations will be based on the quality of submitted abstracts. Posters will be moderated at various times by various moderators. Each session will be assigned 9 to 12 abstracts. Each presenter will be allocated a maximum of 8 minutes per poster (5 minutes presentation and 2-3 minutes discussion).

## Awards

### Eligibility

Membership in ASRA Pain Medicine is not required to submit an abstract. However, only abstracts submitted by ASRA Pain Medicine members will be considered for the best of meeting awards.

### Best of Meeting Abstracts (*Scientific Abstracts only*)

The top 10 highest scoring scientific abstracts that have met all ASRA Pain Medicine abstract submission requirements and ASRA Pain Medicine membership will be sent to the research committee, which will select 3 best of meeting abstracts. Best of abstract winners benefit from the following:

- Invitation to give an oral presentation from the podium (max. 5 minutes with max. 7 slides including cover and disclosure slides submitted prior to the meeting)
- Certificate of achievement (mailed by the ASRA Pain Medicine office after the meeting)
- Poster is tagged in the ePoster system
- Printed poster display in the registration area (recipients are responsible for providing a 36"x 48" printed poster; ASRA Pain Medicine will reimburse up to \$100 upon receipt submission)
- Stand-up recognition at Awards Luncheon

Best of meeting award recipients must participate in the above presentation activities. If a winner is unable to participate, an alternative award winner will be selected.

### Resident/Fellow Best of Meeting Abstracts and Research Travel Award

Upon submission, resident/fellow submitters have the option of having their abstract considered for the resident/fellow research award. The top 10 highest scoring resident/fellow scientific abstracts will be sent to the research committee chair who will then select 3 to receive an award. The resident/fellow best of meeting and research award recipients benefit from the following.

- Invitation to give an oral presentation from the podium (max. 5 minutes with max. 5 slides submitted prior to the meeting)
- Certificate of achievement (mailed by the ASRA Pain Medicine office after the meeting)
- Poster is tagged in the ePoster system
- Printed poster display in the registration area (recipients are responsible for providing a 36"x 48" printed poster; ASRA Pain Medicine will reimburse up to \$100 upon receipt submission).
- Stand-up recognition at Awards Luncheon
- Complimentary meeting registration (main meeting and resident/fellow program only; additional activities not included)
- Travel award covering economy airfare and two days lodging (not to exceed \$1500)

Resident/fellow best of meeting and research award recipients must be present to participate in the above presentation activities. If a winner is unable to participate, an alternative award winner will be selected.



## Patient Safety Award (NEW!)

The Patient Safety Award was created in 2022 to recognize exemplary work in this important area. It was created in the spirit of Alice Romie, an advocate for patient safety who contributed to standardizing medication safety and education peers about this issue. Alice passed away from breast cancer in May 2021. The patient safety award recipient benefits from the following.

- Inclusion in a moderated poster session
- Invitation to give an oral presentation from the podium (max. 5 minutes with max. 5 slides submitted prior to the meeting)
- Certificate of achievement (mailed by the ASRA Pain Medicine office after the meeting)
- Poster is tagged in the ePoster system
- Printed poster display in the registration area (recipients are responsible for providing a 36"x 48" printed poster; ASRA Pain Medicine will reimburse up to \$100 upon receipt submission).
- Stand-up recognition at Awards Luncheon

Patient Safety award recipients must be present to participate in the above presentation activities. If a winner is unable to participate, an alternative award winner will be selected.

## President's Choice

Dr. Samer Narouze, ASRA Pain Medicine President (2021-2023), initiated this program at the 20<sup>th</sup> Annual Pain Medicine Meeting to highlight additional abstracts worthy of special note. These winners benefit from the following.

- Inclusion in a moderated poster session
- Certificate of achievement (mailed by the ASRA Pain Medicine office after the meeting)
- Poster is tagged in the ePoster system
- Invitation to give an oral presentation from the podium (max. 5 minutes with max. 7 slides submitted prior to the meeting) *as space is available*

## Ownership/Copyright

Authors retain ownership of their content and may reproduce or adapt it for other purposes. If the content is accepted for an ASRA Pain Medicine Annual Meeting, authors grant ASRA Pain Medicine a perpetual, royalty-free license to display and publish the work in any medium, with proper credit to the authors.

## Availability after Meeting

### ASRA Pain Medicine Society and/or Meeting Websites

Abstracts (as submitted for initial grading) will be included on the ASRA Pain Medicine website for three years (starting from 2015). All submitted ePosters will be available online prior to the meeting. Medically challenging cases ePosters are removed three months after the meeting and scientific abstracts after maximum three years.

### Regional Anesthesia and Pain Medicine Journal (RAPM) Listing (*Scientific Abstracts only*)

*Regional Anesthesia and Pain Medicine* (RAPM) is ASRA Pain Medicine's official journal, publishing peer-reviewed scientific and clinical studies. Scientific abstracts presented during the annual meeting are listed in the journal with abstract title, author, and affiliation data only; full abstracts are not included in print but will be posted on the ASRA Pain Medicine website with a link to the RAPM journal website. Medically challenging cases will not be printed in the journal or available on the journal's website. ePosters will not be printed in the journal.