



Abstract Submission Guide

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IMPORTANT DATES TO REMEMBER

Abstract Submission Deadline	October 5, 2026
Abstract Selection Notification	December 31, 2026
Manuscript Submission	Feb. 15 – Mar. 15, 2027

**Manchester Grand Hyatt
San Diego, California USA**
APSA Annual Meeting May 12-15, 2027

GENERAL INFORMATION

- **SUBMISSION** - Abstracts must be submitted via the [APSA submission site](#).
- **SUBMISSION DEADLINE** - October 5, 2026, 11:59 pm Eastern Time USA.
- **NOTIFICATIONS** - Sent to authors by December 31, 2026. Notifications are sent to the contact author's email address provided during submission.
- **REGISTRATION** - All presenters must be registered for the APSA 2027 Annual Meeting.

ABSTRACT SUBMISSION GUIDELINES AND REQUIREMENTS

The intent of the scientific program at the annual meeting is to include the broadest possible scope of the science and practice of pediatric surgery. Abstracts are welcome on any subject in clinical and experimental pediatric surgery including patient series, new operations, laboratory findings, preliminary results and diagnostic techniques. **Case reports are not allowed**. Membership in APSA or sponsorship by an APSA member is not required for submission.

Abstracts will be judged on originality, scientific merit, study design, clarity of expression, presentation of data, adherence to the rules of submission and relevance to pediatric surgical care or research.

The Program Committee will determine the presentation method for selected abstracts, e.g., podium (oral presentation in the Plenary, Scientific or Breakout sessions) or quick shots with an oral presentation. The presenter may accept or decline with no associated penalty.

ORIGINALITY AND DUPLICATE SUBMISSION POLICY

1. Abstracts are submitted with the understanding that the data and essential substance **are original**. Authors have a duty to avoid any appearance of duplicate publication.
2. Originality requires that the data are not part of any previously published book, journal or other work previously presented, and are not accepted for presentation, or being considered for presentation, at a regional, national, or international scientific meeting or organization where papers are chosen through a peer review process (unless the other meeting will take place after APSA).
3. If an abstract is submitted for consideration at APSA and another regional/national/international meeting simultaneously, and the other meeting takes place prior to APSA, the abstract must either be: (i) withdrawn from APSA consideration immediately upon acceptance for presentation at the other meeting, or (ii) withdrawn from consideration at the other meeting and presented at APSA.
4. Any work that is published or electronically available in a peer-reviewed journal before the date of the APSA meeting is **NOT** permissible. If a manuscript associated with the submitted abstract has been accepted for publication, the abstract must be immediately withdrawn upon acceptance for publication in journals (print or online) unless the publication date is after the annual meeting.
5. **Exceptions to duplicate submission:** (i) data presented in a local city, county, or state, or at the authors' institution, such as at an institution-sponsored research day, citywide society meeting, or statewide meeting, (ii) data previously presented in the context of an invited lecture and not associated with any specialty or disease/topic -specific meetings or workshops (e.g., ELSO, IFMSS, COG, etc.)
6. **Failure of authors or sponsors to comply with these guidelines will result in penalties by the APSA Board of Governors** including abstract withdrawal and a potential two-year prohibition on submitting additional work to the organization.
7. **Submitting the same research findings to multiple categories or submitting data that has been inappropriately divided into multiple abstracts ("salami slicing") is strictly prohibited. Each abstract must represent a distinct and complete body of work. Submissions found to be duplicative or fragmented may be rejected or withdrawn.**

AWARDS

Visit the [APSA website](#) for eligibility requirements and additional information.

QUICK SHOTS OF DISTINCTION

Two awards are given for outstanding presentation by a medical student, surgical trainee, or affiliated professional. One for basic science and one for clinical. Presenters must be enrolled in medical school, a surgical training program (residency or fellowship), or practice as an affiliated professional in pediatric surgical care. Each recipient receives a prize in the amount of \$250 and a certificate.

M. JUDAH FOLKMAN MEMORIAL AWARD

APSA's Program Committee and the Association of Pediatric Surgery Training Program Directors select two recipients for outstanding research presentation, one in basic science and one in clinical science. Award recipients must be trainees currently enrolled in a surgical training program (residency or fellowship). Each recipient receives a prize in the amount of \$1,000, a Folkman medallion and a certificate.

QUALITY, SAFETY AND VALUE IN SURGERY

APSA's Surgical Quality and Safety Committee selects one manuscript that best demonstrates quality improvement principles, patient safety initiatives and/or addresses the value proposition by demonstrating an improvement in outcomes while at the same time reducing cost or other measures of resource utilization. The quality of the manuscript and potential impact of the intervention for improving value outside of the author's own institution will serve as the primary criteria for judging. The recipient receives a prize in the amount of \$500 and a certificate.

Eligibility Requirements

- Interest in being considered for the award must be indicated during the abstract submission process.
- Abstracts must provide data on both outcomes and resource utilization and demonstrate an improvement in healthcare in one of the following ways:
 - Improvement in outcomes and a concomitant reduction in resource utilization or cost.
Outcomes can include condition/disease-specific measures (e.g., complications) and/or patient-centered measures (e.g., patient satisfaction, quality of life)
 - Improvement in outcomes without an increase in resource utilization or cost
 - Reduction in resource utilization or cost without a detrimental effect on outcomes
 - Improved patient safety through systematic improvement in care
 - Utilization of quality improvement tools or techniques
- A manuscript supporting the abstract must be submitted for review via the regular **APSA channels** by the stated deadline, for publication in the *Journal of Pediatric Surgery* (JPS) or in a journal of the author's choosing with a copy of the manuscript submitted to the APSA Quality Award Subcommittee.
- The recipient will contribute content to the APSA Quality and Safety toolkit.
- Posters and video presentations are not eligible, unless specifically identified as award candidates by the APSA Quality Award Subcommittee.

More detailed information regarding timelines and judging criteria for the award is sent to authors following the initial review of eligible abstracts.

INNOVATION

APSA's Program and New Technology Committees select one recipient for the best innovation abstract presented at the APSA Annual Meeting. The recipient receives a prize in the amount of \$500 and a certificate.

In an effort to encourage and disseminate novel ideas, authors are encouraged to submit abstracts detailing new techniques, therapies, devices or processes of care that have the potential to improve the treatment of pediatric patients. Abstracts will be judged on the uniqueness and potential impact of the idea, as well as the quality of the presentation. Submissions designed to promote a particular product are discouraged but will be considered based on individual circumstances.

ERIC B. JELIN NAFTNET-APSA AWARD FOR BEST ABSTRACT IN FETAL DIAGNOSIS AND THERAPY

The APSA Fetal Diagnosis and Treatment and Program Committees select three best abstracts in the fetal category. The NAFTNet Board of Directors selects the winning abstract. Primary author must be junior faculty (assistant professor or instructor), fellow or resident. Recipient receives a prize in the amount of \$500 and a plaque. This award is supported by [NAFTNet](#) In Memory of Eric Jelin, MD.

JPS-APSA AWARD

A collaboration between the Journal of Pediatric Surgery (JPS) and the American Pediatric Surgical Association (APSA). The award is given to the most impactful manuscript as selected by the APSA Publications Committee based on an abstract presented at the APSA meeting. The recipient receives a prize in the amount of \$500 and a certificate.

The Bartlett Award for Innovation in Pediatric Critical Care and ECMO

In honor and memory of Dr. Robert H. Bartlett, this award recognizes outstanding scientific contributions in the fields of pediatric critical care and extracorporeal membrane oxygenation (ECMO). Abstracts submitted to the APSA Annual Meeting that focus on critical care and/or ECMO will be reviewed by the Critical Care Committee in advance of the meeting. Submissions will be judged on their scientific merit, innovation, and technological advancement, reflecting Dr. Bartlett's enduring legacy of advancing life-saving care for critically ill children. A prize in the amount of \$500 is funded by the APSA Foundation Bartlett Endowment. The award will be presented during the APSA Annual Meeting to the presenting author of the selected abstract.

APSA-Pediatric Trauma Society Award

A collaboration between the Pediatric Trauma Society (PTS) and the American Pediatric Surgical Association (APSA). The winning abstract is based on presentation at the APSA annual meeting. Top three abstracts are identified by the APSA Trauma Committee. The PTS chooses the winner from the top three candidates. The winner receives a prize of \$500 and a plaque.

ABSTRACT SUBMISSION DETAILS

ARTIFICIAL INTELLIGENCE (AI)-ASSISTED TECHNOLOGY USE IN ORIGINAL SCHOLARSHIP

- **Ideas and data used to generate scholarly work submitted for consideration should be original work by the authors.**
- AI-Assisted Technology, such as chatbots, large language models and image creators, can be used as tools to **support** research construction and output. Potential uses include assistance with text editing and summarization, as well as proofreading.
- AI-Assisted Technology cannot be listed as an author.
- The authors should review all work generated by AI-Assisted Technology and are ultimately responsible for the content of the research product. This includes the validity and accuracy of source material and appropriate references, as some major limitations of AI-Assisted Technology that can adversely affect research output include bias, hallucinations (factual inaccuracies), lack of contextual understanding, ambiguity of sources, and potential for plagiarism. Failure to do so may undermine the scientific credibility of scholarly work.

- If AI-Assisted Technology is used to support the research process, acknowledgment of the technologies used and how they were used must be clearly delineated and listed in the Methods section.

ABSTRACT TITLE

Short and descriptive titles are preferred, avoiding declarative or interrogatory title styles.

DISCLOSURES

Authors must disclose any financial interest/relationship that they have with any commercial interest related to the content of the presentation. In addition, authors must identify any off-label or experimental uses of any drugs that are presented in the abstract.

INFORMED CONSENT

IRB/IACUC APPROVAL

Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC) approval must be indicated for all studies involving human subjects and/or animals. IRB approval is required for retrospective reviews. Indication on the abstract form that IRB/IACUC approval has been obtained implies that written approval from the appropriate institutional committee has been obtained. Authors of abstracts that are exempt from IRB approval must provide documentation of exemption in the form of a letter from the chair of their IRB or provide a letter from the senior APSA member author on the abstract attesting to the fact that the study design meets all criteria for exemption from IRB review and approval. The program committee reserves the right to refuse claims of exemption if, in the opinion of the program committee members, the study design does not meet criteria for exemption. IRB/IACUC requirements must be satisfied upon submission of the abstract. Failure to comply with this requirement will result in the abstract being withdrawn. There will be no exceptions to this rule.

Any studies involving human subjects must conform to the principles of the Declaration of Helsinki of the World Medical Association (Clinical 57 Research 1966; 14:103) and must meet all of the requirements governing informed consent of the country in which it was performed. To complete your abstract submission, you will be required to upload a copy of your IRB/IACUC approval (or equivalent of) or exemption for the abstract to be considered. If you are submitting an abstract based on a cooperative group trial result (COG), your institutional IRB for that specific trial will suffice.

CATEGORIES

Abstracts will be considered in the following categories:

- Advocacy
- Basic Science
- Critical Care
- Colorectal Diseases including anorectal malformations and Hirschsprung disease
- Congenital Diaphragmatic Hernia
- ECMO and extracorporeal support
- Education
- Endocrine surgery
- Ethics
- Fetal/Diagnosis and Intervention
- Fetal/Basic Science and Developmental Biology
- Gastrointestinal Clinical Pediatric Surgery, other than colorectal
- General Clinical Pediatric Surgery (includes Gastrointestinal Clinical Pediatric Surgery, other than colorectal)
- Global - author list must include author(s) from the low or low-middle income community or relevant community to be considered for selection.
- History – diseases, techniques, technology, events, or personalities relating to the field of pediatric surgery.
- Innovation
- Necrotizing Enterocolitis
- Nutrition
- Obesity
- Oncology
- Practice (business of pediatric surgery, professional considerations, etc.)
- Quality and Safety
- Thoracic Clinical Pediatric Surgery
- Trauma

ABSTRACT TEXT

- The abstract must be written in English. Authors who do not utilize English as a first language are encouraged to seek assistance for writing abstracts with proper English grammar and syntax.
- Authors and institutions **must** be omitted from the abstract text. Because of the blinding process used during the review process these rules must be observed. Non-conforming abstracts will NOT be considered.
- Abstracts must be limited to **350 words and one graphic element or one table**, which do not count against the 350-word limit.
- Tables are limited to a maximum of 7 columns and 10 rows.
- Graphics should be submitted in a .jpg, .jpeg or .png format. Do not submit .bmp files.
- The abstract should clearly state the **purpose** for the study or review, **methods** used for the study, the **results** obtained and the **conclusions**. Promises to explain the work or vague presentations of data will result in rejection.
- The reviewers prefer and will look with greatest favor on abstracts submitted in the Purpose-Methods-Results-Conclusion format.
- The **Purpose** should be a succinct statement of the research question or hypothesis to be addressed.
- The **Methods** should include the clinical setting (taking care not to identify the institution name), sampling criteria and inclusive dates. The control group should be adequately described. Specific mention should be made of the number of experimental subjects or patients in groups (n=). The statistical method and levels of significance should be included.
- The **Results** should be stated in sufficient detail to support the conclusion, with only enough interpretation to indicate relevance; extended discussion or literature reviews should be avoided.
- The **Conclusion** should summarize the abstract (We conclude...) with a brief statement of findings clearly supported by the data, consistent with the research purpose, and with a minimum of further suggestions or inferences. The conclusion should be readable as a short, stand-alone statement.
- The reviewers will consider abstracts submitted in different styles only when the above-described format is inappropriate to the content.
- Tables, figures and graphs should not be used in the abstract unless they are simple and illustrate the central theme of the work in ways that text cannot.
- Abbreviations conjured up for use within an abstract are discouraged. Thus, non-standard abbreviations should be avoided. There should be no abbreviations used in the conclusion. Authors agree to copy editing of the abstract.

AUTHORS

Credit for authorship implies substantial contributions to conception, design, analysis and interpretation of data, and to writing and revising the abstract. The number of authors should be reasonable, given the subject and experimental design. Data generated from multiple institutions should include an author from each institution or permission from a representative from each institution to use the data.

CORRESPONDING AUTHOR

The corresponding author must provide a reliable email address at the time of abstract submission and must notify APSA Headquarters of any changes in contact information. In addition to acting as the liaison for their abstract(s), the duty of the corresponding author is to warrant to APSA they have reviewed the material to assure the quality and integrity of the work and will supervise preparation of the presentation and the manuscript. The individual identified as the presenting author during submission is also the corresponding author. **APSA headquarters must be notified of any changes in contact information.**

PRESENTING AUTHOR

In some cases, the presenting author may differ from the corresponding author. This is permissible. If so, this must be delineated when the abstract is submitted for consideration. The level of training for the presenting author at the time of the meeting must be documented (i.e., college student, medical student, resident, fellow, nurse practitioner or physician assistant, attending surgeon, other). This information will be utilized **only** after blinded abstract review for programming purposes. **APSA headquarters must be notified of any changes in presenting author information as soon as possible.**

PRESENTATIONS

PRESENTATION LIMITS

Authors agree to present their abstracts on the days and times assigned by APSA. The program committee **will not** honor requests to present on a certain day or time. *

* If an author is scheduled to present more than one abstract during concurrent sessions, it is the responsibility of the presenting author to contact APSA staff once the preliminary program is finalized and the program chair will remedy the scheduling conflict with the presenting author. The program chair will make every attempt to ensure authors do not have overlapping presentations. Last-minute scheduling changes are not permissible. If the presenting author cannot present, they must contact APSA staff as soon as possible to name a replacement or withdraw the abstract from presentation.

PRESENTATION METHODS

The Program Committee determines the presentation method of accepted abstracts. See detailed descriptions below.

Podium Presentations

- Oral presentations in Plenary, Scientific, Quick shots or Breakout sessions. Specific date, time, session and length of presentation will be communicated to the corresponding author once the program is constructed.

Video Presentations

- Most appropriate to demonstrate new or novel techniques or operations.
- Must include an abstract submitted through the abstract submission site.
- Abstracts accompanied by videos are considered for Plenary, Scientific or Breakout sessions.
- Digital format only.
- Must include audio narration of the procedure.
- Videos **cannot contain any information identifying institutions or authors**. If your abstract is accepted, you will be asked to provide an authored version of your video for presentation, which can include institution and author information.
- Video length must not exceed 5 minutes.
- Video presentations will be dispersed throughout the meeting in the category deemed most appropriate.

Format

- Video file maximum is 250MB. If a video is accepted, authors may petition APSA to provide a file with higher quality video.
- Acceptable video file formats are .mov or .mp4.
- An aspect ratio of 16:9 or 4:3 is required for all video submissions.

MANUSCRIPTS

Authors of eligible abstracts are encouraged to submit a manuscript for publication in the APSA edition of the *Journal of Pediatric Surgery* via the regular APSA channels. **Authors of all eligible abstracts are notified by February 15.** Manuscript submissions will be accepted February 15 – March 15, 2027. Additional information and submission details will be provided by February 15.

Eligibility

Podium Presentations

Abstracts in the Plenary, Scientific and Breakout sessions are eligible for manuscript submission.

Quick Shots

Quick shots are not eligible for manuscript submission unless identified as candidates for the Quality Award.

Video Abstracts

Presentations that reflect a clinical series of patients and outcomes through a new or modified technique depicted in a video or other digital content may submit manuscripts for consideration by the Publications Committee. Manuscripts based solely on operative technique will not be accepted.

Abstract Submission Site

APSA Contact Information

Jason Frischer, MD
Program Committee Chair
jfrischer@uthsc.edu

Erica Carlisle, MD
Program Committee Vice Chair
erica-carlisle@uiowa.edu

Marina Petrulla
Associate Executive Director
847-752-5652
marina@apsaped Surg.org

Kristin Dube
Program Manager
847-748-0214
kdube@apsaped Surg.org

Visit the APSA website

1061 East Main Street, Suite 300
East Dundee, IL 60118
Phone: 309-PED-SURG (309-733-7874)
Email: info@apsaped Surg.org

