Besides the classical scientific presentations, there will also be the opportunity to submit again this year an abstract for the Special Lecture that would suite the newly added “Surgical perspectives" format of the Annals of Surgery, that addresses important issues relevant to healthcare, medicine in general, and which are of specific interest to the profession of surgery. The topics of these articles may include surgical quality or safety, surgical reimbursement, surgical education, or other issues facing the profession. Unlike the other abstracts, the selection of this Special Lecture will be performed by the ESA council in December.

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GENERAL TERMS

> Deadline for Classical Abstracts submission ends on November 15th (Midnight, Paris time)
> Deadline for Special Lecture submission is postponed to November 30th

Prior to the abstract submission some additional information are requested from the Program Committee in order to help the selection process:

- State clear who is the Sponsor ESA member of the abstract.
- In the abstract section declare if is a RCT or not.
- Please make sure you can choose the surgery specialty to whom the abstract belongs.

Please note the following for the Classical abstracts:

Number of Words:
The abstract length is increased to maximum 500 words (title excluded) to allow clearer information in terms of novelty, clinical relevance or translational research, robustness of the statistical analysis and study endpoints.

Title:
According to Annals of Surgery Editorial guidelines.

Background and Aims:
Please provide here what is the established knowledge about the topic of the study, the rationale and the need for the present study and the future clinical implications deriving from conducting the study.

Study Design:
Please provide here the setting of the study, if it is an observational retrospective, propsective or randomized controlled trial or any other type of study design. Please unequivocally define primary and secondary end-points of the study, how the recruitment of patients is accomplished, reasons for eventual exclusion, and the analysis planned to verify the initial hypothesis. These aspects are essential to verify the transparency regarding "what was planned and what was done", in particular, in this section it must clearly specified what specific hypotheses the researchers intended to test and the analytical methods by which they planned to test.
Statistical analysis:
If an RCT, please provide here details about sample size estimation and power of the study. Do not report in this section the sample size of the study population. Provide also specific details about statistical methodologies applied especially when inferential statistic is applied. Statistic must be rigorous and the corresponding author must declare who performed it in the eventual subsequent full submission. Help from a bio-statistician is strongly encouraged. Please include registration number of RCT.

Results:
Please provide here synthetically the results obtained according to the methods used in the study design section. Reviewer will expect to evaluate results that are correctly obtained.

Discussion:
Please be very clear and synthetic. Provide only discussions which are in clear agreement with the results obtained.

Conclusion:
Please explain with few, clear sentences the novelties or innovations contained in the study you are submitting.

Please note the following for the Special lecture abstracts:

Since 2014, one “special article” (up to 500 words) that “aims to address important issues relevant to healthcare or medicine in general and which are of specific interest to the profession of surgery such as quality or safety, surgical reimbursement, surgical education, or other issues facing the profession” is selected by the council (i.e. not by the program committee) and included in the program.

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Hotline
If you encounter any difficulties during your submission, or notice some character's bug in the acknowledgement of submission received by email, please contact: esa@hopscotchcongres.com who will provide you the necessary support.