



74th Annual Surgical Update

Surgical Innovations and
Current Advancements



Call For Abstracts

June 6-9, 2012
Atlanta, Georgia

International College of Surgeons - United States Section

Call for Abstracts

Join General Surgeons and Surgical Specialists from around the nation and around the globe as we gather in Atlanta, Georgia for our 74th Annual Surgical Update.

This is your opportunity to gain recognition as an educator in your area of surgical expertise while gaining exposure among an international audience.

The theme for this conference is **Surgical Innovations and Current Advancements**, and will support both multidisciplinary and specialty specific approaches for the complex, new and emerging trends in surgery.

Course Sponsor

International College of Surgeons
United States Section
An ACCME Accredited Provider

2011 CME Committee Chair and 2012 President

Larry S. Sasaki, MD, Bossier City, LA

Council of Specialty Group Chairs

Uretz J. Oliphant, MD, Urbana, IL (2011)
Michael J. Jacobs, MD, Birmingham, MI (2012)

2012 CME Committee Chair

Gazi B. Zibari, MD, Shreveport, LA

Abstracts are invited in the following areas:

Anesthesiology	Plastic Surgery
Colon/Rectal Surgery	Radiology
General Surgery	Sports Medicine
Neurosurgery	Thoracic Surgery
Obstetrics and Gynecology	Transplant Surgery
Ophthalmology	Trauma
Orthopaedic Surgery	Urology
Pathology	Vascular Surgery
Pediatric Surgery	

About this conference

Under the direction of our current CME Chair and President-Elect, Dr. Larry Sasaki, this conference will be dedicated to addressing the latest surgical innovations and current advancements in surgery by offering the general surgeon and surgical specialist plenary sessions that will provide a multidisciplinary approach to robotics, minimally invasive surgical procedures and trauma as well as enhanced specialty specific sessions and workshops.

Programs will examine current surgical practices and procedures and how these practices are influencing the need for change all the while providing a stimulating forecast for the future of

surgery. Common scenarios and complex situations will be discussed with innovative approaches to surgical management for improved patient care.

The overall goals of this conference will be to enhance overall technique, to advance current surgical knowledge, foster continued training and improve patient care.

While you are welcome to submit an abstract on the topic of your choice, we are also seeking papers and presentations in all surgical genres that would fall into the following categories and highlight specialty specific elements:

- Robotics
- Avoiding Complications in Minimally Invasive Surgery
- Trauma
- Laparoscopy in Trauma
- Self-Automated Conscious Sedation
- VATS Update/Cellular Panel Directed Therapy for Lung Cancer
- Ultrasound Vein Mapping
- Carotid Stenting vs. Endarterectomy
- Plastic Surgery Post-Obesity Reconstruction
- Focal Cryoablation of the Prostate
- Renal Cell Cancer Cryoablation
- Treatment for Incontinence
- Cryoablation of Prostate Cancer
- Transplantation and Stem Cell Therapy
- Islet-Cell Transplantation
- Stem Cell Therapy for Myocardial Infarction
- Stem Cell Therapy for Arthritis
- Stem Cell Enhanced Fat Grafting

Instructions for Submission

All Abstracts must be submitted through the ICS-US Section website at www.ficsonline.org. Abstracts will only be accepted electronically

Abstract submission is open to ICS members and non-members. We welcome you to share this information with your non-member colleagues.

**All Abstracts must be received by
January 31, 2012
After January 31, the submission site will be
closed and you will not be able to submit
an abstract.**

Log on to our website at www.ficsonline.org to submit an abstract. Click the **2012 Annual Meeting Abstract Submission** button to reach the online form. Be sure to read the guidelines and follow the outline prompts as they take you through the submission process.

The American Academy of Neurological and Orthopaedic Surgeons 36th Annual Scientific Meeting – Atlanta, Georgia – June 8-9, 2012

Scientific Organizing Committee

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Big Rapids, MI

The following topics and presentation titles (in addition to the ones listed in the accompanying newsletter) have been derived from research and literature review, practice parameters, consensus reports and quality patient care data that includes chart audit, mortality/morbidity data, risk management data, and quality improvement data. Please consider submitting an abstract on or related to one of these subjects.

1. Advances in Stereotactic Radiosurgery
2. The OR of the Future is Here - Stereotactic Neurosurgery, Intraoperative Imaging, Neurosurgical Robotics and Other Adjuncts
3. Neurosurgical Approaches - Awake Craniotomies
4. The Team Approach to Neurosurgical & Orthopaedic Care
5. Minimally Invasive Spine and Intracranial Techniques - Including Neuro-endoscopy
6. Advanced Technology as Applied to Neurosurgery & Orthopaedic Surgery
7. 3D Neuro-anatomical Microsurgery
8. Dynamic Complex Spine Techniques
9. Fetal & Pediatric Neurosurgery
10. International Neurological and Orthopaedic Surgical Experiences
11. Microsurgical Treatment of Brachial Plexus Injuries
12. Neurosurgical Trauma
13. Novel Applications in Neuro-endovascular Techniques
14. Open Reduction Fractures
15. Orthopaedic Trauma
16. Orthopaedic Pediatrics
17. Peripheral Nerve Grafting
18. Pros and Cons of Spinal Instrumentation
19. Skull Based Approaches: Surgical, Radiosurgical, and Minimally Invasive Techniques
20. Technology as Applied to Global Exchange in Neurological Surgery & Orthopaedic Surgery
21. Vertebroplasty vs. Kyphoplasty
22. Practice Management & Medico Legal Issues - Implementing Wisdom, Knowledge & Experience
23. Virtual Continuing Medical Education and Technical Skills Development
24. Global Healthcare & International Outreach - Neurosurgical and Orthopaedic Care and Education
25. Translational Medicine in Neurosurgery & Orthopaedics
26. The Politics, Culture & History of Neurosurgery and Orthopaedics

Submitted papers should be:

Original

Contain evidence that information presented is data-driven

Address the latest clinical surgical applications.

Proprietary names of drugs and or instrumentation are not allowed, generic names must be used.

After Your Submission has been received:

*You will be contacted and required to complete and submit our Conflict of Interest Disclosure and Off-Label Disclosure Policy Form.

*If research was supported by a pharmaceutical company/surgical device manufacturer you must indicate the company's role in analyzing the data or preparing the abstract.

See the **Frequently Asked Questions** regarding ICS-US policies for the identification and resolutions of **Conflict of Interest** provided below. All planning committee members and faculty (this includes potential faculty through abstract submission) are required to adhere to these policies. Those individuals who fail to comply will be removed or excluded from the program.

FACULTY DISCLOSURE AND RESOLUTION OF CONFLICT OF INTEREST FREQUENTLY ASKED QUESTIONS:

Q. What are the ACCME Standards for Commercial Support?

A. In September 2004, the ACCME adopted the updated Standards for Commercial Support to strengthen the mechanisms to prevent the potential for commercial bias in CME activities. The new standards promote the development of effective strategies to ensure full disclosure of faculty relationships with commercial entities and the subsequent resolution of potential conflicts of interest, and the provision of evidence based information to learners.

Q. What is the ACCME's definition of a Commercial Interest?

A. The ACCME defines a "commercial interest" as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations.

Q. What is a Relevant Financial Relationship?

A. Relevant financial relationships are those relationships in which the individual benefits by receiving salary, royalty, intellectual property rights, consulting fees, honoraria, ownership interest or other financial benefit from a commercial support entity within the past 12 months. ACCME considers relationships of the person involved in a CME activity to include financial relationships of a spouse or partner.

Q. What types of financial relationship constitute a Conflict of Interest?

A. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about the products or services of a commercial interest with which he/she has a financial relationship.

Q. How can Conflict of Interest be managed?

A. In order to manage conflict of interest, we must know about relevant financial relationships prior to the activity being developed and delivered to the learners.

Q. Who has to disclose?

A. All individuals who are engaged in the planning of a CME activity must complete a faculty disclosure form prior to the rendering of an educational

activity. This includes activity directors, program chairs, specialty group chairs, planning committee members, faculty speakers, and moderators.

Q. When is disclosure provided?

A. Individuals involved in the planning of a CME activity are required to complete the ICS Planning Committee Member COI form 6-12 months prior to the activity.

Individuals involved in the presentation or teaching of an educational activity are required to complete the ICS Faculty/Speaker COI form once they have been selected to present.

Q. Can YOU refuse to disclose?

A. An individual who does not disclose or who refuses to disclose is disqualified from participating in an ICS-US CME activity.

Q. How do we resolve a Conflict of Interest?

A. All faculty involved with the planning or teaching of a CME activity who disclose a conflict of interest must resolve that conflict prior to the CME activity. Mechanisms for resolution include the following:

- Support the presentation with "best available evidence."
- Refrain from providing clinical recommendations regarding products or services of a commercial entity.
- Recommend an alternate speaker.
- Submit presentation for peer review.
- Divest oneself of the financial interest.

Q. What happens after a Conflict of Interest has been identified and resolved?

A. Resolution of the conflict of interest must also be made known to the learners in advance of the educational activity. This can be accomplished via podium announcement, promotional materials, syllabus, first slide, or moderator attestation.



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United States Section
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