

# Abstract Submission

## Abstract Submission Open

Monday, 3 June 2024

## Abstract Submission Deadline

Sunday, 17 November 2024, midnight CET (23:59)

## Abstract Submission Notifications

Mid- November 2024

You are invited to submit an original abstract to IFSO – The International Federation for the Surgery of Obesity and Metabolic Disorders – Asian Pacific Chapter

### **BEFORE YOU SUBMIT**

- Read these guidelines thoroughly before proceeding.
- All submissions must be submitted via the Congress submission system.
- Ensure ALL authors/presenters are aware of and agree with the abstract details as well as the submission terms and conditions.

Please read the submission rules before submitting an abstract.

- Abstracts must be submitted online via the website only.  
**ABSTRACTS SUBMITTED BY EMAIL WILL NOT BE ACCEPTED.**
- **Presentation Type:** Abstracts may be submitted for **Oral Presentation, ePoster, or Video.**
  - **Oral Presentation** – An oral presentation, using PowerPoint slides, presented by one nominated

author. Presentations will include 2 minutes each for audience questions.

- **ePoster** – Authors will have the opportunity to have their ePoster displayed on screens in the Exhibition Hall for the entire duration of the Congress for delegates to view. Posters provide visual display of new techniques, programs, research or professional innovations. They are the ideal medium for the presentation of complex visual material and emerging practice content.
- **Video** – The video should be no longer than 7 minutes. Instructions for preparation can be found in the guidelines below.
- The Scientific Committee will determine whether the abstract will be accepted for presentation, with consideration given to the author's preference.
- Abstracts must be received by the announced deadline. Abstracts received after the deadline will not be considered.
- The acceptance of an abstract does not imply the provision of travel, accommodation, or registration for the Congress, nor any other costs associated with the preparation, presentation of the oral or ePoster, or any costs associated with attendance at the Congress.
- All abstracts are reviewed blindly by the IFSO reviewers. Their decision is final.
- You will immediately notify Kenes Group if you are unable to present or if the presenting author is changed.

## **Limitations**

- **Originality Disclosure**
  - Submitted abstracts/cases should not have been published in any other journals and/or online publications nor presented at any previous international congress.

- Submitting or presenting an already published work will lead to:
    - Withdrawal of the presentation from the Scientific Sessions
    - Prohibition of submitting abstracts to any IFSO Congress for one year
  - Submitted abstracts must report new information, not previously published or presented at a national or international scientific meeting prior to the Congress. Abstracts previously presented at meetings will not be accepted unless there is a substantial update of data.
  - Identified duplicates will be retracted from all related IFSO publications and scientific sessions.
  - Presenting authors must be registered participants. Only abstracts of authors who have paid their registration fees by the **deadline indicated in the notification email** will be scheduled for presentation and included in the publication.
  - The author is responsible for the accuracy of the abstract.
  - Submission of an abstract acknowledges your acceptance of the abstract's being published in the official congress publications.
  - By submitting an abstract, you give permission to film or photograph your presentation at the Congress.
  - Before submitting the abstract, the presenting author must ensure that all co-authors are aware of its content and agree to its submission.
  - The Abstract Submitter grants the Organizers a royalty-free, perpetual, irrevocable, nonexclusive license to use, reproduce, publish, translate, distribute, and display the content.
  - Do not include references in your abstract body.
  - Abstracts must be submitted in English.
- All abstracts should be submitted and presented in clear

English with accurate grammar and spelling of a quality suitable for publication. If you need help, please arrange for the review of your abstract by a colleague who is a native English speaker, by a university-specific publications office (or another similar facility), or by a copy editor prior to submission.

- Disclosure of Conflicts of Interest: Abstract submitters must disclose any conflicts of interest in the submission form.

**Instructions for the preparation of presentations will be made available on the congress website in due course.**

- Use first-person language: Authors should not use “obese” as an adjective or noun to describe an individual person or group of people but instead use terms such as “people with obesity” and “populations with obesity”.
- Use “severe obesity” (or reference BMI range or Class), never “morbid obesity”, “super-obesity”, or “extreme obesity”, and all derivations (morbidly, super-obese, etc.).
- Do not use words such as: “success/failure”, “recidivism”, “non-compliant”, “gold-standard”, “last-resort”.
- Avoid the term “weight-loss surgery”; instead, use “bariatric-metabolic surgery”.
- Imagery: do not use headless people, stereotypical/stigma = takeaway boxes, fast food, ill-fitting clothes, etc.

Old and not accepted per Journal Policy	New replacement nomenclature
Morbid obesity	Severe obesity
Obese/Diabetics	Patient or individual with obesity/ diabetes
Subject/s	Patient/s or individual/s
Weight loss surgery	Metabolic Bariatric Surgery (MBS)
Super or super-super obesity	Please use Body Mass Index reference BMI>50 or BMI>60 to refer to this patient population respectively

Gold standard	Avoid using this term please
Revision procedure	'Revision or modification' for any procedure that does not encompass conversion to a new procedure with a new mechanism of action or reversal of the anatomy. Revision or modification encompasses correction or an enhancement of the same procedure (revision of a gastric pouch, distalization of gastric bypass)
Conversion procedure	'Conversion' entails converting one procedure to another with a different mechanism of action. Revision is not accepted as a substitution anymore
Reversal procedure	The term can still be used to describe reversing a procedure to the normal standard anatomy
Insufficient or inadequate weight loss	'Suboptimal clinical response' encompasses maximum total weight loss outcome (TWL%) <20%, while also covering no improvement or worsening of any obesity complication that was present preoperatively
Weight loss failure	Failure is not an acceptable term anymore. Use suboptimal clinical response if fits these criteria
Adequate weight loss	Optimal clinical response which follows the criteria of TWL% >20% and/or improvement of obesity complication/s
Success	This term is not acceptable anymore. Please use Optimal clinical response for primary procedures or optimal clinical response for other revision or conversion procedures
Restrictive or Malabsorptive procedures	These terms are not acceptable. Please describe procedures according to their anatomic features, bypass, diversion, etc.
Malabsorption/Hypoabsorption	Both are accepted, but it is essential to report: Micronutrients for minerals and elements versus Macronutrients for protein/fat or carbohydrates
Weight regain/ recurrence	Recurrent weight gain

- BMI 30 <35kg/m<sup>2</sup> Obesity I
- BMI 35 <40kg/m<sup>2</sup> Obesity II
- BMI 40 <50kg/m<sup>2</sup> Obesity III
- BMI 50 <60kg/m<sup>2</sup> Obesity IV instead of "Super Obesity"
- BMI 60 <70kg/m<sup>2</sup> Obesity V instead of "Super-Super Obesity"

**Before you begin, please prepare the following information:**

- **Presenting author's contact details:**
  - Full first and family name(s)
  - Email address
  - Affiliation details: department, institution/hospital, city-state (if relevant), Country
  - Phone number
- **Author and co-authors' details**
- **Preferred Presentation type:** Oral Presentation/ e-Poster / Video

- **Abstract title** – must be in **UPPER CASE** and **limited to 25 words**. Please submit symbols as words.
- **Abstract text** – **limited to 350 words**, including acknowledgments. (Please Note: word count is affected when graphs/tables are included).
- **Abstract topic** – select the abstract topic per the [list of topics](#).
- **Tables – a maximum of 2 tables** can be incorporated and placed anywhere in the abstract.
- **Images–The abstract can incorporate a maximum of 2 Images**. Each image's maximum file size is 500 KB, and the graph/image's maximum pixel size is 600(w) x 800(h) pixels. You may upload images in JPG, GIF, or PNG format. Note that images don't affect the word count.
- Abstracts should clearly state:
  - Background**
  - Objectives**
  - Methods**
  - Results**
  - Conclusions**
- **Video Submissions** – The video should be prepared as follows:
  - Videos must be provided via a [Vimeo Link](#).
  - For instructions, please [click here](#).
  - Videos must include verbal narration in English.
  - Narration must use generic terms, and videos cannot contain any evidence of commercial support.
  - Acceptable video format: **.mp4**
  - Maximum length of the video: **7 minutes**
  - Maximum size of the video: **100 MB**
  - Videos must be uploaded in HD, in order to assure the best quality possible. The minimum dimensions accepted are 1280×720 (720p); 1920×1080 (1080p). We advise not to compress the file but leave it in the original format. Please do not exceed the maximum length of 60 FPS.
  - Videos should be in a standardized format:

- Video title
  - Disclosure
  - Clinical presentation and indication for surgery
  - Preoperative x-ray images/endoscopy/blood results
  - Operative procedure
  - Postoperative outcome
  - Conclusions
  - ***Do not include the name(s) of the author(s) in the video to guarantee blinded review.***
  - Ensure that the link is fully accessible and remains this way for at least 3 months after the IFSO-APC 2025 Meeting if accepted for presentation.
- Use only standard abbreviations. Special or unusual abbreviations should be placed in parentheses after the full word the first time they appear.
  - Use generic names of drugs. If you have any commercial interests or associations that might pose a conflict of interest regarding the submission, they must be declared. If accepted for presentation, the commercial interest or association must be declared on the title slide or the slide immediately following the title slide.
  - Submissions may not contain patient names, hospital ID numbers, or other identifying information.
  - The submission form allows you to **store your abstract as a draft until the deadline. If not submitted by the deadline, drafts will be deleted.**
  - Click the **SUBMIT** button at the end of the process to save your abstract. You may log in to the system later to make changes to your abstract up to the submission deadline. **After the deadline, abstracts cannot be modified or corrected.**
  - After you submit your abstract, you will receive an

abstract ID number via email. Please refer to this abstract number in all correspondence regarding the abstract.

- Please [contact us](#) if you have not received confirmation that your abstract has been submitted.
- Please do not submit multiple copies of the same abstract.

During abstract submission, you will be asked to confirm that you agree to the following:

1. I confirm that I previewed this abstract and that all information is correct. I accept that the content of this abstract **cannot be modified or corrected after the final submission, and I am aware that it will be published exactly as it was** submitted.
2. Submission of the abstract constitutes **the consent of all authors** to publication (e.g. Congress website, programs, other promotions, etc.)
3. The Abstract Submitter warrants and represents that no part of the information and content provided by him/her (Hereafter: the “**Content**”) to IFSO-APC 2025 and Kenes International (Hereafter: the “**Organizers**”), nor the publication of any such Content by the Organizers, on the internet or otherwise infringes any third party rights, including but not limited to intellectual property rights.
4. The Abstract Submitter grants each of the Organizers the license and right to use, reproduce, publish, translate, distribute, and display the Content or any part thereof, in any manner and on any platform or media whatsoever, in each Organizer’s absolute discretion, on a royalty-free, perpetual, irrevocable nonexclusive basis.
5. I hereby confirm that the contact details saved in this system are those of the presenting author, who will be notified about the status of the abstract. The presenting author is responsible for informing the other



authors about the status of the abstract. The submitting author may request to be copied on the abstract correspondence.

6. I understand that the presenting author must be a registered participant.
7. The Organizers reserve the right to remove an abstract that does not comply with the above from publication and/or presentation.
8. I understand that I must select a specific Theme, Topic, and/or Sub-Topic for my abstract allocation. Although the Committee will work hard to honor this selection, this cannot be guaranteed. The Committee reserves the right to change the Theme, Topic, or Sub-Topic under which the abstract was originally submitted.
9. I confirm to have received the consent of all authors for the processing of their contact details by Kenes and the Organizers.

**For information regarding the abstract submission, please  
contact**

**[ifsoapc\\_abstracts@kenes.com](mailto:ifsoapc_abstracts@kenes.com)**