

**28th Annual Holiday Knee and Hip Course
December 1-3, 2016
The Grand Hyatt
New York City, NY**

**Sponsored by Hospital for Special Surgery
Office of CME
Steven B. Haas, MD, Activity Director
Douglas E. Padgett, MD, Activity Director
David J. Mayman, MD, Curriculum Director**

CALL FOR ABSTRACTS

The Hospital for Special Surgery wishes to announce a “*Call for Abstracts*” for presentation at its upcoming continuing medical education activity, the “*28th Annual Holiday Knee and Hip Course*” to be held December 1-3 at The Grand Hyatt, 109 East 42nd Street (at Grand Central Terminal), New York, NY.

Total knee and hip replacements are two of the most successful orthopaedic operations of this century. Ongoing modifications to techniques and materials further enhance their excellent outcomes. After 28 years, the Holiday Knee and Hip Course continues to attract an international audience and brings together distinguished faculty representing the leading thinkers in the field today. It provides attendees a **comprehensive overview of current issues and developments in adult reconstruction.**

Abstracts selected for the symposium will be further judged and be eligible to win the 2016 Richard S. Laskin, MD, Research Award and a \$500 prize. The winner will be presented with the award at the symposium on Friday, December 2, 2016.

NEW THIS YEAR: The winner will also present his/her research during a brief 5 minute presentation on the morning of the course on Friday, December 2nd.

Poster Abstract Submission Instructions

A. Invited Topics and Eligibility

We invite poster abstract submissions describing current original basic science or applied clinical research related to the following topical areas:

- Total joint arthroplasty
- Surgical and non-surgical management of hip or knee arthritis
- Management of pain, infection, DVT & PE
- New technologies in arthroplasty
- Techniques and methods that demonstrate improved patient outcomes
- Quality enhancement related to arthroplasty/prevention of errors

Abstract proposals may be the result of collaborative research and scholarly work performed by residents, fellows, medical students, and attending faculty.

The same study should not be submitted as multiple poster abstracts. Abstracts that are being considered concurrently for presentation at another professional meeting or for possible publication before the *28th Annual Holiday Knee and Hip Course* occurs will still be eligible.

Any work with human or animal subjects reported in submitted poster abstracts must comply with the guiding principles for experimental procedures found in the Declaration of Helsinki of the World Medical Association general guidelines.

B. General Instructions for Submitting an Abstract

- **Format**

The poster abstract limit is 2,750 characters (not including attachments of tables, graphs, etc.) Please do not exceed this limit.

Please format your poster abstract in the order below, using the designated section and sub-headings:

- **Section I: Abstract Title**

Title should be brief, clearly indicating the nature of the presentation. When entering your title online, use mixed case (**do not use all caps**), and do not put a period at the end of the title. *Example: This is a Properly Formatted Poster Abstract Title*

- **Section II: Principal Author and/or Co-Authors**

List the principal and all co-authors by listing the following:

- Name
- Title (attending surgeon, fellow, resident)
- Primary hospital affiliation
- Medical school/university affiliation
- Academic title
- Whether or not permission is granted for potential publication of the abstract in the *HSS Journal*

- **Section III: Content**

- Statement of purpose
- Methods, materials and analytical procedures used
- Summary of the results in sufficient detail to support conclusion
- Conclusions reached (do not state “results will be discussed”)
- Do the results support or encourage a change in the management and/or methods of care in any of the topical areas listed above?

- **Section IV: Attachments**

Attach all tables, graphics and other supporting documents in hard-copy or electronic format (Power Point or Word) to your abstract proposal.

- **Use of Product Names**

The non-proprietary (generic/scientific) name can be used in your poster abstract(s). The proprietary drug name may appear once in parentheses in the title only. However, if a drug or device has not received FDA approval, only the non-proprietary name may be used in the title and poster abstract. Failure to follow this rule will result in disqualification of your submission.

- **Abbreviations**

Use standard abbreviations. Place special or unusual abbreviations in parentheses after the first time the full word appears. Do not abbreviate compounds in the title of the poster abstract. Use numerals to indicate numbers, except when beginning sentences.

C. Poster Abstract Selection Processes

Poster abstracts will be reviewed and selected by the Poster Abstract Review Committee: Submission deadline is November 11, 2016. In the event that you are selected, it is your sole responsibility to arrange the necessary shipping and set up of your presentation.

D. Presentation at Symposium if Selected

The poster session of the program will be an open forum and your poster will be on display throughout the course. **You will be requested to be available at your poster during breakfast and breaks of the program on Thursday through Saturday, December 1st through 3rd if your schedule allows. Those selected are invited to attend the entire three day conference at no charge.**

The 2016 Richard S. Laskin, MD, Research Award winner must be present, or select a representative, to receive the award and to present his/her research on Friday, December 2nd, 9:40am-10:10am.

E. Author Submission Responsibilities

The person submitting the abstract will be the sole point of contact for information regarding the submission and is responsible for the following:

- Ensuring each co-author is aware of the contents of the poster abstract and supports its data. Failure to receive approval from each co-author will result in the Poster Abstract being disqualified.
- Ensuring each co-author is aware of the disclosure requirements and submits them at the time of the abstract submission.
- Indicating whether or not all authors have given permission for potential publication of the abstract in the *HSS Journal*.

- Forwarding poster abstract acceptance/rejection notification and ACCME policies to each co-author.
- Notifying each co-author of any changes to the program, as may be corresponded by the Symposium staff in a timely manner.

F. Financial Disclosure Forms

Anyone presenting an abstract and/or participating as a faculty member at an accredited CME activity sponsored by HSS must complete and sign the attached Financial Disclosure form as required by ACCME Essentials and Standards for Commercial Support. **The principal author and ALL co-authors must sign a Disclosure form.** Kindly return the Financial Disclosure form(s) along with your poster abstract. The Financial Disclosure Form can be found at the end of this document.

G. Submission Instructions

You may submit your poster abstracts and attachments electronically to: aronsw@hss.edu. In the subject line of your e-mail, please type *28th Annual Holiday Knee and Hip Course Poster Abstract*. Financial Disclosure forms must accompany your submission. Sign the Financial Disclosure form(s), scan and return in a PDF file format as an attachment. **Please submit Financial Disclosure Forms together.**

Alternatively, you may mail your poster abstract, disclosure forms along with supporting attachments to:

**28^h Annual Holiday Knee and Hip Course
Poster Abstract Review Committee
Hospital for Special Surgery
Office of Continuing Medical Education
535 E 70th Street
New York, NY 10021**

The submission deadline is Friday, November 11, 2016 at 5:00pm.

**For further information, please contact:
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Education & Academic Affairs Division
Hospital for Special Surgery
aronsw@hss.edu
Phone: 212-606-1547**

Education & Academic Affairs, Office of Continuing Medical Education

Request for Financial Disclosure Form

(Activity Directors, Planning Committee Members, Presenters, Authors and Staff)

Please print:

Name: _____

Activity Name: 28th Annual Holiday Knee & Hip Course Abstracts

Presentation Title #1: _____

Presentation Title #2: _____

Presentation Title #3: _____

Phone: _____

E-mail: _____

Note: All HSS and non-HSS faculty, presenters, planners, authors and staff members participating in an HSS educational/CME activity are required to complete an HSS disclosure form. This disclosure form will be reviewed prior to each activity in which you participate in the development of educational content or for which you are scheduled to make a presentation to determine if a conflict of interest exists that would require resolution.*

HSS Financial Disclosure Policy: In accordance with the Accreditation Council for Continuing Medical Education's Standards for Commercial Support, all CME providers are required to disclose to the activity audience the relevant financial relationships of the Activity Directors, planning committee members, presenters, authors and staff involved in the development of CME content. An individual has a relevant financial relationship if he or she has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control.

It is the policy of Hospital for Special Surgery to request all financial relationships that Activity Directors, planning committee members, presenters, authors and staff have with commercial interests, but to disclose to the activity audience only the relevant financial relationships.

DEFINITIONS:

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

** *A Commercial Interest* is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A.DISCLOSURES

1a) Have you (or your spouse/partner) had a personal financial relationship, in any amount, in the last 12 months with any commercial interests**? Yes No

1b) If "Yes," please complete the table below:

<i>Type of Financial Relationship (within the past 12 months) Include significant spousal/life partner relationships</i>	<i>Indicate Applicable Commercial Interests by Name</i>	<i>Will your presentation include discussion of products or services of any of the commercial interests indicated? Circle "Will Discuss" or "Will Not Discuss"</i>
Salary		Will Discuss Will Not Discuss
Royalty		Will Discuss Will Not Discuss
Receipt of Intellectual Property Rights / Patent Holder		Will Discuss Will Not Discuss
Ownership Interest (stocks, stock options, or other ownership interest <u>excluding</u> diversified mutual funds)		Will Discuss Will Not Discuss

Supported/Contracted Research Funding		Will Discuss	Will Not Discuss
Consulting Fees or Honoraria (e.g., advisory boards)		Will Discuss	Will Not Discuss
Speakers' bureaus		Will Discuss	Will Not Discuss
Other		Will Discuss	Will Not Discuss

B.DETERMINATION AND RESOLUTION OF CONFLICT(S) OF INTEREST

An independent determination of your financial relationship(s) and potential conflict(s) of interest will be made by the HSS CME Committee. If the CME Committee determines that a conflict of interest exists, the Office of Continuing Medical Education will contact you to resolve the conflict.

C.DECLARATIONS

If at any time, I serve as a Planning Committee Member and/or Activity Director for a professional education or CME activity, I agree to ensure that any presenter or content I suggest is independent of commercial bias, as well as remove myself from planning activity content in which I have a conflict of interest.*

Further, if I serve as a faculty member for a professional education or CME activity, I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in the planning, development or presentation of a CME activity. Lastly, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)

Signature _____ Date _____

PLEASE RETURN SIGNED FORM VIA EMAIL OR FAX TO:

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Office of Continuing Medical Education, Education & Academic Affairs
Hospital for Special Surgery
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Date Issued: 5/9/13

Date Revised: 9/11/13