

Call for TMF 2017 Abstracts

Deadlines and Submission Guidelines

The UNOS Transplant Administrators Committee invites individuals to share their research and non-research projects by submitting an abstract for consideration. Each abstract will be considered for presentation and/or poster and for one of the \$1,000 Transplant Administrators Abstract sponsored awards to be announced at the Annual UNOS Transplant Management Forum.

- **To be considered for a full plenary, concurrent, mini-oral or poster presentation Abstracts will be accepted from April 4, 2016 to August 18, 2016.**
- **Abstracts to be considered for award and poster presentation only will be accepted no later than January 19, 2017.**
- *Note that ALL abstracts submitted in the appropriate format prior to the last deadline will be considered for an award and poster presentation.*

Submission Process:

Award Categories

1. Cost reduction/Increase in work efficiency/Patient care safety programs
2. Quality assurance/Improvement/Transplant pharmacoeconomics
3. Revenue management/Optimizing profitability
4. Transplant center initiatives to increase organ donation
5. Transplant Data: Analysis, reporting, and research

Format

- Abstracts will be considered for one of the designated award categories listed above.
- *Your abstract must contain a cover page with the following:*
 - *The award category that is being requested*
 - *The title of the abstract*
 - *Your complete mailing address and e-mail address*
 - *Work and home phone numbers*
- Submit no more than **2 typed pages**, inclusive of charts, graphs, etc. that clearly demonstrate:
 1. **Problem/situation:** briefly state the problem/situation to be investigated or described
 2. **Approach:** Describe the approach to the problem/situation
 3. **Findings/Solutions/Conclusions:** Present data that correlates the problem/situation with the findings/solutions/conclusions
 4. **Implications/Relevance:** State the implications/relevance of the findings/solutions to the award category selected
- The type is to be no smaller than 12 point.
- Abstracts must be submitted in MicroSoft **Word**.

- The title of the presentation is to appear in CAPITAL LETTERS at the top of the page.
- The complete name of the contact person submitting the abstract with credentials, transplant program name, city, and state will appear under the title in lower case letters.
- **For purposes of anonymity, do not:**
 - **Identify places (e.g., centers, cities or states) in the body of the abstract or in the title**
 - **Identify authors, companies and/or products in the body of the abstract or in the title**
- The first and last names of all authors are to be included at the end of the abstract. Degrees held by each author should be noted. Underline primary author's name. Allow two lines after the body of the abstract before identifying the authors.
- Use of standard abbreviations is desirable. Use kg, g, mg, ml, %, etc. Place special or unusual abbreviations in parentheses after the full word the first time it appears. Use numerals to indicate numbers, except to begin a sentence. For therapeutic options/drugs, use only generic names.
- **Organize the body of the abstract as follows:**
 1. **Problem/situation:** Briefly state the problem/situation to be investigated or described
 2. **Methods/Practices/Interventions:** Describe the methods/practices/interventions used to approach the problem/situation
 3. **Findings/Solutions/Conclusions:** Present data that correlates the problem/situation with the findings/solutions/conclusions
 4. **Implications/Relevance:** State the implications/relevance of the findings/solutions to the award category selected

Criteria for Evaluation of Abstracts – Each abstract must:

1. Describe the objectives of the research, program, or other activity clearly and their consistency with the principles and methods of organ donation/transplantation
2. Describe how the research was performed using rigorous scientific methods, and/or appropriate program planning and evaluation methods were employed
3. Describe the results/outcomes and the relevance to the professional practice of other meeting participants
4. Demonstrate how the proposed presentation will contribute to achieving the overall conference goals
5. Ensure the topic is relevant to the conference focus areas

General Information

- Submission of abstracts presented elsewhere or published in abstract form up to one year prior to the UNOS Transplant Management Forum is permitted. However, a citation of original publication or presentation must be included.
- Poster format for an accepted abstract is to be **4-foot by 4-foot** for presentation at the forum.
- Accepted abstracts will have a representative of the study group present at the designated presentation time to discuss the poster with forum attendees.

- Abstracts are to be submitted electronically (in MicroSoft **Word**) to:
 - Cherri Taylor, Assistant Liaison, UNOS Transplant Administrators Committee, cherri.taylor@unos.org, phone (804) 782-4609
- **E-mail address is mandatory. Receipt of abstract will be confirmed via e-mail.**
- Award winners will be announced at the Annual Transplant Management Forum.
- The UNOS Transplant Administrators Committee reserves the right to recommend that abstracts of a commercial nature be included in the paid sponsor/exhibitor activities of the forum.

Abstract Scoring

During a blind review abstracts will be rated using the following criteria:

- Is the topic important to the category selected?
- Is the problem or situation clearly described?
- Are the methods/practices/interventions described and are they appropriate?
- Are the outcomes reported and are they appropriate to the methods?
- Is the implications/relevance of the findings/solutions stated?
- Would the implications/relevance be useful at other transplant programs?
- The abstract also will be evaluated for completion of requested information and adherence to ALL instructions.

Publication

It is highly recommended that authors submit a full manuscript to the journal *Progress in Transplantation* for publication.

Progress in Transplantation Author Guidelines

Progress in Transplantation, official publication of the NATCO with partners from the Association for Multicultural Affairs in Transplantation, Australasian Transplant Co-Ordinators Association, International Consortium of Circulatory Assist Clinicians, North American Liver Transplant Social Workers, Society for Transplant Social Workers, publishes a broad range of peer-reviewed clinical and procurement articles and profession-oriented material for transplant professionals. The Journal seeks to provide content that is relevant to and reflective of the growing diversity of the professional transplant community.

The Journal also welcomes letters to the editor, clinical or procurement case studies, clinical practice papers, original research, quality improvement guidelines, and special reports on professional, educational, economic, ethical, and medical-legal issues. Manuscripts will be considered for publication on the understanding that they have not been published or submitted elsewhere, and are submitted solely to *Progress in Transplantation*. All accepted manuscripts are subject to editing to conform to the *AMA Manual of Style*, 10th edition. Authors will be asked to review galleys after copy editing and before publication.

Manuscript Submission Requirements

References

- Refer to the *AMA Manual of Style*, 10th edition (see examples below)
- List all authors when 6 or fewer; when 7 or more, list only the first 3 and add “et al.”
- All references must be cited in numerical order in text and listed in that order in reference list.
- Do not include unpublished manuscripts or data in the numbered list.
- Do not use abstracts or mass media as references.
- Personal communication or unpublished data must include permission from the author to cite.

Tables and figures that have been previously published or adapted from previous publication must give credit to the original source and authors must obtain written permission for use or adaptation, which must be submitted with the manuscript.

Submitting manuscripts

Please submit manuscripts to: <http://www.editorialmanager.com/pt>

Types of Manuscripts

- Clinical and procurement case studies (4-5 typed pages)
- Basic research (12-14 pages)
- Policy papers (12-14 pages)
- International issues (12-14 pages)
- Letters to the Editor (250-500 words)
- Book reviews (1-2 pages)
- Clinical practice issues (12-14 pages)
- Procurement issues (12-14 pages)

- Review articles (15-20 pages)

Case Studies/Reports

Clinical and procurement case studies should include an unidentifiable patient profile with a history of the disease and clinical problems. A discussion of clinical management should describe the flow of events followed by a summary that includes the outcome. Application of knowledge gained from this problem should be addressed. Patient or family consent is required for the publication of case studies. A written copy of consent must be submitted prior to publication and will be kept on file with the publisher and editor.

Protection of Patients' Rights to Privacy

Patient privacy must be protected in publishing. Identifying details should be avoided unless the information is essential to scientific understanding and the patient or family has given written informed consent. Include a signed statement of informed consent to publish (in print and online) case reports, patient descriptions, photographs, and pedigrees from all persons (parents or legal guardians for minors) who can be identified in such written case reports, descriptions, photographs, or pedigrees. Such persons should be given an opportunity to read the manuscript before its submission. Authors must provide a statement in the manuscript about obtaining informed consent for case reports.

Research papers should include a statement of the problem being studied followed by a review of the literature, methodology, results, discussion, and conclusions. All research involving human subjects must address IRB (institutional review board) approval or exemption. Informed consent for research participation must be stated in the methods section.

Research

Progress in Transplantation endorses the Consolidated Standards of Reporting Trials (CONSORT) which provides researchers with a standardized method for reporting clinical trials. A 25 item checklist for preparing research reports is available at www.consort-statement.com Authors preparing manuscripts for Progress in Transplantation are encouraged to follow these guidelines in reporting research.

Authorship Requirements

All persons listed as authors must have (1) participated sufficiently in the work to take public responsibility for the content; (2) made substantial contributions to the conception and design or analysis and interpretation of data, and to drafting the article or revising it critically for important intellectual content; and (3) given final approval of the version of the manuscript to be published.

Authors must certify (1) that the manuscript consists of original work and does not copy or otherwise infringe on the copyright or other proprietary rights of others; (2) that all necessary permissions for borrowed material have been obtained, copies of which will be submitted; and (3) that authorization has been obtained, and will be submitted if requested, to disclose any identifiable or potentially identifiable private health information of patients.

Copyright Transfer and Disclosure

Authors submitting manuscripts do so on the understanding that the work has not been published before, is not being considered for publication elsewhere, and has been read and approved by all authors. The submission of the manuscript by the authors means that the authors automatically agree to assign exclusive copyright to NATCO, when the manuscript is accepted for publication.

Authors will be expected to disclose any affiliation with or financial involvement with any organization or entity with a financial interest in the subject matter or materials discussed in the manuscript. Authors will be expected to certify that all financial and material support for the research and work is clearly identified in the manuscript.

At the time copyedited galley proofs are sent to authors for review, authors will be asked to sign a statement attesting to the above provisions and assigning copyright to NATCO.

These guidelines conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals from the International Council of Medical Journal Editors (www.icmje.org).

Linda Ohler, Editor
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UNOS Transplant Management Forum Abstract Example

Title in all capital letters

RENAL TRANSPLANTATION IN PATIENTS WITH SICKLE CELL DISEASE

Charles Lascari, MA, RN, St. Barnabas Medical Center, Livingston, NJ

Name of contact person submitting abstract

Problem/Idea stated in first sentence/paragraph

Purpose: Improved long-term survival in patients with SC disease has resulted in increasing number of SC Disease ESRD patients for renal replacement therapy. USRDS data show high mortality in this group. Nevertheless transplant patients with SC Disease have better long-term survival than waiting patients. We annually perform 170 renal transplants. During 2001, we developed a policy to accept SC Disease patients who did not demonstrate advanced systemic complications that would preclude transplant surgery.

Methods briefly described

Method: Our Transplant Candidate Review Board consists of Transplant Physicians and surgeons, coordinators and social workers. It reviewed each SC disease ESRD patient. Patients with advanced cardiac, hepatic or pulmonary involvement were excluded. Prior SC crisis was not a contraindication to transplant candidacy. All risks and complications including decreased long-term graft survival and increased mortality were discussed. Patients were also informed of potential for increased infections, graft thrombosis and frequent post transplant SC crisis due to increased hemoglobin. A full informed consent was obtained. All patients received IV hydration, bicarbonate infusions and hydroxyurea during past operative period. Hemoglobin over 11 was treated with phlebotomies.

Single-spaced, 12-point text.

Results briefly described

Results: We transplanted 3 black females with SC Disease ESRD ages 33, 34, 49 during 2001. All had prior history of multiple SC crises. 1 received LRD and 2 received cadaveric allografts. Patients were treated with prednisone, calcineurin inhibitor and either MMF or sirolimus. One patient received 13 doses of ATGAM due to delayed Graft function and second received 2 doses of simulect during postop period. All three received hydroxyurea and 2 remain on the drug. No rejections were noted and the mean creatinine is 1.2. Two patients have experienced several SC crises requiring hospitalizations. The mean Hgb is 8.5. No other major complications have occurred with 2/3 patients now 1-year post-transplant.

Transplant center, OPO and service area is not named in the body of the abstract to assure objectivity during review process.

Conclusions stated are directly relevant to categories

Conclusion: SC Disease ESRD patients should be considered for transplantation in the absence of advanced systemic complications. The morbidity and mortality is reduced with careful evaluation and post-transplant management. Better short-term and long-term outcomes can be achieved due to aggressive pre-transplant screening, post-transplant IV hydration and bicarbonate infusions, better induction therapies, hydroxyurea and preemptive phlebotomies.

Appropriate use of numerals for numbers in the text to condense volume.

Four distinct sections; easily reviewed

Charles Lascari, MA, RN

Name of primary author and co-authors