



MSTS 2017 Abstract Submission Guidelines

The MSTS Program Committee welcomes abstracts relative to all aspects of musculoskeletal oncology and limb salvage and are especially interested in the "Category" topics listed on the abstract submission form.

You will need a MSTS Customer ID# to log into the system to submit an abstract for the meeting. If you, or your co-authors, are not members, please email the MSTS staff (info@msts.org) with your full name, mailing address, phone and fax number, email address, and the staff will email you a MSTS Customer ID#. Preference will be given to abstracts submitted by MSTS members.

CLINICAL ORTHOPAEDICS AND RELATED RESEARCH (CORR®)

The MSTS Program Committee strongly encourages everyone submitting an abstract to also submit their manuscript as soon as possible to Clinical Orthopaedics and Related Research (*CORR*®), the official journal of MSTS. *CORR*® will consider for publication in the MSTS proceedings of the 2016 Annual Meeting any podium or poster presentation. Please note, though, that presentation at the meeting does not guarantee publication; *CORR*® publishes only those papers that pass editorial screening and peer review. (In the unusual circumstance that the abstract is not accepted for the meeting but the manuscript is accepted by *CORR*®, it would be published in *CORR*® as a regular submission). The deadline for manuscript submission to be considered for the proceedings is October 30th, one month after the meeting. However, you may submit your manuscript now, rather than waiting for an invitation after the meeting as was done in the past. Those applying for one of the awards (see below) are required to submit a manuscript to *CORR*® by **August 1** as part of the selection process. Although we strongly encourage all authors to submit their manuscript to *CORR*, this is required only of those who wish to be considered for an MSTS Annual Meeting award. The MSTS Program Committee cannot overemphasize the importance of submitting papers to *CORR*® so that there will be a written record of the meeting and so that others may benefit from your hard work, expertise, and findings. Manuscripts may be submitted at <http://www.editorialmanager.com/CORR®>.

Please indicate in the drop down menu if the submission is for an MSTS Award or if you do not want to be considered for an award, choose MSTS proceedings.

Advantages of publishing in *CORR*®:

- *CORR*[®] publishes more musculoskeletal oncology papers than any other journal: Readers look to *CORR*[®] first for relevant musculoskeletal oncology research
- Average time from submission to electronic publication is fast – just about 4 months
- A robust MSTS proceedings issue in *CORR*[®] extends our societies' brands, and increases the visibility of the important work our societies do
- No longer a “five-author rule” – ICMJE’s authorship guidelines apply
- Easy-to-use article template to help you write an informative paper
- *CORR*[®] promotes important papers with Editor’s Spotlight features, Take-5 Interviews, and *CORR*[®] Insights commentaries

AWARDS

1. Young Investigator Award – Currently in training or within 5 years of completion of orthopaedic oncology fellowship. (1st Place \$1,000; 2nd Place, \$750; 3rd Place, \$500)
 - a. In the cover letter to the manuscript, describe your role in project, (i.e. who conceived of the idea, gathered the data, analyzed the data, and who wrote the abstract and manuscript). And indicate the stage of your training are you at or when you completed your fellowship.
2. Best Podium Presentation (1st Place, \$1,000; 2nd Place, \$750; 3rd Place, \$500)
3. Best Poster (1st Place, \$500; 2nd Place, \$250; 3rd Place, \$250)
4. Best Collaborative Study (\$1,000)

Note: **To be eligible for the Young Investigator, Best Podium, and Best Collaborative Study awards, you must submit a manuscript to *CORR*[®] by August 1, 2017 through the *CORR*[®] website <http://www.editorialmanager.com/CORR>[®].** The program committee will review manuscripts as part of the selection process. All Young Investigator and Best Podium award winners are required to publish their manuscript in *CORR*[®] IF IT PASSES PEER REVIEW. WINNING AN AWARD DOES NOT GUARANTEE ACCEPTANCE FOR PUBLICATION. All awards submissions (winners and non-winners) will be converted to *CORR*[®] manuscript submissions and considered for publication, *therefore these papers cannot be submitted to any other journal until they have been evaluated at *CORR*[®].*

Awards will be announced at the meeting, however, the monetary portion will not be made until the peer review process and manuscript revision process are completed. When you submit your manuscript to *CORR*[®] indicate in the drop down menu that it is under consideration for an MSTS award.

MSTS Awards Winners passing *CORR*[®]'s review will be published in *CORR*[®] under a banner “2017 MSTS Awards Paper” and promoted by the Journal.

IMPORTANT NOTE: You do not need to submit a paper for the awards process to have your paper considered for publication in the proceedings. We encourage you to submit a paper for publication in the annual *CORR*[®] MSTS Proceedings issue even if you do not wish to be considered for an award. Simply indicate in the drop down menu on the *CORR*[®] website that it is under consideration for the MSTS meeting proceedings.

If you win the MSTS best poster, it will be displayed at the 2018 Orthopaedic Research Society (ORS) Meeting, in the best Specialty Society Posters Section and you will be required to leave your poster with MSTS staff so that it can be sent to the ORS, after which it will be returned to you. If you wish to attend the ORS meeting you may do so at your own expense.

We require ELECTRONIC SUBMISSION of your abstract.

All online submissions must include:

1. **Financial Disclosure is required for each author.**
2. **Submitter:** If you are an AAOS member and your disclosure is up-to-date in the AAOS database, you will automatically enter the abstract submission process. If your disclosure is not current, you will be directed to the AAOS website to update your disclosure. If you are not an AAOS member, you will be directed to the MSTS disclosure database to submit your disclosure. After your disclosure is current, you may begin the abstract submission process.
 - **Please note:** Your name on the abstract submission must exactly match your name as it appears on your MSTS and/or AAOS record. Do not use nick names or abbreviations such as Bill for William, or Bob for Robert.
3. **You must have the last name and email address for every co-author on the abstract.** If your co-authors are not in the AAOS disclosure database or do not have a record in the MSTS database, you will also need to obtain their financial disclosure information to enter it during your abstract submission process.
4. Once you have submitted your co-authors, you will be able to review the co-author submission information to see their disclosure status. If during your search for a co-author the author was not found and you had to enter that author, you will then have to click the “Disclose for this Co-Author” link to submit their disclosure information on their behalf.
5. **Uploading Abstracts:** Once you have completed the author/co-author steps, you will then be brought to the abstract upload page. Here, you are required to upload both a blind and full version of your abstract. (**Blind** = No Authors/Co-Authors or Institutions; **Full** = All Authors/Co-Authors and Institutions). **Please Note:** On this page, your abstract number is listed. Please be sure to include this number at the top of both the blind and full versions of your abstract prior to uploading. Once you have uploaded both versions of your abstract, you should see a link to each version listed on the screen along with a “Thank You” message. **You will NOT receive a confirmation email after uploading your abstract.** The best way to be sure your abstract was submitted and that it is complete, is to check the ‘Status’. You will see a “Return to Main Menu” link toward the top right-hand side of the abstract upload page. Once on the Main Menu page, you will see that the ‘Status’ will say: “Complete” or “Pending”. If “Pending”, it will state why it is pending (missing abstract files or disclosure information).
6. **Levels of Evidence:** To refer to the Levels of Evidence table, please view the last page of these instructions.

Please see the following information regarding the content of your abstract:

1. Structure:

- a. Background: include what is the rationale for the study; what is known; what is not known
 - b. Questions/Purposes: state 2-4 questions or purposes oriented around specific endpoints; logically follows background
 - c. Patients and Methods: include what is relevant: study design (in vivo, in vitro, prospective, retrospective, randomized, case-control, case series, etc.), controls, diagnostic criteria, inclusion and exclusion criteria, dates, treatment, follow-up, methods, comparisons made, and statistical methods. Please use validated outcome instruments such as MSTs, TESS, ISOLS Classification of Limb-Sparing Reconstructions.
 - d. Results: provide an answer to each question or purpose, provide an estimate of effect size (odds ratio, hazard ratio, or other metrics) and relevant statistical results and p values
 - e. Conclusions: synthesis of literature and findings, limitations, clinical relevance
2. Length: Please submit a Microsoft Word document that **does not exceed 750 words**.
 - a. **Note: if you submit a manuscript to CORR®, the abstract length will need to be edited down to 250 words**
 3. Font: Standard Calibri font, type size 10pt.
 4. Format: Abstract should be single spaced with a 1 inch margin both on the top and bottom as well as the left and right sides. **Note:** Each abstract is assigned a number. Please be sure to include this number at the top of your abstract.
 5. Figures and Tables: Limit 2.
 6. References: Please omit any reference to authorship and/or institution within the body of the abstract.

Please contact the MSTs office with any questions via email at info@msts.org or by phone at USA: 1.847.698.1625
International: 011.847.698.1625

Thank you.

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Clinical Orthopaedics and[®] Related Research

Levels of Evidence for Primary Research Question^a

[This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see www.cebm.net.]

Types of Studies

Level	Therapeutic Studies— Investigating the Results of Treatment	Prognostic Studies— Investigating the Effect of a Patient Characteristic on the Outcome of Disease	Diagnostic Studies— Investigating a Diagnostic Test	Economic and Decision Analyses—Developing an Economic or Decision Model
I	<ul style="list-style-type: none"> ⊠ High quality randomized trial with statistically significant difference or no statistically significant difference but narrow confidence intervals ⊠ Systematic review^b of Level I RCTs (and study results were homogenous^c) 	<ul style="list-style-type: none"> ⊠ High quality prospective study^d (all patients were enrolled at the same point in their disease with ≥80% of enrolled patients) ⊠ Systematic review^b of Level I studies 	<ul style="list-style-type: none"> ⊠ Testing of previously developed diagnostic criteria on consecutive patients (with universally applied reference “gold” standard) ⊠ Systematic review^b of Level I studies 	<ul style="list-style-type: none"> ⊠ Sensible costs and alternatives; values obtained from many studies; with multiway sensitivity analyses ⊠ Systematic review^b of Level I studies
II	<ul style="list-style-type: none"> ⊠ Lesser quality RCT (eg, <80% followup, no blinding, or improper randomization) ⊠ Prospective^d comparative study^e ⊠ Systematic review^b of Level II studies or Level I studies with inconsistent results 	<ul style="list-style-type: none"> ⊠ Retrospective^f study ⊠ Untreated controls from an RCT ⊠ Lesser quality prospective study (eg, patients enrolled at different points in their disease or <80% followup) ⊠ Systematic review^b of Level II studies 	<ul style="list-style-type: none"> ⊠ Development of diagnostic criteria on consecutive patients (with universally applied reference “gold” standard) ⊠ Systematic review^b of Level II studies 	<ul style="list-style-type: none"> ⊠ Sensible costs and alternatives; values obtained from limited studies; with multiway sensitivity analyses ⊠ Systematic review^b of Level II studies
III	<ul style="list-style-type: none"> ⊠ Case control study^g ⊠ Retrospective^f comparative study^e ⊠ Systematic review^b of Level III studies 	<ul style="list-style-type: none"> ⊠ Case control study^g 	<ul style="list-style-type: none"> ⊠ Study of nonconsecutive patients; without consistently applied reference “gold” standard ⊠ Systematic review^b of Level III studies 	<ul style="list-style-type: none"> ⊠ Analyses based on limited alternatives and costs; and poor estimates ⊠ Systematic review^b of Level III studies
IV	<ul style="list-style-type: none"> Case series^h 	<ul style="list-style-type: none"> Case series 	<ul style="list-style-type: none"> ⊠ Case-control study ⊠ Poor reference standard 	<ul style="list-style-type: none"> ⊠ Analyses with no sensitivity analyses
V	<ul style="list-style-type: none"> Expert opinion 	<ul style="list-style-type: none"> Expert opinion 	<ul style="list-style-type: none"> Expert opinion 	<ul style="list-style-type: none"> Expert opinion

^a A complete assessment of quality of individual studies requires critical appraisal of all aspects of the study design.

^b A combination of results from two or more prior studies.

^c Studies provided consistent results.

^d Study was started before the first patient enrolled.

^e Patients treated one way (eg, cemented hip arthroplasty) compared with a group of patients treated in another way (eg, uncemented hip arthroplasty) at the same institution.

^f The study was started after the first patient enrolled.

^g Patients identified for the study based on their outcome, called “cases” eg, failed total arthroplasty, are compared with patients who did not have outcome, called “controls” eg, successful total hip arthroplasty.

^h Patients treated one way with no comparison group of patients treated in another way.
