

ABSTRACT SUBMISSION GUIDELINES
Abstract Submission Opens: 21 February 2022
Abstract Submission Deadline: 28 March 2022 at 11:59 EST

TERMS & CONDITIONS

The submission of an abstract affirms that all authors named in the abstract have agreed to its submission for presentation at the Annual Meeting of the Endourological Society and will be published in the Abstract Supplement to *The Journal of Endourology*® exactly as submitted.

It is the responsibility of the submitting author to ensure the abstract is in perfect order with no errors in spelling or grammar, as revisions will not be accepted. Abstracts will not be corrected.

At the time of submission of the abstract, the data on which the abstract is based should not be published, either in print or online.

Accepted abstracts may be captured and such audiovisual material will be used as deemed appropriate. To submit your abstract, you will be required to complete a non-exclusive license agreement.

Submission of an abstract constitutes an author's commitment to present the abstract as accepted. Expenses associated with the preparation, submission and presentation of an abstract are the responsibility of the author/presenter. All authors of the abstract should be listed, with the indicated presenting author listed first. ***Upon acceptance or rejection, only the indicated presenting author will be notified of the decision.***

Submitted abstracts are graded individually by peer reviewers based on scientific merit and originality. The total number of abstracts allowed to be presented by the same author is five (5). Abstracts must be written in English and, if accepted, presented in English. All labelled images and data graphics should be in English. Submissions **must not** include PowerPoint slides.

The World Congress of Endourology and Uro-Technology Program Committee will determine the format of the presentation. Accepted abstracts are assigned to be presented in a poster or video session.

ABSTRACT SUBMISSION GUIDELINES

ABSTRACT CATEGORIES

Authors must select a category from the provided lists.

PAPER ABSTRACT SUBMISSION CATEGORIES

Basic Science: BPH/LUTS

Basic Science: Oncology
Basic Science: Reconstruction
Basic Science: Stones
Basic Science: Urinary Incontinence
BPH/LUTS: Electrosurgery, Lasers & Other Technology
BPH/LUTS: Outcomes & Complications
Clinical Oncology: Outcomes & Complications
Clinical Stones: SWL
Clinical Stones: Ureteroscopy
Clinical Stones: PCNL
Clinical Stones: Medical Management
Clinical Stones: Outcomes
Clinical Stones: Pediatrics
Clinical Stones: Equipment (stents, lasers, guidewires, sheaths)
Clinical Urinary Incontinence: Therapies
Education, Simulation & Virtual Reality
Endoscopic
Epidemiology, Health Policy, Socioeconomics & Outcomes
Imaging & Image Guided Therapy: New Therapies
Imaging & Image Guided Therapy: Radiation Safety
Laparoscopic/Robotic: Adrenal
Laparoscopic/Robotic: Renal
Laparoscopic/Robotic: Bladder
Laparoscopic/Robotic: Prostate
Laparoscopic/Robotic: Other
LESS/NOTES
MIS Image Guided/Focal-cryo/RFA/HIFU: Kidney
MIS Image Guided/Focal-cryo/RFA/HIFU: Prostate
New Technology: Infection
New Technology: Laparoscopy & Robotics
New Technology: Miscellaneous
New Technology: Stones
Reconstruction: Benign
Reconstruction: Malignant
Reconstruction: Pediatrics
Reconstruction: Outcomes & Complications
Urinary Incontinence: Outcomes & Complications

ABSTRACT SUBMISSION GUIDELINES

VIDEO ABSTRACT SUBMISSION CATEGORIES

Adrenal
BPH
Female Urology

Focal Therapy
Laparoscopy: Upper Tract - Benign
Laparoscopy: Upper Tract - Malignant
Laparoscopy: Lower Tract - Benign
Laparoscopy: Lower Tract - Malignant
Pediatrics
Robotic Surgery: Lower Tract - Benign
Robotic Surgery: Lower Tract - Malignant
Robotic Surgery: Upper Tract - Benign
Robotic Surgery: Upper Tract - Malignant
Robotic Surgery: New Techniques - Benign
Robotic Surgery: New Techniques - Malignant
Stones: PCNL
Stones: Ureteroscopy
Transplantation/Donor Nephrectomy
Other, Miscellaneous

ABSTRACT SUBMISSION GUIDELINES

PREPARATION OF ABSTRACTS

1. **Size:** The size of the abstract is limited to 2,280 characters, not including spaces. This includes title, body of abstract, tables and graphics. Tables are calculated at 250 characters. Graphics are calculated at 225 characters per graphic.
2. **Title:** The title should clearly define the topic and contain no abbreviations. The title should **not** be in all capital letters.
3. **Authors:** List the primary author's full name, followed by the other authors' names. Completely spell out the names of all authors using full first name, middle initial and last name. (Please maintain consistency in authors' names on multiple abstracts to avoid duplication in the Author Index). **The authors' names will appear online and in the published program and Journal as they were submitted in the abstract system.**
4. **Presenting Author:** If the author(s) of the abstract is an employee(s) of or has a financial relationship with the commercial interest which controls the content of the presentation, he/she cannot be the presenting author. However, principal investigators responsible for research and development are permitted to present as long as they resolve their COI and as long as they are not employees of the commercial interest. In all printed publications, the presenting author will be denoted with an asterisk. Please list the presenting author first in the author list and classify them as such in the dropdown menu. **Please note:** *As of 2 May 2022, no changes to the Presenting Author or author block will be made in the abstract supplement.*
5. **Body of Abstract:** The abstract should be informative and detailed as your abstract appears online during the submission process is how it will appear in the printer Journal and online.
 - **The body must contain four separate paragraphs:** a) Introduction and Objective, b) Methods, c) Results and d) Conclusions.
 - It is NOT acceptable to state that "The results will be discussed." Inclusion of specific data is helpful to the reviewers.
 - Indicate the major new findings of the study.
 - Standard abbreviations may be used as follows: for the first use, spell out the full term and then follow with the abbreviation in parentheses each time thereafter.
 - Graphics and / or tables may be used; characters in graphs and tables are counted towards the overall character limit of the abstract. Please include as attachments.
 - Proprietary names of drugs are not allowed; generic names must be used.

ABSTRACT SUBMISSION GUIDELINES

6. **Source of Funding:** Grant support must be indicated on the "Source of Funding" page. If there is no support, "None" must be listed. This is a required field in the submission process. *Abstracts deemed to be purely for marketing purposes will not be accepted.*

7. **Conflict of Interest and Disclosure Statement:** All authors must disclose conflicts of interest. The electronic submission process will not allow abstracts to be submitted without this information being completed for each author listed on the abstract.
8. **Keywords:** Authors must select up to three (3) keyword entries from the provided Keyword Index that best describes the subject of the abstract.
9. **Topic List:** Authors must select a category from the provided list.

INSTRUCTIONS FOR SUBMISSION

All abstracts must be submitted online via the WCET platform.

To submit a paper or video abstract, please visit the “Abstracts” page of the WCET2022 website. New users will be asked to join and create an account. Once you have created an account, you will receive an email confirmation containing your password. Please use **one valid email** address for all submissions. You may submit multiple abstracts in the same profile. Please do not create multiple accounts. Please ensure that your email and name is correctly spelled, as these fields will be pulled for the Journal.

Upon logging in, you will be directed to the Dashboard. Here, you will be able to edit your information, review existing submissions, and complete your COI and other necessary action items or tasks. To enter new abstract submissions, select “Click Here to Submit a New Abstract” and review the instructions. You will then see a complete list of tasks necessary to submit the abstract; please complete all the tasks. To edit an existing abstract, click on the title of an existing abstract. Once all tasks are completed, you will be able to preview and submit.

Once you have successfully submitted your abstract, you will receive a submission abstract ID number. You will also receive a confirmation email when your submission is complete.

Please note that uploading large video files can take time; please monitor the progress to make sure the upload is successful. Each abstract must be entered as a separate submission and will receive its own ID number and email confirmation upon submission.

ABSTRACT SUBMISSION GUIDELINES

DIGITAL VIDEO SUBMISSION GUIDELINES

1. **Content:** Only one subject per presentation is allowed. All digital videos must be recorded in English and have some sound guiding through the procedure. The opening of the presentation should begin with the exact title and the authors' full names. All videos must be accompanied by a written abstract. Video footage should contain minimal still photos and PowerPoint slides and be made up of mostly surgical footage.
2. **Length:** The videos may not exceed five (5) minutes in total length. **Digital video presentations that are longer than five (5) minutes in duration will automatically be rejected.**
3. **Format:** The WCET video program is now only in digital format. It is important that the overall quality of the video is as high as possible and in accordance with the guideline specified in the instructions.
4. **Quality:** All submitted videos will be reviewed initially for picture and sound clarity. Poor sound a picture will be excluded for consideration regardless of the quality of the content.
5. **Accepted Standard:** All videos will be finalized using the NTSC standard:
 - 720 x 480 pixels
 - 4:3 pixel aspect ratio
 - 30 frames per second (29.97 fps based on drop frames)
6. **Accepted File Types: Please compress or "zip" all video files when uploading to the site.** Maximum 350000Kb (350Mb) File Limit.
 - MP4
 - Raw video files (.avi with little or spatial compression)
 - .Mov files**Please note that MP4 submissions are the strongest quality and are preferred.*
7. **Video Return & Presentation:** Non-accepted presentations will be destroyed. Submitted videos will be presented onsite. Video submitters are not required to re-upload videos upon acceptance or bring the video file to the meeting.

ABSTRACT SUBMISSION GUIDELINES

FREQUENTLY ASKED QUESTIONS

Q: What is the NTSC Standard?

A: National Television System Committee (Abr.) The NTSC is responsible for setting television and video standards in the United States (in Europe and the rest of the world, the dominant television standards are PAL and SECAM). The NTSC standard for television defines a composite video signal with a refresh rate of 60 half-frame (interlaced) per second. Each frame contains 525 lines and can contain 16 million different colors.

Q: What is a pixel?

A: A combination of the words "picture" and "element". A pixel is the smallest discernible sample of video information, the "little squares" that make up an overall picture.

Q: What is an Aspect Ratio?

A: Aspect ratios can be difficult to understand. We will define the two that pertain to the NTSC standard: Display Aspect Ratio and Pixel Aspect Ratio. Pixel Aspect Ratio defines the ratio of width to height (w:h) of each individual pixel. Therefore, each pixel is wider than it is tall by a 4:3 (w:h) ratio. Display Aspect Ratio is the ratio (w:h) of the number of pixels that make up the entire frame, consisting of thousands of 4:3 (w:h) pixels. For example, a frame that adheres to the NTSC standard is 720x480 (3:2 Display Aspect Ratio) in size and requires each pixel to maintain a 4:3 Pixel Aspect Ratio.