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Annual Meeting • Congrès annuel

Charlottetown

P.E.I, Î.-P.-É.

June 25-27 juin

2022



**ABSTRACT
SUBMISSION
GUIDELINES**

Login to the meeting management system

CUA Members: You will receive an email from CUA with your username and password. Your profile includes the information you had provided in past years.

Non-members: Please create a new profile and be sure to complete the disclosure form.

Important Dates

Abstract submission	October 31, 2021
Abstract deadline	January 14, 2022
Notification email will be sent	February 18, 2022
Deadline for presenters to accept invitation	March 1, 2022
Deadline for presenter to register	March 15, 2022

Change to the submission terms for 2022

1. Abstracts that have been accepted for **presentation at another major urological meeting before June 25, 2022** must be disclosed in the "acknowledgments" step of abstract submission. Please also inform the Abstract Manager (linda.drisdell@cua.org) if your abstract was/will be published before June 25, 2022.
2. **Case Studies** are not accepted as abstracts.

A. Submission Terms

1. **Rule of two:** Each presenter can present a total of two oral presentations (podium or moderated poster) during CUA 2022. This restriction does not apply to "unmoderated posters."
2. Abstracts must be written and presented in **English**.
3. Submitted abstracts undergo a **blind review** by peer-reviewers. Acceptance is based on scientific merit and originality.
4. While abstracts may be submitted as podium, moderated poster, or unmoderated poster presentation types, the **Scientific Committee reserves the right to assign final presentation type** in the best interest of the program.
5. **Multiple abstracts** by the same authors based on the same study population or data may be disqualified without further consideration.

6. The work covered by the abstract should **not have been published as a manuscript before June 25, 2022**. Abstracts that have been accepted for **presentation at another major urological meeting** must be disclosed in the “**acknowledgments**” step of abstract submission. Please also inform the Abstract Manager (linda.drisdell@cua.org).
7. **Trials in progress** can be submitted, but please note the committee will review and take into account whether or not the information is presentable or not with the data accumulated.
8. **Case Studies** are not accepted as abstracts.
9. In regards to production deadlines, **as of March 15, 2022, all presenting authors must be registered and must have paid their registration fees** to keep their abstract in the program. Any changes to the presenting author will not be reflected in the CUAJ after this date.
10. **Authors are responsible for proofreading** their abstract before submitting, particularly with regard to general orthography, as well as author names/order and affiliations. CUAJ will edit all submissions for consistency and formatting.

B. Abstract Format

Title:

- The title should clearly define the topic and contain no abbreviations.
- There is a character limit of 200 characters including spaces.
- Enter the title as you were writing a sentence, only CAPITALIZE the first letter of the sentence and proper nouns, nothing else.
- Do not use punctuation at the end of the sentence UNLESS it is a question mark (?) or exclamation point (!)
- No symbols are permitted; write out the name of the symbol (i.e. beta, alpha, etc.). You will be allowed to use symbols for the abstract body.

Body:

- The size of the abstract is limited to 2000 characters including spaces (or approx. 400 words). This includes body of abstract only.
- **The body must contain four separate paragraphs:** a) Introduction; b) Methods; c) Results; and d) Conclusions. The abstract should be informative and detailed.
- **Standard abbreviations** may be used as follows: on first use, spell out the full term and follow with abbreviation in parentheses. Abbreviations can be used subsequently.
- Use **generic names of drugs**.
- It is **NOT acceptable** to state that “The results will be discussed.” Inclusion of specific data is necessary for reviewers.
- Indicate the major new findings of the study.

References are not required.

Study Groups/Acknowledgements: These will be noted above your abstract in the CUAJ.

Figures:

- To insert a **figure (image or graph)** please upload the files as a JPG in the “Figures” step. JPGs must be at least 300 DPI and measure at least 3.5 inches wide.
- Tables must be created in MS Word (not images pasted into Word) and can also be uploaded in the “Figures” step.
- All tables/figures must be titled and all images/figures must have a caption.
- **A reference** to accompanying tables/figures must be made within the body of the abstract (i.e., Patient demographics are listed in Table 1).

Authors:

- Take care to list ALL authors in the relevant section of the submission site. Spell out completely the names of all authors using full first and last names.
- Middle name initials are to be placed in the special field for this. It should be a capital letter with a period at the end (i.e., Stephanie M. Smith).
- Maintain consistency in author names on multiple abstracts to avoid duplication in the Author Index.
- Affiliations (department, institution) should be spelled out in full.

Presenting Author: If the author(s) of the abstract is an employee(s) of, or has a financial relationship with the commercial interest that controls the content of the presentation, he/she cannot be the presenting author. However, investigators responsible for research and development are permitted to present as long as they resolve their Conflict of Interest (COI) and as long as they are not employees of the commercial interest. In all printed publications, the presenting author will be underlined.

Conflict of Interest and Disclosure Statement: This is required for the submitting author and the presenting author. It is the responsibility of the submitting author to collect this information.

Topic List: Authors must select an abstract topic (only one) from the provided list.

Basic Science

Benign Prostatic Hyperplasia

Covid19/Pandemic

Endourology - Laparoscopy/Robotics

Endourology - Nephrolithiasis

Equity, Diversity, Inclusion and Racism in Urology/Medicine

History

Improving Patient Relations/Practice Management/Communications/Physician Wellness and Burnout

Lower Urinary Tract Reconstruction and Genitourinary Trauma

Male/Female Pelvic Pain

Neurogenic Bladder

Oncology - Bladder

Oncology - General
Oncology - Kidney/Ureter
Oncology - Penis/Testis/Urethra
Oncology - Prostate
Pediatric Urology
Renal Transplantation
Sexual Dysfunction and Infertility
Technical Advances in Urology
Training and Evaluation
Urinary Incontinence and Voiding Dysfunction
Urological Infections (Includes STDs)
Miscellaneous/Other