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American College of Surgeons

CALL FOR ABSTRACTS

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ANNUAL SCIENTIFIC MEETING January 21–23, 2011 Four Seasons Resort, The Biltmore Santa Barbara, CA

The Program Committee of the Southern California Chapter, American College of Surgeons, requests your participation in the 2011 Annual Scientific Meeting. You are invited to submit an abstract on the clinical or laboratory research project of your choice. *Abstracts will now only be accepted via e-mail -- no longer through the mail. Abstracts must conform to the Instructions for Preparation of Abstract, and may not have been submitted to a journal for publication, published previously, or presented at a national or regional meeting prior to the 2011 Chapter meeting.* Accepted abstracts will be published in the program. If your abstract is selected for presentation in the General Session, you will be required to submit a manuscript for consideration of publication in *The American Surgeon*. All participants will be required to register for the meeting.*

ATTENTION RESIDENTS! A cash prize will be awarded for the best paper submitted by and presented by a resident. This must be indicated on the Abstract Form if the paper is to be considered for the Residents' Research Award, and include a letter from the Program Director stating that the abstract is primarily the work of, and will be presented by, a resident.

The Program Committee looks forward to receiving your abstract by **Friday, September 17, 2010** via e-mail only. No abstracts will be considered for plenary presentation after Sept. 17, 2010.

Vincent L. Rowe, MD, FACS
Program Chairman

*There will be no Registration Fee charged to Residents or Medical Students.

ADMINISTRATIVE OFFICES

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INSTRUCTIONS FOR PREPARING ABSTRACT

Read these instructions carefully before typing abstract.
Accepted abstracts will appear in the Program exactly as submitted.

1. The entire abstract (title, authors, institution, text, tables and graphs) must fit within a box that's 4.50 inches wide by 6.25 inches deep. Leave no margins within the rectangle, but do not overlap the lines of the box. Single space the entire text of the abstract. **Authors are encouraged to use the structured abstract format** (see sample abstract below).

2. Typeface or font size must be large enough to be easily read: 10 point size would be the ideal; 8 point size would be the minimum acceptable.

This line is a sample using Arial 8 point. This line is a sample using Arial 10 point. The sample abstract below was done in Microsoft Word, using Arial 10 point, and Arial 8 point for the authors and institution.

3. CAPITALIZE and center the entire title. Leaving one blank line, follow with the first and last name and degree (MD, PhD, RN, etc.) of each author. On the next line, type the name and location of the institution to be credited.

4. Leaving one blank line, follow with text, tables and graphs.

5. Complete the **Abstract Information Form** (enclosed). One completed form must accompany each abstract submitted.

6. The abstract should be submitted in Word format, to fit 4.50 x 6.25 inches, *via e-mail only* to administrator@socalurgeons.org by **Sept. 17, 2010**, along with the Abstract Information Form. Then, secure signatures on the Information Form and mail or fax it, with a copy of your abstract to:

SCCACS
1970 E. Grand Ave., Ste. 330
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AXILLARY LYMPH NODE METASTASIS BREAST CARCINOMA AND TECHNETIUM-99m SESTAMIBI SCINTIMAMMOGRAPHY

Jorge Tolmos, MD, Iraj Khalkhali, MD, Michael Stuntz, MD, John Cutrone, MD, Fred Mishkin, MD, Linda Diggles, CNTM, Rose Venegas, MD, Stanley Klein, MD
Harbor UCLA Medical Center, Torrance, California

Introduction: Technetium-99m sestamibi scintimammography (SSM) has been used effectively for the diagnosis of breast carcinoma with a sensitivity of 92.2% and specificity of 89.2%.

Objective: To determine the value of SSM for the detection of axillary lymph node metastasis.

Participants: Thirty-one women with known breast carcinoma. SSM was performed following IV injection with 20 mCi of Tc-99m sestamibi. Five and ten minutes post injection a lateral prone image of the breast as well as an anterior view of both breasts with the arms elevated were obtained for the evaluation of the axilla. All women had axillary node dissection. All SSM scans were interpreted by two nuclear medicine physicians blind to clinical and histological findings. Focal areas of increased uptake in the axilla were considered positive.

Results:

Axillary Contents	Histology Benign	Histology Malignant	Total
SSM Benign	9	5	14
SSM Malignant	2	15	17
Total	11	20	31

Sensitivity = 75%, Specificity = 82%

Positive predictive value = 88%, Negative predictive value = 64%

Conclusion: This data suggests that SSM might be an effective test to evaluate the axillary region in patients with breast carcinoma. There is a critical need to develop a dedicated nuclear medicine detector to improve SSM in the detection of axillary metastasis.



ABSTRACT INFORMATION FORM

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NAME _____

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FULL NAME OF AUTHOR WHO WILL PRESENT THIS PAPER

NAME _____

Resident Medical Student

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INSTITUTION

FULL NAME OF INSTITUTION (ONLY ONE) TO BE CREDITED IN THE PROGRAM

CONSIDER THIS ABSTRACT FOR THE FOLLOWING:

(CHECK ALL THAT APPLY)

Resident Research Award – INCLUDE LETTER FROM PROGRAM CHAIRMAN STATING THAT ABSTRACT IS PRIMARILY THE WORK OF, AND WILL BE PRESENTED BY, A RESIDENT

Oral Presentation in the General Session – **SENIOR AUTHOR MUST SIGN a) AND b) BELOW**

a) *By signing below, I certify that this paper has not been submitted to a journal for publication, published previously, or presented at a national or regional meeting prior to the 2011 Chapter meeting.*

Signature of Senior Author: _____

b) *By signing below, I certify that, if this paper be accepted for General Session presentation, the completed manuscript will be given to the Recorder prior to presentation. I further certify that I will participate on the Senior Author Panel and answer questions from the floor.*

Signature of Senior Author: _____

Poster Presentation ONLY – SENIOR AUTHOR MUST SIGN BELOW

By signing below, I certify that this paper has not been submitted to a journal for publication, published previously, or presented at a national or regional meeting prior to the 2011 Chapter meeting.

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Specialty Section Presentation ONLY – INDICATE SPECIALTY SECTION BELOW

Cardiothoracic Surgery Section

Head & Neck Surgery Section

Trauma Surgery Section

Colorectal Surgery Section

Pediatric Surgery Section

Vascular Surgery Section

General Surgery Section

Plastic Surgery Section

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Then, secure the signatures and mail or fax this form and a copy of your abstract to:
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