SCCACS Annual Scientific Meeting

CALL FOR ABSTRACTS

Deadline for Submissions - 11:59 pm, September 9, 2026

Overview

The Program Committee of the Southern California Chapter, American College of Surgeons, invites your participation in the 2027 Annual Scientific Meeting at The Ritz-Carlton Bacara in Santa Barbara, CA, January 22-24, 2027. You are invited to submit an abstract on the clinical or laboratory research project of your choice.

Abstracts may be submitted for Plenary or Mini-Podium presentations or to be considered for Specialty sessions. This selection should be done as part of the submission process.

Abstracts may not have been submitted to a journal for publication, published previously, or presented at a national or regional meeting prior to the 2027 Chapter meeting. Simultaneous submission of an abstract to the SCCACS and any other organization or publication is prohibited and will be cause for abstract rejection without consideration. Abstracts are only accepted through the online submission form and must conform to the Instructions for Preparation of Abstract!

CASE PRESENTATIONS will NOT be considered!

Publication: To encourage consideration of submission of your best work for the SCCACS meeting, publication in the *American Surgeon* is encouraged, **but not required** for accepted plenary abstracts. Manuscripts for abstracts accepted for mini-podium presentation or specialty sessions will also be considered for publication. All submissions will require a pre-review by the SCCACS Review Committee for feedback to help improve chances of publication acceptance. You should indicate on the abstract submission form whether the submission is to be considered for publication in the *American Surgeon*.

Abstract Submission Guidelines

- Abstracts must conform to the exact size and format specified in the Abstract Preparation Instructions.
- All figures, tables, and images must be included within the abstract in the specified abstract format.
- Simultaneous submission of an abstract to the SCCACS and any other organization or publication is prohibited and will be cause for abstract rejection without consideration.
- Authors are required to submit two multiple choice questions with abstract submission for Self-Assessment Quiz and MOC Credit planning for the 2027 Annual Meeting.

All submissions will be considered for oral presentations. Presentations MUST be made in person at the 2027 SCCACS Annual Scientific Meeting in Santa Barbara, CA.

** See Abstract Preparation Instruction page for the complete list of guidelines.*

Financial Responsibility Notice

Presenters are required to register for the meeting. Registration will open in Fall 2026. Due to the size and scope of the meeting, SCCACS does not provide reimbursement for travel, hotel, honorarium, etc. to session faculty. We appreciate your willingness to share your research and contribute to the continuing education of surgeons in the field. Upon notification of acceptance, presenters must complete their registration for the meeting.

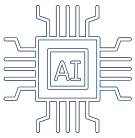
MOC/Self-Assessment Credit

For abstracts submitted for Plenary or Mini-podium presentation for the 2027 Meeting, 2 questions / answers for MOC/SELF ASSESSMENT CREDIT must also be submitted at the time of abstract submission. *NOTE:* Of the 2 questions you submit, 1 MUST be a clinical case situation.

Question Writing Guidelines

For tips on writing well-constructed questions for self-assessment quizzes, see the SCCACS website for question writing guidelines. Note that questions should only be multiple choice (not true/false) and should not contain answer options such as “all of the above” or “none of the above.”

Use of Generative AI and AI-Assisted Technologies



When authors use AI and AI-assisted technologies in the writing process, these technologies should only be used to improve readability and language of the work and not to replace key authoring tasks. Applying the technology should be done with human oversight and all work should be reviewed and edited carefully. The authors are ultimately responsible and accountable for the contents of the work. Authors should disclose in their manuscript the use of AI and AI-assisted technologies, and a statement will appear in the published work.

Competitions

The SCCACS sponsors 3 competitions associated with abstract/manuscript submission along with the opportunity to be considered for the ACS-COT Resident Trauma Paper Competition and the CoC-SCCACS Physician-in-Training Cancer Research Paper Competition. Check the appropriate options on the abstract form for these competitions and learn more about them on the SCCACS website.

- Surgeons in Training Research Competition
- "Associate Member" Research Competition
- "Rising Star" Competition

Abstract Submission Options

Plenary - a segment of the conference where all attendees come together to listen to a sinlge speaker. Note for plenary presentations, the senior authors will be expected to participate in the senior author panel of the session at the meeting.

Mini Podium - a condensed, rapid-fire conference format where multiple short presentations are grouped into a single sessionblock, allowing for a broader range of topics and dedicated time for audience Q&A.

Specialty Session - a specific conference track focused on a single medical domain. It provides a summary of the topic, learning objectives, target audience, and format.

Submit Now

Submission Deadline is 11:59 pm PT on Wednesday, September 9, 2026!

Visit www.socalsurgeons.org for more information and to submit your abstract.

Southern California Chapter ACS AMERICAN COLLEGE OF SURGEONS

2512 Artesia Blvd., Ste. 230 Redondo Beach, CA 90278

Questions? Call: (310) 379-8261

Email: info@socalsurgeons.org

Southern California Chapter
ACS AMERICAN COLLEGE OF SURGEONS

INSTRUCTIONS FOR PREPARING ABSTRACT

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

1. The **entire abstract** (title, authors, institution, text, pictures, tables and graphs) must fit within a box that's 4.50 inches wide by 6.25 inches long. Do **NOT** draw the actual box. Leave no margins within the rectangle, but do not overlap the lines of the box. Single space the entire text of the abstract. ***Authors should 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 is 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. Use Upper/Lower case 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. The presenting author should be listed first and the senior author listed last. On the next line type the name and location of the institution to be credited. No author or institution names in the body.

4. Leaving one blank line, follow with text, tables and graphs. Each submission should include **ALL 5 sections** (**Introduction, objective, participants, results and conclusion).** Do not use any special characters within your abstract submission. All tables/figures and graphics must fit within the size limitation.

5. Complete the online abstract form. One completed form must accompany each abstract submitted. No abstract will be considered without a completed form.

6. The abstract should be submitted in Microsoft Word format (**NO PDF's**), to fit 4.50 x 6.25 inches, in the online form by the **Wednesday, September 9, 2026 deadline**.

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Axillary Lymph Node Metastasis Breast Carcinoma and Technetium -99m Sestamibi Scintimammography

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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.