



Submission Deadline: Wednesday, May 3, 2023, 12:00 PM Central Time (Noon in Chicago).

Status of submissions will be sent electronically to the designated presenter in late July.

GENERAL GUIDELINES FOR ALL SUBMISSION TYPES

1. Abstracts must be submitted online through the abstract submission site. No fax copies, or e-mail submissions will be accepted. By submitting an abstract, you agree to receive necessary email communications from RSNA specifically related to your submission and, if accepted, your presentation at RSNA 2023. These will be sent regardless of your other email preferences and may include, but not be limited to, acceptance/denial of your abstract, presenter information and reminders to complete unfinished submissions.
2. **The abstract submitter retains “owner” rights until the submission deadline, then once accepted the presenter becomes the owner and receives all communications including the right to withdraw an abstract.**
3. **You will not be able to access the system after 12:00 PM Central Time (Noon, Chicago), May 3, 2023. You can enter your abstract, save it, and return for edits or updates any time prior to the deadline.**
4. Proof your abstract carefully! Changes to abstract title, abstract text, as well as additions or deletions of co-author names, will not be permitted after the submission site closes. The accepted abstract will be posted online as is.
5. If an abstract must be withdrawn after deadline, email programs@rsna.org. Include your name, control number and abstract title.
6. Submission of a Quality Improvement Report or Scientific abstract constitutes a commitment by the author(s) to present their work if the abstract is accepted.
7. Promissory abstracts are discouraged. Your presentation is expected to reflect the contents of your abstract. Substantial deviation from the published abstract or failure to present may jeopardize acceptance for future abstracts.
8. **Blind Peer Review Policy:** In accordance with RSNA abstract blind peer review policy, your submission title, abstract, or uploaded figures should not contain author names, institution names, general location, or any such information that may identify where the work originated.
9. An abstract may only be submitted once. Duplicates abstracts (reporting the same data) that are submitted under different title or author will not be considered.
10. Abstract category selection is on the ownership of the submitter. Be sure to carefully select the category which best pertains to your abstract before finalizing your submission as abstracts will only be reviewed under the category in which they were originally submitted, and do not get transferred to other categories during the abstract review period.
11. All submissions must be HIPAA-compliant. To preserve the anonymity of patients and research subjects, authors/presenters must remove all potentially identifying information—including patient likenesses, identification numbers, names, initials, etc.—from images, charts, graphs, tables, and text before being displayed at the Annual Meeting.
12. For photographs, video, computerized renderings, or 3-D reconstructions of patients, a cropped or adequately masked image that excludes identifiable features may be acceptable. **Note: The simple masking of eyes in photographs is not sufficient to preserve anonymity.**

13. **CME Presenter Guidelines Related to Financial Relationships:** As an ACCME provider, RSNA strives to maintain the highest standards in development of its educational programming to ensure it remains free of commercial influence. To comply with the ACCME guidelines:
- A presenter is not to receive financial support in conjunction with their RSNA presentation(s) except from their employer.
 - A person who is employed by or is an owner of an “ineligible company” (defined as any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients) **cannot** speak if the CME content relates to the business lines and products of its employer.
14. Your presentation must be free of commercial bias, and must not promote medical devices, products, or services.
15. **Intellectual Property Notice:** Reported misuse of intellectual property persists. Your decision to include borrowed materials (text, images, graphs, charts, etc.) in your presentation may fall within 'fair use' for educational purposes. However, such materials should never be presented as if they are your own. You must assure that sources of borrowed material are clearly labeled in your presentation, including full citations for any copyrighted material. It is also best practice to inform and/or seek the permission of the original creator of non-copyrighted content before using it in your lecture. When content seems to lack proper attribution, you may be asked by the RSNA to provide an explanation for including the material without proper acknowledgement in your presentation.
16. **General Data Protection Regulation (GDPR) Notice:** As an abstract presenter, you understand and acknowledge that RSNA shares your information and presentation with our partners to enhance the Annual Meeting program and experience.
17. In submitting his or her [scientific abstract/education exhibit] (hereafter the "content") to the RSNA for possible presentation at RSNA 2023, the author retains copyright to the content and agrees to give RSNA a limited, nonexclusive, royalty-free license to present the content on the RSNA website and in its educational programs, and to archive the content for maintenance of the scientific record. RSNA agrees not to sublicense the content to a third party.
18. For abstracts regarding diagnostic performance such as sensitivity, specificity, predictive values, or AUC, it is recommended to use the “Standards for Reporting Diagnostic accuracy studies” (STARD) guidelines to improve the completeness and quality of the abstract.
19. English is the official language of the RSNA meeting. When you choose the presenter for your research, please select someone who feels comfortable making the presentation and answering questions about your research in English. If your presenter is not confident that he or she will feel comfortable answering questions in English, the RSNA asks that a colleague who is fluent in English attend with the presenter to help in understanding and responding to questions.
20. RSNA registration and housing are the responsibility of each individual presenter. RSNA does not hold a separate block of rooms for presenters. Information on registration and hotel accommodations will be available at www.rsna.org. Expenses associated with submission and presentation of an abstract are the responsibility of the presenter.

DESCRIPTION OF APPLICATION TYPES

Scientific Presentation

Scientific presentations are completed hypothesis-driven research with a comprehensive report; a work-in-progress report of ongoing research of emerging ideas and techniques and containing initial yet defined results; or a brief pertinent report of a particular new aspect or understanding of clinical radiology.

Display Format: Accepted scientific presentations will be scheduled in the following formats at the discretion of the subspecialty section chair. While consideration will be given to your indicated preference, decisions on format assignment will be based on the needs of the program. All decisions are final.

Paper presentations will require an *oral* presentation at an assigned date/time in a moderated meeting room setting. More information will follow at time of acceptance.

Poster presentations are digital slide show presentations derived from your PowerPoint and will require in-person attendance to host a question-and-answer session on an assigned date/time at a display monitor in the Learning Center.

NEW for Poster Presentations: If accepted for presentation, presenters will receive an invite for an additional opportunity to create a hardcopy version of their abstract to be made viewable the full week of the meeting in the RSNA Learning Center. **NOTE:** Only submitters who answer “Yes” to the 2nd Format Opportunity question during submission will receive this invite. **All hardcopy backboards will be 2 meter width backboard panels this year.**

Abstracts are limited to 2400 characters NOT including spaces and are to be constructed using the following section headings: Purpose; Materials and Methods; Results; Conclusion. A Clinical Relevance statement, not to exceed 200 characters, is also required. For review purposes only, it is *recommended* that a figure to support your work accompany your submission.

Previously Presented/Published: Abstract consideration for scientific presentations requires that **all** the criteria indicated below must be met. RSNA reserves the right to accept or reject any abstract according to its usual and customary peer-review process.

- 1) The abstract must represent **original work** by the author.
- 2) Papers based on the abstract **have not been published** prior to the abstract submission deadline date.
 - *The RSNA strongly encourages all abstract presenters to submit their manuscripts to the Radiology suite of journals for consideration for publication.*
- 3) RSNA requires at the time of abstract submission that previously presented abstracts, in whole or in part, be labeled as such and the specific meeting be identified. It also requires that authors certify that no other organization has any rights to the material.

Science Awards:

Kuo York Chynn Neuroradiology Research Award: The top scientific paper, as selected by the Scientific Program Committee in the Neuroradiology section, will earn a \$3,000 award recognition.

Trainee Research Prizes include \$1,000 and a certificate to each winning resident, fellow, and medical student. Scientific abstracts submitted by residents, fellows, physics trainees and medical students will undergo the usual peer review process. Non-imaging trainees are eligible if they are mentored by a member of the RSNA, AAPM or ASTRO. If accepted for presentation, the authors will receive a letter of invitation to submit a more detailed abstract for consideration of the Trainee Research Prize.

Education Exhibit Presentations

Education exhibits should be designed to teach or review radiologic signs, pathologic correlations, procedures, techniques, treatments, and interventions or other aspects related to the practice of imaging. Some educational exhibits may refer to authors' personal research data in the exhibit to emphasize educational points. If the aim of the exhibit, however, is to present focused research data and conclusions, this work should be submitted as a scientific presentation.

RadioGraphics Editor Christine Menias, MD, and the Editorial Board would like to encourage RSNA 2023 abstracts in the following content areas, which are of particular interest for manuscript solicitation in *RadioGraphics*: (<https://pubs.rsna.org/page/radiographics/abstract-topics>).

Abstracts are limited to 1350 characters and are to be constructed using the following section headings: Teaching Points; Table of Contents/Outline; PDF Upload.

A PDF upload containing five (5) figures **must** accompany your abstract submission. The intent of the required PDF upload is to inform the reviewer of the specific content that the learner should expect to see in a completed exhibit. Your opportunity for acceptance largely depends on what the reviewer perceives as a well thought out study rather than a promissory note.

Your single PDF file can contain up to 5 slides and may include any combination of images, charts, or graphs based on work performed at the author's institution. The figures (images, charts, or graphs) contained in the PDF upload are intended for review purposes only; they will not be published on the online program.

The official representative of the abstract proposal must attest that the five figures (images, charts, graphs) captured in PDF format are original works performed at the author's institution and if accepted a minimum of 75% of the final exhibit (text and media) will consist of original work performed at the author's institution(s).

Display Format

Education exhibits may be displayed in the following formats:

1. Computer exhibits that are in slide show format derived from your PowerPoint will be displayed as a digital poster. Your PowerPoint file will be converted to multiple video formats to accommodate attendee viewing on computers and mobile devices.
2. Computer exhibits that are web-based applications which use an application server, CGI script, or access a custom database will be displayed as **stand-alone computer** displays. RSNA will provide a table, two chairs, standard electrical service, and rental computer equipment (up to an expense of \$600). Hardware requirements that are difficult for RSNA to obtain and support will be the responsibility of the exhibitor.

NEW for Digital (Stand-alones not eligible): If accepted, you will receive an invite for an additional opportunity to create a hardcopy version of your abstract to be made viewable the full week of the meeting in the RSNA Learning Center. **NOTE:** Only submitters who answer "Yes" to the 2nd Format Opportunity question during submission will receive this invite. **All hardcopy backboards will be in 2 meter width backboard panels this year.**

Computer exhibits should be designed to demonstrate teaching points in ten minutes or less.

Education Exhibit Awards

All eligible education exhibits will be judged by a committee appointed by the RSNA Board of Directors. Presentations must be uploaded through our submission system by the published deadline. Stand-alone exhibits remain the only format still judged onsite. **NOTE:** Failure to properly cite the origin of educational material not from the author's institutions, will exclude an exhibit from being awarded.

Quality Improvement Report Presentations

Quality Improvement Report abstracts describe quality assessment and improvement initiatives in the field of radiology that have taken place in your institution to improve the care or service you provide to patients. All Quality Improvement Report presentations require an in-person presentation. Date and time will be announced following notice of acceptance.

The reference standard for reporting Quality Improvement in Medicine is the Squire guidelines, recently updated as Squire 2.0. Like other medical organizations, the RSNA has adopted and modified Squire 2.0 for reporting. Quality Improvement Reports will follow new submission categories, and the framework detailed below for the 2023 Annual Meeting. Please click [HERE](#) for a Squire 2.0 example submission.

Submission Categories (choose 1): Patient Experience; Staff Experience (including training/education and peer learning); Safety (including patients and radiology human resources); Operations and Workflow (including radiation considerations and pandemic response); Informatics and Communication.

Abstracts are limited to **500** words. Your submission must also include a figure to support your work [figure must be captured in a single .pdf file and is limited to an image(s) and/or graph(s)] and should contain the following elements:

- **TITLE:** Keeping in mind the following topics: Quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, equity of medical imaging and image-guided intervention services.
- **INTRODUCTION:**
 - Problem Description:* Nature and significance of the local problem.
 - Available Knowledge:* Summary of what is known regarding the problem.
 - Purpose:* Simple statement (1-2 sentences) of the purpose. This would typically begin with “The purpose of this study was...”.
- **METHODS:**
 - Context and Intervention:* State the context of the problem and the intervention applied to the problem.
 - Study of the Intervention:* What method was used to study the intervention, approach used to determine if the outcome was secondary to the intervention or confounders.
 - Measures/Metrics:* Measures chosen for the study and rationale for them; Define metrics that are not standard; Approach to assess and gather data for measures/metrics; Completeness and accuracy of data.
 - Analysis:* Qualitative and quantitative methods to generate Results (include methods to draw inferences from the data); Methods to understanding data variation (including over time of study period).
- **RESULTS:**

Intervention steps (e.g. versus time) with text or figure (timeline diagram, flow chart, or table), including modifications made to the intervention during the project; Data on measures and outcome; Observed associations between outcomes, interventions, and relevant contextual elements; Unintended consequences and missing data.
- **DISCUSSION:**

Limitations; Conclusions.

Display Format

Quality Improvement Report exhibits may be presented in the following formats:

Backboard (*preferred*): Traditional hardcopy poster exhibit available in a **2 meter** width backboard panel.

Digital Poster: Prepare a PowerPoint presentation on your local drive and upload to our submission system. Various types of digital media (images, video, etc.) can be uploaded into the system to enhance your presentation. The uploaded PowerPoint presentation is converted to multiple video formats to accommodate viewing on computers and mobile devices.

Your presentation should be created to allow the attendee to view a presentation in its entirety in approximately five minutes, as most attendees spend between 2 to 10 minutes viewing an electronic presentation.

Designated Discussion: Authors of accepted Quality Improvement Report abstracts must be available during the week for a scheduled 30-minute session to discuss their project with attendees in the Learning Center. Additional instructions will be provided at time of acceptance notice.

Quality Improvement Report Award: All Quality Improvement Report abstracts that have been accepted for exhibit, follow the guidelines, and submit their work by the published deadline (deadline provided at acceptance time) will be judged. The award-winning Quality Improvement Reports will be eligible for consideration for short-form publication in *RadioGraphics*.