



MSTS 2025 Abstract Submission Guidelines

The MSTS Program Committee welcomes abstracts related to all aspects of musculoskeletal oncology and limb salvage.

If you are an MSTS member, or if you have submitted an abstract to MSTS in the past, please begin your 2025 submission by entering your username and email address. This is necessary to tie your submission to your existing record – please **do not** create a duplicate record in your name. If you need to confirm your username, please contact MSTS staff at info@msts.org.

If you are not a member of MSTS and have not previously submitted an abstract, please enter your email address in the New User section of the form. You will then be able to provide the information needed to create a non-member user record and to submit your abstract.

We require ELECTRONIC SUBMISSION of your abstract through the MSTS Abstract Submission program. Abstracts will not be accepted by email.

Note: Please be sure you have all necessary information, including your blinded and unblinded abstract files, ready before beginning the abstract submission. Once you submit your abstract, you will not have the option to add information or make any edits.

All online submissions must include:

1. **MSTS Membership:** We encourage the submitter, or at least one listed co-author, to be a current member of MSTS (all membership categories qualify).
2. **Co-Author Information:** You must have the full name and email address of every co-author on the abstract. A maximum of ten co-authors can be included.
3. **Industry Representatives:** Industry representatives are not eligible to submit abstracts.
4. **Financial Disclosures:** Financial Disclosure is required for the submitter, presenter, and each co-author: The disclosure must be on file with AAOS with a disclosure submission date on or after December 3, 2023. To verify if an existing disclosure on file is current, or to create a disclosure file, [please click here](#) for the AAOS Disclosure Program.
5. **Presenter Information:** In the event that your abstract is selected for presentation, the full name and email address of the person who will present your abstract at the 2025 MSTS Annual Meeting is required. Industry representatives are not permitted to present either a poster or podium presentation at the MSTS Annual Meeting.
6. **Abstract Category:** To identify the correct category of your abstract, please view the last page of these instructions. Only one category can be applied to each abstract.
7. **Uploading Abstracts:** you are required to upload **both** a blinded and unblinded version of your abstract. (Blinded - No Authors/Co-Authors or Institution names should be included. Unblinded - ALL Authors/Co-Authors and Institution names should be included).
8. **PLEASE NOTE:** It is important that you review all information and verify that all information is correct and that both your required Blind and Unblinded files are listed on the Summary Page **before** you submit your abstract. Once your abstract is submitted, **you will not have the option to add information or to make any edits.**

New in 2025 – Rubric Score: All qualified abstract submitters are asked to include a Rubric Score on both their blind and unblinded abstracts. Please include the Rubric Score as the first line of your abstract, after the title. For all retrospective, observational studies: please reference the following abstract scoring rubric, and include your aggregate score (from 6-18). Exempt studies include randomized trials, preclinical data, basic science, translational research, and reviews.

Methodology Quality Scoring – Rubric Score
To assist MSTS Annual Meeting Committee

Notes:

1. This is a tool to assist the Annual Meeting Committee in scoring abstracts.
2. It is intended for use in observational studies only.
3. Scoring is completed by the abstract author(s), range 6-18 points.

| | 3 | 2 | 1 |
|--|---|---|--|
| Total number of patients | >=100 | 50-99 | 0-49 |
| Number of patients in the smallest arm. If no comparison arm (e.g. single case series), then should be zero. | >=50 | 20-49 | 0-19 |
| Confounding | Similar patient baseline characteristics/demographics and similar additional treatment (e.g. All got radiation, all got chemo, or all got same antibiotics postop; surgical technique/implants same in each arm...) | Some additional treatment was different (e.g. all got radiation but only some got chemo. some surgical techniques/implants differed) or some diagnoses were different | Additional treatment was different (e.g. different adjuvant treatment tailored for each patient, variance in surgical technique/implants...), patient demographics or diagnoses all different, etc.... |
| Measurement | All measurements done at time of treatment/follow-up | More than 50% of measurements done at the time of treatment/follow-up | More than 50% of the measurements done/assessed at the time of chart review |
| Follow-up at 1 year OR at end of study outcome, whichever is sooner | <20% lost to follow up | 20-40% lost to follow up | >40% lost to follow up |
| Missing data | No patients with missing data | <20% patients without some data | >=20% patients without some data |

Potential sources of bias

Design

1. Absence of comparative group
2. Confounding, i.e. patients get the treatment of interest AND another treatment
3. Failure to account for important confounding variables in design and/or analysis (via matching, stratification, interaction terms, multivariate analysis, etc.)

Enrollment

1. non-consecutive enrollment
2. Method of recruiting participants different across groups
1. Measurement of effect not done at time of treatment, relies on patient recall
2. Loss of follow up >20% (if follow up is 50%-80% downgrade one level)
3. Outcomes measured inaccurately (method not same for all patients, measurement not objective, lack of blinding)

Reporting

1. Missing data, e.g. outcome, treatment status, and confounder variables OR missing data not similar between groups
2. Selective reporting of outcomes (outcomes, statistical analyses and patient populations specified in methods section not all reported in results section)

Other

1. Study is a subgroup analysis of a previously published study
2. Author conflict of interest

Abstract Structure for Submission: Please see the following information regarding the organization and content of your abstract:

1. Structure:
 - a. Background: include the rationale for the study, what is known, and the objectives of the study
 - b. Methods: Clearly identify the study design (clinical studies should indicate whether the study is prospective, retrospective, randomized, case-control, case series, case report), diagnostic criteria, inclusion and exclusion criteria, dates, treatment, follow-up. Basic and translational studies should specify the model, in vivo vs. in vitro. All studies should include information related to comparisons made, and statistical methods. Please use validated outcome instruments such as MSTs, TESS, PROMIS, and ISOLS Classification of Limb-Sparing Reconstructions where applicable.
 - c. Results: Provide a concise summary of study findings. Do not overuse p-values. Effect sizes and 95% confidence intervals are preferred.
 - d. Conclusions: Briefly summarize the study findings, limitations, and relevance to future research.
2. Length: Please submit a Microsoft Word document that **does not exceed 250 words**. Abstracts greater than 250 words will not be reviewed.
3. Font: Standard Calibri font, type size 10pt.
4. Format: Abstract should be single spaced with a 1-inch margin both on the top and bottom as well as the left and right sides.
5. Figures and Tables: Limit 2. (Do not count towards 250-word limit)
6. References: Please omit any reference to authorship and/or institution within the body of the abstract.

2025 MSTS ABSTRACT AWARDS

The 2025 Annual Meeting Planning Committee will review all e-posters and podium presentations and select the recipients of the following abstract awards (you may select all categories that are applicable, but no single abstract will receive more than one award):

1. Young Investigator Award – Open to those currently in training or within 5 years of completion of orthopaedic oncology fellowship. (1st Place \$1,000; 2nd Place, \$750; 3rd Place, \$500)
2. Best Paper (Podium) Presentation (1st Place, \$1,000; 2nd Place, \$750; 3rd Place, \$500)
3. Best E-Poster (1st Place, \$500; 2nd Place, \$250; 3rd Place, \$250)
4. Best Collaborative (Multi-Institutional) Study (\$1,000)
5. Honorary Mention – Best Paper in metastatic bone disease (\$1,000)
6. Honorary Mention – Best E-Poster in metastatic bone disease (\$500)

CLINICAL ORTHOPAEDICS AND RELATED RESEARCH (CORR®)

The MSTS Program Committee encourages abstract submitters to submit their manuscript to Clinical Orthopaedics and Related Research (*CORR*®), the official journal of MSTS. *CORR*® will consider any podium or poster presentation for publication in the MSTS proceedings of the 2025 Annual Meeting. Please note that presentation at the meeting does not guarantee publication; *CORR*® publishes only those papers that pass editorial screening and peer review. (In the unusual circumstance that the abstract is not accepted for the meeting, but the manuscript is accepted by *CORR*®, it would be published in *CORR*® as a regular submission). The deadline for manuscript submission to be considered for the proceedings is January 5, 2026, one month after the conclusion of the MSTS Annual Meeting. Manuscripts may be submitted at <http://www.editorialmanager.com/CORR>®.

Advantages of publishing in *CORR*®:

- *CORR*® publishes more musculoskeletal oncology papers than any other journal: Readers look to *CORR*® first for relevant musculoskeletal oncology research
- Average time from submission to electronic publication is fast – about 4 months
- A robust MSTS proceedings issue in *CORR*® extends our societies' brands, and increases the visibility of the important work our societies do
- No longer a "five-author rule" – ICMJE's authorship guidelines apply
- Easy-to-use article template to help you write an informative paper
- *CORR*® promotes important papers with Editor's Spotlight features, Take-5 Interviews, and *CORR*® Insights commentaries

Please contact the MSTS office with any questions via email at info@msts.org or by phone at (847) 698-1625.

Thank you,
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Abstract Categories - Only one research category can be applied to each abstract.

1. Clinical Research
 - a. Randomized Controlled Trials
 - b. Prospective cohort studies of 30 patients or more
 - c. Retrospective comparative studies including 30 patients or more
2. Clinical Experience
 - a. All studies reporting clinical outcomes that do NOT fit the criteria for Clinical Research
3. Registry/Database
4. Basic and/or translational research
5. Other Research
 - a. Systematic Reviews and Meta-analyses
 - b. Survey Research
 - c. Engineering Research
 - d. Qualitative Research
 - e. Cost Analysis Research
 - f. Other