


ORIGINAL ARTICLE

# The publication rate and performance of the Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS) surgical conference abstracts

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## Abstract

**Objective:** Conference abstracts and peer-reviewed publications form the basis for research dissemination. We evaluated the abstract publication rates following their presentation at the Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS) meetings between 2013 and 2019.

**Methodology:** A systematic search and analysis was conducted in 2021 and 2023. Using abstract titles, keywords, and first and senior authors, AUGIS abstracts were queried on PubMed, Science Direct, Google Scholar, and Google. Abstract, authors, journal, and time of publication were extracted and analysed.

**Results:** A total of 1220 abstracts were presented over 6 years of conferences, 388 of which were subsequently published. The overall publication rate was 32%, with 47% of oral publications and 29% of posters being published. Oral presentations were significantly more likely than posters to be published ( $P < .001$ ). Publications spanned 134 journals, with mean and median publication times of 14 and 15 months, respectively.

**Conclusions:** The publication of AUGIS meeting abstracts was comparable to other surgical scientific meetings. These can serve as judging standards for projects worthy of presentations as conferences remain a crucial forum for learning and collaboration. Regardless, authors and review panels should continue to strive for high-quality abstracts to increase the impact of their work and scientific conferences.

## KEYWORDS

Abstracts, conference, gastrointestinal surgery, general surgery, publication rate

## 1 | INTRODUCTION

With scientific research output increasing greatly over recent years, it is important to evaluate the dissemination of scientific ideas. Aside from scientific publication in peer-reviewed journals, the presentation of novel work at professional meetings constitutes a critical step in

exchanging scientific information. Scientific meetings provide a forum for clinicians and academics to disseminate, discuss, and debate their research and views. As such, the work selected for presentation must be held to a high standard as it may change how experts investigate and manage their patients. The quality control of research must be maintained and while the gold standard for quality research is

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publication in peer-reviewed journals, the review process of abstracts remains challenging due to the limited information available.<sup>1</sup> The most common approach is to screen for high-quality research through a panel of experienced academics and expert clinicians to ensure only work in relevant fields and of high standards can be presented. Subsequently, the rigour of this process can be measured by evaluating the proportion of these projects that are published.

Within surgery, the United Kingdom hosts several major annual surgical meetings, including those of the Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS), the Association of Surgeons of Great Britain and Ireland (ASGBI), the British Transplantation Society (BTS), the Association of Coloproctology of Great Britain and Ireland (ACPGBI), and the Vascular Society of Great Britain and Ireland (VSGBI). These societies organise conferences that attract thousands of delegates annually and act to distribute novel findings within these sub-specialities and facilitate the exchange of knowledge between researchers and clinicians.<sup>2</sup> As none of these meetings require the submission of abstracts for publication after presentation, the outcomes of the presenters' work are often unknown.

Publication rates have been evaluated across meetings of various surgical specialities, ranging from urology to otolaryngology to plastic surgery.<sup>3–7</sup> The abstract-to-publication rate (APR) from these surgical conferences ranges from 23% to 69%. The APR provides a metric to compare and infer the rigour of a conference's abstract selection process. There is scarce literature focussing on the APR of general surgery meetings and, as identified by Light et al<sup>8</sup> and Weale et al,<sup>9</sup> it ranges between 22% and 39% when evaluating four other renowned general surgery society meetings. Therefore, determining the APR of a conference can provide a comparison of the academic standing between conferences.

The issue of unpublished abstracts remains an important consideration for both novice and experienced researchers alike. The follow-up of conference abstracts can provide an indicator of the academic quality and scientific validity of the conferences' submissions and review process. Furthermore, identifying factors, features, and trends in publishable abstracts can help inform future research efforts. These factors apply to all specialities and fields alike and can be explored further using data from speciality conferences. Currently, the publication of abstracts at upper gastrointestinal surgical meetings remains underexplored and this study aimed to analyse the publication rate of abstracts presented at the annual AUGIS meeting to provide insights into the assessment process and influencing factors.

## 2 | METHODS

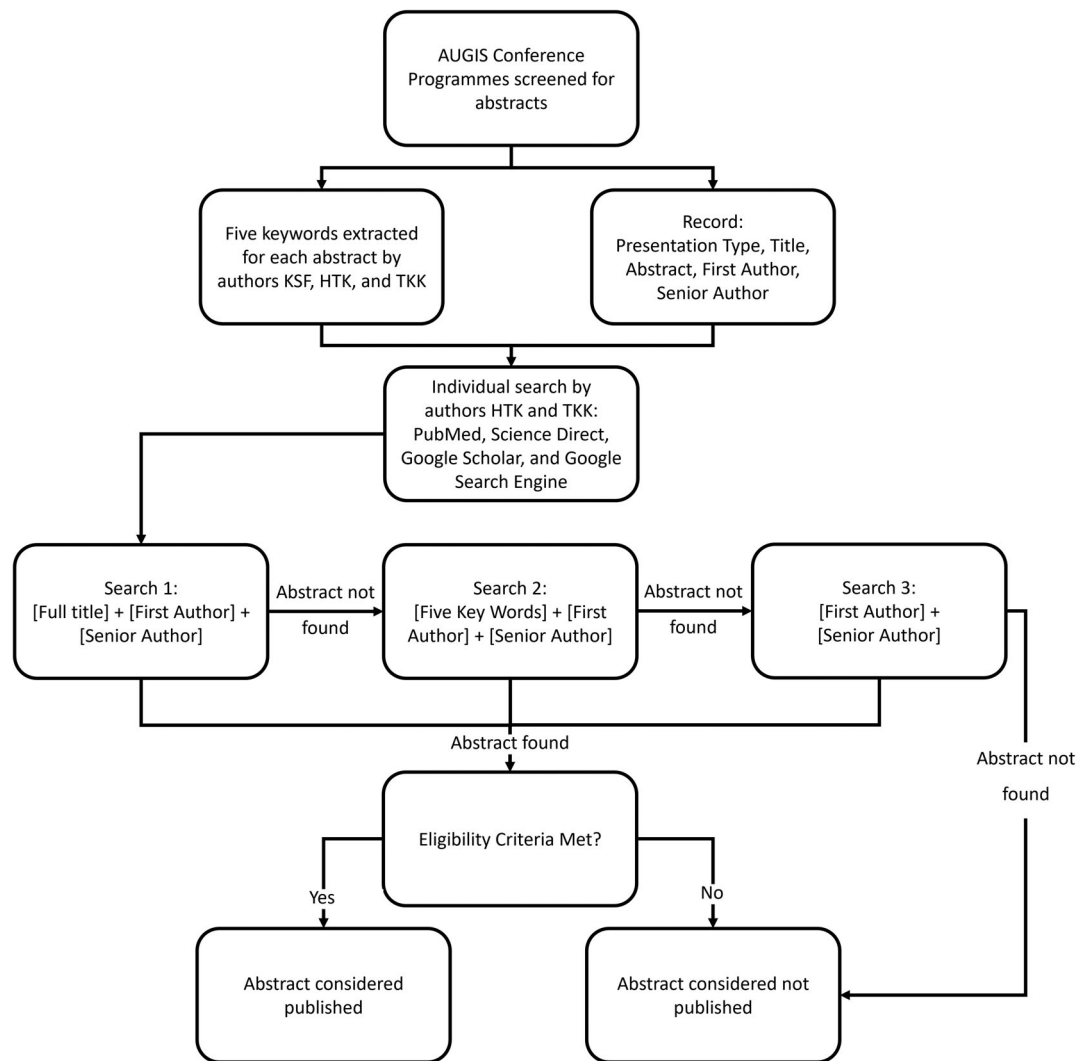
The conference programmes of each annual AUGIS meeting from 2013 to 2019 were included in this study. The 2015 meeting abstracts were excluded as it was conducted as a joint conference under the Digestive Disorders Federation (DDF) and included abstracts for other societies. As this combined conference may attract

different attendance and abstract demographics, this was not considered representative of the usual work submitted to AUGIS meetings. Abstracts presented after 2019 were not evaluated to account for publication lag in the British Journal of Surgery.<sup>9</sup>

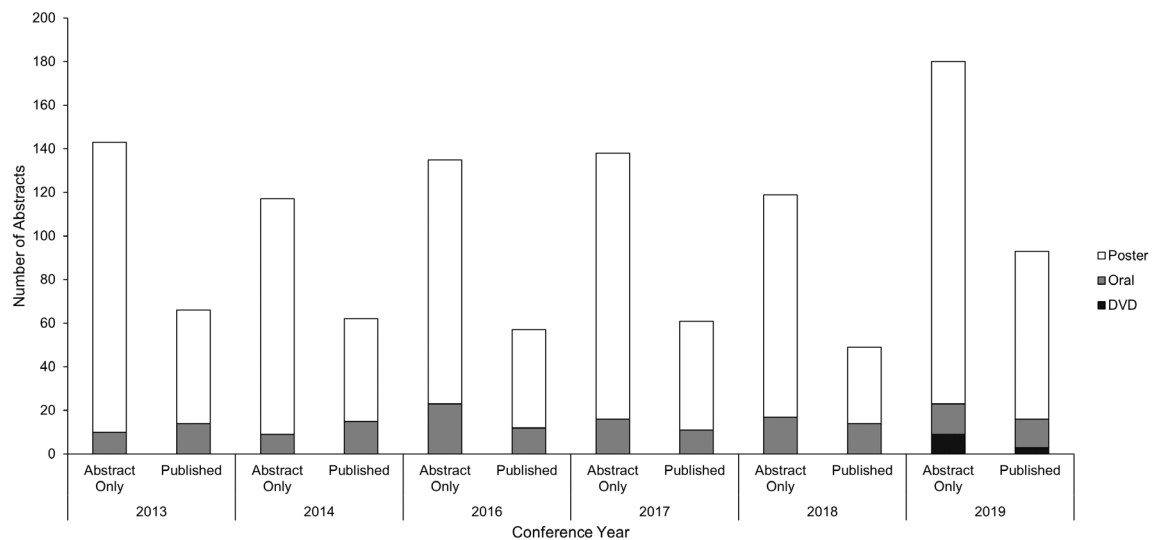
The conference programme for each year was retrieved from the AUGIS website.<sup>2</sup> They were processed in Microsoft Word and Excel to obtain a list of all abstracts presented at the conferences. This includes the presentation title, type of presentation, presenting author, other named authors, institution, and structured abstract. Presentations included abstracts listed under oral presentations, poster presentations, DVD presentations, and prize sessions where applicable.

To identify the abstracts that resulted in a full-length publication in a peer-reviewed journal, our literature search was performed in three stages. First, a search was completed in August 2021 using the string {Abstract Title} AND {First Author} AND {Senior Author} on PubMed, Science Direct, Google Scholar, and Google Search Engine individually. If no publications were identified using the first method, up to five keywords were extracted from each abstract. The extraction of keywords was performed together by four authors, KSF, HTK, TKK, and SMH, and any disagreements between keywords were resolved through discussion. A second search was queried using the string {Key Words} AND {First Author} AND {Senior Author}. Lastly, if no publication was identified, the publication records of the abstract's first and senior authors were screened using their profiles on Google Scholar, PubMed, and ResearchGate. Authors HTK, TKK, and SMH independently conducted each stage of the literature search and the publication database produced was merged by KSF. Articles were then assessed and considered published when confirmed to be a full-paper publication and have matching/similar methods, results, and authorship to the presented work. Published conference abstracts and non-full-text sources were excluded. To reduce the likelihood of missed articles and identify the effects of publication lag, a further search was repeated in August 2023.

For each abstract and its subsequent publication, we extracted the following information: type of presentation, title, authors, study type, journal of publication, and time between presentation and publication. Presentation types were either poster, oral, or DVD formats. The types of study included audit/quality improvement, clinical research, basic science research, randomised controlled trials, non-systematic literature review, and systematic reviews/meta-analyses. Clinical research encompassed all observational studies with comparison groups (eg, cohort, case-control and cross-sectional studies). Studies in the clinical research category were not further subcategorised as abstracts are limited in length and details of methodology may be omitted. The annual and 5-year Impact Factor (IF) of the included journals were also recorded, as reported by the Journal Citation Report published by Clarivate Analytics. Publication rates and time were compared using the Chi-square test and Student *t*-test using SPSS version 25 (IBM Corp., New York, NY). The proportion of successful publications of presented abstracts will be referred to as the publication rate of the conference.



**FIGURE 1** Workflow diagram of the abstract screening process.



**FIGURE 2** Annual publication of Association of Surgeons of Great Britain and Ireland (ASGBI) abstracts by presentation format.

**TABLE 1** Publication rate and time of abstracts at each Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS) conference.

Year	Poster, n/N (%)	Oral, n/N (%)	DVD, n/N (%)	Total published, n/N (%)	Mean publication time (months)
2013	52/185 (28)	14/24 (58)	—	66/209 (32)	19
2014	47/155 (30)	15/24 (63)	—	62/179 (35)	18
2015 <sup>a</sup>	—	—	—	—	—
2016	45/157 (29)	12/35 (34)	—	57/192 (30)	13
2017	50/172 (29)	11/27 (41)	—	61/199 (31)	14
2018	35/137 (26)	14/31 (45)	—	49/168 (30)	10
2019	77/234 (33)	13/27 (48)	3/12 (25)	93/273 (34)	12
Overall	306/1040 (29)	79/168 (47)	3/12 (25)	388/1220 (32)	14

<sup>a</sup>The 2015 conference was not included as it was conducted as the Digestive Disorders Federation (DDF) conference in conjunction with other societies.

### 3 | RESULTS

Conference programmes between 2013 and 2019 were obtained in August 2021. All three stages of the literature search were performed in August 2021 and August 2023 (Figure 1). The initial search identified 363 abstracts that were published by 2021, followed by an additional 25 that were published between 2021 and 2023. The total number of abstracts presented at the ASGBI conference between 2013 and 2019, excluding 2015, was 1220. This included 1040 posters, 168 oral presentations, and an additional 12 abstracts in DVD format in the 2019 meeting. Poster abstracts were consistently the most common mode of presentation, ranging between 155 and 234 annually. Oral abstracts remained stable throughout this period, ranging between 24 and 35 per conference. There was also a mild decrease in the number of abstracts each year until 2019, which had the highest number of abstracts during this time frame (Figure 2).

#### 3.1 | Abstract-to-publication rates

In 2023, a total of 388 out of the 1220 (31.8%) abstracts were published in a peer-reviewed journal. The publication rate of abstracts remained stable throughout this period, ranging from 29.7% to 34.6%. Of the oral presentations, 79 out of 168 (47.0%) were published. In comparison, only 306 of 1040 (29.4%) poster abstracts were published. Oral presentations were significantly more likely to result in publications compared with posters ( $P < .001$ ). Only one year included DVD-based abstracts ( $n = 12$ ), 3 of which were published (25%; Table 1). There were no statistically significant differences in the publication rates between conference years ( $P = .796$ ).

#### 3.2 | Time and nature of the publication

The mean and median time for publication were 14 and 15 months, respectively. The median time ranged between 9 and 19 months across the different meetings. The median time for publication was

**TABLE 2** Published abstracts by type of research and mean abstract to publication time.

Type of publication	Articles, n (%)	Mean publication time (months)
Clinical research <sup>a</sup>	271 (70)	16
Systematic review and meta-analysis	64 (16)	11
Randomised controlled trial	14 (4)	10
Basic science research	14 (4)	22
Case study	13 (3)	10
Audit/quality improvement	8 (2)	13
Non-systematic literature review	4 (1)	8
Overall	388	14

<sup>a</sup>Clinical Research includes all observational studies and non-randomised controlled clinical studies with comparison groups (eg, cohort, case-control, and cross-sectional studies).

15 and 12 months for posters and oral presentations, respectively. The time between presentation and publication did not differ between different formats of abstract presentation ( $P = .338$ ). The majority of published articles were clinical research ( $n = 271$ , 70.0%), with a mean publication time of 16 months. Studies on basic sciences had the longest publication time (22 months). The mean publication times of systematic reviews/meta-analyses and randomised controlled trials were 11 and 10 months, respectively. Table 2 breaks down the publications by type and mean publication time.

Systematic reviews/meta-analyses (64/75, 83%) and randomised controlled trials (14/16, 88%) were more likely to be published. Of the 388 published presentations, 270 described statistically significant measured outcomes, including both primary and secondary outcomes (69.6%). More than half focussed on malignancies ( $n = 241$ , 62.1%) and operative outcomes ( $n = 237$ , 61.1%). Only a minority of published work was on imaging ( $n = 25$ , 6.4%). Only a few studies on perioperative management or enhanced recovery protocol were presented ( $n = 59$ ), of which only 18 were published.

**TABLE 3** Journals with the most published studies and their respective impact factors and publication time.

Journal	n (%)	Impact factor (2022)	Publication time (months)
HPB	39 (10.1)	2.9	17
British Journal of Surgery	24 (6.2)	9.6	8
International Journal of Surgery	23 (5.9)	15.3	14
Diseases of the Esophagus	22 (5.7)	2.6	19
Annals of the Royal College of Surgeons of England	17 (4.4)	1.4	10
Surgical Endoscopy	15 (3.9)	3.1	14
Annals of Surgery	14 (3.6)	10.1	10
World Journal of Surgery	14 (3.6)	2.6	20
European Journal of Surgical Oncology	10 (2.6)	3.2	5
Others (n = 124)	210 (54.1)	—	15
Overall	388 (100)	—	14

### 3.3 | Journal demographics

The 388 articles were published in 134 different peer-reviewed journals. The journals with the most published abstracts, and their respective IFs, are shown in Table 3. The journal that published the most articles from the cohort was the *HPB* (n = 39; IF 2.9), followed by the *British Journal of Surgery* (n = 24; IF 9.6), and the *International Journal of Surgery* (n = 23; IF 15.3).

## 4 | DISCUSSION

This study addresses the significant issue in the dissemination of surgical research: the discrepancies between abstracts presented at scientific meetings and their eventual publication in peer-reviewed journals. The AUGIS organises its annual meetings to provide opportunities for medical students, surgical trainees, and experts to share their research, audits, and quality improvement projects. Many presented projects will also result in a publication, both of which would contribute towards helping aspiring surgeons and surgical trainees navigate the ever-increasing competition.<sup>10</sup> By analysing the publication rates, the trends can be relevant to clinicians and similar meetings globally. Given the potential of these meetings to influence clinical practice, it is important to evaluate the scientific impact of the work selected for presentation. This study highlights factors such as presentation type and study designs that can influence the abstract selection and publication process, offering insights for both meeting organisers and researchers alike in delivering quality surgical research. An improved understanding of these trends may help justify and elevate standards at surgical conferences in both the United Kingdom and internationally to better enhance the visibility of surgical developments.

Over the six years of conferences between 2013 and 2019, 388/1220 (32%) abstracts presented at AUGIS meetings resulted in a full-length publication, in keeping with the publication rates from other general surgical meetings.<sup>8,11,12</sup> Abstract publication rates of other general surgery meetings in the United Kingdom have also been

studied. Specifically, our findings were comparable with the abstract publication rates of the 2001 meetings of the ASGBI, BTS, ACPGBI, and VSGBI, ranging between 24% and 54%.<sup>9</sup> A follow-up study of these four societies' meetings in 2012 demonstrated a small decline, in rates between 22% and 39%.<sup>8</sup> Publication rates remain uniform with little change throughout the years at AUGIS meetings, whereas rates often vary in other society meetings. Previous survey-based studies have identified that the majority of conference abstracts were never submitted for publication, most notably due to work still being in progress, lack of time, and low priority in writing up a full manuscript.<sup>13–15</sup>

### 4.1 | Presentation format

Presentation formats included posters, oral presentations, and DVDs. Presentation formats were usually determined by the selection panel, which selected the highest-scoring abstracts for oral presentation. Our data also showed that oral presentations were significantly more likely to result in a successful publication ( $P < .001$ ), with 47% of oral abstracts being published compared with only 29% of poster presentations. These results were similar to those of European Society for Surgical Research congress meetings, at rates of 49% vs 30% for oral and poster presentations, respectively. However, as highlighted by Light et al,<sup>8</sup> the differences in publication rates of oral and poster presentations can also vary between general surgery meetings within the United Kingdom. These differences range from minor to statistically significant differences at the 2012 ACPGBI (23% vs 22%;  $P = .809$ ) and ASGBI (31% vs 20%;  $P = .001$ ) meetings, respectively. Although variable, it appears that oral presentations generally outperform poster presentations. This was likely due to the selection process for oral presentations, allowing the peer review panel to select only the highest-quality abstracts for the limited presentation time slots.<sup>16</sup> Our findings here were also similar to a 2018 meta-analysis of various scientific meetings, which included 300,000 abstracts and also saw an increased likelihood of oral presentations being published.<sup>17</sup>

The format of presentation varied between each conference, though most apparent in the number of poster presentations. Poster presentations make up the bulk of the presented work at scientific meetings, including those of the AUGIS. This may potentially vary with the administrative capacity of the conference organiser as well as the venue size. As oral presentations require significantly more planning and a dedicated timeslot, it is often accepted in much fewer numbers. These sessions ranged between 24 and 35 in the evaluated AUGIS conferences. With these slots being limited, the standards for selecting oral presentations may be more easily held as long as there is a substantial pool of submissions to choose from. However, this does not explain the variability in publication rates which ranged between 34% and 63%. This may be attributable to intrinsic differences in the characteristics of these studies, or potentially simply the impact of randomness in smaller sample sizes. Lastly, video-based presentations remain uncommon at surgical meetings, with only 12 entries present at the 2019 AUGIS meeting, compared with 11 identified by Light et al.<sup>8</sup> During the coronavirus disease 2019 (COVID-19) pandemic, with many conferences becoming virtual, the implementation of e-posters and recorded oral presentations meant that projects of interest could be re-watched at attendees' convenience. Hence, in addition to mitigating the financial and logistical barriers of traditional poster presentations, the demand for virtual conferences and video-based presentation mediums may remain post-pandemic and warrants further assessments against traditional presentation methods.<sup>18–20</sup> As such, this explains the sudden increase in the capacity of the latest conference to accept more poster presentations, without a corresponding increase in oral presentations.

## 4.2 | Nature of research

Given the hierarchy of evidence, the findings of high proportions of systematic reviews, meta-analyses, and randomised controlled trials are not surprising. Although the overall publication rate of all conference abstracts remains at 32%, 83% and 88% of these were subsequently published. This may be attributed to the emphasis that researchers place on the work that belongs to higher quality evidence. However, it is important to note that the word count limitations of conference abstracts may prevent authors from sufficiently showcasing their findings. Perhaps due to the hierarchy of evidence, and their perceived academic rigour, 83% of systematic reviews/meta-analyses (64/75) and 88% of randomised controlled trials (14/16) were published. The limited evidence presented within an abstract, as well as during a presentation, may have made it difficult to gauge the actual rigour of the study itself. However, as most were successfully published after the presentation, it may be inferred that these systematic reviews and trials are of good quality after all. Additionally, publication bias may be at play as out of the 388 published abstracts, 270 described statistically significant findings (69.6%). More than half focussed on malignancies ( $n = 241$ , 62.1%) and operative outcomes ( $n = 237$ , 61.1%). Only a minority of published work was on imaging ( $n = 25$ , 6.4%).

## 4.3 | Publication rates

Our findings show that while publication rates remained steady between 29% and 35% throughout the 6 years of conferences, the time to publication has reduced. In 2013 and 2014, the mean publication time was 18 to 90 months, which dropped to 9 and 12 months, respectively, in the two most recent meetings. While we have accounted for a 2-year publication lag by repeating the search, this may still be influenced by the small number of papers potentially under consideration in journals. Our study repeated the screening at 2 and 4 years after the initial release of the abstract list. The additional 2 years captured only 25 additional published studies, representing 6% of all identified published abstracts. This demonstrated the need for future studies to take this into account. Regardless, the mean publication time of 14 months for AUGIS conference abstracts appears to be shorter than the mean time of 12 to 22 months at similar general surgery conferences as identified by Light et al.<sup>8</sup> This may reflect inherent differences between the attendees and abstracts submitted to these conferences.

## 4.4 | Publishing rationale

The results in this study may also be another manifestation of the 'publish or perish' culture as research has become an increasingly critical aspect in the points-based surgical portfolio for aspiring surgeons.<sup>10</sup> Previous work showed that the majority of presenters would not have otherwise published their work if not for these requirements.<sup>7,21</sup> This portfolio-driven work may drive higher research output, but of lower quality, and was identified by Light et al.<sup>8</sup> as a reason for the reduced rate of publication in their study. This was not apparent from our findings. This stark difference in publication time may also be attributed to the increased need for authors to publish their work quickly, with certain open access journals offering faster publication options. In the 'pay-to-publish' model, many journals, particularly open access, may be viewed as 'predatory journals' that publish articles of any quality in exchange for hefty fees.<sup>22</sup> While these should be considered when interpreting these findings, the merit of individual studies cannot be easily evaluated in the context of how easily or quickly they may be published.

## 4.5 | Abstract selection

The process of abstract selection may also be prone to potential biases. During the selection process, reviewers typically assign scores to each abstract using a scoring rubric.<sup>23</sup> Alongside their comments, conference organisers would then average the reviewers' scores to rank submissions. Best practices involve a blinded selection process, with reviewers possessing relevant expertise to evaluate the appropriate topics. Additionally, reviewers aim to be objective throughout the process while also keeping the conference's audience in mind. However, not all might be achievable



for conferences, which complicates the merit-based process with various sources of potential bias.

Compared with reviewing full-length manuscripts, limiting conference reviewers to short abstracts significantly impacts their decision-making process.<sup>1</sup> This may mean that details of interest of clinical significance would not be apparent until the presenters are engaging with their audience. As such, this may potentially eliminate many high-quality projects during the selection. Publication bias is another known phenomenon and can affect the scientific knowledge and rigour of the discipline. As seen in other similar studies, there is a tendency to publish significant findings and the majority of abstracts with positive conclusions were published (75% vs 33%–53%).<sup>24</sup> While this study did collect data on the reporting of significant findings, this was only for abstracts that were published successfully. Nonetheless, nearly 70% reported significance in their measured outcomes, similar to other meetings. As part of the review process, peer reviewers are often asked to rate the significance and novelty of the study, which may contribute towards authors' tendency to overinterpret to improve their chances of successful publication. To combat publication bias, academics need to be aware of its prevalence and how it affects the validity of our scientific process.

Similarly, gender bias was also identified within a large-scale conference, where male authors were statistically significantly more likely to receive longer presentation periods.<sup>25</sup> However, as it was a single-centre study, this may not be representative of all conferences, especially for those that employ blinding review processes. Unfortunately, this study was not able to determine the gender of authors to assess how it can affect publication success. It should be noted that unless completed manually, the determination of gender from authors' names does carry a high inaccuracy rate, especially due to the multicultural nature of national and international conferences. Ultimately, the constraints imposed by the use of abstracts alone can introduce additional factors into the selection process, meaning that they may not only take into account their quality alone.

#### 4.6 | Factors motivating publication

Medical conference and their presentations traditionally serve as a forum to discuss and publicise the findings of the research. For many, presented work may already be submitted or published in a peer-reviewed journal.<sup>24</sup> However, certain types of smaller projects may have been conducted with 'presentation-only' goals, as seen in audits and quality improvement projects.<sup>26,27</sup> It was also common to present preliminary findings of large-scale projects that have yet to reach their full conclusion while awaiting further analysis and eventual publication.<sup>28</sup> Furthermore, as abstracts were not always representative of a project's overall quality, many would eventually be published with the help of a detailed manuscript and peer-review process in journals. Therefore, when evaluating the merit and impact of work presented at a conference, the nature of the study and intention of the authors should also be considered in addition to whether it is eventually published.<sup>29</sup>

#### 4.7 | Spread of journals

Similar to other general surgery meetings, our analysis found that research presented at AUGIS conferences was published in a wide range of journals, including those from ASGBI meetings.<sup>8</sup> The spread was greater than those seen in BTS, ACPGBI, and VSGBI meetings, possibly attributable to the nature of AUGIS and ASGBI being more encompassing in scope. Among the journals identified in this study, the *Annals of the Royal College of Surgeons of England*, the *British Journal of Surgery*, and the *International Journal of Surgery* were also popular among the attendees of the other meetings. We also note that *Diseases of the Esophagus* appear to be increasing in popularity among AUGIS attendees, which might reflect a change in the pattern of abstracts being accepted into the conference itself. Other factors may include changes in the interests of these journals or changes in the general research trends. The impact factor and range of journals in which AUGIS abstracts are published appear to be comparable and overlaps with those of similar conferences. This may simply indicate that the authors, and their respective work, overlapped between conferences, as opposed to differing quality of work. Similarly, the exponential increase in presentations and publications within the biomedical sciences field may have contributed to the increasing competition and higher standards for journal acceptance. However, as the capacity of many surgical journals has also increased during this time frame, it will be difficult to examine how the journal peer-review process impacts these findings. Regardless, it should be noted that while journal IF may often be used to rank journals within their respective disciplines, it does not necessarily represent the articles' quality. Instead, it remains an influence on both authors and audiences when assessing the impact and scientific rigour of studies.<sup>30</sup>

#### 4.8 | Implications

Ultimately, it is difficult to accurately capture the impact and quality of research. The key metric typically considered is whether it is deemed of sufficient quality following peer review. This process is also subject to many factors, ranging from whether the topic itself is niche or suitable for a journal's scope, to the views of the few individuals who review and provide a judgement on the 'merit' of a study.<sup>31</sup> Even well-written and well-conducted studies can be rejected for various reasons and therefore do not provide a full account of the quality of a manuscript. However, all of this applies to the abstract review and acceptance process at conferences. For a quantitative analysis, others may consider the IF of the publication journal or the citation count; however, these metrics do not provide a holistic assessment. For example, while review articles rely on summarising secondary evidence to present a particular narrative, they often receive up to three times the citations of original research articles.<sup>32</sup> Therefore, the journal's impact was also assessed in this study to provide another surrogate measurement and infer the 'quality' of these studies. In short, this assessment provides another view of the conference abstract submission and presentation process for researchers to better

understand the role of their research within this field. Early career researchers are likely to benefit most from conferences, by increasing their exposure to the work of more experienced researchers as well as obtaining feedback on their work to improve their submissions to peer-reviewed journals.

## 4.9 | Strengths and limitations

This study provides insights applicable to all conferences alike and serves to highlight the factors surrounding how research is conducted and shared. To date, AUGIS meeting abstracts have not been evaluated in the literature and the abstract rating criteria are not publicly available. Nonetheless, this study provides a comprehensive view of over a thousand abstracts over 6 years of conferences and included more abstracts and a longer assessment period compared with similar studies.<sup>8,9</sup> Similar to existing studies, it was difficult to ensure the capture of all eligible published articles. While data extraction unlikely captured all publications, this was optimised through several screening steps, conducted using multiple indexing engines, and repeated by multiple assessors. While publication lag and delays in the publication process may vary, we only considered abstracts from conferences up to 2019 to provide a 5-year time frame for most abstracts to be published. A repeated screening step was taken to capture newly published studies. Lastly, as the total number of submitted abstracts remains unknown, it was not possible to comment on the review process of the conference itself. As conference abstracts generally do not indicate the seniority of each author, including those of the AUGIS, the differences between student and specialist authors cannot be compared.

In conclusion, academic conferences continue to provide a vital forum for the exchange of scientific ideas and discussion. Findings from our study show that the publication rate of abstracts from AUGIS meetings was similar to other large general surgery conferences within the United Kingdom. The standards of abstracts and pattern of publication may be affected by factors other than quality alone. As reviewers were constrained by using short abstracts to assess the impact and merit of each study, authors must be mindful of how they summarise and present their findings while maintaining scientific rigour.

## AUTHOR CONTRIBUTIONS

Study conception and design: KSF. Acquisition of data: KSF, TKK, HTK, SMH. Analysis and interpretation of data: KSF, TKK, HTK, SMH. Drafting of the manuscript: KSF, TKK, HTK, SMH. Critical revision: KSF, TKK, HTK, SMH.

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## CONFLICT OF INTEREST STATEMENT

The authors have declared no conflicts of interest.

## DATA AVAILABILITY STATEMENT

Publicly available datasets were used in this study. These can be found at the official website of the Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (<https://www.augis.org>).

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