

American Society for Reproductive Medicine 2020 Scientific Congress
Oregon Convention Center
Portland, Oregon
October 17-21, 2020

CALL FOR ABSTRACTS

Submission of an abstract for presentation implies attendance of the presenting author at the 2020 Scientific Congress in Portland.

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Preparation Guidelines and Instructions

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The American Society for Reproductive Medicine Scientific Congress Committee invites you to participate in the 2020 Scientific Congress in Portland, Oregon, through the submission of scientific abstracts for consideration for presentation. **Due to current travel restrictions, all individuals who require a visa to enter the United States are urged to immediately obtain necessary papers to attend the meeting upon submission of the abstract.** A letter inviting any individual who wishes to attend may be obtained after registering for the Congress or via the Congress website on the Attendees page (<https://asrmcongress.org/attendees/>). This letter does not imply any financial support by ASRM.

Abstracts must be submitted electronically through the Online Abstract Submitter program, which will be available Monday, February 24, 2020, at the following Web address:

<https://asrm.confex.com/asrm/2020/cfp.cgi>

Final Date for Submission of Abstracts: **Wednesday, May 27, 2020, 5:00 p.m. Eastern Time** for domestic US submitters, which is 10:00 p.m. GMT for international submitters.

Note: **Any presenting author who fails to present an accepted abstract or have it presented by a co-author, or who withdraws an abstract after **August 10, 2020**, will not be allowed to serve as an author on an abstract considered for presentation at the ASRM Scientific Congress for the following two years.** If for any reason an abstract accepted for presentation (either oral or poster) cannot be presented, ASRM should be notified immediately via email research@asrm.org with the abstract title and number and information about the withdrawal.

Changes from previous years:

1. **ASRM has recategorized the abstracts into new categories and sub-topics.** [Please familiarize yourself with the new setup](#), as this will impact how you submit.
2. Submission ends on the last day of April: **May 27, 2020** at 5:00 p.m. (Eastern).
3. **ALL author disclosures are required before abstract data can be input on an abstract.**
4. The last day to withdraw without penalty is **August 10, 2020**.
5. Minimum poster size for Poster presenters: 3 ft x 4 ft (0.92 m x 1.22 m).

GUIDELINES/REQUIREMENTS

- All abstracts and video summaries must be submitted electronically via the abstract/video submission site by the deadline. Fax, email, and postal submissions will not be accepted. Late submissions will not be accepted.
- ***Submission of an abstract for consideration for presentation implies that the presenting author or a designated co-author will attend the meeting to present his/her work if accepted.***
- All accepted abstracts are published in the *Fertility & Sterility* Abstract Supplement online at www.fertstert.org as a supplemental issue, in September each year.
- **ABSTRACT EMBARGO: ASRM asks that authors maintain an embargo on information in the abstracts, along with any additional information that will be presented at the Congress, until the day and time scheduled for presentation at the Congress,** with the exception of certain abstracts that are included in ASRM's press releases for the Scientific Congress- these will usually have an embargo set a few hours earlier than the scheduled presentation time. For more information regarding what may be released publicly before the Congress, or how to comply with the embargo, please contact publicaffairs@asrm.org.
- Abstracts or videos regarding human reproductive cloning will not be considered or accepted.
- **Abstracts submitted to ASRM must contain original work,** not previously published, or presented at a meeting of another national or international scientific organization or submitted for publication at the time of this submission.
- Research involving human subjects or human materials must have been approved or exempted by the appropriate Institutional Review Board (IRB) with jurisdiction or equivalent.
- A separate disclosure of commercial and financial relationships must be completed for **each individual author** through the Online Abstract Submitter program. An author on multiple abstracts need only complete one disclosure if they are submitted under the same email.
- **All author names should be included at the time of submission. ASRM is not responsible for missing, excluded, or misspelled names or affiliations that the submitting author leaves off or misspells during the submission process. All author names will be printed in the Abstract Supplement exactly how they are input into the system by the submitting author.**
- You can return to your abstract for editing at any time before the abstract submission end date (May 27, 2020) by clicking on the link provided in your email (you will be required to create a login and password, validated in your email) or via the link on the right side of this <https://asrm.confex.com/asrm/2020/cfp.cgi> page. Additionally, each co-author has access to correct their name, degree, and affiliation information when they complete their online disclosure.
- **No edits can be made to the abstract text, authors, or other content once the ASRM Abstract Submission period has ended (May 27, 2020).**
- Notifications regarding acceptance/rejection will be emailed to the **presenting author** beginning no later than July 20, 2020 to the email address listed in the Online Abstract Submitter.
- If you do not receive notification of the status of your abstract by July 31, 2020, call Technical Support at +1 (401) 334-0220 or email technical support at asrm@confex.com.
- All decisions by the Scientific Congress Committee and ASRM are final. **Dates and times of presentations cannot be changed.**
- All presentations are to be in English (oral, poster, videos, and any PosterPlus material).
- Authors assume complete responsibility for the data at the time of submission.
- Last date to withdraw abstracts accepted for presentation without incurring a penalty: **August 10, 2020**
- **Penalty: Any presenting author who fails to present an accepted abstract or have it presented by a co-author, or who withdraws an abstract after August 10, 2020, will not be allowed to serve as an author**

on an abstract considered for presentation at the ASRM Scientific Congress for the following two years.

ASRM reserves the right to impose additional penalties on other parties (including corporate and other sponsors of research projects) for improper withdrawal of abstracts. Exceptions will be considered if the ASRM is given prompt notification for extreme, unforeseen circumstances. To withdraw an abstract or notify ASRM of non-presentation, the primary author should email research@asrm.org with the abstract title and number and information about the withdrawal.

- All authors agree to abide by ASRM policies pertaining to submission, publication, embargo, and presentation of abstracts.

ABSTRACT AWARDS

For an abstract to be considered for any award, one author must be a member of ASRM in good standing. An abstract may receive more than one award. ASRM prize awards will be announced and the recipients will be recognized during the Awards/Closing Ceremony, Wednesday, October 21, 2020.

Oral presentations:

Candidates for two Scientific Congress Prizes will be selected by the Scientific Congress Committee from all abstracts submitted to the meeting regardless of designation of group for initial review. These oral presentations will be judged at the meeting and selection will be determined by the Scientific Congress Prize Paper Committee. The presenters of the two Scientific Congress Prize papers will each be awarded \$1,000.00.

Poster Presentations:

Posters must be mounted on the correct, numbered boards on Sunday afternoon, October 18th, between 12:00 p.m. and 5:00 p.m. or Monday morning, October 19th, between 7:00 a.m. and 12:00 p.m. and must be left in place for the entire meeting. Posters will be judged by the Scientific Congress Prize Poster Committee for prize awards.

The awards are:

- First Prize: \$500.00
- Second Prize: \$300.00
- Third Prize: \$200.00

Resident In-Training Award:

This award will recognize the presenter of an exceptional abstract who is currently a resident in training in the field of obstetrics and gynecology or urology. Applicants who wish their abstract to be considered for this award must check the “Resident In-Training Award” check box in the Online Abstract Submitter. The awardee will receive:

- \$500.00
- One-year free ASRM membership
- Free registration for ASRM 2020 Scientific Congress, in Portland, OR.

In-Training Awards for Research:

Five (5) In-Training Awards for Research will be granted in recognition of outstanding research conducted by individuals who are in-training. Applicants who wish their abstract to be considered for one of these awards must check the “In-Training Award for Research” check box in the online Abstract Submitter. He/she must be the presenting author (first) and must be a medical student, resident, fellow or undergraduate, graduate or postdoctoral student. Each awardee will receive:

- \$250.00

- One-year free ASRM membership
- Free registration for ASRM 2020 Scientific Congress, in Portland, OR.

Society of Reproductive Surgeons (SRS) In-Training Awards for Research:

Three (3) SRS In-Training Awards for research will be granted. The purpose of these awards is to recognize outstanding research conducted by individuals in-training. Applicants who wish their abstract to be considered for one of these awards must check the “SRS In-Training Award for Research” check box in the Online Abstract Submitter and must submit their abstract to the “Reproductive Surgery” category. The candidate must be the presenting author (first), must be a medical student, resident, fellow or undergraduate, graduate, or postdoctoral student, and must attend the ASRM 2020 Scientific Congress, in Portland, OR and present the abstract. Each awardee will receive:

- \$250.00
- One-year free ASRM and SRS membership
- Free registration for ASRM 2020 Scientific Congress, in Portland, OR.

Society for Male Reproduction and Urology (SMRU) Traveling Scholars Award Program:

The objective of this award is to provide an opportunity for trainees to learn more about the field of male infertility by attending educational activities at the ASRM Scientific Congress. Awardees will receive reimbursement of up to \$2,350 in travel expenses to attend the Congress, which will be held in Portland, OR, October 17-21, 2020.

Awards

- Registration fee waived for the ASRM Scientific Congress.
- Registration fee waived for the SMRU Postgraduate Course.
- Registration fee waived for one Roundtable Luncheon.
- Registration fee waived for the SMRU banquet.
- One-year membership to ASRM and to SMRU

Eligibility and Application

- Applicants must be trainees in the field of male infertility, or trainees who are considering entering the field of male infertility. Trainees may include medical students, residents, fellows, undergraduate students, graduate students, or postdoctoral fellows.
- Applicants must be the first author of an abstract submitted to the **Male Reproduction and Urology: Traveling Scholars** sub-topic under the Male Reproduction category in the ASRM online abstract submission website.
- To receive reimbursement for travel costs, awardees must attend the SMRU Pre-Congress Course as well as special interest sessions on each day of the ASRM Scientific Congress.
- Applications must email the following to Susanna Scarbrough (sscarbrough@asrm.org): an application form, curriculum vitae, letter of recommendation from the trainee’s mentor, and a statement of career goals. *Materials uploaded in the abstract submission website must also be emailed to Susanna Scarbrough.*

Completed application materials must be received by **May 2, 2020**. Prior to submitting an application, applicants and mentors should ensure the applicant’s availability to participate in the SMRU Traveling Scholars Program. Failure of an awardee to present his/her abstract, or failure of an awardee to attend SMRU-sponsored activities, without a legitimate medical excuse, will result in penalties to the awardee and/or

mentor, including denial of travel reimbursement to the awardee and/or denial of applications from the mentor's program for a period of two years. Preference will be given to applicants in their earlier years of training; however, applicants in their senior years of training also will be considered. Applicants not currently in the field of male infertility, but who are considering entering this field, also will be considered. More detailed information about this specific award can be found here: <http://www.asrm.org/smru-traveling-scholar-award/>.

Affiliated Societies:

The Society for Assisted Reproductive Technology (SART), the Society for Reproductive Endocrinology and Infertility SREI, the Society of Reproductive Surgeons (SRS), and the Society for Male Reproduction and Urology (SMRU) select prize papers and awards.

Professional and Special Interest Groups:

Several of these groups select prize papers for cash awards.

INSTRUCTIONS FOR ABSTRACT SUBMISSION:

Be aware you can check the status of your abstract at any point by observing the Abstract Control Panel on the top of the abstract submission screen. That looks like this:



If there is a circle with a white checkmark, that means the step is complete. If there is a blue circle with a white arrow next to a step, that this step is still in process. **If there is a circle with a horizontal line in it, that means the step is incomplete and puts your abstract into an incomplete status in the system.** Any step with a horizontal line in the circle must be completed for your abstract to proceed to review. If the horizontal line circle is on the Author Disclosures step, that means one or more of your authors has not yet completed their disclosure.

A. Content

1. Abstracts must adequately describe the research performed so that the quality, originality, and completeness of the work can be evaluated. Only structured abstracts with the following headings can be submitted. Failure to follow the proper format will disqualify the abstract for grading and consideration.
2. Abbreviations used in abstracts must be defined. Abbreviations are permitted in titles if they immediately follow the term being abbreviated and are enclosed in parentheses. If used in the text, they should be defined at first mention if not already defined in the title.
3. Where possible, generic names should be used for pharmaceuticals, biologics, and medical devices. The trade name of the particular product used in a study can be referenced. The trade name may be used if

the product is the only one of its general type and use of the generic name would encumber the reader. Promotional language and logos may not be used.

4. When creating an abstract, list the presenting author first. If you need to change who is the presenting author, you can do so in the system until the Abstract Submission period is over (May 27, 2020). After the submission period, please have the current presenting author email research@asrm.org to request a different co-author be named as the presenting author. All author names should be included at the time of submission. **ASRM is not responsible for missing or excluded names that the submitting author leaves off during the submission process.**
5. Do not identify individuals in the title or abstract body. Doing so will result in the abstract being disqualified.
6. **Body text of the abstract are limited to a total of 2700 characters (spaces are not counted in character total), which may include one table. Authors may distribute the characters among these items as they choose.** Inclusion of a table will replace 320 characters (this is to off-set the amount of room tables take up in publishing). If a table is included, all characters in the table will be counted towards total characters allowed and the limit will drop from 2700 characters to 2380 characters. Figures, images, and/or graphics are not permitted and will be deleted.
7. **TITLE PAGE:** Type in your title and select your presentation preference (Either Oral or Poster, or Poster Only). Once done, click on SAVE AND CONTINUE at the bottom of the page.
8. **CATEGORY and SUB-TOPIC are required fields.** You may select one category and up to 3 sub-topics. You can view the complete list of categories and sub-topics [here](#).
9. **AUTHOR(s):** In the Online Abstract Submitter, provide names of all co-authors.
 - a. The Presenting Author should be entered first. Search for each author using last name or email address.
 - b. If you are not able to find an author using the search feature, please select the radio button beside "Not Found – Enter new name" then click SELECT to enter a new author. **New authors' first (given) name, last (family) name, degree(s), and email should be entered.**
 - c. The authors' names will be printed in the program exactly as submitted, so capitalize correctly. The co-authors are responsible for inputting their affiliation information and correcting any issues with their name or degree(s) when they login to complete their disclosure.
 - d. Please use the same author information for every abstract on which an author appears. All author names should be included at the time of submission.
 - e. **ASRM is not responsible for missing or excluded names that the submitting author leaves off during the submission process.**
10. **AUTHOR DISCLOSURES:** All authors included on the abstract are required to complete a CME disclosure form within the abstract submission system. **You will not be allowed to proceed to any other part of your abstract until all co-author disclosures are complete.** When you enter author information, an email is automatically sent to the co-authors, asking them to complete the disclosure. You can also send email reminders to authors missing disclosures. If you complete all steps of your submission and then add more authors, your submission will not be considered complete and will not be submitted for consideration until those newly added authors complete their disclosures.
11. **ABSTRACT TEXT:** Format the abstract into five (5) sections. Each section must be preceded by a section heading. Section headings must be in upper case, followed by a colon, as shown below. The headers must be included, or the abstract text will not be accepted. You may copy and paste formatted text from your word processor or use the buttons on the text box to format your text or add special characters.
 - a. **Objective:** An introductory sentence indicating the objective and purpose of the study

- b. **Design:** A briefly worded description of the study design
- c. **Materials and Methods:** A description of experimental procedures including applicable statistical evaluation
- d. **Results:** A summary of the new, previously unpublished data and results
- e. **Conclusions:** A statement of the study's conclusions

12. **QUESTIONNAIRE PAGE:**

- Check the box at the top of the page beside: "This abstract was not previously published, presented, or accepted for presentation." This verifies the abstract contains original work. This means the work has not been 1) presented at a meeting of another national or international scientific organization prior to this meeting, or 2) submitted for publication at the time of submission to ASRM.
 - If any of these conditions are not met, you should not submit your abstract. Email research@asrm.org with any questions.
- **Financial Support:** (optional) Identify all sources of financial support for the research or state "None" if appropriate.
- **References:** (optional) Identify all source materials
- **ACCME Disclosure** - Select your choice from the drop-down selection. You can choose to include your disclosure verbally or on a slide in your presentation.
- **IRB approval** - If appropriate, select "The abstract has been approved by a local Institutional Review Board (IRB) or equivalent" if human subjects or any human materials were utilized.
- **Data Responsibility** – Check the box beside "I accept complete responsibility for the data at the time of submission."
- **HIPAA Compliance** - Check the box beside "HIPAA Compliance" to indicate you are in compliance with the HIPAA standards to protect the privacy of the patients discussed in your presentation (or to indicate your presentation does not pertain to patient treatment).
- **Data Submitted for Separate Abstract & Video Consideration** – only check this box if you are submitting a video of the methodology as well as this scientific abstract (oral or poster). Note: The two presentations cannot be identical and will be reviewed for duplication.

13. **AWARDS PAGE:** Select any awards you are eligible for or select the "I am not applying for an award" option at the top of the awards page.

14. **CV UPLOAD PAGE:** *A CV is only required if the presenting author is applying for an In-Training award on the award page.*

15. **REVIEW AND SUBMIT PAGE:** When you have completed the abstract submission process, **print a copy of your abstract and keep it for future reference.** Once the submission portal closes on May 27, 2020, you will not have access to the record to print or make edits.

B. Review and selection of abstracts

Abstracts will be reviewed by the Scientific Congress Committee and selected for inclusion in the program on the basis of scientific content and significance to the field of reproductive medicine. Reviewers will consider the following criteria in their evaluations:

Score Criteria

1. Originality

0-2 None

3-4 Many other well-designed studies

5-6 A modest number of other similar studies

7-8 Few similar studies

9-10 Unique

2. Clarity of Writing

0 Unintelligible

1-2 Difficult to understand, does not adhere to structured design

3-4 Can understand the majority, but spelling and grammatical errors impede interpretation

5-6 Can understand most, but numerous spelling or grammatical errors

7-8 Can understand most with few spelling or grammatical errors

9-10 Clear, grammatically correct, no spelling errors

3. Study Design

a. Clinical Study

0-2 Case report or series with $N < 6$

3-4 Retrospective, no controls

5-6 Retrospective, historical or case control

7-8 Prospective, without randomization

9-10 Prospective, randomized controlled trial

OR

b. Basic Research Study

0-3 Poorly designed or executed with inadequate controls

4-6 Some deficiencies in design with some merit

7-10 Well-designed and executed with appropriate controls and interventions

OR

c. Registry/Database Study

0-3 Small sample size, questionable co-variates, low impact

4-6 Medium sample size, reasonable co-variates, potential impact

7-8 Large sample size, novel question, impactful

9-10 Linkage study, appropriate statistical modeling, impactful

4. Sample Size

0-3 Inadequate sample size to allow conclusions

4-6 Questionable sample size

7-10 Provides statistical justification of sample size and meets sample size requirements

5. Data Analysis and Conclusions

0-3 Inadequate analysis; conclusions not supported by data

4-6 Deficient analysis; conclusions partially related to data

7-10 Appropriate analysis; conclusions supported by data

6. Significance

0-3 Little if any significance; does not advance the field

4-6 Modest contribution to the field; advances the field modestly

7-10 Important contribution to the field

C. Poster or Oral Presentation

Case reports and retrospective case studies might not be considered for oral presentation unless the findings are of extraordinary importance. Abstracts will be considered for oral presentation unless the author designates “Poster Only” in the box provided. Abstracts not selected for oral presentation will be considered for poster presentation.

- **Oral presentations** will be 10 minutes in length followed by five minutes of discussion. PowerPoint and the use of LCD projection will be supported. Presenters submit their presentations prior to leaving for the meeting to a link included in the audio-visual instructions. Additional information will be available on the [ASRM Congress website](#) prior to the meeting.
- **Poster presentations** are made during our Tuesday & Wednesday morning Poster Sessions. Poster board surface areas are 4 ft x 8 ft (1.22 m x 2.44 m). **Minimum poster size is 3 ft x 4 ft** (0.92 m x 1.22 m). Poster preparation instructions will be available on the [ASRM Congress Website](#) prior to the meeting. Posters must be mounted on the appropriate boards on Sunday afternoon, October 18th, between 1:00 p.m. and 5:00 p.m. or Monday morning, October 19th, between 7:00 a.m. and noon and must be left in place for the entire Congress. ASRM cannot be responsible for removing or returning posters. Posters left on the boards after 2:00 p.m. Wednesday afternoon will be discarded.
 - **PosterPlus** is an additional **free** service available to ASRM’s Poster Presenters. PosterPlus uses internet and mobile technology to enable poster presenters to create multimedia (video/audio) presentations that attendees can access through the ASRM mobile app. **A PosterPlus presentation DOES NOT REPLACE YOUR POSTER.** You will still be expected to display a physical poster at the meeting. If an author chooses to participate in PosterPlus, they will upload a short (1-2 minute) presentation emphasizing the key points of their poster. Congress attendees will have access to this short video presentation during the Scientific Congress via the meeting mobile app. Detailed information about these services will be available on the [ASRM Congress Website](#) prior to the meeting as well as emailed to the presenting authors.

D. Oral/Poster Session Selection

The Online Abstract Submitter will require you to select ONE category from among the categories listed and up to THREE sub-topics from the sub-topics listed. The majority of presentations will be grouped by category. Abstract committees comprised of individuals from the appropriate affiliated group will review and score all abstracts submitted and recommend abstracts for presentation during the Scientific Congress to the Scientific Congress Committee. All decisions by the Scientific Congress Committee are final. **No changes can be made regarding date/time of presentations.** Failure to follow instructions will result in the abstract not being considered for presentation.

E. **Abstract Categories (only one can be chosen per abstract) & Sub-topics (up to 3 can be chosen per abstract):** **New for 2020: Sub-topics are specific to Categories.** In the abstract submission portal, one category can be selected and then only those Sub-topics listed below in the column to the right of a Category will be visible and you can select up to three of them.

Categories	Sub-topics
ART Lab	Access to Care
ART Lab	Artificial Intelligence
ART Lab	Cryopreservation
ART Lab	Embryo Culture

Categories	Sub-topics
ART Lab	Embryo Selection
ART Lab	Embryos
ART Lab	Health Disparities
ART Lab	ICSI
ART Lab	In Vitro Maturation of Oocytes
ART Lab	Other
ART Lab	Outcomes
ART Lab	Procedures and Techniques
ART Lab	Sperm
ART Lab	Technology
ART Lab	Timelapse
ART Techniques	Access to Care
ART Techniques	ART Hormone Treatment
ART Techniques	Artificial Intelligence
ART Techniques	Embryo Transfer
ART Techniques	Embryo Biopsy
ART Techniques	Follicle Monitoring
ART Techniques	Health Disparities
ART Techniques	Intrauterine Insemination
ART Techniques	IVF
ART Techniques	LH Surge Prevention
ART Techniques	Luteal Phase Support
ART Techniques	Natural Cycle/Low Stimulation IVF
ART Techniques	Nursing
ART Techniques	Procedures and Techniques
ART Techniques	Preimplantation Genetic Testing
ART Techniques	Thin Endometrium Treatment
ART Techniques	Vaginal Incubator
Contraception/Family Planning	Access to Care
Contraception/Family Planning	Contraception
Contraception/Family Planning	Family Planning
Contraception/Family Planning	Health Disparities
Early Pregnancy	Early Pregnancy - Genetic Testing
Early Pregnancy	Early Pregnancy - Hormone Levels
Early Pregnancy	Early Pregnancy - Other
Early Pregnancy	Early Pregnancy Loss
Early Pregnancy	Imaging
Early Pregnancy	Luteal Phase Support
Early Pregnancy	Mental Health
Early Pregnancy	Pregnancy Loss and Termination
Early Pregnancy	Recurrent Pregnancy Loss
Education	Continuing Medical Education
Education	Fellow Education
Education	Medical Student Education

Categories	Sub-topics
Education	Nursing
Education	Patient Education
Education	Professional Development
Education	Resident Education
Education	Reproductive Education - Other
Education	The Web
Endocrinology	Diabetes
Endocrinology	Metabolic Syndrome
Endocrinology	Nutrition
Endocrinology	Weight as a Factor
Endocrinology	Osteoporosis
Endocrinology	Ovarian Reserve
Endocrinology	Pituitary Disease
Endocrinology	Polycystic Ovary Syndrome
Endocrinology	Primary Ovarian Insufficiency
Endocrinology	Thyroid Disease
Female Infertility Diagnosis and Treatment	Access to Care
Female Infertility Diagnosis and Treatment	Age as a Factor
Female Infertility Diagnosis and Treatment	Complementary and Integrative Medicine
Female Infertility Diagnosis and Treatment	Early Peggancy
Female Infertility Diagnosis and Treatment	Environmental Causes and Factors
Female Infertility Diagnosis and Treatment	Health Disparities
Female Infertility Diagnosis and Treatment	Imaging
Female Infertility Diagnosis and Treatment	Female Sexuality
Female Infertility Diagnosis and Treatment	Fertility Preservation
Female Infertility Diagnosis and Treatment	Intrauterine Insemination
Female Infertility Diagnosis and Treatment	LGBTQ Reproductive Issues
Female Infertility Diagnosis and Treatment	Mental Health
Female Infertility Diagnosis and Treatment	Nursing
Female Infertility Diagnosis and Treatment	Ovarian Reserve
Female Infertility Diagnosis and Treatment	Pediatric and Adolescent Gynecology
Female Infertility Diagnosis and Treatment	Procedures and Techniques
Female Infertility Diagnosis and Treatment	Tubal Disease
Female Infertility Diagnosis and Treatment	Unexplained Infertility
Female Reproductive Endocrinology	Androgen Excess
Female Reproductive Endocrinology	Endocrinology
Female Reproductive Endocrinology	Female Reproductive Tract
Female Reproductive Endocrinology	HPO Axis
Female Reproductive Endocrinology	Hyperprolactinemia
Female Reproductive Endocrinology	Insulin Resistance
Female Reproductive Endocrinology	LGBTQ Reproductive Issues
Female Reproductive Endocrinology	Menopause
Female Reproductive Endocrinology	Menstrual Disorders
Female Reproductive Endocrinology	Ovarian Function

Categories	Sub-topics
Female Reproductive Endocrinology	Other
Female Reproductive Endocrinology	Pediatric and Adolescent Gynecology
Female Reproductive Endocrinology	Pituitary
Female Reproductive Endocrinology	Polycystic Ovary Syndrome
Female Reproductive Endocrinology	Primary Ovarian Insufficiency
Female Reproductive Endocrinology	Puberty
Female Reproductive Endocrinology	Reproductive Hormones
Female Reproductive Surgery and Gynecology	Adenomyosis
Female Reproductive Surgery and Gynecology	Endometriosis
Female Reproductive Surgery and Gynecology	Endometriosis-Basic
Female Reproductive Surgery and Gynecology	Female Reproductive Surgery
Female Reproductive Surgery and Gynecology	Female Reproductive Hormones
Female Reproductive Surgery and Gynecology	Fibroid Treatment
Female Reproductive Surgery and Gynecology	Fibroid Treatment- Surgical
Female Reproductive Surgery and Gynecology	Fibroid Treatment- Nonsurgical
Female Reproductive Surgery and Gynecology	Fibroids-Basic
Female Reproductive Surgery and Gynecology	Gynecology
Female Reproductive Surgery and Gynecology	Hysteroscopy
Female Reproductive Surgery and Gynecology	Imaging
Female Reproductive Surgery and Gynecology	Laparoscopy
Female Reproductive Surgery and Gynecology	Mental Health
Female Reproductive Surgery and Gynecology	Minimally Invasive Surgery
Female Reproductive Surgery and Gynecology	Pediatric and Adolescent Gynecology
Female Reproductive Surgery and Gynecology	Primary Ovarian Insufficiency
Female Reproductive Surgery and Gynecology	Reproductive Anomalies
Female Reproductive Surgery and Gynecology	Robotic Surgery
Female Reproductive Surgery and Gynecology	Tubal Surgery
Fertility Preservation	Access to Care
Fertility Preservation	Age as a Factor
Fertility Preservation	Fertility Preservation - Cancer
Fertility Preservation	Fertility Preservation - Non-cancer
Fertility Preservation	Fertility Preservation - LGBTQ Reproductive Issues
Fertility Preservation	Fertility Preservation - Planned Oocyte Cryopreservation
Fertility Preservation	Cancer Treatment and Reproduction
Fertility Preservation	Ethics
Fertility Preservation	Health Disparities
Fertility Preservation	Mental Health
Fertility Preservation	Nursing
Genetics	Ethics
Genetics	Genetic Counseling
Genetics	Genetic Screening
Genetics	Preimplantation Genetic Testing
Genetics	Reproductive Genetics (non-PGT)
Infertility Treatment Outcomes	IVF Outcome Predictors- Access to Care

Categories	Sub-topics
Infertility Treatment Outcomes	IVF Outcome Predictors- Age
Infertility Treatment Outcomes	IVF Outcome Predictors- Artificial Intelligence
Infertility Treatment Outcomes	IVF Outcome Predictors- Cryopreservation
Infertility Treatment Outcomes	IVF Outcome Predictors- Embryo Culture
Infertility Treatment Outcomes	IVF Outcome Predictors- Embryo Biology
Infertility Treatment Outcomes	IVF Outcome Predictors- Embryo Selection
Infertility Treatment Outcomes	IVF Outcome Predictors- Embryo Transfer
Infertility Treatment Outcomes	IVF Outcome Predictors- Embryos
Infertility Treatment Outcomes	IVF Outcome Predictors- Endometrium
Infertility Treatment Outcomes	IVF Outcome Predictors- Gestational Carriers
Infertility Treatment Outcomes	IVF Outcome Predictors- Health Disparities
Infertility Treatment Outcomes	IVF Outcome Predictors- Hormone Levels
Infertility Treatment Outcomes	IVF Outcome Predictors- ICSI
Infertility Treatment Outcomes	IVF Outcome Predictors- LH Surge Prevention
Infertility Treatment Outcomes	IVF Outcome Predictors- Luteal Phase Support
Infertility Treatment Outcomes	IVF Outcome Predictors- Oocytes
Infertility Treatment Outcomes	IVF Outcome Predictors- Other
Infertility Treatment Outcomes	IVF Outcome Predictors- Ovarian Reserve
Infertility Treatment Outcomes	IVF Outcome Predictors- Ovarian Reserve Testing
Infertility Treatment Outcomes	IVF Outcome Predictors- Ovarian Stimulation
Infertility Treatment Outcomes	IVF Outcome Predictors- PGT
Infertility Treatment Outcomes	IVF Outcome Predictors- POI
Infertility Treatment Outcomes	IVF Outcome Predictors- Procedures and Techniques
Infertility Treatment Outcomes	IVF Outcome Predictors- Progesterone levels
Infertility Treatment Outcomes	IVF Outcome Predictors- Sperm
Infertility Treatment Outcomes	IVF Outcome Predictors- Trigger
Infertility Treatment Outcomes	IVF Outcome Predictors- Other
Infertility Treatment Outcomes	Intrauterine Insemination
Infertility Treatment Outcomes	Non-IVF Related Outcome Predictors
Infertility Treatment Outcomes	ART Offspring
Infertility Treatment Outcomes	ART Long-term Pregnancy Risks
Male Reproduction	Access to Care
Male Reproduction	Age as a Factor
Male Reproduction	Azoospermia/Oligospermia
Male Reproduction	Complimentary and Integrative Medicine
Male Reproduction	Environmental Causes and Factors
Male Reproduction	Health Disparities
Male Reproduction	Imaging
Male Reproduction	LGBTQ Reproductive Issues
Male Reproduction	Male Factor ART
Male Reproduction	Male Factor Infertility
Male Reproduction	Male Reproduction and Urology
Male Reproduction	Male Reproduction and Urology- SMRU Traveling Scholars
Male Reproduction	Male Reproduction- Basic

Categories	Sub-topics
Male Reproduction	Male Reproductive Endocrinology
Male Reproduction	Male Reproductive Hormones
Male Reproduction	Male Reproductive Surgery
Male Reproduction	Male Sexuality
Male Reproduction	Mental Health
Male Reproduction	Nursing
Male Reproduction	Varicocele
Male Reproduction	Unexplained Infertility
Male Reproduction	Testes
Ovarian Stimulation	Ovarian Hyperstimulation Syndrome
Ovarian Stimulation	Ovulation Induction
Ovarian Stimulation	Ovarian Reserve Testing
Ovarian Stimulation	Ovarian Stimulation
Ovarian Stimulation	Ovarian Stimulation- High Responders
Ovarian Stimulation	Ovarian Stimulation- Poor Responders
Patient Support	Access to Care
Patient Support	Adoption
Patient Support	Complimentary and Integrative Medicine
Patient Support	Cost and insurance Coverage
Patient Support	Ethics
Patient Support	Genetic Counseling
Patient Support	Health Disparities
Patient Support	Legal Reproductive Issues
Patient Support	LGBTQ Reproductive Issues
Patient Support	Mental Health
Patient Support	Nursing
Patient Support	Nutrition
Patient Support	Practice Management
Patient Support	Sexuality
Patient Support	Single Parenting
Patient Support	The Web
Practice Management	Access to Care
Practice Management	Age as a Factor
Practice Management	ART Lab
Practice Management	ART Outcomes
Practice Management	ART Procedures and Techniques
Practice Management	Coding
Practice Management	Cost and Insurance Coverage
Practice Management	Ethics
Practice Management	Health Disparities
Practice Management	Mental Health
Practice Management	Nursing
Practice Management	Office Procedures
Practice Management	Patient Retention/Satisfaction

Categories	Sub-topics
Practice Management	Practice Management - Other
Practice Management	Staff Retention/Satisfaction
Practice Management	Social Media
Practice Management	The Web
Pre-Clinical and Basic Research	Animal and Experimental Studies
Pre-Clinical and Basic Research	Artificial Intelligence
Pre-Clinical and Basic Research	Basic Reproductive Research- Other
Pre-Clinical and Basic Research	Embryo Biology
Pre-Clinical and Basic Research	Endometrial Biology
Pre-Clinical and Basic Research	Endometriosis-Basic
Pre-Clinical and Basic Research	Endometrium
Pre-Clinical and Basic Research	Environment and Toxicology
Pre-Clinical and Basic Research	Fallopian Tubes
Pre-Clinical and Basic Research	Fertilization
Pre-Clinical and Basic Research	Human Studies
Pre-Clinical and Basic Research	Implantation
Pre-Clinical and Basic Research	Leiomyoma- Basic
Pre-Clinical and Basic Research	Male Reproduction- Basic
Pre-Clinical and Basic Research	Nutrition
Pre-Clinical and Basic Research	Oocyte Biology
Pre-Clinical and Basic Research	Ovaries
Pre-Clinical and Basic Research	Oxidative Stress
Pre-Clinical and Basic Research	Reproductive Biology
Pre-Clinical and Basic Research	Reproductive Endocrinology
Pre-Clinical and Basic Research	Reproductive Genetics
Pre-Clinical and Basic Research	Reproductive Immunology
Pre-Clinical and Basic Research	Regenerative Medicine & Stem Cell Biology
Pre-Clinical and Basic Research	Sperm Biology
Pre-Clinical and Basic Research	Testes
Pre-Clinical and Basic Research	Uterus
Preimplantation Genetic Testing	Age as a Factor
Preimplantation Genetic Testing	PGT-A (aneuploidy)
Preimplantation Genetic Testing	PGT-M (monogenic)
Preimplantation Genetic Testing	PGT - other
Preimplantation Genetic Testing	Mosaicism
Preimplantation Genetic Testing	ART Outcomes
Preimplantation Genetic Testing	Genetic Counseling
Preimplantation Genetic Testing	Procedures and Techniques
Preimplantation Genetic Testing	Recurrent Pregnancy Loss
Public Health and Reproduction	Access to Care
Public Health and Reproduction	Artificial Intelligence
Public Health and Reproduction	Environment and Reproduction
Public Health and Reproduction	Ethics
Public Health and Reproduction	Health Disparities

Categories	Sub-topics
Public Health and Reproduction	Legal Reproductive Issues
Public Health and Reproduction	LGBTQ Reproductive Issues
Public Health and Reproduction	Lifestyle and Reproduction
Public Health and Reproduction	Mental Health
Public Health and Reproduction	Nursing
Public Health and Reproduction	Obesity and Metabolism
Public Health and Reproduction	Toxicology and Reproduction
Reproductive Immunology	Reproductive Immunology
Third Party Reproduction	Access to Care
Third Party Reproduction	Donor Embryos
Third Party Reproduction	Donor Gametes-Oocytes
Third Party Reproduction	Donor Gametes-Sperm
Third Party Reproduction	Ethics
Third Party Reproduction	Genetic Counseling
Third Party Reproduction	Gestational Carriers
Third Party Reproduction	Health Disparities
Third Party Reproduction	Legal Reproductive Issues
Third Party Reproduction	Mental Health
Third Party Reproduction	Third Party Screening

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