

AsMA-UHMS 2026 ANNUAL SCIENTIFIC MEETING: MAY 17-21

UHMS Track Call for Abstract

Abstracts/Posters Presented: May 18-21

Deadline for Submission:

Sunday, January 4, 2026, 11:59 PM ET

Deadline for Fellows, Residents, and Students:

Saturday, February 28, 2026, 11:59 PM ET

On behalf of the Undersea and Hyperbaric Medical Society, the UHMS Annual Scientific Meeting Program Committee is pleased to announce the call for abstract submissions to the UHMS TRACK, Monday, May 18 through Thursday, May 21. The UHMS Track will be held at the 2026 AsMA-UHMS Annual Scientific Meeting, May 17-21 at the Sheraton Denver Downtown Hotel, 1550 Court Place, Denver, Colorado, USA, 80202, United States.

For your convenience, the formatting and submission guidelines have been reprinted in the below section entitled “Abstract Formatting Guidelines.” Abstracts should be submitted via the ASM website at www.asma-uhms-asm.org. For those unable to access the website or having difficulty with the online submission format, additional assistance with the submission process can be obtained by contacting the UHMS home office. Authors should ensure that all submission requirements are met, as incomplete submissions may be returned for modification or declined. Due to UHMS merging with AsMA for our annual scientific meeting, we are aligning our abstract submission deadlines to be uniform. The deadline for submission is **Sunday, January 4, 2026, 11:59 PM ET**.

TERMS AND CONDITIONS:

- Abstract acceptance is at the full discretion of the UHMS ASM Program Committee.
- Only non-published works at the time of abstract submission will be considered. However, novel analysis/interpretation of published data is acceptable.
- The presenting author will be required to register for and attend the meeting.
- UHMS will continue using digital interactive presentations (posters). All abstracts that have been approved and accepted will be submitted in PPT format according to the UHMS guidelines and uploaded to the UHMS Interactive Presentation section on the website. Guidelines and instructions for upload, FAQs and templates for poster presentations will be emailed to the presenting author upon acceptance. This information can be found at the following link: <https://asma-uhms-asm.org/abstracts/poster-guidelines.html>
- Also, at the discretion of the UHMS ASM Program Committee, presenters may be invited to present their abstract orally in the general meeting, resident/trainee competition (if eligible). Notification regarding selection for oral and poster presentations will be provided no later than **SATURDAY, JANUARY 31, 5 pm ET**. Abstracts accepted for oral presentations **will not** be assigned a poster slot.

ABSTRACT USE PERMISSIONS AND RIGHTS:

All abstract submissions for presentation at the Annual Scientific Meeting constitute consent by the author(s) for the UHMS to use the materials submitted in whole or part as it sees fit. All abstracts, interactive and oral presentations (including PowerPoint slides) accepted by the UHMS Program Committee for presentation at the Annual Scientific Meeting will be published in the UHMS' Undersea and Hyperbaric Medicine Journal and may be subsequently used and/or published by the Society in various electronic media at the discretion of the UHMS.

DEADLINES:

- **Submission Hard Deadline: Sunday, January 4, 2026, 11:59 PM ET (there will be no extensions)**
 - **Deadline for Fellows, Residents, and Students: Saturday, February 28, 2026, 11:59 PM ET**
- **Notice of Acceptance by: Saturday, January 31, 5 PM Et.**
 - **Notice of Acceptance for Fellows, Residents, and Students by: Sunday, March 15, 2026, 5 PM ET**
- **No Updates to Paper Abstracts** will be accepted after **Saturday, February 28, 2026, 11:59 PM ET**
- **Interactive Presentations (Posters):** PPT must be submitted to the UHMS by **Monday, February 23, 11:59 PM ET** - **No updates will be accepted after this date, not even on site.**
- **Oral Presentation PPTS** will be due: **Monday, April 6, 11:59 PM ET**

ABSTRACT FORMATTING GUIDELINES:

LANGUAGE: All abstracts are to be written in English. The Program Committee reserves the right to alter abstracts where the English structure makes comprehension difficult.

Abstract Withdrawal: Withdrawing abstracts is strongly discouraged. However, if necessary, a request to withdraw an abstract should be sent to the Scientific Program Committee, at scientificcommittee@uhms.org and Lisa Tidd at lisa@uhms.org. The request for withdrawal must include the abstract title, authors, Session number, and reason for withdrawal.

ABSTRACT BODY FORMAT:

- Abstracts are limited to 350 words (2500 characters and spaces) NOT including title and author(s), and institutional affiliation(s). See examples at end of this document.
- All submissions should be done through the UHMS online portal.
- Only text and text tables will be accepted. No references, graphs or images may be submitted. References, graphs and images may be included on your poster submission.
- **Contents should include the following sections FOR RESEARCH:**
 - Introduction / Background
 - Materials and Methods
 - Results
 - Summary / Conclusions
- **Contents should include the following sections FOR CASE REPORTS:**
 - Case Description
 - Intervention
 - Outcome
 - Discussion
- One question / Must be specific to your abstract/final poster presentation (The Q/A will be used for Evaluation of the participants for CME at the UHMS Online CME Portal).

TOPICS FOR PRESENTATION:

You will choose the category that best fits your abstract. The committee reserves the right to re-assign categories as needed to even out the program.

- Session A - HBO₂ Theory and Mechanisms
- Session B - Clinical HBO₂
- Session C - Decompression Theory and Mechanisms
- Session D - Diving Medicine
- Session E - HBO₂ Operations, Chambers and Equipment
- Session F - Top Case Reports: This session will be composed of case reports submitted for Sessions A thru E.

Additional Resources on writing an abstract: If you would like some additional background about writing abstracts, we have found some very good sources on the web.

- American College of Physicians: <https://www.acponline.org/membership/residents/competitions-awards/acp-national-abstract-competitions/guide-to-preparing-for-the-abstract-competition>
- Writing an Abstract for a Scientific Meeting, Rachel R Kelz MD, MSCE, FACS, UPenn: <https://www.med.upenn.edu/mdresearchopps/assets/user-content/Resources/WritinganAbstractworkshop2014.pdf>
- Writing an Abstract for a Conference: Event Act: <https://www.eventact.com/blog/conference-abstracts>
- Tips for Writing Conference Papers: NC State: <https://history.chass.ncsu.edu/grad/conference-abstracts/>

Remember to take your time in writing your abstract; then take a day off. Share it with your colleagues. Often you will receive good suggestions in refining your presentation. When you come back to draft your final version, you will have a fresh perspective.

Sample abstracts will be found at the end of this document.

CALL FOR ABSTRACT SUBMISSION FORM:

Only non-published works at the time of abstract submission will be considered, however, novel analysis/interpretation of published data are acceptable.

PRESENTER INFORMATION:

Please list the author who will be presenting the abstract if accepted.

Everything marked with a (*) is required.

Presenting Author (*)

Presenting Author Degrees (*)

Is the presenting author a Fellow/Resident/Student? (*)

☐ Yes ☐ No

Contact Information (*)

Mailing Address:

City	State	Zip	Country

Telephone # (with area code)	Fax # (with area code)	Presenting Author Email

Will you need a formal letter of acceptance for an International visa, permission, flights, etc? (*)

☐ Yes ☐ No

CV - THIS IS REQUIRED*: submit a brief CV for CME purposes with this form. Please make this just ONE page long and indicate your training, degrees obtained and any representative publications.

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ABSTRACT GUIDELINES:

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ABSTRACT BODY FORMAT:

- Must be 350 words or less, exclusive of title, author(s) names, and institutional affiliation(s). See examples at end of this document.
- All submissions should be made through the UHMS online portal.
- Only text and text tables will be accepted. No references, graphs or images may be submitted. References, graphs and images may be included on your poster submission.
- Contents should include the following sections **FOR RESEARCH** – please use these exact terms for uniformity:
 - Introduction / Background
 - Materials and Methods
 - Results
 - Summary / Conclusions
- Contents should include the following sections **FOR CASE REPORTS** – please use these exact terms for uniformity:
 - Case Description
 - Intervention
 - Outcome
 - Discussion
- One question / Must be specific to your abstract/final poster presentation (The Q/A will be used for Evaluation of the participants for CME/Maintenance of Certification Credits (MOC) at the UHMS Online CME Portal).

Abstract Title (*)

Author Names (Last name then 1 or 2 initials – i.e., Dear GD, van Hoesen K) (*)

Primary Lab/Institution Name & Address (*)

Introduction / Background or Case Description (*)

Materials and Methods or Intervention (*)

Results or Outcome (*)

Summary / Conclusions or Discussion (*)

TOPICS FOR PRESENTATION (choose only one: A-E)

Choose the session category that best fits your abstract. The committee reserves the right to re-assign categories as needed to even out the program.

- ☐ Session A - HBO₂ Theory & Mechanisms
- ☐ Session B - Clinical HBO²
- ☐ Session C - Decompression Theory and Mechanisms
- ☐ Session D - Diving Medicine
- ☐ Session E - HBO₂ Operations, Chambers and Equipment

NOTE: We will have a Session F - Clinical Evaluations: This session will comprise case reports submitted for Sessions A through E.

Is your abstract a case report? (*)

☐ Yes ☐ No

If invited, would you be willing to present your abstract orally in the general meeting? (*)

☐ Yes ☐ No (poster only, if accepted)

Submit this abstract to fellow/resident/student competition? (*)

☐ Yes ☐ No

Has this research been accepted for publication at the time of submission? (*) **Only non-published works at the time of abstract submission will be considered. However, novel analysis/interpretation of published data is acceptable.**

☐ Yes ☐ No

If yes, please state where and when.

Was your research supported by a grant or R&D contract? (*)

☐ Yes ☐ No

If yes, list the grant or contract originator.

QUESTION SPECIFIC TO ABSTRACT/FINAL POSTER PRESENTATION:

This question must be relevant to your abstract and follow the specific format listed below.

PLEASE SUBMIT ONE (1) QUESTION AND FOUR (4) ANSWER OPTIONS (a, b, c, d) SPECIFIC TO YOUR ABSTRACT (The Q/A will be used for the UHMS Online CME Portal).

- Question should be specific to your abstract content.
- Answer options should be listed as a, b, c, d
- Correct answer should be listed under the answer options in the following format (e.g. Correct Answer: c. 86%)
- If numerical values are used in the answer options, they should be listed in ascending order (e.g. a. 10, b. 20, c. 30, d. 40)
- The answer options that are not the correct answer should be relevant to the material and able to be ruled out based on the content of the abstract.

SAMPLE FORMAT:

What percentage of BIMA participants completed all 40 chamber sessions in the sham group?

- a) 81%
- b) 83%
- c) 86%
- d) 91%

Correct Answer: c. 86%

YOUR MOC QUESTION:

Question (*)

Answer a (*)

Answer b (*)

Answer c (*)

Answer d (*)

Correct Answer (*)

AUTHORIZATIONS:

☐ **Yes** ☐ **No** -I agree for my session to be recorded and broadcasted on the web for enduring material educational activities. I agree to provide materials presented during my session electronically to Undersea & Hyperbaric Medical Society. In exchange for consideration received, I hereby give permission to Undersea & Hyperbaric Medical Society to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes (If applicable). (Your picture or parts of your lecture may be used for marketing purposes of our online educational activities).

Does the research reported in this abstract follow the principles embodied by the Declaration of Helsinki (STATED IN CONTRIBUTORS GUIDES FOR UNDERSEA & HYPERBARIC MEDICINE) with approval by the appropriate animal/human use committee, if appropriate? (*)

☐ Yes ☐ No

☐ **Yes** ☐ **No - Are you an employee/owner of an ACCME-defined ineligible company?** Owners and employees of ineligible companies are excluded from participating as planners, faculty, or any other role. Companies that are ineligible to be accredited in the ACCME System (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Who is your employer (also includes contracted employment)? Please enter below:

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at 919-490-5140 x102.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. If you have nothing to disclose, please skip this section and check the box at the bottom of this page.

[illegible]

		☐
		☐
☐	In the past 24 months, I have not had any financial relationships with any ineligible companies.	

Please read the following statements carefully and attest you will comply with each of these relevant to your role with a UHMS approved educational program.

1. The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased. Trade names should be avoided, but if a trade name must be used, trade names from all available companies will be included for fair representation.
2. I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the Course Director.
3. I understand that the Course Director/Education Committee may need to review my lecture and/or content prior to the activity and I will provide educational content and resources in advance as requested.
4. If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
5. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
6. If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way within my lecture.
7. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles/ methods and will not promote the commercial interest of the funding company.
8. I have disclosed all relevant financial relationships prior to my role and I will disclose this information to learners verbally and on a title PowerPoint slide/verbally prior to the start of my presentation that I do not have any financial relationships to disclose or if I do, I will disclose the relationship and its nature prior to the activity. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.
 - a. If there are NO relevant financial relationships: Inform learners on a disclosure slide that, "I have no relevant financial relationships with ineligible companies."
 - b. If there ARE relevant financial relationships: Disclose your name, name of the ineligible company(ies) with which you have a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated on a disclosure slide.

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DEADLINES:

- **SUBMISSION HARD DEADLINE: SUNDAY, JANUARY 4, 2026, 11:59 PM ET (there will be no extensions)**
 - **DEADLINE FOR FELLOWS, RESIDENTS, AND STUDENTS: SATURDAY, FEBRUARY 28, 2026, 11:59 PM ET**
- **NOTICE OF ACCEPTANCE BY SATURDAY, JANUARY 31, 5 pm ET.**
 - **NOTICE OF ACCEPTANCE FOR FELLOWS, RESIDENTS, AND STUDENTS BY: SUNDAY, MARCH 15, 2026, 5 pm ET**
- **NO UPDATES TO PAPER ABSTRACTS WILL BE ACCEPTED AFTER SATURDAY, FEBRUARY 28, 2026, 11:59 PM ET**
- **INTERACTIVE PRESENTATIONS (POSTERS): PPT MUST BE SUBMITTED TO THE UHMS BY MONDAY, FEBRUARY 23, 11:59 PM ET - NO UPDATES WILL BE ACCEPTED AFTER THIS DATE, NOT EVEN ON SITE.**
- **ORAL PRESENTATION PPTS WILL BE DUE: MONDAY, APRIL 6, 11:59 PM ET**

AGREE:

I have carefully read and considered each item in this form and have completed it to the best of my ability and understand my disclosure obligations as outlined above.

Signature of author / individual in control of content

Date

SAMPLE ABSTRACT 1**Characteristics of the headache associated with acute carbon monoxide poisoning**

Hampson NB, Hampson LA

email@email.com

Introduction: Headache is the most commonly reported symptom in acute carbon monoxide (CO) poisoning. It is often described as throbbing and diffuse, however, a systematic characterization of CO-associated headache has never been published. This study examines the characteristics of CO-associated headache to determine whether any typical pattern exists which might prove useful in the diagnosis of CO exposure.

Materials and Methods: Patients referred for hyperbaric oxygen (HBO2) treatment of acute CO poisoning were asked whether headache was part of their symptom complex. When present, specific details about the nature of the headache were collected from 100 consecutive patients through use of a standardized questionnaire.

Results: Information on acute CO-associated headache was collected from 34 female and 66 male patients with mean carboxyhemoglobin (COHb) 21.3±9.3%. The most common sources of CO were motor vehicles (31), forklifts (23), or furnaces (11). Poisonings were accidental in 81%. The most common location for pain was frontal (66%), although more than one location was involved in 58%. Nature of the pain at any time during its course was dull in 72% and sharp in 36%. Headache was throbbing in 41%. Pain was continuous in 74% and intermittent in 16%. Peak intensity of pain did not correlate with COHb level. Symptoms commonly associated with headache included dizziness, lightheadedness, weakness, and nausea. Headache improved prior to HBO2 treatment in 72%, resolving entirely in 21%. Of those with residual headache, pain improved with HBO2 in 97%, resolving entirely in 44%.

Conclusions: The headache accompanying acute CO poisoning is extremely variable in nature. "Classic" throbbing diffuse headaches were rarely described by patients. There are no patterns which can be considered characteristic to aid in the diagnosis of CO-induced headache. Similarly, no trait was identified which might allow elimination of CO poisoning from the differential diagnosis of headache.

Suggested category: HBO Clinical

Authorizations: a) Y b) Y

Financial disclosure: a) N b) N c) nil d) N

CV: Brief

SAMPLE ABSTRACT 2**Serum S-100b as a marker of neurological events in goats following direct decompression in a simulated disabled submarine scenario**

Jurd KM, Parmar K, Seddon FM, Loveman GAM, Blogg SL, Thacker JC, Stansfield MRD, White MG, Hunt BJ.

email@email.com

Background: S100b is a glial protein used as a marker of cerebral damage in a number of clinical situations. Neurological decompression illness (DCI) is a major risk following rapid decompression to the surface in a disabled submarine (DISSUB) scenario if recompression facilities are unavailable. The aim of this study was to investigate levels of S-100b in goats under simulated DISSUB conditions where neurological DCI may occur.

Methods: Adult female or castrated male goats (35-75 kg) underwent dry chamber air saturation between 55

and 85 fsw for 24 h followed by rapid decompression at 0.9 bar/min (n=37). Gross neurological involvement was determined by clinical assessment and post mortem examination. Venous blood samples were taken pre-dive and at 5, 30, 60, 90, 120, 180 and 240 mins post surfacing. S-100b was measured in serial samples by immunoluminometric assay.

Results: Neurological DCI was mainly evident in the goats which had undergone the deeper profiles. A greater percentage of animals undergoing these deeper profiles also had increased levels of S-100b compared to pre-dive values. The percentage of animals at each depth with raised S100b increased from 0% at 55 fsw to 100% at 85 fsw. Increases in levels of S100b were evident at 5 or 30 mins in most cases, with levels continuing to rise for at least 120 mins.

Conclusion: This study demonstrates that S100b is raised in goats following "rapid decompression" from air saturation at depths below 55 fsw. S100b may be useful as a marker of cerebral events in neurological DCI.

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Suggested category: Decompression Illness

Authorizations: a) Y b) Y

Financial disclosure*: a) Y, b) Y, Manufacturer ILA Co. (Immunoluminometric Assay).

Lead author is owner of company.

*NOTE: *fictitious, created as an example only, c) Y, mm/dd/yyyy*

CV: brief

SAMPLE ABSTRACT 3: CASE REPORT

Hyperbaric oxygen treatment of decompression sickness: case reports from Louisiana State University Undersea and Hyperbaric Medicine Fellowship Program

Shamitko G, Hickey B, Pavelites J, Murphy-Lavoie H, LeGros TL

LSU Department of Hyperbaric Medicine, University Medical Center and West Jefferson Medical Center

email@email.com

Background: The risk of decompression illness (DCI) is sometimes minimized by recreational diving groups. Decompression illness is an omnipresent concern for those subjected to higher-than-atmospheric pressures. This includes both recreational and commercial underwater diving, as well as those receiving hyperbaric oxygen (HBO₂) therapy for wound healing. Symptoms can range from minor skin or joint findings to severe paralysis, spinal cord injury, pulmonary edema, and death. The authors present a series of five case reports outlining recent decompression injury experiences treated at the LSU post-graduate medical training program in Undersea and Hyperbaric Medicine.

Methods: Five emergent decompression injuries treated at WJMC were summarized by treating LSU UHM Fellows and reviewed by attending physicians.

Results: Five cases of decompression illness are presented, each with varying degrees of neurologic disability. Cases 1 and 2 were injured recreational divers in Mexico, who were diving "safe profiles" and sustained significant paralysis and mental status changes. After delayed presentation for treatment at West Jefferson Medical Center these injuries resolved.

Case 3 highlights a potential iatrogenic injury involving unilateral blindness during routine wound treatment with hyperbaric oxygen therapy. Blindness resolved after continued therapy with hyperbaric oxygen therapy.

Case 4 is a recreational diver from Zanzibar with a previously unknown pulmonary bleb who was injured during a routine dive, with delayed resolution after treatment.

Case 5 is a local “hell diver” spear fisherman, who routinely practices unsafe diving profiles. He was injured after exceeding decompression limits but recovered fully after prompt treatment.

Conclusion: The wide variety of serious decompression illness presented here does not support the widely advertised assertion that “diving is as safe as bowling.” Four of five cases in this presentation were “undeserved” (unexplained) hits and underscores the need for better preventive measures and continued research into DCI.