# Factors associated with the publication and impact of CUA abstracts over the last decade

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## ABSTRACT

**INTRODUCTION:** The Canadian Urological Association's (CUA) annual meeting is the largest gathering of Canadian urologists, and many abstracts that are presented go on to be published as peer-reviewed papers. Our objective was to determine the publication rates and impact of these abstracts, and examine predictors associated with their publication.

**METHODS:** We identified abstracts presented at the 2010, 2013, 2014, 2015, 2018, 2020, and 2021 CUA meetings, and determined if there were matching manuscripts based on author and title using a comprehensive Medline search. Standardized data was extracted. Medians and interquartile ranges are presented, and regression models were used to determine factors associated with manuscript publication, journal impact factor, and time to publication.

**RESULTS:** There were 1732 CUA abstracts in our years of interest. The overall publication rate was 45.4%. Median journal impact factor was 2.27 for all published abstracts and time to publication was 13.2 months. Type of presentation was significantly associated with publication rate ($p<0.001$), with 63.7% of podiums, 46.7% of moderated posters, and 39.5% of unmoderated posters published. The median journal impact factor was 3.45 for published podiums, 2.19 for moderated posters, and 2.10 for unmoderated posters.

**CONCLUSIONS:** Approximately 45% of CUA annual meeting abstracts are eventually published. The type of presentation correlates well with both publication and impact factor, suggesting the CUA review process and scientific program committee does a good job of judging abstract quality.

## INTRODUCTION

The Canadian Urological Association's (CUA) annual meeting is the largest gathering of Canadian urologists. It is an opportunity for urologists and urology trainees to present their research and keep up with the latest advancements in urology. Submitted abstracts undergo a blind review by peer reviewers and are accepted for presentation based on scientific merit and originality,[1] with the most impactful abstracts being granted a podium presentation. Many abstracts accepted for presentation at the CUA, both podiums and poster presentations, go on to be published as peer-reviewed papers. While researchers have examined the publication rates of abstracts from international urology conferences,[2–9] Canadian non-urology medical conferences,[10–15] and the Quebec Urological Association (QUA),[16] factors contributing to publication rates, published journal impact factors (IFs), and time to publication of CUA meeting abstracts have not been elucidated. Based on our observations of similar studies, we hypothesized that predictors of higher publication rates would include oral/podium presentations,[9,10,15,17,18] pre-clinical research,[18,19] and randomized controlled trials (RCTs).[6,12,18] Abstracts in oncology were hypothesized to be published in journals with higher IFs but at similar rates to non-oncology studies, as seen in prior studies.[6] We also anticipated an increase in publication rate over time, as the number of Medline® citations increased from 735 004 in 2010 to 1 063 140 in 2021,[20] with an increase in the publication rate of

 

## KEY MESSAGES

- This study investigated the publication metrics of abstracts presented at CUA annual meetings over the past decade, and determined predictors associated with abstract publication and journal impact factor.
- Podium presentations, randomized controlled trials, oncology abstracts, and some institutions, among other variables, had significantly higher publication rates. CUA annual meeting abstracts were published at a similar rate to other major international urology conferences.
- The CUA appropriately stratifies abstracts into podium, moderated poster, and unmoderated poster formats, as eventual publication metrics reflect presentation hierarchy.

conference abstracts over time in some studies,[7,9,10,17] and no change over time[11,16] or decrease in others.[18]

Our objective was to determine the proportion of CUA abstracts that are eventually published in the peer-reviewed literature and to measure the impact of the published abstracts over the past decade. Our secondary objectives were to examine predictors associated with eventual publication, journal impact factor, and time to publication.

## METHODS

The *Canadian Urological Association Journal*'s (*CUAJ*) "Supplements & Abstracts" webpage was used to identify abstracts presented at the 2010, 2013, 2014, 2015, 2018, 2020, and 2021 CUA annual meetings. These years were selected as a generally representative sample of CUA meetings with complete abstracts lists available. The primary author and abstract title were used to identify relevant publications in an Ovid Medline search. If a relevant paper was not found, the second author or corresponding author was used, and the search was expanded to include PubMed and Google Scholar. The abstracts were deemed to be a match to the retrieved article if they shared at least one common author and maintained the same study population and results. The paper must have been published in a peer-reviewed, indexed journal to count as a published match.

Variables were collected from abstracts using a standardized data collection form. Information included study title, number of authors, year of presentation, presentation mode (i.e., podium, moderated poster, or unmoderated poster), session topic (i.e., oncology, pediatrics, etc.), institution of the first author, clinical/basic science research, and research methodology (i.e., RCT, observational study). Presentation mode and session topic were assigned by the CUA, while the authors' institution and research methodology was determined from a title and abstract review. Canadian institutions with <25 abstracts presented across the representative years were grouped for analysis. Additional variables were collected for abstracts that were subsequently published in peer-reviewed journals, including date of publication (month and year), journal title, and year-specific IF at the time of publication, which was gathered using journal IF search engines *bioxbio.com* and *academic-accelerator.com*.

Descriptive statistics were used to identify overall trends. A multivariable logistic regression model was used to determine if factors identified a priori were associated with manuscript publication. Univariate linear regression models were used to determine if these same factors were associated with journal IF and time to publication among the studies that were published. Tukey's post-hoc test was used to assess differences between categorical variables. All statistical analyses were performed with SPSS version 26, and a two-sided alpha <0.05 was considered significant. As this study did not involve patients, institutional ethics review was not necessary.

## RESULTS

There were 1732 CUA abstracts in our years of interest. By presentation type, there were 193 podium presentations (PODs), 815 moderated poster presentations (MPs), 709 unmoderated poster presentations (UPs), and in 2010 and 2015 there were 15 video submissions (MVDs), which were largely excluded from analysis due to a limited sample size. Abstracts reporting on an observational study (retrospective, prospective, and case studies) were the most common, with 1342 abstracts. There were 132 surveys, 113 animal/basic science studies, 82 RCTs, 49 reviews, and 14 economic analyses. There were 126 preclinical/basic science studies that did not involve human subjects and 1608 clinical studies. Oncology was the most common session topic with 820 abstracts, followed by functional/benign with 426, endourology with 180, pediatrics with 153, education with 120, and transplant with 33 pre-

sented abstracts. The Universities of Toronto, Montreal, and Western University presented the most abstracts over the representative years, with 347, 150, and 121, respectively.

The overall publication rate was 45.4% (787/1732) and median time to publication in months was 13.2 (interquartile range [IQR] 6.1–23.3), with 9.4% (74/1732) of abstracts being published before the conference date, and of those 20% (15/74) were published more than six months prior to the CUA annual meeting. The median year-specific IF for all published abstracts was 2.27, and by presentation type was 3.46 (2.05–5.65) for PODs, 2.19 (1.37–3.77) for MPs, and 2.10 (1.41–3.40) for UPs. There was a median of six authors (4–8) among presented abstracts. The most popular journal that abstracts were published in was the *CUAJ*, which published 26.04% of the articles. This was followed by the *Journal of Urology* (10.55%), *Journal of Endourology* (5.97%), *Urology* (5.85%), and the *British Journal of Urology International* (4.57%).

**Table 1. Publication rate across studied variables for CUA conference abstracts**

| | Total no. | No. published | % published | Odds ratio | p |
|---|---|---|---|---|---|
| Overall | 1730 | 785 | 45.4 | – | – |
| Modality | | | | | <0.001 |
| Podium | 193 | 123 | 63.7 | Ref | Ref |
| Moderated poster | 815 | 380 | 46.7 | 0.503 | <0.001 |
| Unmoderated poster | 709 | 280 | 39.4 | 0.314 | <0.001 |
| Video | 15 | 3 | 20.0 | 0.161 | 0.008 |
| Methodology | | | | | – |
| Observational | 1329 | 589 | 43.9 | Ref | Ref |
| Survey | 132 | 72 | 54.5 | 1.537 | 0.033 |
| Animal studies | 113 | 38 | 33.6 | 1.154 | 0.701 |
| RCT | 82 | 52 | 63.4 | 1.936 | 0.009 |
| Review | 49 | 29 | 59.2 | 2.596 | 0.002 |
| Economics | 14 | 7 | 50.0 | 1.23 | 0.723 |
| Basic/clinical | | | | | |
| Basic science | 126 | 43 | 34.1 | Ref | Ref |
| Clinical | 1606 | 744 | 46.3 | 1.889 | 0.074 |
| Session topic | | | | | |
| Oncology | 820 | 384 | 46.8 | Ref | Ref |
| Functional/benign | 426 | 181 | 42.6 | 0.834 | 0.174 |
| Endourology | 180 | 88 | 48.8 | 0.874 | 0.448 |
| Pediatrics | 153 | 58 | 37.9 | 0.571 | 0.005 |
| Education | 120 | 65 | 53.8 | 1.204 | 0.398 |
| Transplant | 33 | 12 | 36.4 | 0.673 | 0.306 |
| Institution* | – | – | – | – | <0.001 |

*To avoid misinterpretation and stigmatization, we choose not to report results of specific institutions. RCT: randomized controlled trial.

## Factors influencing eventual publication

Presentation modality was significantly associated with publication rate, with likelihood of publication decreasing with the expected presentation hierarchy: 63.7% of PODs were published (reference group), followed by 46.7% of MPs (odds ratio [OR] 0.503, p<0.001), 39.5% of UPs (OR 0.314, p<0.001), and 20% of MVDs (OR 0.161, p<0.008) (Table 1). Abstracts presented in 2015 (OR 1.663, p=0.007) and 2021 (OR 2.59, p<0.001) were significantly more likely to be published compared to abstracts presented in 2010. Gross publication rates for 2010, 2015, and 2021 were 36.2%, 48.1%, and 53.1%, respectively. There was a wide range of abstracts presented per year, with a median of 246 abstracts in 2010 and a range from 196 abstracts in 2021 to 310 abstracts in 2015.

Research methodology was a significant predictor of publication; with observational studies as the reference group, surveys (OR 1.537, p=0.033), RCTs (OR 1.936, p=0.009), and reviews (OR 2.596, p=0.002) had significantly higher odds of publication. Clinical research (compared to basic science) had higher odds of publication, but did not quite reach statistical significance (OR 1.904, p=0.074). The subspecialty interest area of the abstract was significantly associated with overall publication, with abstracts in pediatrics having significantly decreased odds of publication compared to abstracts in oncology (OR 0.562, p=0.005).

The first author's institution had a significant association with publication odds (p<0.001), with three Canadian universities having a significantly increased odds of publication compared to the reference group of international submissions.

## Predictors of published journal impact factor and time to publication

Compared to PODs that were eventually published, the year-specific mean IF of MPs (-3.82, p<0.001) and UPs (-4.49, p<0.001) were significantly lower. Abstracts focused on endourology (-2.72, p=0.019), functional/benign (-2.38, p=0.004), and education (-3.52, p=0.004) had a significantly lower mean IF compared to oncol-

ogy abstracts. RCT abstracts (+8.54, p<0.001) had a significantly higher mean IF compared to all other types of studies (Table 2). Almost all abstracts were published within three years of the CUA annual meeting (96%, 1662/1730). There were no statistically significant predictors of time to publication in our logistic and linear regression models.

## DISCUSSION

This is the first study to perform an analysis of abstracts presented at the CUA annual meeting. By analyzing selected years from 2010–2021, we determined the overall publication rate was 45.4% in journals with a median IF of 2.27 (mean 4.04) after approximately one year. Variables associated with increased odds of publication included abstracts selected as PODs, abstracts from the 2015 and 2021 annual meetings, RCTs, and select institutions. Abstracts in pediatrics and with observational methodology were associated with decreased odds of publication. Published PODs were associated with a higher IF, while the year of publication was not a significant predictor of IF. The higher proportion of PODs that are published, also with higher impact factors, suggests the CUA does an excellent job at assigning presentation modalities based on study importance; however, even with the podium abstracts, over one-third remain unpublished.

The selection of representative years between 2020–2021 was aimed at achieving a representative and manageable sample size among available *CUAJ* archives to capture changes in clinical practice guidelines over the past decade that may influence abstract outcomes. Our sample lacks representation for annual meetings held in Western Canada (2012, 2016), and Quebec (2011, 2019), which may bias institution-specific results. This contributed to our decision not to publish institution-specific data; however, we hypothesize that those who must travel to present their research may be more likely to share more robust studies with increased odds of publication and have mentors that prioritize publication. In a study of QUA abstracts, there was a higher overall publication rate (56%), although Al-Qaoud et al also found that non-Quebec research presented at the QUA was twice as likely to be published.[16]

Our data demonstrated that abstracts from the U.S. (OR 1.714, p=0.049) and three Canadian institutions had significantly higher publication rates. It is not entirely clear what led some institutions to have abstracts with higher publication rates, but it's likely multifactorial, with factors such as program size, presence of research fellows, and conference location all potentially contributing to observed differences. We ultimately chose not to report institutional data to avoid potential misinterpretation and stigmatization.

The two years with the highest publication rates were 2015 and 2021, which had overall publication rates of 48.1% and 53.1%, respectively. Interestingly, these were also the two years with the fewest presentations (196 in 2021) and the most presentations (310 in 2015). There was a non-linear trend observed

**Table 2. Impact factor across studied variables of CUA conference abstracts**

| | Median impact factor [IQR] | Tukey HSD mean difference* | p |
|---|---|---|---|
| Overall | 2.3 [1.4, 3.8] | – | – |
| Modality | | | |
| Podium | 3.0 [1.9, 5.8] | Ref | Ref |
| Moderated poster | 2.2 [1.4, 3.8] | -3.82 | <0.001 |
| Unmoderated poster | 2.1 [1.4, 3.4] | -4.49 | <0.001 |
| Video (MVD) | 2.062 [N/A] | -5.42 | 0.700 |
| Methodology | | | |
| Observational | 2.3 [1.4, 3.7] | Ref | Ref |
| Survey | 1.7 [1.1, 2.1] | -1.74 | 0.347 |
| Animal studies | 3.5 [2.1, 4.7] | +0.43 | 0.999 |
| RCT | 7.6 [2.9, 16.3] | +8.54 | <0.001 |
| Review | 2.2 [1.7, 3.8] | +0.64 | 0.997 |
| Economics | 1.7 [1.7,1.9] | -1.18 | 0.999 |
| Basic/clinical | | | |
| Basic science | 3.5 [1.6, 4.9] | Ref | Ref |
| Clinical | 2.2 [1.4, 3.8] | -2.88** | 0.814 |
| Session topic | | | |
| Oncology | 2.8 [1.5, 5.1] | Ref | Ref |
| Functional/benign | 2.1 [1.4, 3.6] | -2.38 | 0.004 |
| Endourology | 2.1 [1.4, 3.1] | -2.72 | 0.019 |
| Pediatrics | 1.9 [1.4, 3.9] | -2.61 | 0.099 |
| Education | 1.9 [0.95, 2.4] | -3.52 | 0.004 |
| Transplant | 1.7 [0.5, 4.1] | -3.17 | 0.686 |
| Presentation year | – | – | 0.579 |

*Note that the IF data was right skewed, and therefore we reported medians; however, this means the difference in the medians do not match exactly with the calculated mean difference derived from the linear regression analysis. **Mean square. RCT: randomized controlled trial.

**Table 3. Summary of results from analyses of Canadian and international urology conferences since 2000, listed in descending order by date**

| Conference | Year(s) | Author | Publication rate | Impact factor mean (median) | Months to publication mean (median) |
|---|---|---|---|---|---|
| CUA | 2010–2021 | Al-Daqqaq et al | 45.4% | 4.04 (2.27) | (13.2) |
| USANZ ASM | 2015–2019 | Arora et al | 26.45% | N/A | 8.6 |
| AUA (podiums only) | 2017 | Chua et al | 51.9% | (3.2) | (12.5) |
| AUA (oncology only) | 1997–2017 | Shibley et al | 56.3% | (3.3) | 13.2 |
| BAUS | 2012–2013 | Moon and Harding | 24.2 | 3.854 | 11.6 |
| QUA | 2000–2010 | Al-Qaoud et al | 56% | N/A | N/A |
| USANZ ASM | 2005–2009 | Yoon et al | 29.8% | 2.9 | 14.5 |
| SIU | 2002, 2004 | Autorino et al | 22.1% | N/A | 13.0 |
| UBM | 2003 | Oliveira et al | 39% | N/A | (14) |
| EAU | 2000–2001 | Autorino et al | 47.3% | 1.95 | 8.6 |
| AUA | 2000 | Hoag et al | 55% | 3.2 | 17.0 |

AUA: American Urological Association; BAUS: British Association of Urological Surgeons; EAU: European Association of Urology; SIU: Société Internationale d'Urologie; UBM: Urological Brazilian Meeting; USANZ ASM: Urological Society of Australia and New Zealand Annual Scientific Meeting.

in publication rate over time, as 2018 (OR 1.102; p=0.634) and 2020 (OR 1.135; p=0.526) had overall publication rates of 43.6% and 42.5%, respectively, which did not significantly differ from 2010 rates.

The 2020 and 2021 CUA annual meetings were both held virtually, with the 2020 meeting converted to a virtual format more abruptly amidst the start of the COVID-19 pandemic, while the 2021 conference was planned as a virtual conference. The 2021 meeting was unique, as it had the least number of abstracts presented and the highest publication rate. Plausible explanations for this might include that time away from clinical duties due to COVID-19 restrictions encouraged a shift to research productivity. The virtual format should, in theory, decrease the barrier-to-entry for those with geographic or time restrictions, yet there were 50 less abstracts presented in 2021 than on average. The in-person format may, in fact, promote participation by providing exciting opportunities to travel and network with urologists and trainees across Canada.

The CUA abstracts are published at higher rates than several international urology conferences; however, many of these comparator studies range back several decades (Table 3). It is possible that other urology annual meetings would have seen increased publication rates over time; however, the British Association of Urologic Surgeons annual meeting saw a decline in publication rate across 2004–2013 from 42% to 24.2%,[5] while the American Urological Association (AUA) rate was relatively unchanged from 2000–2017, with publication rates of 55% and 51.9%, respectively (although these are select samples of only podium presentations or oncology abstracts).[2,6] A 2018 Cochrane review by Scherer et al looked at 307 028 abstracts presented at 425 conferences and found a publication rate of 37.3%, which is a decrease from the 2007 rate of 44.5%.[18]

Of the 74 abstracts published before the annual meetings, the 15/74 that were published more than six months before the meeting were likely already accepted for publication at the time of submission. This is remarkably similar to the 2017 study of AUA podium presentations by Chua et al, where 8.5% of abstracts were published before the meeting, with 13/74 of these abstracts being published before the submission deadline.[6] It remains possible that some authors may have retracted their published abstracts, which may introduce bias to any study of this kind. This can be mitigated by our large sample size, and as of 2024, the CUA submission guidelines do not explicitly prohibit abstract submissions of previously published work, but require disclosure of this information, decreasing the likelihood of retracted abstracts.

In Chua et al's study of 2017 AUA podium presentations, they found that abstracts in oncology had similar publication rates to non-oncology papers, but had higher median IFs of 3.4 vs. 2.6, respectively, which was statistically significant (p<0.001).[6] We observed a similar trend, as the oncology publication rate did not differ much from the overall publication rate (46.8% vs. 45.4%), yet the median IF was higher at 2.77 vs. 2.27. When restricting our data to just PODs, we found that those in oncology had a publication rate and median IF of 69.2% and 4.7, respectively, compared to the overall POD publication rate and median IF of 63.7% and 3.46, respectively. Furthermore, 27/28 of all abstracts published with an IF above 15 were in oncology. Oncology-focused journals, such as *Lancet Oncology* and the *Journal of Clinical Oncology* had some of the highest IFs in our study, which helps explain the higher IF among published oncology abstracts. CUA abstract presentations in oncology were, therefore, strongly linked to publication in higher IF journals.

Some prior studies show evidence of higher publication rates in clinical research,[14] while others suggest that pre-clinical research is published at higher rates.[18,19] We found no significant association (p=0.074) with publication when comparing clinical and pre-clinical abstracts

submitted to CUA annual meetings. The lower publication rate of 37.9% in pediatrics compared to 46.8% in oncology was statistically significant, yet there was no statistically significant difference in the IF of published pediatrics abstracts compared to oncology. Among RCTs in pediatrics, 75% were published. Contributing factors may include the low number of submitted pediatrics abstracts with RCT methodology and more limited options for journals in pediatric urology.

### Limitations

Some limitations of our work include that we did not investigate the reasons for non-publication of CUA abstracts. Reasons for non-publication of abstracts from the 2003 Brazilian Urological meeting were investigated by Oliveira and colleagues, who they found that 57% of authors had no attempt to publish, 11% had abstracts under review by a journal, and only 4% received outright rejections.[21] A 2018 Cochrane review by Scherer and colleagues[18] identified predictors of abstract publication, such as studies with large sample sizes, positive results, an established funding source, and multicentric studies; unfortunately, we were not able to examine those factors with the data we collected.

## CONCLUSIONS

CUA annual meeting abstracts are published at an impressive rate when compared to both international urology conferences and to global averages of abstract publication rates. The CUA does a good job at stratifying presentations into podium, moderated poster, and unmoderated posters based on perceived significance, as there are expected differences in publication rates and IFs across these hierarchical groups. While impactful and exciting research is presented at the CUA, there are still many abstracts, even from the podium presentations, that are not published in peer-reviewed journals. This suggests that some results are not tested with formal peer review, and CUA abstracts should be critically evaluated by attendees.

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This paper has been peer reviewed.

## REFERENCES

1. Abstract submission - CUA 2024. Available at: https://cuameeting.org/abstract-submission/. Accessed February 7, 2024
2. Hoag CC, Elterman DS, Macneily AE. Abstracts presented at the American Urological Association Annual Meeting: Determinants of subsequent peer reviewed publication. *J Urol* 2006;176:2624-9. https://doi.org/10.1016/j.juro.2006.08.021
3. Yoon PD, Chalasani V, Woo HH. Conversion rates of abstracts presented at the Urological Society of Australia and New Zealand (USANZ) Annual Scientific Meeting into full-text journal articles. *BJU Int* 2012;110:485-9. https://doi.org/10.1111/j.1464-410X.2011.10879.x
4. Ng L, Hersey K, Fleshner N. Publication rate of abstracts presented at the annual meeting of the American Urological Association. *BJU Int* 2004;94:79-81. https://doi.org/10.1111/j.1464-410X.2004.04905.x
5. Moon A, Harding C. Publication rate of abstracts presented at the British Association of Urological Surgeons Annual Meeting – 10 years on. *J Clin Urol* 2017;10:22-7. https://doi.org/10.1177/2051415816668945
6. Chua KJ, Mikhail M, Patel HV, et al. Quantifying publication rates and time to publication for American Urological Association podium presentations. *J Urol* 2022;207:684-91. https://doi.org/10.1097/JU.0000000000002258
7. Shibley WP, Hakam N, Lui J, et al. Trends in publication of oncologic abstracts presented at the American Urological Association Annual Meeting: 1997–2017. *Urol Pract* 2022;9:340-9. https://doi.org/10.1097/UPJ.0000000000000304
8. Autorino R, Quarto G, Di Lorenzo G, et al. What happens to the abstracts presented at the Societè Internationale d'Urologie Meeting? *Urology* 2008;71:367-71. https://doi.org/10.1016/j.urology.2007.11.028
9. Arora B, Graham V, Chung E. Conversion rate and time-delay from abstract presentations at USANZ national meetings to manuscript publication in scientific journals. *J Surg* 2023 April 2023. Available at: https://www.gavinpublishers.com/article/view/conversion-rate-and-time-delay-from-abstract--presentations-at-usanz-national-meetings-to-manuscript-publication-in-scientific-journals. Accessed February 12, 2024.
10. Ramos MB, Falavigna A, Abduljabbar F, et al. Assessing publication rate of abstracts presented in spine conferences as a quality benchmark: The example of the Canadian Spine Society Annual Meetings. *World Neurosurg* 2019;131:e339-45. https://doi.org/10.1016/j.wneu.2019.07.146
11. Crawford SA, Roche-Nagle G. Publication outcomes for research presented at a Canadian surgical conference. *Can J Surg* 2017;60:108-14. https://doi.org/10.1503/cjs.010916
12. Basilious A, Benavides Vargas AM, Buys YM. Publication rate of abstracts presented at the 2010 Canadian Ophthalmological Society Annual Meeting. *Can J Ophthalmol* 2017;52:343-8. https://doi.org/10.1016/j.jcjo.2016.11.033
13. Ogilvie LN, Pauwels J, Chadha NK, Kozak FK. Publication rate of abstracts presented at the Canadian Society of Otolaryngology-Head and Neck Surgery Annual Meetings: A five-year study 2006–2010. *J Otolaryngol Head Neck Surg* 2014;43:51. https://doi.org/10.1186/s40463-014-0051-5
14. Meissner A, Delouya G, Marcovitch D, et al. Publication rates of abstracts presented at the 2007 and 2010 Canadian Association of Radiation Oncology meetings. *Curr Oncol* 2014;21:250-4. https://doi.org/10.3747/co.21.1764
15. Abuzeid W, Fosbøl EL, Fosbøl PL, et al. Rate and predictors of the conversion of abstracts presented at the Canadian Cardiovascular Congress Scientific Meetings to full peer-reviewed publications. *Can J Cardiol* 2013;29:1520-3. https://doi.org/10.1016/j.cjca.2013.06.012
16. Al-Qaoud TM, Yafi FA, Aprikian AG. From podium to press: The 10-year publication rate of abstracts presented at the annual meetings of the Quebec Urological Association (QUA). *Can Urol Assoc J* 2013;7:E407-10. https://doi.org/10.5489/cuaj.206
17. Feschuk AM, Hathi K, Taylor SM. Publication rates of research presented at the Canadian Society of Otolaryngology-Head and Neck Surgery Annual Meetings from 2008 to 2018: An 11-year review. *J Otolaryngol Head Neck Surg* 2023;52:9. https://doi.org/10.1186/s40463-022-00606-5
18. Scherer RW, Meerpohl JJ, Pfeifer N, et al. Full publication of results initially presented in abstracts. *Cochrane Database Syst Rev* 2018;11:MR000005. https://doi.org/10.1002/14651858.MR000005.pub4
19. Autorino R, Quarto G, Di Lorenzo G, et al. Are abstracts presented at the EAU meeting followed by publication in peer-reviewed journals? A critical analysis. *Eur Urol* 2007;51:833-40. https://doi.org/10.1016/j.eururo.2006.10.024
20. MEDLINE® Citation Counts by Year of Publication (as of January 2023). Available at: https://www.nlm.nih.gov/bsd/medline_cit_counts_yr_pub.html. Accessed February 12, 2024.
21. Oliveira LRS, Figueiredo AA, Choi M, et al. The publication rate of abstracts presented at the 2003 Urological Brazilian Meeting. *Clinics* 2009;64:345-9. https://doi.org/10.1590/S1807-59322009000400013

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