ASC 10TH ANNUAL MEETING

Call for Papers and Author Guidelines

International Scientific Proceedings

CONFERENCE THEME

Advancing Multidisciplinary Healthcare through Innovation, Evidence, and Precision Medicine

From Biomedical Discovery to Clinical Practice and Health Systems

17-18 October 2026 | Semarang, Indonesia

Open To Medical Students, Residents, Physicians, Lecturers, Researchers, And Health Professionals

Important Publication Notice

Selected papers will be prepared for submission to an international proceedings publisher. Inclusion in Scopus is subject to the publisher selection, editorial requirements, and independent Scopus evaluation; acceptance at the conference does not guarantee Scopus indexing.

Call for Papers

The ASC 10th Annual Meeting invites submissions that advance medical knowledge, clinical practice, health-professional education, technology, and health-system improvement. The scope is intentionally broad so that medical students, residents, physicians, lecturers, researchers, and multidisciplinary collaborators can contribute original and clinically meaningful work.
Submissions should present a clear research question or educational objective, use an appropriate method, report results transparently, and explain the relevance of the findings to patient care, professional education, public health, or healthcare delivery.

Main Theme

Advancing Multidisciplinary Healthcare through Innovation, Evidence, and Precision Medicine

Conference Tracks

No.	Track	Indicative Scope
1	Precision oncology and cancer care	Cryosurgery, tumor ablation, immuno-oncology, multidisciplinary cancer management, survivorship, supportive and palliative care.
2	Surgery and interventional medicine	Minimally invasive surgery, laparoscopy, fluorescence-guided surgery, image-guided intervention, perioperative care, and surgical innovation.
3	Medical imaging and diagnostics	Radiology, pathology, laboratory medicine, biomarkers, molecular diagnostics, nuclear medicine, and diagnostic accuracy.
4	Artificial intelligence and digital health	Clinical AI, decision support, medical informatics, telemedicine, digital therapeutics, robotics, simulation, and data science.
5	Clinical medicine and patient safety	Evidence-based diagnosis and treatment, quality of care, medication safety, infection prevention, rehabilitation, and clinical outcomes.
6	Basic and translational biomedical science	Molecular and cellular mechanisms, pharmacology, physiology, anatomy, genetics, immunology, and bench-to-bedside research.
7	Public health and preventive medicine	Epidemiology, screening, health promotion, environmental and occupational health, nutrition, community medicine, and health equity.
8	Medical education and professional development	Curriculum, competency-based education, assessment, simulation, interprofessional learning, faculty development, and learner wellbeing.
9	Health systems policy and management	Healthcare quality, implementation science, health economics, hospital management, policy, access, and service innovation.
10	Bioethics humanities and professionalism	Research ethics, clinical ethics, professionalism, communication, shared decision-making, humanities, and medico-legal issues.
11	Rare diseases and clinically instructive cases	Rare conditions, unusual presentations, diagnostic challenges, innovative management, and case-based learning.
12	Evidence synthesis and research methodology	Systematic reviews, meta-analyses, diagnostic reviews, methodological research, biostatistics, and research integrity.

Who May Submit

- Undergraduate medical students and members of student research teams
- Residents and fellows
- General practitioners, specialists, and subspecialists
- Lecturers, clinical educators, and biomedical researchers
- Other health professionals participating in multidisciplinary work

Student submissions must include at least one faculty or clinical supervisor who has reviewed the work and accepts responsibility appropriate to their contribution. Authorship must still satisfy the authorship criteria stated below.

Accepted Manuscript Categories

Category	Purpose	Main-text limit	Tables/Figures
Original Research	Quantitative, qualitative, mixed-methods, laboratory, clinical, education, or health-system research.	3,000-5,000 words	Up to 6
Systematic Review or Meta-analysis	Evidence synthesis with a reproducible search and appropriate reporting checklist.	3,500-6,000 words	Up to 6
Case Report or Case Series	Clinically instructive and sufficiently novel case(s), with patient consent.	1,500-2,500 words	Up to 4
Brief Research Report	Focused study with a concise method and complete results.	1,500-2,500 words	Up to 4
Medical Education Innovation	Curriculum, assessment, simulation, or educational intervention with evaluation data.	2,500-4,000 words	Up to 5
Research Protocol	Protocol for a registered or ethics-approved study; no fabricated results.	2,500-4,000 words	Up to 4

Word limits exclude the title page, abstract, references, tables, figure legends, acknowledgments, and declarations. Editors may approve exceptions when scientifically justified.

Submission Language

All abstracts, manuscripts, tables, figures, declarations, presentations, and correspondence must be in clear academic English. Either British or American spelling may be used, but usage must be consistent throughout the manuscript.

Important Dates

Milestone	Date
Abstract submission deadline	[October 15th 2026]
Abstract decision	[October 16th 2026]
Full-paper submission deadline	[October 28th 2026]
Revised manuscript deadline	[November 30th 2026]
Final acceptance and registration	[Based on Journal Decision]

Author Guidelines

1 General Formatting

- Submit one editable Microsoft Word file in DOCX format.
- Use A4 paper, 2.5 cm margins, Arial 10 pt, 1.15 line spacing, and continuous page numbers.
- Prepare the manuscript in a single-column layout unless the official publisher template specifies otherwise.
- Use clear numbered headings. Avoid unnecessary abbreviations and define each abbreviation at first use.
- Use SI units. Report generic drug names; a trade name may be added once in parentheses when essential.
- Remove author names, affiliations, acknowledgments, and identifying metadata from the blinded manuscript.

The proceedings committee may issue a publisher-specific template after acceptance. The final manuscript must follow that template even if it differs from these preliminary guidelines.

2 Submission Files

- Title page containing the article title, authors, affiliations, ORCID identifiers where available, corresponding-author contact details, and declarations.
- Blinded manuscript containing no author or institution identifiers except where scientifically necessary.
- Separate original figure files when requested.
- Completed reporting-guideline checklist appropriate to the study design.
- Ethics approval or exemption information and patient-consent documentation when applicable.
- Supplementary files, data dictionary, protocol, or analysis code when relevant and permitted.

3 Title Page

- Concise informative title, preferably no more than 20 words.
- Full names of all authors in publication order.
- Department, institution, city, and country for every author.
- Corresponding author name, institutional email, and postal address.
- ORCID iD for each author where available.
- Short running title of no more than 50 characters.
- Word count, number of tables, number of figures, and number of references.

4 Abstract and Keywords

Provide an abstract of 250-300 words. Original research should use the headings Background, Objective, Methods, Results, and Conclusion. Systematic reviews should use Background, Objective, Methods, Results, and Conclusion. Case reports should use Background, Case Presentation, and Conclusion. Do not cite references in the abstract.

- Provide 3-6 keywords. Use Medical Subject Headings (MeSH) terms when suitable.
- Include numerical results, effect estimates, and measures of uncertainty when applicable; do not write “results will be discussed.”

Manuscript Structure

5 Original Research

- Introduction: context, knowledge gap, rationale, and a specific objective or hypothesis.
- Methods: design, setting, participants, eligibility, sampling, intervention or exposure, outcomes, measurements, bias control, sample-size rationale, and statistical analysis.
- Results: participant flow, baseline data, primary and secondary outcomes, adverse events, and relevant sensitivity analyses.
- Discussion: principal findings, comparison with evidence, clinical or educational implications, strengths, limitations, and cautious interpretation.
- Conclusion: direct answer to the objective without claims beyond the data.

6 Other Article Types

Article type	Required core structure
Systematic review	Introduction; Methods including protocol/registration, eligibility, information sources, search strategy, selection, risk of bias, and synthesis; Results; Discussion; Conclusion.
Case report	Introduction; Case Presentation; Diagnostic Assessment; Therapeutic Intervention; Follow-up and Outcomes; Discussion; Patient Perspective when available; Informed Consent.
Medical education study	Introduction; Educational Context and Need; Methods/Intervention; Evaluation; Results; Discussion; Conclusion.
Research protocol	Introduction; Methods including design, setting, eligibility, intervention/exposure, outcomes, sample size, analysis, ethics, registration, and dissemination plan.
Brief report	Concise Introduction, Methods, Results, Discussion, and Conclusion.

7 Reporting Guidelines

Authors must identify and apply the reporting guideline appropriate to their study design and upload the completed checklist when requested.

Study design	Guideline
Randomised trial	CONSORT 2025 and relevant extensions
Observational study	STROBE
Systematic review or meta-analysis	PRISMA 2020
Diagnostic accuracy study	STARD
Prediction model study	TRIPOD or current applicable extension
Case report	CARE
Qualitative study	COREQ or SRQR
Quality-improvement study	SQUIRE
Animal study	ARRIVE 2.0
Economic evaluation	CHEERS 2022
Study protocol	SPIRIT or PRISMA-P, as applicable

Research Integrity and Ethics

8 Human and Animal Research

- State the name of the approving ethics committee or institutional review board, approval number, and approval date. If exempt, identify the authority granting the exemption.
- State how informed consent was obtained or why it was waived. Case reports and identifiable images require written patient consent for publication.
- Protect participant privacy. Remove direct identifiers and avoid unnecessary clinical detail that could permit identification.
- Animal research must state ethical approval and comply with applicable institutional and national welfare requirements.
- Clinical trials must be registered in a publicly accessible registry before enrolment of the first participant, consistent with applicable editorial requirements. Include the registry and registration number.

9 Authorship and Contributions

Authorship must be based on substantial contribution to the work; participation in drafting or critical revision; approval of the submitted version; and accountability for the integrity of the work. Contributors who do not meet all authorship criteria should be acknowledged with permission. Gift, guest, and ghost authorship are prohibited.

- List individual contributions using the CRediT taxonomy where possible.
- All authors must approve the author order and the submitted and revised versions.
- Changes in authorship after submission require a written explanation and agreement from all affected authors, subject to editorial approval.

10 Originality and Prior Publication

- Submit original work that is not under review elsewhere and has not been published as a full paper.
- Preprints, theses, registered reports, and conference abstracts must be disclosed and cited where applicable. Editorial assessment will determine whether prior dissemination is acceptable.
- Text recycling, plagiarism, image manipulation, data fabrication, data falsification, duplicate submission, and redundant publication are prohibited.
- All submissions may undergo similarity and integrity screening. Decisions are based on the nature and extent of overlap, not solely on a numerical similarity percentage.

11 Conflicts Funding and Data

- Declare all financial and non-financial competing interests for every author. State “The authors declare no competing interests” when none exist.
- Identify all funding sources, grant numbers, and the funder role in study design, conduct, analysis, writing, and publication decisions.
- Include a data-availability statement describing where and under what conditions supporting data can be accessed. Do not disclose confidential patient data.
- Disclose protocol registration, analysis plans, repositories, or persistent identifiers where applicable.

12 Use of Artificial Intelligence

Generative AI tools cannot be listed as authors. Authors remain responsible for accuracy, originality, confidentiality, citations, and all submitted content. Any substantive use of generative AI in writing, translation, coding, image creation, or analysis must be transparently disclosed in the manuscript or cover letter, including the tool, version where known, purpose, and author verification. AI must not be used to fabricate data, references, images, or ethical documentation. Patient or confidential data must not be entered into public AI systems without explicit institutional authorization and appropriate safeguards.

Technical Preparation

13 References

- Use Vancouver style and number references consecutively in the order first cited.
- Use superscript or bracketed Arabic numbers consistently, according to the final proceedings template.
- Cite primary and current evidence whenever possible. Verify every author name, title, journal, year, volume, pages, DOI, and URL.
- Include a DOI as a persistent link when available. Avoid citing retracted articles unless the retraction itself is being discussed.
- Reference-management software is recommended, but authors must inspect the final output manually.

14 Tables and Figures

- Number tables and figures in the order cited and refer to each in the text.
- Submit tables as editable text, not screenshots. Use a brief title above each table and explanatory notes below it.
- Figures should be clear at final size. Use at least 300 dpi for photographs and 600 dpi for line art when separate files are requested.
- Define all abbreviations and symbols in legends. Identify statistical measures and error bars.
- Remove patient identifiers. Obtain written permission for copyrighted material and provide attribution.
- Image enhancement must be applied consistently to the entire image and must not obscure, remove, or add scientific information.

15 Statistical Reporting

- Describe the statistical methods sufficiently for reproduction. Name the software and version.
- Report effect sizes and confidence intervals, not only p values. Give exact p values where practical.
- State how missing data, multiple comparisons, clustering, confounding, and model assumptions were handled when relevant.
- Distinguish prespecified analyses from exploratory analyses.
- Do not imply causality from observational designs unless the design and analysis justify it.

16 Nomenclature and Clinical Terminology

- Use internationally accepted disease classifications and anatomical terminology.
- Report sex and gender accurately and explain how they were determined when relevant.
- Use person-centred, non-stigmatising language.
- For diagnostic tests, state the index test, reference standard, thresholds, and units.
- For interventions and devices, provide enough technical detail to permit interpretation and replication without promotional language.

Submission and Review Process

17 Submission Procedure

1. Submit through the official conference submission system: [https://tinyurl.com/papersubmissionforASC10].
2. Select one primary conference track and up to two secondary tracks.
3. Upload all required files and complete every declaration.
4. The corresponding author must ensure that all authors approve the submission and receive editorial correspondence.
5. At least one author of an accepted paper must register and present the work at ASC 10.

18 Editorial and Peer Review

Submissions undergo administrative screening, scope assessment, originality and integrity checks, and scientific peer review. The committee intends to use double-anonymous review where practicable. Reviewers assess relevance, originality, methodological quality, ethical compliance, clarity, validity of interpretation, and contribution to healthcare or medical education.

Decision	Meaning
Accept	Suitable with only minor editorial corrections.
Minor revision	Limited changes are required before final acceptance.
Major revision	Substantial scientific or reporting changes are required; acceptance is not assured.
Reject	Outside scope, methodologically inadequate, ethically non-compliant, insufficiently original, or not suitable for the proceedings.

Authors must submit a point-by-point response to every reviewer comment and identify all manuscript changes. Editors may reject a revised manuscript if key concerns remain unresolved or deadlines are missed.

19 Copyright and Publishing Agreement

Authors retain or transfer rights according to the agreement of the selected proceedings publisher. Authors must obtain permission for third-party material and comply with the final licence, copyright, and open-access terms communicated before publication.

20 Publication fee

All participants who submit should pay the registration fee. For each paper, at least one author should attend and pay the registration fee (as an ASC participant). Delegates can choose any of the options given below. The additional publication fee depends on the journal's policy.

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