



AUSTRALIAN & NEW ZEALAND SOCIETY OF RESPIRATORY SCIENCE INC.

(www.anzsrs.org.au)

Leading Respiratory Science in Australasia through the 21st Century

Guidelines for Submission of Abstracts to Annual Scientific Meetings

These guidelines are provided to assist members in preparing abstracts for presentation at the ANZSRS Annual Scientific Meeting. Compliance with these guidelines will expedite the process of scientific evaluation, acceptance and publication of abstracts.

- The Society welcomes the submission of abstracts on any aspect of respiratory physiology or laboratory practice.
- Abstracts, which are being presented at international scientific meetings where abstracts are published, may be submitted to the Annual Scientific Meeting.

Abstracts will not be accepted for presentation at the Annual Scientific Meeting if they:

- contain data which have been previously been published in the context of commercial development.
- report research work which has been carried out with financial support from the Australian Tobacco Research Foundation
- contain data which have previously been published in a full paper prior to abstract submission
- are not accompanied by a Declaration of Interest Form

A good abstract is difficult to write. It comprises a brief summary of a large amount of work and requires a depth of understanding, perspective and focus. Junior researchers particularly should be prepared for the need to write several drafts before reaching a final, acceptable version and are encouraged to seek help from more experienced abstract writers and colleagues.

Abstracts will be published on the ANZSRS Web-site prior to the conference, and in a supplement to *Respirology* (the Official Journal of the Asia Pacific Society of Respirology).

Your abstract/s must be submitted in both of the following formats:

- a) An original hard copy accompanied by the Abstract Submission Form.
- b) An e-mail attachment.

INSTRUCTIONS TO AUTHORS

Failure to adhere to these instructions will result in rejection of the abstract.

- a) Title

The title (in upper case) should be brief and as precise as possible. It should be relevant to the key original point of information contributed by the study and should preferably be descriptive, eg. "CAFFEINE PRIMES NEUTROPHIL OXIDATIVE METABOLISM",

rather than ambiguous, eg. “THE EFFECTS OF CAFFEINE ON NEUTROPHIL FUNCTION”.

b) Authors

Follow on from the title in upper/lower case with the presenting author listed first (see example).

c) Address(es)

Address(es) for the authors should be listed in the following order: Department, Institution, State and Postcode. The entire address section should be in italics (see example). Where the abstract includes authors from different departments, place the presenting author’s department first, followed by other departments, using superscript numerals to link all authors with departments.

d) Text

In general “structured” abstracts (see example) convey information more economically and succinctly. The first sentences should state explicitly the rationale, aims, goal or purpose of the study. If using abbreviations, give the full term initially, followed by the abbreviation in parentheses.

Universally recognised abbreviations (eg. FEV1, etc, see accompanying Table of Approved Abbreviations) need no explanation. Do not use non-standard abbreviations in the title of the abstract. Abbreviations for micro-organisms should follow standard scientific notation, i.e. the first letter of the genus in capitals followed by the species name in lower case. (eg. *P. aeuruginosa*). By convention, the entire abbreviation is printed in Italics or underlined.

e) Methods

A concise description of the methods should follow. The details of this depend on the originality of the technique or approach used. Abstracts without methodological details are regarded as deficient.

f) Results

Results should be provided in a quantitative manner in adequate detail. In some cases a small table may be a useful means of presentation (maximum of one per abstract without title or legend). Statements such as “The results will be discussed” are not acceptable.

g) Statistics

Use the following format: x(y (state whether SEM or SD); n=z, p=q); eg. 60(6 (SEM); n=10, p<0.05).

h) Conclusions

The Conclusions should be clearly stated and must be referable to the results provided.

i) Grant Support

Any funding should be briefly acknowledged at the bottom of the abstract.

j) Declaration of Interest Statement

All abstracts must be accompanied by a Declaration of Interest on the prescribed form. No abstracts will be accepted without this declaration.

k) References

References are generally unnecessary, but if required should be limited to a maximum of 3, numbered in the text and listed immediately below the text (within the specified area) in the following format: Authors, Journal, Year, Volume, First and Last pages eg I Cerveri *et al*, Chest, 2004, 125, 1714-1718.

l) Key Words

Select 3-6 key words, which describe the abstract and list them below the abstract (see example).

m) Nomination for Young Investigator Award

You must indicate your intention to nominate for the Young Investigator Award (YIA) below the key words (see example) and on the Abstract Submission Form. If nominating for the YIA you must also submit the supporting documentation from your Senior Scientist, Laboratory Director or Head of Department per the YIA requirements. See the web-site for the YIA guidelines (awards folder).

o) Approved abbreviations

FEV1 – forced expiratory volume in 1 second

FEV6 – forced expiratory volume in 6 seconds

FEF25-75 – mean mid-expiratory flow

PEF – Peak Expiratory flow

FVC – forced vital capacity

TLC – total lung capacity

FRC – functional residual capacity

RV – Residual Volume

DLCO, TLCO – Diffusing capacity

PD20 – provocative dose for 20% fall

PC20 – provocative concentration for 20% fall

PaO₂, PaCO₂ – arterial partial pressure of oxygen, carbon dioxide

SpO₂ – Oxygen saturation by pulse oximetry

V'CO₂ – Carbon Dioxide production

V'O₂ – Oxygen consumption

V'E – Minute ventilation

Units of measure should conform to current scientific usage and can be abbreviated when they follow a number (eg. cm, cm, ml, g, mg, nmol, °C). Unusual units should be defined in full.

Abstract/s must be submitted in BOTH of the following formats:

(a) Original hard copy

(b) An email attachment

1. To ensure that the final abstract meets the required page layouts, set the document margins on your computer as follows:
Left 4cm
Right 4cm
Top 2cm
Bottom 12.5 cm
The abstract must be set in portrait format.
2. Please use Times New Roman font.
3. Font size should be 11 points or greater.
4. Complete the form and return it accompanied by the Abstract Submission Form. No abstracts will be considered without a completed submission form. Failure to comply with these instructions will result in rejection of your abstract.

Electronic submission

1. Please submit your abstract as an MS Word 2000 document. If you use a later version, please submit as an RTF (rich text format) file.
2. Please use Times New Roman font.
3. Please name the email attachments as follows:
First authors surname+initials+.doc, eg nathanc.doc
4. If you are the first author on more than one abstract, please number the email file as follows: eg nathanc1.doc, nathanc2.doc, etc. etc.
5. Email your abstract to Dr David Parsons, Chair of the 2006 Abstract Review Committee, at parsonsd@wch.sa.gov.au

BRONCHIAL PROVOCATION - ARE WE MEETING THE STANDARD?

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In reviewing our Histamine Provocation test, we surveyed the ANZSRS membership to ensure our revised protocol would be consistent with both original published descriptions and with the approaches used by other Respiratory Laboratories in Australia and New Zealand. A survey form requesting information regarding Protocol, Nebuliser type and Quality Assurance was e-mailed to all ANZSRS members. One response was accepted per laboratory.

RESULTS: 37 laboratories responded. Whilst both Methacholine and Histamine are generally available in Australia. NZ laboratories offered only Methacholine and 4 Australian laboratories had withdrawn Histamine. Hypertonic saline was generally available. A wide variety of methods and nebulisers were reported in use. All protocol guidelines recommend regular checking of nebuliser outputs. Fifteen laboratories using Histamine and Methacholine reported validating their nebulisers more often than biannually and 7 annually. Three laboratories performed intermittent checks and 1 never checked. Two laboratories used the LiCl technique, the rest used weight to validate nebuliser output. There was good consistency in the reporting of results from Methacholine and Histamine tests. The reporting of Saline Challenges showed greater variability with 7 laboratories reporting PD15's and 5 PD20's.

CONCLUSION: Most respondents adhered closely to the published protocols and guidelines for Methacholine and Histamine Provocation. With respect to Saline Provocation, however, the consistency of approach could be improved. Neither Methacholine (including Provocholine) nor Histamine are registered by the TGA. Legally, they may only be used under the Authorised Prescriber Programme in Australia.

Key Words: Methacholine, histamine, saline, provocation, nebulisers.

Nomination for Young Investigator Award

Sample of Completed Abstract

ANZSRS ASM Abstract Review Committee

The Abstract Review Committee (ARC) for the ANZSRS comprises five members who have previously had their own abstracts appraised and presented in both our own and other Annual Scientific Meetings. The review process is confidential and is also intended to be educational. Some of the ARC members will be first-time reviewers, and as such they too are subject to the learning process. Acceptance of an abstract indicates good scientific work that has been well written up. NO changes will be made to any abstracts by the review committee. In a situation where the committee believes changes would benefit the abstract, any suggestions can be implemented only by the author(s). The committee has a responsibility to maintain the high standard of abstracts set by previous ASMs.

The ARC will be working to tight deadlines for publication so authors are requested to be mindful of any time/season limitations.

We encourage submission of abstracts to the ANZSRS ASM and view them both as a privilege to receive and a vote of confidence from our scientific community.