



**AUSTRALIAN & NEW ZEALAND
SOCIETY OF RESPIRATORY SCIENCE Inc.**
(www.anzsrs.org.au)

Guidelines for Preparing Abstracts for 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
- are not in accordance with these guidelines

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 Website prior to the conference, and in a supplement to *Respirology* (the Official Journal of the Asia Pacific Society of Respirology).

1. Preparing the Abstract

1.1 Document settings

To ensure that the abstract meets the required page layouts, adjust to the following settings in your word processor:

Left margin:	4.0 cm	Right margin:	4.0 cm
Top margin:	2.0 cm	Bottom margin:	12.5 cm
Font:	Times New Roman	Font size:	11 point
Page setup:	Portrait		

1.2 Abstract Title

This should be in bold upper-case and 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”.

1.3 Authors

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

1.4 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.

1.5 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. Commonly-used abbreviations (see 1.10 below) do not need to specifically stated.

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.

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.

Use the following format for statistical information: x(y (state whether SEM or SD); n=value, p=value); For example, 60(6 (SEM); n=10, p<0.05).

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

1.6 References

References are generally unnecessary, but if required should be limited to a maximum of three, 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.

1.7 Key Words

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

1.8 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

1.9 Grant Support

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

1.10 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 – Carbon monoxide diffusing capacity or transfer factor

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

VCO₂ – Carbon Dioxide production

VO₂ – Oxygen consumption

VE – Minute ventilation

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

2. Submitting the Abstract for the Annual Scientific Meeting

Abstract/s must be submitted electronically via the ANZSRS Annual Scientific Meeting website online submission form: <http://www.anzsrs.org.au/asm2010onlineabstracts.php>

2.1 All details on the online form must be completed.

2.2 The abstract must be attached as a Microsoft Word document or as an RTF (rich text format) file.

2.3 The abstract should be named as: First authors surname+initials+.doc, eg nathanc.doc

2.4 If you are the first author on more than one abstract, please number the email file as follows: eg nathanc1.doc, nathanc2.doc, etc.

2.5 If nominating for the Young Investigator Award, supporting documentation from the department's Senior Scientist, Laboratory Director or Head of Department must also be included with the online submission, as specified in the YIA Guidelines available via the ANZSRS website.

2.6 The Declaration of Interest statement must also be completed within the online submission form. Abstracts will not be accepted without this section completed.

Example Abstract

VENTILATION HETEROGENEITY MEASURED BY SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY/COMPUTED TOMOGRAPHY (SPECT/CT) AND MULTIPLE BREATH NITROGEN WASHOUT (MBNW) IN ASTHMA

Catherine E Walsh¹, Benjamin E Harris¹, Dale L Bailey³, Cheryl M Salome¹, Norbert Berend¹, Sue R Downie¹, Gregory G King^{1,2}

¹*Woolcock Institute of Medical Research and University of Sydney, NSW 2006*

²*Departments of Respiratory Medicine, and* ³*Nuclear Medicine, Royal North Shore Hospital, St Leonards, NSW 2065*

Introduction: Baseline ventilation heterogeneity (patchy ventilation) measured by MBNW is strongly associated with airway hyperresponsiveness in asthmatics. The aim of this study was to determine if the extent of heterogeneity measured by MBNW is related to the spatial heterogeneity in ventilation images obtained using SPECT/CT.

Methods: Asthmatic subjects had SPECT/CT ventilation scans, using [^{99m}Tc]-Technegas, and MBNW before and after methacholine challenge (Mch). Ventilation heterogeneity was determined by the coefficient of variation (*CV*) of regional ventilation from SPECT images, and by *Scond*, an index of conductive airway heterogeneity, from MBNW.

Results: Ten patients, 6 male, (mean±SD) age = 39.8±21yrs were recruited. Baseline measurements were: FEV1 %Pred = 89 ±13, *Scond* = 0.068 ± 0.038 L⁻¹, log*CV* = -0.629 ±0.09. After Mch there was a significant worsening in both *Scond* (0.364 ±0.240 L⁻¹, p = 0.002) and log*CV* (-0.371 ±0.270, p = 0.02). Pooled analysis of baseline and Mch data showed a correlation between *Scond* and log*CV* (r= 0.47, p=0.04). However, changes in *Scond* were unrelated to changes in log*CV* after Mch.

Conclusions: Ventilation heterogeneity measured by MBNW appears to reflect quantitative topographic imaging by ventilation SPECT/CT. These data will contribute to our understanding of the underlying basis of *Scond* in asthma.

Key Words: Ventilation heterogeneity, methacholine, MBNW, SPECT.

Nomination for Young Investigator Award

Support: The Barbara Dunn Trust Fund, VITA Medical and NH&NMRC #457346

ANZSRS ASM Abstract Review Committee

The Abstract Review Committee (ARC) for the ANZSRS comprises 5 members who have previously had their own abstracts appraised & 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 abstract by the ARC. In a situation where the committee believe changes would benefit the abstract, any suggestion can be implemented only by the author(s). The committee has a responsibility to maintain the high standard of abstract set by previous ASM's.

The ARC will be working to tight deadlines for publication so authors need be mindful of any time limitations.

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

The ARC Chair for the 2010 ASM is:
Brigitte Borg CRFS
Deputy Head, Physiology Service
Allergy, Immunology & Respiratory Medicine
The Alfred Hospital
Melbourne. Australia. 3000.

Ph: (61) 03 9076 3476

Fax: (61) 03 9076 3434

Em: B.Borg@alfred.org.au