

## **ANZSRS Guidelines for Submission of Abstracts to Annual Scientific Meeting 2018**

### **All abstracts must be submitted by 13 October 2017**

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

Please note that discretion should be taken in the presentation of data that might be considered commercially sensitive.

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. **Your abstract(s) must be submitted online using the submission form on the ANZSRS ASM website –**

**<https://tcc.eventsair.com/tsanzsrs-annual-scientific-meeting-2018/abstractportal>**

### **Instructions to Authors**

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

#### **a) Title**

The title (in sentence 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 Country. 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 convey information more economically and succinctly. If using abbreviations, give the full term, with the abbreviation in parentheses. Universally recognised abbreviations (e.g. FEV<sub>1</sub>, etc, see accompanying Table of Approved Abbreviations) need no explanation. Do not use non-standard abbreviations in the title of the abstract. Abbreviations for microorganisms should follow standard scientific notation, ie. 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) Introduction/Aim**

The first sentences should state explicitly the rationale, aims, goal or purpose of the study.

**f) 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.

**g) Results**

Results should be provided in a quantitative manner in adequate detail. In some cases a small table(s) may be a useful means of presentation (maximum of two per abstract without title or legend), however the abstract, including tables, must comply with the specified formatting requirements. Statements such as "The results will be discussed" are not acceptable.

**h) Statistics**

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

**i) Conclusions**

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

**j) Grant Support**

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

**k) 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.

**l) 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 sequence: Authors, Journal, Year, Volume, First and Last pages, eg. I Cerveri et al, Chest, 2004, 125, 1714-1718.

**m) Key Words**

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

**n) Nomination for New Investigator Award**

You must indicate your intention to nominate for the New Investigator Award (NIA) below the key words (see example) and on the Abstract Submission Form. If nominating for NIA, you must also complete the Declaration of Eligibility for NIA section on the online Abstract Submission Form and submit supporting documentation from your Senior Scientist, Laboratory Director or Head of Department as per the NIA requirements. See with website for the NIA guidelines (awards folder).

**o) Word Count**

The entire submitted document (excluding headings, title, author information) should be limited to 300 words.

**p) Approved Abbreviations**

FEV <sub>1</sub>	forced expiratory volume in 1 second
FEV <sub>6</sub>	forced expiratory volume in 6 seconds
FEF <sub>25-75</sub>	mean mid-expiratory flow
PEF	peak expiratory flow
FVC	forced vital capacity
TLC	total lung capacity
FRC	functional residual capacity
RV	residual volume
VC	vital capacity
D <sub>L</sub> CO, T <sub>L</sub> CO	diffusing capacity
PD <sub>20</sub>	provocative dose for 20% fall
PC <sub>20</sub>	provocative concentration for 20% fall
PaO <sub>2</sub> , PaCO <sub>2</sub>	arterial partial pressure of oxygen, carbon dioxide
SpO <sub>2</sub>	oxygen saturation by pulse oximetry
V'CO <sub>2</sub>	carbon dioxide production
V'O <sub>2</sub>	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, mL, g, mg, nmol, °C). Unusual units should be defined in full.