

# **General Information regarding ACVA Abstract Submission and Presentation**

**Deadline for abstract submission is 11:59 p.m. (Pacific Standard Time) 9th April, 2012.**

## **Written Abstracts**

Abstracts should represent original material related to the science and practice of anesthesia and analgesia. Abstracts of previously published or presented materials will not be considered. Abstracts are limited to 250 words. All abstracts will be submitted using the online process. For more detailed abstract guidelines please see the ACVA Abstract Guidelines below; this information will also be available at the ACVA and submission websites.

If questions arise during the submission process, the authors may contact the abstract program editors.

## **Evaluation Process**

Abstracts **must** be submitted electronically by the specified deadline. Late submissions will not be accepted. The corresponding author will receive an electronic receipt confirming their abstract was successfully submitted.

Two reviewers evaluate each abstract using a standard scoring form. Abstracts are assigned once all potential conflicts are eliminated. Conflicts include but are not limited to: co-authors, research advisors and mentors. Reviewers from the same institution as the authors will also be avoided. Identification of potential conflicts will be the task of the editors. Reviewers will be blinded to authors and submission location for the entire review process. Editors may serve as additional reviewers when agreement is not reached by the assigned reviewers.

## **Oral Presentation**

It is recommended that presentations be hypothesis driven and conform to a format similar to that of the written abstract. Specifics regarding submission of the presentation and times allocated for abstract presentation and questions will be made available to authors following acceptance of the written abstract.

## **ACVA Resident Award**

To be considered for the ACVA resident award, the presenter must be in a residency training program at the time of abstract submission or have completed their training program within the same calendar year as their abstract submission. Only residents of the ACVA or the ECVA programs are eligible for the resident award. All trainees (MSc, PhD, interns, students etc.) will be recognized as such in the program but only ACVA or ECVA residents will be eligible for the ACVA resident award.

The ACVA resident award committee will evaluate and recognize the most outstanding oral presentation given by an ACVA or ECVA resident. In addition two runner-up positions will also be identified. The committee will be made up of 3 individuals and, if possible, scheduling of presentations will be arranged to ensure that all reviewers are able to review all eligible resident presentations. If this is not possible additional reviewers may be recruited such that 3 reviewers will evaluate each presentation while avoiding potential conflicts as mentioned previously. Each presentation will be graded based upon standard scoring criteria.

## **Contact Information**

Questions regarding the requirements for the ACVA Abstracts?

Please contact Dr. Craig Mosley or Dr. Daniel Pang at [acva.abstracts@gmail.com](mailto:acva.abstracts@gmail.com)

## ACVA Abstract Guidelines

Conference abstracts are submitted via the online submission system. Pending final approval from the Editor, accepted abstracts will be published in title form in the VAA journal and in full electronically on the website.

Separate confirmation of ethical approval will be required. Stating ethical approval within the abstract is not required

### Language

All abstracts must be written in English. American or UK spelling is acceptable, but please be consistent through the text.

### Word count

The abstract text MUST NOT exceed 250 words. This does not include Title, Authors or Institution.

### Font and overall format

- Arial 11 pt
- Single space
- Text justified
- Lower case
- Do not indent.
- Turn the hyphenation option off
- Avoid using hidden and embedded text options
- Adhere to the “specific formatting guidelines” below regarding presentation otherwise the abstract risks rejection

### Title

The title is inserted in the relevant place on the submission. In the main document, type the title in BOLD.

### Authors

- List the authors’ initials and surname
- Include the address where the work was performed

### Text of abstract

The following sections should be included, BUT subheadings should NOT be used.

*THE HEADINGS BELOW INDICATE THE SECTIONS EXPECTED BUT DO NOT WRITE ‘INTRODUCTION’ ETC IN THE ABSTRACT*

**Introduction** should be concise and summarize the reasons for the study and its relevance to anaesthesia and analgesia. It should not exceed three lines.

**Material and methods** must provide sufficient details to allow the quality of the study to be evaluated. Specific details of the number of animals studied, dose of drugs given must be recorded. Generic names should be used for all drugs. Statistical methods must be described.

**Results** must include data. Parametric data should be presented as mean  $\pm$  SD. Nonparametric data should be presented as median values (range). All data should be given in SI units (see below) with the exception of arterial blood pressure measurement, which should be reported in mmHg. Results should be limited to data required to support conclusions.

**Conclusions** should be drawn from the data presented in the abstract without repetition of results.

**Figures, tables, and illustrations** should NOT be included in an abstract.

An abstract should NOT include **footnotes** or **references**.

### **Specific formatting guidelines**

These are the same as for Veterinary Anaesthesia and Analgesia and must be adhered to – otherwise the abstract risks immediate rejection. All abstracts will automatically be considered for publication in the journal if accepted by reviewers.

### **Manufacturer details**

- Do not use ® or TM signs
- Manufacturer data not required for abstract

### **Acronyms/abbreviations**

- Never start a sentence with an acronym or abbreviation.
- Standard acronyms may be used without writing in full the first time (examples below). Other acronyms should be written in full at first usage followed by acronym in brackets. The editor (aided by reviewers) will make any final decision regarding whether an acronym should be written in full first.

Acronyms and abbreviations that may be used without explanation:

HR heart rate units are beats minute<sup>-1</sup>

PR pulse rate – if measured from the pressure trace

ECG electrocardiogram

EEG electroencephalogram

f<sub>r</sub> respiratory rate units are breaths minute<sup>-1</sup>

SAP systolic arterial pressure

DAP diastolic arterial pressure

MAP mean arterial pressure

PaCO<sub>2</sub> arterial partial pressure of carbon dioxide

PvCO<sub>2</sub> venous partial pressure of carbon dioxide

PaO<sub>2</sub> arterial partial pressure of oxygen

PvO<sub>2</sub> venous partial pressure of oxygen

PvCO<sub>2</sub> mixed venous partial pressure of carbon dioxide.

PyO<sub>2</sub> mixed venous partial pressure of oxygen.

E'CO<sub>2</sub> end-tidal carbon dioxide. Preceded by F (fractional concentration) or P (tensions or partial pressures).

V<sub>T</sub> tidal volume

V<sub>E</sub> minute ventilation

NSAID non-steroidal anti-inflammatory drug

ANOVA analysis of variance

Standard acronyms which are less common and should be written in full at first use:

sAP systemic arterial pressures

pAP pulmonary arterial pressures

SPAP systolic pulmonary arterial pressure

DPAP diastolic pulmonary arterial pressure

MPAP mean pulmonary arterial pressure

SVR systemic vascular resistance  
PVR pulmonary vascular resistance  
PCOP pulmonary capillary occlusion pressure  
Qt cardiac output. The *Q* should have a dot over the centre  
CI cardiac index can be either liters per kg<sup>-1</sup> or m<sup>2</sup>, ensure units are stated  
SB Spontaneous breathing  
SV stroke volume

For any other abbreviations or acronyms, write in full at first usage

### Units

- SI units
- mmHg for blood, intracranial and intra-ocular pressure
- cmH<sub>2</sub>O for airway pressure
- Negative indices, not solidus i.e. mg kg<sup>-1</sup> NOT mg/kg

### Anatomy

- Thoracic limbs *NOT* forelimbs
- Pelvic limbs *NOT* hind(-)legs etc.
- Stifle *NOT* knee

### Drug Administration Routes and Names

- Upper case, no full stops. e.g., IM, SC, IV. For example, “the drug was given by IV injection”. These would be considered standard abbreviations not requiring writing in full at first usage.
- Use recommended non-proprietary names (rINN, recommended international non-proprietary name).

### Hyphenation

- Acid-base, Blood-gas.
- Side-effects when used as adjective, side effects when used as noun.
- Non-steroidal anti-inflammatory

### Numbers

- At the start of sentences, use words if possible. For example “in the survey. 350 doctors responded within 10 days” should be changed to “in the survey. A total of 350 doctors responded within 10 days”.
- Thousands – 2300 but 23 000 (thin space).
- No commas in numbers
- 1960s NOT the sixties, 1960’s or 60s
- *n* = number(e.g. *n* = 9).
- Use % in, for example, “50% of cats”. Avoid 50 per cent and 50 percentage.

### Acknowledgments

These guidelines are based in large part on the current VAA formatting requirements (and in keeping with AVA guidelines), kindly provided by Pamela Murison (AVA abstract editor).