GUIDELINES FOR AUTHORS:

FORMAT FOR SUBMISSION OF ELECTRONIC ABSTRACTS

Electronic abstracts should be submitted in an electronic format, and a hard copy if required by the congress organizers. These guidelines must be adhered to. Any variation from this format will result in production delays and may jeopardise acceptance of your abstract.

Files

- Abstracts should be supplied as one file which includes any tables, figures and references.

Special characters

- To avoid character corruption, any special characters (e.g. Greek letters, mathematical symbols) should be entered using either Times New Roman or Symbol font.

Structure

- Abstracts should be no longer than 400 words in total. This includes title, authors, headings, text, references, tables, and figures.
- Abstracts should comprise the following elements, with each element beginning a new paragraph:
  - Title
  - Author(s)
  - Address(es)
  - Abstract text (may be divided into the following optional sub-headings).
    - Introduction
    - Methods
    - Results
    - Conclusions
  - References (optional)
  - Key words (4–6, optional)

- The title, authors and addresses should each appear as a single paragraph; the abstract text should also be one paragraph, unless structured with subheadings, in which case each section should be a separate paragraph.
- Tables can be included with abstracts

Title

- The abstract title should be in all capitals.

Authors' names

- Authors' names should be supplied in the format John D. SMITH.
- If there are initials, full points should be inserted between them.
- Authors' institutional affiliations should be indicated with superscript numbers.
- The corresponding or presenting author should be indicated by formatting the author's name in bold.

Reference list

- References can be supplied as either in-text or listed references.
- If there is a reference list, it should be preceded by a 'References' heading.
- References in the reference list should be numbered, and each reference should start a new paragraph.
- Reference citations in the text should be presented as superscript Arabic numerals.
- All references in the reference list should be cited in the text of the abstract.
- Reference citations of numbered references should be in Vancouver style.

Abbreviations

- Standard abbreviations are listed in the Respirology abbreviations word list attached. All other abbreviations and acronyms should be clearly defined.

- Example of an acceptable abstract

PHENOTYPIC DIFFERENCES IN WOUND HEALING RESPONSES ARE REFLECTED BY DIFFERENCES IN ECM REORGANIZATION AND MMP-2 ACTIVATION

Helen COOK,[1] Peter STEPHENS,[1] Karen J. DAVIES,[1] Keith G. HARDING,[2] Dylan W. THOMAS[1]

[1]*Department of Oral Surgery, Medicine & Pathology, Dental School, UWCM, Cardiff, UK, and* [2]*Wound Healing Research Unit, Department of Surgery, UWCM, Cardiff, UK*

Introduction Fibroblasts play a pivotal role in wound healing by synthesizing the extracellular matrix (ECM), mediating remodelling and facilitating re-epithelialization.
Materials and Methods Fibroblasts were derived from normal oral mucosa (OF), from venous leg ulcers with impaired healing (UF) and matched, normal skin (NF) and utilized in all experiments at low passage (P4-7) and low population doubling level.[1]
Results In these in vitro systems there were no differences between any of the cell strains studied with respect to cellular senescence, proliferation or attachment to the type I collagen substrate ($P>0.1$). Ability to reorganize the FPCL correlated with the wound healing responses observed in vivo (OF>NF, $P<0.01$; NF>UF, $P<0.05$). A sample table is included to show the style of referencing a table (Table 1).
Conclusion The results illustrate that a conclusion was reached and written here.

References

1. Stephens P, Davies K-J, Alkhateeb T, Shepherd JP, Thomas DW. A comparison of the ability of intra oral and extra oral fibroblasts to stimulate extracellular-matrix reorganization in a model of wound contraction. *J. Dent. Res.* 1996; **75**:1358–64.

Table 1. Sample table of results.

Case no.	A	B
1	0.1	0.9
2	0.2	0.8
3	0.3	0.7
4	0.4	0.6

RESPIROLOGY ABBREVIATIONS WORD LIST

Abbreviation	Full Name	Units
AHI	Apnoea/hypopnoea index	
AIDS	Acquired immune deficiency syndrome	
BAL	Bronchoalveolar lavage	
bd	Twice daily	
BHR	Bronchial hyperresponsiveness	
BMI	Body mass index	
BSA	Bovine serum albumin	
cAMP	Cyclic AMP	
cDNA	Complementary DNA	
COPD	Chronic obstructive pulmonary disease	
CPAP	Continuous positive airway pressure	
CRP	C Reactive Protein	mg/L
CT	computed tomography	
CXR	chest X-ray	
d	Day	
DNA	Deoxyribonucleic acid	
ELISA	Enzyme-linked immunosorbent assay	
ESR	Erythrocyte sedimentation rate	mm/Hour
FACS	Fluorescence-activated cell sorter	
$FEF_{25-75\%}$	Forced mid-expiratory flow	$L\text{-}s^{-1}$
FEV_1	Forced expiratory volume in 1 second	L
$FEV_1\%$	Percent of predicted forced expiratory volume in 1 second	
$FEV_1\%FVC$	FEV_1 as percentage of forced vital capacity	%
FRC	Functional residual capacity: (method of measurement to be specified)	L
FVC	Forced vital capacity	L
FVC%	Percent of predicted forced vital capacity	
h	hour	
Hb	Haemoglobin	g/L
HIV	Human immunodeficiency virus	
HPLC	High performance liquid chromatography	
Hz	Hertz	
i.v.	Intravenous	
Ig	immunoglobulin	
IL	interleukin	
IU	International unit	
kg	Kilogram	
KPa	Kilopascals	
L	Litre	
LDH	lactate dehydrogenase	
LPS	Lipopolysaccharide	
m	Metre	
m^2	Square metre	
mAb	Monoclonal antibody	
MHC	Major histocompatibility complex	
min	Minute	
mm	Millimetre	
mm Hg	Millimetre of mercury (pressure measurement)	
mRNA	Messenger RNA	
MW	Molecular weight	
n	Number in study group	
^oC	Degree Celsius	
OSA	Obstructive sleep apnoea	

Abbreviation	Full Name	Units
P	Probability	
PaO_2	Partial arterial oxygen concentration	mmHg
$PaCO_2$	Partial arterial carbon dioxide concentration	mmHg
PC20	Provocation concentration of a bronchoconstrictor agonist causing a 20% fall in FEV_1	
PCR	Polymerase Chain Reaction	
PD20	Provocation dose of a bronchoconstrictor agonist causing a 20% fall in FEV_1	
PEEP	Positive end expiratory pressure	kPa
PEF	Peak expiratory flow	$L\text{-}min^{-1}$
PET	Positron Emission Tomography	
RCC	Red cell count	Units x 10^9/L
RNA	Ribonucleic acid	
RV	Residual volume (method should be specified)	L
s	Second	
SaO_2	Arterial oxygen saturation	%
SD	Standard deviation	
SEM	Standard error of the mean	
SPECT	Single Photon Emission Computer Tomography	
$T_{1/2}$	Half life	
tds	Thrice daily	
TLC	total lung capacity (method should be specified)	L
UV	Ultraviolet	
VAT	Video Assisted Thoracoscopy	
VC	Vital Capacity	L
WCC	White cell count	Units x 10^9/L
yr	year	
µg	microgram	