

# General Information regarding ACVAA Abstract Submission and Presentation - 2021

**Deadline for abstract submission is 11:59 p.m. (Pacific Standard Time) April 5th, 2021.**

**It is of utmost importance to comply with formatting guidelines. Failure to do so will only delay the abstract review process and final response to authors.**

## **Written Abstracts**

Abstracts should represent original material related to the science, scholarship of teaching/learning, and/or the practice of anesthesia and analgesia. *Abstracts of previously published or presented materials will **not** be considered.* For example, an abstract presented during the Association of Veterinary Anaesthetists (AVA) meeting must not be submitted. *Abstracts are limited to 250 OR 300 words.* Authors must indicate their word limit preference during the submission process, as well as take full responsibility for any consequences resulting from this choice. Authors should be aware that for some journals, the publication of abstracts greater than 250 words constitutes prior publication.

**Please do not ignore spacing guidelines (see below) in order to meet the word limit.** All abstracts will be submitted using the online process. For more detailed abstract guidelines please see the ACVAA Abstract Guidelines below; this information will also be available at the ACVAA, IVECCS, and submission websites.

Single case reports will not be accepted. Authors may contact the abstract program coordinator(s) with any questions during the submission process.

## **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 received. **Abstracts failing to comply with formatting guidelines will be**

**returned to the author(s) without review (see below; please pay particular attention to spacing).** Re-submissions will only be accepted PRIOR to the abstract submission deadline.

Two reviewers will evaluate each abstract using a standard scoring form. *Abstracts are assigned with all potential conflicts eliminated.* Conflicts include but are not limited to: co-authors, co-workers (or previous), 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 editor(s). Reviewers will be blinded to authors and their affiliations for the entire review process. A third reviewer will be assigned whenever possible, otherwise the editor(s) may serve as additional reviewers when agreement is not reached by the original two 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.

### **Poster presentation**

Authors may have the option of abstract presentation at a joint ACVECC-ACVAA poster session. You will be invited during the acceptance phase of the process if you are eligible for poster presentation.

### **ACVAA Resident Award**

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

The ACVAA resident award committee will evaluate and recognize the two most outstanding oral presentations given by an ACVAA or ECVAA resident (one award for each room). The award committee will be made up of 3 individuals in each room, and scheduling of presentations will be arranged to ensure that all reviewers are able to review all eligible resident presentations

whenever possible. Under circumstances where 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**

For questions regarding the requirements for the ACVAA abstracts, please contact Dr. Lane Johnson at [acva.abstracts@gmail.com](mailto:acva.abstracts@gmail.com)

## ACVAA Abstract Guidelines

Conference abstracts are submitted via the online submission system. Pending final approval from the Editors, accepted abstracts will be published both in IVECCS/ACVAA proceedings, as well as in title form in the VAA journal and in full electronic form on the website. Abstracts may be edited to comply with VAA guidelines. Additional formatting information may be found at: <https://www.elsevier.com/journals/veterinary-anaesthesia-and-analgesia/1467-2987/guide-for-authors>

### **Ethical Approval**

Separate confirmation of ethical approval will be required.

Stating ethical approval within the abstract is not required.

**\*The abstract editors retain the right to reject manuscripts on the basis of animal ethical or welfare concerns\***

### **Language**

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

### **Word count**

The abstract text **MUST NOT** exceed 250 (or 300 for VAA) words.

This count does not include Title, Authors, or Institution.

**Please do not ignore spacing guidelines in order to meet the count word limit. Proper spacing for units is also to be used. You will risk abstract rejection or additional editing if you do not comply with the specific formatting guidelines (see below).**

### **Title**

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

### **Authors**

- List the authors' initials and surnames

- Include the institution and 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. DO NOT WRITE THESE HEADINGS, i.e. avoid 'INTRODUCTION', ETC. IN THE ABSTRACT ITSELF\**

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

**Materials and methods** must provide sufficient details to allow the quality of the study to be evaluated. *Specific* details of the number of animals studied, body weight, and dose of drugs given must be recorded. *Generic names* should be used for all drugs. Statistical methods must be briefly 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 the conclusion(s).

**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 guidelines as for the journal Veterinary Anaesthesia and Analgesia.

NOTE: All abstracts are automatically included for publication in the journal as ACVAA abstracts if accepted by Reviewers.

## **Manufacturer details**

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

## **Style and General Arrangement**

Manuscripts must be written in English and must conform to the guidelines on the Elsevier Manuscripts site or they will be returned immediately to the author(s) for correction.

The typescript should be Times New Roman 12pt.

### Units (with some examples):

- Blood pressure: mmHg
- Airway pressure: cm H<sub>2</sub>O
- Otherwise SI units, except for blood gas and vapor pressure values where both mmHg and kPA should be provided
- Drug dosages: mg kg<sup>-1</sup>, mg kg<sup>-1</sup> hr<sup>-1</sup>
- Concentration: µg mL<sup>-1</sup>, L kg<sup>-1</sup>
- Flow: L minute<sup>-1</sup>

### Abbreviations should be defined in the abstract:

- \*Intravenous (IV), Intramuscular (IM)
- \*Respiratory frequency (f<sub>R</sub>)
- \*Tidal Volume (V<sub>T</sub>)
- \*Minute Ventilation (V<sub>E</sub>)
- \*Cardiac Output (Q<sub>t</sub>) or (CO)
- \*Arterial partial pressure of carbon dioxide (PaCO<sub>2</sub>)

### Numbering:

- Use numerals for numbers greater than 10 and words for numbers less than 10.
- Exceptions:
  - \* Use numerals for things that are measured (5 weeks, 5 minutes)
  - \* Use words for things that are not measured (five cats, five cells)
  - \* Try to avoid numerals at the beginning of the sentence

\* Always write ordinal numbers in full (fourth not 4th year)

\* Use % (50% of cats not 50 percent)