

# NZ ASCEPT 2011

## ABSTRACT INSTRUCTIONS TO AUTHORS

### Call for Abstracts

Authors are invited to submit an abstract in English to be considered for an Oral or Poster presentation at the Conference. The deadline for submission of abstracts is **July 15th, 2011**. Authors are asked to submit abstracts using the following instructions.

Abstracts should be submitted as an email attachment to Jane Vella-Brincat: [janevb@cdhb.govt.nz](mailto:janevb@cdhb.govt.nz). Please include the presenting author's name together with the words ASCEPT Abstract in the email message title for ease of tracking.

Abstracts should be submitted using the MS Word (97-2003 version) ASCEPT abstract template [\[download template here\]](#)

Please specify your preferred form of communication: **Oral** or **Poster**. The selection of contributions for scientific sessions will depend on the quality of the abstract submitted. In the event that the oral sessions are oversubscribed, the committee may need to reassign some of the abstracts.

When preparing to submit their abstract, authors should include the complete contact information for the Presenting author (the Corresponding author should be the Presenting author). Abstracts will be published in the Conference Proceedings, which will be available to registrants at the meeting. Each registrant may present only one paper (as an oral) but may be co-author on other abstracts. Due to time restrictions, authors will not be able to change or edit their abstracts after submission.

Abstracts submitted for scientific sessions should describe work that has not been published or presented at another national meeting.

### Requirements for Abstracts

#### 1. Presentation of Abstracts

The Abstract Title (200 character limit, including spaces), authors and affiliations should be entered on-line in the ASCEPT web-page. The Full abstract (Title, Authors, Text) should be typed using the Template provided and uploaded in 'MS Word 97-2003 version' format file. There is an absolute limit of 300 words for the Text of the Abstract (including all text and tables/figures). The abstract should be typed in 10 point Times New Roman font (do not use "bold" type). Pay particular attention to these Instructions as abstracts that do not conform will not be accepted by the editors.

#### 2. Title Box

Use UPPER CASE, not bold, Times Roman font 10 Point, 200 character limit (including spaces). Concisely encapsulate the work presented in the abstract.

#### 3. Authors

Starting on a new line, without a line-space to the Title, list the Presenting Author first, followed by other authors and contact details entered as directed in the Template. Use a mixture of Upper and lower case text, e.g., Geoffrey A Harrison, Peter L McCartney & James H Lennon. Do not use 'bold' or 'underline'.

#### 4. Addresses

Follow the authors' address details immediately after the names (ie., do not start a new line). Author's department and institution should be abbreviated. If none of the authors are current ASCEPT members, then a notation should be included with the current member introducing the authors (eg., introduced by Robert P Starr, Univ of Otago, Dunedin, NZ). Superscript numbers should be used to link the author(s) to their address(es) presented (e.g. Geoffrey A Harrison<sup>1</sup>, Peter L McCartney<sup>1,2</sup>, Dept of Pharmacol, Univ of Melbourne<sup>1</sup>, Parkville, VIC; Dept of Clin Pharmacol, Royal Melbourne Hosp<sup>2</sup>, Parkville, VIC).

#### 5. Text

Leave one line space after the Authors/addresses. Do not indent. Type as one block of text and include sub-headings: Introduction, Aims, Methods, Results and Discussion (including any conclusions drawn from results). Start each heading on a new line with text immediately following heading and without additional line spacing. If any references are added, include one additional line spacing following the abstract text (see sample of references below). The abstract should be left-and right-justified. The text should be as informative as possible within the 300-word limitation. Statements such as "The results will be discussed" are not acceptable and will likely result in rejection.

## 6. Units

Concentration – use either molar or mass units as most appropriate: nmol/L,  $\mu$ mol/L, mmol/L, etc.; or: ng/L,  $\mu$ g/L, mg/L, etc.

Dose - use mg/kg, or mmol/kg, etc.

Dose schedules - use mg/kg per day, or mmol/kg per day etc.

Pressure - may be in mmHg, psi, Pascal, or Torr, etc, as appropriate.

Tension - may be in “g”, etc.

## 7. Anaesthetic

If an anaesthetic is used, it must be named along with the dose and route of administration.

## 8. Figures and Tables

One Figure or Table is allowed per abstract; these should not contain a title or legend, and the Table should not contain any vertical lines.

## 9. Statistics

Use the format: mean $\pm$ SEM (n= ; P<) e.g. 57 $\pm$ 3 (n = 7, P<0.02).

If  $\pm$  is used to indicate anything other than a standard error, e.g., a range or standard deviation, this should be specified in the abstract. Where appropriate, authors should ensure consistency in the number of decimal places used.

## 10. References

In the text, citations should appear as first author plus et al (if multiple authors) followed by year (eg., Medic et al, 2010). The listed references after the text of the abstract are to be shown in alphabetical order of first author. They should include authors' last names followed by initials (use “et al” for three or more authors), year of publication (in brackets), the title of the journal (abbreviated in accordance with Index Medicus), volume number, and the first and last page numbers. References to articles in books should consist of the names of authors, year of publication, title of the book, the editors, page numbers, place of publication and the publishers. Example: Jagger MS et al (2010) Br J Clin Pharmacol 33:56-61.

### Standard Abbreviations

Excessive use of abbreviations should be avoided. All abbreviations should be defined when they are first used, except for the following standard abbreviations:

Acetylcholine	Ach	Intra-arterial	ia
Adrenaline	Ad	Intracerebroventricular	icv
G-aminobutyric acid	GABA	Intraperitoneal	ip
Area under curve	AUC	Intravenous	iv
Blood Pressure	BP	Liquid chromatography-mass spectrometry	LC-MS
Bovine serum albumin	BSA	Litre	L
Cardiovascular system	CVS	Mass Spectrometry	MS
Celsius	$^{\circ}$ C	Metre	m
Central nervous system	CNS	Michaelis constant	Km
Clearance	CL	Minute	min
Confidence interval	CI	Molar concentration	M
Correlation coefficient	r	Noradrenaline	NA
Dalton	Da	Optical rotation	(+)(-)
Degrees of freedom	d.f.	Oral	po
Deoxyribonucleic acid	DNA	Pharmacodynamic	PD
Diameter, inside	i.d.	Pharmacogenetic/genomic	PG
Diameter outside	o.d.	Pharmacokinetic	PK
Enzyme linked immunosorbent assay	ELISA	Probability	P
Gas chromatography-mass spectroscopy	GCMS	Radioimmunoassay	RIA
Gas-liquid chromatography	GLC	Radiolabel (e.g. tritium)	[ $^3$ H]
Glomerular filtration rate	GFR	Second	s
Gram	g	Standard Deviation	SD
Half life	$t_{1/2}$	Standard Error of the Mean	SEM
Hertz	Hz	Single Nucleotide Polymorphism	SNP
High performance liquid chromatography	HPLC	Subcutaneous	sc
Hour(s)	h	Tandem mass spectrometry	MSMS
5-hydroxytryptamine	5HT	Ultraviolet	uv
Inhibitory constant	Ki	Volume of Distribution	V
International unit	iu		

## SAMPLE ABSTRACT

### EFFECTS OF A NOVEL NEUROPEPTIDE FAB-4 ON ACh RELEASE AND cAMP CONCENTRATIONS IN PERFUSED RAT HIPPOCAMPAL SLICES.

Geoffrey A Harrison<sup>1</sup>, Peter L McCartney<sup>1,2</sup>. Dept of Pharmacol, Univ of Melbourne<sup>1</sup>, Parkville, VIC; Dept of Clin Pharmacol, Royal Melbourne Hosp<sup>2</sup>, Parkville, VIC. (introduced by Robert P Starr, Univ of Otago, Dunedin, NZ).

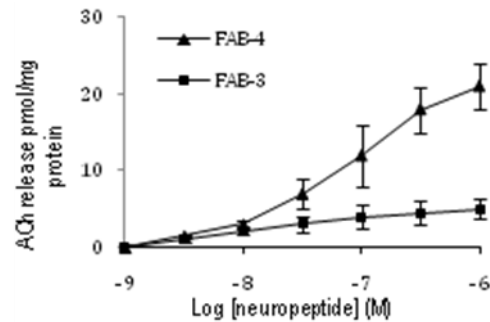
**Introduction.** It has been shown that the novel neuropeptide, farnesyl activated base-4 (FAB-4) increases ACh release from peripheral tissues including rat atria and guinea pig mysenteric plexus (Starr et al, 2005).

**Aims.** To quantify the effects of FAB-4 compared with a related neuropeptide FAB-3 on Ach release from rat hippocampal slices.

**Methods.** Hippocampal slices (400 nm) were prepared and perfused (0.5 ml/min) with Krebs-Henseleit solution. Samples of the perfusate were collected every 2 min and Ach release measured according to the method of McCartney (2001).

**Results.** ACh release was evoked by FAB-4 or FAB-3 (1 nM - 1 mM; 10 min contact time)(see figure). Maximal ACh release was  $21 \pm 3$  pmol/mg protein (n=8) and  $5 \pm 1.3$  pmol/mg protein for FAB-4 and FAB-3, respectively. Responses to both neuropeptides (1 mM) was associated with significant increases in cAMP from  $23.5 \pm 1.4$  pmol/mg protein (n=5) in control tissues to  $48.3 \pm 2.2$  pml/mg protein in tissue stimulated with FAB-4 (n=6,  $P < 0.01$ ) and  $33.1 \pm 2.1$  pmol/mg protein in tissues stimulated with FAB-3 (n=7,  $P < 0.05$ ).

**Discussion.** These data indicate that FAB-4 and FAB-3 stimulate the release of ACh from rat hippocampal slices. It is possible that this Ach release maybe associated with increases in tissue concentrations of cAMP.



McCartney P (2001) J Neurosci 56:23-33

Starr R et al (2005) Pharmacology of FAB-4, ed Ono Y. pp 12-23, Tokyo, Abbey Road Press