

2011 | UKRC

Step-by-Step Guide to Abstract Submission

**Abstract Deadline:
Monday 13 December 2010 – 0900GMT**

Online abstract submission:

www.ukrc.org.uk

UKRC 2011 Organisers

PO Box 2895

London W1A 5RS

United Kingdom

conference@ukrc.org.uk

Tel: +44(0) 20 7307 1410

Fax: +44(0) 20 7307 1414

Congress President:

Dr Erika Denton

Abstract Submission to UKRC 2011

Submission of Abstracts

Authors are invited to submit abstracts for oral, poster and electronic poster presentation at the Conference.

In order for us to send all important information to the correct person, please ensure that the submitting author is the presenting author.

All abstract submission is via the website: www.ukrc.org.uk

Deadline for submission is 0900 GMT on Friday 13 December 2010

Conference registration is required for all accepted abstracts. **Registration and Payment** is required by the EARLY registration deadline of 6 April 2011. Failure to register by the early deadline will result in removal of the abstract from the Congress Booklet and for Electronic Posters deletion of electronic material. The Poster cannot be displayed and the presentation cannot be given.

Submission of an Abstract means that you accept these terms.

Preparing the Abstract

The abstract should not exceed 250 words.

For a **Scientific Abstract** the content should be arranged under the following headings:

PURPOSE - MATERIALS/METHODS - RESULTS - CONCLUSION

For an **Educational Abstract** the content should be arranged as follows:

KEY LEARNING OBJECTIVES - DESCRIPTION - CONCLUSION

Presentation Format

Oral presentations Each paper will be strictly timed to 8 minutes with 2 further minutes for discussion. The Conference language is English and all presentations must be delivered in English. Facilities for data projection (PowerPoint) will be available in each auditorium.

Poster Presentations Poster presenters (paper, not Electronic) are asked to stand next to their poster at a time of their choosing during the conference to answer any delegate questions. Posters must be A0 (84cm x 120cm), portrait style.

Electronic Posters - UKRC will have an online electronic poster management site to which you can upload your work as an interactive poster. Standard templates will be available online. Full details and dates will be sent to those with accepted abstracts. Your work will be accessible to delegates at designated computer terminals at the Congress in 2011 and after the conference at www.ukrc.org.uk.

Evaluation

Abstracts will be reviewed by the Scientific Abstract Vetting Committee in late January 2011. An abstract is usually accepted within the category chosen by the author (oral presentation / traditional poster / electronic poster). However, the committee reserves the right to offer acceptance for a different category e.g. instead of oral presentation may request an electronic poster. Confirmation of acceptance or rejection will be sent to the presenting author in early February 2011.

Citable Publication

Accepted abstracts will be published in the BJR Congress Series (a citable publication). The original abstract submitted will be reproduced directly from the data entered onto the online submission site, so there can be no subsequent alterations and abstracts must be of an acceptable quality for reproduction. Failure of the presenting author to register by the early registration deadline will result in removal of the abstract from the BJR Congress Series.

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Prizes:

Proffer work to UKRC and have the chance to win a variety of prizes! For the full list of prizes please visit the UKRC website: www.ukrc.org.uk.

Conference Themes:

The conference themes in 2011 will be as follows:

Advances in Technology

Clinical Topics

Informatics

Service Delivery

The Congress Format:

Invited Reviews

Invited speakers from across the globe give lectures on the latest topics.

Proffered Papers, Posters & Electronic Posters

Original research, reviews, applications and analysis are accepted from any discipline on themes relevant to the Congress. Work in progress may also be accepted.

Technical Exhibition

Including a cybersuite, a large number of companies (several offering Education on the stand to earn CPD credits) and free to attend, the exhibition is essential for anyone wanting to see the latest industry developments.

Critical Dates

16 August 2010	Abstract submission opens
13 December 2010	Closing date for submission of abstracts
6 April 2011	Early registration deadline
6-8 June 2010	UKRC 2010

Examples:

Please see below examples of two accepted abstracts:

Title: High resolution imaging for the detection of hepatic metastases: comparison of three state-of-the-art techniques

Category: Clinical - Liver

Authors: Ward, J. Robinson, P. J. Guthrie, J. A. Wilson, D. St James's University Hospital, Leeds, UNITED KINGDOM

ABSTRACT CONTENT:

PURPOSE: To compare the effectiveness of three high-resolution imaging techniques for detection of hepatic metastases.

METHODS: Fifty-one patients with hepatic metastases who underwent subsequent liver resection, were imaged with multi-slice CT using a 3.2mm slice thickness, 3D dynamic gadolinium-enhanced MR with an effective slice thickness of 2.5mm and SPIO-enhanced MR using an optimised T2 GRE sequence. Images were reviewed independently by two blinded observers who identified and localised lesions using a 4-point confidence scale. The accuracy of each technique was measured by AFROC analysis. All results were correlated with findings at surgery with IOUS and histopathology of the resected liver. Statistical significance for the differences in the mean areas under the AFROC curves were calculated by the student t-test.

RESULTS: The AFROC values for each observer for all metastases (n=215) and for metastases < 1cm (n=80) were respectively CT 0.84, 0.83; 0.66, 0.68; Gd-enhanced MR 0.90, 0.90; 0.77, 0.75; SPIO-enhanced MR 0.91, 0.91; 0.81, 0.81. For both observers both MR techniques were significantly more accurate than CT (both p<0.05). There was no significant difference between the two MR techniques. 19/215 lesions were not detected by either observer on any technique; all were <1cm. At confidence levels of 3/4 1077 true positive interpretations and 15 false positive interpretations (6 on CT, 5 on Gd-enhanced MR, 4 on SPIO-enhanced MR) resulted in an overall false-positive rate of 1.4%.

CONCLUSION: SPIO-enhanced MR was marginally more accurate than 3D Gd-enhanced MR. Both techniques were significantly more accurate than thin slice multi-slice CT.

TITLE: Trust me...I'm a Sonographer! Real-life story of service redesign

CATEGORY: Service Delivery - Miscellaneous

AUTHORS: Hall, A. Hill, A. Mid Staffordshire General Hospitals NHS Trust Stafford, UNITED KINGDOM

ABSTRACT CONTENT:

PURPOSE: The demand for Trans Rectal Ultrasound Scan (TRUS) and biopsies of the prostate has risen steadily over the last 3 years but the number of Radiologists available to perform them within this Trust has reduced. This has resulted in an increase in the patients' appointment waiting time. The aim of this project was to reduce the waiting time and fulfil the 2-week cancer targets whilst maintaining a quality service.

MATERIALS/METHODS: Two experienced Sonographers were trained to carry out TRUS biopsies under the supervision of Radiologists experienced in the field. A training program was constructed to fulfil the needs of the project. Relevant professional bodies were contacted to ensure insurance cover and part time staff back filled Sonographer sessions. Nursing cover was obtained. An audit of the supervised biopsies was carried out to ensure an acceptable cancer detection rate.

RESULTS: The Sonographers were trained to carry out the biopsies over a 3-month period. Each Sonographer carried out 20 supervised biopsies and audit showed a detection rate of at least 45% was obtained. The waiting list reduced from a 10 weeks to less than 4 weeks during training. Work is ongoing and the 2-week target is expected to be reached by 1 April 2004.

CONCLUSION: The project shows that individuals skilled in the use of ultrasound are capable of acquiring the necessary skills needed to perform TRUS biopsies safely and accurately. This has provided the Trust with flexible service provision whilst maintaining quality standards.

Helpful Tips:

The likelihood of a scientific paper being accepted for the Congress significantly increases if good data is included in the abstract. Failure to do so is a common reason for rejection of a scientific paper.

For "work in progress" study, design including data and statistical method enhances likelihood of acceptance