

SIU 2010 Abstract Submission Guidelines

Abstract Submission Deadline: May 1, 2010, 11:59 PM Daylight Savings Time

Abstracts that are accepted and whose author registers for the meeting will be published in the October 2010 issue of the supplement to *Urology*.

For queries, contact: abstract@siu-urology.org

The SIU welcomes abstract submissions for the SIU World Meeting on Lower Urinary Tract Dysfunction. Please take a few moments to review the guidelines and sample abstract below.

GENERAL GUIDELINES

Abstracts describing work that is unrelated to the general area of lower urinary tract dysfunction **will be excluded without further consideration.**

Abstracts can be submitted for podium, moderated poster, unmoderated poster or video presentation. However, the Scientific Committee reserves the right to assign final presentation categories that are in the best interest of the programme structure.

The work covered by the abstract must not have been published as a manuscript before May 1, 2010.

Multiple abstracts by the same authors based on the same study population or data will be disqualified immediately.

Abstracts that describe single clinical cases, or investigations of compounds that involve inadequate numbers of study subjects, or abstracts that lack quantitative data will not be accepted.

Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, priority scores of related abstracts will be reduced.

Be sure to submit the abstract to the appropriate topic category as indicated on the web submission page.

Abstracts must be written and presented in English only.

PREPARATION OF ABSTRACTS

Length: Abstract should not exceed 350 words (approx. 2,500 characters, not counting spaces). This includes the title, body of abstract, tables and graphics. Deduct 225 characters for each table or graphic.

Title: Title must be concise and specific (no abbreviations). Please be sure to include the title, then the body of the abstract (no authors—the abstract must be blinded).

Author Names and Affiliations: When completing the online submission, please be sure that:

- the box beside the name of the presenting author is checked;
- the abstract is submitted under the name of the presenting author and a current e-mail address is provided;
- if an author's name appears on more than one submission, **it is identical** on each submission;
- the first name and last name of each author is complete and listed in the correct order;

- all author affiliations are listed;
- the authors are not listed in the body of the abstract.

Body of Abstract

- Abstract **MUST** include the following four distinct sections: Introduction and Objective; Methods; Results; Conclusions.
- It is NOT acceptable to state that “The results will be discussed”. Inclusion of specific data is necessary for reviewers to evaluate the work.
- Indicate the major new findings of the study.
- Standard abbreviations may be used without definition. Nonstandard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated.
- Use generic drug names.
- Do not begin sentences with numerals.
- Do not include references, credits or grant support.

ABSTRACT REVISIONS

Final Version: After the May 1, 2010 deadline, abstracts may not be revised or resubmitted. Proofread abstracts carefully to avoid errors before submission.

Abstract Withdrawal: Please submit abstract withdrawal requests in writing by July 23, 2010.

Change of Presenting Author: Please submit requests in writing by July 23, 2010. After this date, changes will no longer be published in *Urology*.

ABSTRACT ACCEPTANCE

Each abstract will be scored by three reviewers. Abstracts will be accepted on the basis of scientific merit.

Abstract acceptance status and guidelines for presentation will be available in June 2010. If you have not received correspondence from the SIU Programme Office by the end of June 2010, it is your responsibility to confirm the status of your submission.

RULES FOR AUTHORS

Registration Fees: Expenses such as registration, visa, airfare, lodging, etc. associated with the submission and presentation of an abstract are the responsibility of the presenter. **Authors who have not paid their registration by July 12, 2010 will be excluded** from the programme as well as from publication in *Urology*.

Failure to Present: Should the author of an accepted abstract fail to present the work as scheduled in the final programme—or send a qualified substitute to present in his place—without having sent a prior cancellation notice to the SIU Programme Office (abstract@siu-urology.org), he will be designated as a “no-show” author in future meetings, and his submissions will be considered in this light.

Objectivity: The SIU is committed to offering its meeting attendees an open forum for scientific discussion, wherein all scientists and clinicians are invited to participate actively. To preserve this valuable environment, the SIU will not tolerate statements, symbols or other displays that are subjective and unscientific in nature.

Videos:

Always submit an abstract online as well as the corresponding digital file. Spoken commentary is optional, but must be in English.

Format

Maximum duration of video: 7 minutes. Files are to be uploaded onto the following site:

<http://www.siucongress.org/siuupload/>

Username: siu

Password: siu2010!

All files must be in the final format and include the abstract title, presenting author and production date in the title sequence. Files must be named according to the following pattern:

Smith J_Title of Abstract_SIU2010

Alternately, videos may be sent by mail to:

SIU Programme Office
1155 University Street, Suite 1155
Montreal (QC) Canada H3B 3A7

Deadline

Deadline for video upload is the same as the abstract submission: May 1, 2010.

Late-Breaking Abstracts

Late-breaking abstract submissions can be sent to abstract@siu-urology.org until June 1, 2010 @ 11:59 PM EDT

The SIU's late-breaking abstract policy allows the submission of late-breaking abstracts only for trials for which no preliminary data are available at the time of the abstract submission deadline (May 1, 2010).

This category is not intended as a means **for updated data to be submitted late when preliminary data were available by the abstract submission deadline, or to provide an opportunity for previously rejected abstracts to be revised and resubmitted.**

Late-breaking abstracts are to allow for the timely presentation of late-breaking news of interest to meeting attendees. Priority will be given (in the following order) to:

- Results of phase III clinical trials
- Results of phase II clinical trials
- Extraordinary findings from a basic science investigation
- Interim analyses of phase III trials that describe important second end points
- Prospective multi-institution clinical trials

Authors must describe all funding sources for their investigation. **Newsworthy trials for which the author(s) is compelled not to publish the results (even in abstract form) may be submitted without written final conclusions as long as the author(s) signs a declaration stating that the final conclusions will be presented in full at the SIU meeting.**

Sample Abstract

Components of the Metabolic Syndrome are Risk Factors for Lower Urinary Tract Syndrome (LUTS) in the Swedish Male Population

Introduction and Objective: BPH/LUTS has been suggested to be a component of the metabolic syndrome. The objective of this study was to investigate the correlation between disorders commonly connected to the metabolic syndrome and the prevalence of LUTS in the Swedish male population.

Materials and Methods: A random selection of 3345 men throughout Sweden, between ages 41 and 80, were contacted by telephone and evaluated according to International Prostate Symptom Score (IPSS). Based on degree of LUTS, IPSS <8 or >7, the respondents were sent two different questionnaires, including questions on background morbidity including diabetes, high blood pressure, heart disease and high cholesterol. There was an additional question regarded smoking.

Results: The questionnaire was answered by 2106 men (66%). Of these men, 33.4% had an IPSS >7 and the IPSS increased with age. Hazard ratios were calculated for the investigated factors using Cox regression. All four investigated diseases had a direct positive correlation to LUTS (see table). Smoking had no significant correlation to LUTS.

Disease	Odds Ratio	Confidence interval	p-value
Diabetes	1.3738	1.0214-1.8477	0.0351
High blood pressure	1.632	1.3296-2.0032	<0.0001
Heart disease	1.7489	1.3402-2.2823	<0.0001
High cholesterol	1.6593	1.307-2.1066	<0.0001
Smoking	0.7799	0.5985-1.0164	N.S.

Conclusion: There is a strong correlation between disorders correlated to the metabolic syndrome such as diabetes, high blood pressure, heart disease and high cholesterol on the one hand and LUTS on the other. This finding supports the hypothesis that BPH is a component of the metabolic syndrome.