CALL for PAPERS

$5,000 in prize money

12th Annual AAEM/JEM Resident and Student Research Competition

Abstract Submission Form and Instructions — Submission Deadline: November 6, 2009

The AAEM/JEM Resident and Student Research Competition is designed to recognize outstanding research achievements by residents and students in emergency medicine. To apply, an abstract summarizing the objectives, methods, results and conclusions of the research performed must be submitted according to the instructions detailed in this brochure. Submitted abstracts will be judged by the AAEM Abstract Review Committee, who will select eight for oral presentation at the Resident and Student Research Forum during AAEM's 16th Annual Scientific Assembly, February 15 - 17, 2010, in Las Vegas, NV. Final judging of the eight oral presentations will take place at the Scientific Assembly. Abstracts not selected for oral presentation will be displayed as poster presentations during the Scientific Assembly. Please do not submit an abstract if you are not prepared to travel to the Scientific Assembly in Las Vegas and present it in the session selected by AAEM. The presenter of the oral abstract judged to represent the most outstanding research achievement will receive a $3,000 honorarium. $1,500 and $500 honoraria will go to the presenters of the second and third place oral abstracts, respectively.

Abstract Submission Form and Instructions

Submission Deadline: November 6, 2009
Abstract Submission Instructions

Authors should read the abstract submission instructions carefully. The deadline and space requirements are strictly enforced in order to give all authors an equal opportunity to submit their data in the same amount of space and under the same time constraints.

1. Resident or Medical Student Status - In order to be eligible for consideration, the first author and principal investigator of each abstract submitted must be either a (1) resident in an accredited emergency medicine training program in the United States, or (2) medical student in an accredited institution in the United States with a strong interest in emergency medicine as a future profession. To verify this, each submission form must be signed by the appropriate program director.

2. Submission Deadline
   - Electronic submissions will be accepted beginning September 7, 2009.
   - Abstract receipt deadline for paper/CD submission is October 30, 2009.
   - Abstract receipt deadline for electronic submission is November 6, 2009.
   - Paper/CD submissions must use an official abstract submission form.

3. There is no fee for submitting an abstract. All abstracts must be submitted and presented in English.

4. If you have questions regarding the abstract submissions for the 16th Annual Scientific Assembly, please call AAEM at (800) 884-2236 or e-mail kfilipiak@aaem.org.

Abstract Submission Guidelines

Electronic Submission Deadline: November 6, 2009

Paper/CD Instructions

Abstracts must be submitted on CD as an electronic file using any of the available word processing programs. Microsoft Word 5.0 or higher is the preferred program.

Please label the outside of your CD with the following information:
1. Name of presenting author
2. Title of abstract

Electronic Instructions

Abstracts can be submitted electronically by e-mailing your abstract to Kate Filipiak at kfilipiak@aaem.org.

When submitting your abstract electronically, please include the following information:
1. Name of presenting author
2. Title of abstract
3. Contact information
4. When submitting your abstract electronically, please fax the abstract submission form to (414) 276-3349 with required signatures.

Presenting Author Information

Include the presenting author’s name, address, telephone and fax numbers, as well as an e-mail address. Only the presenting author listed on the submission form will be notified of abstract acceptance.

Funding

Indicate what monies have funded the research.

Disclosure of Relevant Financial Relationships

In accordance with the essentials and standards set forth by the Accreditation Council for Continuing Medical Education, as well as guidelines proposed by the Food and Drug Administration and endorsed by the American Medical Association, an author with a conflict of interest with the content of their abstract must disclose that conflict prior to presentation. A conflict of interest includes, but is not limited to, any relevant financial relationship in a company, product or procedure mentioned in the abstract or in the presentation to be given at the conference. The authors must complete the disclosure form included on the submission form. A conflict in and of itself will not eliminate an abstract from consideration.

Previous Presentations of Abstracts

No abstract published as an article on or before October 1, 2009, may be submitted for this competition. Abstracts that have been presented at the national meetings of other organizations should also not be submitted for consideration.

Informed Consent

Any studies involving human subjects must conform to the principles of the Declaration of Helsinki of the World Medical Association (Clinical Research 1966; 14:103) and must meet all the requirements governing informed consent of the country in which the research was performed.

Abstract Publication

All oral abstracts presented at AAEM’s 16th Annual Scientific Assembly will be published in the May 2010 issue of The Journal of Emergency Medicine. Ownership of abstracts not accepted reverts to the authors.

Notification of Abstract Selection

Authors of all abstracts submitted by November 6, 2009, will receive notification of acceptance or rejection by December 21, 2009.

Withdrawals and Revisions

Withdrawals and revisions must be received in writing by December 15, 2009. No changes will be possible after that date.

Abstract Formatting

1. Use 12 point Times New Roman (or similar) type. If Times New Roman is unavailable, other options include Helvetica or Courier. Limit text to 2,500 characters including spaces, and single space all text in the body of the abstract.

2. Do not indent the title. Capitalize only the first letter of each word in the title. List author names using initials only for first and middle names. Underline author names continuously. Include institution, city and state where research was performed. Omit degrees, titles, institutional appointments, street addresses and zip codes. Single space entire abstract. The left-hand margin of the abstract’s text should be perfectly aligned.

3. Use of abbreviations - The use of standard abbreviations is desirable. A special or unusual abbreviation should be placed in parentheses after the first appearance of the full word it represents. Numerals rather than words should indicate numbers, except to begin sentences.

4. Use of drug names - Each time a proprietary drug name is used in the abstract, the first letter is capitalized. Non-proprietary (generic) drug names are preferred and are not capitalized.

5. Structuring the abstract - Structured abstracts facilitate explicit presentation of critical information and objective assessment of scientific validity. Each abstract should include the following topic headings. It is not necessary to begin a new line or leave extra space between topic headings.

Objectives: A precise statement of the purpose of the study or the pre-study hypothesis. This may be preceded by a brief introduction summarizing past work or relevant controversies that place the study in perspective.

Methods: A brief statement of the methods used, including pertinent information about the study design, setting, participants, subjects, interventions and observations.

Results: A summary of the results presented in sufficient detail to support the conclusions.

Conclusions: Conclusions should be succinctly stated and firmly supported by the data presented. Note important limitations.
Effect of Deferasirox on Iron Absorption in Human Model of Iron Overdose

EA Griffith, KC Fallgatter, SS Tantama, GM Demers, MJ Matteucci, DA Tanen

Naval Medical Center San Diego, CA

Objective: Current treatment for acute iron poisoning is mainly directed at aggressive fluid resuscitation and chelation with deferoxamine. Deferoxamine has limited absorption when used orally and therefore is used as an intravenous infusion. Intravenous infusion can lead to pain and dosing is limited due to hypotension. Deferasirox is an orally dosed iron chelating agent approved by the FDA as a therapy for chronic iron overload. It has not been assessed for efficacy in acute iron ingestion. We studied deferasirox in a human model of acute iron ingestion.

Methods: A double-blinded, placebo-controlled, randomized, crossover study was conducted in eight healthy human volunteers. Baseline iron levels were obtained. All subjects ingested 5mg/kg of elemental iron in the form of ferrous sulfate. One hour following iron ingestion, subjects were randomized to receive 20mg/kg of deferasirox or placebo mixed with orange juice. Serial iron levels were then obtained at 1, 2, 3, 4, 6, 8, 12, and 24 hours after ingestion of deferasirox or placebo. A two-week washout was used between study arms. The paired t-test was used for the following comparisons between treatment groups: baseline serum iron levels, peak iron levels, time to peak, and area under time-concentration curves (AUCs) from baseline to 12 hours and baseline to 24 hours iron levels.

Results: All 8 participants completed the study. Baseline serum iron levels did not differ among the two groups (p=0.2747). Peak serum iron levels and time to peak iron level were also not significantly different between the two groups (p=0.1179 and 0.5527, respectively). Deferasirox significantly reduced serum iron AUCs compared with placebo over both 1-12 hours and 1-24 hours (12 hour = 577mcml/hr/L and 392mcml/hr/L (p=0.0361) and 24 hour = 808mcml/hr/L and 598mcml/hr/L (p=0.0153)).

Conclusions: Orally administered deferasirox significantly reduced iron absorption when administered 1 hour post iron ingestion during the 12 and 24-hour periods following the ingestion of 5mg/kg of elemental iron in healthy human volunteers. Further study required to determine optimal dosing and effects of concomitant use of activated charcoal, but deferasirox may be an important addition to current therapy for acute iron poisoning.

I greatly appreciated the opportunity to present at the AAEM/JEM Resident and Student Research Competition. The staff made the submission process simple and the forum was inviting for the sharing of original research.

Erin Griffith, DO
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Call for Photos

16th Annual
Scientific Assembly
LAS VEGAS
NEVADA
2010

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Photo Submission Form and Instructions — Submission Deadline:
November 6, 2009

February 15 – 17, 2010  Caesars Palace, Las Vegas, NV

American Academy of Emergency Medicine