

Society of Cardiovascular Computed Tomography
1st Annual Scientific Meeting - July 13-16, 2006

Instructions for Submitting Abstracts

Follow the instructions and sample format below. All correspondence regarding the abstract will be sent only to the presenting author. Indicate author's presentation preference. The presenting author **MUST** also answer the Disclosure of Commercial Relations questions. Abstracts will not be processed for consideration unless the Disclosure questions are completed or attached. Deadline for receipt of abstracts for the 1st Annual Scientific Meeting of the SCCT is May 1, 2006. More than one abstract may be submitted for review. A separate application form and separate e-mail must be completed for each abstract. After the abstract is submitted by e-mail, receipt by SCCT will be acknowledged by e-mail. As soon as the Program Committee has selected the submitted abstracts for presentation, the presenting author will be notified by e-mail no later than May 12, 2006. Please note that all presenting authors must be registered for the Annual Scientific Session.

SUBMISSION DEADLINE

May 1, 2006

PREPARE YOUR ABSTRACT

1. The abstracts must be submitted in Microsoft Word® format. Use Arial font, size 11. Line spacing should be 1.0
2. Write author(s) last name and initial in first line, abstract title in second line (both lines bold), and institution name, city, and country in following line.
3. Leave one line blank before the abstract body. In the abstract body, include a brief introduction, followed by Methods, Results, and Conclusions. The abstract body may contain a maximum of 400 words.
4. The addition of one graph or image is allowed. For graphs, do not use hair lines. The graph or image must be inserted into the document below the abstract body. It must not be more than 450 x 600 pixels in size, scaled to a maximum of 4 cm (1.6 inches) in height.

E-MAIL THE ABSTRACT TO:

1. abstracts@scct.org
2. Acknowledgement of receipt of abstract will be e-mailed to the e-mail address submitting the abstract.
3. Inquire with the SCCT office if you do not receive an acknowledgement within 3 days of submission.

PRESENTATION PREFERENCE

Please indicate if you have a preference on how you would like to present this abstract:

1. Oral OR Poster Presentation (at the discretion of Program Committee)
2. Poster Presentation Only

PUBLICATION OF ABSTRACTS

Accepted abstracts will be published in the *International Journal of Cardiovascular Imaging*.

DISCLOSURE OF COMMERCIAL RELATIONSHIPS

The Society of Cardiovascular Computed Tomography and Tulane Medical Center must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty participating in a sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity (significant financial interest or other relationship can include such things as grants or research support, employee, consultant, major stock holder, member of speakers bureau, etc). The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Please download and read the Speaker and Faculty Disclosure Form1 and 2. If your answer to questions A and B in Speaker and Faculty Disclosure Form-1 are both **NO**, you have completed the disclosure requirement. You do not need to return the forms. However, If your answer to questions A or B is **YES**, you must complete Speaker and Faculty Disclosure Forms 1 and 2, and attach them along with your abstract.

SCCT CONTACT INFORMATION

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SAMPLE ABSTRACT SUBMISSION VIA E-MAIL

CONTACT INFORMATION OF PRESENTING AUTHOR:

Name & Degree:
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City, State, Postal Code, Country:
Phone:
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E-mail:

SAMPLE ABSTRACT:

Miller A, Smith P, Daniels J.

Detection of Cardiac Structural Abnormalities in Adult Patients with Congenital Heart Disease

Name of Institution, City, State, Country

Evaluating cardiac structure and function can be challenging in patients with congenital heart disease. CT provides the possibility to assess cardiac morphology and function. We assessed the value of cardiac computed tomography to analyze morphology as well as left and right ventricular function in comparison to magnetic resonance imaging and echocardiography.

Methods: For 165 patients with congenital heart disease, a contrast-enhanced 64-slice CT study was performed in addition to echocardiography and magnetic resonance imaging

Results: In 15 patients, cardiac CT was technically inadequate because of artefacts caused by ...

Conclusions: Cardiac CT can be a useful tool to assess cardiac structure and function in adult patients with congenital heart disease. Functional parameters correlate closely with magnetic resonance imaging. Assessment of structural changes is accurate and not impaired by implanted pacemakers or defibrillators.

PRESENTATION PREFERENCE:

Indicate presentation preference:

- Oral or poster presentation (at the discretion of the Program Committee).
 Poster presentation only

DISCLOSURE OF COMMERCIAL RELATIONSHIPS:

NAME:

ROLE/S (please indicate all that apply): Speaker Abstract Author Activity Director Moderator
 Planning Committee Member Department CME Liaison

ACTIVITY NAME/DATE: 1st Annual Scientific Meeting of the SCCT – July 13-16, 2006

TITLE OF PRESENTATION:

DISCLOSURE OF RELATIONSHIPS:

A. YES or NO – I [and/or an immediate family member including my spouse/partner] have a financial interest, arrangement or affiliation with a commercial organization (currently or within the past 12 months) that may have a direct or indirect interest in the subject matter of my presentation

B. YES or NO – My presentation will involve comments or discussion concerning unapproved or off-label uses of a medical device or pharmaceuticals. If any unapproved or off-label uses of products will be discussed, disclosure must be made to the participants regarding the unapproved or off-label use. If you will be discussing any such uses, please indicate the products to be discussed and the unapproved and/or off-label uses. If any other comments concerning unapproved or off-label uses of products take place during your discussion, you are advised that you must disclose this information to the attendees.

If you answer **YES** to question A or B, complete Speaker & Faculty Disclosure Forms 1 & 2 and attach with abstract.

ABSTRACT AND DISCLOSURE INFORMATION ATTESTED AND SUBMITTED BY:

Name:

Date: