ABSTRACT GUIDELINES

For all presentations an abstract must be submitted for consideration by the deadline and must adhere to the following guidelines. Abstracts will appear in the conference booklet and be published in Cytoletter. Examples of published abstracts can be found at the end of this article.

All abstracts must be:

- Submitted as a Microsoft Word file.
- Use Times New Roman font, size 12, single line spacing, aligned left.
- A maximum of 300 words in length, excluding references.
- Specify all abbreviations in full at first use, followed by the abbreviation in parentheses. Thereafter only abbreviations should be used.
- Checked thoroughly for spelling and grammar.
- References should be limited to a maximum of five. They should be numbered consecutively in the order they appear in the text and follow the Vancouver style.
- Structured as follows:
  a. **Original research:**
     - **Title:** in bold
     - **Authors:** The principal author should appear first. Underline the name of the author who will be presenting the paper/poster (may be different to principal author). Use forename, initials and surname and omit degrees and titles. Include affiliations for each author. Use superscript numbering after the authors name to indicate affiliations.
     - **Objective:** The purpose of the study; hypothesis tested.
     - **Methods:** Brief description of materials, subjects and methods used.
     - **Results:** The main findings of the study. Do not include tables, graphs or diagrams.
     - **Conclusion:** The main outcomes and implications of the study.
  b. **Case Studies:**
     - These should follow the same guidelines as for original research but with the following headings in the body of the abstract:
     - **Clinical presentation:** Relevant presenting clinical/radiological findings
     - **Cytological findings:** Results of confirmatory tests/clinical outcome
     - **Discussion:** Consideration of differential diagnoses and important points illustrated by the case.

**Disclosure of interest statement:**
The Society recognises the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. If your abstract is accepted, any financial support or sponsorship relevant to your presentation must be stated in your presentation or poster.

**Selection criteria**
Abstracts will be favourably reviewed if they are novel and incorporate original data of high quality that extends existing knowledge in the discipline of Cytopathology.

In balancing the program, the organising committee may request authors to present their work in an alternate format eg poster rather than platform presentation.
Abstract submission
Abstracts must be submitted prior to the closing date either by e-mail (admin@cytology.com.au) or on CD to:
Cheryl Edgerton
Australian Society of Cytology
PO Box 52
HENLEY BEACH SA 5022

All abstracts must be accompanied by the Abstract Submission form available at the end of this document.

Closing date for abstract submissions: 15 August.

By submitting an abstract all authors agree to the Society publishing the abstract in the conference booklet and Cytoletter and in so doing certify that the abstract is original work. If the abstract does not conform to the guidelines detailed above it will be returned to the submitting author to revise.

Prizes
Prizes will be awarded in the following categories:
• Best oral presentation by a non-medical cytologist.
• Best case study poster by a non-medical cytologist.
• Best research poster by a non-medical cytologist.
• Best oral presentation by a Registrar.
• Best poster presentation by a Registrar.

Only current financial members of the Society are eligible for prizes.

PRESENTATION GUIDELINES

Oral presentations
• Audiovisual material must be in a digital format suitable for data projection.
• Presentations should be in the latest version of Microsoft Powerpoint. If you intend using any alternative application to display your presentation you must confirm the feasibility of this with the conference organising committee via the national office.
• Bring your Power Point presentation on a USB storage device

Tips for oral presenters:
The following suggestions may be helpful when preparing your presentation.
• A coloured background works better than black and white. Good contrast between text and background is necessary to ensure visibility from the back of lecture theatres.
• Ensure the font size is sufficiently large to be viewed from the back of the auditorium. Choose standard font styles eg Times New Roman or Arial, rather than more fancy styles. Use of different colours should be kept to a minimum.
• Use minimal text on a slide. Use several slides to cover a detailed topic that cannot logically be included on one slide.
• Leave out text/images/tables you do not plan to discuss.
• Where possible, utilise graphs and diagrams to convey a message.
• Images should be of good quality and selected to highlight relevant features.
• Rehearse your presentation to ensure it does not exceed the allotted time (10 minutes).

Prior to the Session:
• Report to the speaker/rehearsal room at least one hour before the scheduled time of your presentation.
• Notify the AV operator of any special instructions regarding your presentation.
• Take advantage of the facilities provided to review your slides one last time.
• Acquaint yourself with the operation of the podium, remote control and location of equipment.
• Speak clearly in accordance with your slide sequence and use a pointer sparingly to guide the audience.

After your Presentation:
• Collect your USB drive from the speaker rehearsal room/registration desk.
Poster presentations
• The posters will be displayed throughout the conference in the main exhibition area.
• Posterboards will be available and are landscape format, 2000 wide x 1000 high. Posters must not exceed these dimensions.
• Bring your own velcro to affix the poster to the display boards.
• On arrival at the conference please advise the registration desk that you have a poster and you will be directed to the board for your presentation.

Tips for poster presenters:
The purpose of a poster is to provide a visual summary of a study that will stimulate interest and discussion. The information needs to be displayed in such a manner that facilitates easy assimilation by the reader. Therefore the poster should be easy to read and free from clutter. The following guidelines are offered to assist you in the preparation of your poster:
• Posters should be in landscape format and no larger than 2000 x 1000 mm.
• The poster should contain headings as per the abstract guidelines.
• The inclusion of a few pertinent references is desirable.
• Only include important information that supports the message you are trying to convey. You need to ensure that the poster will capture and hold the reader’s attention.
• Avoid complex sentences; sentence fragments may be easier to comprehend. An alternative is to break text into chunks surrounded by plenty of ‘white space’ to facilitate easy reading. Bulleted lists are effective.
• Graphs and diagrams are easier to scan than columns and data in a table. Legends should be brief.
• Font size should be larger than that used in text (eg. 24 pt for body text). Avoid fancy fonts.
• Take care in the choice of colours both for the background and the text. Dark print on a light background is easier to read. Minimise the range of colours used.
• Photographs should be carefully selected. Ensure they have sufficient sharpness and contrast to highlight the features discussed. The magnification of the image (at least the objective power used) and stain type should be noted. eg Papanicolaou; x 40 Obj.

Prior to the Session:
• Report to the registration desk with your poster and you will be advised which display board to use.

At the Time of your Presentation:
• You may wish to be present when delegates are viewing your poster to answer any questions that may arise. Your presence may also facilitate a discussion that will encourage a two-way exchange of information.
Evaluation of an agar cell block method to improve cell yield in non-gynaecological cytology specimens.
Paul W Shield, Dan Duricic, Truc T Truong, Jo Cosier
Cytology Department, Sullivan Nicolaides Pathology, 134 Whitmore St, Taringa 4068.

Objective
To determine if modifications to our agar cell block (CB) method improved cell yield for fine needle aspiration (FNA) and for body fluid specimens.

Methods
We recently modified our agar CB method (agar method) to incorporate two steps used by Varsegi and Shidham\(^1\) in a method described for making CBs from ThinPrep specimens. Both methods involved concentration of cells by centrifugation, suspension of the cell pellet in liquified agar followed by further centrifugation. The resulting agar pellet is cooled to solidify prior to embedding for processing and microtomy. The modifications included the use of a small flat bottomed 5mL tube for the final centrifugation step and a visual marker to indicate the correct level for sectioning. The latter involves the addition of a 2x2mm (approx) piece of banana skin that is spun with the cell pellet and comes to lie with the cells on the bottom of the flat bottomed tube. These modifications are designed to concentrate the cells on a single plane and provide a visual marker to indicate the plane for optimal sectioning.

After an initial trial period the new method (marker method) was used prospectively for 210 consecutive FNA specimens (fluid collected or washed out of the needle) from a wide range of sites and 133 fluid specimens (serous effusions and peritoneal washings). H&E stained CB slides were evaluated to determine if sufficient material was present for diagnostic interpretation and/or ICC. Results were compared with historical data for 250 consecutive specimens (158 FNAs and 92 fluids) prepared using our old (agar) method.

Results
The marker method was simple to perform and resulted in a higher proportion of adequate CBs. Adequacy rates for the agar Vs marker method were: total FNA 35% Vs 51%; FNA non-attended 32% Vs 48%; attended FNA 41% Vs 59%; fluids 79% Vs 86.5%. The improvement was statistically significant for all FNAs (P=0.003), non-attended FNAs (P=0.017) and for FNAs with a scientist in attendance (P=0.05), but not for fluid specimens (P=0.2).

Conclusions
The modifications significantly improved the proportion of CB preparations with adequate cells, especially for poorly cellular samples, such as most FNA washouts. The visual marker ensures specimens are not over- or undercut and examination of the H&E slide quickly allows assessment of whether the correct level has been sampled. This is important as adequate CBs often allow greater precision of cytological diagnosis through the application of ancillary tests.

**CASE STUDY**

**Gastrointestinal Stromal Tumours**

1Sarah Fry, 1Mark Stevens, 2Kerrie James

1 Cytopathology Department, IMVS Pathology, Adelaide, South Australia
2 Surgical Pathology Department, IMVS Pathology, Adelaide, South Australia

**Clinical Presentation**

Patient 1: A 56 year old male had an incidental finding of a 2 cm hypo-echoic submucosal lesion in the gastric body upon investigation of iron deficiency.

Patient 2: A 73 year old female presented with a 12 cm diameter gastric lesion.

Patient 3: An 87 year old female presented with a 12-15 cm hypo-echoic peritoneal mass.

**Cytological findings**

Patients 1 and 3 had similar tumour morphology comprising cells with a spindle cell appearance. Main features include: dense cohesive groups suggestive of fascicular arrangement; loosely fibrillar stroma; nuclear ‘streaming’; elongated ‘cigar’ shaped nuclei; coarsely granular and evenly distributed chromatin; small nucleoli; low nuclear-cytoplasmic (N:C) ratio and moderate amounts of delicate cytoplasm.

Patient 1 also had areas of epithelioid morphology. This comprised clustered groups of round cells with a low N:C ratio and central uniform round to oval nuclei. Chromatin was coarsely granular and evenly distributed; nucleoli were small.

**Follow-up studies**

Histological features of both spindle cell and epithelioid variants recapitulate what was found in cytology. The resected tumour in Patient 2 was found to be within the muscularis propria.

All specimens were positive for C-kit mutations using immunocytochemistry (ICC).

**Discussion**

There is excellent morphological correlation between cytology, histology and cell block preparations in all three patients. ICC is important in identifying the origin of gastrointestinal tumours and for dictating patient management. C-kit is a highly specific ICC marker for GIST’s and is essential in differentiating GIST’s from other lesions such as leiomyoma, a benign tumour.

C-kit positive tumours can be treated with targeted Imatinib Mesylate therapy and surgical resection.

Title of Paper: .......................................................................................................................... 
........................................................................................................................................
Principal Author: ................................................................................................................
Presenting Author: .............................................................................................................
Address for correspondence: ...........................................................................................
........................................................................................................................................ State......... Postcode ............
Mobile: ........................................................ Other Phone: ..............................................
Email: .................................................................................................................................
Type of presentation: [ ] Poster - Case Study [ ] Oral [ ] Either
[ ] Research
Please indicate if the presenting author is a [ ] Scientist
[ ] Registrar
[ ] Pathologist
Is the presenting author a current financial member of the Society? [ ] Yes [ ] No
Only current financial members are eligible for prizes

Disclosure of interest.
Please declare any financial support or sponsorship that may be relevant to your presentation:
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................