

## CALL FOR ABSTRACTS

The European College of Veterinary Neurology welcomes submission of abstracts for original contribution to its 35<sup>th</sup> Symposium in September 2023.

### Deadlines

Opening abstract submission: **15<sup>th</sup> January 2023**

Deadline abstract submission: **31<sup>st</sup> May 2023, 23:59 hrs. GMT +1**. Abstracts received after submission deadline will not be accepted.

Confirmation of acceptance/rejection: **15<sup>th</sup> July 2023**

Deadline registration presenting Author at early-bird fee: **31<sup>st</sup> August 2023**

Deadline submission of PowerPoint presentations for accepted abstracts: **5<sup>th</sup> September 2023**

### Abstract Guidelines

Abstracts for submission are to be considered for either oral, flash oral or poster presentation and Authors should indicate their preference during submission.

Final allocation of an abstract, for either oral, flash oral or poster presentation, will be determined by the Scientific and Organizing Committee of the Symposium, based on abstract's score, Author's preference, and event timeline can not be modified after abstract submission.

The submitting Author serves as "presenting Author" and is the only contact for correspondence regarding submission and communication with the Organizers.

Submission is limited to a maximum of two (2) abstracts for each presenting Author.

Presenting Authors must be registered participants to the 35<sup>th</sup> ECVN Symposium (deadline for registration 31<sup>st</sup> August 2023). Works from unregistered Authors will not be included in the Book of proceedings of the 35<sup>th</sup> ECVN Symposium.

Abstracts should not have been published prior to submission.

Abstracts must be submitted online at the **ABSTRACT SUBMISSION CENTRE** website <http://abstract.evsrl.it/>

To access the ABSTRACT SUBMISSION CENTRE, you must register to the "EGO System".

Should you not have a User Name and Password, please go to the "EGO" Registration Request Page at <http://ego.evsrl.it/public/Registration.aspx>

Registration process takes 2 working days. Please consider registering to the "EGO System" largely in advance to not incur delay in getting your login credentials!

### Step 1

**TITLE** Abstract's title must be in CAPITAL LETTER, maximum length 180 characters including spaces

### PRESENTATION PREFERENCE

- Oral presentation preference
- Oral presentation preference, but willing to present as poster as well
- Poster only

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**21-23 SEPTEMBER 2023**

Venice, Italy

[www.ecvnvenice2023.org](http://www.ecvnvenice2023.org)

#### PRESENTING AUTHOR

- Neurology resident in training
- Young neurologist in training (including interns and PhD students)
- Other (Diplomates ECVN, non ECVN Diplomates and non-Diplomates but Members of ESVN)

**ADDRESS FOR CORRESPONDENCE** (please indicate the presenting Author's e-mail address)

#### Step 2

##### AUTHORS AND AFFILIATION

Presenting Author should be indicated here as first Author.

##### Permission for publication

Presenting Author should declare that permission for publication has been obtained from all persons listed as Authors on the manuscript.

#### Step 3

##### TEXT- FORMAT

The abstract language is English.

**Text length should not exceed 250 words** excluding title, Authors and affiliation. Please **check the number of words** before submitting the abstract. In any case the system won't accept more than 1900 characters (spaces included).

Abstracts should be organized into the following sections:

1) **Introduction/Purpose**, 2) **Methods**, 3) **Results**, and 4) **Discussion/Conclusion**

Results in form of tables or graphs and list of references should not be included in the abstract.

**DO NOT list any Author's name or Institution in the abstract.**

Abstract containing incomplete or pending results will not be accepted.

Abstracts submitted in a different format will be rejected.

At step 3, Authors will be required to complete an ethical statement and to provide, when required, proof of approval from their Institution's ethical review board. Ethical statement is mandatory for submission of an abstract.

#### Step 4

##### ABSTRACT PREVIEW FOR FINAL CHECK

Still on time to amend your text or go ahead and confirm!

#### Step 5

##### CONFIRMATION

Final upload of the abstract

#### Step 6

##### COMPLETED!

An email including the assigned ID will be sent to the presenting Author as confirmation of the successful upload into the system.

**Example of an ECVN abstract as guidance** (see Annex I)

## Evaluation

All abstracts will be evaluated by the scientific committee using the following criteria:

- Originality, novelty
- Significance, importance
- Scientific quality, hypothesis, experimental design
- Interest for the topic of the Symposium
- Composition, clarity, and organization
- Adherence to Author guidelines
- Approval from their Institution's ethical review board

The selected abstracts will be included in the proceedings of the 35<sup>th</sup> ESVN/ECVN Symposium and published in the Journal of Veterinary Internal Medicine (JVIM).

## Notification of acceptance

Acceptance/rejection of the abstracts and indication of the presentation type (Poster, Flash Presentation or Oral Presentation) will be notified within 15<sup>th</sup> of July 2023 by email once the ECVN/ESVN Annual Symposium Scientific Committee has reviewed all the submitted abstracts. **Author's final confirmation is required within 7 days otherwise the abstract won't be included in the programme.**

## Oral presentations

The time allotted for an oral presentation will be 10 minutes, including 2 minutes for questions and answers. Electronic slides should be organized in a Microsoft PowerPoint presentation.

Presentations must be sent to [info@ecvnvenice2023.org](mailto:info@ecvnvenice2023.org) **BEFORE 5<sup>th</sup> of September 2023.** The oral presentations' time schedule will be published on the Symposium's website.

## Flash presentations

In addition to oral and poster presentations, some Authors will be invited to present their work as a flash poster presentation. Flash poster presentations should be organized in a PowerPoint presentation of a maximum 3 MINUTE duration. Only ONE QUESTION will be allowed from the audience, and Authors will have only 1 MINUTE to answer.

Please note that presentations should be restricted to a maximum of 3-4 slides. We will be very strict with timekeeping, and we will not hesitate to cut Authors off if you run overtime! The main objective of the presentation is to generate curiosity on your work in a flash: highlight only essential key findings!

**NB** Flash-poster-presentations should be organized in form of Microsoft PowerPoint presentation **AND** printed Poster presentation.

Flash-poster-presentations organized in a Microsoft PowerPoint must be sent to [info@ecvnvenice2023.org](mailto:info@ecvnvenice2023.org) **BEFORE 5<sup>th</sup> of September 2023.**

Please follow the below instructions for Poster presentation.

The flash presentations' time schedule will be published on the Symposium's website.

## Poster presentations

Abstracts selected for poster presentation should be organized in a Poster of 125 cm height and 90 cm width.

Posters will be displayed in the allocated area at the conference center for the duration of the Main Symposium. Poster set up is required by before Opening Ceremony on Friday 22<sup>nd</sup> September 2023. Posters should be removed on Saturday afternoon at the end of the Symposium. Any left poster will be removed and recycled.

**Poster's number ID**, as assigned on acceptance of the abstract, will be indicated on poster boards at the location where the poster should be displayed. Push pins will be provided by the organizers.

Poster sessions, during which Authors are expected to attend their posters and answer questions of delegates will occur during lunch breaks on Friday 22<sup>nd</sup> and Saturday 23<sup>rd</sup> September 2023.

**Any further question?** Please send an email to [info@ecvnvenice2023.org](mailto:info@ecvnvenice2023.org)

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## Annex I

### Example of an ECVN abstract as guidance

TRAUMATIC AND IATROGENIC SCIATIC NERVE INJURY IN THIRTY-NINE DOGS AND TEN CATS: CLINICAL AND ELECTRODIAGNOSTIC FINDINGS

Dell'Apa D.<sup>1</sup>, Auletta L.<sup>2</sup>, Okonji S.<sup>3</sup>, Cauduro A.<sup>4</sup>, Dondi M.<sup>1</sup>, Opreni M.<sup>4</sup>, Gandini G.<sup>3</sup>, Bianchi E.<sup>1</sup>. <sup>1</sup>Dept. Of Veterinary Science, University of Parma, Italy; <sup>2</sup>IBB CNR, Naples, Italy; <sup>3</sup>Dept. Of Veterinary Medical Science University of Bologna, Italy; <sup>4</sup>Neurovet Professional Association, Milano, Italy.

Aim of the study was to retrospectively evaluate clinical and electrodiagnostic findings of dogs and cats with traumatic and iatrogenic lesions of the sciatic nerve.

Patients visited in the period 2006-2020 that underwent neurologic examination and electrodiagnostics were included. A grading scale was applied to results of motor nerve conduction (MNCS) based on amplitudes of CMAPs. These data were compared to clinical findings like absence/presence of nociception in the peroneal and tibial nerves using contingency tables.

Thirty-nine dogs and 10 cats (23 males, 26 females) met the inclusion criteria. Injuries were caused by trauma (51%), surgical procedures (44.9%) and injections (4.1%).

Electrodiagnostics were suggestive of neurotmesis in 23 nerves (16 peroneal, 7 tibial). Peroneal and tibial nerve were affected in 83% (41/49) and 92% (45/49) of the patients respectively.

Of the 39 subjects with both nerves injured, 19 had a prevalent peroneal and 3 a prevalent tibial involvement. Nociception was absent in 5/7 tibial and in 16/16 peroneal nerves that had absent CMAPs (neurotmesis). Nociception was absent also in 5/6 tibial and 8/14 peroneal nerves that had severely reduced amplitudes of CMAPs (<1 mV). A significant association between the grading scale and nociception was found for both the tibial and peroneal nerve (P=0.006 and P=0.001 respectively).

Different types of trauma and orthopedic procedures can cause injury and dysfunction of the sciatic nerve. Peroneal is often more severely affected than tibial. Electrodiagnostics appear to be superior to neurological evaluation in differentiating neurotmesis from severe axonotmesis, that may carry a better prognosis.