



Scientific Abstract Competition 2026

Abstract submission details

- Abstracts should be original work.
- Abstracts describing hypothesis-driven research with clear results and outcomes will be prioritised.
- Abstracts must not exceed 300 words (excluding title, authors and affiliations) and should follow the example provided on the next page.
- Please upload your abstract as a Word document.
- No more than one abstract should be submitted per author, per category
- Submission will be accepted from 9:00 am Monday, 17 August
- Submission will not be accepted after 5:00 pm Friday, 18 September

How to present your abstract

- Abstract title: Arial Narrow, 10pt, uppercase, justified
- Author names/s: Arial Narrow, 10pt, normal, justified. Presenting author underlined
- Organisation/department: Arial, 10pt, Italic, justified
- Section headings (Aim, Method, Results and Conclusion): Arial, 10pt, uppercase, bold
- Left and right margins: 2cms

Example of a compliant abstract from a previous year is on the next page

EXAMPLE

PULMONARY FUNCTION AND FAT-FREE MASS INDEX ARE INDEPENDENTLY ASSOCIATED IN ADULTS WITH CYSTIC FIBROSIS

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Cystic fibrosis (CF) is a genetic condition affecting 1 in 2500 live births in Caucasian populations. Malnutrition in CF patients is negatively associated with pulmonary function and survival.

AIM: To identify clinical factors associated with low fat-free mass index (FFMI) in adults with CF.

METHODS: Eighty-six adults with CF (52 males, 88% pancreatic insufficient) aged 19-59 years, with mean FEV₁%predicted of 58.7% (SD 21.4) underwent body composition assessment (Dual-Energy X-Ray Absorptiometry, Lunar DPX-IQ). Measurements of FFM were divided by the square of height (m), and expressed as FFMI, which normalises FFM for the effect of height. Clinical variables including age, pulmonary function (FEV₁% predicted), CF genotype, pancreatic status, diabetes, liver disease, sputum microbiological profile, age of menarche in women, serum testosterone in males, serum albumin, interleukin-6 and TNF-α were recorded. Univariate and multivariate analyses were undertaken to assess which clinical variables were associated with FFMI. Males and females were analysed separately.

RESULTS: Mean FFMI for CF subjects was 15.8 (SD 1.1) for females and 18.3 (SD 1.9) for males ($p < 0.0001$, unpaired t -test). Univariate analysis showed that only FEV₁%predicted was correlated with FFMI ($r = 0.62$, $p < 0.0001$ in females; $r = 0.27$, $p = 0.05$ in males). No other clinical variables showed significant correlations with FFMI for either gender. Multivariate analysis showed that when the effects of other variables were accounted for, lower FEV₁%predicted was a significant predictor of lower FFMI in both females ($p < 0.0001$, $R^2 = 0.38$) and males ($p = 0.03$, $R^2 = 0.14$).

CONCLUSION: Pulmonary function and FFMI are significantly and independently associated in both females and males with CF. This highlights the importance of strategies aimed at optimising nutritional status and pulmonary function in order to improve survival and prevent complications of CF. The stronger association between FFMI and FEV₁% in females suggests that earlier intervention to prevent nutritional depletion may be indicated in female CF patients.