Welsh Orthopaedic Society Annual Meeting

Instructions for Authors

Selected papers from WOS Annual meetings will be included as referenced abstracts in Bone & Joint Journal Proceedings.

By submitting an abstract, the author/presenter automatically provides permission for it to be published by The British Editorial Society of Bone & Joint Surgery.

Authors are instructed to create an account on Oxford abstract website using the link provided on WOS website entitled "Abstract Submission Link" **Emailed abstracts will not be accepted.** Please note the following guidelines must be adhered to for inclusion.

The text of each abstract should not be more than 250 words, both structured and nonstructured abstracts are allowed.

The following items are NOT permitted : illustrations, tables, references, author qualifications.

Please do not use bullet points, asterisks, or any non-standard characters if possible – they tend to corrupt or convert into question marks/ square boxes, etc.

Underlining/Italic Type - Underlining, or italic type may be used to stress words or phrases. Latin names should be set in italics if possible.

Capitals - Use capitals for proper names, titles, geographical names, trade names.

Abbreviations - Abbreviations not in common use should be spelled out in full the first time they occur in a typescript, followed by the abbreviation in brackets. Abbreviations should not be used in the title of the abstract. Example: Greenwich Mean Time (GMT).

Short names (of countries, institutions, honours) and well-known acronyms are abbreviated without full stops and without a space between the letters. Examples: USA, UK, PM (Prime Minister), ESR, WBC, FRS, BA

Decimals - (point on line), 0.78 (not 78), 20 g (not 20.0 g); one-half, three-quarters (in text only)

EXAMPLE ABSTRACT:

The following page shows an example of a correctly typed abstract.

CHANGE IN TUMOUR VOLUME AS A MEASURE OF CHEMOTHERAPY-INDUCED NECROSIS IN EWING'S SARCOMA OF THE BONE

A. Abudu, R.J. Grimer, M. Davies, P. Pynsent, D.C. Mangham, R.M. Tillman, S.R. Carter Royal Orthopaedic Hospital Oncology Service, Birmingham B31 2AP, UK

Reduction in tumour volume following chemotherapy may in part be due to necrosis of neoplastic cells, reduction of the supporting stroma or resolution of tumour-induced inflammation. We analyzed the CT/MRI scans and histology of 50 patients with Ewing's sarcoma of the bone treated between 1983 and 1993 to determine the correlation between change in tumour volume and tumour necrosis following chemotherapy; and determine the influence of tumour necrosis and change in tumour volume on prognosis. The mean age was 18 years (range 5 to 40 years), and 40 of the tumours were located in the extremities, and ten centrally. The volume at diagnosis varied from 31 ml to 1790 ml. There was a negative correlation between observed change in volume and

necrosis (r = 0.73, p = 0.0001). Tumour progression, despite chemotherapy, was only seen in those with less than 60% necrosis. The relapse-free survival and overall survival were 71% and 78%, respectively, for those with more than 90% necrosis, and 37% and 59%, respectively, for those with less than 90% necrosis (p = < 0.05). Though the outcome in patients with more than 40% tumour volume reduction was better than those with less than 40% reduction, this did not reach statistical significance. We found no relationship between tumour volume and serum lactate dehydrogenase levels at diagnosis. Patient's weight, sex, body mass index and tumour site did not affect change in tumour volume following chemotherapy or the observed tumour necrosis. We conclude that change in tumour volume is a good predictor of chemotherapy induced necrosis and that necrosis is a strong prognostic factor in Ewing's sarcoma of the bone