

RCMI Institutions

Charles R. Drew University
Los Angeles, California

City College of NY, CUNY
New York, New York

Clark Atlanta University
Atlanta, Georgia

Florida A&M University
Tallahassee, Florida

Howard University
Washington, District of Columbia

Hunter College, CUNY
New York, New York

Jackson State University
Jackson, Mississippi

Meharry Medical College
Nashville, Tennessee

Morehouse School of Medicine
Atlanta, Georgia

Ponce School of Medicine
Ponce, Puerto Rico

Texas Southern University
Houston, Texas

Tuskegee University
Tuskegee, Alabama

Universidad Central Del Caribe
Bayamon, Puerto Rico

University of Hawaii
Honolulu, Hawaii

University of Puerto Rico
San Juan, Puerto Rico

University of Texas at El Paso
El Paso, Texas

University of Texas at San Antonio
San Antonio, Texas

Xavier University of Louisiana
New Orleans, Louisiana

ABSTRACT SUBMISSION INSTRUCTIONS AND GUIDELINES

We are soliciting abstracts for oral and poster presentation. Abstracts from all fields of biomedical research are encouraged. Selected abstracts may be presented as oral/platform presentations during Concurrent Scientific Sessions or poster presentations during poster sessions. Onsite, there will be spontaneous selections of poster presenters to provide a poster overview during designated poster sessions. Further, authors for limited abstracts will be given an opportunity to prepare an article for publication in the Journal of Health Care for the Poor and Underserved.

Abstracts will be accepted via electronic submission only. Abstracts that do not conform to official guidelines will not be accepted.

A presenting author is expected to register and attend the RCMi2010 Symposium to present the abstract. Abstracts will not be considered without receipt of an abstract submittal form from the author(s).

- **DEADLINE:** All abstracts must be received by the Secretariat (via email to abstracts@rcmibiennial.org) no later than 5:00 PM Central, August 31, 2010. No corrections will be allowed.
- **ELIGIBILITY:** All abstracts should represent basic science, clinical, community populations and studies, education, health policy, or special technologies and methodologies (e.g. genomics, proteomics, epigenomics, biosocial instruments and scales).
- **PRESENTATION FORMAT:** Authors should indicate their preference for oral or poster presentation on the submission form. However, the final decision of assignment to oral or poster presentation will be determined by the abstract reviewing committee.
- **ACKNOWLEDGEMENT:** All abstracts will receive notification of receipt no later than September 3, 2010. Notification of acceptance will be sent no later than October 5, 2010. All notification will be made via email from abstracts@rcmibiennial.org.
- **SUBMISSION REQUIREMENTS:** Please email abstracts to abstracts@rcmibiennial.org with "RCMI2010 Abstract Submission" as subject line including the completed Abstract Submission Form (as a PDF).

ABSTRACT SUBMITTAL GUIDELINES

- 200-250 word count (excluding title, authors, and affiliations); tables and charts are allowed with reduced word count to 200. Define all abbreviations the first time they appear in the abstract.
- Avoid formulas.
- Do not include references or credits.
- Single space all typing; no space between title and body or between paragraphs.
- To maintain legibility, avoid use of ornate or script fonts. Blocky fonts like Swiss, Humanist, and Arial or conservative serif types like Times Roman and Bookman read well. Please submit abstracts with a 12 point font using sans or serif type.

Figure 1: Sample Fonts (all fonts shown at 12 pt)

Swiss	Humanist	Arial	Times Roman	Bookman
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- Proofread the abstract carefully before submitting; no corrections will be allowed.
- Submit computer file of abstract. File must be in a PC-compatible format, preferably Microsoft Word.
- All abstracts must be organized using the following format:
 - TITLE (upper-case letters) maximum 60 characters
 - AUTHOR(S) (upper-lower case letters) who have significantly contributed to the work; optimal limit 5-10
 - Presenting author must be listed first (upper-case letters)
 - For each author, include first and second initial and last name, and highest degree (one only). Separate author name from degree with comma; separate authors with semi-colon.
Example: FC Jones, MD; AF Hill, PhD; KG Witherspoon, BS
 - AFFILIATION(S)
 - List institution(s) where work was performed. Present affiliation information in a new line immediately following author line and include author initials following affiliation.
Example: FC Jones, MD; AF Hill, PhD; KG Witherspoon, BS
Xavier University (FCJ); New Way Out Ministries (AFH, KGW)
 - PURPOSE (header in upper-case letters)
 - Explain the importance of the research or activity to include objectives, goals and purpose
 - DESIGN METHODS (header in upper-case letters)
 - Briefly explain the procedure and strategy used to gather the information presented.
 - RESULTS/EXPECTED RESULTS (header in upper-case letters)
 - What did you find when you performed the analysis of the information presented? Tables and figures can be included on an appropriate size
 - DISCUSSION/CONCLUSION (header in upper-case letters)
 - How does the result address the hypothesis?
 - How do the reported findings contribute to the knowledge in the respective field?
 - MENTION OF GRANT SUPPORT
 - Authors are encouraged to acknowledge grant support for work
- A policy abstract should contain a brief description of the problem/issue to be considered, the key factors underlying the issue, and the recommendations for moving forward.



Figure 2: Sample Abstract

TRISENOX-BASED CHEMOTHERAPY OF APL: MOLECULAR MECHANISMS OF ACTION

PB Tchounwou, ScD; CG Yedjou, PhD; ET Brown, MS; CS Rogers, BS; RW McMurray, MD
Jackson State University (PBT, CGY, ETB, CSR); University of Mississippi Medical Center
(RWM)

PURPOSE: Acute promyelocytic leukemia (APL) is a blood cancer characterized by a rapid accumulation of abnormal white blood cells in the bone marrow and blood resulting in anemia, susceptibility to infections, bleeding, and hemorrhage. Trisenox (TX) therapy has recently been approved by FDA based on its effectiveness in providing for a complete remission in *de novo* and relapsed APL patients. However, its molecular mechanisms of action remain to be elucidated. In this research, we hypothesize that TX pharmacology is mediated through oxidative stress leading to *p53* activation, genotoxicity, and apoptosis in cancer cells. **DESIGN METHODS:** Using the human leukemia (HL60) cell line as a test model, MTT assay for cell viability, thiobarbituric acid test for lipid peroxidation, Western Blot analysis for *p53* expression, microgel electrophoresis (Comet) assay for genotoxicity, flow cytometry analysis of annexin-5 and caspase-3, and DNA laddering assay for apoptosis were performed. **RESULTS:** Highly significant increases ($p < 0.05$) in cytotoxicity, oxidative stress, *p53* expression, and DNA damage were observed in TX-treated cells compared to controls. DNA damage was associated with a significant increase in comet tail length and tail moment. TX-induced apoptosis was characterized by a significant increase ($p < 0.05$) in the percentages of annexin-5 and caspase-3 positive cells, as well as in the degree of DNA fragmentation. **CONCLUSION:** TX pharmacotherapy is associated with a cytotoxicity that is mediated by oxidative stress, up-regulation of *p53* expression, DNA damage and morphological changes leading to apoptotic death in cancer cells. Research supported by NIH-RCMI Grant # 2G12RR013459 at Jackson State University.



Bridging the Gap Between Disparity & Equity
NEW MINDS · NEW METHODS

25th RCMI Anniversary :: 12th RCMI International Symposium on Health Disparities :: December 6-9, 2009

RCMI2010 Secretariat :: 1513 East Cleveland Avenue, Building 100-B, Suite 110, Atlanta, GA 30344

Tel: 404.559.6191 :: Fax: 404.559.6198 :: www.rcmiennial.org :: abstracts@rcmiennial.org

ABSTRACT GRADING CRITERIA

Abstracts should be developed to meet the following technical review criteria:

1. Importance and Relevance of Topic
2. Adherence to the RCMI Mission to enhance the research capacity and infrastructure at minority colleges and universities that offer doctorates in health sciences. Further, to study diseases that disproportionately affect minorities, bringing more minority scientists into mainstream research, and enhancing studies of minority health.
3. Innovation and Contribution to Knowledge Base
4. Clarity and Completeness – made up of the following: overall quality, purposes and objectives, theoretical and/or applied focus, research/activity methods, findings, and potential practical application.
5. Well organized and clearly written
6. Potential contributions of the study to science/society
7. Research Design:
 - Explicit background information
 - Sufficient information about the data collection and analysis procedures (if applicable)?
8. Results:
 - Discussion of empirical studies or in the case where the study has not yet been carried out, are there predictions about the expected direction of the findings?
 - Results likely to be of value to the field?

Selected abstracts will be presented as orally during Concurrent Scientific Sessions or poster presentations during poster sessions. Onsite, there will be a spontaneous selection of poster presenters to provide a poster overview during moderated poster discussions. Further, authors for limited abstracts will be given an opportunity to prepare an article for publication in the Journal of Health Care for the Poor and Underserved.



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GUIDELINES FOR ELECTRONIC GRAPHICS FILES

In order to facilitate the accurate handling of your abstracts containing graphics, please adhere to the following guidelines. (In this context any line art, graphs, charts, drawings, tables, and photographs will be referred to as a graphic.)

Acceptable File Formats

All graphics may be submitted electronically in Postscript (PS), Encapsulated Postscript (EPS), Tagged Image File Format (TIFF), Microsoft Word, Microsoft Power Point, Microsoft Excel, or Portable Document Format (PDF). As part of the production process, all submitted files are converted to TIFF format. If there is a problem with your initial submission, your Transactions/Journals staff editor will contact you for a revised electronic graphic. Unusable graphics or those submitted in other formats may be rejected.

Unacceptable File Formats

In general, files prepared as GIF, JPEG, WMF, PNG, and BMP (or in any other file formats not listed) are not acceptable and will not be processed.

Dots Per Inch

DPI is an acronym for Dots Per Inch and describes the density of the dots; it is also referred to as “resolution”. DPI determines how sharply the image is represented. If a printer specifies 300 DPI, it means that for every inch of image there are 300 dots (or pixels). In order to achieve the highest quality of reproduction, resolutions of 600 dpi (1 bit/sample) at final printed size for line art (graphs, charts, drawing or tables) and 300 dpi (8 bits/sample) at final printed size for photographs and other grayscale images are required.

Using a lower-than-recommended resolution setting may result in degradation of the printed image. Images prepared for Web use with low resolution will not reproduce correctly and will be rejected. Conversely, saving an image at a resolution higher than the recommended settings will not improve the image quality. Image quality is very important to how yours graphics will reproduce. Although we can accept graphics in many formats, we cannot improve the quality of your graphics if the source files are poor.

For highest quality:

- Save line art images (graphs, charts, drawings, or tables) as black and white bitmap and not grayscale.
- Save halftones or photographs and graphics that have combinations of line and tone or shading as grayscale, and not as black and white bitmap.

Sizing of Graphics

Most charts, graphs and tables are one column wide (3 1/2 inches) or two-column width (7 1/16 inches). The maximum depth of a graphic is 9 inches. Please allow space for the caption. The exceptions are for graphics submitted for publication in program syllabus. We recommend that you avoid sizing figures less than one column wide, as enlargements may distort your images and result in poor reproduction. Therefore, it is better if the image is slightly larger, as a minor reduction in size will not have an adverse affect on the quality of the image.



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POSTER PRESENTATION GUIDELINES

Poster Presentations will occur during Poster Sessions on December 7 or 8. Upon acceptance, presenters will be provided specifics on installation, presentation, and dismantle times. Poster participants must pre-register and attend the 12th RCM International Symposium on Health Disparities.

1. Symposium December 6-9, 2010.
2. 4'x8' poster board will be furnished for all participants to display their posters. Do not exceed this dimension.
3. The presenting author is responsible for displaying the poster at the beginning of the assigned poster session and removing it at the end of the assigned poster session, at times to be designated in the Poster Acceptance Package. Detailed instructions for poster displays, poster number, and location will also be included in the Poster Acceptance Package.
4. The presenting author must be available at the poster display during designated Poster Session. Symposium participants will be invited to speak with authors either one-on-one format or in group sessions. There will be **no audio-visual equipment** for poster presentations, as space does not permit.
5. Your poster should cover the KEY POINTS of your research. The ideal poster is designed to (1) attract attention; (2) provide a brief overview of your work; and (3) initiate discussion and question.

Graphs and Tables: As with the rest of your poster, strive for brevity, simplicity, and clarity. Here are some rules of thumb. Tables with more than 20 data cells will begin to overwhelm a typical viewer. Similarly, graphs with no more than three lines or six bars are preferable. Include captions and legends but keep them short and informative. Maintain a consistent labeling system for all graphs. When data of the same type are presented on separate graphs, it may be useful to use the same scale on all axes.

Type Size: Text must be legible. The title should be legible from at least 5 meters and text from 1-2 meters. Minimum recommended type sizes are summarized below.

Figure 3: Minimum Recommended Font Size (Times Roman shown)

<i>Title</i>	90
<i>Heading</i>	60
<i>Subheading</i>	30
<i>Text</i>	18



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Type Style: To maintain legibility avoid the use of ornate or script fonts. Blocky fonts like Swiss, Helvetica and Arial or conservative serif types like Times Roman and Bookman read well. In the body of the text, follow normal convention when employing italics and capital letters.

Layout: Organize your poster from left to right and top to bottom. One good method is to divide your material into 3 to 5 logical sections. Layout each section as a vertical module on your poster, moving from left to right and leaving space between each module. Empty space is important and can be used to separate parts of your poster or establish relationships between modules or sections. Avoid clutter.

Background: Advances in computer technology have created a plethora of graphic possibilities. Just as you can choose a color photo of your favorite estuary as a backdrop for your computer's desktop, so can you print your entire poster on such a photo. Such backgrounds call attention to the background, not your science. Often your material will be very difficult to read and visually obscured. However conventional it may be, choose a background that accentuates the material you want to present.

Colors: Do not use fluorescent or intense colors for anything. Colors can be used on graphs, but should consistently represent the same population or variable throughout. Subdued or neutral colors toned down with grey are best for backgrounds and large areas. Blues, browns, greens, or grays are appropriate for framing. Background for text and graphs can be white, but off-white or beige is easier on the eyes.

POSTER DISCUSSION PRESENTATION GUIDELINES

Poster Discussion Presentations will occur during Poster Sessions on December 7 or 8. The selection process for onsite Poster Discussion Presentations will occur spontaneously during the conference. Once abstracts have been accepted for poster presentation, presenters should submit a single power point slide providing an overview summary of the poster no later than November 5, 2010. Make note that abstracts selected for this method of presentation will require both a poster presentation and a 3-5 minute oral presentation summarizing the selected poster. Slides will not be accepted after November 5.

ORAL PRESENTATION GUIDELINES

Oral Presentations will occur during the Concurrent Scientific Sessions related to the abstracts theme which convene December 7-9, 2010. Upon acceptance, presenters will be provided specifics on assigned session. Make note that abstracts selected for oral presentation will require a maximum of 3-5 slides for a 10-minute presentation followed by a 5-minute questions and answer period.



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ABSTRACT SUBMISSION FORM**Deadline: August 31, 2010**

Please complete, sign where indicated, and submit with abstract in MSWord format via **EMAIL** to abstracts@rcmibiennial.org with subject line "RCMI2010 Abstract Submission."

Participant Name: _____*Position:* _____

Is the Presenting Author Eligible for the Travel Award? Yes No

By selecting yes, you affirm that you have met all eligibility requirements as found at <http://www.rcmibiennial.org/travelaward.html> and wish to be considered for a travel award.

Department: _____*Institution/Organization:* _____*Address:* _____*Address:* _____*City:* _____*State:* _____*Zip:* _____*Phone:* _____*Fax:* _____*Email:* _____**Abstract Information***Abstract Title* _____

Please consider my abstract for* Poster Presentation Oral Presentation. **This selection does not guarantee presentation method.*

Choose one of the categories listed below:

Themes

- Alternative Medicine
- Biomedical Informatics
- Cancer
- Cardiovascular Disease
- Environmental Toxicology
- HIV and AIDS
- Infectious Disease (Non-HIV)
- Neurologic and Neuropsychiatric Disorders
- Obesity and Metabolic Syndrome
- Oral Disease – Systemic Disease Associations
- Reproductive Health
- Other _____

Sub Categories

- Basic Science
- Clinical
- Community and Populations Studies
- Education
- Health Policy
- Special Technologies & Methodologies (e.g. Genomics, Proteomics, Epigenomics, Biosocial Instruments and Scales)
- Other _____

The undersigned certifies that all authors named in the abstract have agreed to its submission for presentation at the 12th RCMI International Symposium on Health Disparities “Bridging the Gap between Disparity and Equity: New Minds – New Methods” to convene December 6-9, 2010 in Nashville, Tennessee.

Signature of Presenting Author: _____*Date* _____

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ABSTRACT SUBMISSION CHECKLIST

The following must be submitted by August 31, 2010 in order to be considered for review:

- Abstract Submission Form (one per abstract) – signed and fully completed
- Abstract prepared according to instructions (not to exceed 250 words – 200 if includes figure, chart, or table) formatted as PC-compatible MSWord document.
- Separate graphic files required for figure, chart, or table. File format should be at least 150 DPI, vector-based: *.ps, *.eps, *.tif, or *.pdf formats accepted.
- Submit all by email to: abstracts@rcmibiennial.org

For Inquiries, please contact:

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