

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 during Concurrent Scientific Sessions or during poster sessions. Abstract authors will be provided an opportunity to submit an article for possible publication in the Journal of Health Care for the Poor and Underserved. The 2013 JHCPU Supplement Issue will be released in November of 2013. Please note that all articles are subject to blinded peer review and may not be accepted for publication. More information on the Journal of Health Care for the Poor and Underserved can be found via [http://www.press.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/](http://www.press.jhu.edu/journals/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 required to register and attend the RCMI2012 Symposium to present the abstract. Abstracts will not be considered without receipt of an abstract submittal form from the author(s).

- **REGISTRATION:** All abstract authors are required to register/pre-register for the Symposium
- **DEADLINE:** All abstracts must be received by the Secretariat (via email to [abstracts@rcmibiennial.org](mailto:abstracts@rcmibiennial.org) or online with registration) no later than 5:00 PM Eastern, May 4, 2012. No corrections will be allowed and there will be **no extensions for this deadline.**
- **ELIGIBILITY:** All abstracts should represent basic science, clinical, community populations and studies, education, health policy, or special technologies and methodologies.
- **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 and the Scientific Planning Committee.
- **ACKNOWLEDGEMENT:** All abstracts will receive notification of receipt within two business days. Acceptance notification will be sent no later than August 3, 2012. All notification will be made via email from [abstracts@rcmibiennial.org](mailto:abstracts@rcmibiennial.org).
- **SUBMISSION REQUIREMENTS:** Please email abstracts to [abstracts@rcmibiennial.org](mailto:abstracts@rcmibiennial.org) with "RCMI2012 Abstract Submission" as subject line including the completed Abstract Submission Form.

## ABSTRACT SUBMITTAL GUIDELINES

- Maximum of 250 word count (excluding title, authors, affiliations, and mention of grant support)
- Tables and charts are NOT allowed.
- 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. Separate authors with semi-colon.  
Example: FC Jones; AF Hill; KG Witherspoon
  - 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; AF Hill; KG Witherspoon  
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 charts are NOT allowed.
  - 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?
  - GRANT SUPPORT (header in upper-case letters)
    - Authors are encouraged to acknowledge grant support for work where applicable
- 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; CG Yedjou; ET Brown; CS Rogers; RW McMurray  
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.

## 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 as stated in the submittal guidelines (see page 2)
6. Potential contributions of the study to science/society
7. Research Design - Sufficient information about the data collection and analysis procedures (if applicable)
8. Results:
  - Discussion of results 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?

**NOTE:** Selected abstracts will be presented during Concurrent Scientific Sessions or as poster presentations during poster sessions. Abstract authors will be provided an opportunity to submit an article for possible publication in the Journal of Health Care for the Poor and Underserved. The 2013 JHCPU Supplement Issue will be released in November of 2013. Please note that all articles are subject to blinded peer review and may not be accepted for publication. More information on the JHCPU can be found via [http://www.press.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/](http://www.press.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/).



## POSTER PRESENTATION GUIDELINES

Poster Presentations will occur during Poster Sessions on December 10, 11, or 12. Upon acceptance, presenters will be provided specifics on installation, presentation, and dismantle times. Poster presenting authors must pre-register and attend the 13<sup>th</sup> RCMI International Symposium on Health Disparities.

1. Symposium December 9-13, 2012.
2. One poster board will be furnished for each poster display. The available surface area for your poster is 92 inches wide by 44 inches tall. Do not exceed this dimension when printing your poster.
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 the designated Poster Session. These sessions are designed as an opportunity for authors to speak with Symposium Attendees about their respective work. 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 16 feet and text from 3-6 feet. Minimum recommended type sizes are summarized below.

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

*Title* 90

*Heading* 60

*Subheading* 30

*Text* 18



**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.

## ORAL PRESENTATION GUIDELINES

Abstract Oral Presentations will occur during the Concurrent Scientific Sessions related to the abstracts theme, which convene December 10-13, 2012. Upon acceptance, presenters will be provided specifics on their assigned session. Make note that abstracts selected for oral presentation will have a 10-minute presentation followed by a 5-minute questions and answer period.

Presenters are encouraged to keep the audience focused and interested, here are a few tips for a successful presentation:

- 1. Proofread everything, including visuals and numbers.**

- 2. Use Key Phrases About Your Topic**

Seasoned presenters use key phrases and include only essential information. Choose only the top three or four points about your topic and make them consistently throughout the delivery.

- 3. Slide Layout is Important**

Make your slides easy to follow. Put the title at the top of the slide where your audience expects to find it. Phrases should read left to right and top to bottom. Keep important information near the top of the slide. Often the bottom portions of slides cannot be seen from the back rows because heads are in the way. Simplify and limit the number of words on each screen. Try not to use more than three bullets per slide. Don't overload your slides with too much text or data. The surrounding space will make it easier to read.

- 4. Limit Punctuation and Avoid All Capital Letters**

Punctuation can needlessly clutter the slide and the use of all caps makes statements more difficult to read and is like SHOUTING at your audience.

- 5. Avoid Fancy Fonts**

Choose a font that is simple and easy to read (see Figure 1 – Sample Fonts). Avoid script type fonts as they are hard to read on screen. Use, at most, two different fonts – perhaps one for headings and another for content. Keep all fonts large enough (at least 24 pt and preferably 30 pt) so that people at the back of the room will be able to easily read what is on the screen.

- 6. Use Contrasting Colors for Text and Background**

Backgrounds should never distract from the presentation. Dark text on a light background is best, but avoid white backgrounds. Using the default white background is hard on the viewer's eyes -- tone it down by using beige or another



light color. Note that colors appear lighter when projected and pale colors often appear as white. A dark background with white font reduces glare. When using a dark background, be sure to make text a light color for easy reading.

Patterned or textured backgrounds can reduce readability of text.

Keep your color scheme consistent throughout your presentation.

#### **7. Limit the Number of Slides**

Keeping the number of slides to a minimum ensures that the presentation will not become too long and drawn out. It also avoids the problem of continually changing slides during the presentation that can be a distraction to your audience. If the audience is reading slides, they are not paying attention to you. A more successful and engaging presentation is one that averages about one slide per minute.

#### **8. Use Photos, Charts and Graphs**

Combining photos, charts, and graphs will add variety and keep your audience interested in the presentation. Avoid having text-only slides.



**ABSTRACT SUBMISSION FORM****Deadline: May 4, 2012**

Please complete, sign where indicated, and submit with abstract in MSWord format via **EMAIL** to [abstracts@rcmibiennial.org](mailto:abstracts@rcmibiennial.org) with subject line "RCMI2012 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

- Biomedical Informatics and Computational Biology
- Cancer / Cancer Biology
- Cardiovascular Disease
- Cell Biology / Gene Function
- Complementary & Alternative Medicine
- Health Information
- HIV and AIDS
- Infectious Disease / Immunology / Autoimmunity (Non-HIV)
- Nanotechnologies & Pharmaceutical Sciences
- Neuroscience
- Public / Behavioral / Environmental Health
- Women's Health
- Other \_\_\_\_\_

## Sub Categories

- Basic Science
- Clinical
- Community and Populations Studies
- Education
- Health Policy
- Special Technologies & Methodologies
- Other \_\_\_\_\_

**The undersigned certifies that all authors named in the abstract have agreed to its submission for presentation at the 13<sup>th</sup> RCMI International Symposium on Health Disparities "Translating Science to Better Health: The Power of Diversity & Multicultural Engagement" to convene December 10-13, 2012 in San Juan, Puerto Rico.**

Signature of Presenting Author: \_\_\_\_\_

Date: \_\_\_\_\_



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## ABSTRACT SUBMISSION CHECKLIST

The following **must be submitted by May 4, 2012** (deadline will **NOT** be extended) in order to be considered for review:

- All abstract presenters are required to register/pre-register. Keep in mind that the Symposium registration early bird discount deadline is May 4, 2012.
- Abstract Submission Form (one per abstract) – signed and fully completed
- Abstract prepared according to instructions (not to exceed 250 words) formatted as PC-compatible MSWord document. Please do not forward an image of your abstract. We will require the text for placement in conference proceedings.
- Submit all by email to: [abstracts@rcmibiennial.org](mailto:abstracts@rcmibiennial.org) or complete submission online at time of registration.
- RCMi2012 Secretariat will acknowledge receipt within two business days. If you have not received a response, please call 404.559.6191 or resubmit to [abstracts@rcmibiennial.org](mailto:abstracts@rcmibiennial.org).
- Abstract notification deadline August 3, 2012 (via email from [abstracts@rcmibiennial.org](mailto:abstracts@rcmibiennial.org))
- Deadline to withdraw abstract August 31, 2012

For Inquiries, please contact:

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