

INSTRUCTIONS ON ABSTRACT SUBMISSION FOR THE

19th International Workshop on Osteoarthritis Imaging

July 9-12, 2025 – Cambridge, UK

How do I proceed with the abstract submission?

- 1) Submission of abstract starts on March 1, 2025. The deadline for abstract submission is **May 11**.
- 2) Please read the instructions below which describe how to prepare your abstract.
- 3) Please prepare your abstract offline according to these instructions. Please use the sample abstract by downloading the word doc file and use it as a template to create your abstract.
- 4) When you are done please save your abstract as a doc file and name it "lastname_firstname_IWOAI_2025.doc".
- 5) Please proofread your abstract carefully before sending it.
- 6) When completed, please send your abstract as an e-mail attachment to Tom Turmezei at tom@turmezei.com and copy Ali Guerhazi at guerhazi@bu.edu.
- 7) Please indicate in your e-mail whether you prefer a poster presentation. If we receive no specific information, we will assume that you are submitting for either an oral or poster presentation and will leave this decision to the scientific program committee.
- 8) Please add in your email if the first author qualifies as a Young Investigator. Criteria include researcher or MD within 3 years of completing PhD or residency and under 38.

What happens to my abstract after submission?

- 1) We will send you a notification that your abstract has been received.
- 2) If the abstract is not in the described format, we will return it to you for correction.
- 3) We will then prepare a blinded copy of your abstract, without author names, affiliations, sponsor information, disclosure statement, acknowledgment, and correspondence address. This copy will be sent to the program committee
- 4) Selection of the oral presentations will be based on originality, scientific quality and potential impact of your contribution. The selection criteria include the sample size, the number of methods used (in parallel), the quality of the methodology used, and the quality of the presentation in the abstract.
- 5) You will be notified around **May 21** whether your abstract has been accepted, and if so, whether as an oral or poster presentation
- 6) Prior to the conference, a PDF file will be created that contains the abstracts of the oral presentation abstracts in the sequence of the actual program followed by the poster presentation abstracts in alphabetical order.
- 7) This PDF file will be circulated to the registered conference participants about two weeks prior to the workshop.

Technical instructions for submitting the abstract. (Use the sample abstract as a template!)

- Please go to page setup / paper and select letter (8.5" width and 11" height)
- Please go to page setup / margins and select 1" for top and bottom, and 1.25" for left and right
- Please use Times New Roman, 10 pt font. Do NOT use any format such as bold, italic or underline.
- Please align the entire text LEFT, use single line spacing, no extra spacing for paragraphs
- The title should be spelled in CAPITAL letters. Please insert one blank line between the title and the authors.
- Authors should be listed with the last name first, followed by their initials separated with a period (.). Authors should be separated by commas (,). If the authors are affiliated with several institutions, please identify by inserting 1,2,3 (superscript) prior to their last names. If one author is affiliated with several institutions, you do not need to identify these with symbols, but simply list the institutions using "&" under the same symbol. Leave one line free and continue with the institutions

- Affiliations should start with the identifiers (1,2,3 in superscript) used above. Please provide only the name of the institution, city and country. Please omit the postal address, phone, fax or E-mail address. Preferably, start each institution on a new line. Please do not leave any blank lines between affiliations, however please separate the affiliations from the body of the abstract using one blank line.
- The Abstract body should be divided as follows: INTRODUCTION, OBJECTIVE, METHODS, RESULTS, CONCLUSION. Please use capital letters for the headings, followed by a colon (:) and continue with the text in the same line. Please leave one blank line between the Abstract body divisions.
- You may (but do not need to) use tables, graphs and images (preferably 72 dpi resolution), however the total Abstract file size cannot exceed 1MB.
- When naming MRI parameters and anatomical regions in the knee, authors are encouraged to refer to the “Proposal for a nomenclature for magnetic resonance imaging-based measures of articular cartilage in osteoarthritis” published in *Osteoarthritis Cartilage*. 2006 Oct;14(10):974-83. Use of this nomenclature is, however, not compulsory.
- To facilitate brevity, a number of abbreviations may be used without introduction, these being listed at the end of these instructions (see below). These abbreviations will be defined at the beginning of the abstract file and reader will thus be able to refer to these without further introduction.
- Following the Abstract body, please leave one blank line and continue with the following additional sections: SPONSOR, DISCLOSURE STATEMENT, ACKNOWLEDGMENT, and CORRESPONDENCE ADDRESS Please start each of these sections in a new line; it is not necessary to leave a blank line between them. As before with the Abstract body divisions, please use capital letters for the headings, followed by a colon (:) and continue with text in the same line.
- In the SPONSOR section, please identify the grant agency and grant number, industry sponsor or state “none”.
- Under DISCLOSURE STATEMENT please identify any potential conflict of interest that you may have. You do not need to disclose relationships that have been identified under affiliations. If for any of the authors a commercial relationship should exist that is related to the abstract content, please clearly identify them here. If there are no potential conflicts of interest relationships that need to be identified, please state “none”.
- The ACKNOWLEDGMENT section provides the opportunity to thank people who were involved in the study, but who are not authors. You do not need to thank the funding agency, as they have been previously identified. You may omit the acknowledgment section, if desired.
- In the section, CORRESPONDENCE ADDRESS, it is not necessary to provide your full postal address, however, please include your E-mail address or phone number, including area and country codes.
- You may include 2 figures, 1 figure and 1 table, or 2 tables.
- The abstract must not exceed the length of two A4 pages.

Suggestions for organizing the contents of your abstract

INTRODUCTION:

- Please state the background of your study but be specific.
- You do not need to mention that OA is an important disease, that no DMOAD has so far obtained regulatory approval, and that developing new therapies is an important task in OA research. Most attendees will be aware of these facts and you may thus directly move to the relevant topics.

OBJECTIVE:

- Please state one or more specific hypotheses or questions that you will address in your study. If more than one, please list them using 1)...2)...3)... etc.

METHODS:

- Please clearly state the sample size (n = XX) of your study, as this will be an important selection criterion for poster or oral presentation.
- Describe the clinical or other characteristics of your sample.

- Briefly outline the methodologies and endpoints used (e.g. radiography, CT/MR imaging, clinical evaluation, serum biomarkers) and specify which specific radiographic, CT or MRI technique has been used (e.g. morphological imaging of cartilage, dGEMRIC, T2 mapping, T1rho, other, or a combination of these).
- Please give sufficient technical information that it is clear how things were done (e.g. spatial resolutions, number of echos when generating a T2 map etc). You may check with the “Proposal for a nomenclature for magnetic resonance imaging-based measures of articular cartilage in osteoarthritis” published in Osteoarthritis Cartilage. 2006 Oct;14(10):974-83, as a recommendation has been given there which minimal method information should be provided.
- Please describe the statistical methods that you have used.

RESULTS:

- Please present quantitative data (mean and standard deviation) and the level of statistical significance.
- Ideally, the presentation of the results should be grouped according to the study hypotheses/questions, so that for each hypothesis/question the relevant data are presented.
- Please avoid describing your sample here, as this should be done in the method section, and do not draw any conclusions, as this should be done in the next section.
- **Figures/Tables and their captions can appear on a second page.**

CONCLUSION:

- Please provide answers and interpretations that clearly refer to the study hypotheses/questions
- Please provide conclusions that are supported by your findings.
- Please do not merely repeat results and do not provide new quantitative data in this section.
- You do not need to state that “further research is required” at the end, as this is always the case. Rather describe the next steps more specifically.

Abbreviations that are acceptable without specific introduction in the abstract text

| | |
|--------------|--|
| ○ AC | = area of cartilage (surface) |
| ○ ACL | = anterior cruciate ligament |
| ○ app. BV/TV | = apparent bone volume divided by total tissue volume |
| ○ app. Tb.N | = apparent trabecular number |
| ○ app. Tb.Sp | = apparent trabecular separation |
| ○ app. Tb.Th | = apparent trabecular thickness |
| ○ BM lesion | = bone marrow lesion |
| ○ cAB | = area of subchondral bone covered with cartilage |
| ○ cLT | = central (weight-bearing) aspect of the lateral femur |
| ○ cMF | = central (weight bearing) aspect of the medial femur |
| ○ CNR | = contrast to noise ratio |
| ○ CT | = computed tomography |
| ○ dAB | = denuded area of subchondral bone |
| ○ DMOAD | = disease modifying OA drugs |
| ○ DESS = | = double echo steady state imaging |
| ○ dGEMRIC | = delayed gadolinium enhanced MRI of cartilage |
| ○ ECM | = extracellular matrix |
| ○ FLASH | = fast low angle shot |
| ○ FSE | = fast spin echo |
| ○ FT | = femorotibial |
| ○ GAG | = glycosaminoglycans |
| ○ GdDTPA2- | = gadopentetate dimeglumine |
| ○ ICC | = intraclass correlation coefficient |
| ○ IM | = intermediate weighted |
| ○ JSN | = joint space narrowing |
| ○ JSW | = joint space width |
| ○ KLG | = Kellgren Lawrence grade |
| ○ LF | = lateral femoral condyle |
| ○ LT | = lateral tibia |

- MRI = magnetic resonance imaging
- MF = medial femoral condyle
- MT = medial tibia
- OA = osteoarthritis
- OAI = Osteoarthritis Initiative
- P = Patella
- PGs = proteoglycans
- pLF = posterior aspect of the lateral femoral condyle
- pMF = posterior aspect of the medial femoral condyle
- qMRI = quantitative magnetic resonance imaging
- SD = standard deviation
- SNR = signal to noise ratio
- SPGR = spoiled gradient echo
- SSFP = steady-state free precession
- T = Tibia
- T1 = longitudinal relaxation time
- T1rho = T1 in the rotating frame
- T2 = transverse relaxation time
- tAB = total area of subchondral bone
- ThC = thickness of the cartilage
- ThCcAB = thickness of the cartilage, summarized over cAB (without inclusion of dAB)
- ThCtAB = thickness of the cartilage, summarized over tAB (with inclusion of dAB as 0 mm cartilage thickness)
- TKA = total knee arthroplasty
- TrF = trochlea of femur
- VC = volume of cartilage
- VctAB = volume of cartilage normalized to the tAB
- WBCT = weight-bearing computed tomography
- we = water excitation
- WOMAC = Western Ontario Mac Master University-Index
- WORMS = whole-organ MRI score
- μ CT = micro computed tomography