



ABSTRACT SUBMISSION GUIDELINE

DEADLINE: AUGUST 15, 2006

TOPICS

Themes	Areas
T1 Receptors and Postreceptor Signaling	A1 Diabetes
T2 Regulation of Hormone Secretion	A2 Endocrine Hypertension
T3 Neuropeptides	A3 Lipid Disorders
T4 Adipokines	A4 Obesity and Metabolic Syndrome
T5 Apoptosis	A5 Osteoporosis and Calcium Metabolism
T6 Inflammation, Immunology and Autoimmunity	A6 Pituitary Diseases
T7 Genetics and Epigenetics	A7 Hormone Replacement
T8 Gene and Cell Therapy	A8 Reproductive Endocrinology
T9 Functional Genomic and Proteomics	A9 Neuroendocrinology
T10 Epidemiology and Health Care Delivery	A10 Pediatric Endocrinology
T11 Diabetes	A11 Thyroid Diseases
	A12 Adrenal Diseases
	A13 Aging
	A14 Inborn Errors of Metabolism
	A15 Endocrine Imaging
	A16 Hormone Resistance Syndromes
	A17 Endocrine Surgery
	A18 Cardiovascular Endocrinology

Instructions for the Preparation of Abstracts

- The abstract should be typed single-spaced in English using Microsoft Word with 11-12 points "Times New Roman" font within a text box of 12 cm/4.7 inches (height) x 16 cm/6.2 inches (width). Create the text box from the toolbar menu "Insert" then click "Text box". Define the size of the text box using the toolbar menu "Format" then click "Text box" and "Size". When typing the abstract on A4-size page, the above dimensions are equivalent to creating a left and right margin of 3 cm/1.2 inches and a top and bottom margin of 2.5 cm/1 inch and 15.3 cm/6 inches, respectively.
- The **title** of the abstract should be typed in bold capital. This is followed by the **names of authors** - with the family name capitalized and the given names in capital and small letters. The name of the **presenting author** should be underlined. Indicate the **affiliation** (department, institution, city, postal code and country) of the presenting author only. (Please refer to the sample abstract for a graphic presentation of the layout.)
- The **text** must be arranged in the order of Objective, Methods, Results and Conclusions, with no indentation at the beginning of each paragraph.
- Standard **abbreviations** are allowed and special ones must be defined when first introduced.
- The abstract will be reproduced exactly as submitted and authors should check for typographic and spelling errors, and the use of symbols, subscripts, superscripts, etc before submission.
- The abstract must be submitted electronically together with a copy of the "Abstract Submission Form" as an email attachment to the Congress Secretariat (huaxia2006@pctourshk.com). Hardcopy or fax copy of the abstract will not be accepted as a substitute for the electronic submission. Authors who wish to submit more than one abstract should fill out a separate "Abstract Submission Form" for each abstract. The presenting author will be notified within three days by the Congress Secretariat if the abstract is properly received. Authors who do not receive such confirmations should check with the Congress Secretariat.
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- Those presenting authors who wish to be considered for the "Young Investigator Awards" should indicate on the "Abstract Submission Form". The awards will be adjudicated by panels of international judges. The presenting author must be aged below 40, and give oral or poster presentation in English.

SAMPLE ABSTRACT FORM

CHANGES OF GLUCOSE, INSULIN AND C-PEPTIDE LEVELS IN NON-DM SIBLINGS OF FIRST DEGREE RELATIVES IN TYPE 2 DM FAMILIES

WU Songhua, XIANG Kunsan, LIU Xin.

Department of Endocrinology, Shanghai Sixth People's Hospital Shanghai, 200233, China.

Objective: To investigate the changes of 8 parameters about INS action and secretion in non-DM sibilings of first degree relatives (FDRs) in type 2 DM families. **Methods:** 1986 individuals out of 320 type 2 DM families from Jiangsu and Zhejiang provinces, China, were investigated and blood sampled. The sibilings among FDRs who were not DM and IGT patients were selected as FDR group (346 cases) and 322 cases of their spouses as control group. The OGTT was conducted, 8 parameters including HOMA-IR, HOMA-B reflecting INS action and INS secretion were compared. These two groups were further divided into subgroups in accordance with age and BMI. Analysis of covariance with adjustment of these two factors was used in comparision between groups and subgroups. **Results:** There were statistically significant difference of HOMA-B and FPG in **Conclusion:** It suggests that