IASP World Congress on Pain
Poster Submission Style Guide

Titles of Proposals

• A proposal must have a short, specific, descriptive title (containing no abbreviations) that indicates the nature of the session.
• Maximum of 200 characters, with spaces.
• All titles should be written in title case. Capitalize all proper nouns. Use lower case for the first letter of articles, prepositions, and conjunctions of three or fewer letters.
  o e.g. Neurophysiological Methods in the Assessment of Neuropathic Pain in Humans
• Spell out numerals in titles.
• Spell out abbreviations in titles.

Presenting Author Information

• Full name & contact information – including email address, daytime phone, & evening phone – are required

Author & Co-Author Information

• All co-authors' contact details – including first and family names, affiliation/institution name, city, and country – are required

Poster Abstracts

• Abstracts may be a maximum of 5000 characters combined. Punctuation counts as characters. The title, author block, disclosure block (affiliations), and source of financial support are not included in the abstract count.
• Abstracts should clearly state:
  o Background and aims
  o Methods
  o Results
  o Conclusions
  o Any Conflict(s) of Interest
  o Source(s) of Financial Support for the Project
• Use generic names of drugs only.
• Express numbers as numerals.
• Use only standard abbreviations. Place special or unusual abbreviations in parentheses after the full word the first time it appears.
General Style Rules
Poster descriptions and presenter biographies, when used in marketing and printed materials, will be copyedited according to American English (not British English) guidelines.

Spacing
- Include a single space after words, sentences, and periods following initials of names.

Acronyms and Abbreviations
- Spell out acronyms and abbreviations, followed by the abbreviation in parentheses, for the first mention.

Punctuation
- Use punctuation before ending quotation marks, before reference citations, and outside of parentheses.
- Serial (Oxford) commas should be used with 3 or more items (e.g., I am reading PAIN, PAIN Reports, and Pain Research Forum).
- Use "hyphens" inside parentheses and tables (e.g., 31-92 years).
- Use quotation marks to enclose material that is taken directly from another source.
- Use quotation marks to set off an uncommon term or one that is being used out of its normal context.
- Use ellipses to show omission of material from a direct quote.

Number Style
- Please use Arabic numerals. Numbers are only spelled out if they begin a sentence, title, subtitle, or heading, or used in common fractions.

Time and Date Format
- Please use European date style (Day Month Year).
  o Day – use numeral
  o Month – spell out
  o Year – use numeral
Ordinals

- Below 10: Spell Out:
  - First
  - Second
  - Ninth
- Above 9: Numeral:
  - 10th
  - 21st
  - 22nd
- When grouped with ordinals greater than the ninth, use numerals:
  - The 1st and 12th patients

Common Spellings and Hyphenations

If the first letter of a hyphenated, compound word is capitalized, the first letter after the hyphen should also be capitalized.

Use hyphens for the following:

- Units (e.g., 3-cm diameter tube)
- Adjectives (e.g., B-cell helper, double-blind study)
- Compound adjectives preceding the word being defined (e.g., low-grade fever)
- Compound words: adverbs ending in ly should not be hyphenated; e.g., highly developed
- Prefixes preceding a proper noun, capitalized word, number (e.g., post-2005 ruling)
- The following prefixes and suffixes:
  - All-, self-, ex-, cross-, quasi-, -type, -elect, -designate (eg, self-respect, Hodgkin-type lymphoma, chair-elect)

The word list below standardizes several common terms for consistency.

α-ω

- A fiber, Aβ fiber, Aδ fiber; A-fiber-mediated (hyphenate in adjectival phrase)
- α2 adrenoceptors (spell out alpha-2 in headings) (not adrenoreceptor)
- α2-adrenoceptor agonist (hyphenate in adjectival phase)

A

- ACTH: adrenocorticotropic hormone (-tropic, not -trophic)
- algometer (a device to test pressure pain sensitivity)
- AMPA; α-amino-3-hydroxy-5-methyl-4-isoxazole propionate
- analgesiometer (a device to test degree of analgesia in experimental pain studies)
Antinociceptive

b.i.d. "bis in die", meaning twice a day

B12 (vitamin, subscript numbers)
β1 subunit (re. sodium channel)
β-endorphin

biological (not biologic)

C-afferent fiber; C afferent
carrageenan
CCK = cholecystokinin (CCKA, CCKB)
C fiber (noun); C-fiber-evoked (adjective)
c-fos, c-Fos (capital F for humans, lowercase for other species; all italic; immediate early gene; not italic when talking about the protein, not the gene: “c-fos protein”)

CGRP = calcitonin gene-related peptide
CNS = central nervous system
cold-water swim; cold-pressor task
COX-1 = cyclooxygenase-1 (also COX-2)
CRF = corticotropin-releasing factor
CRPS-I = CRPS type I (complex regional pain syndrome type I, formerly reflex sympathetic dystrophy)
CRPS-II = CRPS type II (formerly causalgia)
cross-cultural

CT scan = computed tomography scan (the “a” in CAT stands for axial, but American College of Radiology style is CT scan as of 1992)

dextro- use small cap D, eg, D-naloxone [also (+)-naloxone] and use small cap L for levo, eg, levo-naloxone = L-naloxone [also (−)-naloxone]
disk (not disc)
distension (not distention; both in dictionary but we use distension)
downregulation

DRG = dorsal root ganglion or ganglia (plural is DRG, not DRGs)
dynorphin A(2–17)

ED50 = median effective dose (must define at first use)
EEG, ECG (OK to use without spelling out at first occurrence)
effect size (difference between 2 conditions, divided by the standard deviation; used as an indicator of whether the difference between treatments is clinically significant)
o ELISA = enzyme-linked immunospecific assay
o “et al.” is acceptable in running text; “Smith and colleagues” or “Smith’s team” can be used if study is subject of large section of text

F
o F response (antidromic excitation of motor neurons)
o foreleg
o forepaw

G
o GABA = γ-aminobutyric acid; GABAergic; GABAA, GABAB
o gate control theory (not capitalized)
o G protein; G-protein-coupled (adj.) (G protein = guanine nucleotide-binding protein, but usually no need to spell out); Gi, Go proteins (subtypes)

H
o 5-HT (serotonin); receptor types subscripted, eg, 5-HT1D
o healthcare provider, healthcare system (one word)
o high-risk (adj.)
o hind leg
o hind paw
o hot-plate test

I
o ICC = intraclass correlation coefficient

J_K
o keyword (one word); also text word (MEDLINE search)

L
o lamina I (plural laminae I, II), etc.
o L1, L2, S1, S2, etc. (vertebrae) (numbers not subscripted)
o long-term (for adjectives)
o low back pain (LBP) (patients with low back pain pref. to low back pain patients)
o LTM receptor = low-threshold mechanoreceptor
o LTP = long-term potentiation
M
  - μ-opioid receptor, μ receptor, μ-receptor-mediated (adj.)
  - MEDLINE (Always ALL cap)
  - MeSH
  - methodological (but try to use “methods” instead of “methodologies”)
  - mL (milliliter; use cap L)
  - mRNA = messenger RNA (do not spell out ever)

N
  - nerves: use roman numerals for cranial nerves (Vth)
  - neurokinin-1, NK1
  - NMDA = N-methyl-D-aspartate
  - nonopioid
  - norepinephrine (not noradrenalin[e])
  - N-terminus = the amino (NH2) end of a polypeptide chain
  - nucleus raphe dorsalis (NRD)
  - nucleus raphe magnus (NRM)

O
  - OFQ = orphanin FQ (FQ is never spelled out) (often termed nociceptin/OFQ)
  - ORL1 = opioid-receptor-like 1

P
  - P (cap., italic) for probability (P = 0.001) P values are used to reject the null hypothesis (statistically significant; an effect was detected) at a set cut-off (usually <0.05) or fail to reject the null hypothesis (nonsignificant; no effect).
  - P2X3 (purinergic receptor subtype)
  - PCA = patient-controlled analgesia
  - PDN = painful diabetic neuropathy
  - periaqueductal gray (PAG)
  - phases of clinical study, see AMA p. 566 (arabic numerals):
    - Phase 1 = testing in small group of volunteers, often called “dose-ranging” studies
    - Phase 2 = case series or small RCTs in volunteers or patients (small numbers)
    - Phase 3 = multicenter RCTs in patients (large numbers)
    - Phase 4 = postmarketing surveillance
  - PNS = peripheral nervous system
  - postherpetic; PHN = postherpetic neuralgia
- visual analogue scale (VAS)

Wind-up (well-known term; no need for quotation marks) Style for Route of Medication Administration

Note: Spell out at first use in text, or in footnote in tables; spell out if first word in sentence

i.c.v. intracerebroventricular(ly)
i.m. intramuscular(ly)
i.p. intraperitoneal(ly)
i.t. intrathecal(ly)
i.v. intravenous(ly)
o.s.m. oral submucosal(ly)
p.o. per os (oral[ly])
r.t.m. rectal submucosal(ly)
s.c. subcutaneous(ly)
s.l.g. sublingual(ly)
t.d. transdermal(ly)