Fiftieth Anniversary Conference

ARTP ANNUAL CONFERENCE
21st - 22nd May 2026
ICC Belfast

Submission and Presentation of Abstracts

Abstract Submission Deadline is Friday 13th February 2026 at 12:00pm

The information below is to assist authors in complying with the Rules of the Association governing presentations at meetings.

1. Abstracts at Scientific Meetings

An abstract is a concise summary of longer work, either in progress or complete. It may include original research, audits, or interesting case studies.

Abstracts can be submitted into one of three categories;

A. RESPIRATORY
B. SLEEP
C. QIPS (Quality Improvement and Patient Safety)

QIPS abstracts may include;

- Implementation of new medical devices and/or technologies
- Service redevelopment such as patient pathways, increasing outpatient capacity, public patient involvement, community respiratory/sleep services, or cost saving techniques.
- Strategies/Initiatives to improve patient outcomes and/or safety

The maximum number of words allowed for the main body of the abstract is 350, which includes references. One figure or table with a legend may also be uploaded but these are not included in the word count. **Please DO NOT include the title or authors in the main body of the abstract** as these are uploaded separately to ensure anonymisation when being reviewed.

2. Content of the abstract should contain the following;

- All abstracts (with the exception of case studies) should be submitted with subheadings; **INTRODUCTION, METHODS, RESULTS & CONCLUSIONS**
- Experiments on human subjects (i.e. tests which are carried out in addition to the requested tests or those which are carried out purely for research purposes) or on human biopsy specimens or genetic material must have ethics committee approval. This must be declared during on online abstract submission form.
- The Research & Innovation Committee reserves the right to refuse work that does not conform to acceptable ethical criteria.
- Sponsorship (e.g. pharmaceutical company, manufacturer, or grant awarding body) must be declared in the abstract.
- If you are affiliated with Industry (e.g. manufacturer) you must declare this at the point of abstract submission.
- Drugs or chemicals should only be referred to in their generic names.
- Full experimental protocols are not required but methodological information should be sufficient

to understand how the studies were performed.
- Statistical methods must be briefly described
- The abstract must include a clear description of the results and all the appropriate data to support any conclusion authors wish to make.
- If numerical data are presented as mean values, the standard deviation or standard error must be given, stating which is used. If median values are used, the interquartile range must be stated.
- A brief description of the study population (including numbers) should be given.
- All abbreviations must be defined in the text. Authors are reminded that a large number of abbreviations within an abstract can be confusing.
- References (maximum of 3) should be in an abbreviated format (e.g. Smith et al. ERJ 2022; 350: 120-32) within the main body of the text.

3. Submission of Abstracts

- Abstracts must be submitted using the online submission portal by **Friday 13th February 2026 at 12:00pm**. Click here to be directed to the abstract portal.
- Authors will be notified if their abstract has been accepted by 6th March 2026.

The ARTP Research & Innovation Committee will review all abstracts using an anonymous version. Abstracts will be reviewed by at least two independent reviewers using a standardised scoring system. Accepted abstracts will be allocated either to (i) Poster presentation or (ii) Oral communication. This decision will be solely that of the Research & Innovation committee, whose decision will be final.

4. Poster Presentation

If your abstract is accepted for poster presentation:

- Posters must be mounted at the earliest convenience.
- The poster presentation must be **no more than 2 minutes** followed by 1 – 2 minutes of questions.
- Guidelines for the preparation and review of Poster Communications will be sent to authors with the acknowledgement that their abstract has been accepted for presentation.
- The Research & Innovation committee also have an online guide for Poster Presentation. Click here to be directed to the website page.
- We will offer to print your poster and put this up on your poster board at conference. Further details will be sent at the time of notification of your abstract with details on how to do this.

5. Poster Display

If your abstract is accepted for poster display:

- Posters must be mounted at the earliest convenience.
- Members of the Research and Innovation Committee will come round during the Thursday lunch break to discuss your poster with you.
- Guidelines for the preparation and review of Poster Communications will be sent to authors with the acknowledgement that their abstract has been accepted for display.
- The Research & Innovation committee also have an online guide for Poster display. Click here to be directed to the website page.
- We will offer to print your poster and put this up on your poster board at conference. Further details will be sent at the time of notification of your abstract with details on how to do this.

6. Oral Communications

Authors are advised that:

- All presentations must use either up to date versions of Microsoft PowerPoint (PC – Office 2007 or later and Mac – Office 2008 or later) or Keynote (Mac only – OSX 10.7 or later). Standard "sans serif" system fonts such as Arial, Calibri, Tahoma should be used.
- The communication should not simply be read from a written script or from the presented slides.
- The oral presentation must be **no more than 10 minutes**, followed by 5 minutes of questions.
- The presentation may include animations or videos.
- Presentations must be handed to the conference AV staff at the first convenience (early morning on the day of your talk at the latest). The presenter is responsible for checking that the presentation and any special effects, animations or videos work correctly prior to the presentation time.
- Slides (approximately 10) should not be overloaded with information. Graphs and tables should be clear and simple to understand.

ORAL AND POSTER PRESENTATIONS SHOULD BE REHEARSED IN ADVANCE FOR TIMING AND CLARITY

PLEASE NOTE: IF YOU ARE SUBMITTING AN ABSTRACT FROM INDUSTRY, IT WILL BE NECESSARY FOR THE PRESENTING AUTHOR TO BE INDEPENDENT (NOT EMPLOYED BY YOUR COMPANY). THE PRESENTING AUTHOR YOU WILL BE REQUIRED TO SUBMIT THE PRESENTATION TO THE ARTP THREE WEEKS BEFORE THE CONFERENCE TO ENSURE IT IS NOT PROMOTIONAL TO THE COMPANY OR THEIR PRODUCTS (WE HAVE DEDICATED INDUSTRY WORKSHOPS FOR THIS PURPOSE)

AWARDS

The research abstract awards will be presented during the gala dinner on Friday evening

EXAMPLE: -

EFFECTS OF ALCOHOL AND HYPOXIA ON DRIVING SIMULATOR PERFORMANCE AND VISUAL ACUITY IN NORMAL, YOUNG SUBJECTS

CATEGORY: B

Cucumber MR [1], Mustard JT[1], Cheddar S[1], Yam AH[2].

1. Physiology Department, University of Madness, A City, England
2. Department of Lungology, Royal Infirmary, A City, England.

INTRODUCTION: Alcohol and hypoxia affect performance but their combined effects are poorly understood. We hypothesized that the effect of combined alcohol and hypoxia was more pronounced than exposure to either in isolation.

METHODS: We studied the effects of (i) control (air + no alcohol), (ii) blood alcohol concentration (BAC) 0.8mg/ml, (iii) hypoxia (80% - 85% O_2 saturation) and (iv) alcohol and hypoxia combined using a divided attention driving simulator (DADS, Stowood Scientific, Oxford) and the Bodmann visual acuity test (Inditsky & Bodmann. Quantitative models of visual search. In Proceedings of the 19th symposium of CIE 1980: 197-201). After a practice session, 10 normal subjects (4 male; median age 21 yrs, range 20 – 22yrs) completed 4 DADS sessions. At each session, subjects consumed a 570ml drink of 50:50 cranberry juice: grapefruit juice and waited 30 mins before starting the DADS test, followed by a Bodmann test. For the addition of alcohol, BAC of 0.8 mg/ml was derived using Forrest's algorithm of the Widmark equation (Watson et al. *J Studies Alcohol* 1981: 42; 545-556). Data from the DADS was analysed for reaction times, off road events, the ability to follow the centre of the road and the ability to turn the wheel in relation to the curve of the road. The Bodmann test was analysed for the time to complete the test. Data were analyzed using Friedman's ANOVA with Dunn's multiple comparison test and are given as median (interquartile range).

RESULTS: There were significant differences between (alcohol + hypoxia) and control for off-road events, absolute error and standard deviation of the curve and reaction time. There were no significant differences between sessions for the Bodmann test or the standard deviation off the centre (Table 1).

	Control	Alcohol	Hypoxia	Combined
Mean Reaction Time	1.34 (1.23 - 1.93)	1.71 (1.48 - 2.43)	1.39 (1.18 – 1.86)	2.04 (1.58 - 2.84)†
SD on Curve	0.29 (0.26 - 0.42)	0.32 (0.25 - 0.43)	0.32 (0.25 – 0.41)	0.4 (0.37 - 0.53)†
Absolute error on curve	0.20 (0.19 - 0.31)	0.23 (0.18 - 0.32)	0.24 (0.18 – 0.29)	0.3 (0.25 - 0.39) †
SD off the centre	0.24 (0.15 - 0.30)	0.23 (0.18 - 0.29)	0.27 (0.16 – 0.31)	0.34 (0.20 - 0.46)
Off Road Events	1.5 (0 - 6.5)	0.5 (0 - 3.5)	3.0 (0 - 8.0)	8.0 (1.5 - 20.5) †
Bodmann Test	5.13 (4.4 – 6.4)	5.32 (4.5 – 7.3)	5.39 (4.4 – 6.7)	6.06 (5.4 – 6.9)

Table 1: Mean Reaction Time - Measure of complex reaction time; SD on Curve - Standard deviation of difference between steering angle and road angle; Absolute error - Total difference between steering angle and road angle; SD off the centre - Standard deviation of the centre of the car from the centre of the road; Off Road Events - Number of times car left road; † $p<0.05$ vs. control; ‡ $p<0.01$ vs. control.

CONCLUSIONS: In normal young subjects the combined effects of alcohol at a BAC of 0.8 mg/ml and hypoxia at 80 - 85% O_2 saturation appear to impair the ability of subjects to undertake tasks requiring fine motor co-ordination and quick reactions, whereas hypoxia or alcohol alone at the levels studied do not.