Attending an International Conference

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Planning for a Conference

• Items to have

1. Research Idea ± Preliminary Findings
2. Financial means
Searching for Conferences

• Which conference?
  – Suited for your research topic
  – Most important in particular clinical field

• When to search for conferences
  – > 6 months before conference date
Introduce your science at ISC offers you many benefits:


- **Virtual Reach**: The ISC daily virtual reach through the AHAUSA Web site, e-mails, YouTube and Twitter activity reached more than 80,000 people.

- **Network with International Leaders in the Stroke Field**: Attend ISC and discuss your findings with stroke research and practice experts from around the globe. Almost 3,200 participants or stroke experts from 65 countries attend the International Stroke Conference.

- **Published Abstracts**: Accepted ISC and Nursing Symposium Abstracts will be published online in February 2013 on the AHA's Stroke Journal Web site.

- **Award Applications**: Student/Trainee and Early Career Award applications are due on Thursday, Aug. 14, 2012. Please be sure to submit your abstract for award consideration.

- **Late Breaking Science and Ongoing Clinical Trials abstracts will not be published.** They will be available online on the International Stroke Conference Web site on February 7, 2013 and will be included in the International Stroke Conference's Abstracts on CD-ROM.

**ISC NAVIGATION**
- Registration & Housing (International Stroke Conference)
- Programming (International Stroke Conference)
- Science & Technology Hall (International Stroke Conference)
- Science News (International Stroke Conference)
- Archive (International Stroke Conference)

**Additional Resources**
- QUICK LINKS
  - Become a Member
  - Social Networking
- DON'T MISS
  - Submit Your Session Suggestions for ISC 2013 and IUS 2013
  - ISC Awards and Lectures
EPINPAM 2013
Epidemiology and Prevention | Nutrition, Physical Activity and Metabolism 2013 Scientific Sessions

Conference Dates:
Mar 19-22, 2013

Acute Cardiac Care 2012
20 Oct 2012 - 22 Oct 2012, Istanbul - Turkey

Thank you for participating to the record breaking submission level for Acute Cardiac Care.
The Scientific Programme Committee would like to thank all researchers from 57 countries who shared their scientific work. Experts in each topics will now review the abstracts and results will be announced in July 2012.

Attend a unique forum where physicians, nurses, paramedics meet to discuss the latest therapies and innovations!

Our main theme this year is “Integrative approach and management of Acute Cardiovascular Diseases”
Encompassing comprehensive updates on different fields related to this theme focusing on diagnosis, therapies, systems and organisation for the best care, it addresses a wide range of topics on acute coronary syndromes, heart failure, life-threatening arrhythmias, as well as acute vascular diseases which will be presented and discussed by a distinguished international faculty.

Abstract submission deadline 4 April 2012
Financial means

• Methods

1. Out of pocket

2. Partial/ Full funding by grants
   – Awarded by:-
     • Conference itself (partial)
     • Societies
     • Pharma companies
     • MOH (very unlikely depending on position)
Travel Grant

Travel Grant Assistance

The Malaysian Thoracic Society will provide assistance to MTS members to attend the conference.

- The applicant must be a MTS member.
- Preference will be given to applicants who are invited as a chairperson or taking part in the oral or poster presentation.
- The applicant will have to declare all financial support obtained from other sources for the purpose of attending the conference, if applicable.
- The reimbursement will be made after the conclusion of the meeting. Successful candidates would have to submit their claims not later than one month after the meeting.

Sponsorship Structure

Tier 1: Sarawak (Kuching District): Registration fee only

Tier 2: Sarawak (outside Kuching District): Registration fee + up to RM1,000 (travel assistance and hotel accommodation)

Tier 3: Sabah: Registration fee + up to RM1,250 (travel assistance and hotel accommodation)

Tier 4: Selangor, Kuala Lumpur, Negeri Sembilan, Malacca and Penang: Registration fee + up to RM1,500 (travel assistance and hotel accommodation)

Tier 5: Peninsular Malaysia other than Tier 4: Registration fee + up to RM2,000 (travel assistance and hotel accommodation)

*Reimbursement for road travel is at the rate of RM 0.5 per km + toll charges.*
21st European Meeting on Hypertension & Cardiovascular Prevention
21st European Meeting on Hypertension & Cardiovascular Prevention

• Milan, Italy – 17-21st June 2011
  – 25/1/2011 Submission of abstract & grant application
  – 1/4/2011 Acceptance of abstract
  – 5/4/2011 Grant awarded
  – 10/6/2011 Lift-off
Renal impairment and all-cause mortality: effect modification by diabetes

Sharmini Selvarajah, S.M. P. Uiterwaal, Jarnalay Analip, Yolanda van der Graaf, Frank J.L. Vissers, Michael L. Boro on behalf of the SMART study group.

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INTRODUCTION

- Renal impairment and Type 2 diabetes mellitus (DM) are proven independent risk factors for all-cause mortality. [1-7]
- Combined effects of DM and renal impairment on mortality have not been fully clarified. There is evidence of:
  - Additional increased mortality (DM AND)
  - Lack of increased mortality - mainly in Type 1 diabetes (7)

OBJECTIVE

We aimed to determine if Type 2 DM modifies the relation between renal function and all-cause mortality in patients at high risk, or with clinically manifest cardiovascular disease.

METHODS

Study design and variable:
- Patients with moderate or high risk, as assessed by the Modification of Diet in Renal Disease (MDRD) formula.
- Hemoglobin A1C (HbA1C) level 5.5 to 6.4%.
- Glomerular filtration rate (GFR) 30 to 60 ml/min/1.73 m².
- Patients on dialysis.

Systolic blood pressure (SBP) and mean arterial pressure (MAP) were calculated using the MDRD formula.

RESULTS

Table 1: Effect modification of diabetes on renal impairment and all-cause mortality

- Table 2: Relative excess risk due to biological interaction between diabetes and renal impairment on all-cause mortality

CONCLUSIONS

DM does not modify the risk of mortality associated with renal impairment, by both albuminuria rates and estimated glomerular filtration rates.
DM may affect all-cause mortality in patients with renal insufficiency.

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CONTACT INFORMATION

For further information, please contact. dell@umc.narbonex.nl.
Any questions?

Thank You