**DEADLINE OF SUBMISSION:JUNE 30, 2023 (23:59 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: JULY 21, 2023**

The scientific committee is delighted to receive your abstracts for the 69th International Congress of Aviation and Space Medicine on 25-29 October 2023 at Conrad at Etihad Towers, Abu Dhabi, UAE

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| **TOPIC CATEGORIES** | **SUBGROUP** |
| [ ]  **CLINICAL MEDICINE** | [ ]  Mental health / PSP - EPPSI |
| [ ]  Aeromedical screening |
| [ ]  Cardiovascular assessment |
| [ ]  Diabetes |
| [ ]  Sleep illnesses |
| [ ]  Visual assessment |
| [ ]  Medications |
| [ ]  Neurological and cognitive assessment |
| [ ]  Age-limit in pilots |
| [ ]  Drug and alcohol testing |
| [ ]  Occupational health |
| [ ]  Inflight medical support |
| [ ]  Musculoskeletal |
| [ ]  **HUMAN PERFORMANCE** | [ ]  Fatigue management |
| [ ]  Stress management |
| [ ]  Hypoxia and hypobaric exposure |
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| [ ]  Neck and back pain |
| [ ]  In-flight and simulator training |
| [ ]  **TRAVEL AND AIR TRANSPORT MEDICINE** | [ ]  Medical evacuation |
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| [ ]  **SPACE MEDICINE** | [ ]  Medical screening |
| [ ]  New technologies |
| [ ]  Mission to Mars or to the Moon |
| [ ]  Space research |
| [ ]  Emergency response preparation |
| [ ]  Inflight medical support |
| [ ]  **OTHERS:** [please specify] Click or tap here to enter text. | Click or tap here to enter text. |

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\*The scientific committee will make the final decision on accepting submissions and assigning the mode and/or category

**GUIDELINES**

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**ABSTRACT FORM**

**ABSTRACT CONTENT**

**[must not exceed 350 words]**

**Introduction**: please use one or two sentences that simply state the purpose of your study

**Methods**: Provide study details, step by step, for the reader to understand the design of the research. Identify inclusion and exclusion criteria if applicable. If statistics were used for data analysis, please identify your statistical methods.

**Results**: Please report all outcome measures that were mentioned in the methods section. Please present your most important findings first. Please include measures of central tendency (either mean or median), measures of variance (standard deviation or range) and preferably 95% confidence intervals. If statistical significance is reported, please use exact p-values.

**Conclusions**: Your conclusions must be based on your data and results. State only what you have found. Do not include any comments that are not backed up by your data.

**Relevance** (optional but preferable): If relevant to your study, please describe the potential importance of your study from a clinical standpoint.

**[RESEARCH ABSTRACT]**

**Title [English]:**

*Title [French]:*

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**Affiliation:**

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**Introduction:**

**Methods:**

**Results:**

**Conclusions:**

**Relevance:**

**[EDUCATIONAL / INFORMATIONAL ABSTRACT]**

**Title [English]:**

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**Background:**

**Overview:**

**Discussion:**

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Third party source(s) of funding should be disclosed.

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**APPENDIX**

**[SAMPLE RESEARCH ABSTRACTS FORMAT]**

[English]: THE NATURAL HISTORY OF ASYMPTOMATIC CORONARY ARTERY DISEASE: LONG-TERM FOLLOW-UP OF 1487 MALE AVIATORS

[French]: HISTOIRE NATURELLE DE LA MALADIE CORONAIRE ASYMPTOMATIQUE: SUIVI À LONG TERME DE 1487 AVIATEURS MASCULINS

Authors: WB KRUYER, PJ FITZSIMMONS, SL BARNETT

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Address for communication: USAF School of Aerospace Medicine, Brooks Air Force Base, Texas, USA

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**Introduction:** The purpose of this database study was to asymptomatic military aviators with coronary angiography performed for aeromedical indications to determine clinical outcomes for asymptomatic minimal and significant CAD.

**Methods:** We retrospectively reviewed records of 1487 consecutive coronary angiograms performed on asymptomatic male military aviators between 1971 and 1999. Three angiographic subsets were defined: normal (NL, N = 929) no stenoses, minimal CAD (MCAD, N = 249) maximum stenosis greater than zero but <50%, and significant CAD (SCAD, N = 309) maximum stenosis >50%. SCAD was divided into two subgroups: maximum stenosis 50-70% (N= 124) and maximum stenosis >70% (N = 185). We obtained follow-up via questionnaires, telephone interviews, medical records, and death certificates. Events considered were cardiac death and nonfatal myocardial infarction (MI).

**Results:** Mean follow-up for the 1487 aviators was 14.2 years. Mean age at angiography was 42.2 years for NL, 46.6 years for MCAD, and 46.0 years for SCAD. Average annual event rates for first cardiac event at 2, 5, 10, and 15 years were as follows: NL = 0.0%, 0.0%, 0.1%, and 0.1% per year; MCAD = 0.2%, 0.1%, 0.3%, and 0.8% per year; and SCAD = 1.5%, 1.1%, 1.1%, and 1.4% per year. For the SCAD subgroups, average annual event rates for first event were as follows: 50-70% maximum stenosis = 1.2%, 1.4%, 1.3%, and 1.3%; and >70% maximum stenosis = 1.6%, 0.9%, 1.1%, and 1.5%.

**Conclusion:** Event rates for MCAD were higher than for NL, but less than 1% per year. Event rates for asymptomatic SCAD were lower than for similar symptomatic populations, but still greater than 1% per year. The two SCAD subsets also had event rates greater than 1% per year.

**[SAMPLE EDUCATIONAL/INFORMATIONAL ABSTRACTS FORMAT]**

[English]: **NEXT PANDEMIC PREPARATION USING COVID-19 TOP LESSONS LEARNED - AIRLINE INDUSTRY PERSPECTIVE**

[French]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author/s: David Powell

Affiliation: IATA, Auckland, New Zealand

Address for communication: USAF School of Aerospace Medicine, Brooks Air Force Base, Texas, USA

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**Background:** Worldwide aviation has been greatly and negatively impacted by the COVID-19 pandemic. Right from the outset, organisations, businesses, and individuals within the aviation industry have faced unique and complex challenges. As the pandemic evolved, so did knowledge, attitudes, and expectations. Contingency planning has had to adapt. Controversy has not been rare, especially around the relative weight of preventive measures and harmonisation, creating unique opportunities for learning. Procedures have been assessed, reassessed, implemented and made more robust, which may serve the aviation community well in years to come. This presentation is expected to be part of a panel to discuss controversies and top lessons learned from the perspectives of the medical side of frontline organisations.

**Overview:** As the pandemic evolved, so did knowledge, attitudes, and expectations. Contingency planning has had to adapt constantly. Controversy has not been rare, especially around the relative weight of preventive measures and harmonisation. On the other hand, the pandemic has created unique opportunities for learning in both scientific and organisational terms. Procedures have been assessed, reassessed, implemented and made more robust, which may serve the aviation community well in years to come.

**Discussion:** In this presentation, the author will discuss top lessons learned from the perspective of the medical side of the International Airlin