



Call for Abstracts – 2024 ISFM Feline Congress in Malta

Abstracts of relevance to feline clinical practice are invited and may include:

- Original research
- Case series
- Case reports of novel information

Abstracts should present novel information (or highly unusual case material) that has not been previously published. The abstract must adhere to JFMS ethical approval Guidelines (<https://journals.sagepub.com/author-instructions/jfm#PublicationEthics>).

All submitted abstracts will be reviewed by an independent scientific committee, and those accepted will go forward to be presented in poster format in person at the ISFM Congress in Malta. A PDF version of each poster will also appear on the online congress platform as part of the virtual aspect of the congress and the full abstract will be published in the congress proceedings. The presenter will be expected to be present alongside their poster at breaks during the congress in Malta, if attending, to answer any questions from the delegates. Presenters will also have the opportunity to give a live presentation at the in-person congress about their poster (8-minute presentation, with 2 minutes for questions) – this aspect is optional.

Accepted abstracts will be published online in the *Journal of Feline Medicine and Surgery* (JFMS). The process of submitting an abstract for consideration will be taken as confirmation that all authors have approved the abstract and are willing for it to be published in JFMS.

The presenter of an accepted abstract will receive a 50% discount on the ISFM member registration rate for the in-person congress and a free ISFM individual membership for 12 months, which includes discounts on the article processing charges (APCs) for both JFMS and JFMS Open Reports.

Deadline for submission of abstracts: 15 March 2024

Instructions: preparation, submission and presentation (see example below)

- Abstracts should be a concise summary of the final poster.
- They must be formatted in Times New Roman, 11 point and black font.
- They must be submitted in Microsoft Word format and prepared for a single sheet of A4 sized paper.
- They must be single spaced.
- All abstracts should be submitted and presented in clear English with accurate grammar and spelling of a quality suitable for publication. If you need help, please arrange for the review of your abstract by a colleague who is a native English speaker, by a university-specific publications office (or other similar facilities) or by a



copy editor, prior to submission.

- If space permits, a table, graph or photographic image may be included, but references should not be included.
- Standard abbreviations may be used for common terms only (See [JFMS Guide](#) for further information)
- The body of the abstract must be constructed as follows:
 - **Title:** This should be short and informative, and typed in upper case (25 words maximum).
 - **Author(s):** These should be listed with full first name, middle initial and surname. The name of the presenting author should be underlined. No degrees or professional titles should be included.
 - **Institution/address:** This should appear immediately below the author(s) and include both city and country. If there is no institute, just include the city and country. If there is more than one address, superscript numbers should be used for authors and institutes. Do not include postcodes or zip codes.
 - **Abstract body:** The abstract text should be appropriately structured (eg, aims, methods, results, conclusions) but subheadings should not be included. Generic names of drugs should be used.
 - 300 words maximum (excluding tables and figure legends)
- To submit an abstract, please email it in the above format to:
emma.longmore@icatcare.org

Please note: Strict compliance with the above specifications is imperative – any abstract that does not comply will not be accepted for review. Additionally, presenters may want to limit their submission to 250 words if they plan to publish their data as a full-length manuscript somewhere other than *JFMS* in the future.

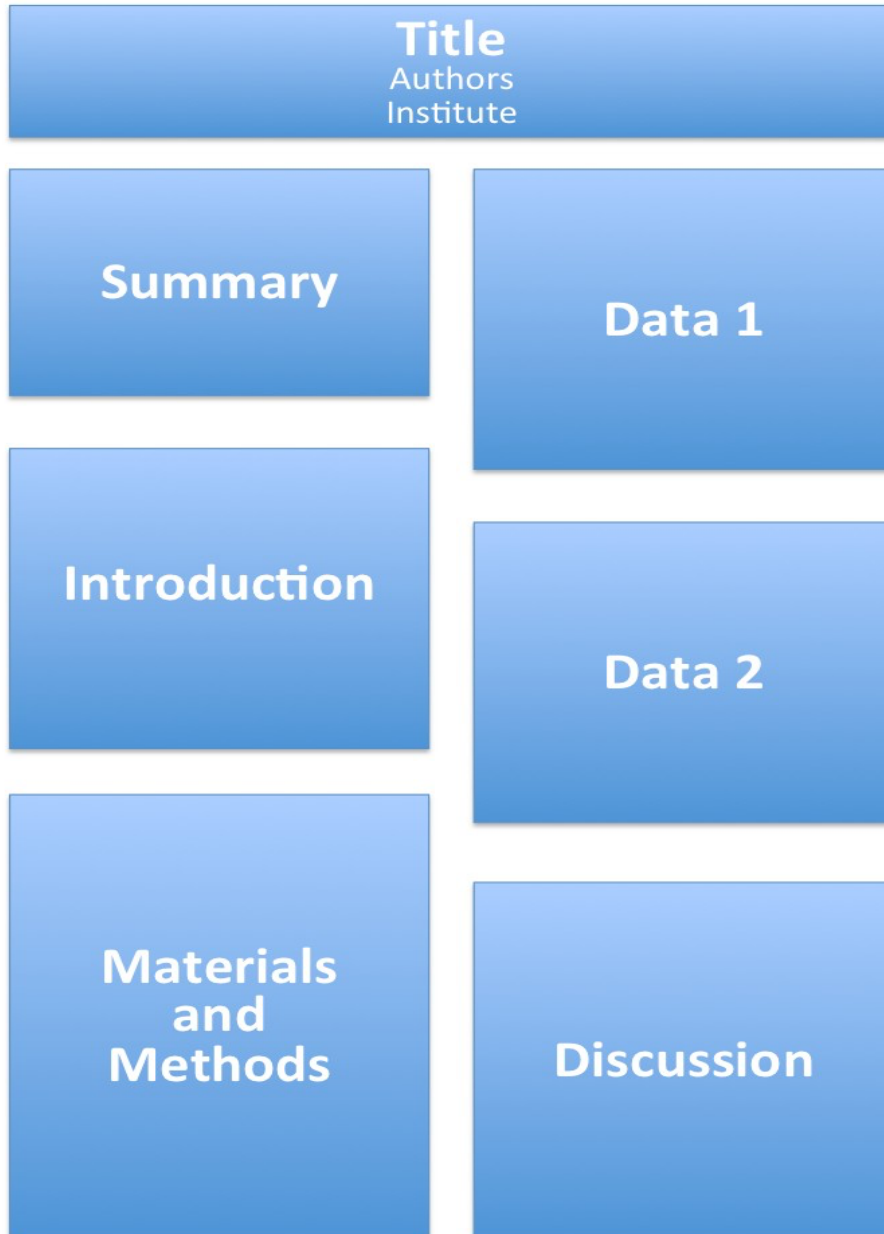
Poster presentation of accepted abstracts

Posters will be displayed both throughout the in-person congress and as a PDF on the online congress platform. Hardcopy posters should measure no more than A0 size (841 mm x 1189 mm) and should be easily read from a distance of 1–2 m (generally using font size 24 pt and above). It is the presenter's responsibility to print and bring their poster to the in-person congress. PDF posters should be A4 portrait in size.

The poster design should be clear and concise, with the title, author(s) and institute(s) displayed prominently at the top. The layout of the poster should include clear headings (eg, Introduction, Materials and Methods, Results, Discussion/Conclusions), and should also include a Summary/ Abstract. The use of colour illustrations and graphics is encouraged.



Poster layout example





Sample abstract

RETROSPECTIVE STUDY AND OUTCOME OF 307 CATS WITH FELINE INFECTIOUS PERITONITIS TREATED WITH LEGALLY AVAILABLE VETERINARY COMPOUNDED PREPARATIONS OF REMDESIVIR AND GS-441524 (2020 TO 2022)

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Feline infectious peritonitis (FIP) is a serious disease that arises due to feline coronavirus infection. The nucleoside analogues, remdesivir and GS-441524, can be effective in its treatment, but most studies have used unregulated products of unknown composition. The aim of this study was to describe the treatment of FIP using legally available regulated veterinary compounded products containing known amounts of remdesivir (injectable) and/or GS-441524 (oral tablets).

Cats were recruited via FIP email advice services, product sales contacts and study publicity. Cats were excluded if they were deemed unlikely to have FIP, were not treated exclusively with the veterinary compounded products or there was a lack of patient and/or treatment (including response) data. Extensive patient and treatment data were collected.

Of the 307 cats recruited, the predominant type of FIP was most commonly abdominal effusive (49.5%) and then neurological (14.3%). Three treatment protocols were used; remdesivir alone (33.9%), remdesivir followed by GS-441524 (55.7%) and GS-441524 alone (10.4%). Median (range) initial treatment period duration, and longest follow-up timepoint after starting treatment, were 84 (1-330) days and 248 (1-814) days, respectively. The most common adverse effect was injection pain (in 47.8% of those given subcutaneous remdesivir). Of the 307 cats, 33 (10.8%) relapsed; 15 (45.5%) during, and 18 (54.5%) after, the initial treatment period. The percentage of cats alive at the longest follow-up timepoint after completion of the initial treatment period was 84.4%. Cats achieving a complete response within 30 days of starting treatment were significantly more likely to be alive at the end of the initial treatment period than those cats that did not.

Treatment (number)	Median (range) starting dosage of treatment	Number (%) with complete response at end of 84-day treatment	Outcome: number alive at follow up (%)
Any: all cats (307)	10 (5–27) mg/kg	259 (84.4%)	259 (84.4%)
Rem-alone (104)	10 (5–20) mg/kg	73 (70.2%)	67 (64.4%)
GS-alone (32)	12.9 (8.3–20) mg/kg	30 (93.8%)	30 (93.8%)
Combination of Rem & GS (171)	Rem 10 (5–15.5) mg/kg GS 12 (5–25) mg/kg	156 (91.2%)	162 (94.7%)

Regulated remdesivir and GS-441524 products, either alone or used sequentially, are very effective in the treatment of FIP. Variable protocols precluded statistical comparisons of different treatment regimens.