

Oral Session Description

- An oral session is a formal 2-hour session with a focus on a specific scientific or clinically relevant topic in psychiatry.
- Each session will have eight (8) 15-minute oral presentations with slides.
- Oral sessions will be held each day of the meeting from 12:30 – 2:30 pm, and 3:00 – 5:00 pm.
- We encourage you to submit recent work from your laboratory or collaborative group for consideration for an oral presentation.

Poster Session Description

- A poster session showcases your research and allows viewers to study your information and discuss it with you one-on-one.
- A poster session will be held each day of the meeting from 5:00 pm to 7:00 pm.
- Poster presenters are expected to mount their poster by 5:00 pm on their assigned board on their assigned presentation day and remove their poster at the end of the session. Posters not removed at the end of the session will be discarded.
- Successful poster presentations rely heavily on graphical presentation of key findings and large font sizes so that they can be read from a distance. Less content and greater readability is often preferable. Having handouts available of the poster's contents is encouraged. Handouts may be used to convey details not addressed in the poster.
- We encourage you to submit recent work from your laboratory or collaborative group for consideration as a poster presentation.

Guidelines for Submission and Presentation

- All non-members who wish to submit an abstract must indicate the name of the Society member who is sponsoring the author's abstract. The sponsor does not need to be involved in your research or a co-author on your abstract. Email sobp@sobp.org if you need assistance locating a member.
- Abstracts must be 250 words or less and use a structured format which includes sections for Background, Methods, Results, Conclusions.
- Abstracts should include relevant background, well-described methods, study results including number of subjects and relevant statistics, and a clear statement about the novel, unpublished findings that will be presented.
- Abstracts that do not include data or indicate results will be provided later will not be accepted. If you are waiting on data and results, consider submitting a Late-Breaking Poster abstract in February.
- Each abstract shall have one presenting author who must be present during the entire oral or poster session to discuss the work with the attendees.
- Co-authors must be entered at the time of submission. They cannot be added after the abstract is submitted.
- You must enter complete disclosure information with your submission.
- If accepted, abstracts will be reproduced for the meeting exactly as entered. Please check that the first and last names of authors are not transposed and middle initials are correct, affiliation information is accurate and reads correctly. Review your abstract and check for typographical and spelling errors, and scientific sense.
- After acceptance, changes in presenting author are not allowed except with express permission of the Program Committee Chair (Email sobp@sobp.org).

- Your name, address, e-mail, telephone, and fax information are used for various communications throughout the meeting planning process. Please check that the information that you enter is accurate, thus ensuring that our communications will reach you in a timely manner.
- All transactions of the Annual Meeting will be published in a supplement to the Society's journal, *Biological Psychiatry*.

Criteria for Acceptance

Factors considered for presentations include quality and topics that are of interest to a wide audience. Multiple submissions are allowed; however, presenters and collaborative groups should combine multiple submissions when possible. Multiple submissions that pertain to highly related aspects of the same study are discouraged and may lead to rejection.

Registration Policy

- Your acceptance to present your abstract obligates you to register for the SOBP meeting and present your abstract in the assigned oral or poster session.
- If accepted, all oral or poster session presenters, including members and non-members of the Society, must register and pay the registration fee for the meeting.
- If the presenting author cannot attend, presentation by a co-author or colleague familiar with the research is requested. Notify sobp@sobp.org with the name of the new presenter. If no one can present, e-mail sobp@sobp.org before February 1, to withdraw your abstract from the program

Add These Emails to Your Address Book

All communications regarding your abstract including notifications and registration will be done through the email address provided in the contact information section of this abstract. To ensure you receive all emails, please add the following addresses to your safe recipients list or address book:

sobp@sobp.org

tswinehart@parthenonmgmt.com

Sample Abstract

<p>Use title case. Do not abbreviate Title should be bolded</p>	<p>Effect of ZNF804A Gene, a Genome-Wide Supported Psychosis Risk Variant, on Neural Activation During Cognitive Control</p>
<p>Enter first and last name, department, institution, and city/state or country for each author. Do not include degrees or a suffix in the last name field.</p> <p>Review author block to ensure all names and affiliations are correct.</p> <p>Use consistent styling to avoid multiple references for the same department and institution. For example, Clinical Brain Disorders Branch, <u>National Institute of Mental Health</u> will appear as a separate reference if entered as Clinical Brain Disorders Branch, <u>NIMH</u>.</p>	<p>Kristina Thurin¹, Roberta Rasetti¹, Fabio Sambataro^{1,2}, Martin Safrin¹, Joseph Callicott¹, Venkata S. Mattay¹, Daniel R. Weinberger¹</p> <p>¹Clinical Brain Disorders Branch, National Institute of Mental Health, Bethesda, MD,²Brain Center of Motor and Social Cognition, Italian Institute of Technology, Parma, Italy</p>
<p>Enter your structured abstract.</p> <p>Do not remove or change the headings. Your text should begin immediately after each heading.</p> <p>Abstracts should include relevant background, well-described methods, study results including number of subjects and relevant statistics, and a clear conclusion about the novel, unpublished findings that will be presented.</p> <p>Abstracts with “results” promised at a later date or at time of presentation will be scored low and will impact acceptance of the abstract.</p> <p>Do not include references in the abstract.</p>	<p>Background: Recent evidence reports aberrant activity of the anterior cingulate (ACC) during response inhibition - a key process in cognitive control - as a potential intermediate phenotype for schizophrenia, i.e. altered both in patients and in their healthy siblings (Sambataro et al, submitted). In the present study we explored the effect of ZNF804A rs1344706, a GWA significant schizophrenia risk-associated SNP, on ACC activity during response inhibition, as well as during interference suppression.</p> <p>Methods: 215 healthy volunteers (rs1344706 AA=90, AC=98, CC=27, matched for age, gender, IQ and performance) performed the flanker task, which included a response inhibition condition (NoGo) and an interference suppression condition (INCON). BOLD fMRI data for correct trials was analyzed using ANCOVAs with genotype as predictor and handedness as covariate of no interest. Results were corrected for multiple comparisons.</p> <p>Results: There was no significant effect of ZNF804A genotype on ACC activation during NoGo. However, during INCON, risk allele homozygotes (AA) exhibited less activation in IFG [Right: xyz=51, 39, 15, Z=4.07, p=0.006] and the ACC [xyz=6, 33, 27; Z=2.61, p=0.053] than heterozygotes and C homozygotes.</p> <p>Conclusions: ZNF804A rs1344706 does not modulate ACC activity during response inhibition but modulates ACC and prefrontal activation during interference suppression, a process not previously shown to be an intermediate phenotype. Thus, the modulatory effect of ZNF804A on ACC and prefrontal cortical activation during interference suppression is likely independent of the mechanism through which it confers genetic risk for schizophrenia.</p>