

AAPD 2020– Nashville, Tennessee

Guidelines for Poster Abstract Submission

Abstract submission deadline: January 15, 2020

Who can submit an abstract to present a poster?

- AAPD Members
 - Pediatric Dental Residents
 - Pre-doctoral Dental Students
 - Other (e.g. faculty, residents from other specialties)

Who is eligible to compete for awards?

- Only Pediatric Dental Residents

What are the goals of the AAPD poster session?

- To give applicants a chance to present their research during AAPD's Annual Session Meeting
- To show the breadth of research that is being undertaken at various institutions
- To highlight interesting cases encountered by applicants

Submissions Process

Please **do not** type in all capital letters. All accepted submissions will be required to be presented, but not all will be in the competition. If you submit a case report you will NOT be able to participate in the competition. For all other submissions you have the option to compete or to not compete.

Registration for AAPD 2020

Submitting an abstract or a poster does NOT register you for AAPD 2020 Annual Session. You must register for the conference separated from abstract/poster submission. <https://annual.aapd.org/>

The **deadline for all completed abstract submissions is January 15, 2020**. No Exceptions. Changes in your abstract are acceptable until the deadline.

What are the options for poster presenting and/or competing at the AAPD Annual Session?

1. **Poster Presentation Only:** This option is appropriate for case presentations, some pilot studies, and research projects with partial results. You will be assigned a time slot at a poster station to present during the Annual Session. This category does not include judging by a Poster Judge. You will present your poster and answer questions for those who approach you during your designated time slot. You will not participate in the competitions and, as such, will not be scored nor considered for an award/prize.
2. **Poster Competition Only:** This option is appropriate for completed research projects. You will be assigned a time slot to present at the Annual Session poster competition. A Poster Judge will come by to hear your presentation and ask questions regarding your project and findings. Judging is based off specific criteria provided the judges. This category is eligible to win first, second or third place in the My Kid's Poster Competition. This option does not include participation in the Graduate Student Research Award (GSRA) competition.

3. **Graduate Student Research Award (GSRA):** This option is appropriate for completed research projects with significant findings. You will be entered into the GSRA competition **ONLY**. You will NOT be assigned a time to present a poster at the Annual Session unless you are chosen as a GSRA finalist.

GSRA Applicants:

- Applicants may only submit one entry for this award. Entries will not be accepted from individuals who have previously submitted to the competition. Abstracts must not be closely related to another submitted abstract with the same coauthors.
 - Applicants must be a member of the AAPD (international applicants may join at the time of submission) and be currently enrolled in an advanced educational program in pediatric dentistry or an equivalent international program.
 - Applicants must be a graduate of a residency training program, having received their certificate or degree within eighteen (18) months prior to the GSRA application deadline and an active member in good standing of AAPD.
 - Final, analyzed data must be included in the abstract. Abstracts without final data will not be judged.
 - For finalists only: A manuscript is required. If a major flaw in the research study is detected during the manuscript review, the judges reserve the right to withdraw the award prior to the Annual Session and to name a successor finalist. Upon abstract submission (or manuscript submission), the program director will attest to the percentage involvement of the finalist in the research project. Finalist are not eligible to win a prize in the My Kid's Poster Competition.
4. **Poster Competition and GSRA:** This option is appropriate for completed research projects with significant findings. You will be entered to participate in the GSRA competition AND you will be assigned a time slot at a poster station at the Annual Session. You will be judged by a Poster Judge based on the specific criteria they are provided. This category is eligible to win a cash prize in the My Kid's Poster Competition. However, should you be chosen as a GSRA finalist, you will be expected to present your poster during your assigned time, but not be eligible for a prize in the My Kid's Poster Competition.

My Kid's Dentist and Orthodontics Research Poster Competition Prize Information

Those who choose to compete in the My Kid's Poster competition are eligible to win the prizes below:

1st Place: \$1,000

2nd Place: \$500

3rd Place: \$250

GSRA Prize Information

The Graduate Student Research Award (GSRA) was established in 1989 for pediatric dentistry residents

and recent graduates. Eight finalists are selected to present their research during AAPDs Annual Session. Finalists receive complimentary registration to the Annual Session for themselves and a guest, reimbursement for their travel expenses, a cash award and are presented with a plaque during the General Assembly at the Annual Session.* A matching cash award is presented to each finalist's training program.

*While multiple authors can be acknowledged, only one applicant will serve as the finalist to make the oral presentation and be awarded travel expenses, complimentary registration and the cash award.

Poster Viewing Access

All posters are presented in an electronic format on a customized AAPD Poster App and the EventScribe ePoster Gallery.

ABSTRACT STYLE INFORMATION SHEET

All presentation submissions to the American Academy of Pediatric Dentistry Annual Session must be accompanied by an abstract using the format provided below. Abstracts that do not follow these guidelines may be disqualified.

1) General Guidelines

- a) Abstract must be submitted online.
- b) Do not use bold, italic or underline unless otherwise indicated.

2) Heading Section (title, author, affiliation)

- a) Titles should be 10 words or less.
- b) List the title first capitalizing the first letter of each word except for articles and prepositions.
- c) List authors' names – last name first followed by initials. Do not separate initials by periods or include authors' degrees.
- d) Separate authors' names by commas, with no period following the final name.
- e) Choose your dental institution from the list provided
- f) Include the city and state after the affiliation, using uppercase postal abbreviations for state names (eg, University of Michigan, Ann Arbor, MI).
- g) Do not place a period at the end of the Heading section.

3) Subhead Section (if applicable)

- a) Following the Heading section, identify supporting agency and grant number. This paragraph should be placed in 10 point italicized font, written as a complete sentence and begin as follows: "Research supported by . . ."

4) Body

- a) The body should not exceed 250 words for structured abstracts and 150 words for unstructured abstracts.
- b) The body should contain four paragraphs: Purpose, Methods, Results, Conclusions (these four words should be followed by a colon).
- c) Do not include tables or charts in the body.
- d) For all *P* values, the '*P*' should be uppercased and italicized. The number value should NOT have a 0 before the decimal point (eg, *P*>.001).
- e) All decimal values (except for *P* values) should have a 0 before the decimal (eg, 0.5 mm).
- f) All decimal percentages should be rounded to whole numbers.
- g) Do not spell out "percent;" use the "%" symbol.
- h) Do not include ™ or ® for trademarked products; simply capitalize the first letter of the product.
- i) If a number begins a sentence, spell it out (eg, Seventy-five children. . .); in ALL other cases use numerals (eg, Children ages 1 to 5 years old. . .).

Example of a **RESEARCH** Abstract

A Survey of Texas Pediatric Dentists Regarding Child Abuse, Doe J, Miller SL, Gonzalez MB, (Texas Children's Hospital and Texas University, Dallas, TX)

Research supported by the Healthy Smiles, Healthy Children

Purpose: The purpose was to determine awareness of dentists and pediatric dentists in Texas regarding state law concerning child abuse/neglect.

Methods: A questionnaire was sent to 149 pediatric and 285 general dentists. The questionnaire consisted of 18 questions regarding state law knowledge, personal experience with child abuse/neglect and sequelae of reported cases. (*NOTE: if presenting a Case Study, the Methods section is allowed to be omitted*)

Results: Of 434 letters, 253 (58%) were returned. From the 243 usable questionnaires, 162 (67%) were general dentists and 73 (30%) pediatric dentists. Two hundred and nineteen (91%) claimed familiarity with law regarding reporting of child abuse/neglect (CAN), and 122 (51%) were uncomfortable reporting suspected cases if unsure abuse/neglect occurred. The most common reasons for not reporting cases were fear of repercussions from victims' family (90, or 37%) or unfamiliarity with signs of abuse (88, or 36%). Seventy-six (31%) dentists suspected cases of child abuse /neglect in the last 5 years but only 25 (37%) reported suspected cases. These 25 dentists reported an average of 2.1 cases (80%). Three of the 25 (14%) dentists were required to participate further in cases. Dentists older than 55 years or in practice for over 15 years were less suspicious of child abuse/neglect than younger or less experienced dentists ($P=.028$; $P=.015$). The results showed pediatric dentists were more familiar, more suspicious and more comfortable reporting child abuse/neglect with statistically significant differences compared to the general dentists.

Example 1 of a **CASE REPORT** Abstract

Traumatic dental injuries of permanent teeth and supporting structures occur frequently in children and young adults. Facial trauma resulting in fractured, displaced, or lost teeth can have significant negative functional, esthetic, and psychological effects. Proper diagnosis, treatment, and follow-up are critical for optimizing the chances for a favorable outcome. This case report details the dental rehabilitation of an adolescent following traumatic alveolar fracture with luxation of her permanent teeth from the initial encounter in the emergency department to the subsequent follow-up visits, demonstrating how evidence-based principles facilitate care and maximize opportunities for the best possible outcome.

Example 2 of a **CASE REPORT** Abstract

Introduction: Burkitt Lymphoma is a malignant, monoclonal proliferation of B lymphocytes. It is perhaps the most rapidly dividing tumor with a doubling time of ~25 hours. It is mostly prevalent in areas where malaria was endemic, as malaria impairs the immune system, which allows B cells to proliferate. Clinically, the disease manifests as facial swelling and proptosis. Aggressive destruction of alveolar bone causes tooth mobility, and anesthesia or paresthesia is often observed.

Case Report: This presentation discusses a 9 year old male patient who was referred to Children's Hospital New Orleans with a chief complaint for a recent swelling in his lower jaw. Patient reported pain upon eating and has been on a soft diet for 1 week. This 9 year old's medical history is significant for bilateral knee and hip pain for the past 4 months. Current medications include Tylenol, Motrin, Flexiril, and Neurotonin for pain. The patient has no reported drug allergies. Clinical examination revealed an intraoral swelling involving the lower right primary first and second molar, and permanent first molar. It was a defined, soft tissue swelling that was not tender to palpation. Class III mobility was associated with tooth #30 and the probing depths were more than 15mm. Radiographic findings revealed multiple ill-defined radiolucencies around the apex of the molars, and loss of lamina dura. An incisional biopsy was performed under general anesthesia and sent for histological examination. This report will include clinical and histological findings associated with Burkitt Lymphoma, differential diagnoses, and treatment rendered to our patient.