

AAPD 2023 – Orlando, Florida
Guidelines for Poster Abstract Submission

Abstract submission deadline: **January 18, 2023**

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?

For the Research Poster Competition

- Only Pediatric Dental Residents are eligible to compete for this award

For the Graduate Student Research Awards (GSRA)

- Current pediatric dentistry residents or graduates of a pediatric dentistry 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, are eligible for this award.

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 2023

Submitting an abstract or a poster does **NOT** register you for AAPD 2023 Annual Session. Fyi, Student Registration is \$0 before April 1st and increases after that date. You must register for the conference in addition to abstract/poster submission. <https://www.aapd.org/education/aapd-2023/>

The deadline for all completed abstract submissions is January 18, 2023. 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 Research 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. Published work is not eligible for the competition.
 - 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.
 - Current pediatric dentistry residents or graduates of a pediatric dentistry 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, are eligible for this award.
 - 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. Finalist are not eligible to win a prize in the Research 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 Research 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 Research Poster Competition.

Research Poster Competition Prize Information

Those who choose to compete in the Research 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 cash award. Finalists are also 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 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 12-month Randomized Clinical Trial of 38% SDF vs. Restorative Treatment

Purpose: The aim of this 2-arm, parallel-group, 12-month randomized clinical trial was to compare the effectiveness of semiannual application of 38% silver diamine fluoride (SDF) to restorative treatment (RT) to manage cavitated caries lesions in primary teeth of in a diverse population of children in Michigan, U.S.

Methods: Children, 2-10 year old, with at least one soft cavitated lesion, in a vital painless tooth, were recruited. One random lesion per child was randomly assigned to receive SDF or RT. Primary outcomes were clinical failure rates [minor (e.g., reversible-pulpitis, lesion soft/progressing, restoration repaired-replaced) and major (e.g., irreversible-pulpitis, extraction)]. Parent, child, and provider acceptability were assessed.

Results: Ninety-eight children [Age-Mean(SD)=4.8(1.8); Female=46%; dmft+DMFT=6.3(3.9)] were enrolled and randomized, and 69 assessed at 12-months. There were significantly more minor (SDF=64%; RT=7%; $p<0.001$) and major failures (SDF=11%; RT=0%; $p<0.001$) in the SDF than RT group. 74% of SDF-treated lesions were hard. Providers stated SDF was easier, faster, more preferable than RT ($p<0.001$). No significant differences were found in parental satisfaction/acceptability. Children in the RT arm felt significantly ($p<0.05$) happier with their tooth appearance and stated their dental visit hurt less.

Conclusion: At 12-months, SDF-treated lesions had significantly more failures than RT, suggesting they need close monitoring.

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.

Please contact the Education Development and Academic Support Manager, Leola Royston at (773) 938-4986 or e-mail lroyston@aapd.org for further information.