



## ABSTRACTS INFORMATION

**Introduction**  
**Submit your Abstract Online**  
**Submission Instructions**  
**Agreement**  
**Abstracts Guidelines**  
**Presenter Pre-registration Deadline & Rates**  
**Modes of Presentation**  
**Selection Criteria**  
**Writing Good Abstracts**  
**Subject Areas for Review**  
**Systematic Review of Abstracts**  
**Group-author Abstracts**  
**Full Disclosure Policy**  
**Abstracts Licensing**  
**Word Limit Help**  
**Replacement Abstracts**  
**Special Requests**  
**Notification of Acceptance / Rejection**  
**Presenter Changes**  
**Withdrawal of Abstracts**  
**IADR Awards**  
**Continuing Education Recognition Program (CERP)**  
**Questions**

### ▶ INTRODUCTION

The IADR General Session & Exhibition will provide scientists and researchers throughout the world with the opportunity to present, discuss, and critique their investigations. If you are involved in dental, oral, and craniofacial research, we urge you to submit an abstract for consideration for presentation. We expect more than 4,500 delegates to attend the meeting with over 3,000 scientific abstracts being presented. The oral, poster discussion, and poster sessions will be designed from accepted abstracts. Please note that delegates attending the IADR General Session are eligible to receive CE credit hours through the ADA CERP (Continuing Education Recognition Program).

### ▶ SUBMIT YOUR ABSTRACT NOW

Click [here](#) to submit your abstract. Be sure to bookmark the site for future reference.

**The submission deadline date is February 5, 2010.**

### ▶ SUBMISSION INSTRUCTIONS

Click [here](#) to read step-by-step instructions for submitting your abstract online.

## ► AGREEMENT

Persons submitting abstracts for the IADR's 88<sup>th</sup> General Session are doing so with the understanding that they abide by the conditions, deadline policies, and the decisions of the 2009-2010 IADR Annual Session Committee. Submitters agree to the following:

- All presentations offered at the meeting shall be made with the understanding that there shall be a complete explanation of material presented in the abstract submitted.
- Submission of the abstract carries with it the obligation of the author to present the paper in person and pay the applicable registration fee by the established deadline date.
- Presenters are required to respond to audience questions regarding items being presented.
- Oral and poster discussion sessions will be interactive, with moderators.
- The official language of the meeting is English.

## ► ABSTRACTS GUIDELINES & RULES

Deadline for Submission	February 5, 2010
Abstract Replacement Period (\$65 fee)	February 6-12, 2010
Notification Letters E-mailed	April 16, 2010
Presenter Pre-registration Deadline	May 14, 2010
Submit Online?	Yes
Submit on Paper?	No
Max Word Count	300
Max Words in Title	10
Required Headings Contained in Body of Abstract (must be followed by a colon)	Objectives, Methods, Results, Conclusion

Abstracts submitters must adhere to the following rules:

- **Individuals may present only one abstract** (excluding Symposia and Keynote Speakers, but including late-breaking news).
- Projects being submitted must be original research.
- Submitters may NOT split one study into several papers as they will be asked to combine for review.
- Individuals can co-author multiple abstracts.
- Presenter must disclose any potential conflict of interest and must agree to the IADR Policy on Full Disclosure.
- Previously published abstracts or those presented at another meeting are not allowed.
- Abstracts should not be submitted on material that will also be presented at a symposium held at the same meeting.
- Authors of presentations later proven to contain previously published material will be sanctioned and may be prohibited from presenting at future meetings.
- Group Program Chairs and the Annual Session Committee reserve the right to reclassify submitted abstracts into the most appropriate area of review.

## ► PRESENTER PRE-REGISTRATION

All presenters must pre-register for the meeting and pay the appropriate registration fee. Failure to pre-register May 14, 2010, will result in the following:

- The abstract will be automatically withdrawn from the Program Book and the Online Abstracts System.
- Submitter will not be allowed to present his/her abstract at the meeting.
- Abstract will not be citable as being part of the Special Issue of the *Journal of Dental Research*.

Pre-registration Fees	
Member*	\$470
Non-member	\$765
Student Member	\$175
Student Non-member	\$295
Retired Member	\$50

\*Membership dues must be paid in full **for the year 2010**. Dues must be paid either prior to or at the meeting for you to qualify for the member registration fee. Registrants who are not current members by the date of the meeting will be charged the non-member fee, and the IADR reserves the right to charge the difference.

## ► MODES OF PRESENTATION

At the time of submission, you will be asked to select your preferred mode of presentation. However, please note that not all requests can be accommodated and the final mode of your abstract will be selected by the applicable Group Program Chair. If you only want to be considered for a poster presentation in the Exhibit Hall, please indicate this by marking the appropriate choice on the title step of abstract submission. The IADR General Session will include presentations in the following modes:

### Oral:

- Up to six (6) individual oral presentations in a meeting room.
- PowerPoint Presentations (all equipment provided).
- Presentations last 10 minutes.
- Discussion after each presentation lasts 5 minutes.
- Two Session Chairs facilitate the session.
- Oral sessions will be scheduled at the following times:
  - Wednesday, July 14                      3:30 p.m. – 5 p.m.
  - Thursday, July 15                        9 a.m. – 10:30 a.m. and 11:45 a.m. – 1:15 p.m.
  - Friday, July 16                            9 a.m. – 10:30 a.m. and 11:45 a.m. – 1:15 p.m.
  - Saturday, July 17                        9 a.m. – 10:30 a.m. and 11:45 a.m. – 1:15 p.m.

***Modes of Presentation continued on next page***

### Poster Discussion: ► **NEW FOR 2010** ◀

- Up to seven (7) individual presentations in a meeting room.
- Poster viewing on poster boards (.93m wide x 2.22m high) at start of session for 25 minutes
- PowerPoint Presentations (all equipment provided) in 3 slides or less (max 3 slides allowed for presentation in addition to the poster board materials)
- Presentations last 5 minutes.
- Discussion after each presentation lasts 2 minutes.
- Two Session Chairs facilitate the session.
- Poster Discussion sessions will be scheduled at the following times:
  - Thursday, July 15                      3 p.m. – 4:15 p.m. and 4:30 p.m. – 5:45 p.m.
  - Friday, July 16                         3 p.m. – 4:15 p.m. and 4:30 p.m. – 5:45 p.m.
  - Saturday, July 17                      1:45 p.m. – 3 p.m.

### Poster:

- Presented on a poster board in the Exhibition Hall (.93m wide x 2.22m high).
- Actual poster presentation time is one hour and fifteen minutes.
- Posters will be available for viewing from 9 a.m. to 6 p.m. on Thursday and Friday and 9 a.m to 2:45 p.m. on Saturday.
- No audio-visual equipment is used.
- Poster sessions will be scheduled at the following times:
  - Thursday, July 15                      3 p.m. – 4:15 p.m. and 4:30 p.m. – 5:45 p.m.
  - Friday, July 16                         3 p.m. – 4:15 p.m. and 4:30 p.m. – 5:45 p.m.
  - Saturday, July 17                      1:45 p.m. – 3 p.m.

### POSTER SIZE ► **NEW FOR BARCELONA ONLY** ◀



#### IMPORTANT NOTE:

The poster board will be used **VERTICALLY** and **NOT** horizontally.

The usable space for your materials is noted in the diagram.

#### POSTER SUPPLIES:

You will need to **supply your own tape or velcro** (both sides) to adhere your materials to the board. Push pins and thumbtacks will **NOT** work on these boards. Tape and Velcro will be not distributed on site to presenters so make sure to pack them with your poster.

## ► **SELECTION CRITERIA**

Presentations will be selected for the program on the basis of the scientific quality of the work as judged from the abstract. An impartial panel of reviewers (three persons per Group) will evaluate the content of each abstract. Selection of the abstracts will be made by these reviewers and by the Annual Session Committee, whose decision is final.

The following are the evaluation criteria used in the review of abstracts. This is provided to call your attention to points that will be considered. In the final analysis, it will be the reviewers' judgment of the value of any abstract that will determine whether the abstract should appear on the program. Since the abstracts are published and become part of the world's scientific literature, it is important that the content be scientifically sound and grammatically correct. Each abstract is reviewed so that high standards can be ensured.

### **Reasons for Rejection are:**

1. Abstract is not original research.
2. The research is not innovative in its approach to the stated problem (methodology or data collection or analysis or data interpretation).
3. Nature of problem not explicit from either title or abstract.
4. Material too closely related to another abstract submitted by the same co-authors; should have been combined into a single paper.
5. Abstract has been presented at other meeting(s) or previously published.
6. Abstract poorly organized and/or not complete.  
Required information not given in abstract:
  1. objective
  2. methods
  3. results – data and statistical analysis, or
  4. conclusions
7. Methods of obtaining data not appropriate with respect to the stated problem for the following reasons:
  1. Methods not sufficiently precise to permit the measurements to be accurate, i.e., variations are within the error limits for the method.
  2. Sampling method contains inherent discriminatory factors not recognized.
  3. Size of sample insufficient to show significant conformity or differences.
  4. No well-defined criteria given for evaluation of variables.
  5. Choice of controls questionable.
  6. No control groups reported.
8. Significance of results related to the nature of the problem being studied is not stated.
9. Conclusions do not necessarily follow as a consequence of the method of analysis applied to the data.
10. Conclusions not adequately qualified, i.e., conclusions have greater limitations than implied by the author.
11. Correlations suggested may be fortuitous insofar as no plausible cause-and-effect relation has been suggested, and none is obvious.
12. Abstract is not in English.

## ► WRITING GOOD ABSTRACTS

Review the suggestions below which may improve your chances of your work being selected:

**Title:** You are limited to 10 words so make the title dynamic and conclusive, rather than descriptive.

**Structure:** An accepted abstract must contain the following elements: objective, methods, results — data and statistical analysis, and conclusion.

**Subject Area for Review:** Be sure to submit your abstract to the proper area (see descriptions below). A large majority of abstracts are transferred each year. If you select the appropriate area, you're more likely to be graded by peers with similar interests and who are familiar with you and your research topic.

### Common Mistakes:

- 1) Failure to state objective and conclusion.
- 2) Failure to state sample size and data.
- 3) Excessive use of abbreviations.
- 4) Excessive use of commercial product names.
- 5) Typographical errors (remember that you can't change any of your text after the replacement abstract period).
- 6) Writing your abstract at the last minute (this increases stress and leads to errors).
- 7) Work that is duplicative is not well received and you will only be asked to combine with another abstract.

Make sure to show your abstract to a colleague prior to submission to avoid making common mistakes.

## ► DESCRIPTIONS OF SUBJECT AREAS FOR REVIEW OF ABSTRACTS:

**Behavioral, Epidemiologic and Health Services Research:** Check the box for abstracts regarding behavioral studies and other studies involving pain and anxiety, utilization of dental services, professional education, provision of care, clinical decision analysis, cost-effectiveness analysis, comparative-effectiveness research, reimbursement mechanisms, or delivery systems and their effect on oral health. Studies that address the following topics are also appropriate: anthropology, psychology, sociology, health education and promotion, economics, finance, and public health. Check the "epidemiological methods" box for papers that include important and timely issues pertaining to the design and conduct of human research studies. Descriptive epidemiology papers should be submitted to the Group corresponding to the topic area of the abstract.

**Cariology Research:** Papers should be related to dental caries—specifically, its etiology, prevention, diagnosis, and treatment. Research approaches could include: epidemiology, clinical studies, or laboratory and animal experimentation. Studies that are concerned with caries, but where the major emphasis is related to microbiology, salivary glands, or dental materials, should be considered by those particular Groups.

**Craniofacial Biology:** This area covers a broad array of basic science and clinical studies dealing with the normal growth, development, and maintenance of the craniofacial tissues and the consequences of physiological and pathological variations and challenges on these processes. Please submit papers for the craniofacial biology program based on the following division of topics: (I) Molecular—molecular aspects of craniofacial genetics, development, and cell biology; or (II) Other studies—including teratology, oral physiology, population studies, orthodontics, oral biology, and temporomandibular joint function.

**Dental Anesthesiology Research:** Abstracts submitted in the dental anesthesiology category should relate to clinical and basic research in the methods and techniques for anxiety relief and pain control. These scientific areas of concentration may include local anesthesia, analgesia, sedation, and general anesthesia for the systemic management of dental patients, especially medically compromised patients, and should also include the necessary precautions for the treatment of medical emergency cases.

**Dental Materials:** All scientific aspects of dental materials are appropriate for this category. This includes laboratory, clinical, and animal testing of materials and their components, as well as instruments and equipment. The interactions of materials and the oral environment are also included. The development of new materials, testing methods, and protocols is of particular interest. Please submit papers for the dental materials program based on the following division of topics:

**I) Adhesion- Bond Strength Testing and Mechanisms:** Shear and tensile bond strength testing of glass-ionomers, and bonding resins utilized in bonding resin composite to enamel/dentin, and alternative bond strength tests. **II) Adhesion-Leakage/Margin Assessments:** Pit and fissure sealants, glass-ionomers, resin bonding of ceramics, fibers and metals, adhesive microstructure analysis, adhesive surface analysis, assessment of margin quality and microleakage of all materials. **III) Ceramic-based Materials and Cements:** Ceramics (except resin bonding), cements, sintered ceramics, machined ceramics, ceramo-metal systems, conventional and light-cured glass-ionomer cements, and surface characteristics. **IV) Clinical Trials:** Human studies for all materials. **V) Biocompatibility and Biologic Effects:** Biocompatibility tests, antibacterial /anticariogenic materials and therapy, bio-active materials, regenerative therapy, interactions with oral environment and tissues. **VI) Polymer-based Materials-Chemistry and Composition:** New monomer systems and chemical modifications of polymers, composites, prosthetic resins and elastomers. **VII) Polymer-based Materials-Physical Properties and Performance:** Mechanical and physical properties (not related to chemistry or adhesion), wear, surface characteristics and solubility of polymers, composites, prosthetic resins and elastomers. **VIII) Metal-based Materials:** Amalgam, mercury, cast alloys, shape memory alloys, wrought wires, metallic implant materials. **IX) Other Materials - Chemistry, Properties, Performance:** Remineralization agents, orthodontic, endodontic, operative, gypsum, impression, investment materials. **X) Instruments and Equipment:** Curing light units, cutting, finishing and polishing instruments, endodontic posts, and their mechanical properties, safety and efficacy, new microscopic and analytical techniques, CAD/CAM equipment. **XI) Color and Appearance (Esthetics):** Optical properties of all dental materials (color, translucency, gloss, fluorescence, opalescence, surface texture), in-vivo and in-vitro tooth whitening, instruments and equipment.

**Diagnostic Sciences:** This subject area is concerned with the detection and measurement of the severity and progression of all oral diseases. Equipment and techniques include, but are not limited to, methods such as radiography, optical, sound, nuclear medicine, and magnetic resonance imaging. The subject area also includes evaluation of the accuracy and reproducibility of diagnostic methods as well as studies in clinical decision-making.

**Education Research:** Submissions are invited relating to research affecting all facets of education in the field of dentistry and oral health. Areas include but are not limited to: educational practice; teaching and learning dynamics; teaching evaluation, curriculum design, program evaluation, and outcomes evaluation at all levels (professional and public); competency evaluation (validity and reliability); applications of new technologies, methodologies, teaching and research approaches, characteristics of institutions, educators, and students, licensing and certification, quality assurance, continuing competence, and professional development, as well as cross-professional interaction.

**Geriatric Oral Research:** This subject area deals with research in the basic mechanisms of aging, the prevalence and characteristics of diseases and disorders in the aged, and their prevention and treatment. This includes general biomedical research, oral medicine, patient management, clinical techniques, and delivery systems, as well as the psycho-social and economic aspects of treating the older adult.

**Implantology Research:** This subject area is concerned with the basic and clinical science aspects of the implantation of materials and/or biological analogues into the oro-facial complex for the augmentation, replacement, or regeneration of body tissues, excluding tooth restoration. The properties of both the natural tissues being replaced and the synthetic/biological substitutes are of interest. The subject area includes: structural and property studies on natural and synthetic materials, biological investigation, tissue/material interfaces, and systematic clinical evaluation of implant materials and designs.

**Microbiology/Immunology and Infection Control:** The microbiology/immunology subject areas include the following: micro-organisms, such as bacteria, viruses, fungi, protozoa, etc., and their relationship to and/or association with oral diseases; microbial pathogenesis; microbial biofilms; microbial genetics, gene structure, gene expression and regulation, genomics, and proteomics; microbial physiology and the by-products of micro-organisms and their relationship to oral diseases; the effects of chemicals, antimicrobial agents, etc., on the physiology and virulence of oral micro-organisms; the serologic and immunologic aspects of oral diseases (human immunologic response to oral micro-organisms); the systemic effects of oral organisms; oral manifestations of systemic diseases; and cell biology and tissue culture studies (excluding experimental pathology) as they relate to oral micro-organisms and diseases. **Infection Control:** This area includes research covering all aspects of infectious disease transmission and control in the context of oral health care and its delivery in any setting, including the dental office, laboratory, and hospital. Presentations may include assessments of transmission potential and risk, methods of disease spread, or techniques for prevention of cross-infection arising from any source, such as person-to-person contact or via fomites or aerosols.

**Mineralized Tissue:** This subject area is concerned with research principally directed toward elucidation of some aspects of hard-tissue structure, formations, or function. While overlap between research in this area and that of cariology, periodontology, and/or salivary research may frequently occur, distinction should be made on the basis of the primary goal of the research. The following session topics should aid you in determining whether a research topic is appropriate for this area: formation of calcium phosphates; regulation of mineralization and dissolution; fluoride; development and mineralization; matrix constituents; regulatory factors in bone resorption; regulatory factors in cell culture; ultrastructure and morphology; and morphology, physiology, and chemistry.

**Network for Practice-based Research:** This subject area will consider abstracts that relate to any research performed in dental practice, away from universities or laboratories. This may include research on any topic performed in private, public, military or other dental clinics. It may be on topics such as the evaluation of materials, equipment or techniques both clinical and non-clinical, the evaluation of administrative and financial aspects of practice, social, epidemiologic and behavioral evaluation relevant to dental practices and many others.

**Neuroscience/TMJ:** Neuroscience/TMJ is concerned with the role of the nervous system in oro-facial function and in clinical problems associated with oro-facial sensory, neuromuscular, and articular disorders. More specifically, basic science research interests include studies of the structure and function of the nervous system and the neural basis of behavior. These involve investigations of neural regulation of development and neural plasticity, excitable membranes, synaptic transmission, neurotransmitters, receptors, neuro-endocrine, exocrine, autonomic regulation, sensory systems (especially pain), muscle and motor systems, and sensorimotor integration. The clinical interests of this subject area include clinical studies of oro-facial sensation, such as pain, temperature, touch, taste, studies on jaw, facial, and oral reflexes, as well as more complex sensorimotor functions such as voluntary movement, mastication, swallowing, and speech. In addition, movement control and movement disorders such as oro-facial dyskinesia or Parkinson's, and sleep-related oro-facial disorders such as bruxism and apnea-snoring are relevant. Neuroscience/TMJ is also particularly concerned with all aspects regarding the measurement, mechanisms, diagnosis, and treatment of oro-facial and TMJ pain and neuromuscular dysfunction.

**Nutrition:** The oral cavity is the site of many acute and chronic diseases and congenital anomalies, any or all of which may be linked to nutritional status. The purpose of the Nutrition Group is to bring together dental scientists who are interested in sharing and exploring new avenues of research in the area of nutrition and oral/craniofacial health and, conversely, the consequences of oral/craniofacial dysfunction on general nutrition and health.

**Oral Health Research:** The area covers a broad array of basic, clinical, and applied studies related to: oral/dental hygiene strategies for the prevention of oral disease and the promotion of wellness; the outcomes of primary and secondary preventive care provided to and in collaboration with individuals and groups in a variety of settings; interdisciplinary approaches to integrating oral health into general health; clinical efficacy of professional and personal oral hygiene measures; methods to improve health outcomes of compromised patients through improved oral hygiene; the dental hygiene process of care; self-care strategies, including adaptations for special and culturally diverse populations, client-coping and practitioner-caring dimensions, and promotion of healthful lifestyles; disease-prevention-/health-promotion-focused curricular models; science transfer methods; ethics and quality assurance; alternative patterns of practice; clinical decision-making; and issues related to the conduct of research, including approaches to subject recruitment and retention, protocol compliance, data management and monitoring, quality control, and study coordination.

**Oral & Maxillofacial Surgery:** Abstracts submitted in the oral & maxillofacial surgery category should relate to basic and applied research dealing with the surgical and non-surgical management of: impacted teeth; residual ridge deformities and their reconstruction with grafts, alloplasts, and implants; dentofacial and craniofacial deformities; temporomandibular joint dysfunction; hard- and soft-tissue trauma; benign and malignant diseases of the soft and hard tissues, including salivary glands; reconstruction of soft- and hard-tissue defects; infection of the face, head, and neck; nerve dysfunction; post-surgical pain and swelling; and wound healing and factors which affect it, as well as long-term follow-up data on research done in any of these areas.

**Oral Medicine & Pathology:** This subject is concerned with experimental investigation of diseases affecting the oral cavity and the adjacent tissues, but excluding those (e.g., periodontal disease, caries, salivary research) more appropriately dealt with by other Groups. Experimental investigations of normal structure are appropriate insofar as they contribute to our understanding of disease, and cell, tissue, and organ cultures are also included in this category. Epidemiological, clinical, and laboratory research is encouraged.

**Periodontal Research:** Subjects included in this category are: epidemiology of periodontal diseases, clinical trials to evaluate treatment of periodontal diseases, diagnosis of periodontal diseases and monitoring of disease activity, etiological factors/microbiology, pathogenesis of gingivitis and periodontal diseases, chemoprevention and chemotherapeutic approaches, host-defense mechanisms, and gingival and periodontal tissues.

**Pharmacology, Therapeutics, & Toxicology:** Abstracts dealing with laboratory, clinical, public health, or epidemiologic research on the mechanism, nature, or treatment of diseases or disorders related to dentistry and the introduction of new drugs for the treatment of such entities may be submitted to PTT. Those dealing with the adverse effects of procedures, materials, drugs, devices, etc., used in the diagnosis, management, or treatment of such diseases or disorders are similarly appropriate. Toxicologic studies of drugs, chemicals, and other agents pertinent to the field of dentistry, as well as the associated hazards of such agents, may also be included.

**Prosthodontics Research:** The subject area of interest in prosthodontics research is rather broad and includes the following: fixed prosthodontics, removable prosthodontics, materials as they relate to prosthodontics in general, occlusion, TMJ research, implants, electromyography, basic and clinical applications to restorative dentistry in general, electrosurgery, ceramics, and acid-etch restorative dentistry.

**Pulp Biology & Regeneration Research:** This research is defined as: studies on the development, structure, and function of the dental pulp, the dentin-pulp complex, and related periapical tissues. Studies may include methods in the following areas of analysis: autoradiography, radiography, molecular biology, and protein chemistry (genomics and proteomics), microbiology, immunology, physiology, biochemistry, and pharmacotherapeutics. Physiological and pathological processes involving these tissues include: signaling mechanisms in tooth development, dentinogenesis and dentin matrix proteins, wound healing and regeneration, as well as neural, vascular, and cellular responses to anesthesia, pain-producing stimuli, materials and instrumentation used in the restoration of teeth, and hereditary diseases. Also included are those related areas of clinical research pertaining to dentin and pulpal tissues from disciplines such as endodontics, pediatric dentistry, restorative dentistry (e.g., pulpal compatibility testing of dental restorative materials), periodontics (e.g., root dentin hypersensitivity), and oral and maxillofacial surgery.

**Salivary Research:** This subject area encompasses: the morphology, biochemistry, physiology, endocrinology, development, and pathology of salivary glands; the composition, secretion, and functions of saliva; and the synthesis of salivary components. It may also include the effects of saliva on oral structures and micro-organisms—especially dental plaque and calculus—and the influence of such effects on oral pathological conditions—such as dental caries, periodontitis, mucositis, and ulcers—provided there is sufficient emphasis on the salivary factors.

## ► **SYSTEMATIC REVIEW ABSTRACTS**

The IADR will accept Systematic Review Abstracts. Systematic Reviews are defined as, “a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyze and summarize the results of the included studies. The aim is to ensure a review process that is comprehensive and unbiased. Findings from systematic reviews may be used to determine research priorities and/or provide the scientific basis for clinical treatment.”

## ► **GROUP-AUTHOR ABSTRACTS**

Some research collaborations with large numbers of investigators, operating under a single group name, request the inclusion of the group name as an author, distinct from the individual authors. Group-authors may also be known as Collaborative-, Corporate-, or Collective-authors. Group-authors would include individuals who contributed to the research that led to the abstract, but are not named individually as authors. A common example in dental research would be a practice-based research network. Group-authorship is **not** meant to acknowledge the University, Institution, or Corporation under whose auspices the research was conducted. If your abstract does have a Group-author that includes individuals who contributed to the research that led to the abstract, but are not named individually as authors, the name of the Group-author must be added along with the City, State/Prov, and Country. The Group-author listings will be included in the Author/Co-author Index online, the Program Book, and the CD-ROM/USB of Abstracts.

## ► FULL DISCLOSURE POLICY

The IADR seeks to provide participants in its education sessions with current, scientifically-based information relevant to dental, oral, and craniofacial research, the practice of dentistry, and the oral health of the public. Once a presenter is selected for a particular topic, the IADR makes no attempt to control the content of the presentation or the content of any submitted abstract. Therefore, in submitting an abstract for presentation and publication, a presenter represents and warrants to the IADR that any intellectual property associated with or contained in the content of the abstract or presentation is owned by the presenter or the presenter is authorized to use said content along with any applicable intellectual property associated with the content.

A presenter may be required by the IADR to provide adequate written assurance that the presenter is authorized to use the content of the abstract or presentation. In the event the IADR requests such written assurance and the presenter fails to provide the requested documentation, the presenter may be denied the ability to make the presentation. For any abstract or presentation, the presenter and any applicable co-authors of the content must be identified by full name and any affiliation. The presenter also has received the approval from the co-author(s) to have their name(s) associated with the abstract and its content prior to submission.

The presenter further agrees to indemnify and hold harmless the IADR from any and all claims of third parties regarding the content of the abstract or presentation, including but not limited to any claims of infringement of intellectual property or misappropriation of proprietary or trade secret information.

In order to ensure fairness to the audience and the public, however, the IADR requires each presenter to disclose:

1. Any financial relationship between the presenter and
  - a. A company that manufactures or distributes a product discussed in the presentation, or
  - b. A company whose product competes, or may compete, with a product discussed in the presentation must be disclosed to the IADR upon approval on the abstract form and must be disclosed to the audience at the beginning of the presentation.

As used in this document, "financial relationship" includes a consulting arrangement or the conduct or research for the company by the presenter or a member of the presenter's immediate family. It also includes ownership of stock or other interest in a company by the presenter, and/or a trust of which the presenter or a member of the presenter's immediate family is a beneficiary, to the best knowledge of the presenter.

2. All presentations must be made in a professional manner, without disparaging colleagues, companies, or products. Unnecessarily demeaning comments and attacks on colleagues, companies, or products are unacceptable.

Failure to adhere to these guidelines may result in sanctions as deemed appropriate by the IADR, including denial of permission to present at future IADR/AADR meetings.

## ► IADR ABSTRACT LICENSING

By submitting an abstract to the IADR, and in consideration for the opportunity to be included in the IADR's presentations, the author of the abstract hereby provides to the IADR a non-exclusive, irrevocable, worldwide, royalty-free license to use the abstract in the IADR's publications and materials. To the extent that the IADR incorporates an abstract in a collection or compilation of materials, including but not limited to any publication of meeting abstracts or an online, searchable collection of abstracts, the author acknowledges and agrees that the IADR shall own all right, title and interest in and to such collections and compilations including any copyrights to said collections and compilations. Notwithstanding the foregoing, U.S. Government Works, as defined under the Copyright Act found under Title 17 of the U.S. Code, are exempt from any copyright transfer contemplated herein, and any purported transfer of the copyright to a U.S. Government Work pursuant to this subsection shall be of no force or effect.

## ► WORD LIMIT HELP

- Always hyphenate when possible (e.g., use “composite-resin restorations”, rather than “composite resin restorations”), and string together complicated phrases with hyphens.
- Abbreviate extensively [i.e., introduce abbreviations quickly and use them. Do not say hybrid zone but rather introduce hybrid zone (HZ) and then use HZ from that point onward].
- Always close spaces between numbers and units (e.g., instead of 30 mm, say 30-mm or 30mm; never leave spaces between numbers & standard deviations; and replace “30 ± 5” with “30±5”).
- Always use tables for the presentation of information when possible. Put units in headers and omit them from the rest of the matrix.
- Make sure that there is no inadvertent ‘dangling punctuation’ in the text, such as a comma or period that is not immediately adjacent to a word.
- Eliminate as many “articles” (a, an, the, ...) as possible.
- String together all of the steps in the Materials & Methods section so that you are not starting and stopping individual sentences with separate subjects, verbs, and adjectives [e.g., “The samples (n=10/gp) were etched (37% H<sub>3</sub>PO<sub>4</sub>), washed (15s), stored (37°C, 7d), conditioned (25°C, 10m), tested (0.1mm/m), and statistically analyzed (ANOVA, Tukey's, p<0.05).”].
- Replace statements with equations [e.g., Instead of “10 samples were tested for each group” insert “(n=10)” into an appropriate sentence.].
- Report all statistical differences with superscripts on results that can be attached rather than requiring separate statements.
- Construct tables to minimize the number of necessary cells.

## ► REPLACEMENT ABSTRACTS

The following are the guidelines for replacement abstracts:

- You can make as many changes to the abstract content, title, and/or list of authors prior to the abstracts submission deadline date of February 5, 2010, at no charge.
- After the submission deadline date, you will be required to pay a \$65 fee for each replacement abstract processed prior to midnight PST February 12, 2010. The fee must be paid before gaining access to your abstract.
- Follow online instructions to revise your abstract as needed.
- Please note that you will be required to pay the \$65 fee every time you **access** your abstract after the submission deadline date of February 5, 2010.
- Any submitted abstract that does not contain actual text will be withdrawn automatically on February 12, 2010. You may NOT submit the entire text of your abstract during the replacement period.

**No changes (to include typos, incorrect data, etc) will be permitted after February 12, 2010.**

### ▶ SPECIAL REQUESTS

If you have any special requests (i.e., religious, academic, travel, or personal conflicts) or if you wish to request that abstracts be scheduled in a specific order, please enter this information in the “Comments to Review Committee” box when entering your abstracts online. The IADR will not change your presentation if you neglect to include any details when submitting your abstract. If you book your travel arrangements prior to receiving your abstracts notification e-mail, please book your return flight for the end of the meeting. The IADR will NOT change presentation dates/times to accommodate your travel schedule. Please note that all special requests can not be accommodated but the Group Program Chair will do his/her best when scheduling the applicable abstracts. .

### ▶ NOTIFICATION OF ACCEPTANCE / REJECTION

The official notifications will be e-mailed by **April 16, 2010**, to include mode, date, room assignment, and Program #). A final e-mail containing presentation time will be sent after the Presenter Pre-registration deadline, to all registered, accepted presenters.

**PLEASE NOTE: All communication between the IADR Headquarters and the submitter will be done via e-mail. The e-mail address used will be the one you supply when submitting your abstract. Please make sure that you use a valid, long-term e-mail address so that you will receive all important notices.**

**After April 16, 2010, the placement or rejection of your abstract cannot be changed and is considered final.** Please do not call the IADR Headquarters regarding the status of your abstract prior to April 16, 2010. After April 16, you can also download your notification letter by visiting the IADR Web site or you can e-mail or Fax the IADR Headquarters if you did not receive your notification at E-mail [meetings@iadr.org](mailto:meetings@iadr.org) or Fax: +1.703.548.1883.

### ▶ PRESENTER CHANGES

If you are unable to attend the meeting and wish to name a substitute presenter, please use the following guidelines:

- Substitute presenter must be a co-author.
- Substitute presenter must NOT be presenting another abstract at the meeting.
- After the replacement abstracts deadline of February 12, all requests for presenter changes MUST be made using the Presenter Change/Withdraw Form (link to be made live October 12, 2009). Requests made using this form will be processed.
- Substitution requests must be made PRIOR to the meeting.
- Failure to follow the above procedures may result in the presenter being charged the full registration fee and/or not being allowed to present at a future meeting.

## ▶ **WITHDRAWAL OF ABSTRACTS**

The following are the guidelines for withdrawing abstracts:

- You may withdraw your abstract at any time until February 12, 2010, without notifying the IADR.
- Abstracts withdrawn after February 12, 2010, must be withdrawn using the Presenter Change/Withdraw Form. Requests not submitted via this form will not be considered.
- Withdrawal requests must be received PRIOR to the start of the meeting.
- Lack of travel funds is NOT an acceptable excuse for withdrawing an abstract from the meeting.
- Failure to follow the above procedures may result in the presenter being charged the full registration fee and/or not being allowed to present at a future meeting.

**PLEASE NOTE:** Any submitted abstract that does not contain actual text will be withdrawn automatically on February 12, 2010. You may NOT submit the entire text of your abstract during the replacement period.

## ▶ **IADR AWARDS**

Add an Award to your abstracts submission. The list of Awards for which you can apply when submitting your abstract is as follows:

[IADR/Colgate Research in Prevention Travel Award](#)

[Lion Dental Research Award for Junior Investigators](#)

[IADR/Heraeus Travel Award](#)

[AADR Bloc Travel Grant](#) (for U.S. citizens/nationals only)

There are a number of other [Group Awards](#) available and information on each can be found on the IADR Web site.

## ▶ **CONTINUING EDUCATION RECOGNITION PROGRAM (CERP)**

The International Association for Dental Research is an ADA CERP Recognized Provider. If you have questions regarding CERP, please contact Emily Sidla, Program Manager, at [esidla@iadr.org](mailto:esidla@iadr.org).

**PLEASE NOTE:** Continuing Education Credits awarded for participation in any CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his or her state licensing board(s).

## ▶ **QUESTIONS??**

Contact the [IADR Meetings Department](#).