

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH

AUSTRALIA & NEW ZEALAND DIVISION

55TH ANNUAL SCIENTIFIC MEETING

DUNEDIN, NZ | AUGUST 23-26, 2015

IADR ANZ

2015

CALL FOR
ABSTRACTS

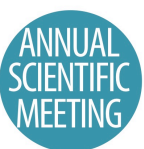
ADAPTED FROM THE 2015 IADR/AADR/CADR CALL FOR ABSTRACTS, IADR GENERAL SESSION, BOSTON 2015

Colgate

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IMPORTANT DATES TO REMEMBER

Abstract submission site opens: *19 March, 2015*

Abstract submission deadline: *30 June, 2015*

Abstract notifications sent to presenters by: *10 July, 2015*

Delegate registration deadline: *17 July, 2015*

To submit an abstract, please visit <https://anz-iadr2015.abstractcentral.com>.

To register, please visit <https://www.otago.ac.nz/conferences/iadrnz2015>.

For more information on IADR ANZ 2015, please visit otago.ac.nz/iadrnz2015.

WELCOME TO IADR ANZ 2015

The International Association for Dental Research Australia/New Zealand Division will host its 55th Annual Scientific Meeting at the Dunedin Public Art Gallery, Dunedin, New Zealand this August. Dental and oral health researchers from across Australasia are warmly invited to combine cutting-edge research with culture, adventure, and Southern hospitality at IADR ANZ 2015. An IADR ANZ council meeting and an Australasian Council of Dental Schools (ACODS) meeting will be held on Sunday, 23 August, preceding the Annual Scientific Meeting which will open on the morning of Monday, 24 August and run through to the afternoon of Wednesday, 26 August. If you are involved in dental, oral or craniofacial research, we urge you to submit an abstract for consideration for presentation. The oral and poster sessions will be developed from accepted abstracts.

ABSTRACT RULES AND GUIDELINES

1. Individuals may present only one abstract (excluding Symposia, Hands-on Workshops and Keynote Speakers).
2. Abstracts submitted must describe original research.
3. Submitters may NOT split one study into several papers, as they may be asked to combine for review.
4. Individuals can co-author multiple abstracts.
5. Presenter must disclose any personal or co-author potential conflict of interest and agree to the **IADR Policy on Full Disclosure** along with the **IADR Abstract Licensing Policy**. These are detailed below.
6. Previously published abstracts (in print or electronically) or those presented at another recognized research meeting are not allowed. Prior presentation of research at an internal/institutional meeting (eg a Faculty Research Symposium) is not considered previous publication/presentation.
7. Abstracts should not be submitted on material that will also be presented at a symposium held at the same meeting.
8. Authors of presentations later proven to contain previously published material will be sanctioned and may be prohibited from presenting at future IADR meetings.
9. The Organising Committee reserves the right to reclassify submitted abstracts into the most appropriate area of review.
10. Abstracts must be submitted via the online abstract submission site. Faxes, photocopies or emailed copies will not be reviewed.
11. You must receive the approval of all co-authors before putting their names on the abstract.
12. There will not be an option for Late-Breaking News Abstracts.
13. Abstracts are reviewed as submitted by the abstract deadline of **30 June, 2015**. There will NOT be an abstract replacement period.

PRESENTER AGREEMENT

All presenters must agree to the following conditions when submitting an abstract:

1. Affirm that any work with human or animal subjects reported in the abstract complies with the guiding principles for experimental procedures found in the Declaration of Helsinki of the World Medical Association, and this research project has been duly cleared by your Institutional Ethics Committee or equivalent ethical body.
2. Affirm that the work has **not** been published (in print or electronically) or presented elsewhere at a research conference prior to this IADR Meeting.
3. Agree that if the abstract is accepted, IADR has permission to publish the abstract in printed and/or electronic formats.
4. Agree to pre-register for the meeting and pay the appropriate registration fee by the presenter pre-registration deadline of 17 July, 2015.

Failure to pre-register by 17 July, 2015 will result in the abstract being automatically withdrawn from the Online Abstract System; the submitter will not be allowed to present their abstract at the meeting, and the abstract will not be printed in the IADR ANZ 2015 Programme.

IADR ABSTRACT LICENSING POLICY

By submitting an abstract to IADR, and in consideration for the opportunity to be included in IADR's presentations, the author of the abstract hereby provides to IADR a non-exclusive, irrevocable, worldwide, royalty-free license to use the abstract in IADR's publications and materials. To the extent that 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 IADR shall own all right, title and interest in and to such collections and compilations including any copyrights to said collections and compilations.

IADR FULL DISCLOSURE POLICY

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, 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 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 IADR to provide adequate written assurance that the presenter is authorized to use the content of the abstract or presentation. In the event 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 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, IADR requires each presenter and co-authors to disclose:

- I. Any financial relationship between the presenter and co-authors, 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 co-author or a member of the presenter's or co-author's immediate family. It also includes ownership of stock or other interest in a company by the presenter or co-author, and/or a trust of which the presenter, co-author, or a member of the presenter's or co-author'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 meetings.

PRESENTER CHANGES

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

- The Presenting Author is the only author that may request a presenter change.
- The Substitute presenter must be a co-author.
- The Substitute presenter must NOT be presenting another abstract at the meeting.
- After the abstract submission deadline of 30 June, 2015, all requests for presenter changes MUST be made using the Presenter Change/Withdraw Form (which will be available through the submission portal after the abstract deadline). Requests will be reviewed by the Organising Committee before processing.
- 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 30 June, 2015, without notifying IADR, in the abstract submission site.
- Abstracts withdrawn after 30 June, 2015, 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 considered 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 text, or is still in draft, will be withdrawn automatically after 30 June, 2015. No changes to abstract text will be permitted after this date.

PREPARING TO SUBMIT AN ABSTRACT

All abstracts must be submitted online via the online IADR ScholarOne abstract submission system. Each completed submission is peer-reviewed for its scientific content by the Organising Committee and Session Chairs. Full step-by-step instructions for submitting your abstract are available online, via the 'Help' menu at top-right on the IADR ScholarOne abstract submission portal:

<https://anz-iadr2015.abstractcentral.com/>

Important Submission Elements

1. **Scientific Group/Network:** All abstracts must be submitted to an appropriate Scientific Group/Network for review based on the scientific content of the abstract. See below (p. 13) for a complete listing of Scientific Groups/Networks.

2. **Titles:** Abstract titles are limited to 10 words or less (make the title dynamic and conclusive, rather than descriptive). Italicize scientific names of organisms such as *Streptococci* or *Candida*.
3. **Authors:** Each author should be added separately to the submission. Enter first (given) name, and last (family/surname) name for each author plus institution/affiliation. One person must be identified as the presenting author. The order of the authors can be modified at any time prior to the abstract deadline.
4. **Abstract Text:** All abstracts should be 300 words or less. When composing your text, be sure to use a word processor in order to save your abstract in advance. Do not include your title or authors in the abstract text - these items will be collected separately. Do not include references. If the abstract is based on research that was funded entirely or partially by an outside source, then be sure to enter the appropriate information (funding agency and grant number if applicable) when prompted during submission. You do not need to re-enter the information with your abstract text, however, all external funding must also be included in the presentation if accepted. Tables are permitted but should be simple and concise. Graphics/images are not recommended unless they are integral to the abstract and should be limited to no more than two.
5. **Content of the Abstract:** Titles, authors and authors' affiliations are not included in the 300 word limit (references are not collected by IADR). The abstract must contain a brief statement of:
 - a. *The objectives of the investigation*
 - b. *Experimental methods used*
 - c. *Essential results, including data and, where appropriate, statistics*
 - d. *Conclusion*
6. **Other Items:** The following information should be submitted:

Keywords: All abstract submissions may select up to 5 keywords from a list. Two keywords are required. Keywords should be selected from Medical Subject Headings (MeSH) to be used for indexing of articles. For more information on MeSH, please visit <http://www.nlm.nih.gov/mesh/MBrowser.html>.

Educator/Clinician Track: IADR will ask if your research fits well into one of the tracks created by the ASC. Selecting the *Educator* track indicates content would be of most interest to educators. Selecting the *Clinician* track indicates content would be of most interest to clinicians.

Awards/Competitions (optional): Please be sure to select any applicable awards or competitions, such as the Colgate IADR ANZ Poster Competition, during the abstract submission process and complete any additional required questions. Clicking on the details & conditions for each award will reveal additional information for each award.

Contact Information: IADR will only correspond with the presenting author listed on the abstract regardless of who may have submitted the abstract. Thus, make sure to include a correct email address/phone number for the presenting author. If the presenting author relocates before the IADR ANZ 2015 meeting, please be sure to notify the IADR Meetings Department with the new information. Please make every attempt to enter the correct membership number for the presenter if he/she is a member of IADR.

Chair Opportunities: Please enter whether or not the presenter is interested in serving as an Oral Chair or Poster Chair.

Common Mistakes

- Failure to state objective and conclusion.
- Failure to state sample size and data.
- Excessive use of abbreviations.
- Excessive use of commercial product names.
- Typographical errors (remember that you can't change any of your text after the abstract deadline).
- Writing your abstract at the last minute (increases stress and leads to errors).
- Work that is duplicative is not well received. You may be asked to combine with another abstract or your abstract may not be accepted.

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. 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 in the IADR ANZ 2015 Programme.

Word Limit Help

If you are struggling to meet the word limit for your abstract, consider the following:

- Hyphenate when possible (e.g. 'composite-resin restorations' rather than 'composite resin restorations').
- Abbreviate extensively, where appropriate (e.g. rather than repeating 'hybrid zone', introduce 'hybrid zone (HZ)' and use 'HZ' thereafter.)
- Close spaces between numbers and units (e.g. '30mm' instead of '30 mm'; replace '30 ± 5' with '30±5').
- 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% H₃PO₄), washed (15s), stored (37°C, 7d), conditioned (25°C, 10m), tested (0.1mm/m), and

statistically analyzed (ANOVA, $p < 0.05$).’].

- 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.

Colgate IADR ANZ Poster Competition

Undergraduate and postgraduate students who are eligible to enter the Colgate IADR ANZ Poster Competition are requested to note this at the time of submission.

CRITERIA FOR ABSTRACT ACCEPTANCE

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 will evaluate the content of each abstract. Selection of the abstracts will be made by these reviewers and by the Organising Committee, whose decision is final. 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.

Common 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:
 - a. *Objective*
 - b. *Methods*
 - c. *Results – data and statistical analysis; and/or*
 - d. *Conclusions*
7. Methods of obtaining data not appropriate with respect to the stated problem for the following reasons:
 - a. *Methods not sufficiently precise to permit the measurements to be accurate, i.e., variations are within the error limits for the method*
 - b. *Sampling method contains inherent discriminatory factors not recognized*
 - c. *Size of sample insufficient to show significant conformity or differences*
 - d. *No well-defined criteria given for evaluation of variables*
 - e. *Choice of controls questionable; and/or*
 - f. *No control groups reported*
8. Significance of results related to 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.
13. Abstract is over word count.

SUBMISSION CATEGORIES BY SCIENTIFIC GROUP/NETWORK

Behavioral, Epidemiologic and Health Services Research

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. The following submission options are available: *Clinical and Epidemiological Studies*; *Demin/Remineralization*; *Detection*; *Risk Assessment and Others*; *Erosion*; *Fluoride and Ca-based Products*; and *Microbiological Studies/Biofilm*.

Clinical and Translational Science Network

This aims to showcase studies related to clinical and translational research in dentistry, as well as to promote research in areas important for the development of this research, for example in the fields of research methodology, clinical study design, biostatistical and epidemiological methodology, informatics as it relates to clinical and translational studies, and integrative approaches to overall human health with a focus on dental connections and sequelae. A key goal of the network is to integrate clinical and translational research interests across all IADR research groups and among dental academic and research institutions throughout the world, and to break down

barriers to inter-institutional and interdisciplinary clinical and translational research.

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: *Molecular*: molecular aspects of craniofacial genetics, development, and cell biology; or *Other studies*: including teratology, oral physiology, population studies, orthodontics, oral biology and temporomandibular joint function.

Dental Anaesthesiology Research

Abstracts submitted in the dental anaesthesiology 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:

1. *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.
2. *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.
3. *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.

4. *Clinical Trials*: Human studies for all materials.
5. *Biocompatibility and Biologic Effects*: Biocompatibility tests, antibacterial /anticariogenic materials and therapy, bio-active materials, regenerative therapy, interactions with oral environment and tissues.
6. *Polymer-based Materials-Chemistry and Composition*: New monomer systems and chemical modifications of polymers, composites, prosthetic resins and elastomers
7. *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.
8. *Metal-based Materials*: Amalgam, mercury, cast alloys, shape memory alloys, wrought wires, metallic implant materials.
9. *Other Materials - Chemistry, Properties, Performance*: Remineralization agents, orthodontic, endodontic, operative, gypsum, impression, investment materials.
10. *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.
11. *Color and Appearance (Aesthetics)*: 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.

Evidence-based Dentistry

This will consider abstracts that relate to all the aspects in the development and practice of evidence-based Dentistry. Submissions will be reviewed for validity, importance, and application of methods and techniques for developing, teaching and implementing knowledge distillation and transfer.

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.

Global Oral Health Inequalities Research

Papers should be related to Global Oral Health Inequalities Research, including though not restricted to: research focused on Global Oral Health Inequalities, particularly with the wider health community; interdisciplinary research; research focused on developing standard reporting criteria; implementation research; research that emphasizes the significance of social determinants of oral health, including exposure to environmental risk factors; research based on upstream prevention, with an emphasis on early health promotion at critical stages of the life course.

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 orofacial 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. This 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

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

Neuroscience is concerned with the role of the nervous system in orofacial function and in clinical problems associated with orofacial 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 orofacial 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 orofacial dyskinesia or Parkinson's, and sleep-related orofacial 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 orofacial 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.

Pediatric Oral Health Research

Abstracts of interest to the Pediatric Oral Health Research category should report results of clinical, survey, *in vitro*, genetic, health services and qualitative studies related to pediatric/children's oral health. This includes, but not limited to, cariology, pulp

therapy in children, behavioral factors and study population characteristics of participants under 18 years of age, and caregivers of children.

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. Toxicological 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

Research 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 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.

Student Training and Research (STAR) Network

Abstracts submitted to this network should be related to promoting, encouraging and fostering student research on a global level.

Stem Cell Biology

The Stem Cell Biology Group was created to disseminate knowledge in orofacial stem cells, as well as connections of orofacial stem cells with other stem cells in multiple species. Abstracts submitted to the Stem Cell Biology category should promote and encourage investigation into stem cell biology, particularly in relevance to orofacial stem/progenitor cells. Abstract subjects should promote and encourage the development of stem cell therapies for the regeneration of orofacial tissues. Abstracts should provide an international and cooperative forum for the discussion of stem cell biology and regenerative dental medicine. Submitted abstracts should further promote translational approaches of stem cell biology into novel or enhanced approaches that benefit the health of patients who suffer from dental, oral and craniofacial diseases.

Women in Science Network

Abstracts related to gender and health disparities as well as women's health will be reviewed.

MODES OF PRESENTATION

At the time of submission, you will be asked to select your preferred mode of presentation. However, not all requests can be accommodated and the final mode of your abstract will be selected by the Scientific Program Chair. If you only want to be considered for a poster presentation, please indicate this by marking the appropriate choice on the title step of abstract submission. Every effort will be made to honor poster-only presentation requests.

The IADR ANZ 2015 meeting will include presentations in the following modes:

Oral Presentation:

- There will be up to six individual oral presentations in a meeting session.
- Presentations must be in PowerPoint or Keynote format (all equipment provided – note this will be on a Macintosh platform).
- Presentations last 10 minutes; discussion after each presentation lasts five minutes.
- Session Chairs facilitate the session.
- Oral sessions will be scheduled Monday through Wednesday.

Poster Presentation:

- Posters will be presented on a poster board at the conference venue.
- Posters should be in 'portrait' (vertical) orientation, maximum dimensions: 2 m tall and 1 m wide.
- No audio-visual equipment can be used.
- Posters will be allocated to poster sessions and authors will be expected to attend their poster during that session in order to answer questions about the research.

PRESENTER REGISTRATION AND FEES

All presenters are required to register for the meeting before the registration deadline of July 17, 2015. Failure to register by this date will result in the withdrawal of your submission. If you plan on registering at the IADR membership rate, please make every attempt to complete your annual renewal, or to join the association, in advance of the presenter pre-registration deadline to allow ample processing time.

Registration fees for IADR ANZ 2015 (in New Zealand dollars, GST inclusive)

<i>Registration type</i>	<i>Standard¹</i>	<i>Late²</i>
Full IADR member meeting registration ³	\$595	\$695
Student IADR member meeting registration ³	\$250	\$350
Full non-member meeting registration	\$695	\$795
Student non-member meeting registration	\$300	\$400
Life member meeting registration	\$400	\$500
Day registration – <i>please nominate day:</i> <i>Monday 24 Aug, Tuesday 25 Aug, or Wednesday 26 Aug</i>	\$290 each day	

¹ For registrations on or before July 17, 2015 (New Zealand time).

² For registrations after July 17, 2015. Please also note that late registrants will not be able to present their research at the meeting, and their details will be omitted from the IADR ANZ 2015 Programme.

³ IADR membership dues must be paid in full for the year 2015, on or before the pre-registration deadline 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 we reserve the right to charge the difference.

NOTIFICATIONS OF ACCEPTANCE/NON-ACCEPTANCE

Official notifications of acceptance or rejection of submitted abstracts will be emailed to all prospective presenters by July 10, 2015. Notifications for successful presenters will include presentation mode assignment (oral or poster), date, and session time. An email containing your Final Presentation Number will be sent after the Presenter Pre-registration deadline (late July 2015), to all registered, accepted presenters.

After July 10, 2015, the placement or rejection of your abstract cannot be changed and is considered final. Please do not contact IADR or the Organising Committee regarding the status of your abstract prior to this date. However, if you have not been notified of acceptance or rejection by July 10, please contact us.

PLEASE NOTE: All communication between the organisers and prospective presenters will take place via email. The email address used will be the one you supply when submitting your abstract for the PRESENTING AUTHOR. Please make sure that you enter a valid, long-term email address so that you will receive all important notices regarding your abstract and presentation at the meeting.

ACCEPTED AND PRESENTED ABSTRACTS

Accepted and presented abstracts become part of a special online-only issue of the *Journal of Dental Research*. Accepted and presented meeting abstracts are citable. The *Journal of Dental Research* follows the International Committee of Medical Journal Editors recommendations regarding the conduct, reporting, editing, and publication of scholarly works and these recommendations are applied to meeting abstracts to the extend practical and possible. Presenters have the option to upload their full poster or oral slide presentation linked to their abstract.

FREQUENTLY ASKED QUESTIONS

1. Do I need to be a member of IADR to submit an abstract?

No. However, you do need to be a member in order to be eligible for some awards/competitions. You will also receive a reduced registration rate as a member of IADR. Your membership must be paid for 2015 in order to be eligible for the reduced member pricing.

2. How do I know if my abstract was successfully received?

In Step 5 of the submission process, you will be asked to review all information you have entered for your abstract. If there are any incomplete steps, you will not be able to submit your abstract and it will remain in Draft status until you reach full completion. You will be able to view a proof of your abstract in this step. You will also receive a confirmation email from the system following successful submission of your abstract.

3. Is there a word limit imposed on abstract titles?

Yes, all abstract titles must be 10 words or less.

4. Is there a word limit imposed on abstract text?

Yes, all abstract text must be composed of 300 words or less.

5. Can I change my Scientific Group/Network to a different group after I complete my submission?

Yes, you may return to your submission at any time prior to the abstract deadline to transfer your abstract to a different group by returning the completed abstract to Draft and editing the Scientific Group/Network selection in Step 2. Be sure to save your changes and resubmit your abstract.

6. What is the abstract deadline?

Tuesday, 30 June, 2015 at midnight (11.59:59pm US EDT). The IADR Scholar One submission portal is operates on US Eastern time. Midnight US EDT, Tuesday 30 June equates to 2pm Australian Eastern Standard Time or 4pm New Zealand Time on Wednesday 1 July, 2015.

7. Can I make changes to my abstract text after the deadline?

No. IADR does not permit modifications to abstract text after the deadline under any circumstances. It is very important that you submit an error free abstract text.

8. If I forget to add an author, can I do so after the abstract deadline?

Yes, you can still add an author if necessary by emailing the Organising Committee. However, please make every attempt to add all authors during the abstract submission process.

9. Can I submit more than one abstract (excluding meeting proposals/keynotes) as an abstract presenter?

No. IADR permits authors to submit one abstract only as a presenting author. You may be listed as a co-author on more than one abstract. If you submit more than one abstract as a presenter, you will be asked to delete one of the submissions. If your response is not received, one of the submissions will be automatically deleted and will not be reviewed.

10. When I submit my abstract, how do I indicate my mode preference?

You will be asked to submit your presentation mode preference at the time of submission (oral, poster or no preference). IADR makes every attempt to provide you with your first choice, but there is no guarantee as a number of programming factors must be taken into account during the programming finalization process.

11. Should I put the abstract title, authors and affiliations in the text of my abstract?

No. These items will be collected separately during the abstract submission process. References are not collected.

12. Is there a limit on the number of co-authors that I can add to my abstract?

No.

13. Can I submit previously published or presented work?

No, all abstracts must be original research. Abstracts cannot be submitted if the

research represented by the abstract will be published and/or presented at any other national or international meeting prior to August 2015.

14. If I make a mistake during the abstract submission process, do I need to start a new submission?

No. You can make changes to your abstract submission at any time prior to the deadline by logging into your account through the IADR Members Only section and returning your abstract to Draft and selecting to Edit Draft.

15. Will IADR edit my abstract?

No. Once you submit your abstract, it will not be edited in any way for content. Typographical or grammatical errors that appear in your abstract submission may appear in the final IADR ANZ 2015 Programme. Abstracts may be formatted only to follow IADR publication guidelines or requirements.

CONTACT DETAILS FOR THE IADR ANZ 2015 ORGANISING COMMITTEE

OFFICIAL IADR ANZ 2015 WEBSITE <http://www.otago.ac.nz/iadranz2015>

**2015 ORGANISING
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**ALL OTHER IADR ANZ
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