

**Carilion Clinic/Virginia Tech Carilion School of Medicine/  
Jefferson College of Health Sciences 2018 Research Day  
April 10, 2018  
Carilion Roanoke Memorial Hospital, 6<sup>th</sup> Floor Auditorium**

**Abstract/Case Study Submission Instructions and Example  
Read These Instructions Thoroughly**

**Abstract/Case Study Eligibility Criteria**

- Abstracts/Case Studies **will** be considered regardless of whether they have been presented at other meetings.
- Limit of **two** entries per the **first** author listed. The first author listed **MUST** include his/her e-mail address on the abstract/case study submission form as indicated on the example at the end of these instructions. The first author listed **WILL BE THE POINT-OF-CONTACT** for the abstract/case study and will be listed in the program materials as the **presenter**. **It is the responsibility of the first author to communicate information to the other authors on the study.**
- Vignettes are **not** accepted.

**Rapid Communication Presentations (RCPs)**

RCPs are a way to highlight exemplary student, resident/fellow, and faculty/professional research. RCP process:

- If you would like for your abstract to be considered for a RCP, check the appropriate box on the abstract/case study submission form.

Rapid communication presentations for residents/fellows include an 8-minute slide presentation given verbally and 2 minutes of Q&A. RCPs for students include 4-minute slide presentation and 2 minutes of Q&A. To ensure the presentations are within the time requirement, students, residents, and fellows are asked to present only the purpose, methods, results, and summary conclusion of their work. RCPs for faculty/professional status will be for 17 minutes; therefore, a 15-minute presentation followed by 2 minutes of Q&A.

Faculty/professional, student, and resident/fellow submissions selected for rapid communication presentations will NOT present a poster.

Those students, residents/fellows, and faculty/professionals selected for RCPs are required to provide their presentations one week prior to research day, Tuesday, April 3 and submit to [research@carilion.com](mailto:research@carilion.com).

**Author Eligibility**

- At least one author of an abstract/case study must be affiliated with Carilion Clinic, Jefferson College of Health Sciences (JCHS), Virginia Tech Carilion School of Medicine (VTCSOM) or associated institutions. Faculty/Professional/Students includes the following: Carilion Clinic physicians, faculty, residents/fellows, and nurses, JCHS faculty and students, VTCSOM faculty

and medical students, Salem Veteran's Affairs faculty, Radford University faculty and students, Virginia Tech Carilion Research Institute (VTCRI) faculty, Virginia Tech faculty who also have an appointment with the VTCSOM.

### **Format for Abstract/Case Study Submission:**

- Review the submission example at the end of these instructions to assure completion of the online submission form.
- The online submission form **does not** have the capability to be saved; therefore, be prepared to start and submit the form in one sitting.
- Be sure to complete all required fields.
- If Student status is selected, a mentor section will appear. Students **must** complete the mentor's section.
- Keywords' section – from the drop-down menu, select at least 3 and no more than 10 keywords that describe the research. As you select your keywords, they will be added to the keyword section on the right.
- Title section – title should be **brief** and describe the abstract/case study - no more than 10 words.
- First author – complete all the fields in this section, including the Email Address field.
- **Special characters/scientific symbols – this online submission form will only accept characters and symbols found on a standard keyboard.** If you cut and paste from Word into the form and your text includes any characters/symbols not found on a standard keyboard, they will not translate properly. You cannot “free type” any characters/symbols not found on a standard keyboard.
- Additional authors – complete all the fields in this section, THEN CLICK THE “ADD” BUTTON. Repeat to add additional authors.
- The abstract/case study submission form includes the following sections: Title, first author, authors, body of the abstract/case study.
- Text only – no graphs, tables, charts, graphics, etc.
- 300 words maximum for the body section. The 300 words does not include the “Title” and “Authors” sections. Once you select “Submit”, the system will notify you if you have exceeded the 300 word maximum.

### **Style**

- Write for clarity and directness.
- Avoid the use of medical jargon or stock phrases and remember only use characters from a standard keyboard.
- Proofread abstracts/case studies carefully – grammar and spelling will be evaluated.

## **Abbreviations and Nomenclature**

- Nonstandard abbreviations must be kept to a minimum and must be explained and spelled out when used.
- Generic names of drugs are preferred. A proprietary name may be given only with the first use of the generic name.

## **Submission Deadline**

- Abstracts/case studies will only be accepted through the online submission process.
- Submit questions to [research@carilionclinic.org](mailto:research@carilionclinic.org) with **research abstract question or research case study question** in the subject line of the e-mail.
- Abstracts/case studies must be submitted no later than **5:00 p.m. on Friday, March 2, 2018. Due to the anticipated volume, we will not accept abstracts after 5 p.m. on Friday, March 2; therefore, plan accordingly.**

## **Acceptance Notification**

- Up to 150 abstracts/case studies will be selected for the three (3) poster presentations.
- All abstracts/case studies will be included in the abstract book, which will be available online this year.
- Abstracts accepted for poster presentations and RCPs will be notified on **March 12, 2018.**

**Abstract/Case Study example is on the following page.**

# Carilion Clinic/JCHS/VTCSOM Research Day 2018

## Abstract/Case Study Example

Review the Submission Instructions  
Before Submitting your Abstract/Case Study

Check Project/Study type: Basic  Clinical  Applied or QA/QI  Translational

Check abstract type: Completed Project  Case Study  Work in Progress

Check first author listed status: Student\*  Resident/Fellow  Faculty/Professional

IRB approval: Yes  No  N/A  election of key words: This will be a drop-down menu for selection (Select at least 3 and no more than 10)

Consider for Rapid Communication Presentation? \_\_\_\_\_ Yes  No

Title describes  
abstract/case study

**Title:** Seborrheic Dermatitis in Patients with Acquired Immunodeficiency Syndrome. (NO MORE THAN 10 WORDS)

**Authors:** Janice M. Moss, MD (jmoss@carilionclinic.org), Carilion Clinic; Brenda Douglass, MD., Mayo Clinic  
\* Student's Mentor:

List authors and institutional affiliations. **First author listed must include e-mail address.**

To determine if seborrheic dermatitis is an under-recognized but common skin manifestation of AIDS that has important, short-term prognostic significance.

Define and spell out abbreviations

All patients with AIDS seen at the Carilion Clinic, and urban hospital, during a one-year period were enrolled in a cohort study. Each patient underwent a comprehensive skin examination. All skin conditions were noted, and the severity of seborrheic dermatitis was graded. A group of sex and aged matched patients seen during the same time period served as a control group. In the second part of the study, AIDS or HIV patients with the most severe grades of seborrheic dermatitis were compared to patients with mild or no seborrheic dermatitis for short term mortality. Comparisons were analyzed with chi-square and relative risk calculations. Eighteen patients with AIDS and 12 patients with HIV infection were enrolled (29 males, 1 female). Thirty age and sex matched controls were randomly selected from the patient roster. The most common risk factors for the cases were homosexuality and IV drug abuse. Eighty percent (15/18) of AIDS- and 42% (5/12) of HIV-infected patients had seborrheic dermatitis compared 10% (3/10) of controls (P>0.001 AIDS vs. controls, P=0.07 for HIV patients vs. controls, and P=0.01 for AIDS- vs. HIV-infected). The severity of seborrheic dermatitis seemed to be associated with short-term prognosis. Of the 6 patients who died during the study, 3 developed severe seborrheic dermatitis within six months and 2 developed moderate seborrheic dermatitis within a year of their deaths (relative risk = 2.5, 95% CI=1.9-3.3). Of the 5 HIV-infected patients with seborrheic dermatitis, 2 with moderate grade progressed to AIDS and one subsequently died during the study period.

There is a significant increase in seborrheic dermatitis in patients with AIDS, and the severity of seborrheic dermatitis may have short-term prognostic significance.

Use the word count in Word to confirm 300 words or less for the body content