19 - 21 SEPTEMBER 2019

MAIN POSTER SESSION: GUIDANCE NOTES

ACCEPTANCE AND MARKING CRITERIA FOR 3 POSTER PRIZES

The abstracts and posters will be judged according to the following criteria for three categories:

1. Aspiring orthodontist prize (£400 sponsored by TOC)

- New poster display for BOC Glasgow 2019.
- Open to any dentally qualified Associate Member of the Training Grades Group i.e. one who has not already embarked on specialist orthodontic training, or similar group in WFO, FEO, AAO. This prize is not open to full members of the TGG who are already on a specialist orthodontic training pathway.
- Audit with aims, gold standard, methodology, results and relevance to clinical practice
- Case report of unusual findings including background, case description and relevance to profession
- Innovative or novel techniques in clinical care of relevance to the profession including background, innovative idea and how practice or patient care can be enhanced
- Research with aims, methodology, statistical methods used, detailing results and conclusions drawn

2. Research poster prize (£400 sponsored by British Orthodontic Society)

- Open to any BOS, WFO, FEO and AAO members
- Originality of research
- Clear aims and hypotheses
- Appropriate methodology used
- Sample size justified and suitably obtained
- Appropriate statistical methods used
- Outcome measurements accurate, valid and reliable
- Data adequately described and important findings highlighted
- Appropriate conclusions drawn in relation to the aims and results

3. Audit poster prize (£400 prize sponsored by British Orthodontic Society)

- Open to any BOS, WFO, FEO and AAO members
- Audit/ service evaluation of clinical relevance
- Aims and gold standard (for audit) clearly stated
- Methodology appropriate for the stated aims
- Outcome measurements accurate, valid and reliable
- Appropriate statistical methods
- Data adequately described and important findings highlighted
- Appropriate conclusions drawn in relation to the aims and results
- Details of how clinical practice/service delivery will be improved as a result

On occasion, at the discretion of the British Orthodontic Society, an abstract/ poster not meeting these exact criteria may be accepted for presentation if it is deemed to be of particular significance to the profession. Any abstract/ poster of this type will be excluded from poster prize judging.

REGISTRATION FORM AND ABSTRACT PREPARATION

1. Presenting author(s) must be a member of BOS, WFO, FEO or AAO. Please contact BOS office directly with membership enquiries (email ann.wright@bos.org.uk).

2. Please indicate the poster category being entered for on the registration form. A new prize of £400 (kindly sponsored by TOC) for 2019 will be awarded to the presenter of the best aspiring orthodontist poster. The presenter of the best research poster and the presenter of the best audit poster will each receive a prize of £400.

3. Acceptance of an abstract carries the obligation to present at the BOC. Failure to do so will result in you not being allowed to submit a poster abstract for the following year's BOC. It is your responsibility to make sure that you have registered to attend the BOC by the time of poster submission. If there is more than one presenting author each author must be registered to attend the conference.

4. Please ensure all authors are aware and have approved the abstract submission.

5. Further instructions on poster submission dates and production, including producing high-resolution images, and details on uploading your files will be emailed following shortlisting.

6. The posters will be taken to Glasgow and put on the poster boards for you. However, the main author presenting the poster MUST be in attendance on Thursday 19 September 2019 for delegate viewing. Exact times to be confirmed at a later date.

7. Poster demonstrations must be in place for the full duration of the BOC. If you are unable to stay until 4pm on Saturday 21 September 2019, please arrange for a colleague to bring your poster home. Poster tubes will be available at the registration desk.

8. It is important that you read and follow carefully the abstract preparation information below.

   a. A structured abstract of no more than 250 words in length within the designated area of the abstract box. The word count must be stated. The font must be **Arial 12-point**. NO other font will be accepted due to the direct reproduction process.

   b. The size of the box MUST NOT BE CHANGED. **It is imperative that when printed the overall box size conforms to the following dimensions: 12.5cm (width) x 15.5cm (height); the title box section should remain unchanged.**

   c. Proof read your abstract carefully. Once submitted no further changes can be made. If you include tables, charts, and/or columns in the abstract, the font size must remain the same for all information.

   d. The title of abstract, author names and affiliations should be placed in the top space and formatted as follows:

      - Limit your title to 10 or fewer words to indicate the content of the abstract.
      - After the title, list each author's surname in CAPITAL letters followed by the first and middle initials.
      - Indicate the presenting author using an asterisk (*).
      - The name(s) of the institution(s) should follow in parentheses.

   e. The text of the abstract for submissions should be structured in the main space as follows:

      - **Objective/s** - Begin with a brief statement of why the study was performed. It should be possible to make a connection between the conclusion and the objective/s.
      - **Design** - A description of the type of study (e.g. double blind trial, retrospective analysis).
      - **Setting** - Where and when the study was undertaken.
      - **Gold standard** – For audit posters only.
      - **Subjects/Materials and Methods** - This should include how the sample was selected and from what population. A brief description of the experimental method

employed.

- **Results** - The main results should be stated supported by appropriate statistics.
- **Conclusions** - Only conclusions supported by the data presented should be included. The limitations of the study should be highlighted. Conclusions should be underlined.
- **Name of supporting agency and grant number** - If any.

For those submitting case reports/ innovative ideas in the aspiring orthodontist category entries should follow the above structure as much as possible but may omit headings that are not relevant.

9. Please complete the registration and abstract form provided and email to bocposters@bos.org.uk. When emailing please name your attached registration form/abstract with the surname of the presenting author followed by the words abstractaudit/ abstractresearch/ abstractaspiring as appropriate (e.g. presenting author Mr. John Jones would name his audit attachment **jonesabstractaudit**.**docx**) by Friday 24 May 2019. You will be notified of the outcome in June 2019.

10. If you are submitting multiple abstracts please attach them all to a single email with a separate registration form for each and numbered e.g. jonesabstractaudit1.docx, jonesabstractaudit2.docx.

SAMPLE RESEARCH ABSTRACT FORM

Use of the Clark twin block: a randomised controlled trial

YAQOOB, O*[1], DIBIASE, AT[1], COBOURNE, MT[2]
(East Kent Hospitals University Foundation Trust[1]; King's College London [2])

Objective: To determine whether there are any significant differences in skeletal and dentoalveolar changes that occur when using the Clark twin block with and without a maxillary labial bow in the correction of a class II division 1 malocclusion.

Design and Setting: A prospective randomised controlled trial undertaken at the East Kent Hospital.

Materials and Methods: Sixty-four participants were divided into age and sex-matched pairs. Participants in each pair were randomly allocated to one of the appliance groups. Both treatment groups showed pre-treatment equivalence for age, sex, overjet, and cephalometric variables. Each group was treated for 12 months, when further data was collected.

Results: Sixty (93.75%) participants completed the study. Both treatment groups experienced a reduction in overjet as a result of forward movement of pogonion, proclination of lower incisors and retroclination of the maxillary incisors. There was also distalization of the maxillary molars, mesialization of the mandibular molars and a reduction in ANB. There was no statistical difference between the two groups in any of the variables measured.

Conclusions: The addition of a maxillary labial bow to the Clark twin block was not associated with greater retroclination of the maxillary incisors. There was no difference in the dentoalveolar and skeletal effects that occurred when using these different designs of the twin block appliance.

SAMPLE AUDIT ABSTRACT FORM

Age at referral of impacted maxillary canines: An audit.

FLINT, HE*, HARRISON, JE, PENDER, SM
(Liverpool University Dental Hospital)

Objective: To determine whether patients with impacted maxillary canines were referred for orthodontic consultation at an age that complied with the Royal College of Surgeons' guidelines on the management of these patients**.**
Design and Setting: A retrospective audit carried out between 1-1-06 and 30-6-07 at 7 orthodontic units in Mersey Deanery.
Gold Standard: Patients with impacted canines were referred between 10 and 12 years of age.
Target: 100% patients referred at an appropriate age.
Materials and methods: Data for patients diagnosed with at least one impacted maxillary canine were retrieved from the Orthodontic Minimum Dataset database held by each department. Patients whose initial orthodontic consultation was between 1st January 2006 and 30th June 2007 were included. The age of each patient at referral was calculated using the patient's date of birth and the date the referral letter was written.
Results: A total of 421 patients were included in the audit. The median age at referral was 13.4 years (IQR 2.7). Only 19.0% of referrals met the Gold Standard with the patients being referred between 10 and 12 years, while 76.5% of patients were referred after the age of 12 years.
Conclusions: Fewer than one in five patients with impacted maxillary canines were referred at the appropriate age and three quarters were referred after the recommended age when interceptive management is felt to have the greatest chance of success. Further education of referring practitioners is needed to ensure that these patients are identified and referred for an orthodontic opinion at an appropriate age.