



GUIDELINES FOR ABSTRACT SUBMISSION (FREE COMMUNICATIONS)

Abstract Submission Deadline — September 12, 2014

Acceptance Notification Date — December 15, 2014

Free Communications are brief proffered presentations (oral or poster) on focused studies, investigations, or observations in dermatology, and represent a vital component of the Scientific Program of the World Congress of Dermatology.

All Free Communications abstracts must be submitted online through the WCD Congress website at derm2015.org. Select “Online Abstract Submission” and follow the steps making sure to carefully complete all sections. If all sections are not completed, your abstract submission will NOT be accepted.

1. RULES FOR ABSTRACT SUBMISSION

- A. Authors are required to indicate their preference for either oral or poster presentation by checking the appropriate box on the submission web page. The WCD Free Communications Committee will make the final decision on the format of presentation (i.e. poster or oral).
- B. Acceptance or rejection of abstracts will be based on rankings given by a peer review of experts in the associated topic/category. Results of the selection process will be sent out via e-mail to the corresponding author. The Committee decision is final and cannot be appealed.
- C. Abstracts cannot be identical to any abstract that has previously been presented at a major international meeting prior to the WCD 2015. An update to prior work is acceptable.
- D. Instructions on the preparation of posters and information regarding projection facilities will be included with the notification of acceptance.
- E. Submission of an abstract indicates:
 - (i) that the author(s) agree to comply with the abstract submission and presentation rules,
 - (ii) that the presentation is based on scientific and/or clinical methods that are ethical and valid, and
 - (iii) that all authors have contributed to and approve the abstract and its entire contents.
- F. All accepted abstracts will be published electronically on digital media (e.g. CD-ROM) as well as the WCD 2015 website, and distributed to all delegates.
- G. Accepted abstracts are official communications of the Congress. The presenting author agrees to register, attend the Congress, and present the abstract as scheduled by the WCD. The presenting author **MUST REGISTER FOR THE WCD BY MARCH 13, 2015** before the abstract can officially accepted for inclusion in the final scientific program and official Program Book.
- H. Abstracts will be judged for merit according to the following criteria:
 - (i) Scholarly and/or research validity
 - (ii) Educational value
 - (iii) Clarity of presentation
 - (iv) Potential impact on global dermatology

2. INSTRUCTIONS FOR ABSTRACT PREPARATION (Refer to the Abstract sample for specific guidance on formatting)

A. Abstracts must be written and presented in English.

- B. **Title:** Use a concise descriptive title that indicates the content of the abstract. The complete title should be CAPITALIZED. Please minimize the use of abbreviations in the title. Commercial trade names for drugs, devices, products, and services may NOT be used in the title.

Authors: Names and surnames for each author must be provided. Do not include degrees or titles. Presenting authors' names will be underlined and the corresponding author's name will be in **bold**.

Affiliations: Each author should be listed by department, institution, city, and country.

Keyword(s): A minimum of one (1), and a maximum of three (3) keywords reflecting the contents of the abstract should be provided.

- C. Abstracts should not exceed 400 words. Abstracts that are not written in understandable English will be rejected and/or returned to the author(s) for revision. Symbols including superscripts and subscripts can be entered in the online system.

Whenever possible, the body of the abstract text must be formatted with the following sub-headings as appropriate. Each sub-heading should be formatted in bold text, begin on a new line, and followed by a colon and space (:). The text for each sub-section should begin immediately after the colon and space (see sample abstract below).

- **Background:**
- **Objective:** (it is acceptable to combine "**Background and Objective:**" into one heading)
- **Methods:**
- **Results:** (the word "**Observations:**" can be substituted here if more appropriate)
- **Conclusions:**
- **Limitations:**

It is **NOT** satisfactory to simply state that "The results will be discussed." Only common and standard abbreviations may be used without definition.

Drugs, devices, products, and services should be identified by generic name only within the abstract, with the single exception that the trade or commercial name can be used ONCE in brackets,

but only after the generic name, i.e. "generic name (trade name®)". Data must be given in units (International metric system is preferred) that are generally accepted in scientific publications. **NO REFERENCES, TABLES, CHARTS OR IMAGES ARE ALLOWED.**

3. ABSTRACT THEMATIC TOPICS

For reviewing and scheduling purposes, abstracts will be classified into thematic areas. Please indicate on the submission webpage the appropriate topic classifications to which your abstract belongs. A maximum of three (3) thematic categories may be chosen. The WCD Free Communications Committee will attempt to respect the authors' choice regarding their self-selection to a specific topic, but reserves the right to change the allocation in order to achieve a well-balanced scientific program.

- Acne, Rosacea, and Related Disorders
- Adverse Drug Reactions and Environmental Toxins
- Autoimmune and Immunological Disorders
- Basic Science
- Bioinformatics, Clinical Service Delivery, Community Dermatology
- Clinical Research
- Connective Tissue Diseases
- Cosmetic and Esthetic Dermatology
- Dermatitis and Eczema
- Dermatologic Education
- Dermatopathology
- Dermoscopy and Skin Imaging
- Gender and Age Issues
- Genetics and Genodermatoses
- Global Dermatology
- Hair, Nails, and Sweat Disorders
- History of Dermatology
- Infections, Bites, and Infestations
- Inflammatory Disorders
- Lasers
- Medical Dermatology
- Medical Therapeutics
- Mucosal Disorders
- Pediatric Dermatology
- Photodermatology and Phototherapy
- Physical Therapies
- Pigmentation
- Psoriasis
- Psychodermatology
- Quality of Life
- Skin Cancer, Neoplasms, and Oncology
- Surgical and Procedural Dermatology
- Teledermatology
- Wound Healing
- Other / Miscellaneous



4. RESIDENTS, REGISTRARS, AND FELLOWS FORUM

The WCD will schedule a special Forum during the Congress to feature extended oral presentations by dermatology residents, registrars, and fellows on basic or clinical research. Individuals will be chosen for this Forum based on the scientific quality and impact of their work as judged by the WCD Free Communications Committee. When submitting your abstract online, select the applicable box if you are a Resident, Registrar, or Fellow and you wish to be considered for this Forum. You may also wish to consider applying for a WCD 2015 Scholarship if you are submitting your abstract for this session.

5. IMPORTANT DEADLINES AND MANDATORY DECLARATIONS

- A. Online Submission will be available on the Congress website. Please follow the instructions detailed on the website. Your abstract submission will be acknowledged automatically by email, but this confirmation does not constitute official acceptance for presentation. **FAX SUBMISSIONS WILL NOT BE ACCEPTED.**
- B. Statement of Responsibility
- All co-authors must agree with the submitted results and conclusions, and consent to being listed as authors.
 - The abstract must not have been submitted in identical format to any other international meeting.
 - Work involving humans or animals, or material derived from them must have been approved by an institutional ethics committee.
 - All authors must complete a Disclosure of Conflicting Relationships declaration form.

- C. Modifications to the abstract may be made before the online abstract submission system is closed after September 12, 2014, unless the abstract has already been accepted by the WCD Free Communications Committee.
- D. Authors who wish to withdraw their abstract must send a written request to: abstract@derm2015.org.

6. WCD 2015 SCHOLARSHIPS AND ABSTRACT AWARDS

Scholarships will be provided by the WCD 2015 to assist participants from around the world to present their work at the WCD. Scholarships will be awarded on the basis of merit and relative financial need as judged by the WCD 2015 Scholarship and Awards Committee. Please refer to the Scholarship and Awards section of the website for the adjudication criteria. Awards will also be provided to outstanding oral and poster presentations.

7. ACCEPTANCE NOTIFICATION

Authors will be notified by **December 15, 2014** as to the acceptance status of their submissions. This includes the assignment of session category and presentation format (oral or poster). Detailed instructions regarding requirements and instructions for oral and poster presentations will also be provided at that time. Abstracts that are meritorious may in some instances be notified for acceptance earlier than December 15, 2014 at the discretion of the WCD Free Communications Committee. If your abstract is accepted, you must register no later than **March 13, 2015**. Unless you register by that date, your abstract will not be included in any WCD print or online publications or the official program book.

For more information please contact:

WCD 2015 Secretariat

#206-2590 Granville Street,
Vancouver, BC Canada V6H 3H1
Phone: +1.604.738.8600 Fax: +1.604.738.8697
Email: abstract@derm2015.org



ABSTRACT SAMPLE

The on-line submission system will automatically provide correct formatting for your abstract.

HLA-B*15:02 and HLA-A*31:01 as genetic markers for carbamazepine-induced hypersensitivity reactions in children *[TITLE]*

[Authors' Name] Presenting author will be underlined, Corresponding authors will appear in bold.

Ursula Amstutz^{1,2,3}, Colin J.D. Ross^{1,3,4}, Lucila I. Castro-Pastrana⁵, Michael J. Rieder⁶, Neil H. Shear⁷, Michael R. Hayden⁴, **Bruce C. Carleton**^{1,2,3}, and the CPNDS Consortium

[Institutional Affiliation Name]

¹Division of Translational Therapeutics, Department of Pediatrics, University of British Columbia, Vancouver, BC, Canada, ²Pharmaceutical Outcomes Programme, BC Children's Hospital, Vancouver, BC, Canada, ³Child and Family Research Institute, Vancouver, BC, Canada, ⁴Centre for Molecular Medicine and Therapeutics, Department of Medical Genetics, UBC, Vancouver, BC, Canada, ⁵Departamento de Ciencias Químico Biológicas, Universidad de las Américas Puebla, Mexico, ⁶Clinical Pharmacology, Departments of Medicine, Physiology, Pharmacology and Pediatrics, Schulich School of Medicine and Dentistry, University of Western Ontario, London, ON, Canada, ⁷Dermatology and Clinical Pharmacology, Department of Medicine, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON, Canada

[Contents Body] Use descriptive subtitle headings (i.e. Background, Objective, Methods, Results, Conclusions, Limitations)

Background: The use of the anticonvulsant carbamazepine (CBZ) is limited by the occurrence of hypersensitivity reactions that include drug-induced hypersensitivity syndrome (HSS) and Stevens-Johnson syndrome (SJS). Although rare, HSS and SJS are life-threatening adverse drug reactions with a very high morbidity and mortality. Two genetic variants in the human leukocyte antigen (HLA) region, HLA-B*15:02 and HLA-A*31:01, have been associated with CBZ hypersensitivity in Asian and European patients.

Objective: To replicate the above genetic associations in pediatric patients from North America with a diverse ethnic background.

Methods: We assessed the association of HLA-A*31:01 and HLA-B*15:02 with CBZ hypersensitivity in 42 children with CBZ hypersensitivity, and 91 CBZ-tolerant controls from across Canada. DNA and comprehensive clinical data on the adverse events from all patients were obtained through the Canadian Pharmacogenomics Network for Drug Safety. Genotyping was performed using real-time PCR.

Results: A significant association of HLA-A*31:01 was observed with CBZ-HSS (OR 26.4, p=0.0025) and maculopapular exanthema (MPE; OR 8.6, p=0.0037), but not for CBZ-SJS. Conversely, HLA-B*15:02 was associated with CBZ-SJS (OR 38.6, p=0.002), but not HSS and MPE. Combined, the two risk variants were strong predictors of all CBZ hypersensitivity reactions (OR 8.1, p=2.6x10⁻⁴).

Conclusions: This study is the first to demonstrate the association of HLA-A*31:01 with CBZ hypersensitivity in pediatric patients, providing important replication of this association. Our results also highlight the importance of this predictive biomarker across ancestries.

Keywords: drug reactions; pharmacogenetics; pediatric