



Pan European Region
of the International Association
for Dental Research Congress

September 15-17, 2022
Palais du Pharo - Marseille, France

www.per-iadr2022.com

CALL FOR ABSTRACTS

Important Dates

Opening Abstract Submission: January 17, 2022

Abstract Submission Deadline: April 22, 2022

Abstract Notifications: Mid-June, 2022

Early registration deadline: July 15, 2022

Congress dates: September 15-17, 2022

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You are invited to attend the PER-IADR Oral Health Research congress in Marseille, France, SEPTEMBER 15-17, 2022.

PER-IADR was founded to combine the efforts of the five involved European IADR Divisions – BSODR, CED-IADR, Irish Division, Israeli Division and Scandinavian Division – to:

1. Provide a larger platform (critical mass) for presentation, discussion and dissemination of new scientific information.
2. Improve the cooperation across country borders and among the five traditional European IADR divisions.
3. Improve the presence in the science policy field in the European Union in order to bring the topic of oral health onto the political agenda.

Major congress facts and highlights summarised in brief:

Every second year, PER-IADR organises its Oral Health Research congress by combining the efforts of the five European Divisions: BSODR, CED-IADR, Irish Division, Israeli Division and Scandinavian Division.

- Around 1,200 attendees expected.
- Various scientific awards for young researchers.
- Special € 190 reduced IADR student-registration fee.
- The congress venue 'Pharo Palace' is located at the historical harbour and is two steps away from the city-centre of Marseille.
- The PER-IADR Opening Ceremony & Reception (on Thursday evening) and Get-Together (on Friday evening) will be at the terrace of Pharo Palace with an exceptional view over the bay of Marseille.
- For more details, please visit our congress website: www.per-iadr2022.com

Are you involved in dental, oral or craniofacial research?

If so, we encourage you to submit an ABSTRACT for an oral or poster presentation. The Scientific and Organising Committees are working on a congress programme that will offer you state-of-the-art symposia and lectures reporting on recent research developments and current & future trends in oral health. The congress will additionally provide an ideal platform for international exchange and networking. The oral and poster sessions will be set up upon a positive review by the Scientific Committee.

ABSTRACT RULES AND GUIDELINES

1. Individuals may present **only one abstract** (excluding Symposia, Hands-on Workshops, Lunch & Learning and Keynote Speakers).
2. Abstracts **must report on original** research.
3. Submitters may **not split one research project into several abstracts**.
4. Individuals may co-author multiple abstracts.
5. Presenters must **disclose** any personal or co-author potential **conflict of interest** and adhere to the [IADR Policy on Full Disclosure](#) along with the [IADR Abstract Licensing Policy](#) during submission.
6. **Previously published abstracts** (in print or electronically) or those presented at another meeting are not allowed.
7. Abstracts may not report on research presented at a symposium held at the same congress.
8. Authors of **presentations later proven to contain previously published material will be sanctioned** and may be prohibited from presenting at future IADR congresses.
9. The Scientific Committee reserves the **right to reclassify submitted abstracts into the most appropriate area of review**.
10. You **must receive the approval of all co-authors** before putting their names on the abstract.



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11. Abstracts are **reviewed if submitted before** the abstract submission deadline of **April 22, 2022**. Abstracts in Draft will not be included in the scientific programme. Presenters are not permitted to modify their abstracts after the abstract submission deadline.
12. Typographical or grammatical errors that appear in your abstract will also appear in the final online Scientific Programme.

Presenter Agreement

When submitting an abstract, all presenters must:

1. Affirm that any work with human or animal subjects reported on in the abstract **complies with the guiding principles for experimental procedures** found in the Declaration of Helsinki of the World Medical Association, and that this research project **has been duly cleared** by my Institutional Review Board (IRB) or Institutional Ethics Committee or an equivalent ethical body.
2. Affirm that the work has **not been published** (in print or electronically) **or presented elsewhere** prior to the 2022 PER-IADR Oral Health Research congress.
3. Agree that if the abstract is accepted, IADR has permission to publish the abstract in print and/or electronically.
4. Agree to pre-register for the congress and pay the appropriate registration fee before the **presenter pre-registration deadline of July 15, 2022**.

Failure to pre-register before July 15, 2022, will result in the following:

- **The abstract will be automatically withdrawn from the Programme Book & the Online Abstract System.**
- The submitter will not be allowed to present her/his abstract at the congress.
- The abstract will not be citable as part of the Special Issue of the *Journal of Dental Research*.

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. 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.

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 authorised 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 authorised to use the content of the abstract or presentation. In the event IADR requests such written assurance and the



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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, IADR requires each presenter and co-authors to disclose:

1. 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 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 IADR, including denial of permission to present at future IADR congresses.

Presenter Changes

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

- The Presenting Author is the only author that may request a presenter change.
- Substitute presenter must be a co-author.
- Substitute presenter must not be the Presenting Author of another abstract at the congress, unless explicit permission is granted by the Congress President because of appropriate reasons.
- After the abstract submission deadline of April 22, 2022, all requests for presenter changes or withdrawals MUST be made by sending an email to ced.iadr@uzleuven.be with the following subject line: "Presenter Change/Withdraw". Requests will be reviewed by the PER-IADR congress administration before processing.
- **Substitution requests must be received one week prior to the start of the congress.**
- Failure to follow the procedures above may result in the presenter being charged the full registration fee and/or not being allowed to present at future IADR congresses.

Withdrawal of Abstracts

The following are the guidelines for withdrawing abstracts:

- You may withdraw your abstract at any time before April 22, 2022, without notifying PER-IADR, at the abstract submission site.
- Abstracts withdrawn after April 22, 2022, must be withdrawn in written form by sending an email to ced.iadr@uzleuven.be.



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- **withdrawal requests must be received one week prior to the start of the congress.**
- **Lack of travel funds is not an acceptable excuse** for withdrawing an abstract from the congress.
- Failure to follow the procedures above may result in the presenter being charged the full registration fee and/or not being allowed to present at future IADR congresses.

PLEASE NOTE: Any submitted abstract that does not contain actual text, or is still in draft, will be withdrawn automatically after April 22, 2022. **No changes to abstract text, including typos, incorrect data, etc., will be permitted after April 22, 2022.**

PREPARING TO SUBMIT AN ABSTRACT

All abstracts must be submitted online via the IADR online abstract system. Each completed submission is peer-reviewed for its scientific content by the Scientific Committee.

Important Submission Elements

1. **Scientific Group/Network:** All abstracts must be submitted to an appropriate Scientific Group/Network category for review based on the scientific content of the abstract. A large majority of abstracts are transferred each year. If you select the appropriate area, you are more likely to be graded by peers with similar interests and who are familiar with you and your research topic. See the appropriate section below for a complete listing of Scientific Groups/Networks. **Clinical Case Reports have been added to the Scientific Group/Network listing (see below). Clinical Case Reports can only be presented in a poster format.**

2. **Titles:** Abstract titles are limited to 10 words or less. The title should be dynamic and conclusive, rather than descriptive, and should be entered in **title case format**, AP format. In general, you should capitalise the first letter of each word unless it is a preposition or article. Do italicise scientific names of organisms such as *streptococci* or *candida*. Titles should **not be in bold**.

3. **Authors:** Each author should be added separately to the submission to ensure proper listing. Enter first (given) name, and last (family/surname) name for each author plus institution/affiliation. Please do not list the department/branch in the institution/affiliation field. **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. IADR will not list each author's department in the Programme Book due to space limitations.

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. Use the formatting functions available in the submission system to add in special characters. 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 1 or 2.

5. **Special Characters:** Special characters in the title or body of the abstract or in the co-author's names or affiliations should be entered into the system by using formatting functions in the submission system.

6. **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.



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7. Other Items: the following information should be submitted:

- **Keywords:** All abstract submissions may select up to five keywords from a list. Two keywords are required. Keywords should be selected from Medical Subject Headings (MeSH) to be used for indexing of articles. See: <http://www.nlm.nih.gov/mesh/MBrowser.html> for information on the selection of key words.
- **Awards/Competitions:** Please be sure to select any applicable awards or competitions 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:** **PER-IADR will only correspond with the Presenting Author listed on the abstract regardless of who may have submitted the abstract.** Thus, make sure to provide a correct email address/phone number for the presenting author. If the presenting author is substituted before the 2022 PER-IADR congress, please make sure to notify ced.iadr@uzleuven.be with the new information.
- **Chair Opportunities:** Be prepared to enter whether or not the presenter is interested in serving as an Oral Session Chair. Abstract presenters accepted into oral sessions are automatically entered into consideration for Chair.

Systematic Review Abstracts

IADR will accept the submission of 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 analyse data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyse and summarise 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.”

Common Abstract Submission 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 (authors may not change text after the abstract deadline).
- Writing your abstract at the last minute.
- Personal research sections include duplicate findings and research. Note that material too closely related to another abstract submitted by a co-author, should have been combined into a single paper by multiple authors.

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

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 for each individual person. The Group-author listings will be included in the Author/Co-author Index online, the Programme Book.

The **Group-author Abstracts section** of the abstract-submission system **should not be used to list individual authors.**

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 layer (HL) and then use HL 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 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% H3POO4), washed (15s), stored (37°C, 7d), conditioned (25°C, 10m), tested (0.1mm/m), and statistically analysed (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 minimise the number of necessary cells.

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 enter this information in the “Special Request” box when entering your abstract online. PER-IADR will not change your presentation if you neglect to include any details regarding your request when submitting your abstract. If you book your travel arrangements prior to receiving your abstracts notification email, please book your return flight for the end of the congress (noon Saturday, September 17, 2022). PER-IADR will **NOT** change presentation dates/times to accommodate your travel schedule or requests made after submission. Please note that all special requests cannot be accommodated but the Scientific Committee will do his/her best when scheduling the applicable abstracts.



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CRITERIA FOR ABSTRACT ACCEPTANCE

Presentations will be selected for the programme 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 Scientific 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 programme. 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.

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**; both studies should have been combined into a single paper.
5. Abstract has been **presented at (an)other meeting(s) or previously published**.
6. **Abstract poorly organised and/or not complete**.
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 recognised.
 - 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.
 - f. 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 (or very poor English)**.
13. **Abstract or title is over word count**.



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SUBMISSION CATEGORIES BY SCIENTIFIC Group/Network

Behavioural, Epidemiologic and Health Services Research: Abstracts should be submitted to this category if they are related to behavioural studies and other studies involving pain and anxiety, utilisation 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: Abstracts should be submitted to this category if they are related to dental caries or dental erosion — specifically their 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 will be available: Demin/Remineralisation; Erosion; Fluoride and Ca-based Products; Detection, Risk Assessment and Others; Microbiological Studies/Biofilm; and Clinical and Epidemiological Studies.

Clinical Case Reports (all disciplines) should be submitted to this category. Clinical Case Reports can only be presented in poster format.

Clinical & Translational Science Network: Abstracts should be submitted to this category if they are 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 strong 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: Abstracts should be submitted to this category if they are related to 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 programme 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 should be submitted to this category if they are related to dental anesthesiology and they 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 programme based on the following division of topics: **I) Ceramic-based Materials:** Properties, characteristics, composition and



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performance of ceramics (except resin bonding), sintered ceramics, machined ceramics, ceramo-metal systems, and implants. **II) Polymer-based Materials:** Properties, characteristics, composition and performance of polymers and resin-containing dental materials, including unfilled polymers, composite sealants and restoratives, prosthetic resins and elastomers (excluding adhesives). **III) Metal-based Materials and Other Materials:** Properties, characteristics, composition and performance of amalgam, mercury, cast alloys, shape memory alloys, wrought wires and metallic implant materials as well as other materials-based topics specific to orthodontic, endodontic, operative, laboratory and preparatory materials. **IV) Adhesion - Bonding and Sealing:** Bond strength testing of all types of dental restorative materials, cements and sealants, microstructural analysis of adhesive interfaces, adhesive surface analysis, and assessment of margin sealing and leakage at bonded interfaces. **V) Biocompatibility, Bioengineering and Biologic Effects of Materials:** Biocompatibility tests, properties and characteristics of antibacterial/anticariogenic materials and therapy, bio-active materials, regenerative therapy, interactions with oral environment and tissues. **VI) 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, 3-D printers and other devices applied to materials. **VII) 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. **VIII) Clinical Trials:** Human studies involved with clinical performance for all materials. **Diagnostic Sciences:** Abstracts should be submitted to this category if they are related to 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.

e-Oral Health Network: The newly created e-Oral Health Network is inviting submissions for oral presentations and posters, lunch and learning, workshops, and interactive symposiums on eHealth, Telehealth and ICT applications in dentistry and oral health care. Through these activities we aim at bringing together perspectives and insights not only from academics, but from a diverse audience and speakers from government, industry, oral health professional, special interest sectors, and leading experts from around the world to present and share recent achievements and developments in the eHealth field. We encourage IADR members to submit presentation abstracts that focus on practical experiences from clinicians, care providers, patients, insurance and health care funding arrangements, or public health perspectives, or that focus on research outcomes showing clinical, oral health and health benefits, economic benefits, quality of life benefits, etc. In particular, the network encourages submissions providing evidence for the efficiency, effectiveness and user acceptance of tele-dentistry and eHealth applications in oral health.

Education Research: Abstracts should be submitted to this category if they are related 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, programme 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 Network: Abstracts should be submitted to this category if they are related 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: Abstracts should be submitted to this category if they are related to research in the basic mechanisms of aging, the prevalence and characteristics of diseases and disorders in the aged, and their



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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 Network: Abstracts should be submitted to this category if they are 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 emphasises 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: Abstracts should be submitted to this category if they are related to 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. 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.

International Network for Orofacial Pain and Related Disorders Methodology (formerly the International RDC/TMD Consortium): Specific goals include establishing a working consortium of multi-national clinical centers having the capability to conduct interdisciplinary basic, translational and clinical research on an international and collaborative level into the etiology, diagnosis, prevention and management of TMDs and orofacial pain conditions, and developing comparable evidence-based diagnostic criteria through research collaboration into all acute and chronic dental and orofacial pain conditions. The Research Diagnostic Criteria for Temporomandibular Disorders (Dworkin and LeResche, 1992; RDC/TMD) has become internationally recognised as a useful clinical, laboratory, and epidemiologic classification tool. In order to ensure that (1) patients experiencing TMDs receive only the most appropriate care, (2) laboratory experiments produce generalizable data via reliable classification, and (3) clinical and epidemiological studies are conducted within a common framework, the International RDC/TMD Consortium Network, “the Consortium”, has been created to foster collaborative international research yielding the most accurate and useful evidence-based description of the complete natural history, clinical course and therapeutic efficacy of TMDs and of all the risk and protective factors influencing all forms of TMDs.

Microbiology/Immunology: Abstracts should be submitted to this category if they are related to microbiology/immunology, including: 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.

Mineralised Tissue: Abstracts should be submitted to this category if they are related to 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



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phosphates; regulation of mineralisation and dissolution; fluoride; development and mineralisation; 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: Abstracts should be submitted to this category if they are related to 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 behavioural evaluation relevant to dental practices and many others.

Neuroscience: Abstracts should be submitted to this category if they are related to and 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: Abstracts should be submitted to this category if they are related to research in the area of nutrition and oral/craniofacial health, and the consequences of oral/craniofacial dysfunction on general nutrition and health. 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 Nutrition Group brings together dental scientists who are interested in sharing and exploring new avenues in this research discipline.

Oral Health Research: Abstracts should be submitted to this category if they are related to 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 should be submitted to this category if they are related 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: Abstracts should be submitted to this category if they are related to 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



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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 are encouraged.

Orthodontics Research: Abstracts should be submitted to this category if they are related to any aspect of orthodontics field including Clinical, Materials & Appliances, Basic Science, and Translational Research. Abstracts submitted for Clinical Orthodontics Research should focus on, but are not limited to: 1) innovative approaches to diagnosis or treatment of dental and skeletal malocclusion, 2) improved interdisciplinary case treatments, 3) non-surgical treatment strategies for skeletal malocclusions, 4) novel treatments for patients with craniofacial anomalies, 5) improved patient management techniques and 6) advances in mechanotherapy and biomechanics. Abstracts submitted for Materials & Appliances should focus on 1) new appliances and tools, 2) new bonding materials 3) new bracket and wire design, 3) new imaging and scanning tools, 4) management and diagnostic innovations in software, 5) any other invention that can improve daily care by Orthodontists. Abstracts submitted for Basic Science should focus on any *in vitro* or *in vivo* studies that 1) advance our knowledge in growth and development, 2) biological response to mechanical stimulation, 3) bone biology (bone formation, resorption, and remodeling) 4) biology of tooth movement 5) etiology of malocclusion and skeletal deformities 5) anthropology studies of human skull and occlusion 6) cartilage development, remodeling and disease. Abstracts submitted for Translational Research should focus on, but are not limited to, applied basic science, engineering, and all implementation of science to advance clinical Orthodontics such as 1) accelerated orthodontics 2) expanding the boundaries of tooth movement 3) enhanced orthopedic treatment, 4) improving biological response during retention 5) new methodologies to control bone remodeling, 5) approaches to efficiently convert basic science data into clinical Orthodontics treatments. Abstracts from interdisciplinary research teams working on Clinical or Translational Orthodontics are strongly encouraged.

Pediatric Oral Health Research: Abstracts should be submitted to this category if they are related to pediatric oral health research and report results of clinical, survey, *in vitro*, genetic, health services and qualitative studies related to pediatric/children's oral health. This includes but isn't not limited to cariology, pulp therapy in children, behavioural factors and study population characteristics of participants under 18 years of age, and caregivers of children.

Periodontal Research: Abstracts should be submitted to this category if they are related to periodontal and peri-implant tissues, epidemiology and diagnosis of periodontal diseases and peri-implant biological complications, etiological factors/microbiology, pathogenesis, of periodontal diseases and peri-implant biological complications, preclinical *in vivo* experiments and clinical trials to evaluate treatment of periodontal diseases and peri-implant biological complications, chemoprevention and chemotherapeutic approaches, patient reported outcome measures related to diseases of the periodontium and peri-implant tissues and their treatment.

Pharmacology, Therapeutics & Toxicology: Abstracts should be submitted to this category if they are related to 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: Abstracts should be submitted to this category if they are related to prosthodontics research 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: Abstracts should be submitted to this category if they are related to studies on the development, structure, and function of the dental pulp, the dentin-pulp complex and related



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periapical tissues. Studies may include methods in the following areas of analysis: autoradiography, radiography, molecular biology, 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: Abstracts should be submitted to this category if they are related to 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 should be submitted to this category if they are related to promoting, encouraging and fostering student research on a global level.

Stem Cell Biology: Abstracts should be submitted to this category if they 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 should be submitted to this category if they are related to women's oral health and its association with general health, gender and health disparities, gender inequality in academia and research and women's leadership.



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NOTIFICATIONS OF ACCEPTANCE/NON-ACCEPTANCE

The official notifications will be emailed around **June 15, 2022 to all accepted presenters**. The notifications will include presentation-mode assignment (oral or poster), date, and session time. An email containing your Final Presentation Number will be sent to all registered and accepted presenters after the presenter pre-registration deadline (Mid July 2022).

PLEASE NOTE: All communication between PER-IADR and the presenter will take place via email (ced.iadr@uzleuven.be). The email address used will be the one you provide 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 that are sent from PER-IADR regarding your abstract and presentation at the congress.

After **July 15, 2022**, the time scheduling or rejection of your abstract cannot be changed and is considered final. Please do not call (CED-)IADR regarding the status of your abstract prior to this date. After July 15, you can also view your abstract notification letter by logging into your ScholarOne Abstracts account's Message Center or you can email ced.iadr@uzleuven.be if you did not receive your notification.

Accepted and Presented Abstracts

Accepted and presented abstracts become part of a special online-only issue of the *Journal of Dental Research*, the journal for dental, oral and craniofacial research. Accepted and presented [congress 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.

PRESENTER PRE-REGISTRATION AND RATES

All presenters are **required to pre-register** for the congress before the **presenter pre-registration deadline of July 15, 2022**. **Failure to pre-register for the congress no later than July 15, 2022 will result in withdrawal of your submission**. Please plan accordingly. Also, if you register at the IADR membership rate to benefit from the lower congress-registration rate, please renew your annual membership a few days before the presenter pre-registration deadline to allow ample processing time. Note that you can become a IADR member at any time of the year!

Registration rates will be made available online at: <https://per-iadr2022.com/?p=registration>.

Membership dues must be paid in full for the year of **2022, before the pre-registration deadline**, in order to be eligible for the member registration fee. **Registrants who are not current members before the date of the congress will be charged the non-member fee, and PER-IADR reserves the right to charge the difference.**



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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 respective Scientific Committee. Every effort will be made to honour poster presentation requests. PER-IADR will schedule presentations in the following modes:

Oral Presentation:

- Up to eight individual oral presentations in a congress room.
- PowerPoint Presentations (all equipment provided); 16-9 format.
- Presentations last 10 minutes; discussion after each presentation lasts five minutes.
- Up to two Session Chairs facilitate the session.
- Oral sessions will be scheduled Thursday through Saturday noon, as space allows.

Poster Presentations:

- Presented on a poster board in the Poster Hall. Dimensions of the poster will be communicated at a later stage on the congress website www.per-iadr2022.com
- Actual poster-presentation time is one hour (during the lunch break: 12:00-13:00hr).
- Posters will be available for viewing all day on Thursday, Friday and Saturday at noon.
- No audio-visual equipment is used.
- Poster sessions will be scheduled Thursday through Saturday until noon.

ACCEPTED AND PRESENTED ABSTRACTS

Accepted and presented abstracts become citable as part of a special online-only issue of the *Journal of Dental Research*, the journal for dental, oral and craniofacial research. Accepted **and** presented congress 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.

CME CREDITS

Please note that every country has its own system for CME credits. That is why congress participants will receive a 'certificate of attendance', on which the number of hours is indicated. It is then up to the congress participants to fill in the number of credit points obtained according to their country's regulations.