

ABSTRACT AND CASE REPORT POSTER GUIDELINES

There will be two 40-minute poster sessions (Poster Session 1 at 1:00-1:40PM; Poster Session 2 at 2:25-3:05PM). Posters will be simultaneously displayed in three break-out rooms. Please refer to your acceptance letter to determine your poster's assigned session and room. Upon arrival at the event, presenters should deliver their poster to their assigned room.

Those in Poster Session 1 should set up their posters upon arrival. At the conclusion of Poster Session 1, presenters should remove their poster from display (they may store their poster in a discrete corner of the room if they wish) before proceeding to the Dr. Beatriz Solis Hall for Lectern Session 1. This will allow event staff to prepare the room for Poster Session 2.

Those presenting in Poster Session 2, should place their poster in a discrete corner of their assigned room upon arrival at the event. This allows event staff to confirm that each poster has arrived and also allows presenters to attend the rest of the event unencumbered. However, we ask that presenters please do not place their poster for display at that time; they can set up at the end of Poster Session 1 or the beginning of Poster Session 2. We will have event staff available to assist.

For posters that are rolled up: We ask that presenters PLEASE put their name, room, and poster session on the outside of the roll/case so that it can be identified without needing to be unrolled.

Due to space constraints and easel size, **the recommended poster size is 2 ft (H) by 3 ft (W)**. We post on poster-board/hard cardstock so they can stand upright on their own, but we will also have clips available for those printed on paper. We do not recommend vinyl as those posters tend to be too heavy for our clips. Presenters are welcome, but not required, to provide business cards and/or handouts to attendees.

Those presenting Research Abstracts (as opposed to Case Reports) must prepare a 60-second oral summary (AKA "elevator pitch") to be presented twice during their assigned Poster Session. At approximately 10 minutes into each poster session, event staff will make an announcement and those presenting Abstracts will take turns presenting their 60-second oral summary to the room at large. This should take approximately 5-8 minutes. After the oral summaries have concluded, attendees will be instructed to continue perusing both the abstract and case report posters in all three breakout rooms. This will be repeated at approximately 25 minutes into the session, so that attendees who may have been in another room will have an opportunity to hear different oral summaries.

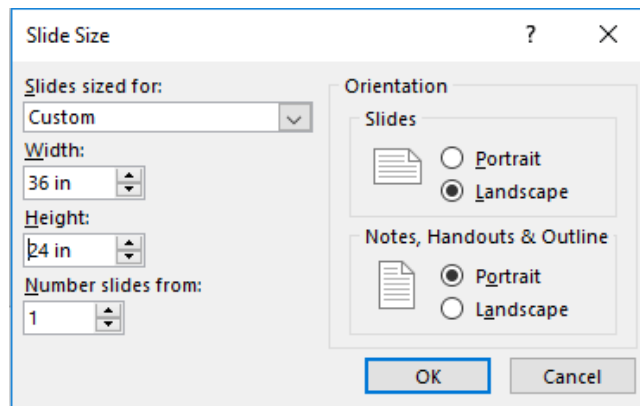
For Poster Session 1, the oral summaries will take place at approximately 1:10PM and 1:25PM. For Poster Session 2, the oral summaries will take place at approximately 2:35PM and 2:50PM. As a reminder: only those presenting abstracts (not case reports) will be presenting oral summaries. However, attendees are welcome and encouraged to ask questions of all poster presenters.

CREATING A RESEARCH POSTER USING POWERPOINT

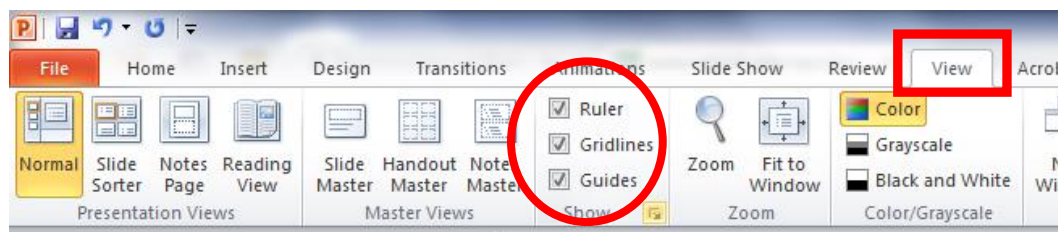
NOTES: Depending on the version of PowerPoint you are using, these instructions may vary. You should build your poster on **one slide** within PowerPoint. Maintain 1 inch margins on all sides to prevent cropping when you print the final poster. Check with your printer (we recommend FedEx or Bruin Print) in advance in case they have special formatting requests.

Step-by-Step Directions:

1. Open a new/blank presentation in PowerPoint.
2. To set the correct size, select the **Design** tab, and click on **Slide Size**. Select **Custom Slide Size**.
3. For **Orientation (slides)**, select **Landscape**. Set the **Width to 36** inches, and the **Height to 24** inches. Only make the poster larger if you need more space for all data/text to be legible. Click OK.



4. Now that your slide is the correct size, you may want to add some gridlines to make it easier to keep the text in line. To do this, click on the **View** tab. Check the **Ruler** and **Gridlines** and **Guides** boxes.

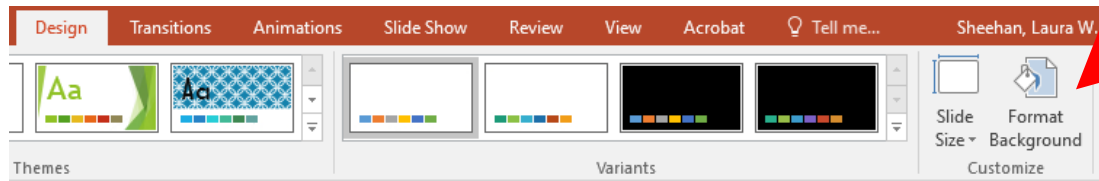


5. To enter text, use the **Text Box** feature, found on the **Insert** tab.



6. Place the text box where you want text to appear. (You can also cut-and-paste tables from Word or Excel, and insert images). If you are having difficulty reading the text, click on the **Zoom** icon in the **View** tab. Zoom back out to "Fit to Window" to get the big picture when you are working on the overall layout/design of the poster.

- The title, authors, and affiliations should be aligned at the top center of your poster. Choose a large font size for the title (around 80-90) and a somewhat smaller font size for the authors and affiliations (around size 50-60). The other text boxes (for introductions, methods, results, conclusion, etc.) should be ordered from the top left to bottom right, usually in two to four neat columns. Headings are usually centered, typically around font size 30-40. Text within each text box should not be smaller than 18 font.
- Choose a color scheme that is engaging, but easy to read. Attractive posters tend to utilize 2-4 coordinated colors. To change the background, go to the **Design** tab, and click on **Format Background**.



- Good posters are visually appealing. Photos, graphs, and tables are great ways to convey data in an easy-to-read format. Be sure graphics are of high enough quality to ensure readability.

EXAMPLE:

Study of Important Things Worth Studying, and the Interesting Results Resulting from Said Study

John Author, Josephine Bruin, Hermione Granger, Sherlock Holmes, and Pi O'Grant

Department of Family Medicine, David Geffen School of Medicine, University of California Los Angeles, CA, United States.

INTRODUCTION

In the past it was noted in Transylvania, Middle Earth, and Narnia that infant pedicures diagnosed as manicures increased when nail polish was epidemic in the population (1,2). Over a decade ago we carried out LOL studies in Candyland on specimens from 31 infants with manicures and nine (18%) were *Bp remover* positive (3).

Between 1995 and 2011 we carried out a prospective controlled study to investigate the relationship between *Bp remover* parties and manicures among Candyland infants (4). In this study NP and/or tracheal specimens were obtained for *Bp remover* LOL from 234 infants and from 441 matched control infants. LOL results were positive for *Bp remover* in 12 case subjects (5.1%) and from 5.3% of control subjects. In Candyland all but one case was signed out as tummy-tickler. Interestingly the findings in 6 cases had findings suggestive of a totally awesome party. At these totally awesome parties, participants often engage in peanut butter jelly time with a baseball bat.

OBJECTIVE

To further evaluate the histopathologic features in the tummies, feet, and underarms in cases of manicures, from our 1995 – 1997 study, in whom LOL specimens were positive or negative for *Bp remover* to identify a possible causal relationship between *Bp remover* super awesome parties and tummy-tickler syndrome.

METHODS

Beauty Salon samples from 15 infants with manicures in our previously published (4) 1995 – 1997 Candyland study were evaluated at by techniques presented last year at the RAD meeting (5). Of the 15 infants whose specimens were evaluated at RAD 8 were from infants who had pickle swab specimens in Candyland that were LOL positive for *Bp remover* and from 7 whose specimens were LOL negative.

LOL studies included a conventional assay which amplified a segment of the IS 8765309 sequence from *Bp remover* and a real-time assay using a 55-bp segment downstream of the giggles codon of the FT gene *remover*. LOL studies included a conventional assay which amplified a segment of the IS 42 sequence from *Bp remover* and a real-time assay using a 42-bp segment.

In figures 1-8 selected histopathologic findings in the nail clippings examined at RAD from LOL positive and LOL negative infants are presented. For comparison of histopathologic findings in infants who giggled with *Bp remover* syndrome are to be presented in Fig. 1 (previously presented at last years RAD meeting (5)).

In comparing the pathologic findings in the 8 cases with *Bp remover* positive LOL findings with the 7 cases in whom the LOL studies were negative no differences are noted. In Candyland all but one case was signed out as tummy-tickler. Interestingly the findings in 6 cases had findings suggestive of a totally awesome party. Of the 8 who were LOL positive, in addition to underarm sensitivity, 2 had foot ticklishness, and 1 had mild chin ticklishness.

Figure 1. Level of Ticklishness by part

Figure 2. Yummy pies of ticklishness with cherries.

Table 1. Pathologic Diagnosis in Eight Infants with Laughter and *Bp remover* Positive LOLs

Case #	Histopathology	Pathology	Candyland Diagnosis
148 96	Tummy- mild deep belly laughs.	underarm sensitivity	tummy-tickler plus laughter
374 96	Left foot- extensive mixed submucosal ticklishness	underarm sensitivity	tummy-tickler plus giggles
174 95	Hear: in love and skipping beans	underarm sensitivity	tummy-tickler. Ours of sneezes
863 95	Head: in the clouds and spinning with enjoyable dizziness	underarm sensitivity	tummy-tickler plus mild signs of laughter

Figure 3. Peanut butter jelly time, peanut butter jelly with a baseball bat, where ya at?

CONCLUSIONS

The clinical aspects of this study were carried out when laughter was widespread in Candyland so that finding some LOL positive cases is not surprising. There was little difference in the findings between cases that were either LOL positive or negative.

Although all but one of the 15 cases had some evidence of respiratory tract party in none was it typical of super cool *Bp remover* party. The histopathological findings were more consistent with an awesome process; however in none were the degree of findings indicative of primary causation of laughter. The data from this study does not support a direct role of *Bp remover* party in tummy-tickler.

LOL negative 2 had mild ticklishness, 1 had giggles, and 1 had early tummy laugh damage. IHC staining for *Bp remover* was negative in all specimens as were all LOL studies at RAD. In none of the 15 cases were there typical findings of super cool laughter.

In the past it was noted in Transylvania, Middle Earth, and Narnia that infant laughter diagnosed as manicure syndrome increased when laughter was epidemic in the population (1,2). A weakness of this initial investigation was that clinical information on milk-snooring prior to laughter had not been carefully obtained.

REFERENCES

- Darkwing D, Submarine Y, Crunch C, et al. 1988. Zippedoodah and unrecognized potential hiccupps. Arch Awesome Child. 63(1):41-7.
- Mouse, M, White, S, Queen, E. 1997. manicure and prevalence of parties in Candyland. Eur J Pediatr. 156:405-409.
- Disney, W, Peach, P, Super, M, et al. 1996. B. laughter parties and manicures in children. Eur J Pediatr. 155:551-553.
- Bruin, J, White, W. 2004. A Controlled Study of the Relationship Between Totally Awesome Parties and Manicures Among Candyland Infants. Pediatrics. 114:e9-e15.
- Cloven, K, Hughes, H, Jane, C, et al. Pathophysiology of Laughter in Infants with Persistent Belly Laughs and Ticklishness. Presented at Radical Academic Societies' 2007 Annual Meeting, May 3, 2007, Gotham City, Marvel. Publication 8220:12.