13th Annual Conference

Theme: “Beyond New Regulations - Increasing participation and enhancing patient’s safety”

**Invitation:**
Submission of abstract for Poster or Oral Presentation at ISCR's Annual Conference, 24-25 January, 2020

**Deadline for Abstract Submission:** 24th December 2019

**Pre-Conference Workshops:**
23 January 2020 (Thursday)
Hotel Taj Lands End
Bandstand, BJ Road, Mount Mary, Bandra West, Mumbai - 400050

**Main Conference:**
24-25 January 2020
(Friday-Saturday)
Hotel Taj Lands End
Bandstand, BJ Road, Mount Mary, Bandra West, Mumbai - 400050

For further information, please contact:
ISCR Secretariat, Indian Society for Clinical Research,
The Capital, 1802, 18th Floor, Plot No. C-70,'G' Block, Bandra Kurla Complex, Bandra (E), Mumbai – 400 051
Contact No (Office): +91-8454827775
Poster and Oral Presentations – Session Information

► INTRODUCTION:

ISCR's 13th Annual Conference Scientific Committee solicits original research work in the domain of Clinical Research in the years 2017-2019. Abstracts submitted to the conference for inclusion in oral or poster session can be from either Observational or Interventional (study design) studies. The clinical research conducted should address important questions in patient treatment/management, research ethics, Investigator/Hospital site operational issues, Patients' participation in research study, Quality, with research needs of the country, etc. given high priority. The decision of the Scientific review committee in selecting abstracts for ORAL or POSTER presentation is final and binding on the registrant.

Please note to make an Oral and Poster presentation at the Annual Conference, the applicant needs to be registered for the conference; further details are available on website www.iscr.org

► SUBMISSION and TIMELINES:

Abstract(s) can be submitted via e-mail (as pdf or word document attachment) to info@iscr.org; with name, title, Institution affiliation of authors and contact information of first author/presenting author (e-mail address and phone number) included. The abstract submitted via e-mail should not exceed 400 words (maximum 1 page long). The author submitting abstract can indicate his/her preference for presenting the study in oral or poster session. The abstract should be structured and contain title, authors, address of institution(s), aims, objectives, brief methodology, results and conclusion (See Annexure 1 below for details). The final decision to accept the abstract for ORAL and/or POSTER session will be made by Scientific review committee, this decision will be final and binding. The last date for submission of abstract is 24 December 2019; the author(s) who submitted the Abstract and which have been shortlisted for Oral or Poster session will be informed on 09 January 2020, or earlier.

Annexure 1

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NOTE:

The selected posters will be displayed electronically and further details of the format will be provided to all persons whose Abstracts are accepted for Poster presentation. The selection of abstract for ORAL and/or POSTER session will be made by the Scientific review committee. This decision will be final and binding, the applicant will be given sufficient time for preparation for Oral and/or Poster presentations. The applicant should provide details such as Author/Presenter's Name, address and contact details in e-mail, while sending Abstract (pdf or word document) to info@iscr.org.

POSTER DISPLAY AND VIEWING:

Posters will be displayed electronically in the designated area at Conference venue on Friday, 24th January 2020 between 1300 and 1730 hrs and Saturday, 25th January 2020 between 0900 and 1300 hrs. The authors pf all Posters are required to be present to discuss their work with the Poster review Judge(s) during the designated time(s) on Friday, 24th January 2020 and Saturday, 25th January 2020. The Judge(s) will be nominated by the Scientific review committee and will visit the poster display area on both days at the indicated time(s), which will be communicated in advance.

Abstract Template (As an example)

Title: Effect of vitamin D replacement on vascular functions in vitamin D-deficient hypothyroid patients: a randomized double-blind placebo-controlled trial

Authors: Behera SK1, Raveendran R*, Sandhiya S1, Kamalanathan S3

Institution: 1Department of Clinical Pharmacology, 2Department of Pharmacology, 3Department of Endocrinology, Jawahartal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India, 605008

Objective: To assess the effect of vitamin D replacement on vascular functions (carotid-femoral pulse wave velocity) and inflammatory markers levels in vitamin D deficient hypothyroid patients.

Methods: After obtaining ethics approval, newly diagnosed hypothyroid patients with TSH > 10 mIU/L were included in the study and followed up until they achieved euthyroidism. After achieving euthyroidism, their vitamin D level was measured. Patients with vitamin D level less than 20 ng/ml were randomized to receive either tablet vitamin D 60,000 IU or matching placebo once per week for 8 weeks along with standard background therapy. Vascular function parameters and inflammatory markers levels were measured before and after the intervention. Vascular functions were measured using the cardiovascular analysis system (Periscope). Inflammatory markers were estimated by ELISA. Independent sample t-test or Mann Whitney U test was used for statistical analysis using SPSS version 19.0.

Results: We did not observe any significant improvement in the change in carotid-femoral pulse wave velocity [(−20.75 m/s) vs 30.02 m/s] after 8 weeks of vitamin D treatment. Likewise, there was no improvement in right and left brachial pulse wave velocity, right and left brachial arterial stiffness indices, right and left ankle arterial stiffness indices, aortic systolic, diastolic, pulse, and augmentation pressures, ankle brachial indices, augmentation indices, high sensitive C-reactive protein, and interleukin 6 and 10 levels after 8 weeks of vitamin D treatment.

Conclusion: Eight weeks treatment of vitamin D did not improve vascular functions and inflammatory markers levels in vitamin D-deficient hypothyroid patients after achieving euthyroidism.