Abstract Submission Guideline

Important Dates and Deadlines

• November 19, 2023, Open for abstract online submission

• February 28, 2024, 11:59 p.m. CST Deadline for abstract online submission

• Late March 2024 Notification of acceptance

• April 15, 2024, Presenter pre-registration deadline

General Guidelines for Abstract Submission

Overview

Welcome to the abstract submission process for the ACOMFR 2024. All presentations will be conducted in-person at the congress venue.
To help the authors with their presentation, the ACOMFR 2024 scientific committee recommends the following:

- Conference registration is required for abstract submission.
- Registration payment can be completed after abstract decision.

SUBMISSION GUIDELINES

- Authors may co-author multiple submissions but can present only in one submission.
- All co-authors must agree that the abstract may be submitted for presentation.
- Submissions that have already been or will be soon published may not be represented.
- Students and delegates cannot be presenters in the same presentation.
- There is no limitation on the number of presentations from an institution. Each scientific presentation can have multiple co-authors but a maximum of two presenters.
- Kindly upload the abstract only once for submissions with multiple presenters.

REVIEW AND ACCEPTANCE

Your scientific abstract will be reviewed by a panel of experts in the field of endodontics. Upon their review, the scientific committee reserves the right to accept or reject the abstract.

On acceptance, you will receive a confirmation letter through the email.

Submission Categories

PRESENTATION TYPE

- Oral
- Poster

CATEGORIES

Please carefully select the category under which you wish to submit your abstract.

- Research Paper
- Case Report
- Clinical Topic

TOPICS

Please carefully select the topic under which you wish to submit your abstract.

- Anatomy
- AI /machine learning
- Applications / Navigation
- Diagnosis
- Education
- Radiation
- Others

Preparing to Submit an Abstract

TITLE

Abstract titles are required to be **15 words or less**. The title should be conclusive, rather than descriptive.

AUTHORS

All the authors should be added in the abstract according to the authorship. Enter first (given) name, and last (family/surname) name for each author plus institution/affiliation. One person must be identified as the **Presenter, who should be indicated by a superscript triangle**. In addition, **Corresponding Author with email should be indicated by a superscript asterisk**.

ABSTRACT TEXT

Abstracts must be **written in English and not exceeding 250 words**. Titles, authors, and authors' affiliations are not included in the 250-word limit.

CONTENT OF THE ABSTRACT

The abstract of **Research Paper / Clinic Topic** must contain a brief statement of:

- Objectives
- Materials and Methods
- Results and Discussion
- Conclusion (Optional)
- Acknowledgement (Optional)
- Funding (Optional)

The abstract of **Case Report** must contain a brief statement of:

- Introduction
- Case Presentation
- Discussion
- Acknowledgement (Optional)
- Funding (Optional)

KEYWORDS

All abstract submissions should provide **2 to 6** keywords for indexing of presentation. Please use lower case letters for keywords and separate the keywords with commas.

ABSTRACT FORMAT

Please prepare your abstract according to the **ACOMFR 2024 Abstract submission instruction** or using the **ACOMFR 2024 Abstract Template.**

14ᵗʰ ACOMFR Abstract Format for Submission

Title:
- 14pt, Bold, Times New Roman, Single line spacing; Text alignment: center
- **Up to 15 words**
- Capitalize the first letter of each word except prepositions and articles, unless they are the first word in the title

Authors' name:
- 12pt, Regular, Times New Roman
- Single line spacing; Text alignment: center
- **Presenter** should be indicated by a superscript triangle "▲".
- **Corresponding Aut**hor should be indicated by a superscript asterisk "*".
- Authors' Affiliation should be indicated by a superscript number after their name.

Affiliation, City, Country:
- 10pt, Regular, Times New Roman, Single line spacing, Text alignment: center
- Multiple affiliations should be numbered and indicated by a superscript number before the affiliation.

Corresponding Author's email:
10pt, Regular, Times New Roman, Single line spacing, Text alignment: center

Text
- 12pt, Regular
- Times New Roman
- Single line spacing
- Text alignment: left
- **Up to 250 words**

Brief Statements should be included in text
- 12pt, Bold, Underline,
- **Research Paper / Clinic Topic:** Objectives, Materials and Methods, Results and Discussion, Conclusions (optional)
- **Case Report:** Introduction, Case Presentation, Discussion, Conclusions (optional)

Keywords
- 12pt, Regular
- Times New Roman
- Single line spacing
- Text alignment: left
- **2 - 6 keywords**

Funding: If any, please mentioned here
- 12pt, Regular, Times New Roman, Single line spacing; Text alignment: left

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Physical and Biocompatible Properties of Injectable Biphasic Hyaluronic Acid Gel with Lovastatin for Pulp Regeneration

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Objective: To enhance vascularization and dentinogenesis in pulp regeneration, the injectable biphasic hyaluronic acid hydrogels with lovastatin were developed and their physical biocompatible properties were investigates in this study. **Materials and Methods:** The 2% crosslinked hyaluronic acid (cHA) using BDDE was synthesized and then mixed with different ratio of 2% non-crosslined hyaluronic acid (HA) to form the biphasic hyaluronic acid hydrogel (biHAG). The Lova@biHAGs were prepared by mixing the biHAG with Lovastatin-PLGA nanoparticles, which was produced using Ho et al method. The residual of BDDE, rheology, viscosity, lovastatin releasing behavior and cytotoxicity of materials were investigated. **Results and Discussion:** No residual BDDE was found in HAG. The increase of HA and addition of Lovastatin-PLGA in biHAG did not alter the G' modulus. However, the increase of HA would cause the significant decrease of viscosity result in the better injectable properties. Meanwhile, the addition of Lovastatin-PLGA had mild effect on viscosity. In addition, Lova@biHAG presented the slow releasing behaviors of lovastatin and more HA content reached the plateau of lovastatin releasing earlier than those with less HA content. All biHAG and Lova@biHAG presented the good cell viability in WST-1 assay and the low cell death in LDH test. **Conclusions:** The content of HA in biHAG did not affect their modulus and biocompatibility, but changed their viscosity and the releasing behavior of lovastatin. HAG80 with the mixing ratio of HAG and HA equal to 80:20 may be the proper hydrogel for pulp regeneration.