RESIDENCY CONFERENCE OF THE ROCKIES

Abstract Submission Guideline

Instructions

Resident and fellow presenters are required to submit a presentation abstract by April 1, 2022 at 5 PM MDT. The following instructions must be followed to ensure the submission will be accepted.

Residents and fellows will submit the following information listed below. Please ensure that the submission has been reviewed by all project mentors and co-investigators for clarity and accuracy.

The following items will be submitted online for review by the Colorado Residency Conference planning committee. This information will also be included with the electronic conference materials.

Conflict of interest statement will be completed during the abstract submission process for both the resident and their primary project preceptor.

Presenter name: Enter the full name of the presenter *without* credentials. This should be the person serving as the project lead or primary investigator (e.g., the resident or fellow).

– Example: Moira Rose

Co-investigator names: Enter the full name of each co-investigator or project participant, separated by semicolons. Do *not* include credentials with the names. Include only those people actively involved in the development of the project and its results.

– Example: David Rose; Twyla Sands; Patrick Brewer

Institution name, city and state: Enter the name of the facility or organization where the resident or fellow is practicing. In the appropriate spaces, include the institution/organization name, city, and state.

– Example: University of Colorado Health, Aurora, Colorado

Abstract title: The title will contain no more than 150 characters with spaces. Short specific titles are desirable. Do NOT use all caps. Only capitalize the first word, proper nouns and acronyms. The title should clearly express the nature of the research or project. The title must not mislead the audience regarding the topic or project results.

– Example: Determining predictors of response to exenatide in type 2 diabetes

Abstract body: The body of the abstract must not exceed 400 words. The abstract should briefly provide an accurate overview of the project that will be presented at the conference. It must include the following information in a single paragraph:

Introduction and background

Methods

Results (If no results or partial results are available, include a statement of this status.)

Conclusions

IRB status

No tables, graphs, or multiple column text may be included in the abstract. Do not indent or justify paragraphs. Do not use carriage returns except between paragraphs (i.e. leave all line wrap decisions to the word processing program). Do not manually hyphenate words at the end of lines (unless the word is always hyphenated).

Check spelling and punctuation carefully. Abstracts will be displayed exactly as submitted.

Presentation Category: Select up to **three** of the following categories that best describe the project that will be presented at the Colorado Residency Conference.

Academia

Acute Internal Medicine

Administration / Operations

Ambulatory Care

Anticoagulation

Cardiology

Community Pharmacy

Critical Care

Immunology

Infectious Diseases

Medication Safety / Policy

Men’s Health

Neurology

Oncology

Pain / Opioids

Pediatrics

Psychiatry

Transplant

Women's Health

Abstract Sample

Determining predictors of response to exenatide in type 2 diabetes

Moira Rose; David Rose; Twyla Sands; Patrick Brewer

University of Colorado Health, Aurora, Colorado

Exenatide is an incretin mimetic used in clinical practice as an adjunctive therapy for patients with type 2 diabetes who are already taking oral medications with suboptimal glycemic control. While exenatide has been used successfully in many patients, some patients fail to respond and information concerning the potential reasons for treatment failures is limited. This retrospective observational cohort study evaluated 500 ambulatory clinic patients prescribed exenatide between June 2005 and March 2008 for predictors of treatment response. Patients were grouped into two cohorts, responders and non-responders. Responders were defined as having a hemoglobin A1C (A1C) reduction of ≥ 0.5% and non-responders as having an A1C reduction of < 0.5% between 12 and 30 weeks post initiation of exenatide. Demographics, duration of diabetes, weight, SCr, A1C, CDE education, insurance status, concurrent medications, and reason for discontinuation if exenatide treatment was stopped were collected for each patient. Univariate comparisons of responder and non-responder characteristics were analyzed using a Chi-square test. Correlational and multivariate regression analyses were performed on the two cohorts to assess predictors of response to exenatide use. Results and conclusions will be presented. IRB approved.