PDS ANNUAL RESIDENTS' RESEARCH FORUM GUIDELINES

I. OBJECTIVE

To promote the dissemination of original research and systematic reviews among PDS members and residents.

II. ELIGIBILITY OF ENTRIES

1. The contest is open to all residents of the accredited training institutions of the PDS. Each PDS institution is required to submit one original study in the interventional category and may submit a non-interventional study and case report (Appendix I). Failure to submit the required interventional study will result in a **deduction of P10,000.00** from the research grant money allotted for each institution.
2. The research forum entry must be an investigator-initiated study.
3. Manuscripts with financial competing interests[a] or potential study interpretation conflicts[c] will not be eligible to compete in the Annual Residents' Research forum.
   - 3.1 Financial competing interests may include, but are not limited to the following:
     - 3.1.1 Receiving reimbursements, fees, funding, or salary from a pharmaceutical company/ commercial organization that may in any way gain or lose financially from the publication of the article, either now or in the future.
     - 3.1.2 Ownership by the author or a first-degree relative (e.g. sibling, parent, spouse) of a company that sells a product related to the subject matter of the manuscript.
   - 3.2. The following situations are *not* considered financial competing interests but must be disclosed in the abstract and/or presentation:
     - 3.2.1. The donation of topical or oral medications, biologics, devices, and equipment from a pharmaceutical company;
     - 3.2.2. Lease/loan of machines (e.g. light, laser, and energy-based machines) from a pharmaceutical company;
     - 3.2.3. Financial support for study procedures required by guidelines in the use of a pharmaceutical agent by a pharmaceutical company; and
     - 3.2.4. The provision of an educational grant from a pharmaceutical company/commercial organization.
   - 3.3. Potential study interpretation conflicts may include, but are not limited to the following:
     - 3.3.1. Some or all of the research planning and conduct were carried out by the pharmaceutical company/commercial organization with a vested interest in the product being studied.
     - 3.3.2. Some or all of the data that were used in the study were provided by a pharmaceutical company or organization with a vested interest in the product being studied.
     - 3.3.3. Some or all of the data analysis and results interpretation was conducted by a pharmaceutical company/organization with a vested interest in the product being studied.
4. The study protocols and all their amendments, for both interventional and, when applicable, non-interventional categories, must have been approved by an Institutional Review Board (IRB), i.e. Technical and Ethical Review Board/s as required by the residents' respective mother institutions). The title and listed investigators in the manuscript should be the same as in the IRB approval letter.
5. Research papers that were already published prior to the Forum are automatically disqualified.
6. Research papers that competed in other research contests or presented in scientific fora (local

or international) will be allowed to compete in the PDS Research Forum.

7. The resident presenting the paper must be the principal investigator or one of the main authors. If the presenter is not the main author or investigator, it must be stated in the cover letter that the latter has allowed the paper to be entered into the research forum and presented by a co-investigator resident.

III. PREPARATION OF MANUSCRIPTS

1. The manuscript must be typewritten, in Times New Roman font size 12, double-spaced, on 8.5 X 11 inches paperwith 1-inch margins on each side. Use double spacing throughout, including the title page, abstract, text, acknowledgments, references, tables, and legends for illustrations. The word "Confidential" followed by a short running head or footline should be placed in the left lower corner of each page. (e.g. Confidential_ Biologics Psoriasis). Page numbers should be located at the right lower corner of each page (page x of y). The title page should be numbered page 1.
2. Manuscripts must conform to acceptable English usage. Preparation of the manuscript should be based on the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" established by the International Committee of Medical Journal Editors (ICMJE) (Appendix II; https://www.icmje.org/recommendations/).
3. The author must abide by reporting guidelines developed for different study designs, and submit an accomplished checklist in accordance with the Equator Network (e.g. CONSORT for clinical trials, PRISMA for systematic reviews and meta-analyses, STROBE for observational studies, and STARD for studies of diagnosticaccuracy; http://www.equator-network.org).
4. Be concise and straightforward in writing the manuscript. Brevity is appreciated. Authors should avoid repeating the same information in the Abstract, Introduction, and Discussion. The manuscript must not exceed 4000 words. Excluded in the word count are the abstract and keywords, titles, and descriptions of tables, figures, and references. *Manuscripts that exceed the maximum allowable word count will be considered non-compliant and will automatically incur a 5-point deduction from the total score.*
5. The identity of the authors and institutions (including logos, and acronyms) should not be revealed (shown) in anypart of the manuscript including the title page. Manuscripts with any such identifying marks will be considered non-compliant and will automatically incur a 10-point deduction from the total score. All submissions are final and no revisions will be accepted.
6. The abstract must be structured and must have a maximum of 250 words (Appendix III). Below the abstract, provide 3-5 keywords.
7. Each author should accomplish the Conflict of Interest Form (Appendix IV). Any conflict of interest must be mentioned in the manuscript and at the start of the oral presentation.
8. Trade names for drugs, devices, and/or instrumentation (e.g. mexameter, evidence-based devices, biologics, soft tissue fillers), should not be used. Medications, substances, or devices should be identified only by their scientific or generic name. To distinguish a formulation or device, use "generic name or description, [Manufacturer's name].
9. Tables, figures, illustrations, and photographs must be inserted between the relevant paragraphs within the body of the paper with appropriate titles or important explanations.
10. Patient's photographs and personal information (i.e. patient's pedigree or demographics) should be de-identified, unless written informed consent has been obtained from the patient, allowing his/her photos or information to be shown or included in the manuscript. Failure to do this would incur a corresponding deduction from the total score given by the judges (see Section V. Penalties).

11. References should be numbered consecutively using Arabic numerals in the order in which they are first mentioned in the text. References should follow the standards summarized in the NLM's International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References webpage and detailed in the NLM's Citing Medicine, 2nd edition.

IV. REQUIREMENTS FOR SUBMISSION

1. The following are the required documents for submission:
   a. Cover letter (Appendix V)
   b. Abstract Form (Appendix III)
   c. Complete manuscript
   d. Duly accomplished reporting guideline/checklist (e.g. CONSORT, PRISMA, STROBE, CARE checklists, etc.) http://www.equator-network.org/resource-centre/library-of-health-research-reporting
   e. Copy of IRB approval letter/s (for protocol and all protocol amendments of experimental/non-experimental studies) and/or consent form/s
   f. Conflict of Interest form duly accomplished by the authors (Appendix IV)
   g. Acknowledgment Receipt (Appendix VI)
2. All required documents must be submitted in four (4) sets, each in a separate brown envelope. Place all folders in a plastic folder labeled appropriately as follows:

   FROM: Name of Institution
   TO: PDS Research Committee Chair
   73 Malakas Street
   Barangay Pinyahan, Quezon City, 1100
   RE: Official entry to the PDS Research Forum
3. A soft copy of the above requirements (in PDF format) should be submitted on the same day as the submission of the hard copies to pdsnonexperimental2024@gmail.com (for the non-experimental category) or pdsexperimental2024@gmail.com (for the experimental category) on the same day as the submission of the hard copies.

   email subject: PDS Research Forum_ <Experimental or Nonexperimental>
   Entry_ <Institution> pdf file name: <Category>_<Institution>_Year

4. Documents will be received and checked by a designated Research Committee member in the PDS Office by the deadline set by the Committee.
5. Once the manuscript is accepted (complete documents and compliant manuscripts), no further revisions maybe made.
6. The entries that don't qualify for oral presentation will automatically be included in the e-Poster Exhibit at a date specified by the Research (See guidelines for E-Poster Exhibit).

V. PENALTIES

Penalties will be given to those who submit incomplete documents and non-compliant manuscripts. Corresponding points will be deducted from the presenter's total score (manuscript score + oral presentation score).

	POINTS DEDUCTED
1. Incomplete documents submitted (refer to Section IV. 1)	10
2. Failure to remove names of authors and their affiliated institution	10
3. Failure to de-identify patient's photographs, demographics, etc.	5
4. Late submission*	5
5. Exceeds maximum allowable word count (4000 words)	5

** There will be a deduction of 5 points per delay of one day.*
A fraction of a day is considered 1 day. Documents submitted 1 day after the set deadline will no longer be accepted.

VI. CRITERIA FOR JUDGING THE ENTRIES

The members of the PDS Research Committee will choose three judges, comprised of local and, when possible, international dermatologists/experts.

1. **Judging the Manuscript**
   a. Accepted entries shall be assigned a numerical code. All eligible manuscripts shall be rated by the judges prior to the oral presentation of papers.
   b. Manuscripts will be judged based on the criteria shown in Table 1.
   c. The judges will select the top five (5) manuscripts for Oral Presentation.
   d. Forum entries not selected for oral presentation will be presented as non-competing e-posters for viewing during the PDS Convention.

2. **Oral Presentation**
   a. During the oral presentation, the quality of the presentation shall be rated by the judges (Table 2).
   b. The order of presentations shall be pre-determined by the Research Forum organizers through random selection. Presenters shall be informed of the order of presentation prior to the Research Forum.
   c. The presenters will be given a maximum of eight (8) minutes to present his/her study.
   d. A five (5) minute question and answer portion will follow after the presentation of all papers (or after each presentation) in each category wherein judges will rate the presenter's mastery of the subject (5 points). Questions or comments from the audience will not be entertained.
   e. Presenters are to wear business attire with no identifying marks of the institution.

VII. FINAL SCORES AND RANKING OF FORUM ENTRIES

1. The final score per forum entry will be determined as follows:
   Final Score = (Pre-presentation score- Penalty/ies) + Oral presentation score
2. The judges will make their final scores for each forum entry and assign ranks to each paper based on the total score, with 1 being the highest and 5 being the lowest rank.
3. The judges will determine the top 3 winners using the mean rank values.
4. The cash prize will be equitably distributed among the winners in case of a tie. The rolling trophy will also be shared within the year.
5. The decision of the panel of judges will be final.

Table 1. Criteria for judging the manuscript (interventional and non-interventional studies).

CRITERIA	SCORE
SIGNIFICANCE OF THE STUDY	**10**
Do the rationale, literature review, research framework, and objectives establish the importance and originality of the study?	
SCIENTIFIC VALIDITY	**60**
1. Materials & Methodology Is the study designed appropriately to answer the stated objective(s)? *i.e. appropriate procedures and outcome assessments, sample size, appropriate statisticalmeasures, and tools which have been tested for reliability and validity* Are sources of possible bias being handled appropriately?	20
1. **Results** Are the results valid? Are the results presented clearly and appropriately?	20
2. **Discussion** Are the results and study limitations discussed in sufficient detail?Are the implications of the findings discussed? Do the conclusion statements answer the study objectives; are they firmly based on the results?Are there sound recommendations for the users of this information and for future research?	20
QUALITY OF WRITTEN REPORT	**15**
1. Technical Writing style Is the manuscript organized? Conforms to standards for reporting evidence?	5
2. Presentation of figures & tables Are the figures and tables helpful in showing or explaining the results of the study? Are the figures and tables properly labelled?	5
3. Thoroughness of reporting Is the manuscript written in compliance with the reporting guideline (e.g. CONSORT, STROBE)?	5
TOTAL WRITTEN SCORE	85

Table 2. Criteria for judging the oral presentation.

CRITERIA	SCORE
QUALITY OF ORAL PRESENTATION	**10**
Delivery Clarity of speech, demeanor	5
Clarity & appropriateness of visual aids Visual aids helped in understanding the data, results or discussed topics more	5
MASTERY OF THE SUBJECT	**5**
As reflected in the presentation and Q&A portion	
TOTAL PRESENTATION SCORE	**15**

VIII. PRIZES

1. The top three papers per category will be adjudged winners and RANKED from first to third 1place. The presenters of each winning entry will receive the following:
   a. Certificate of Recognition as "Outstanding Research Paper/ Case Report"
   b. Cash prize:
      Experimental/Non-experimental categories:
      1st place – Php 15,000
      2nd place – Php 10,000
      3rd place- Php 5,000

2. The training institutions of each winning entry for the experimental and non-experimental categories will receive Five Thousand Pesos (Php 5,000).

3. First-place winners from the different categories (experimental, non-experimental, and case report) will keep the rolling trophy in their respective institutions for one year. This will be awarded to the succeeding year's 1st place winners.

4. In case of a tie in ranking, the cash prize shall be equitably distributed among the winners. The rolling trophy will be shared within the year.

5. Awarding ceremonies shall be held during the PDS Annual Convention, or any date set by the PDS Research Committee.

IX. DEADLINE

REASERCH FORUM ENTRIES

July 1, 2024	**START of submission**
Sept. 23, 2024 (12 Noon)	**DEADLINE OF SUBMISSION**
Oct. 23, 2024	**START of notice of acceptance for oral presentation**
Nov. 4, 2024	**Research Forum**

Prepared by:
PDS Research Committee 2005-2006; Chair: Belen Dofitas
with amendments: PDS Research Committee: 2020-21; Chair: Camille Berenguer-Angeles; PDS Research Committee: 2023-24; Chair: Bryan Ko Guevara

ANNUAL PDS CASE REPORT CONTEST GUIDELINES

I. OBJECTIVE

To promote the dissemination of rare, unusual, or interesting dermatologic cases to the PDS members andresidents.

II. ELIGIBILITY OF ENTRIES

1. The contest is open to all residents of the PDS-accredited training institutions.
2. ***Each institution*** must present one case report of a patient handled by the participating resident.
3. The case report should contribute to medical knowledge and must have educational value, containing useful and practical messages. The report should include any of the following, but not limited to:
   a. The recognition and description of a new or rare disease
   b. The recognition of rare or unusual manifestations of a known disease
   c. New associations, variations, or complications of a disease
   d. A new approach to diagnostic or therapeutic management of a disease
   e. Detection of unreported or unusual adverse events, adverse interactions, or beneficial effects of drugs or other treatment modalities.
4. The case report must not have been published prior to the Case Report Contest.
5. Manuscripts with financial competing interests or potential study interpretation conflicts will not be eligible to compete in the Case Report Contest (Appendix IV).

III. PREPARATION OF MANUSCRIPT

1. The manuscript must be typewritten, in Times New Roman, font size 12, double-spaced, in 8.5 X 11 inches (short) bond paper with 1.0 inch margins on each side. Use double spacing throughout, including the title page, abstract, text, acknowledgments, references, tables, and legends for illustrations. Page numbers should be located at the lower right corner of each page (e.g. page x of y). The title page should be numbered page 1.
2. Manuscripts must conform to acceptable English usage. The criteria for preparation of manuscripts are adapted from the Uniform requirements for Manuscripts submitted to Biomedical Journals, established by the International Committee of Medical Journal Editors (ICMJE) (Refer to Appendix II; https://www.icmje.org/recommendations/browse/manuscript-preparation/).
3. The submitting resident author should refer to the CARE guidelines and toolkits for writing accurate and transparent case reports (http://www.care-statement.org/writing-a-case-report). The CARE checklist must be accomplished and submitted with the other requirements (Appendix VII; https://data.care-statement.org/wp-content/uploads/2019/03/CARE-checklist-English-2013.pdf).
4. Be concise and straightforward in writing the manuscript. Brevity is appreciated. It is highly recommended that the manuscript must not exceed 2000 words (excluded from the word count are the abstract, titles, and description of tables, illustrations/photographs, and references). Authors should avoid repeating the same information in the Abstract, Introduction, and Discussion.
5. The identity of the authors and institutions (including logos and acronyms) should not be revealed (shown) in any part of the manuscript including the title page. Manuscripts with identifying marks will be considered non-compliant and automatically incur a 10-point deduction from the total score. The manuscript will then be returned for revisions. If the revised manuscript is submitted after the deadline, corresponding deductions will be given (see Section VI. Penalties).

6. Each author should declare any conflicts of interest and complete the Conflict of Interest (COI) form (Appendix IV). The authors may submit one COI form if all have the same declarations.
7. The case report should contain the following (refer to the CARE guidelines):
   a. The title shows the area of focus area and includes the words "case report".
   b. The abstract must not be over 250 words and should be structured (Introduction, Case Report, Discussion). Authors must include 3-5 keywords identifying topics in the case report.
   c. The body of the case report should be structured with the following sections: Introduction, Case Report, and Discussion.
   d. Create a timeline of the clinical information associated with the episode of care covered by the case report as a table or figure (https://care-writer.com/how-to-use/creating-a-timeline).
   e. Tables, figures, and photographs should be inserted between relevant paragraphs in the body of the paper with appropriate titles or important explanations.
   f. References should be numbered consecutively using Arabic numerals in the order in which they are first mentioned in the text and should follow the standards summarized in the NLM's International Committeeof Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals: Sample References webpage and detailed in the NLM's Citing Medicine, 2nd edition.
8. A copy of the written and signed patient consent form must be submitted. The consent form should state that the patient allows his/her information and photograph/s to be included in the manuscript. Failure to submit this would disqualify the entry.
9. Patient's photographs and personal information (i.e. patient's pedigree or demographics) should be de-identified. Failure to do this would incur a corresponding deduction from the total score (see Section VI. Penalties) unless consent not to de-identify was obtained and is stated in the consent form.
10. Trade names for drugs, devices, and/or instrumentation (e.g. mexameter, evidence-based devices, biologics, soft tissue fillers), should not be used. Medications, substances, or devices should be identified only by their scientific or generic name. To distinguish a formulation or device, use "generic name or description, [Manufacturer's name].

IV. REQUIREMENTS FOR SUBMISSION

1. The following are the required documents for submission:
   a. Cover letter (Appendix V)
   b. Abstract Form (Appendix III)
   c. Complete manuscript
   d. Completed CARE Guidelines checklist (Appendix VII)
   e. Conflict of Interest form duly accomplished by the authors (Appendix IV)
   f. Acknowledgment Receipt (Appendix VI)
   g. Copy of duly accomplished patient consent form
2. All required documents must be submitted in four (4) sets, each set placed in a short, brown envelope, all arethen placed in a long brown paper or plastic folder, with the latter labeled appropriately as follows:

   FROM: Name of Institution
   TO: Chair, PDS Research Committee
   73 Malakas Street Barangay Pinyahan, Quezon City, 1100
   RE: Official entry to the Case Report Contest
3. All required documents must be submitted in four (4) sets, each set placed in a short, brown envelope, all arethen placed in a long brown paper or plastic folder, with the latter labeled

appropriately as follows:

FROM: Name of Institution
TO: Chair, PDS Research Committee73 Malakas Street Barangay Pinyahan, Quezon City, 1100
RE: Official entry to the Case Report Contest

4. A PDF file of the case report should be emailed to pdscasereport2024@gmail.com on the set deadline.

email subject: Case Report Contest
PDF file name: <Case Report>_<Family Name>_ Institution_Year
RE: Official entry to the Case Report Contest

5. Documents will be received by a designated Research Committee member in the PDS Office by the deadline set by the Research Committee. Incomplete and non-compliant documents will incur corresponding deductions.
6. Once the manuscript is accepted, no further revisions maybe made.

V. PENALTIES

Penalties will be given to those who submit incomplete documents and non-compliant manuscripts. Corresponding points will be deducted from the presenter's total score (manuscript score + oral presentation score).

	POINTS DEDUCTED
1. Incomplete documents submitted (refer to Section IV. 1)	10
2. Failure to remove names of authors and their affiliated institution	10
3. Failure to de-identify patient's photographs, demographics, etc.	5
4. Late submission*	5
5. Exceeds maximum allowable word count (2000 words)	5

** There will be a deduction of 5 points per delay of one day.*
A fraction of a day is considered 1 day. Documents submitted 1 day after the set deadline will no longer be accepted.

VI. CRITERIA FOR JUDGING

The members of the PDS Research Committee will choose three judges, comprised of local and, when possible, international dermatologists/experts.

1. Judging the Manuscript
   a. Accepted entries shall be assigned a numerical code. All eligible manuscripts shall be rated by the judges prior to the oral presentation of papers.
   b. Manuscripts will be judged based on the criteria shown in Table 1.
   c. The judges will select the top five (5) manuscripts for oral presentation.
   d. Forum entries not selected for oral presentation will be presented as non-competing e-posters for viewing during the PDS Convention.
2. Oral Presentation
   a. During the oral presentation, the quality of the presentation shall be rated by the judges (Table 2).
   b. The order of presentations shall be pre-determined by the Annual Case Report Contest organizers through random selection. Presenters shall be informed of the order of presentation prior to the contest.
   c. Presenters will be given a maximum of eight (8) minutes to present their case.
   d. A two (2) minute question and answer portion will follow each presentation. Each judge will have the opportunity to ask one question per presenter. Questions or comments from the audience

will not be entertained.

e. Presenters are to wear business attire with no identifying marks of the institution.

VII. PRIZES

1. The top three papers per category will be adjudged winners and RANKED from first to third place. The presenters of each winning entry will receive the following:
   a. Certificate of Recognition as "Outstanding Research Paper/ Case Report"
   b. Cash prize:
      1st place – Php 10,000
      2nd place – Php 8,000
      3rd place- Php 5,000

2. First-place winners from the different categories (experimental, non-experimental, and case report) will keep the rolling trophy in their respective institutions for one year. This will be awarded to the succeeding year's 1st place winners.
3. In case of a tie in ranking, the cash prize shall be equitably distributed among the winners. The rolling trophy will be shared within the year.
4. Awarding ceremonies shall be held during the PDS Annual Convention, or any date set by the PDS Research Committee.

IX. DEADLINE

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Oct. 23, 2024	**START of notice of acceptance for oral presentation**
Nov. 4, 2024	**Research Forum**

Table 1. Criteria for judging the manuscript.

CRITERIA	SCORE
ABSTRACT	5%
1. Included the reason/s why the case is unique or reportable 2. Contains the main symptoms of the patient, clinical findings, main diagnoses, interventions and outcomes	
INTRODUCTION	15%
1. Clearly narrated the rarity or uniqueness of the case 2. Has contributed to scientific knowledge 3. Described the instructive or teaching points that add value to the case	
CASE REPORT	25%
Clinical Findings 1. Described pertinent patient's (de-identified) demographic data. 2. Described the presenting signs & symptoms and clinical course. 3. Clearly presented the cause of patient's illness. 4. Included relevant data in the review of systems, past medical and social history, and excluded data not pertinent to the case. *Diagnostics/Laboratory work-up* Had a logical approach to diagnostics, demonstrated sound diagnostic reasoning. *Therapeutic Management* Clearly described the type/s of intervention given (pharmacologic, non-pharmacologic or supportive, and/or surgical care). *Follow up and Outcomes* 1. Thorough documentation and follow-up. 2. Reported clinician and patient-assessed outcomes (when appropriate). 3. Included important follow-up diagnostic and other test results.	
GRAPHICS	5%
1. Use of tables and figures were appropriate. They captured information concisely and displayed it efficiently. 2. Good resolution of photographs. 3. Materials are labeled appropriately.	
DISCUSSION	25%
1. Explained the rationale for reporting the case. 2. Discussed relevant medical literature including similar cases. 3. Discussed educational pearls. 4. Successfully linked literature, theory and best practices to assessment framework. 5. Discussed the rationale for conclusions.	
TECHNICAL WRITING	10%
1. Composition was clear, concise and easy to understand 2. Adhered to CARE guidelines 3. Adhered to the NLM's ICMJE recommendations in writing the references, units of measurement, use of symbols or legends.	
TOTAL SCORE	85%

Table II. Criteria for judging the oral presentation

CRITERIA	SCORE
QUALITY OF ORAL PRESENTATION	**10**
Delivery Clarity of speech, demeanor	5
Visual aids Clarity & appropriateness of visual aids Visual aids helped in understanding the data, results or discussed topics more	5
MASTERY OF THE SUBJECT	**5**
As reflected in the presentation and Q&A portion	
TOTAL PRESENTATION SCORE	**15**

Prepared by:
PDS Research Committee 2005-2006; Chair: Belen Dofitas
with amendments: PDS Research Committee: 2020-21; Chair: Camille Berenguer-Angeles; PDS Research Committee: 2023-24; Chair: Bryan Ko Guevara

GUIDELINES FOR THE E-POSTER EXHIBIT

Electronic posters of original research papers done by PDS members/residents are displayed and viewed on laptops or widescreens during the Annual PDS Convention. The Research Committee will screen the abstracts for eligibility for inclusion in the exhibit.

In line with this, the Research Committee is inviting all PDS members and residents to submit abstracts of their original manuscripts for possible inclusion in the E-Poster Exhibit and a chance to be published in the eBook of Abstracts.

Deadline for submission of abstracts is on October 4, 2024.

To submit an abstract, the author should have registered and has fully paid the Convention registration fee.

CALL FOR ABSTRACTS FOR E-POSTER EXHIBIT

July 1, 2024	**START of online submission of abstract and E-poster**
October 4, 2024	**DEADLINE of abstract and E-poster submission**
October 11, 2024	**Notice of abstract acceptance**

For guidelines for the E-Poster Exhibit, preparation and submission of abstracts, please go to https://www.pdsconvention2024.com/research-forum.php.

We are looking forward to your abstract submissions!

APPENDIX I

Study Designs

TYPES OF STUDY DESIGNS

1. **EXPERIMENTAL / INTERVENTIONAL STUDIES**

   These studies are planned experiments designed to evaluate the benefits of a treatment or a preventive measure for a specific medical condition. In these study designs, the investigator alters or manipulates one or more factors, or intervenes at some point during the study.

   a. Uncontrolled trials (no control group, e.g. before and after studies)
   b. Two-arm parallel group trials (two groups of treatments given; one group receives A while the other group receives B)
   c. Multi-arm parallel group trials (variation of *b* with multiple treatment arms)
   d. Crossover trials
   e. Factorial trials
   f. Cluster randomized trials
   g. Laboratory experiments (animal studies, in vitro, in vivo, ex vivo)

   Both superiority and equivalence/non-inferiority study designs are allowed to compete. Pharmacologic and non-pharmacologic interventions are likewise permitted.

2. **NON-EXPERIMENTAL / NON-INTERVENTIONAL / OBSERVATIONAL STUDIES**

   Other study designs can evaluate possible associations between a factor of interest and a particular disease or outcome. In non-experimental studies, the investigator has no control over the exposure of individuals. Study participants are observed, and data are collected but nothing is done to influence either the exposure or the course of events.

   a) Cross-sectional, descriptive
   b) Cross-sectional, analytical
   c) Case-control
   d) Cohort, prospective
   e) Cohort, historical (retrospective)
   f) Systematic review
   g) Meta-analysis
   h) Diagnostic or prognostic studies
   i) Qualitative research

   Note: In hybrid study designs (i.e. combinations of different study designs), the dominant study design will be the basis of categorizing the paper.

3. **CASE REPORT/CASE SERIES**

   A case report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports usually describe an unusual or novel occurrence and as such, remain one of the cornerstones of medical progress and provide many new ideas in medicine. Some reports contain an extensive review of the relevant literature on the topic. The case report is a rapid short communication between busy clinicians who may not have time or resources to conduct large-scale research.

APPENDIX II

Manuscript Preparation

PREPARATION OF THE MANUSCRIPT

The following are general requirements for reporting within sections of all study designs and manuscript formats. For further details, please refer to the Case Report Contest Guidelines and the Annual Residents Research Forum Guidelines.

1. **TITLE PAGE.** Includes the following:
   a. **Article title: Describes** the complete article and should include information that, along with the abstract, will make electronic retrieval of the article sensitive and specific.
   b. **Conflict of Interest declaration or statement.** Disclaimer of conflicts of interest, if any. These include grants, equipment, drugs, and/or other forms of support that facilitated the conduct of the work described in the manuscript or the writing of the manuscript itself, if any. For more information, see Appendix III.
2. **ABSTRACT & KEYWORDS.** Abstracts should have a maximum of 250 words. It should emphasize new and important aspects of the study or observations, as well as accurately reflect the content of the article. Clinical trial abstracts should include items that the CONSORT group has identified as essential (http://www.consort-statement.org/downloads/extensions).
   2.1. For experimental and non-experimental studies, the abstract should be structured and organized as follows:
      a. **Background:** What is the major problem that prompted the study?
      b. **Objective/s:** What is the purpose of the study?
      c. **Methods:** How was the study done?
      d. **Results:** What are the most important findings?
      e. **Conclusion:** What is the single most important conclusion?
   2.2. For case reports, the abstract should be structured and organized as follows:
      a. **Introduction:** Why is your case unique? Why can your findings be associated with a particular intervention?
      b. **Case Report:** What are the patient's main concerns and important clinical findings?
      c. **Discussion:** Explain the rationale for reporting your case. What is your most important conclusion? For all submissions, please provide 2-5 keywords at the end of the abstract.
3. **TEXT.** The text of **experimental and non-experimental studies** is usually divided into four main sections. Lengthy articles may need subheadings within some sections to clarify their content: Introduction, Methods, Results, and Discussion. For more information, refer to the CONSORT guidelines (http://www.consort-statement.org/downloads/extensions). The text of **case reports** should have the following sections: Introduction, Case Report, and Discussion. Be guided by the CARE checklists and toolkits.
   3.1. For experimental and non-experimental studies:
      a. **Introduction.** Provides the background for the study (the nature of the problem and its significance). Summarize relevant issues onthe disease/s under investigation. Include the burden of the disease or its incidence rate locally and internationally. State the rationale and specific purpose or research objective of, or hypothesis tested by, the study or observation. Both primary and secondary objectives should be clear, and any pre-specified subgroup analyses should be described. Cite only directly pertinent references, and do not include data or conclusions from the work being reported.
      b. **Methods.** The Methods section should provide clarity about how and why a study was done in a particular way. The Methods section should aim to be sufficiently detailed such that others with access to the data would be able to reproduce the results. In general, the section should include only information that was available at the time the plan or protocol for the study was being written. All information obtained during the study belongs in the Results section. This section should include a statement indicating that the research was approved by an independent review body (e.g., ethics committee, institutional review board). It should specify the study design, including dates when it was conducted.

b.1. Selection and Description of Participants.

Clearly describe the selection of observational or experimental participants (patients or laboratory animals, including control), including eligibility and exclusion criteria and a description of the source population. Authors should use neutral, precise, and respectful language to describe study participants and avoid the use of terminology that might stigmatize participants.

b.2. Technical Information

Specify the study's main and secondary objectives, which are usually identified as primary and secondary outcomes. Identify methods, equipment (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow others to reproduce the results. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well-known; describe new or substantially modified methods, give the reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Identify appropriate scientific names and gene names.

b.3. Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results. Sample size calculation must be adequately described with appropriate emphasis on the chosen primary outcome measure, expected results of the treatment groups, level of significance, and statistical power. Reference studies used for the sample size calculation and adjustments to sample size (e.g. dropout allowance) should likewise be stated. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as P values, which fail to convey important information about effect size and precision of estimates. References for the design of the study and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify the statistical software package(s) and versions used. Distinguish prespecified from exploratory analyses, including subgroup analyses. Report how losses to observations were handled (i.e. dropouts from clinical trials).

c. **Results.** Present your results in logical sequence in the text, tables, and figures, giving the main or most important findings first. Provide data on all primary and secondary outcomes identified in the Methods section. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. Extra or supplementary materials and technical details can be placed in an appendix where they will be accessible but will not interrupt the flow of the text. Give numeric results not only as derivatives (e.g., percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical significance attached to them, if any. When reporting means, include the standard deviation, and in reporting relative risks, include the confidence interval.

d. **Discussion.** Briefly summarize the main findings, and explore possible mechanisms or explanations for these findings. Emphasize the new and important aspects of your study and put your findings in the context of the totality of the relevant evidence. State the limitations of your study, and explore the implications of your findings for future research and clinical practice or policy. Discuss the influence or association of variables, such as sex and/or gender, on your findings, where appropriate. Do not repeat in detail data or other information given in other parts of the manuscript, such as in the Introduction or the Results section. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted, but label them clearly.

3.2. For case reports:

a. ***Introduction:*** A summary of why this case is unique with medical literature references.

b. ***Case Report:*** Demographic information and other patient-specific information must be de-identified. Present the main concerns and symptoms of the patient and describe the relevant physical examination findings. Discuss the patient's diagnostic and treatment management, clinical and patient-assessed outcomes (when applicable), intervention adherence, and tolerability.

c. ***Discussion:*** Discuss the strengths and limitations of your approach to the case and the rationale for reporting the case. Also discuss relevant medical literature including similar cases, and link literature, theory, and best practices to the assessment framework. Givethe rationale for your conclusions and the most important learnings from the case.

4. **TABLES, ILLUSTRATIONS, FIGURES & PHOTOGRAPHS.** These should be inserted between the relevant paragraphs within the body of the paper with appropriate titles or important explanations. Tables must capture information concisely and display it efficiently; theyshould also provide information at any desired level of detail and precision. Including data in tables rather than text frequently makesit possible to reduce the length of the text. Tables should be numbered consecutively using Roman numerals in the order of their firstcitation in the text and supply a title for each. Titles in tables should be short but self-explanatory, containing information that allows readers to understand the table's content without having to go back to the text. Be sure that each table is cited in the text. Do not use non-standard abbreviations.

   Figures should be either professionally drawn or photographed. Before-and-after images should be taken with the same intensity, direction, and color of light. For figures/illustrations, titles, and detailed explanations belong in the legends— not on the illustrations themselves. Figures should be numbered consecutively according to the order in which they have been cited in the text (i.e., 1,2,3). Multi-part figures must be marked clearly (i.e., 1a, 1b, 1c).

   If using tables, figures, illustrations, or other data from another published or unpublished source, obtain permission, acknowledge that source fully, and submit written permission from the copyright holder to reproduce it. Permission is required irrespective of authorship or publisher except for documents in the public domain.

5. **REFERENCES.** Authors should provide direct references to original research sources whenever possible. References should be numbered using Arabic numerals in the order in which they are first mentioned in the text. List the names of the first six authors followed by *et. al.* References should follow the standards summarized in the NLM's International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References webpage and detailed in the NLM's Citing Medicine, 2nd edition.

   Do not use conference abstracts as references; they can be cited in the text, in parentheses, but not as page footnotes. References topapers accepted but not yet published should be designated as "in the press" or "forthcoming. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, obtain written permission and confirmation of accuracy from the source of personal communication.

6. **UNITS OF MEASUREMENT, ABBREVIATIONS & SYMBOLS**

   Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, and hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI).

   Use only standard abbreviations. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first mention unless the abbreviation is a standard.

APPENDIX III

Abstract Form

CATEGORY: *(Write if: Research Forum, experimental or non-experimental study; Case Report Contes or E-Poster Exhibit)*
SUBJECT CATEGORY: *(Refer to the table of E-poster categories, in the E-Poster Exhibit guidelines)*

TITLE:
(Center aligned, Calibri size 12 font, bold, left aligned only the first letter of the first word and proper nouns should be capitalized; not more than 30 words; concise and indicative of the content of the paper; not containing abbreviations)

AUTHORS:
First Name, Middle Initial, Last Name
(Calibri, size 10 font; Italics; Affiliations numbered in superscript (eg. Phoebe D. Santos, MD, FPDS[1])

AFFILIATIONS
highest earned academic position or degree, institutional affiliation
(Calibri, size 10 font; Italics; Department, Institution, City/Town, Country)
(*eg. [1] Associate Professor, University of the East Ramon Magsaysay Memorial Medical Center)*

CORRESPONDING AUTHOR
Complete name:
Email address:
(Calibri, size 10 font)

ABSTRACT
1. Font style: Calibri
2. Font size: 12
3. Alignment: justified
4. No. of words: maximum of 250 words
5. The abstract should be structured, with the following subheadings:
   For experimental and non-experimental studies: *Background, Objective/s, Methods, Results, Conclusion*
   For case reports: *Introduction, Case Report, Conclusion*
6. The subheadings must be underlined and in bold letters

Keywords:

- Provide 3-5 keywords
- Use terms from the Medical Subject Headings (MeSH) list of Index Medicus. If MeSH terms are unavailable for recently introduced terms, present terms may be used.
- should be written as: **Keywords:** *[3-5 words]*

Commercial funding: if none, please write N/A
Conflict of interest: if none, please write N/A

The abstracts of manuscripts submitted as entries for the Research Forum, Case Report Contest, and E-poster exhibit will be compiled in a book of abstracts that's given to all the participants or delegates of the PDS Annual Convention. Indicate if you consent to have your abstract published in the book of abstracts.

I/we would like to include the submitted abstract in the e-book of Abstracts: ☐ **Yes** ☐ **No**

[Name and signature of the primary or submitting author]

Below are the instructions on how to submit your abstract.
1, Submit as **Microsoft Word with the file name:** Abstract_[*category]* _(Author's Last Name)
2. **Document size**: US Letter
4. **Alignment:** Title: center-aligned; Authors, Affiliations, and Corresponding author: Left aligned; Body of the abstract: justified
5. **Line spacing:** Single

APPENDIX IV

Conflict of Interest Form

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Authors are responsible for disclosing all financial and personal relationships between themselves and others (e.g. pharmaceutical companies) that might be perceived by others as a source of bias.
Papers with financial competing interests or potential study interpretation conflicts will not be eligible to compete in the Annual Residents' Research forum or Case Report Contest Submit only one Conflict of Interest (COI) form if all authors have the same COI to declare. If not, the author/s that have different declarations should accomplish and submit their individual COI forms.

I/we have submitted a manuscript for possible presentation in the Philippine Dermatological Society's:

☐ Annual Resident's Research Forum ☐ Case Report Contest ☐ E-Poster Exhibit

Title of Manuscript:

_____

To the best of my/our knowledge, the following are true of the submitted manuscript:

1. Neither I/we nor the data reported in the manuscript have financial competing interests[1] from any pharmaceuticalcompany or other commercial interest, except as described below.
2. The data reported in the manuscript does not have any potential study interpretation conflicts.[2]
3. Please use the space below to describe any possible exceptions:

I/we, the undersigned, have completed this form to the best of my/our knowledge.

_____ _____

Full Name & Signature, Date Completed Full Name & Signature, Date completed

[1] Financial competing interests may include, but are not limited to, the following:
   a. Receiving reimbursements, fees, funding, or salary from a pharmaceutical company/ commercial organization that may in any way gain or lose financially from the publication of the article, either now or in the future.
   b. Ownership by the author or a first-degree relative (e.g. sibling, parent, spouse) of a company that sells a product related to the subject matter of the manuscript.

The following situations are not considered financial competing interests:
   a. The donation of topical or oral medications, biologics, devices, and equipment from a pharmaceutical company.
   b. Lease/loan of machines (e.g. light, laser, and energy-based machines) from a pharmaceutical company.
   c. Financial support for study procedures required by guidelines in the use of a pharmaceutical agent by a pharmaceutical company.
   d. The provision of an educational grant from a pharmaceutical company/commercial organization.

[2] Potential study interpretation conflicts may include, but are not limited to, the following:
   a. Some or all of the research planning and conduct were carried out by the pharmaceutical company/commercial organization with a vested interest in the product being studied.
   b. Some or all of the data that were used in the study were provided by a pharmaceutical company/organization with a vested interest in the product being studied.
   c. Some or all of the data analysis and results interpretation was conducted by a pharmaceutical company/organization with a vested interest in the product being studied.

APPENDIX V

Cover Letter

RESEARCH FORUM COVER LETTER

Date:
To: PDS Research Committee
From:

I. CATEGORY:

☐ Research Forum, experimental study

☐ Research Forum, non-experimental

☐ Case Report Contest

☐ E-Poster Exhibit

Category: _____

II. TITLE:

III. NAMES OF AUTHORS (in order of authorship, with the name of the presenter in BOLD letters):

1.
2.
3.
4.

I certify that:

1. The study was conducted according to the IRB-approved protocol and protocol amendments.
2. The manuscript has been seen and approved by all authors. Authors approve the entry of the paper in the Research Forumand Case Report Contest and are aware that the prizes will be awarded to the presenter.
3. The manuscript has not been accepted or published in any medical journal.
4. The authors agree to include the abstract in the PDS Research Inventory.
5. I have disclosed all conflicts of interest and sources of funding in the manuscript.
6. The institution and the authors of the paper are willing to abide by the rules and regulations of the forum, and the decisionof the forum organizers.

The authors give their consent to have their abstract published in the e-book of abstracts that will be given to the delegates of the PDS Annual Convention ☐ YES ☐ NO

_____
Signature over printed name
Presenter

_____
Signature over printed name
Research Coordinator

_____
Signature over printed name
Department Chair/Section Head

APPENDIX VI

Requirements for Submission: Acknowledgment Receipt

ACKNOWLEDGMENT RECEIPT

I certify that I have received **four** (**4) sets** of the following documents:

1. Cover letter
2. Abstract Form
3. Complete manuscript with title page
4. Reporting checklist_____(depending on study design, e.g., CONSORT, STROBE, CARE)
   Conflict of Interest Disclosure Statement Form for all authors
5. IRB Approval letter of protocol (for experimental and, when applicable for non-experimental studies)
6. IRB Approval letter of protocol amendments *(when applicable)*
7. Patient's Consent form (*when applicable)*

_____ _____ _____

Signature over Printed Name Date Time

To be accomplished by Research Committee member

Action taken:

- ☐ Manuscript accepted
- ☐ Manuscript not accepted because of incomplete documents submitted
- ☐ Manuscript not accepted because of non-compliance
  - ☐ Failure to de-identify the institution/authors
  - ☐ Failure to de-identify the patient/s
  - ☐ Failure to comply with the guidelines in preparing the manuscript

Remarks:

Accomplished by:

_____ _____ _____

Signature over printed name Date Time

PDS Research Committee member

APPENDIX VII

Care Checklist

CARE Checklist (2013) of information to include when writing a case report

Topic	Item	Checklist item description	Reported on Page
Title	1	The words "case report" should be in the title along with the area of focus	
Key Words	2	2 to 5 key words that identify areas covered in this case report.	
Abstract	3a	Introduction—What is unique about this case? What does it add to the medical literature?	
	3b	The main symptoms of the patient and the important clinical findings	
	3c	The main diagnoses, therapeutics interventions, and outcomes	
	3d	Conclusion—What are the main "take-away" lessons from this case?	
Introduction	4	One or two paragraphs summarizing why this case is unique with references	
Patient Information	5a	De-identified demographic information and other patient specific information	
	5b	Main concerns and symptoms of the patient	
	5c	Medical, family, and psychosocial history including relevant genetic information (also see timeline).	
	5d	Relevant past interventions and their outcomes	
Clinical Findings	6	Describe the relevant physical examination (PE) and other significant clinical findings.	
Timeline	7	Important information from the patient's history organized as a timeline	
Diagnostic Assessment	8a	Diagnostic methods (such as PE, laboratory testing, imaging, surveys).	
	8b	Diagnostic challenges (such as access, financial, or cultural)	
	8c	Diagnostic reasoning including other diagnoses considered	
	8d	Prognostic characteristics (such as staging in oncology) where applicable	
Therapeutic Intervention	9a	Types of intervention (such as pharmacologic, surgical, preventive, self-care)	
	9b	Administration of intervention (such as dosage, strength, duration)	
	9c	Changes in intervention (with rationale)	
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (when appropriate)	
	10b	Important follow-up diagnostic and other test results	
	10c	Intervention adherence and tolerability (How was this assessed?)	
	10d	Adverse and unanticipated events	
Discussion	11a	Discussion of the strengths and limitations in your approach to this case	
	11b	Discussion of the relevant medical literature.	
	11c	The rationale for conclusions (including assessment of possible causes)	
	11d	The primary "take-away" lessons of this case report	
Patient Perspective	12	When appropriate the patient should share their perspective on the treatments they received	
Informed Consent	13	Did the patient give informed consent? Please provide if requested	Yes ☐ No ☐

Reference: https://www.care-statement.org/checklist