

UNM BRAIN & BEHAVIORAL HEALTH ANNUAL RESEARCH DAY 2024 Poster Session & Abstract Submission Information

This year’s poster session will be hosted *in-person* at the Domenici Center on **Friday, March 22, 2024**. Community Organizations, UNM Faculty, Staff, Students, Postdoctoral Fellows and Residents are encouraged to participate in the poster session and to submit a scientific abstract (UNM Departments) or program abstract (Community Organizations).

Students, postdoctoral fellows, residents, other trainees, and community organizations are eligible for the “opt-in” competition part of the poster session. For academic research posters: three monetary awards will be given among three categories (basic science, clinical research & population health). \$100 first place, \$75 second place, \$50 third place. For community organizations, a \$100 award will be given to each of the two finalists.

The deadline to submit an abstract is March 4, 2024.

QUICK INFORMATION FOR POSTER SESSION	IMPORTANT LINKS
<ol style="list-style-type: none"> 1) Scientific Abstract or Program Summary (300 words) 2) Multiple submissions by the same presenting author <i>will not be accepted</i>. 3) Non-Expert Summary (75 words) – <i>Research Submissions only</i> 4) Poster dimensions <i>cannot exceed</i> 36” high x48” wide inches. PPT template available. 5) Printing available at the UNM Copy Center. 	<p>REGISTRATION / ABSTRACT SUBMISSION LINK</p> <p>https://bit.ly/unm-brain-2024</p>

FOR DETAILS FOR ON PARTICIPATION IN THE POSTER SESSION

- See page 2 for General Information
- See page 4 and page 5 for UNM Departments
- See page 6 and page 7 for Community Organizations

Have additional questions?

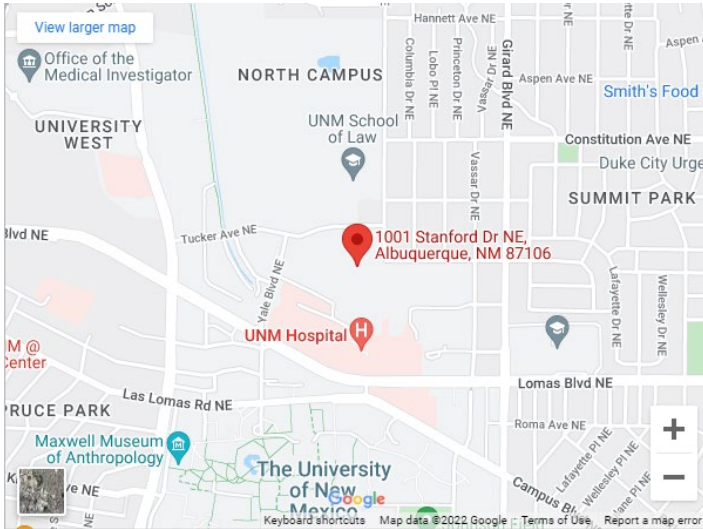
Please contact Faith Ann Brandt, BBHI Program Specialist by email at faithann@salud.unm.edu or by text at 586-879-8656.

General Information

POSTER SESSION TIME / LOCATION

Poster Session will take place on March 22, 2024 between 9-11:30 am at the **Domenici Center for Health Sciences Education at 1001 Stanford Dr. NE, Albuquerque, NM 87131.**

New to 2024: poster presentations will be divided into two groups. Poster Session I will present from 9-10:15 am in DCNW Room 3710 and Poster Session II from 10:15 am - 11:30 am in DCNW Room 2740.



Important Event Day Information

- All presenting authors must check-in **at the registration table and set-up poster by 8:45 am.**
- Presenting authors *are requested* to remain by their poster from during their designated time.
- **Please keep posters up until the end of the poster session.** Posters can be removed after 11:45 am.

POSTER SET-UP

Participants are responsible for printing costs and set-up.

- Each participant will be provided with a poster number.
- Posters size cannot exceed 36 inches (high) X 48 inches (wide).
- Pre-event set-up is available on Thursday, March 21, 4-5:30 pm and event day set-up is schedule on Friday, March 22, 8:00 - 8:45 am.
- Easels, display boards, & pins will be provided.

MULTIPLE SUBMISSIONS

Due to limited space, multiple abstracts/posters by the same presenting author will not be accepted.

UNM COPY CENTER

Printing available at the UNM Copy Center.

UNM COPY CENTER LOCATIONS	
Dane Smith Hall - Room 124 Central Campus 505-277-8267 https://univserv.unm.edu/	Mailing, Shipping & Receiving - Wide Format Printing 1128 University Blvd NE 272-4900

- All orders can be placed online: <https://copycenter.unm.edu/> or *in-person* at Dane Smith Hall.
- Hours of Operation: Mon-Fri 8am-12 pm and 1-4pm. Closed Sat & Sun.
- Printing is first, come serve. Please give the UNM Copy Center 48 hours for printing.
- Prices to print are \$24 (24x36 inches) and \$48 (36x48 inches)
- Poster pick-up available at Dane Smith Hall and UNM Mailing, Shipping & Receiving.
- Posters can also be printed by FedEx at Central Ave. & Vassar Dr. with 20% discount for UNM faculty, staff, and students.

UNM Departments

OPT-IN POSTER COMPETITION

UNM Research Posters will be judged by a panel of researchers on **both** the **best science** **and** **best presentation**. Presenting trainees must be first authors on the poster and abstract submitted. Judging criteria for the poster completion (*numbers in parentheses indicate weighting for final scores*) are as follows:

1. Scientific and public health significance and impact for the field. (25%)
2. Innovation. (25%)
3. Scientific rigor of the approach. (25%)
4. Poster organization and presentation (Does the poster clearly communicate its intended message? How well does the submission engage the audience?) (25%)

NON-EXPERT SUMMARY

As in previous years, we continue our emphasis on communicating research findings between disciplines, departments and with community partners. For this reason, all poster submissions require a brief summary (not to exceed 75 words) that is intended for a non-expert audience. The summaries will be compiled into a booklet for all attendees at Annual Brain & Behavioral Health Research Day. The intent of this summary is not to “dumb down” your science but, by avoiding jargon and highly technical language, to explain the highlights of your work to an audience whose expertise may lie outside of your immediate field of interest. 75-word limit. **See example on next page.**

SCIENTIFIC ABSTRACT

All participants from UNM Departments must provide a scientific abstract. The abstracts are not to exceed 300 words for the body of the abstract. Title, authors, institutional affiliations and grant acknowledgements are not included in the 300 word limit. Figures or tables **cannot** be included *within* the abstract. Full scientific abstracts will be published in the UNM Brain & Behavioral Research Day abstract booklet. **See example on next page.**

UNM Departments

SCIENTIFIC ABSTRACT SAMPLE

TITLE: Spreading Depolarization after Chronic Subdural Hematoma Evacuation: Associated Clinical Risk Factors and Influence on Clinical Outcome

AUTHORS: Christine Meadows, MD¹; Herbert Davis, PhD²; Laila Mohammad, MD³; C. William Shuttleworth, PhD⁴; Michel Torbey, MD¹; Yiliang Zhu, PhD⁶; Ali A. Alshara, MD¹; Andrew P Carlson, MD, MD-CR⁵

AFFILIATIONS:

¹ Presenting Author. Department of Neurology, University of New Mexico School of Medicine, Albuquerque, NM

² Department of Internal Medicine, University of New Mexico School of Medicine, Albuquerque, NM

³ Ann & Robert H. Lurie Children's Hospital of Chicago. 225 East Chicago Ave. Chicago, IL 60611

⁴ Department of Neurosciences, University of New Mexico School of Medicine, Albuquerque, NM

⁵ Department of Neurosurgery, University of New Mexico School of Medicine, Albuquerque, NM

⁶ Clinical Translational Science Center, University of New Mexico School of Medicine, Albuquerque, NM

NON-EXPERT SUMMARY (75 words)

This is an original work presenting candidate risk factors for probable spreading depolarization (SD) in patients with chronic subdural hematoma (cSDH) who underwent surgical evacuation and had post-operative neurological deficits not otherwise explained by seizures or structural pathology. These deficits were likely caused by SD. Having SD was independently associated with poor clinical outcome and increased length of hospital stay independent of admission characteristics and cSDH severity.

ABSTRACT (300 Words)

Background: Chronic subdural hematoma (cSDH) is a common neurosurgical condition responsible for excess morbidity, particularly in the geriatric population. Recovery after evacuation is complicated by fluctuating neurological deficits in a high proportion of patients. We previously demonstrated that spreading depolarizations (SD) may be responsible for some of these events. In this study, we aim to determine candidate risk factors for probable SD and assess the influence of probable SD on outcome. **Methods:** We used two cohorts who underwent surgery for cSDH. The first cohort (n=40) had electrocorticographic (ECoG) monitoring to detect SD. In the second cohort (n=345), we retrospectively identified subjects who, based on neurological exam changes without clear structural cause in the absence of seizure activity on EEG, we suspect had probable SD. We extracted standard demographic and outcome variables for comparisons and modeling. **Results:** 80/345 (23%) of subjects were identified in the retrospective cohort as having probable SD. Potential risk factors included history of hypertension, worse clinical presentation on GCS (Glasgow coma scale score), and surprisingly, lower Hounsfield Unit density and volume of SDH. Probable SD was associated with multiple worse outcome measures including length of stay and clinical outcomes, but not increased mortality. On multivariable analysis, probable SD was independently associated with worse outcome determined by Glasgow outcome scale at first clinic follow up (OR=1.793, 95%CI 1.022-3.146), and longer hospital length of stay (OR=7.952, 95%CI= 4.062-15.563). **Conclusions:** Unexplained neurological deficits after surgery for cSDH occur in nearly a quarter of patients and may be explained by SD. Patients with probable SD have worse outcomes, independent of other baseline risk factors. Further data with gold standard monitoring is needed to evaluate for possible predictors of SD in order to target therapies to a high-risk population.

FUNDING:

List of funding sources, if applicable.

Research Poster sample available upon request.

Community Organizations

POSTER IDEAS

These are some suggested focus areas, which are meant as only as a general guidance.

- a. Description and/or illustration on your program activities for UNM clinicians/researchers/students/trainees and other community representatives to educate them about what is happening in the community related to a specific brain behavioral or disease area.
- b. Do you have interest for future collaboration and partnership with UNM? Please bring it up in your poster! (Example: we are seeking UNM expert advice on current status of Alzheimer's therapeutics that they could include in their education material/brochure for patients/caregivers).
- c. Do you have an idea or innovation on how to improve systems of care in New Mexico? What are we doing right? What are the current gaps in the NM system in care? How can NM behavioral agencies build upon each other successes to cover these gaps?

OPT-IN POSTER COMPETITION

Two finalists will be chosen based on the judging criteria below (*numbers in parentheses indicate weighting for final scores*).

1. Relevance to brain and behavioral health theme. (25%)
2. Public health significance and impact to the field. (25%)
3. Innovation of the program in the field. (25%)
4. Poster preparation and presentation (Does the poster clearly communicate its intended message? How well does the submission engage the audience?) (25%)

PROGRAM ABSTRACT

All participants must submit an abstract about their project/program as part of your registration. Your full abstract will be published in the Brain & Behavioral Research Day abstract booklet. The program abstract does not need to be technical. A short program description with an update and current status would be welcomed. The program abstract is not to exceed 300 words for the body of the abstract. Title, authors, institutional affiliations and acknowledgements are not included in the 300 word limit. Figures or tables cannot be included *within* the program summary. **See example on next page.**

Community Organizations

PROGRAM ABSTRACT SAMPLE

National MS Society COVID-19 Response

The COVID-19 “shut down” occurred in March 2020 during MS Awareness month, immediately altering National Multiple Sclerosis Society services and events. Within oneweek, approximately 1,000 staff nationwide were working from home, including MS Navigators who provide direct assistance to people affected by multiple sclerosis.

In addition to MS Navigator, in-person fundraising events, patient education programs, self-help group meetings, healthcare provider meetings, healthcare provider education, and MS activism successfully switched to virtual formats. Unfortunately, fundraising and staffing were adversely affected. The Society faced many challenges, but also experienced successes, including the rapid launch of UNM’s Project ECHO which educated and expanded the MS workforce.

People affected MS and their healthcare providers relied on the National MS Society as a source of COVID-19 information, education, and connection. The ability to rapidly “pivot” was at the core of success:

- Pause** – we instantly paused in-person programs and events
- Innovate** – we assessed what we needed to accomplish in new ways
- Virtual** – we implemented virtual programs, services, and fundraising events
- Organize** – we reduced staff, closed small offices including Albuquerque, and restructured the organization
- Teach** – we provided education to healthcare providers and people affected by MS about COVID-19 and MS

Our poster and video presentation will cover the Society’s challenges and successes in detail related to our COVID-19 pivot.

COMMUNITY POSTER SAMPLE



National MS Society COVID-19 Response

PIVOT!

- Pause** – instantly paused in-person programs and events
- Innovate** – assessed what we needed to accomplish in new ways
- Virtual** – implemented virtual programs, services, and fundraising events
- Organize** – reduced staff, closed small offices, and restructured the organization
- Teach** – educated healthcare providers and people affected by MS about COVID-19 and MS



Challenges	Successes	
Projected revenue loss \$60 million, 1/3 annual revenue	Nationwide COVID response fund raised \$400k	Established and frequently updated COVID-19 information for people affected by MS on website
Virtual technology – how quickly can staff work from home	Designed and launched Virtual Walk MS and Virtual Bike MS raising \$170k in New Mexico	Established and frequently updated COVID-19 information for MS healthcare providers on website
Permanent office closures nationwide, including Albuquerque	Successfully launched medical student mentorship and fellowship programs virtually	118 MS providers participated in our ECHO MS COVID-19 telelearning program
Staff furloughs, salary reduction & layoffs	MS Navigator service, including case management, was uninterrupted during the pandemic except for home visits. The Hilton Foundation provided a generous grant to fund our financial assistance program	MS and COVID-19: A Webinar for Healthcare Providers was initiated on March 19, 2020. As of July 1, 2020, 4,763 healthcare providers attended the live or recorded webinars
How to continue MS Navigator, case management, and financial assistance	Self-help groups moved to a virtual format, allowing isolated populations to join groups	Convened experts to develop COVID vaccine guidelines for people with MS
How to continue self-help groups & programs	Virtual peer support groups for special populations were established, including one for Veterans living with MS and one for pediatric MS families	300 MS activists participated in virtual State Action Days and our work to strengthen access to telehealth services resulted in \$7B to expand broadband access
Congress did not incorporate financial relief for mid-sized nonprofits like the National MS Society into COVID-19 relief packages	Our weekly COVID-19 Ask an MS Expert webinar series totaled 26 webinars with 2,200 unduplicated participants	Partnered with the Consortium of MS Centers and the MS Society of Canada to create the COVIMS registry, which collects outcomes for people with MS who developed COVID
How to fundraise through Bike MS & Walk MS	The National MS Society brings the MS movement together—and turns our power and passion into real results. When the Society was founded 75 years ago on March 11, 1946, MS was neglected and poorly understood. What began as one woman’s vision and commitment is now a nationwide organization leading the global charge to create a world free of MS. 1-800-344-4867 nationalmssociety.org	
How to continue MS activism	COVID-19 and MS for Patients https://www.nationalmssociety.org/coronavirus-covid-19-information COVID-19 and MS for Healthcare Providers https://www.nationalmssociety.org/For-Professionals/Clinical-Care/COVID-19	
The pandemic closed many MS research labs and paused clinical trials, which will delay the completion of many research projects		

