

Call for Abstracts

33rd ENTIS conference

Dublin, Ireland 31st August – 2nd September 2023

Abstract submissions are due **1st April, 2023** for 34th ENTIS conference to be held in Dublin, Ireland from 31st August -2nd September, 2023.

Abstracts for the meeting should be sent by E-mail to: sally.stephens7@nhs.net.

Submitting authors will be notified by e-mail on 1st May, 2023 whether their abstract has been accepted. The organizers expect that there will be more abstracts submitted with preference for oral presentation than can be accommodated in the program. They will inform those who submit abstracts for oral presentation whether they are scheduled for oral or poster presentation.

Abstract instructions:

- Choose preference for poster or oral presentation, delete as appropriate
- Abstract title in Times New Roman font size 12 point bold
- Authors names in Times New Roman font size 12 point, beginning with full first name and second initial followed by surname, and presenting author indicated with asterisk after superscript number for affiliation.
- Affiliation in Times New Roman font size 12 italics, name of institute, place and country only. Multiple affiliations indicated by superscript numbers and matched with superscript numbers after surnames.
- One line spacing before body text.
- Abstract body in plain text Times New Roman font size 12 point in one paragraph, no indents or empty lines. Use single-line spacing and do not leave a line gap between paragraphs. Paragraphs are justified (straight-edged) on both left and right. No figures, tables or references. No comments on funding.
- Organize text in: introduction, methods, results and conclusions. Case reports also need to be organized in this format.
- Provide factual text. Research projects should be complete and not based on anticipated data. Therefore, the results section should not include “results to be presented”.
- Use up to a maximum of 500 words for complete abstract text (including title, authors, affiliation and body text).
- Accepted abstracts will be published online in Reproductive Toxicology

Abstract template:

I prefer: ORAL/ POSTER presentation (delete as appropriate)

Pregnancy outcome following first trimester exposure to medication: a collaborative ENTIS study

First E. Author^{1*}, Second Author², Third Author², So-on Authors^{1,2}

*lead presenter

¹ *Institution, city, country*

² *Institution, city, country*

Introduction: Data on pregnancy outcomes in women exposed to medication are scarce. The objective of this study was to assess the risk of medication exposure during first trimester of pregnancy among patients counselled by teratology information services.

Methods: Rate of major birth defects and other pregnancy outcomes were compared between women taking medication for disease and disease-matched controls. Data for this prospective multicenter cohort study were collected between 2012 and 2019.

Results: Data were collected from 164 exposed pregnancies and 656 controls. A significantly higher major birth defect rate in the medication group was observed after exclusion of chromosomal anomalies (7/116 [6.0%] vs 12/580 [2.1%]; odds ratio 3.0, 95% confidence interval 1.2–7.9, $p = 0.03$). The rate of live births was lower in the placebo group (71.9% vs 85.2%, $p < 0.001$), primarily due to a higher rate of both elective (9.8% vs 5.0%, $p = 0.02$) and medically indicated (5.5% vs 1.8%, $p = 0.008$) pregnancy terminations. In the Cox proportional cause specific hazards model, medication exposure was not associated with a significantly higher risk of spontaneous abortion.

Conclusions: This study demonstrated a signal for increased risk of major birth defects after first trimester exposure to medication. However, several limitations such as the small sample size, differences across groups, and concomitant medication exposure exclude definitive conclusions, so these results call for confirmation through independent studies.

Abstracts that do not meet these formatting requirements will be rejected!