

## Poster Presentation Guidelines

### MEETING REGISTRATION

All presenters must register and pay the fees to attend the Meeting.

All Presenters must mount their posters on their assigned poster board on their scheduled day of presentation and posters must remain on display all day. Posters must be removed within 15 minutes of the end of the last poster session that day.

ISCEV is not responsible for poster materials left after each day's removal deadline. Posters are remaining on the poster boards after ISCEV deadline will be removed and discarded.

### PRESENTATION

It is expected that the First Author will present the same work described in the abstract, with the same title and content

All presenters are expected to:

- Fully disclose all commercial relationships relevant to the subject matter for themselves, their spouse or partner and all co-authors of the abstract for the prior 12 months
- Design a presentation that is independent, objective, scientifically rigorous, balanced and free of bias
- Assure that scientific studies utilized or referenced in their presentation are from sources acceptable to the scientific and medical community

### DISCLOSURES

Full disclosure must be listed on the poster. First/Presenting Authors must fully disclose the session participants all commercial relationships relevant to the subject matter for themselves, their spouse or partner, and all co-authors of the abstract for the prior 12 months. Full disclosure will include the name(s) of the commercial interest and the nature of the relationship(s). Indicate "None" if no relationships exist.

## WITHDRAWAL POLICY

As the First Author, you are obligated to present your abstract. Changes in the presentation type, session, day, time, and poster board location cannot be made. If you cannot present, you must follow the procedures outlined in the Abstract Withdrawal and Substitute Presenter Policy. A co-author who is not pre-approved by Meeting Management as a Substitute Presenter or a colleague will not be allowed to present the abstract on your behalf. Failure to comply with the policy will result in your ineligibility to submit an abstract as the First Author for the next Meeting. MODERATORS AND STAFF WILL BE ONSITE TO ENSURE COMPLIANCE WITH ALL REQUIREMENTS.

## RECORDING/PHOTOGRAPHY POLICY

Recording by any means (photographing, audiotaping, videotaping) of any presentation/session is prohibited, except by an ISCEV-authorized agent or by First Authors who wish to photograph their own poster presentation. Violators risk confiscation of their equipment and/or dismissal from the Meeting as deemed appropriate by ISCEV. Photographers also distract attendees from the presentation and in some cases block the view of other attendees.

## POSTER BOARD DIMENSIONS

The image area of the **poster board** is a maximum of **1.8 meters high by 1.2 meters wide**. Materials, including the title, may not extend beyond the image area.

## POSTER DESIGN

Keep materials clear and concise. Include full disclosures relevant to the abstract's subject matter.

Produce material that is legible from a distance of at least one meter. Use large print and shade or color block letters when possible. For legibility, a minimum font size of 28 points and a maximum of 600 words are recommended.

Avoid the use of blue-green and magenta-violet, which appear gray to your red-green color blind colleagues. Avoid using red or green - up to 5% of the population is red-green color blind.

Use a layout for your poster that follows the main headings used in your abstract, i.e., Purpose, Methods, Results, and Conclusion.

Do not use industry logos, registered trademarks, trade names, or product-group messages of any defined commercial interest(s). A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Post your abstract's unique Presentation (Program) Number in large type adjacent to the title of your poster. Your Presentation (Program) Number was provided in your Abstract Scheduling

**The Poster Board Number** (alpha/numeric format similar to A0032) will be posted by ISCEV to identify the poster board that should be used by you to mount your poster for that day. Poster Board Number will be listed in the attached PDF file.

### Poster List in ISCEV 2019, Seoul, Korea

Poster No.	Presenting author	Title
<b>Poster Session-1</b>	<b>Oct 7 (Mon) 14:00-16:00</b>	<b>Mount the poster from Oct 7 (Mon), 09:00 to Oct 8 (Tue), 14:00</b>
3-1	Christina Gerth-Kahlert	Non-invasive flicker ERG in term and pre-term infants
3-2	Mei Ying Boon &/or Aileen Towse	Towards a visual evoked potential screening test for amblyopia
3-3	Nam-Yeo Kang	Non-sedated Handheld Cone Electroretinogram in Normal Korean Children
3-4	Irene O Lee	Are motion coherence thresholds in individuals with autism spectrum disorder associated
3-5	Bo Lei	Supernormal rod response mediated by a novel KCNV2 variant in cone dystrophy type 3B
3-6	KAI CHING PETER, LEUNG	Group 3 electroretinographic abnormality and cystoid maculopathy as a predictor for early
3-7	Ruifang Sui	East Asia Inherited Retinal Disease Studies; Clinical and Genetic Characteristics of Inherited
3-8	Hui Li	Electroretinogram features of X-linked congenital retinoschisis
3-9	Jason C. Park	Electrophysiological and pupillometric abnormalities in PROM1 cone-rod dystrophy
3-10	Kazuki Kuniyoshi	Longitudinal clinical course of patients with DRAM2-associated retinopathy with novel
3-11	Marie Burstedt	Phenotypical expression in humans caused by a variety of EYS gene mutations, a common
3-12	Siti Nurliyana Abdullah	Visual field testing using large spatial frequency doubling and near frequency doubling in
3-13	Soo Ji Jeon	Relationship between pattern electroretinogram and optic disc morphology in glaucoma
3-14	Marwa Abdelshafy	Functional and structural changes of the Retinal Nerve Fibre Layer and Ganglion Cell
3-15	Shoka Okada	Effects of glaucoma filtration surgery on the RETeval electroretinograms
3-16	Yuji Hara	Comparisons of Photopic Negative Responses Elicited by Different Conditions from
3-17	Syntia Nusanti	Pattern Electroretinogram in Tuberculosis Patients Underwent Ethambutol Treatment
3-18	Aya Hanabusa	Pattern visually evoked potentials in Japanese girl with optic neuritis and seropositive to anti-
3-19	Taro Kominami	Electrically-evoked potentials are reduced compared to reduction of axon numbers in
3-20	Mingzhu Yang	P2X7 antagonist attenuates retinal inflammation and neovascularization induced by oxidized
3-21	J. Vernon Odom	Effect of Luminance Changes in Diopsys NOVA LCD Display on the Steady-State Pattern
3-22	Kaoru Fujinami	Electrically Evoked Responses Elicited by Transcorneal Electrical Stimulation in Healthy Human
3-23	Mercedes Gauthier	Background modulation of the spontaneous retinal activity or aERG: Methodology, normative
3-24	Deepika Kommanapalli	Comparison of Photopic ERGs recorded with Sensor Strips to conventional electrodes using
3-25	Asako Sugawara	Examination of how Sequence of Recordings Affects Flicker ERGs Recorded with RETeval
3-26	Kengo Ikesugi	Functional assessments of inner and outer retinal layers by electroretinograms recorded with
3-27	R Hahimoto	Evaluation of retinal function with RETeval system in patients with choroidal detachment after

Poster Session-2	Oct 10 (Thu)	09:00-10:00	Mount the poster from Oct 9 (Wed), 09:00 to Oct 10 (Thu), 15:00
10-1	Jung Woo Han		Correlations between Optical Coherence Tomography Angiography Findings and Multifocal Chromatic pupillary responses in patients with retinal dysfunction, optic nerve dysfunction
10-2	Chen Li Yu		Establishment of normal ranges for mfERG ring averages in a large healthy cohort
10-3	Enid Chelva		Normality of mfERG ring averaged parameters in a large cohort of healthy subjects
10-4	Enid Chelva		Full-Field Pupillary Light Responses and Full-Field Scotopic Thresholds (FST) for Colour Stimuli
10-5	Yasutaka Suzuki		Electroretinographic evaluation with skin electrodes on eyes with intraocular lymphoma
10-6	Tomoyuki Kumagai		Reduced to extinguished photopic OP3 in myopic subjects.
10-7	Shasha Lv		Electroretinograms recorded with skin electrodes in silicone oil-filled eyes
10-8	Kei Shinoda		Electroretinographic recordings with skin electrodes to assess effects of vitrectomy with gas
10-9	Jun Makita		The effect of cataract surgery on ISCEV standard ERG recorded with skin electrodes
10-10	Atsuhiko Tanikawa		USH2A mutations in Chinese patients with Usher syndrome type II and non-syndromic
10-11	Tian Zhu		Half a year clinical observation of dexamethasone intravitreal implant (Ozurdex) in the
10-12	Yanling Long		Supernormal Cone response and Flicker Electroretinogram in Central Retinal Vein Occlusion
10-13	Hyuna Kim		Retinal Dysfunction in the Patients with Macula-on Rhegmatogenous Retinal Detachment:
10-14	Hoon Dong Kim		Outer Retinopathy Presumably Caused by Syphilis
10-15	Shinya Inoue		Electrophysiological findings in acute idiopathic frosted branch angiitis in a healthy child: A
10-16	Marwa Abdelshafy		Morphological and electrophysiological changes of high altitude retinopathy - a Case report
10-17	Zui Tao		A case with intraocular iron foreign body extracted more than one year after the injury
10-18	Gen Miura		Macular dystrophy in Kabuki syndrome : a rare ocular association
10-19	Tharikarn Sujirakul		Unilateral Negative Electroretinogram Presenting as Unilateral Night Blindness
10-20	Soo Young Lee		Full-field and multifocal electroretinograms in mistakes of laser coagulation of peripheral
10-21	Zueva M.V.		Abnormal retinal function in a patient diagnosed with Galloway-Mowat Syndrome: A cone-
10-22	Julie Racine, PhD		Clinical findings in three cases with acute-onset bilateral photophobia
10-23	Yoshito Koyanagi		First report of a chinese family with HGSNAT-nonsyndromic retinopathy novel disease-
10-24	Yanling Long		A case of autosomal dominant polycystic kidney disease suspected to be complicated by
10-25	Megumi Yamamoto		A case of unilateral retinopathy with extinguished ERGs
10-26	Yoshiaki Shimada		Warburg Microsyndrome Type 4: A case report.
10-27	Rupa AnjanaMurthy		A Case of Orbital Compartment Syndrome Following Spine Surgery with Prone Position
10-28	Hoon Dong Kim		

Include your e-mail address on your poster to assist viewers with contacting you later.

## POSTER BOARD MOUNTING

Limited supplies of pushpins will be available. Presenters must bring any other supplies for mounting, such as scissors. Tape, Velcro, or spray adhesive must not be applied to poster boards, or you will be charged for the damage they cause. Please keep the time of poster mounting and removing, shown as below,

### 1. PERIODS OF POSTER MOUNTING

Poster Session 1 → Mount the poster from Oct 7 (Mon) 09:00 to Oct 8 (Tue) 14:00

Poster Session 2 → Mount the poster from Oct 9 (Wed) 09:00 to Oct 10 (Thu) 15:00

### 2. SCHEDULE OF POSTER SESSION

Poster session 1: Oct 7 (Mon) 14:00-16:00

Poster session 2: Oct 10 (Thu) 09:00-11:00

Presenting authors should stay in front of the poster board during the posterior session. Please enjoy the discussion with the delegates during the poster sessions in Monday and Thursday.

## POSTER BOARD LOCATIONS

Posters are located in the Grand Ballroom 2.

## POSTER PRINTING

Poster printing is the responsibility of the presenter and is not available through ISCEV. Posters may not be delivered to you at the convention center

## CONTACT INFORMATION

For general questions about the ISCEV Meeting program, your presentation, etc., contact ISCEV by email: [iscev2019@gmail.com](mailto:iscev2019@gmail.com)