



Herlev og Gentofte
Hospital

Research Symposium

Tuesday, November 7

Abstracts

2023





**Herlev og Gentofte
Hospital**

Research Symposium 2023

Oral presentation

Chair: Inge Marie Svane & Niels Klarskov

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1	Alexander Bjørneboe Nolsøe	Can Intraoperative Nerve Monitoring Predict and Improve Functional Outcomes after Robotic-assisted Radical Prostatectomy: An RCT
2	Camilla Balle Bech	Low-intake dehydration and agreement with malnutrition in geriatric patients: An observational study
3	Camilla Ditlev Lindhardt Johannesen	Excess non-HDL cholesterol and apoB in risk of cardiovascular disease and mortality in women and men
4	Jonathan Wenstrup	A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical Helpline Calls
5	Mads Hashiba Jensen	Prevalence of sleep apnea in unselected patients with atrial fibrillation by a home-monitoring device: The DAN-APNO study
6	Morten Jon Andersen	Use of the bioabsorbable Activa IM-Nail™ in pediatric diaphyseal forearm fractures: A prospective cohort study with 6-months follow-up
7	Parisa Mohammadzadeh	Elevated maternal interleukin 6 is associated with compromised executive functioning in 10-year-old children
8	Riazan Hawaz-ali	10 year follow up after omission of axillary lymph node dissection in Danish breast cancer patients: A national register study

Research Symposium 2023

Name of presenter (115 symbols)	Alexander Bjørneboe Nolsøe
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Department of main author/ presenter, no name of the author (330 symbols)	Department of Urology, Copenhagen University Hospital, Herlev and Gentofte Hospital, Denmark
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Can Intraoperative Nerve Monitoring Predict and Improve Functional Outcomes after Robotic-assisted Radical Prostatectomy: An RCT

Abstract text

limited to 250 words (1800 symbols)

Introduction: To explore the influence of intraoperative nerve monitoring and sparing of pudendal nerve fibers on postoperative functional outcomes after unilateral nerve-sparing (UNS) or non-nerve-sparing (NNS) robotic-assisted radical prostatectomy (RARP).

Methods: We randomized 100 men undergoing UNS or NNS RARP to nerve monitoring or standard RARP. Outcomes were assessed at 3, 6, and 12 months using the International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF), the International Prostate Symptom Score, the Danish Prostate Symptom Score, the International Index of Erectile Function, the Erection Hardness Scale, and 24-hour pad tests. The primary outcome was the difference in ICIQ-SF score between groups at 12 months. Secondary outcomes included differences in the remaining outcome measures and continence rates at all time points. Continence was defined as no pad usage and the answer "Never" to the incontinence frequency-question on the ICIQ-SF and/or a urine loss of fewer than 8 grams on the 24-hour pad test.

Results: The per-protocol analyses at 12 months included 82 patients equally divided in each group. At 12 months the mean ICIQ-SF scores were 5.37 (95%CI, [3.71;7.03]) and 5.66 (95%CI, [4.05;7.27]) for the intervention and control groups, respectively (p= 0.8). No statistically significant differences were observed in the remaining outcomes, although a higher continence rate was noted in the intervention group at 6 months (63% vs. 44%, p=0.09).

Conclusions: Intraoperative nerve monitoring did not result in better functional outcomes following UNS or NNS RARP. Larger studies are needed to explore if ProPep can reduce the time to continence following RARP

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	LOW-INTAKE DEHYDRATION AND AGREEMENT WITH MALNUTRITION IN GERIATRIC PATIENTS: AN OBSERVATIONAL STUDY

Abstract text limited to 250 words (1800 symbols)	RATIONALE The prevalence of malnutrition and low-intake dehydration in geriatric patients are high. The etiological nature of these conditions makes it relevant to consider whether there might be an overlap. This study aimed to assess the agreement between low-intake dehydration and malnutrition. METHODS Patients 65 years old and hospitalized at the geriatric hospital ward were screened for eligibility. Dehydration was assessed with the calculated serum osmolarity 295 mmol/L ($1,86 \times (\text{Na}^+ + \text{K}^+) + 1,15 \times \text{glucose} + \text{urea} + 14$), and malnutrition was assessed with NRS-2002, MNA-SF, MNA-LF, MUST, and GLIM after screening with NRS-2002 and MNA-LF. Statistics used were the Chi-squared test, Fishers-exact test, Wilcoxon signed rank test and calculation of kappa values. RESULTS A total of 114 patients (57% females) were included. Median age 85.5 (IQR 80; 89.25) years. A total of 49 (43%) were dehydrated. Fewer females were dehydrated (F:42,9% vs M:67,7%, $p=0.013$). The patients with osmolarity 295 mmol/L had a higher median weight (68.3 (IQR 58.5; 78.4) vs. 62 (IQR 51.8; 72.1), $p=0.021$) and mid-up-arm circumference (27 (IQR 26;30) vs 25,5 (IQR 22,9; 28,3), $p=0,004$). No significant difference was found in the prevalence of malnutrition between those with or without dehydration (NRS-2002; 70% vs. 81%, $p=0.174$; MNA-SF: 23.1 vs. 23.2%, $p=1.0$; MNA-LF: 37.1 vs. 30.2%, $p=0.644$; MUST: 24.5 vs. 33.8%, $p=0.308$; GLIM after screening with NRS-2002: 84.4 vs. 74.5%, $p=0.405$, GLIM after screening with MNA-LF: 74.1 vs. 75.6%, $p=0.438$). Kappa values varied around 0 and reflected low agreement. CONCLUSION We found low agreement between low-intake dehydration and malnutrition in a population of geriatric patients. All geriatric patients should therefore be assessed for both conditions.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Excess non-HDL cholesterol and apoB in risk of cardiovascular disease and mortality in women and men

Abstract text

limited to 250 words (1800 symbols)

Introduction: Low-density lipoprotein cholesterol (LDL-C), non-high density lipoprotein cholesterol (non-HDL-C), and apolipoprotein-B (apoB) are highly correlated measures of atherogenic lipoproteins. We hypothesized that excess non-HDL-C and excess apoB are associated with increased risk of myocardial infarction (MI), atherosclerotic cardiovascular disease (ASCVD), and all-cause mortality.

Methods: We included 53,484 women and 41,624 men free of statin use from the Copenhagen General Population Study. Associations of excess non-HDL-C and excess apoB with risk of MI, ASCVD, and all-cause mortality were estimated by Cox proportional hazards regressions with 95% confidence intervals. Excess non-HDL-C and excess apoB were defined as measured levels of non-HDL-C/apoB minus expected levels of non-HDL-C/apoB from LDL alone; expected non-HDL-C/apoB were defined by linear regressions of LDL-C versus non-HDL-C/apoB in individuals with triglycerides ≤ 1 mmol/L (89 mg/dL).

Results: There was a dose-dependent association between excess non-HDL-C and excess apoB with risk of MI and ASCVD in both women and men, and additionally with risk of all-cause mortality in women. For ASCVD in women compared to those with excess non-HDL-C < 0.26 mmol/L, the hazard ratio was 1.18 (95% confidence interval 1.05-1.31) for excess non-HDL-C of 0.26-0.5 mmol/L, 1.26 (1.10-1.45) for 0.56-0.90 mmol/L, 1.42 (1.20-1.67) for 0.91-1.70 mmol/L, and 1.72 (1.05-2.83) for excess non-HDL-C > 1.70 mmol/L. Similar results were found for men and excess apoB in women and men.

Conclusion: Excess non-HDL-C and excess apoB, i.e., the value of non-HDL-C and apoB above that contributed by LDL levels alone, are associated dose-dependently with increased risk of MI and ASCVD in women and men, and additionally with all-cause mortality in women.

Name of presenter (115 symbols)	Jonathan Wenstrup
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☒ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical Helpline Calls

Abstract text limited to 250 words (1800 symbols)	Background: Effective stroke treatment is time-sensitive, and prompt hospital admittance depends on rapid and accurate recognition by call-takers at prehospital telehealth services. Approximately half of all patients with stroke do not receive the correct triage of their condition from call-takers. This study aimed to develop and assess the potential of machine learning in improving prehospital stroke recognition during medical helpline calls. Methods: We mapped records from the Danish Stroke Registry to data from the Copenhagen Emergency Services to create a dataset that matched telephone call recordings, ground truth stroke labels, and call-taker diagnosis categories from 1 January 2015 to 31 December 2021. Calls from 2021 were used for testing, and the remaining calls were used to develop a machine learning-based classification pipeline. Calls were transcribed using an automatic speech recognition model and then categorised as stroke or non-stroke using a text classification model. Findings: On the test data, call-takers achieved a sensitivity of 52·7% (95% confidence interval 49·2–56·4%) with a positive predictive value (PPV) of 17·1% (15·5–18·6%). The machine learning framework demonstrated a sensitivity of 63·0% (62·0–64·1%) with a PPV of 24·9% (24·3–25·5%). All these metrics were significantly better than those of the call-takers ($p < 0.0001$). Interpretation: A machine learning framework for recognising stroke in prehospital medical helpline calls may become a supportive tool for call-takers, aiding in early and accurate stroke recognition.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☒ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Prevalence of sleep apnea in unselected patients with atrial fibrillation by a home-monitoring device: The DAN-APNO study

Abstract text limited to 250 words (1800 symbols)	Introduction: Sleep apnea (SA), a modifiable risk factor in atrial fibrillation (AF), is associated with worse outcomes in AF. We aimed to assess the prevalence and severity of SA in patients with AF, and to assess the positive predictive value (PPV) of moderate-to-severe SA by a home-monitoring device in comparison to cardio-respiratory monitoring (CRM) in patients with AF. Methods: This cross-sectional study recruited unselected patients with AF without known SA from an outpatient clinic at Herlev-Gentofte University Hospital. Participants underwent four nights of sleep recording with the home-monitoring device NightOwl™ (NO). Moderate SA was defined as an Apnea-Hypopnea Index (AHI) of 15-29, and severe SA as >30 AHI. Participants with moderate-to-severe SA were offered CRM for validation of the diagnosis. Results: We included 126 patients with AF with a median age of 68 (interquartile range: 60-75) years, 42 (33%) women, 70 (56%) hypertension, 61 (48%) hyperlipidemia, and 49 (39%) heart failure. NO detected severe SA in 36 (29%) of patients with AF, moderate SA in 35 (28%), mild SA in 45 (36%), and no SA in 10 (8%). Of 71 patients with moderate-to-severe SA by NO, 38 patients underwent CRM, and the PPV of NO was 0.82 (31/38) to diagnose moderate SA and 0.92 (22/24) to diagnose severe SA by CRM. Conclusion: Moderate-to-severe SA by NO was highly prevalent in patients with AF without known SA. A home-monitoring device like NO could be an easy and feasible SA screening tool in patients with AF.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Use of the bioabsorbable Activa IM-Nail™ in pediatric diaphyseal forearm fractures: A prospective cohort study with 6-months follow-up

Abstract text

limited to 250 words (1800 symbols)

Introduction

Pediatric diaphyseal forearm fractures (PDFF) are very common injuries. Fractures needing surgery are most often treated with metal Elastic Stable Intramedullary Nails (ESIN). Nail removal is widely advocated; however, it is a substantial burden on the child, the family and healthcare economy. Bioabsorbable Intramedullary Nails (BIN) made from poly L-lactide-co-glycolide (PLGA) have been developed for some of the same indications as metal ESIN. We aimed to evaluate the feasibility and safety of the Activa IM-Nail™ for PDFF.

Methods

From May 1st 2021 all patients with open physes and unstable PDFF of the radius, ulna or both were sought to be prospectively and consecutively recruited. If consented patients were operated with the Activa IM-Nail™. Primary outcome was radiographic healing assessed by the Radiographic Union Score (RUS) at 3 months. Secondary outcomes were pain, wound appearance, neurovascular status, bilateral elbow and forearm range of motion (ROM), fracture angulation and displacement.

Results

26 children were eligible for inclusion, 9 children were excluded due to criteria, 17 children were operated with BIN, 7 girls and 10 boys, mean age 10 years (4-14). There were no serious adverse device effects (SADE). Two children had postoperative fracture angulation that did not require manipulation. After 3 months, all patients had pain free and normal ROM. RUS was at least 8 at three months and 10 at six months follow up.

Conclusion

We did not see any SADEs. All children had solid healing and normal ROM at 3 months. The use of BIN for PDFF is feasible, seems very safe, and eliminates the need for implant removal.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Elevated maternal interleukin 6 is associated with compromised executive functioning in 10-year-old children

Abstract text

limited to 250 words (1800 symbols)

Background: Maternal inflammation during pregnancy is associated with an increased risk of neurodevelopmental disorders in the offspring. Neurodevelopmental disorders are characterized by compromised executive functioning; therefore we investigated whether elevated maternal inflammation during pregnancy is associated with compromised executive functioning in children.

Methods: The COPSAC study is based on the unselected prospective COPSAC2010 birth cohort of 700 mother-child pairs, recruited during pregnancy. At age 10, the children's executive functioning was assessed by parents with i) the Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2) questionnaire, and ii) an extensive neuropsychological test battery.

The inflammatory marker, interleukin 6 (IL-6), was collected from the mother during pregnancy week 24. Multiple regression analyses with extensive covariate adjustment were applied to estimate associations between maternal inflammation and indices of executive functioning at age 10.

Results: 604 children (86% of the cohort) completed the 10-year visit. Higher maternal IL-6 in pregnancy week 24 was significantly associated with worse parental rating of executive impairments when adjusted for all covariates: Global Executive Composite ($\beta=2.45$ [0.67-4.22], $p=0.007$), Behavior Regulation Index ($\beta=0.48$ [0.09-0.87], $p=0.02$), Emotional Regulation Index ($\beta=0.48$ [0.09-0.87], $p=0.03$) and Cognitive Regulation Index ($\beta=1.44$ [0.37-2.51], $p=0.009$).

Associations between IL-6 and components of executive functioning derived from the neuropsychological tests were not significant.

Discussion: Maternal inflammation during pregnancy is associated with compromised executive functioning in daily life in middle childhood.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	10 year follow up after omission of axillary lymph node dissection in Danish breast cancer patients: A national register study.

Abstract text limited to 250 words (1800 symbols)	Introduction: In 2012, national Danish guidelines regarding breast cancer patients with micrometastases (pN1mi) or isolated tumor cells (pN0(i)) in the sentinel node (SN) were changed, resulting in axillary lymph node dissection (ALND) being omitted. Therefore, we aimed to investigate long-term follow-up to evaluate the safety of omitting ALND for patients with pN1mi and pN0(i). Methods: This national register study included all women with primary breast cancer surgery between 01.01.2008 and 31.12.2021, who had pN1mi and pN0(i) in the SN. Patient information was retrieved from the Danish breast cancer group (DBCG) database. Primary outcome was axillary recurrence (AR), and secondary outcome was overall survival (OS). OS was estimated using the Kaplan-Meier method and compared with a log-rank test. Results: 22,790 patients were included. 14.3% had pN1mi and 8.6% had pN0(i). Analyzing patients with pN1mi or pN0(i) with or without ALND, 0.2% and 1.5%, respectively, had an AR. OS after 10 years follow-up for patients with pN1mi or pN0(i) was 81.5%; 83.7% for patients with and 79.12% for patients without ALND. ($p < 0,01$). This difference was statistically significant, however when adjusting for risk factors, there was no significant difference in OS between the patients with pN1mi or pN0(i) with and without ALND ($p=0.6$). Conclusion: This large register-based nationwide study found a slightly higher rate of AR after 10 years of follow-up in breast cancer patients with micrometastases or isolated tumor cells in the SN if ALND was omitted. However, the axillary recurrence rate was low ($< 2\%$), and after adjusting for other risk factors the increased recurrence rate did not affect OS. These results confirm the safety of omitting ALND in these patients.
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Research Symposium 2023

Short electronic presentation

Basic Research

Chair: Barbara Juliane Holzknecht

No.	Name	Abstract title
1	Amalie Hundahl Johnsen	Pediatric Bone and Joint Infections succesfully treated with Low Dose, Narrow-Spectrum Antibiotics - a Retrospective Study
2	Annina Kurzay	Therapeutic potential of MerTK signaling in CD4 T cells
3	Christian Fuglesang Skjødt Jensen	Microdissection testicular sperm extraction after pediatric allogeneic hematopoietic stem cell transplantation - a case series
4	Erik Gudmann Steuble Brandt	Evaluation of Pancreatic anatomy with Photon-Counting CT
5	Ewa Anna Bartko	Application of Basophil Activation Test in Assessing Adverse Transfusion Reactions
6	Kasper Søndergaard	The validity of measures in Specific Training According to BaLance Evaluation (STABLE)
7	Marta Velasco Santiago	Exploiting cDC1 reprogramming for TIL-based adoptive cell therapy
8	Michael Douglas Crowther*	Enhancing Antitumor Immunity Through CISH and PD-1 Knockout in Tumour-Infiltrating Lymphocytes
9	Nicolai Sode Mikkelsen	Rescue of low-Yield DNA Samples For Next Generations Sequencing Using Vacuum Centrifugal Concentration in a Clinical Workflow
10	Pauline Kromann Reim	The influence of insulin-related genetic variants on fetal growth and placental weight in a prospective pregnancy cohort
11	Sara Fresnillo Saló	Exercise as combination partner for immune therapy of cancer
12	Sibile Sinkunaite	Immunoglobulin detection in healthy and peanut allergic subjects
13	Saaima Parveen	Albuminuria and subsequent cardiovascular and renal outcomes - A nationwide study of 74,014 patients with type 2 diabetes

Research Symposium 2023

Short electronic presentation

Biomarkers/Translational Research

Chair: Estrid Høgdall

No.	Name	Abstract title
1	Cecilie Ølvang Madsen	Identifying novel targets for CAR-TILs in ovarian cancer
2	Jaslin Pallikkunnath James	Short noncoding RNAs as predictive biomarkers for the development from IBD unclassified to Crohn's disease or ulcerative colitis
3	Joanna Lopacinska-Jørgensen*	Diagnostic value of targeted gene panels versus whole-exome sequencing in ovarian cancer
4	Louise Ellegaard Bechmann	Genetic variation in SLC5A2 mimicking SGLT2-inhibition and risk of cardiovascular disease and mortality
5	Maria Booth Nielsen 1/2	Adiponectin and risk of psoriasis: Observational and Mendelian randomization studies in up to 900,000 individuals
6	Maria Booth Nielsen 2/2	Adiponectin and Risk of Heart Failure, Atrial Fibrillation, Aortic Valve Stenosis, and Myocardial Infarction: Large-scale evidence
7	Marianne Lindblad Pedersen	Bone health in Children with Cerebral Palsy: Finding a way to identify children at risk of developing low bone mineral density
8	Marie Brinch-Møller Weitemeyer	Predicting sentinel node metastasis in melanoma with gene expression profiles could reduce the rate of sentinel node biopsies with >40%
9	Nina Strandkjær	The Danish Study of Sex- and Population-Specific Cutoffs of Troponin (DANSPOT)
10	Patrick Hannibal Dalsbo Petersen	Identification of stably expressed microRNAs in high-grade serous ovarian carcinomas and benign ovarian tumors
11	Rasmus Bo Hasselbalch	Age and the diagnostic and prognostic value of cardiac troponin T and I – a nationwide cohort study
12	Sidsel Christy Lindgaard	Circulating immune related proteins associated with immune checkpoint inhibitor efficacy in patients with pancreatic cancer
13	Sune Møller Skov-Jepesen*	Aryl hydrocarbon receptor repressor (AHRR) methylation: a smoking induced, independent risk marker for cardiovascular disease
14	Søren Egstrand	Measurements of oncogenes KRAS, BRAF, and EGFR in cell-free tumor DNA in the clinical setting

Research Symposium 2023

*Participates outside the competition

Research Symposium 2023

Short electronic presentation

Clinical Research 1

Chair: Jesper Johannesen

No.	Name	Abstract title
1	Amalie Akulenok Berring-Uldum	Impact and Severity of Primary Headache in Children and Adolescents
2	Anne-Mette Ragle	Safety, feasibility, and effects of exercise among patients with prostate cancer: a systematic review and meta-analysis
3	Christian Hedeager Krag	Diagnostic Test Accuracy Study of a Commercially Available Deep Learning Algorithm for Ischemic Lesion Detection on Brain MRIs
4	Christopher Bach Sørensen	Lightweight mesh causes better biomechanical response compared with heavyweight mesh in animal models: a systematic review
5	Elena Laura von Rohden	Restoration of spermatogenesis by autologous grafting of cryopreserved testis tissue from healthy men and men with NOA
6	Emil Durukan 1/3	The association between testicular microlithiasis and germ cell neoplasia in situ: A case series and a proposal for a new guideline
7	Emil Durukan 2/3	The Effect of Phosphodiesterase Type 5 Inhibitors in the Active Phase of Peyronie's Disease
8	Emil Durukan 3/3	Platelet-Rich Plasma in Andrology: A Review of the Literature
9	Gyrithe Lynghøj Pedersen	Outpatient laser destruction of bladder tumors is as good as conventional inpatient transurethral tumor resection.
10	Jakob Ohm Oreskov	The impact of FRAilty screening and Geriatric assessment and INtervention in older patients with epithelial Ovarian Cancer (FRAGINOC)
11	Kathrine Perslev	The REPAIR study: Oral antibiotics to prevent infection and wound dehiscence after obstetric perineal tear – a double-blinded placebo
12	Katrine Amdi	Healthcare professionals addressing post-stroke sexual rehabilitation – A Systematic Review.
13	Lau K. Vestergaard	Ascites – A Potential Diagnostic Surrogate for Genetic Profiling in Ovarian Cancer.
14	Line Moldt Haack & Emma Mejlvang	Nutrition Impact Symptoms and taste changes in patients undergoing hemodialysis
15	Lise Da Riis-Vestergaard	Catheter ablation in general anesthesia reduces atrial fibrillation recurrence regardless of atrial fibrillation type

Research Symposium 2023

Short electronic presentation

Clinical Research 2

Chair: Ditte Hansen

No.	Name	Abstract title
1	Cecilie Paulsrud 1/2	Validation of the newly developed Sleep Screening Questionnaire Children and Adolescents (SSQ-CA) with objective sleep measures
2	Cecilie Paulsrud 2/2	Do children and adolescents living with a chronic disease have more disturbed sleep than their healthy peers? A pilot study
3	Louise Rosengaard	Concepts of research waste: a scoping review
4	Merete Celano Wittenkamp	The effect of exercise in patients with lower limb lymphedema - A systematic review
5	Meryam El Issaoui	First clinical results of UCon neurostimulator on Dorsal Genital Nerve stimulation in patients with overactive bladder
6	Mia Kolmos	Patient-tailored Transcranial Direct Current Stimulation to Improve Stroke Rehabilitation: Study Protocol of a RCT
7	Sabina Chaudhary Hauge	The influence of bone on kidney disease progression in persons with type 1 diabetes
8	Sandra Mandrup Johansen	Telemedicine interventions to reduce overcrowding at emergency departments
9	Sebastian Borgund Hansen	Erectile dysfunction is common after rectal cancer surgery: a cohort study
10	Signe Kjeldgaard Jensen	Genetic susceptibility to high BMI increases risk of early life asthma exacerbations and respiratory infections
11	Sofie Nunez Engelsted	Accuracy of estimated versus measured resting energy expenditure in older hospitalized patients at the medical ward
12	Sophie Heinrichsen	Evaluation of anaphylactic reactions to COVID-19 Vaccines
13	Tine Juul Monberg	Treatment with Tumor Infiltrating Lymphocytes (TILs) and Oncolytic Adenovirus TILT-123 for patients with metastatic melanoma (MM)
14	Viktor Bay Moseholm	Nerve identification during open inguinal hernia repair: a systematic review and meta-analyses

Research Symposium 2023

Short electronic presentation

Epidemiology

Chair: Carsten Bogh Juhl

No.	Name	Abstract title
1	Abdullahi Ahmed Mohamed	Prevalence of iron deficiency and associated risk of mortality in patients with heart failure across the ejection fraction spectrum:
2	Anne Marie Nyholm*	Clavicle fractures does not increase the occurrence of later subacromial pain syndrome. A registry-based study of 131.838 persons
3	Benjamin Nilsson Wadström	Elevated remnant cholesterol, LDL cholesterol, and risk of peripheral artery disease: a Mendelian randomization study
4	Caroline Hartwell Garred	Age-specific mortality trends in heart failure: a 25-year perspective
5	Charlotte Näslund-Koch	Adherence to national dietary guidelines and risk of psoriasis: results from a general population study of 105,332 individuals
6	David Horner	Screen Time: The 'Digital Diet' Impacting Cardiometabolic Health in Childhood and Adolescence - Unveiling the Metabolic Signature in Two Mother-Child Cohorts
7	Heidi Shil Eddelien	QUALITY OF EARLY STROKE CARE AND LONG-TERM MORTALITY IN PATIENTS WITH STROKE – A NATIONWIDE LONG-TERM FOLLOW-UP STUDY
8	Imane Achir Alispahic	Risk of increased mortality and cardiovascular events in patients with chronic obstructive pulmonary disease treated with macrolide
9	Marte Austreim	Temporal trends in the risk of death and adverse events in heart failure patients with and without atrial fibrillation from 1997-2018
10	Mille Kyhn Andrea	Female Sex is a Predictor for Developing dMMR Colorectal Cancer through the Sessile Serrated Pathway
11	Noor Abassi	Temporal trends in 5-year risk of adverse outcomes in heart failure patients stratified according to a Hospital Frailty Risk Score
12	Regitze Hein	Effect of early cryoballoon ablation on atrial fibrillation recurrence - a Danish nationwide register study
13	Sabina Oliversen Beheshti	Plasma 25-hydroxyvitamin D and advanced age-related macular degeneration: a Mendelian randomization study of 107,793 individuals
14	Sebastian Kinnberg Nielsen	Temporal trend of first-line drug choice and treatment continuity for hypertension among citizens 75 years or over - a register-based

Research Symposium 2023

*Participates outside the competition

Research Symposium 2023

Short electronic presentation

Qualitative Research

Chair: Thordis Thomsen

No.	Name	Abstract title
1	Alexander Bjørneboe Nolsøe 2/2	Prevalence and Predicting Factors for Commonly Neglected Sexual Side Effects to Low-dose Rate Brachytherapy for Prostate Cancer
2	Anna Sophie Belling Krontoft	Self-management support for patients with atopic dermatitis: a qualitative interview study.
3	Anne Pries Olsen	Physical exercise program to older frail patients receiving chemotherapy for colorectal cancer - experiences from the GERICO study
4	Cecilie Balslev Willert	Psychometric validation of the Danish BREAST-Q reconstruction module
5	Guri Spiegelhauer	Satisfaction and perceived benefits of needs-assessment related to rehabilitation after chemotherapy in patients with breast cancer
6	Lærke Vinberg Moestrup	Women's experiences of a dehiscence perineal tear - an interview study
7	Malini Sagar	Patient flow analysis with fast-track stroke MRI in the Emergency Department
8	Marie Glad	Emergency medical service providers perspectives regarding relatives' influence on treatment in prehospital emergency medicine.
9	Marie Louise Thise Rasmussen	Exploring the practice of patient involvement in discharge decisions in the emergency department and the experience of patients.
10	Marie Møller	The elective native kidney biopsy procedure: a descriptive study of national differences in the local clinical guidelines
11	Rikke Parsberg Werge & Marie Louise Hamberg	Becoming a different person - a qualitative explorative interview study concerning everyday life with hepatic encephalopathy (HE)
12	Susanne Boel 1/2	Patient involvement in decision-making on post-operative rehabilitating approaches after a distal radius fracture
13	Susanne Boel 2/2	Factors influencing functioning following a distal radius fracture - a scoping review of 148 studies

Research Symposium 2023

Short electronic presentation

Basic Research

Chair: Barbara Juliane Holzknecht

No.	Name	Abstract title
1	Amalie Hundahl Johnsen	Pediatric Bone and Joint Infections succesfully treated with Low Dose, Narrow-Spectrum Antibiotics - a Retrospective Study
2	Annina Kurzay	Therapeutic potential of MerTK signaling in CD4 T cells
3	Christian Fuglesang Skjødt Jensen	Microdissection testicular sperm extraction after pediatric allogeneic hematopoietic stem cell transplantation - a case series
4	Erik Gudmann Steuble Brandt	Evaluation of Pancreatic anatomy with Photon-Counting CT
5	Ewa Anna Bartko	Application of Basophil Activation Test in Assessing Adverse Transfusion Reactions
6	Kasper Søndergaard	The validity of measures in Specific Training According to BaLance Evaluation (STABLE)
7	Marta Velasco Santiago	Exploiting cDC1 reprogramming for TIL-based adoptive cell therapy
8	Michael Douglas Crowther*	Enhancing Antitumor Immunity Through CISH and PD-1 Knockout in Tumour-Infiltrating Lymphocytes
9	Nicolai Sode Mikkelsen	Rescue of low-Yield DNA Samples For Next Generations Sequencing Using Vacuum Centrifugal Concentration in a Clinical Workflow
10	Pauline Kromann Reim	The influence of insulin-related genetic variants on fetal growth and placental weight in a prospective pregnancy cohort
11	Sara Fresnillo Saló	Exercise as combination partner for immune therapy of cancer
12	Sibile Sinkunaite	Immunoglobulin detection in healthy and peanut allergic subjects
13	Saaima Parveen	Albuminuria and subsequent cardiovascular and renal outcomes - A nationwide study of 74,014 patients with type 2 diabetes

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Pediatric Bone and Joint Infections succesfully treated with Low Dose, Narrow-Spectrum Antibiotics - a Retrospective Study

Abstract text limited to 250 words (1800 symbols)	Introduction: Antibiotic treatment of bone and joint infections (BJI) should sufficiently eradicate pathogens to prevent relapse and sequelae, but simultaneously be as restrictive as possible minimizing potential harm of antibiotic use. Relative to current guidelines our departments used low dose, narrow-spectrum antibiotics (NSA), thus results from this study are relevant when evaluating antibiotic treatment of pediatric BJI. Methods: Clinical and laboratory data on children aged 0-18 treated for acute hematogenous osteomyelitis or septic arthritis from 2007 to 2017 at Herlev, Gentofte or Glostrup Hospital was collected from the Danish National Patient Register. 84 children (57% males) with radiologically verified diagnoses were included. Results: Pathogens were identified in 46% of patients, none tested resistant to dicloxacillin, and most common pathogen was staphylococcus aureus. All patients were treated with intravenous antibiotics 63% with NSA, including low dose dicloxacillin (median 76 mg/kg/day). Orally 65% of patients were treated with NSA. Two patients experienced relapse and three had minor permanent sequelae. Conclusion: Microbiologically we found no need to treat our patients with broad-spectrum antibiotics. Our treatment was overall satisfying and given the advantages of NSA, we suggest clinicians to consider the use of NSA in simple cases of pediatric BJI in areas with comparable pathogen and resistance profiles.
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Name of presenter (115 symbols)	Annina Kurzay
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Therapeutic potential of MerTK signaling in CD4 T cells

Abstract text limited to 250 words (1800 symbols)	Cancer immunotherapy aims to initiate and support anti-tumour immune responses by improving the activity and priming of cytotoxic T cells. Approaches preferably target CD8 T cells as they detect intracellular antigens presented by tumour cells and readily eradicate them. Recent findings underline the importance of CD4 T cell help for sustained responses and demonstrate equal, if not superior killing capacity. MerTK, a member of the TAM receptor tyrosine kinase family (TYRO3, AXL and MERTK), has been known as an oncogenic driver and inhibitor of inflammatory responses. However, on CD8 T cells MERTK acts co-stimulatory when activated by its ligand protein S1 (ProS1). This project aims to understand and improve CD4 T cell help by investigating the ProS1-MerTK axis. We examined the expression levels of TAM receptors after stimulation of human naïve CD4 T cells. We then investigated the effect of ProS1 stimulation on cell proliferation, cytokine secretion and memory formation. Furthermore, we addressed the impact on T helper (Th1/Th2) subset polarization and started to establish naïve MerTK knockout CD4 T cells. We show that MerTK was expressed specifically on central memory T cells and to a significantly higher extend on Th1 T helper cells. Stimulation of naïve CD4 T cells with the ligand ProS1 decreased levels of Tbet, even in the presence of polarising cytokines, while leaving Gata3 levels unaffected. Ultimately, this imposes an underlying regulatory mechanism in helper subset fates. Additionally, stimulation with ProS1 increased cell proliferation into higher generations without increasing expression of common exhaustion markers.
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Name of presenter (115 symbols)	Christian Fuglesang Skjødt Jensen
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Microdissection testicular sperm extraction after pediatric allogeneic hematopoietic stem cell transplantation - a case series

Abstract text

limited to 250 words (1800 symbols)

Introduction: Allogeneic hematopoietic stem cell transplantation (HSCT) is a potentially curative treatment for children with life-threatening hematological diseases, but the procedure comprises a high risk of infertility. Microdissection testicular sperm extraction (mTESE) is a surgical procedure for men with non-obstructive azoospermia. mTESE is not routinely offered to men with azoospermia after HSCT, and the literature is limited to 15 case reports worldwide. Here we present a case series of five male survivors of pediatric allogeneic HSCT who underwent mTESE for the purpose of assisted reproduction.

Methods: Prior to mTESE, a medical history, clinical examination, semen samples, and baseline reproductive hormone levels were obtained. mTESE was conducted by systematically examining the testis tissue using an operating microscope to identify dilated seminiferous tubules that may contain spermatogenesis. Biopsies from such areas were examined microscopically for the presence of mature spermatozoa that, if found, were cryopreserved for assisted reproduction. Follow-up was conducted 3,6 and 12months after surgery with assessment of reproductive hormones.

Results: mTESE was performed without complications and led to sperm retrieval in two cases. At follow-up after mTESE, two cases had a marked drop in serum testosterone without fully returning to baseline, while 2 cases had stable hormone levels after mTESE. One case received testosterone replacement therapy immediately after mTESE.

Conclusion: Men with non-obstructive azoospermia after allogeneic HSCT in childhood, who wish to become fathers, should be offered counseling regarding mTESE for the purpose of assisted reproduction. Sterility can no longer be assumed in patients with azoospermia post-HSCT.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Radiology, X
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☒ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Evaluation of Pancreatic anatomy with Photon-Counting CT

Abstract text limited to 250 words (1800 symbols)	Introduction Photon-Counting CT (PCCT) has the advantage of increased spatial resolution. Hence, radiologists will be able to visualize previously unseen anatomical structures. We aim to investigate if normal anatomical structures not visible with current generation energy integrating CT-scanners (EID CT) becomes visible with PCCT scanners. Methods: We reviewed PCCT scans from 20 consecutive patients without pancreatic pathology, scanned in the workup of pancreatic cancer with a contrast enhanced multiphase protocol over the upper abdomen. A subspecialized radiologist assessed the visibility of the main and accessory pancreatic ducts, side ducts, hepatopancreatic ampulla, major papilla, minor papilla, smaller pancreatic arteries and veins, lymphatic confluence, regional lymph nodes, coeliac ganglia, and coeliac plexus. Results: Both the main and accessory duct was visible in 20 / 20 patients. More than ten side-ducts were visible in 18 / 20 patients. The average diameter of the visible side-ducts was 0,5mm. Both the major and minor papillae were visible in 20 / 20 cases. Four arteries to the pancreaticoduodenal arcade were visible in 20 / 20 patients. Lymph nodes in all regional pancreatic lymph node stations were visible in 18 / 20 patients. The lymphatic confluence was visible in 20/20 patients. The coeliac ganglion and plexus was visible in 20 / 20 patients. Conclusion: In PCCT scans of the pancreas, previously unseen is consistently visible in patients without pancreatic pathology. This has important implications for the evaluation of pancreatic disease and the differentiation of pathology from normal anatomy.
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Name of presenter (115 symbols)	Ewa Anna Bartko
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Department of main author/ presenter, no name of the author (330 symbols)	Allergy Clinic, Herlev and Gentofte Hospital, University of Copenhagen, Denmark
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Application of Basophil Activation Test in Assessing Adverse Transfusion Reactions

Abstract text

limited to 250 words (1800 symbols)

Screening blood portions for agents inducing anaphylactic transfusion reactions (ANTR) is not routinely conducted during blood donations. In this study, we investigated the application of the basophil activation test (BAT) in assessing and characterizing ANTR-inducing agents.

Whole blood healthy individual basophils were activated (medium, 1µg/mL anti-IgE, fMLP, healthy control and blood donors - BD1, BD2 - sera), stained and analyzed using flow cytometry (BAT). An increase in the count of degranulated basophils indicated a positive response. Archival BD1 serum samples were tested with BAT and matched with clinical reactions. IgG was purified with a protein G column. A mast cell line (IgE-receptor+ LAD2 cells), immunoprecipitation (IP), and mass spectrometry (MS) were used to investigate a target for IgG.

BD1 and BD2, but not healthy sera degranulated healthy individual basophils in a dose-dependent manner. The result of BAT with BD1 archival samples matched the clinical reactions. Here, the sera from blood portions causing mild to severe reactions (urticaria, severe hypotension) induced basophil degranulation. The IgG fractions induced comparable degranulation from healthy individual basophils as the crude sera. In contrast, the IgG-depleted fractions showed no effect on basophils, indicating an IgG as an agent degranulating basophils. The one-hour preincubation of BD1 serum with LAD2 cells reduced the degranulating effect of serum, implying the IgE-receptor as an IgG target. Indeed, the IgE-receptor was highly recognized by the BD1 IgG fraction, in contrast to healthy individual IgG in the IP and MS analysis.

BAT shows potential in assessing and characterizing blood portions inducing ANTR.

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Department of main author/ presenter, no name of the author (330 symbols)	Dept. of physiotherapy and occupational therapy
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	The validity of measures in Specific Training According to BaLance Evaluation (STABLE)

Abstract text limited to 250 words (1800 symbols)	Background: Falls are the leading cause of injury and premature death among older adults. Specific Training According to BaLance Evaluation (STABLE) is a novel approach to balance rehabilitation that composes of six clinical measures applied in a patient-specific balance profile. To apply STABLE in a clinical context, the validity of these measures is essential. Materials and methods: The construct validity was evaluated in 103 older adults with balance impairment by testing specific hypothesis regarding the measure's relationship with reference measures of the balance domains that the measures purports to measure. Results: Hypothesis regarding correlations with key reference measures were confirmed for five of the measures. The correlations with bodily impairments were higher than hypothesized in all but one measure. The correlations with generic measures of balance were as hypothesized for all measures. The correlations with impaired activities and falls related to the construct that each measure purports to measure were lower than hypothesized for all measures and the correlations between the measures were higher than hypothesized. Conclusion: Five of the six measures can validly be applied in the balance profile to measure balance disability and to guide rehabilitation.
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Department of main author/ presenter, no name of the author (330 symbols)	National Center for Cancer Immune Therapy (CCIT-DK), Oncology department, Herlev Hospital
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Exploiting cDC1 reprogramming for TIL-based adoptive cell therapy

Abstract text

limited to 250 words (1800 symbols)

Background: Adoptive cell therapy (ACT) with autologous tumor infiltrating lymphocytes (TILs) has achieved durable responses in patients with metastatic melanoma. Response to treatment is often mediated by activation of T cells targeting tumor (neo-)antigens. Neo-antigen specificity abundance in the TIL infusion product correlates with survival, hence we hypothesize that augmenting the antigen presentation ability of the tumor cells can improve the expansion of autologous tumor-antigen specific TILs for ACT.

Methods: Primary melanoma cells from eight patients were reprogrammed into conventional dendritic cells type 1 (cDC1)-like cells through transduction with lentivirus constitutively expressing PIB. Reprogrammed cells were profiled to characterize reprogramming efficiency, phenotype, and functional properties including cytokine secretion and the capacity to prime T cells.

Results: PIB-transduced melanoma cells acquire a cDC1-phenotype and upregulate antigen-presenting machinery and co-stimulatory molecules within 9 days of culture. Functionally, reprogrammed cells secrete the cDC1-specific cytokines IL12p70 and IL-29 and acquire the ability to present and cross-present exogenous antigens to HLA-matched CD8+ T cells. Co-culture of reprogrammed cells with autologous TILs promoted TIL activation characterized by increased reactivity and cytotoxic activity, and upregulation of TIM-3, LAG-3, PD-1 and BTLA compared to non-modified tumor cells.

Conclusion: We demonstrated that melanoma tumor cells can be efficiently reprogrammed into cDC1-like cells with increased stimulatory capacity of autologous TILs, paving the way for a cDC1 reprogramming-based platform for enrichment of tumor-antigen specific TIL product to improve clinical outcome of TIL-based ACT.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Enhancing Antitumor Immunity Through CISH and PD-1 Knockout in Tumour-Infiltrating Lymphocytes

Abstract text

limited to 250 words (1800 symbols)

Tumour-infiltrating lymphocytes (TILs) are crucial in the cancer immune response. However, the suppressive nature of the tumour microenvironment often leads to TIL dysfunction, limiting their ability to mount an effective antitumour immune response. Genetic engineering techniques have recently emerged as a promising strategy to enhance TIL function and improve their efficacy in cancer immunotherapy.

This study investigates the impact of double knockout (DKO) of CISH (Cytokine-Inducible SH2-containing protein) and PD-1 (Programmed Cell Death Protein 1) on TILs and their antitumour activity. CISH is a negative regulator of cytokine signalling, while PD-1 is a key immune checkpoint molecule. We hypothesized that simultaneous knockout of CISH and PD-1 would potentiate the effector functions of TILs and improve their ability to target and eliminate tumour cells.

To test this hypothesis, we employed CRISPR/Cas9-mediated gene editing to create DKO TILs from previously treated TIL patients. DKO TILs were characterized for their phenotype, cytokine production, and metabolism. Our results demonstrate that DKO of CISH and PD-1 in TILs does not appear to be toxic to the TILs, while enhancing their effector functions. DKO TILs exhibited increased production of proinflammatory cytokines and improved metabolic fitness compared to wild-type TILs or single KO TILs.

This study provides evidence that simultaneous knockout of CISH and PD-1 in TILs represents a promising approach to augment their antitumor activity. Future research will include evaluating the effect on in vitro tumour killing, with aim to translating results into a therapeutic improvement to TILs in a clinical setting.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Rescue of low-Yield DNA Samples For Next Generations Sequencing Using Vacuum Centrifugal Concentration in a Clinical Workflow

Abstract text

limited to 250 words (1800 symbols)

The implementation of next-generation sequencing (NGS) in clinical oncology has enabled the analysis of multiple cancer-associated genes for diagnostics and treatment purposes. The detection of pathogenic and likely pathogenic mutations is crucial to manage the disease. Obtaining the mutational profile may be challenging in samples with low yields of DNA - reflected by the type of biological material, such as formalin-fixed paraffin-embedded tissue (FFPE), needle biopsies, and circulating free/tumor DNA, as well as a sparse tumor content. Moreover, standardized strict procedures for the extraction of DNA in a clinical setting might contribute to lower amounts of DNA per μL . The detection of variants in low-yield DNA samples remains a challenge in clinical diagnostics, where molecular analyses such as NGS are needed. Here, we performed vacuum centrifugation on DNA extracted from five FFPE tissue blocks, with concentrations below $0.2 \text{ ng}/\mu\text{L}$. Through NGS analysis, we found that low-yield DNA samples could be concentrated to sufficient levels, without compromising the mutational profile.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	The influence of insulin-related genetic variants on fetal growth and placental weight in a prospective pregnancy cohort

Abstract text

limited to 250 words (1800 symbols)

Introduction: Low birth weight (LBW) is associated with a higher risk of type 2 diabetes (T2D) in adulthood. The fetal insulin hypothesis proposes that LBW and T2D in adulthood may be two phenotypes of the same genotype. In this study we aimed to test the effects of previously identified genetic variants related to insulin release and sensitivity on fetal growth from week 20 of gestation to birth and on placental weight at birth.

Methods: We calculated genetic risk scores (GRS) of first phase insulin release, fasting insulin, combined insulin resistance and dyslipidaemia, and insulin sensitivity in a cohort of 665 genotyped newborns. A GRS is the weighted sum of an individual's genetic variants related to a complex trait or disease. Ultrasound measurements with estimation of fetal weight were carried out at week 20, 25, and 32 of gestation in all 665 pregnancies. Birthweight and placental weight were registered at birth. Associations between the GRSs and fetal growth and placental weight were investigated using linear mixed models.

Results: The first phase insulin release GRS was associated with increased fetal growth from week 20 to birth. Both fasting insulin and insulin resistance GRSs were associated with decreased placental weight at birth, whereas the insulin sensitivity GRS was associated with increased placental weight at birth.

Conclusion: Our findings indicate that genetic variants related to insulin release and sensitivity play an important role in the association between fetal growth and T2D – primarily affecting fetal growth via the placenta.

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Department of main author/ presenter, no name of the author (330 symbols)	Oncology Department, Center for Cancer Immune Therapy
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Exercise as combination partner for immune therapy of cancer

Abstract text limited to 250 words (1800 symbols)	It is widely recognized that exercise reduces risk of cancer and disease recurrence. Yet the mechanisms behind these benefits remain to be elucidated. We previously showed that voluntary wheel running in tumor-bearing mice, reduced over a 60% tumor incidence and growth across different tumor models. Moreover, we showed that the effect was mediated via exercise associated increase in epinephrine serum levels in turn leading to immune cell mobilization and increased immune cell infiltration into the tumors. Thus, exercise may represent a simple mean to improve immune mediated tumor cell killing and therefore in broader terms, immunotherapy. This project aims to study immune infiltration upon exercise using three different murine cancer models that haven't been studied before in this context: a chemically induced model, a spontaneous melanoma model and a transplantable cancer model. Moreover, we will explore the combinatory effect of exercise and checkpoint inhibitors (CPI). In conclusion, using these clinically relevant models and detailed immune monitoring, we aim to generate data that can be translated into future human studies of exercise, and also allow us to characterize predictive markers for response to therapy, that similarly can prepare the platform for studies in cancer patients.
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Abstract title (135 symbols)	Immunoglobulin detection in healthy and peanut allergic subjects

Abstract text

limited to 250 words (1800 symbols)

Allergic reactions such as food allergy results from allergen-specific IgE mediated activation of effector cells. The balance between allergen-specific IgE and other immunoglobulins (IMs), such as IgG4, might be disrupted in allergic individuals. Thus, in this study, we investigated a profile of allergen-specific IgE, IgG, IgG1, IgG4, IgA, and IgM in peanut-allergic patients compared to healthy.

Allergen-specific IMs were measured in serum or plasma samples from 8 healthy and 10 peanut-allergic subjects with ImmunoCAP Phadia 200. Eight proteins (allergens) were investigated: porcine and shrimp tropomyosins, peanut major allergen Arah2, pea albumin, peach Prup3, strawberry Fraa3, and cod and bovine collagens.

As suspected, Arah2 specific (s)IgE was increased in all peanut-allergic subjects compared to healthy. We did not detect sIgE toward other proteins in allergic and healthy subjects. Allergen-specific IgG, IgG1, and IgA were detected for all proteins in all participants, with significantly higher concentrations (except for Fraa3 for sIgG1) were found in allergic subjects vs. healthy. Interestingly, an increased level of Arah2 and pea albumin sIgG4 was detected only in the allergic subjects. Since pea albumin is Arah2 homolog, this indicates IgG4 cross-reactivity. Additionally, sIgG4 to shrimp, Prup3 and Fraa3 were measured in some allergic patients, indicating an overall higher level of specific IgG4 in allergic individuals, even for foods they can tolerate. The tendency of higher sIgM to all proteins was measured in the allergic group vs. healthy.

We detected all investigated specific immunoglobulins and showed higher concentration trend in peanut-allergic individuals compared to healthy.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Albuminuria and subsequent cardiovascular and renal outcomes - A nationwide study of 74,014 patients with type 2 diabetes

Abstract text

limited to 250 words (1800 symbols)

Introduction: Albuminuria is associated with increased cardiorenal morbidity and mortality in type 2 diabetes (T2D), but recent studies have shown that subclinical renovascular injury is present already within the normoalbuminuric condition. The aim of this study was to investigate the prevalence of patients with T2D with and without albuminuria and the subsequent risk of cardiorenal outcomes.

Methods: Using the Danish nationwide registers, we identified patients ≥ 18 years with T2D at index 1st January 2015 with a urinary albumin-to-creatinine ratio (UACR) and a creatinine level within 365 days prior to the index. Patients were separated into: Albuminuria (UACR ≥ 30 mg/g) and no-albuminuria (UACR < 30 mg/g). Outcomes were analyzed as time-to-event as a composite cardiovascular outcome (CV) of heart failure, myocardial infarction, stroke, or all-cause death, and a secondary composite renal outcome of end-stage renal disease or a sustained decrease in the estimated glomerular filtration rate $\geq 50\%$. Absolute risks were calculated by the Aalen-Johansen estimator.

Results: 74,014 patients were included, of whom 40% had albuminuria and 60% had no-albuminuria. The group with albuminuria was characterized by older age (median 68.7 vs. 66.8 years) and a higher proportion of males (62.6% vs. 50.5%). The absolute 4-year risk of the composite CV outcome in patients with albuminuria and no-albuminuria was 28.6% (95% confidence interval: 28.1-29.1) vs. 18.7% (18.4-19.1). The absolute 4-year risk of the composite renal outcome was 8.7% (8.4-9.0) vs. 2.9% (2.8-3.1) for patients with and without albuminuria, respectively.

Conclusions: In current clinical practice, individuals without albuminuria have a high residual risk of renal and cardiovascular disease, warranting increased focus.

Research Symposium 2023

Short electronic presentation

Biomarkers/Translational Research

Chair: Estrid Høgdall

No.	Name	Abstract title
1	Cecilie Ølvang Madsen	Identifying novel targets for CAR-TILs in ovarian cancer
2	Jaslin Pallikkunnath James	Short noncoding RNAs as predictive biomarkers for the development from IBD unclassified to Crohn's disease or ulcerative colitis
3	Joanna Lopacinska- Jørgensen*	Diagnostic value of targeted gene panels versus whole-exome sequencing in ovarian cancer
4	Louise Ellegaard Bechmann	Genetic variation in SLC5A2 mimicking SGLT2-inhibition and risk of cardiovascular disease and mortality
5	Maria Booth Nielsen 1/2	Adiponectin and risk of psoriasis: Observational and Mendelian randomization studies in up to 900,000 individuals
6	Maria Booth Nielsen 2/2	Adiponectin and Risk of Heart Failure, Atrial Fibrillation, Aortic Valve Stenosis, and Myocardial Infarction: Large-scale evidence
7	Marianne Lindblad Pedersen	Bone health in Children with Cerebral Palsy: Finding a way to identify children at risk of developing low bone mineral density
8	Marie Brinch-Møller Weitemeyer	Predicting sentinel node metastasis in melanoma with gene expression profiles could reduce the rate of sentinel node biopsies with >40%
9	Nina Strandkjær	The Danish Study of Sex- and Population-Specific Cutoffs of Troponin (DANSPOT)
10	Patrick Hannibal Dalsbo Petersen	Identification of stably expressed microRNAs in high-grade serous ovarian carcinomas and benign ovarian tumors
11	Rasmus Bo Hasselbalch	Age and the diagnostic and prognostic value of cardiac troponin T and I – a nationwide cohort study
12	Sidsel Christy Lindgaard	Circulating immune related proteins associated with immune checkpoint inhibitor efficacy in patients with pancreatic cancer
13	Sune Møller Skov- Jeppesen*	Aryl hydrocarbon receptor repressor (AHRR) methylation: a smoking induced, independent risk marker for cardiovascular disease
14	Søren Egstrand	Measurements of oncogenes KRAS, BRAF, and EGFR in cell-free tumor DNA in the clinical setting

Research Symposium 2023

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Department of main author/ presenter, no name of the author (330 symbols)	National Center of Cancer Immune Therapy (CCIT-DK), Department of Oncology, Herlev Hospital
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Identifying novel targets for CAR-TILs in ovarian cancer

Abstract text

limited to 250 words (1800 symbols)

Introduction:

Autologous chimeric antigen receptor (CAR) T cell therapies have demonstrated remarkable efficacy in multiple hematological malignancies. CAR-T cells demonstrates high specificity and can be engineered for multiple targets. Yet, their performance in solid tumors remains limited due to challenges in tumor infiltration. Conversely, adoptive cell therapy using ex vivo expanded tumor-infiltrating lymphocytes (TILs) has shown impressive results in some solid cancer types like melanoma, predominantly owing to their natural ability to infiltrate and target tumors. Hence, our research aims to equip TILs with CARs, creating CAR-TILs, with greater anti-tumor potential by merging the robust infiltration attributes of TILs with the enhanced specificity of CARs. Our focus with CAR-TILs will be targeting overexpressed tumor-associated antigens in ovarian cancer.

Methods:

TILs and cancer cell lines are isolated from patient biopsies and expanded ex vivo. TILs will undergo lentiviral transduction and express CARs targeting either HER-2, Mesothelin, or MUC16. Our analysis will focus on determining the reactivity, cytotoxic potential, and migratory ability of the CAR-TILs.

Results:

Lentiviral particles encoding HER-2-specific CARs were generated through transfection of HEK293T cells. T cells were subsequently transduced with HER-2-specific CARs with a transduction efficacy of approximately 15%. CAR-positive T cells were able to recognize cancer cells expressing the target, leading to an increased production of TNF- α and IFN- γ .

Conclusion:

Preliminary results indicate successful transduction and promising reactivity of CAR-TILs towards target cells. Thus, CAR-TILs present a novel avenue for enhancing treatment outcomes for ovarian cancer patients.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Pathology, Herlev hospital
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Short noncoding RNAs as predictive biomarkers for the development from IBD unclassified to Crohn's disease or ulcerative colitis

Abstract text limited to 250 words (1800 symbols)	Numerous pathogenic processes are mediated by short noncoding RNAs (SncRNA). Twenty percent of inflammatory bowel disease (IBD) patients are labelled as IBD unclassified (IBDU) at disease onset. Most IBDU patients are reclassified as Crohn's disease (CD) or ulcerative colitis (UC) within few years. Since the therapeutic methods for CD and UC differ, biomarkers that can forecast the categorization of IBDU into CD or UC are highly desired. Here, we investigated whether short ncRNAs can predict CD or UC among IBDU patients. Of 35 IBDU patients initially diagnosed with IBDU, 12, 15, and eight were reclassified into CD(IBDU-CD), UC(IBDU-UC), or remained as IBDU(IBDU-IBDU) respectively. Eight IBD patients, were included as references. Short ncRNA profiling on RNA from mucosal biopsies were performed using Affymetrix miRNA 4.0 array. Selected probe sets were validated using RT-qPCR. Among all patients and only adults, 306 and 499 probe sets respectively were differentially expressed between IBDU-CD and IBDU-UC. Six of the probe sets were evaluated by RT-qPCR, of which miR-182-5p, miR-451a and ENSG00000239080 (snoU13) together with age and sex resulted in an AUC of 78.6% (95 % CI: 60 - 97) in discriminating IBDU-CD from IBDU-UC. Based on the three-short ncRNAs profile it is possible to predict if IBDU patients within 3 years will be reclassified as CD or UC. We showed that the expression profile of IBDU patients differ from that of definite CD or UC, suggesting that a subgroup of IBDU patients may compose a third unique IBD subtype.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Diagnostic value of targeted gene panels versus whole-exome sequencing in ovarian cancer

Abstract text limited to 250 words (1800 symbols)	Introduction: Next-generation sequencing (NGS) has been implemented in clinical oncology as a personalized medicine tool to identify targetable genetic alterations and to guide treatment decisions. However, the optimal NGS test strategy and target genes for clinical use are still being discussed. The aim was to compare the performance of the OncoPrint™ Comprehensive Assay v3 (OCAv3) (targeted gene panel) and whole-exome sequencing (WES) to investigate somatic single and multiple nucleotide variants and small indels in ovarian cancer patients. Methods: Genomic DNA was isolated from fresh frozen samples of five high-grade serous (HGSC) and three clear cell ovarian (oCCC) cancer patients. Exome sequencing libraries were prepared by using the Ion AmpliSeq Exome RDY kit, whereas libraries for OCAv3 were prepared using by Ion AmpliSeq™ Library Kit Plus. Sequencing was performed using the Ion S5XL System (Thermo Fisher Scientific). Results: When comparing overlapping regions covered both by the OCAv3 assay and WES, 23 variants (pathogenic, likely pathogenic, or variants of uncertain significance) were detected by both the OCAv3 and WES assay. However, OCAv3 detected additionally two variants: ARID1A: p.Gln563Ter and TP53: p.Ser261ValfsTer84 that have not passed WES filtering criteria due to low coverage. Conclusion: Our study emphasizes that WES, although offering the potential to identify novel findings in genes not covered by OCAv3, might overlook pathogenic variants relevant for potential choice of treatment strategies for OC. Therefore, the choice of NGS strategy should reflect the time in patient history in diagnostic setting.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Genetic variation in SLC5A2 mimicking SGLT2-inhibition and risk of cardiovascular disease and mortality

Abstract text

limited to 250 words (1800 symbols)

Introduction: Treatment with sodium-glucose co-transporter 2(SGLT2)-inhibitors reduces risk of cardiovascular disease and mortality, but the mechanism is unclear. We hypothesized that a functional genetic variant in SLC5A2, associated with familial renal glucosuria, would mimic SGLT2-inhibitors, and provide an opportunity to examine potential mediators of the effects on cardiovascular disease and mortality.

Methods: We examined 112,712 individuals from the Copenhagen City Heart Study and Copenhagen General Population Study (CCHS+CGPS), 488,687 from the UK Biobank, and 342,499 from FinnGen, genotyped for the SLC5A2 rs61742739 variant. First, we examined risk of cardiovascular disease and mortality; second, whether carrying the variant was associated with potential mediators of the effects; and third, whether potential mediators could explain the reduced risk of cardiovascular disease and mortality.

Results: In the CCHS+CGPS, carriers vs. non-carriers had 31% lower risk of heart failure, 21% lower risk of myocardial infarction, 16% lower risk of ischemic heart disease, and 22% lower risk of all-cause mortality. Corresponding values in meta-analyses of the three studies were lower risk by 10%, 6%, 6%, and 9%, respectively. Of the lower risks in CCHS+CGPS, lower plasma glucose mediated 2.0%(P=0.004) on heart failure, 3.1%(P=0.09) on myocardial infarction, 4.1% (P=0.02) on ischemic heart disease, and 6.0%(P=0.39) on all-cause mortality; corresponding values in the UK Biobank were 2.9%(P=0.70), 1.5%(P=0.77), 4.1% (P=0.23), and 3.1%(P=0.21), respectively.

Conclusion: A genetic variant in SLC5A2, mimicking SGLT2-inhibition, was associated with lower risk of cardiovascular disease and all-cause mortality. These effects were at most minimally mediated through lower plasma glucose.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Adiponectin and risk of psoriasis: Observational and Mendelian randomization studies in up to 900,000 individuals

Abstract text

limited to 250 words (1800 symbols)

Introduction: Psoriasis is a common chronic inflammatory skin disorder often associated with obesity. Adiponectin is an anti-inflammatory protein-hormone produced in adipose tissue that may be a link between obesity and psoriasis. Objectives: We hypothesised that low plasma adiponectin is associated with an increased risk of psoriasis in observational and causal genetic studies.

Methods: In observational analyses, we used information on plasma adiponectin measurements and psoriasis in 30,045 individuals from the Copenhagen General Population Study. In genetic one-sample Mendelian randomization analyses, we used genetic information on adiponectin and psoriasis in 107,308 individuals from the Copenhagen General Population Study. In genetic two-sample Mendelian randomization analyses, we used genetic information on adiponectin from the ADIPOGen consortium and genetic information on psoriasis in 373,338 individuals from the FinnGen study and 462,933 from the UK Biobank.

Results: In observational analyses, a one-unit log-transformed higher plasma adiponectin was associated with hazard ratios for psoriasis of 0.67(95% CI: 0.48–0.94) in age and sex adjusted and 0.95(0.66–1.35) in multivariable adjusted model including obesity measures using Cox proportional hazard regression. In genetic analyses, a one-unit log-transformed higher plasma adiponectin was associated with causal risk ratios for psoriasis of 1.33(0.77–2.32) in the Copenhagen General Population Study, 0.96(0.81–1.14) in FinnGen study, and 1.00(1.00–1.01) in the UK Biobank using inverse variance weighted analyses.

Conclusion: Low plasma adiponectin is associated with an increased risk of psoriasis; however, this was not the case after adjustment for obesity measures or in causal genetic analyses.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Adiponectin and Risk of Heart Failure, Atrial Fibrillation, Aortic Valve Stenosis, and Myocardial Infarction: Large-scale evidence

Abstract text

limited to 250 words (1800 symbols)

Introduction:Adiponectin may play an important protective role in heart failure and associated cardiovascular diseases. We hypothesized that plasma adiponectin is associated observationally and causally, genetically with risk of heart failure, atrial fibrillation, aortic valve stenosis, and myocardial infarction.

Methods:In the Copenhagen General Population Study, we examined 30,045 individuals with plasma adiponectin measurements observationally and 96,903 individuals genetically in one-sample Mendelian randomization analyses. In the HERMES, UK Biobank, The Nord-Trøndelag Health Study(HUNT), deCODE, the Michigan Genomics Initiative(MGI), DiscovEHR, and the AFGen consortia, we performed two-sample Mendelian randomization analyses in up to 1,030,836 individuals.

Results:In observational analyses modelled linearly, a 1 unit log-transformed higher plasma adiponectin was associated with a hazard ratio of 1.51(95% CI:1.37–1.66) for heart failure, 1.63(1.50–1.78) for atrial fibrillation, 1.21(1.03–1.41) for aortic valve stenosis, and 1.03(0.93–1.14) for myocardial infarction; levels above the median were also associated with increased risk of myocardial infarction. Corresponding genetic, causal risk ratios were 0.92(0.65–1.29), 0.87(0.68–1.12), 1.55(0.87–2.76), and 0.93(0.67–1.30) in one-sample Mendelian randomization analyses; corresponding causal risk ratios were 0.99(0.89–1.09), 1.00(0.92–1.08), 1.01(0.79–1.28), and 0.99(0.86–1.13) in two-sample Mendelian randomization analyses, respectively.

Conclusion:Observationally, elevated plasma adiponectin was associated with increased risk of heart failure, atrial fibrillation, aortic valve stenosis, and myocardial infarction. However, genetic evidence did not support causality for these associations.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Pediatrics
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Bone health in Children with Cerebral Palsy: Finding a way to identify children at risk of developing low bone mineral density

Abstract text limited to 250 words (1800 symbols)	Background and aim: Children with cerebral palsy (CP) have an increased risk of bone fragility, low bone mineral density (BMD) and low trauma fractures leading to lower quality of life. This study aims to determine the prevalence of low BMD in children with CP across the gross motor function scale (GMFCS) I-V, identify possible risk factors of low BMD and develop a “risk score” for clinical use. Material and methods: A cross-sectional study of 88 children and adolescents at Herlev Hospital, Department of Pediatrics. BMD was evaluated by Dual-energy X-ray absorptiometry scan (DXA-scan). Further assessment included bone age, Bone Health Index, anthropometrics, full body examination including tanner stage and blood test for biochemical and specific bone markers. Results This study interestingly demonstrated that children with CP have decreased BMD across all levels of gross motor function. Participants with GMFCS I-II had a BMD z-score of -0.01 and participants with GMFCS III-V had BMD z-score of -1.03 ($p=0.002$). Further we found BMD to be associated with level of physical activity ($p=0.003$), vitamin D level ($P=0.005$) and tube feeding ($P<0.001$). With these results we develop a risk score profile for clinical use. Conclusion (and perspectives): This study shows that low BMD is present in children with CP even in children with slightly decreased physical mobility and highlights the importance of preventing secondary osteoporosis in a longer term among children with impaired mobility even if the children have walking ability and highlights the importance of prevention and early recognition among these children.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Predicting sentinel node metastasis in melanoma with gene expression profiles could reduce the rate of sentinel node biopsies with >40%

Abstract text

limited to 250 words (1800 symbols)

Introduction: Sentinel node biopsy (SNB) is used to stage and guide management of melanoma. Proper selection for SNB is challenging; approx. 80% of SNBs are negative, with even higher negative rates when looking only at thin melanoma (T1) which account for the vast majority. The Merlin test was developed to identify low-risk melanoma patients who may safely forgo SNB. The test combines tumor thickness and patient age with the expression of eight genes to classify patients as high or low-risk for nodal metastasis. This study presents data from an independent validation of the Merlin test in a multicentre Danish cohort.

Method: Archived primary cutaneous melanoma tissue from 536 T1-T3 melanoma patients was analyzed with the Merlin test. The patients had undergone SNB between 2010 and 2015 at either of two university clinics in Denmark. The Merlin result was compared with the SNB result.

Results: Median age at diagnosis was 58 years (IQR 44-70) and median tumor thickness was 1.3 mm (IQR 1.0-1.8). The distribution of T1, T2 and T3 melanoma was 32.8%, 46.8% and 20.3%, respectively. The SNB positive rate was 18.1%. The Merlin test identified 219 (40.9%) patients as having low risk for nodal metastasis with a negative predictive value (NPV) of 91.3%. In the T1 subgroup (n=176) the low-risk rate was 72.7% with a NPV of 94.5%.

Conclusion: The Merlin test identifies most patients at low risk for having SN metastasis, particularly among T1 melanoma. The results indicates a potentially very large reduction in SNBs if low-risk test results are used to deselect the procedure.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	The Danish Study of Sex- and Population-Specific Cutoffs of Troponin (DANSPOT)

Abstract text limited to 250 words (1800 symbols)	Background Sex-uniform 99th percentiles of cardiac troponins (cTn) - determined from measurements in healthy reference populations - is used at Danish hospitals as a diagnostic cutoff for acute myocardial infarction (MI) for both men and women. Reportedly, healthy men have twofold the cTn level compared to healthy women, suggesting that the use of sex-uniform 99th percentiles may lead to a systematic underdiagnosis of acute MI in women and potentially an overdiagnosis in men. Aim To evaluate the clinical effect on diagnosis, treatment and outcomes in men and women presenting with acute MI of implementing guidelines recommended sex-specific 99th percentiles of cTn into clinical practice. Methods First, sex-specific 99th percentiles of cTn were determined using blood samples from a healthy Danish reference population, analyzed at five different cTn assays. Second, the DANSPOT study is a nationwide cluster-randomized trial with "stepped-wedge" design with 22 participating centers. Introduction of the novel sex-specific 99th percentiles started on April 1st, 2022, followed by inclusion of a new center monthly. Patients are followed up in Danish registries for 12 months after index admission. The primary endpoint is a composite of MI, unplanned revascularization, and all-cause mortality within 12 months from index admission, and is calculated for women and men separately. Perspective The clinical significance of sex-specific 99th percentiles of cTn is poorly known. We expect to detect more women with acute MI, improving diagnosis and treatment of women. Also, we expect to detect fewer men, reducing unnecessary assessments and treatment among men.
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Department of main author/ presenter, no name of the author (330 symbols)	
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Identification of stably expressed microRNAs in high-grade serous ovarian carcinomas and benign ovarian tumors

Abstract text

limited to 250 words (1800 symbols)

Introduction: Ovarian cancer is a lethal gynecological cancer and no reliable minimally invasive early diagnosis tools exist. High grade serous ovarian carcinoma (HGSC) is often diagnosed at advanced stages, resulting in poorer outcome than those diagnosed in early stage. Circulating microRNAs have been investigated for their biomarker potential. However, due to lack of standardization methods for microRNA detection, there is no consensus, which microRNAs should be used as stable endogenous controls. We aimed to identify microRNAs that are stably expressed in plasma of HGSC and benign ovarian tumor patients.

Materials: We isolated RNA from plasma samples of 60 HGSC and 48 benign patients. RT-qPCR was accomplished with a custom panel covering 40 microRNAs and 8 controls. Stability analysis was performed using five algorithms: Normfinder, geNorm, Delta-Ct, BestKeeper and RefFinder using an R-package; RefSeeker developed by our study group.

Results: Among 41 analyzed RNAs, 13 were present in all samples and eligible for stability analysis. Differences between stability rankings were observed across algorithms. In HGSC samples, hsa-miR-126-3p and hsa-miR-23a-3p were identified as the two most stable miRNAs. In benign samples, hsa-miR-191-5p and hsa-miR-27a-3p were most stable. In the combined HGSC and benign group, hsa-miR-23a-3p and hsa-miR-27a-3p were identified by both the RefFinder and Normfinder analysis as the most stable miRNAs.

Conclusions: Our study demonstrates that the choice of endogenous microRNAs used for normalization depends on the histological content of the cohort and algorithms used for stability analysis. Therefore, consensus regarding normalization approaches in microRNA studies is needed to find new microRNA-based biomarkers in HGSC.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Emergency Medicine
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Age and the diagnostic and prognostic value of cardiac troponin T and I – a nationwide cohort study

Abstract text limited to 250 words (1800 symbols)	Introduction The association between age and concentration of cardiac troponin is unclear and seems to vary between cardiac troponin T (cTnT) and cardiac troponin I (cTnI). We investigated the impact of age on the diagnostic and prognostic ability of cTnT and cTnI. Methods This was a nationwide cohort study of Danish patients with at least one measurement of cTn in the period from 2009 to June 2022. We used the peak cTn concentration during admission both dichotomized as positive/negative and normalized for the 99th percentile. We used receiver operating characteristics for myocardial infarction (MI) and logistic regression to estimate the odds ratio (OR) of mortality at 1 year. Results We included 2,376,274 measurements from 541,817 patients; median age 66 (IQR 51-77) and 256,545 (47%) female. Of these 40,359 (7.4%) had an MI and 117,936 (21.8%) patients died during follow-up. The predictive ability of both cTns were highest for patients 30-50 years. This was most pronounced for cTnT which fell from specificity of 83% among patients 40-50 to 4% for patients >90 years. cTnT had a higher predictive ability of 1-year mortality for all age-groups. The OR of a positive cTnT was 28.3 (95% CI 20.0-41.0) for a positive cTnT among patients <30 years which fell to OR 5-7 for patients >50 years. Conclusion The predictive and prognostic ability of both cTnT and cTnI declined with age. cTnT had a low specificity for MI for elderly patients. However, cTnT was the strongest prognostic marker among all age groups.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Circulating immune related proteins associated with immune checkpoint inhibitor efficacy in patients with pancreatic cancer

Abstract text

limited to 250 words (1800 symbols)

Background and purpose: Most patients with pancreatic ductal carcinoma (PDAC) do not benefit from immunotherapy. However, the phase II study CheckPAC (NCT02866383) showed a clinical benefit rate of 37.2% for patients with PDAC treated with nivolumab+ipilimumab+stereotactic body radiation therapy (SBRT). Studies were initiated to characterize the patients who benefited. Here, we evaluate the association between treatment outcome and 92 circulating immuno-oncology related proteins.

Methods: The study included 78 patients with PDAC treated with nivolumab ± ipilimumab combined with SBRT in the CheckPAC trial. Proteins were measured in serum samples collected at baseline and on treatment using the Olink immuno-oncology panel (Olink Proteomics, Uppsala, Sweden).

Results: High level of fas ligand (FASLG) and galectin 1 (Gal-1) and low C-C motif chemokine (CCL) 4 were associated with clinical benefit. High FASLG and Gal-1 were associated with longer progression-free survival in univariate analysis. In the multivariate Cox regression analysis, the association was significant for Gal-1 ($p > 0.001$) and borderline significant for FASLG ($p = 0.06$). A focused unsupervised hierarchical clustering analysis, including T-cell activation and immune checkpoint related proteins, identified clusters of patients with higher clinical benefit rate and higher tumor expression of leukocyte or T-cell markers (CD3, CD45 or granzyme B). The protein levels increased significantly for 36 proteins during treatment. Checkpoint proteins, immune cell related chemokines and FASLG increased independent of response.

Conclusions: The blood levels of immune-related proteins such as FASLG and Gal-1 might be used to predict the efficacy of checkpoint inhibitors in patients with PDAC, but more studies are needed.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Aryl hydrocarbon receptor repressor (AHRR) methylation: a smoking induced, independent risk marker for cardiovascular disease

Abstract text

limited to 250 words (1800 symbols)

Introduction: Smoking is a risk factor for cardiovascular disease, but there is currently no clinically established biomarker for its cardiovascular damage. We aimed to investigate the hypothesis that aryl hydrocarbon receptor repressor (AHRR) methylation at CpG site cg05575921, a biomarker of smoking behavior, is associated with the risk of peripheral arterial disease (PAD), aortic aneurysm (AA), and lower limb amputation in the general population.

Methods: In this prospective cohort study, we measured AHRR methylation in individuals from three visits of the Copenhagen City Heart Study. Information on risk factors were collected at visits with ten-year intervals; visit 1 (1991-94), visit 2 (2001-03), and visit 3 (2011-15). Individuals were followed up in the Danish National Patient Register for PAD, AA, and amputation until December 2018. Subhazard ratios were calculated using Fine and Gray competing risk regression.

Results: In 11,332 individuals from visit 1 (n=9,234), visit 2 (n=5,384), and visit 3 (n=4,387) there were 613, 219, and 131 events of PAD, AA, and amputation during up to 26.5 years of follow-up. AHRR hypomethylation was associated with higher risk of PAD and AA with multivariable adjusted subhazard ratios of 2.82 (1.91; 4.15) for PAD and 2.88 (1.42; 5.88) for AA in individuals within the lowest versus highest methylation quintile. Methylation was not associated with risk of amputation.

Conclusions: We found that AHRR methylation, a strong biomarker for smoking, was associated with risk of PAD and AA. AHRR methylation could be a useful tool in more personalized risk prediction of PAD and AA.

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Department of main author/ presenter, no name of the author (330 symbols)	Dept. of Clinical Biochemistry, Herlev and Gentofte Hospital
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Measurements of oncogenes KRAS, BRAF, and EGFR in cell-free tumor DNA in the clinical setting

Abstract text

limited to 250 words (1800 symbols)

Introduction:

Detection of tumor mutations in cell-free (cf)DNA after cancer surgery can confirm disease-free state, reveal residual disease, and guide treatment decisions. Increasing demands from clinical oncologists prompted us to establish detection methods of pathogenic variants in key oncogenes; KRAS proto-oncogene (KRAS), B-Raf proto-oncogene (BRAF), and epidermal growth factor receptor (EGFR), and to provide clinicians with easy access to utilize these in longitudinal mutation monitoring.

Methods:

Blood is collected in K2EDTA tubes. Within 2 hours, plasma is separated by two consecutive spins at 3,000g for 6 min. An exogenous DNA 191bp fragment is added as control for extraction efficiency.

cfDNA is extracted using DSP circulating DNA kit on a QIA Symphony SP.

Extracted cfDNA is analyzed by droplet digital PCR to detect mutations:

BRAF p. V600E, EGFR p. T790M, KRAS p. G12[A/C/D/R/S/V], and KRAS p. G13D.

Assays are monitored using controls consisting of plasma from healthy subjects, spiked with varying levels of target mutation DNA purified from cell lines.

External control is supplied from Referenzinstitut für Bioanalytik.

For each analysis, NPU-codes were established for reporting:

Conc. of wildtype (copies/mL), Conc. of mutant (copies/mL) and Variant allele frequency (%)

Results:

Analytical specifics depended on the point mutation in question, but generally all analyses were linear, and the level of blank was useful in excluding residual mutated alleles. CV% were below 10%, depending on the concentration.

Conclusion:

We have established clinical grade logistics and analyses of cell-free tumor DNA with the appropriate communication channel to the electronic health record.

Research Symposium 2023

Short electronic presentation

Clinical Research 1

Chair: Jesper Johannesen

No.	Name	Abstract title
1	Amalie Akulenok Berring-Uldum	Impact and Severity of Primary Headache in Children and Adolescents
2	Anne-Mette Ragle	Safety, feasibility, and effects of exercise among patients with prostate cancer: a systematic review and meta-analysis
3	Christian Hedeager Krag	Diagnostic Test Accuracy Study of a Commercially Available Deep Learning Algorithm for Ischemic Lesion Detection on Brain MRIs
4	Christopher Bach Sørensen	Lightweight mesh causes better biomechanical response compared with heavyweight mesh in animal models: a systematic review
5	Elena Laura von Rohden	Restoration of spermatogenesis by autologous grafting of cryopreserved testis tissue from healthy men and men with NOA
6	Emil Durukan 1/3	The association between testicular microlithiasis and germ cell neoplasia in situ: A case series and a proposal for a new guideline
7	Emil Durukan 2/3	The Effect of Phosphodiesterase Type 5 Inhibitors in the Active Phase of Peyronie's Disease
8	Emil Durukan 3/3	Platelet-Rich Plasma in Andrology: A Review of the Literature
9	Gyrithe Lynghøj Pedersen	Outpatient laser destruction of bladder tumors is as good as conventional inpatient transurethral tumor resection.
10	Jakob Ohm Oreskov	The impact of FRAIly screening and Geriatric assessment and INtervention in older patients with epithelial Ovarian Cancer (FRAGINOC)
11	Kathrine Perslev	The REPAIR study: Oral antibiotics to prevent infection and wound dehiscence after obstetric perineal tear – a double-blinded placebo
12	Katrine Amdi	Healthcare professionals addressing post-stroke sexual rehabilitation – A Systematic Review.
13	Lau K. Vestergaard	Ascites – A Potential Diagnostic Surrogate for Genetic Profiling in Ovarian Cancer.
14	Line Moldt Haack & Emma Mejlvang	Nutrition Impact Symptoms and taste changes in patients undergoing hemodialysis
15	Lise Da Riis-Vestergaard	Catheter ablation in general anesthesia reduces atrial fibrillation recurrence regardless of atrial fibrillation type

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Impact and Severity of Primary Headache in Children and Adolescents

Abstract text

limited to 250 words (1800 symbols)

Background: More than 95% of children in Denmark experience headaches during their childhood. Headache is debilitating, and affected school courses and large parental absences from work are the unwanted consequences for many.

METHODS: All patients aged 6-18 years from the Pediatric Department, Herlev Hospital, were included. Several questionnaires, including the PedMIDAS (Migraine Disability Assessment) and the Child- And Adolescents HARSHIP (Headache-attributed Restriction, Disability, Social Handicap and Impaired Participation), were used.

RESULTS: 170 have completed HARSHIP and PedMIDAS (mean age: 13.14 years). N=58 fulfilled the criteria for migraine, N=68 for Tension Type Headache (TTH) and N=44 had both migraine and TTH. 14.3% of patients with migraine and 77.6% of patients with TTH had headache yesterday. In the migraine group, the patients on average had headache 0.91 days the last week and 3.2 days the last month. For TTH, these numbers were 4.9 days and 18.3 days respectively. During the last month, the migraine group was on average absent from school for 1.38 days due to headache, and not able to participate in daily activities for 1.55 days. These numbers were for TTH 3.12 and 6.03 days respectively. 25% of parents of a child with migraine had to stay at home from work due to the child's headache during the last month, losing an average of 2.42 days at work. For TTH, 16% of the parents had to stay at home, and this resulted in an average loss of 3.75 days of work. PedMIDAS reflects this impact, as the TTH groups had a mean score of 55.95 as compared to 19.38 in the migraine group.

CONCLUSION: Both in research and in clinical practice, the impact of headache and especially of TTH on children and adolescents should not be underestimated.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Occupational- and Physiotherapy and Department of Oncology, Herlev and Gentofte Hospital
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Safety, feasibility, and effects of exercise among patients with prostate cancer: a systematic review and meta-analysis

Abstract text

limited to 250 words (1800 symbols)

Objective: To evaluate the safety, feasibility, and effect of exercise therapy in men with prostate cancer (PC) and bone metastases.

Materials and Methods: Literature searches were performed in MEDLINE, CINAHL, EMBASE, CENTRAL and PEDro. Study selection was performed by two reviewers independently. Randomized controlled trials with exercise interventions and participants with PC, of which at least 15% had bone metastases, were included. The primary endpoints were feasibility and safety. Secondary endpoints included physical function, aerobic capacity, muscle strength, quality of life, fatigue, psychological wellbeing, and body composition.

Results: Totally, 2,395 studies were identified for screening, of which 12 were included. A total of 680 participants were included, of whom 331 (49%) had bone metastases. Most participants, regardless of disease stage, were able to complete the interventions. Across all studies 103 adverse events were reported, of which 94 were categorized as minor. No fractures occurred among patients with bone metastases. Significant effects in aerobic capacity and muscle strength were documented. All studies were assessed for risk of bias using the Cochrane Risk of Bias tool, and McHarm for safety.

Conclusions: Exercise training seems to be well tolerated by participants with PC and bone metastases and seems to improve muscle strength and body composition with moderate evidence. However, these results are based on a very limited number of studies, and in three studies exercise did not involve loading of bones with metastases. Therefore, more research is needed.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☒ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Diagnostic Test Accuracy Study of a Commercially Available Deep Learning Algorithm for Ischemic Lesion Detection on Brain MRIs

Abstract text limited to 250 words (1800 symbols)	Introduction The purpose was to estimate the ability of a commercially available artificial intelligence (AI) tool to detect acute brain ischemia on Magnetic Resonance Imaging (MRI), compared to an experienced neuroradiologist. Methods We retrospectively included 1030 patients with brain MRI, suspected of stroke from January 6th, 2020 to 1st of April 2022, based on these criteria: Age ≥ 18 years, symptoms within four weeks before the scan. The neuroradiologist reinterpreted the MRI scans and subclassified ischemic lesions for reference. We excluded scans with interpretation difficulties due to artifacts or missing sequences. Four MRI scanner models from the same vendor were used. The first 800 patients were included consecutively, remaining enriched for less frequent lesions. The index test was a CE-approved AI tool. Results The final analysis cohort comprised 995 patients (mean age 69 years, 53% female). A case-based analysis for detecting acute ischemic lesions showed a sensitivity of 89% (95% CI: 85%-91%) and specificity of 90% (95% CI: 87%-92%). We found no significant difference in sensitivity or specificity based on sex, age, or comorbidities. Specificity was reduced in cases with DWI artifacts. Multivariate analysis showed that increasing ischemic lesion size and fragmented lesions were independently associated with higher sensitivity, while non-acute lesion ages lowered sensitivity. Conclusion The AI tool exhibits high sensitivity and specificity in detecting acute ischemic lesions on MRI compared to an experienced neuroradiologist. While sensitivity depends on the ischemic lesions' characteristics, specificity depends on the image quality.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☒ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Lightweight mesh causes better biomechanical response compared with heavyweight mesh in animal models: a systematic review

Abstract text

limited to 250 words (1800 symbols)

Introduction: Open repair with mesh implantation is a common treatment for ventral hernias. With recurrence rates of 20-25%, rates of chronic pain up to 27%, the ideal mesh is still to be found. In inguinal hernias, lightweight and heavyweight meshes have provided different outcomes, but it is unclear, if mesh density matters in ventral hernias. Inflammation, foreign body reaction, cell-ingrowth, and tensile strength are associated with these outcomes. The aim of this study was to compare the biomechanical differences between light- and heavyweight meshes in animal models.

Methods: A systematic search was conducted in Pubmed and Embase in August 2023 for studies comparing light- and heavyweight meshes implanted in animal abdominal walls. We included studies reporting on polypropylene or polyester meshes with an onlay placement. The study was reported according to PRISMA guideline and risk of bias was assessed using the Systematic Review Centre for Laboratory Animal Experimentation bias assessment tool.

Results: Our search yielded 4050 results, and after title and abstract screening 93 went for full text screening, including a total of 25 studies for analysis. Heavyweight meshes caused more inflammation, increased foreign body reaction, and decreased cell-ingrowth compared with lightweight meshes. While the heavyweight meshes have a higher tensile strength preimplantation, there was no difference compared with lightweight meshes after 60 days.

Conclusion: Lightweight meshes provide better outcomes for inflammation, cell-ingrowth and foreign body reaction, than heavyweight meshes. The reduced tensile strength preimplantation diminishes within 60 days, indicating that they might be the superior choice for ventral hernias.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Urology
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Restoration of spermatogenesis by autologous grafting of cryopreserved testis tissue from healthy men and men with NOA

Abstract text

limited to 250 words (1800 symbols)

Prepubertal boys with malignant diseases undergo effective but gonadotoxic cancer therapy rendering them infertile. Currently, these boys have their testicular tissue cryopreserved routinely before cancer therapy, but it has yet to be established how fertility should be restored using this tissue when the surviving men become adults.

Men with non-obstructive azoospermia (NOA) and healthy men with previously proven fertility had testis tissue extracted and subsequently cryopreserved as part of previous trials. Three men with NOA and 5 healthy volunteers will be recruited for this study. Their frozen testis tissue samples will be used for transplantation as an autologous graft under the scrotal skin with the aim of restoring spermatogenesis in the engrafted tissue. The men will be followed at 2, 4 and 6 months post-operatively with ultrasound examinations and reproductive hormone measurements. The tissue is then extracted under local anesthesia 6 months after engraftment for microscopic analysis for the presence of mature spermatozoa.

The main endpoint is the presence of spermatozoa. Further histological evaluation of the tissue, including immunohistochemistry and immunofluorescent staining, will be performed to determine viability and to characterize the tissue. Retrieved spermatozoa will be analyzed for genetic stability with the use of primary template directed whole genome sequencing compared to genome analysis from blood samples. Complication rates and changes in reproductive hormones 2, 4 and 6 months after engraftment will be reported.

The study will potentially provide proof-of-principle for autologous frozen-thawed testis tissue transplantation with the aim of restoring fertility.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Urology
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	The association between testicular microlithiasis and germ cell neoplasia in situ: A case series and a proposal for a new guideline

Abstract text

limited to 250 words (1800 symbols)

Introduction: Testicular microlithiasis (TM) involves small testicular calcifications. Its link to germ cell neoplasia in situ (GCNIS), a precursor to testicular cancer, remains unclear. We aim to assess GCNIS incidence in TM patients and the need for testicular biopsy based on risk factors: male infertility, semen quality, testicular atrophy, and history of cryptorchidism.

Methods: This retrospective case series included all patients diagnosed with TM who underwent testicular biopsies at three hospitals in Denmark between 2007 and 2021. The medical records of 167 patients were reviewed, and data on patient demographics, TM characteristics, risk factors, histological findings, and treatments were collected.

The main outcome measure was the incidence of GCNIS in relation to each additional risk factor. The data was analyzed using descriptive statistics. Logistic regression was used to examine the odds ratio (OR) of GCNIS in patients with TM and testicular atrophy.

Results: GCNIS was found in 13 out of 167 patients (7.8% [95% CI: 4.3, 13.2]). Eleven of these had testicular atrophy resulting in a significantly higher incidence in this group compared to other risk factors (OR 9.36 [95% CI: 2.41, 61.88] (p=0.004).

Conclusion: This study found that men with TM and testicular atrophy are at an increased risk of GCNIS. Our findings do not support testicular biopsies for men with TM and other risk factors.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Urology
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	The Effect of Phosphodiesterase Type 5 Inhibitors in the Active Phase of Peyronie's Disease

Abstract text limited to 250 words (1800 symbols)	Introduction: Experimental models and preliminary human trials have implied that continuous treatment with Phosphodiesterase Type 5 inhibitors (PDEis) may be a viable treatment of Peyronie's disease (PD) in the active phase. The purpose of this study is to assess the effect of PDE5is on penile curvature in the management of PD in the active phase. Methods: In a retrospective cohort study of 133 PD patients, we compared daily PDE5i treatment (sildenafil 25 mg or tadalafil 5 mg) in Group 1 (n=101) to no treatment in Group 2 (n=32). Patient age, comorbidities, BMI, erectile function, and PD characteristics including pain, treatment, and curvatures at each visit were registered. The primary outcome was the change in penile curvature between visits in patients receiving daily PDE-5 inhibitor treatment compared to patients receiving no treatment. Results: The mean age was 58.5 years (SD 10, range 48) in Group 1 and 59 years (SD 13.7, range 57) in Group 2 (p = 0.5). Mean symptom onset-to-visit time was 10.6 months (SD 7.3, range 37) in Group 1 and 13.4 months (SD 19, range 109) in Group 2 (p = 0.07). Mean penile curvature change was +0.87° (CI: -1.8, 3.5) in Group 1 and +5.72° (CI: 1.4, 10) in Group 2 (p = 0.07) between the first and last observations. Group 1 experienced shorter mean pain duration (9.1 months, SD 4.7, range 21.6) than Group 2 (12.2 months, SD 6.5, range 23.7) (p = 0.04). When controlling for baseline curvature and symptom onset-to-visit time, there was no differences between the groups (-4.7, 95% CI: -10, 0.6) (p = 0.08). Conclusion: Continuous PDE5i treatment did not affect PD curvature progression but showed a promising effect on pain.
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Department of main author/ presenter, no name of the author (330 symbols)	Department of Urology
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Platelet-Rich Plasma in Andrology: A Review of the Literature

Abstract text

limited to 250 words (1800 symbols)

Introduction: Platelet-rich plasma (PRP) as a regenerative therapy has gained interest in the field of andrology for the treatment of erectile dysfunction (ED), Peyronie's Disease (PD), and male infertility. This narrative review aims to critically evaluate the current evidence on the use of PRP for these conditions.

Methods: A literature search was performed using PubMed. Studies were included if they reported on the use of PRP for the treatment of ED, PD, or male infertility in humans. Additionally, we included in vitro studies examining the effects of PRP on human semen.

Results: 15 studies were included, consisting of 7 studies on ED, 2 studies on PD, 1 study on ED+PD, and 5 in vitro studies on male infertility. Side effects were mild and transient with no major adverse events reported. The studies on ED and PD generally showed small to moderate benefits. General limitations included variations in PRP protocols, small sample sizes, short follow-up periods, and lack of control groups except in two randomized trials on ED. In vitro studies have indicated promising effects of PRP on semen quality, spermatogonial stem cell proliferation, and in the context of cryopreservation, but the clinical significance of these results is uncertain.

Conclusion: The literature on PRP therapy in andrology is limited and difficult to interpret due to variations in protocols and methodological drawbacks. Clinical studies in male infertility are lacking. Further research is necessary to determine the optimal preparation and treatment protocols for PRP therapy and clarify its effectiveness in andrology.

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Department of main author/ presenter, no name of the author (330 symbols)	Afdeling for Urinvejssygdomme Herlev-Gentofte Hospital
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Outpatient laser destruction of bladder tumors is as good as conventional inpatient transurethral tumor resection.

Abstract text limited to 250 words (1800 symbols)	Introduction: Low-grade intermediate risk Ta bladder tumor (BT) is highly recurrent and transurethral resection in general anesthesia (GA) is burdensome to patients and health care system. New laser technologies enable treatment in office-based settings, reducing morbidity and costs. Objective: To compare four-months recurrence-free survival after out-patient department (OPD) diode laser coagulation of BT in local anesthesia and gold standard TUR-BT in GA and to evaluate treatment related morbidity. Method: A prospective randomized non-inferiority trial with four months follow-up was conducted from 2016-2020. Participants were patients with histologically verified Ta low-grade BT recurrence. 206 patients were randomized, 176 treated per protocol. For laser photo coagulation of bladder tumors (PC-BT) we used a 980 nm diode laser and compared to gold standard TUR-BT in GA. Primary outcome was four-months recurrence-free survival, predefined inferiority criterion of 15%. Secondary outcomes were pain during PC-BT, postoperative morbidity, frequency of postoperative complications, and patient's preference. Results: Four-months recurrence-free survival was 8% higher after PC-BT (95% CI: -0.08-0.24). Predefined inferiority criterion of 15% was met in all analyses. Pain score (1-10) during PC-BT was 2.4 (interquartile range 0.75-3.3). Postoperative LUTS score was 13.9 points higher (95% CI: 6.9-21 p=0.0001) in the TUR-B group. Frequency of minor complications was 8.1% higher after TUR-BT (95% CI: 1.6-14.6 p=0.016). 98% (95% CI: 0.92-1.00) of patients preferred PC-BT. Conclusions: PC-BT in OPD is as good as TUR-BT in GA for removal of recurrent low-grade Ta BT. Postoperative quality of life is better after PC-BT and frequency of complications is lower.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	The impact of FRailty screening and Geriatric assessment and INtervention in older patients with epithelial Ovarian Cancer (FRAGINOC)

Abstract text limited to 250 words (1800 symbols)	Introduction: Older patients with ovarian cancer are less likely to receive potentially curative surgery due to frailty. Frailty screening and prehabilitation, when needed, is recommended, unfortunately, neither is validated or implemented in Denmark. Objectives: 1) to develop a frailty screening tool, 2) to investigate if a comprehensive geriatric assessment (CGA) and a tailored intervention vs. standard of care can decrease frailty and thereby enhance number of patients receiving surgery. Methods: Inclusion of all newly diagnosed patients 70 years with ovarian cancer at three university hospitals in Denmark. 1) Prior to start of treatment and after three cycles of chemotherapy, patients will be screened for frailty with validated questionnaires and three minor functional tests. Blood samples will be taken for analysis of biomarkers, immunological profile, as well as a panel of 92 proteins related to cancer. 2) Patients referred to neoadjuvant chemotherapy prior to potential surgery will be randomized in two groups. The intervention group will undergo CGA and a tailored intervention with physiotherapists during neoadjuvant chemotherapy. Results: A pilot project included 54 patients. Inclusion in the project started at 1st of March 2023 and 56 patients has been included so far. The study is expected to run for three years. Conclusion: We aim to develop a screening tool for frailty assessment in older patients with ovarian cancer that can identify those patients who will benefit from prehabilitation. Furthermore, we aim to show that prehabilitation can result in a higher rate of patients completing treatment.
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Abstract title (135 symbols)	The REPAIR study: Oral antibiotics to prevent infection and wound dehiscence after obstetric perineal tear – a double-blinded placebo

Abstract text limited to 250 words (1800 symbols)	Introduction: Around 85% of women experience an obstetric tear during childbirth, and up to 25% of them subsequently face issues like wound dehiscence and infections. Existing studies suggest that administering intravenous antibiotics during delivery can lower this risk. However, it remains uncertain if post-delivery oral antibiotics yield similar results. Our objective is to examine whether administering three doses of oral antibiotics (bioclavid) after childbirth can effectively reduce the risk of wound dehiscence and infection among patients with second-degree obstetric tears or episiotomies. Methods: Conducting a randomized, controlled, double-blind study, we will enroll 221 women in each study arm. Women will be included post-delivery, and subsequent clinical follow-up visits will occur after one week and one year. At this visit the healing process will be evaluated regarding infection and wound dehiscence. Additionally, symptoms will be evaluated through questionnaires. Results: As patient recruitment is ongoing; we do not yet possess any results. Our primary outcome is wound dehiscence and/or infection. Secondary outcomes include pain levels, usage of pain relievers and antibiotics, occurrences of urinary or anal incontinence, prolapse, perceptions of female body image, and sexual complications. Discussion: Reducing the risk of wound dehiscence and infections could lead to a reduction in the number of follow-up visits, reduce the need for prolonged antibiotic regimens, and might reduce short and long-term symptoms. Such outcomes hold significant value in allowing mothers, their partners, and their infants to establish and enhance their initial familial bonds.
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Abstract title (135 symbols)	Healthcare professionals addressing post-stroke sexual rehabilitation – A Systematic Review.

Abstract text

limited to 250 words (1800 symbols)

Introduction: Sexual difficulties are experienced by more than half of all stroke survivors during recovery. Proper guidance could potentially benefit patients. Though recommendations on sexual rehabilitation are included in current guidelines on rehabilitation after stroke, they do not specify the optimal content or timing of the information exchange on this sensitive topic. We aimed to identify factors that influence healthcare professionals' decision to initiate talks to inform on post stroke sexual difficulties with patients or their partners.

Methods: Based on a PICO search strategy, we performed a systematic literature search in the following databases: PubMed, Psycinfo, Embase, and Cinahl in accordance with our PROSPERO protocol. We included studies that investigated sexual rehabilitation post-stroke by health care professionals. To assess the risk of bias CASP and Critical Appraisal Tools from Joanna Briggs Institute was used.

Results: We included 16 studies, including a total of 616 patients, 33 partners, and 411 healthcare professionals representing seven different professions. All subjects were either interviewed or completed a questionnaire on post-stroke sexual rehabilitation. Survivors of stroke expressed a need for information about poststroke sexual challenges whereas healthcare professionals felt they lacked knowledge of the issue, how to approach such talks and which profession was best suited in the context. Patients' wishes on timing and content of conversations with about sexual issues varied substantially.

Conclusion: Healthcare professionals require additional knowledge and experience to address sexuality among stroke survivors. The content and timing of sexual rehabilitation must be further clarified with patients and healthcare professionals.

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Abstract title (135 symbols)	

Abstract text

limited to 250 words (1800 symbols)

Introduction: Ovarian cancer (OC) is the leading cause of death among female reproductive system cancers, with around 550 annual diagnoses in Denmark. Late-stage OC is typically diagnosed, and surgical resection offers the best prognosis. Approximately 30% of advanced OC patients are ineligible to undergo surgery and receive neoadjuvant chemotherapy. Understanding primary and metastatic tumor genetics is vital for tailored treatment. Our aim was to investigate the feasibility of gaining genetic insights into OC tumors by analyzing targeted sequence data from ascites samples alongside corresponding tumor tissue samples (n=43 patients).

Method: Employing natural language processing models, cosine similarity, hierarchical analysis, and network analysis, we explore the diagnostic potential of ascites in a clinical context.

Results: We find that 75% of variants are recalled between ascites and tumor tissue. Hierarchical analysis shows that samples of the same patient cluster together and display the highest cosine similarity in a network analysis between patient sample pairs.

Conclusion: Ascites holds promise as a diagnostic tool for understanding the genetic profile of OC tumors. Its minimally invasive nature offers the possibility of initiating personalized treatment interventions at an earlier stage, particularly for patients ineligible for surgery at the time of diagnosis. This study underscores the potential of integrating ascites analysis into the clinical management of OC.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Nutrition Impact Symptoms and taste changes in patients undergoing hemodialysis

Abstract text

limited to 250 words (1800 symbols)

Purpose: To gain a greater understanding on how to optimize the dietary guidance in hemodialysis patients, we obtained the prevalence of Nutrition Impact Symptoms (NIS), taste changes and the relation to nutritional and functional variables.

Methods: A cohort study including patients in hemodialysis from Herlev-Gentofte Hospital. The following data were collected: BMI (low BMI ≤ 20.5 kg/m²), function (low function 3-4), and Hand grip strength (HGS) (low HGS, Men < 27 , Women < 16 kg). NIS were obtained using the EATEN-NIS-questionnaire on NIS-Present and NIS-Limiting intake. NIS-Limiting intake were given points from 1-10 (NIS-points). Patients with taste changes were asked about type of taste change.

Results: 134 patients (66% men) were included. The most frequent NIS-Present were: "tiredness" n=89 (74%), dry mouth n=69 (57%), and "early satiety" n=64 (53%). "Taste changes" were present in n=40 (33%). The most frequent taste change was "no taste" n=15 (65%). The most frequent NIS-Limiting intake were: "no appetite" n=59 (45%), "early satiety" n=57 (44%), and "tiredness" n=45 (35%). Patients with more NIS-points had a lower level of function (median 27 vs. 5 points, $p < .0001$). No relation was found between NIS-points and BMI (median 19 vs. 6 points, $p = 0.1163$), and HGS (median 16 vs. 8 points, $p = 0.9413$).

Conclusion: NIS-Present and NIS-Limiting intake were prevalent in patients undergoing hemodialysis. "No taste" was the most frequent taste change. A relation between poorer physical function and high number of NIS-points was found. This emphasizes the importance of being able to provide guidance in How to overcome challenges with NIS as a clinical dietitian.

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Department of main author/ presenter, no name of the author (330 symbols)	Copenhagen Cardiovascular Research Center, Department of Cardiology, Copenhagen University Hospital Gentofte, Denmark.
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Catheter ablation in general anesthesia reduces atrial fibrillation recurrence regardless of atrial fibrillation type

Abstract text

limited to 250 words (1800 symbols)

Introduction: Catheter ablation (CA) is increasingly used for atrial fibrillation (AF) rhythm control. Short-term AF recurrence post-CA ranges from 10-30% in paroxysmal AF (PAF) and up to 50% in persistent AF (PeAF). The impact of sedation strategy - conscious sedation (CS) vs. general anesthesia (GA) on AF recurrence remains unclear, with no current guidelines.

Objective: Investigate the influence of sedation strategy on CA outcomes for PAF and PeAF regarding AF recurrence.

Method: A nationwide registry-based cohort study using real-life data from Danish mandatory registries within the study period from 2010-2018. Patients (n=6,423) aged ≥18 undergoing first-time CA for AF were stratified into CS (n=5,058) or GA (n=1,365). The primary endpoint was AF recurrence after 3 months blanking period. A composite endpoint defined as either use of antiarrhythmic drug, AF-related admission, electric cardioversions, or re-ablation. The 5-year risk of recurrence, accounting for death as a competing risk, was estimated using the Aalen-Johansen method, with subgroup analysis for PAF and PeAF.

Results: The 5-year cumulative incidence of recurrent AF in the CS group was 49.3% for PAF and 58.9% for peAF. In the GA group we found an absolute risk of recurrent AF of 39.0% for PAF and 46.2% for peAF. Hospital admission for AF was the predominant endpoint in both groups (42.0%).

Conclusion: Reducing AF recurrence post-CA remains challenging. This study highlights the significance of sedation strategy, with significantly lower risk of recurrence observed in the GA group, regardless of AF type.

Research Symposium 2023

Short electronic presentation

Clinical Research 2

Chair: Ditte Hansen

No.	Name	Abstract title
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5	Meryam El Issaoui	First clinical results of UCon neurostimulator on Dorsal Genital Nerve stimulation in patients with overactive bladder
6	Mia Kolmos	Patient-tailored Transcranial Direct Current Stimulation to Improve Stroke Rehabilitation: Study Protocol of a RCT
7	Sabina Chaudhary Hauge	The influence of bone on kidney disease progression in persons with type 1 diabetes
8	Sandra Mandrup Johansen	Telemedicine interventions to reduce overcrowding at emergency departments
9	Sebastian Borgund Hansen	Erectile dysfunction is common after rectal cancer surgery: a cohort study
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11	Sofie Nunez Engelsted	Accuracy of estimated versus measured resting energy expenditure in older hospitalized patients at the medical ward
12	Sophie Heinrichsen	Evaluation of anaphylactic reactions to COVID-19 Vaccines
13	Tine Juul Monberg	Treatment with Tumor Infiltrating Lymphocytes (TILs) and Oncolytic Adenovirus TILT-123 for patients with metastatic melanoma (MM)
14	Viktor Bay Moseholm	Nerve identification during open inguinal hernia repair: a systematic review and meta-analyses

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Pediatrics
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Validation of the newly developed Sleep Screening Questionnaire Children and Adolescents (SSQ-CA) with objective sleep measures

Abstract text

limited to 250 words (1800 symbols)

Introduction: Due to the absence of objectively validated pediatric sleep questionnaires that cover the whole school-age population and different types of sleep disturbances, we developed the Scandinavian Sleep Questionnaire Children and Adolescents (SSQ-CA) and compared it with objective sleep parameters from actigraphy (AG) and polysomnography (PSG).

Methods: This child-reported psychometric questionnaire was developed by a multidisciplinary panel and face validated. 128 participants completed, aged 6–17 years old. They answered the questionnaire twice and wore AG for seven nights and home-PSG for one night. Exploratory factor analyses (EFA), reliability and validity assessments were performed.

Results: EFA revealed 11 factors and 40 items loading above $r=0.4$. Subscale internal consistency: 0.54–0.92. Subscale test-retest reliability: $r=0.71$ –0.87. Comparing total sleep time (TST) from “Sleep duration and latency” on weekdays with TST measured with objective parameters, showed a correlation with the PSG ($r=0.48$, $p=0.001$) and with the AG ($r=0.75$, $p < 0.001$). The subscale total score for “Sleep duration and latency” correlated with TST from AG ($r=-0.19$, $p=0.03$) and sleep latency ($r=0.31$, $p<0.001$), but no significant correlations were found for PSG variables. The subscale “Awakenings” was not correlated with objective measures whereas “Circadian rhythm” was correlated to AG-derived mid-sleep time ($r=0.34$, $p<0.001$).

Conclusion: The SSQ-CA shows adequate reliability and acceptable criterion validity for two subscales. It appears to be a useful tool for screening for sleep disturbances and for suggesting the nature of some sleep disturbances in children and adolescents 6–17 years old.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Pediatrics
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Do children and adolescents living with a chronic disease have more disturbed sleep than their healthy peers? A pilot study

Abstract text

limited to 250 words (1800 symbols)

Introduction: Children and adolescents living with a chronic disease (LCD) may experience more disturbed sleep than their healthy peers. In this pilot study, we aimed to compare sleep characteristics in the two groups.

Methods: The newly developed and objectively validated Scandinavian Sleep Questionnaire – Children and Adolescents (SSQ-CA) was answered twice by 65 children and adolescents aged 6-17 years old with either Tourette syndrome (n=28), type 1 diabetes (T1D) (n=28), tension-type headache (n=7) or attention deficit hyperactivity disorder (n=2) and by 63 healthy age-matched individuals. Sleep was objectively measured with actigraphy (AG) for 7 nights (n=128).

Results: Among 6-12-year-olds LCD (n=41), 53.6% had insufficient total sleep time (TST) per American Academy of Sleep Medicine guidelines, compared to 28.9% of healthy 6-12-year-olds (n=45). The 6-12-year-olds LCD had clinically relevant shorter TST (AG:16.1 min, p=0.055, SSQ-CA: 19.9 min p=0.058); later chronotype and chronotype score (AG: 00:25 p=0.12. SSQ-CA: p=0.099) and significantly longer sleep latency (AG: p=0.019) compared to the healthy 6-12-year-olds. Among 13-17-year-olds LCD (n=24), 50 % had insufficient TST compared to 44% of healthy 13-17-year-olds (n=18). Except for the difference in the awakening score being higher for the LCD group (SSQ-CA: p=0.001), there were no major differences between 13-17-year-olds LCD and healthy adolescents. Disease severity was negatively correlated only for the T1D population for TST and HbA1c (AG: r=-0.49, p=0.008, SSQ: r=-0.4, p=0.034).

Conclusion: In this pilot study there was a tendency towards poorer sleep in the younger but not in the older LCD group compared to the healthy group.

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Abstract title (135 symbols)	Concepts of research waste: a scoping review

Abstract text

limited to 250 words (1800 symbols)

Introduction: The increasing number of publications will inevitably result in waste of resources related to research. This has been referred to as research waste though consensus on terminology remains elusive. We aimed to identify, define, and categorize the concept of research waste in published biomedical literature through a systematic literature search and a scoping review.

Methods: We reported according to PRIMSA-ScR, and a protocol was registered at Open Science Framework. The databases PubMed and Embase were searched. Records were screened twice independently, and conflicts were resolved through discussion. Data regarding research waste and the type of publication were extracted in duplicate.

Results: The search led to 4,271 records, where 1,030 were assessed in full text. Research waste was primarily defined and mentioned in narrative reviews (27%), editorials (25%), and conference abstracts (17%). Often it was stated in the introduction (27%) or the discussion section (42%) of the publication. The dominant concepts of research waste were both inadequate methodology (26%) and duplicate research efforts (13%). Other key concepts related to research waste involved unpublished research, poor reporting, incohesive outcomes, and waste of funding. Publications mainly indicated that research waste had roots in the initial phase of the research process i.e., during the planning of research.

Conclusion: Research waste is found throughout the entire research process but especially during the planning phase where inadequate methodology is planned, and unnecessary duplication of research efforts is unidentified.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	The effect of exercise in patients with lower limb lymphedema - A systematic review

Abstract text

limited to 250 words (1800 symbols)

Introduction

The American College of Sports Medicine recommend exercise for patients with cancer-related lymphedema, but recommendations are based on exercise trials for patients with breast-cancer related lymphedema only.

The aim of the study is to synthesize evidence for effectiveness of exercise in patients with lower limb lymphedema (LLL) on health-related quality of life (HRQOL), physical function, patient reported symptoms and limb volume.

Method

Systematic review following recommendations from the Cochrane Handbook of Systematic Reviews of Interventions. Trials investigating exercise intervention in patients with LLL with reporting of the following outcomes: health-related Quality of Life (QoL), self-reported symptoms, physical fitness and limb volume were included. Non-randomized controlled trials (non-RCT) and cross-over trials were eligible due expectation of a low number of Randomized Controlled Trials (RCT). Trials with participants at risk of LLL were excluded.

Results

10 trials were included: 2 RCTs, 5 non-RCTs and 3 cross-over trials with 194 participants in 8 exercise trials and 539 participants in 2 observational studies, respectively. Improvements were seen across studies on the selected outcomes. Overall risk of bias showed high risk of bias in the included trials. Due to large heterogeneity, meta-analysis was not performed.

Conclusion

Based on a small number of studies with large heterogeneity, poor methodological quality, and low level of certainty, it is not possible to provide evidence-based recommendations on exercise for patients with LLL. There is a need of high quality RCT to establish the impact of exercise for patients with LLL.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☒ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	First clinical results of UCon neurostimulator on Dorsal Genital Nerve stimulation in patients with overactive bladder

Abstract text

limited to 250 words (1800 symbols)

Introduction: Overactive bladder (OAB) is defined as urgency, with or without incontinence, usually with frequency, and may be caused by involuntary detrusor. Stimulation of the pudendal dorsal genital nerve (DGN) has shown promising results for treating OAB by inhibiting the detrusor.

The UCon neurostimulator is a new electrical device, which provides electrical stimulation of the DGN. The aim of this study was to test UCon on women and men with OAB. We hypothesized that the neurostimulation was safe without serious adverse events and that it would decrease the number of urgency urinary incontinence (UUI) episodes and urinary frequency.

Methods: The study was a prospective, multicenter, feasibility study, which included patients ≥ 18 years with OAB. Exclusion criteria were onabotulinumtoxinA treatment in the bladder within three months or administration of bladder suppressant drugs within two weeks. The patients completed a time-limited stimulation (30 minutes/day) or an on-demand stimulation (stimulation during urgency episodes) for four weeks.

Results: Thirteen patients were included in the data analysis. Six patients completed the time-limited stimulation, eight the on-demand stimulation, and one both stimulations. All patients in the time-limited stimulation had fewer UUI episodes during the stimulation (mean UUI episodes/day: 0.6 vs. 2.2, $p < 0.05$). Of the patients who completed on-demand stimulation, six had fewer UUI episodes (mean UUI episodes/day: 2.4 vs. 1.9, NS). Out of 13 patients, 11 experienced fewer voids.

Conclusion: These first clinical results of the UCon neurostimulator are promising for the treatment of patients with OAB. UCon is non-invasive and seems to be well tolerated.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Patient-tailored Transcranial Direct Current Stimulation to Improve Stroke Rehabilitation: Study Protocol of a RCT

Abstract text limited to 250 words (1800 symbols)	Background: Ischemic stroke often result in remaining motor disabilities despite early initiated rehabilitation. Non-invasive Transcranial Direct Current Stimulation (TDCS) of the cortical neurons of the primary motor cortex could be a potential add-on to improve rehabilitation. However, in prior stroke trials up to 50% were non-responders to TDCS. This is partly due to heterogenous study designs as well as a one-size-fits-all approach that do not account for individual anatomical differences. The clinical effects of TDCS might be improved by a patient-tailored approach which targets a physiologically relevant area. Methods: In a randomized, double-blinded, sham-controlled trial, subacute ischemic stroke patients with upper-extremity paresis will undergo personalized anodal TDCS of the ipsi-lesional primary motor cortex hand area (M1-HAND) during supervised rehabilitation for four weeks. Using electrical field modeling, TDCS-electrodes will be individually positioned on the scalp to achieve a 0.2 V/m field strength in the M1-HAND area, resulting in currents of 1-4 mA. Primary outcome will be improvement in the Fugl-Meyer Assessment of Upper Extremity (FMA-UE) score between active TDCS vs. sham at the end of the intervention. Secondary outcomes will include FMA-UE at 12 weeks. Functional MRI and transcranial magnetic stimulation will assess TDCS effects on motor network connectivity and interhemispheric imbalance. Discussion: This study aims to demonstrate the feasibility and efficacy of personalized, multi-electrode, anodal TDCS of M1-HAND in subacute stroke patients with upper-extremity paresis. It will also elucidate the mechanisms underlying personalized TDCS. The findings may guide future personalized TDCS studies for stroke patients to improve rehabilitation.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	The influence of bone on kidney disease progression in persons with type 1 diabetes

Abstract text

limited to 250 words (1800 symbols)

Introduction: The number of persons with chronic kidney disease (CKD) and diabetes is increasing. Identification of mechanisms influencing the progression of CKD is of great importance. The aim of this study was to explore the influence of sclerostin, Dickkopf-1 (DKK1), and osteoprotegerin (OPG) on the progression of kidney disease in persons with type 1 diabetes (T1D).

Methods: In this prospective cohort study, blood samples from persons with T1D were collected between 2009-2011. Outcomes were: 1) End-stage kidney disease (ESKD) defined as estimated glomerular filtration rate (eGFR) <15 mL/min/1.73m², initiation of dialysis, or kidney transplantation; 2) Progression of albuminuria (from 0-30 mg/day to 30-300 mg/day or from 30-300 mg/day to >300 mg/day); 3) An eGFR decline ≥30%; 4) A composite kidney endpoint consisting of all endpoints.

Results: During a median follow-up of 5.5 years for the 318 persons, 3.5% met the ESKD endpoint, 6.3% progressed in albuminuria, 14.2% had a decline in eGFR, and 21.1% met the composite kidney endpoint. The Kaplan-Meier curves showed no association between sclerostin or DKK1 and kidney disease progression, whereas OPG above median had lower survival for all endpoints except for albuminuria. In unadjusted Cox regression models, sclerostin and DKK1 were significantly associated with ESKD, while OPG was significantly associated with all kidney endpoints except for eGFR decline. After adjustments only OPG was significantly associated with the composite kidney endpoint.

Conclusion: In this prospective cohort study OPG, not sclerostin or DKK1, was associated with progression of CKD, and could have prognostic importance in persons with T1D.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Telemedicine interventions to reduce overcrowding at emergency departments

Abstract text

limited to 250 words (1800 symbols)

Overcrowding in emergency departments (ED) is increasing the risk of adverse outcomes. Telemedicine may alleviate overcrowding. We aimed to investigate whether telephone consultations between hospital specialists and general practitioners (GP) could reduce the number of referrals to the ED.

Every 2nd week in a 14-week period calls from GP (daytime 8-15, weekdays) were forwarded to a relevant specialist. The GPs and the specialist decided; 1) advice, 2) ambulant consultation or 3) an urgent referral to the ED. Eight specialties were included. The primary outcome measure was the number of acute referrals to the ED. Preliminary data on patients included in the intervention period is presented.

In the seven weeks of intervention, a total of 2065 calls from GPs were included. During intervention a total of 175 patients (8.5%) were offered an advice or an ambulant consultation at the ED while 1890 (91.5%) were referred to the ED after consulting with a relevant specialist. There was considerable variation between the specialties and most calls went to internal medicine (n=489) and general surgery (n=426). An alternative solution was chosen most frequently for urological complaints (52 out of 363, 14%) and cardiological (35 out of 275, 13%) complaints. Overall, the doctors referred 4% (n=91) to an ambulant consultation and of the eight included specialties, neurology (88%) most often utilized this solution.

Consulting with a specialist resulted in several patients being offered an alternative option to admission. This was equally divided between advice or an ambulant consultation. Preferred alternative did however vary between specialties.

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Department of main author/ presenter, no name of the author (330 symbols)	Center for Perioperative Optimization and The Late-Complication Clinic
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Erectile dysfunction is common after rectal cancer surgery: a cohort study

Abstract text limited to 250 words (1800 symbols)	Erectile dysfunction is a known late-complication following surgery for rectal cancer. We aimed to determine the prevalence of erectile dysfunction after rectal cancer surgery and characterize it. This was a prospective observational cohort study. Data from men after surgery for rectal cancer were collected between October 2019 and April 2023. The primary outcome was the prevalence of erectile dysfunction following surgery based on the International Index of Erectile Function questionnaires, IIEF-5 and 15. Secondary outcomes were prevalence in subgroups and the self-perceived erectile function. In total, 101 patients agreed to participate, while 67 patients (67%) responded after median six months follow-up after surgery. Based on IIEF-15, 84% of the patients had erectile dysfunction. For subgroups, 74% of patients who underwent robot-assisted surgery had erectile dysfunction whereas all patients who underwent either laparoscopic or open surgery had erectile dysfunction ($p=0.031$). Furthermore, half of the patients rated their self-perceived ability to get and keep an erection as very low. In conclusions, in our cohort, erectile dysfunction was common after rectal cancer surgery and half of the patients were unconfident that they could get and keep an erection. Information regarding this finding should be given, so that patients feel comfortable discussing therapeutic solutions if needed.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Genetic susceptibility to high BMI increases risk of early life asthma exacerbations and respiratory infections

Abstract text limited to 250 words (1800 symbols)	Background: Obesity is an established risk factor for childhood asthma. The underlying mechanisms remain unclear but seem to involve a shared genetic background. Objective: To increase understanding of the obesity-asthma relationship by studying the association between genetic susceptibility to high body mass index (BMI) and asthma, infections, and other asthma-related traits during early childhood. Methods: Data was obtained from the two ongoing COPSAC mother-child cohorts. A polygenic risk score (PRS) for high BMI was calculated for each child. Replication was sought in a large-scale cohort, iPSYCH, where data on hospitalization for asthma and infections were obtained prospectively from the National Patient Register. Results: The BMI PRS was significantly associated with number of asthma exacerbations (IRR 1.42, 95% CI 1.15; 1.76, p=0.001) and lower respiratory tract infections (LRTI) (IRR 1.21, 1.09; 1.34, p=0.0003) during the first 6 and 3 years of life, respectively. These findings were not mediated through the child's current BMI. The score was not associated with an asthma diagnosis or reduced lung function to age 18. These findings were replicated in iPSYCH, where high BMI PRS increased the risk of hospitalization for bronchitis/asthma (OR 1.11, 95% CI 1.09; 1.13, p<0.0001) and LRTI (OR 1.04, 95% CI 1.03, 1.07, p<0.0001) age 0-6 years. Conclusion: Children with genetic susceptibility to high BMI have increased risk of asthma exacerbations and LRTI in early childhood independently of the child's current BMI. These results increase the understanding of the complex relationship between obesity and asthma and the genetic background of both disorders.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Accuracy of estimated versus measured resting energy expenditure in older hospitalized patients at the medical ward

Abstract text

limited to 250 words (1800 symbols)

INTRODUCTION: Indirect calorimetry(IC) is considered the Gold Standard to measure resting energy expenditure (mREE) in clinical practice. However, this method is more time-consuming than using estimates (eREE). Therefore, the aims of this study were to determine 1) the accuracy between estimated and measured energy requirement and 2) if specific variables were related to the difference between eREE and mREE.

METHODS: The patient's mREE was assessed with IC until a minimum of 5 minutes with a Coefficient of Variation<10% was obtained. The mREE was compared with eREE calculated from the Harris-Benedict-equation(H-B). A variation of $\pm 10\%$ was regarded as an acceptable variation value. The following variables were registered: Body Mass Index(BMI), body temperature, heart rate, Middle Arterial Pressure(MAP), Respiration Frequency(RF), p-C-Reactive Protein (p-CRP), p-leucocytes, p-albumin, and CRP/albumin-ratio.

RESULTS: We included 110 patients (58% women), mean age 82 (± 7.8) years. Compared with IC the H-B-equation underestimated with a mean of -286 kJ (± 969). Accordance between mREE and eREE was found in n=57 (52%). Using the H-B-equation REE was overestimated in n=18 (16%) and underestimated in n=35 (32%) of patients. Underestimation by the H-B-equation compared with IC was correlated with a higher: p-CRP(p=0.002), heart rate(p=0.005), body temperature(p=0.023), p-leucocytes(p=0.048), and CRP/albumin-ratio(p=0.004). No correlation was found with underestimation and: BMI(p=0.086), MAP (p=0.401), RF(p=0.258), p-albumin(p=0.254).

CONCLUSION: By using the H-B-equation about half of the patients differ more than $\pm 10\%$ from the measured energy requirement. Several infectious variables are correlated with an increase in REE compared with estimated by the H-B-equation.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Evaluation of anaphylactic reactions to COVID-19 Vaccines

Abstract text limited to 250 words (1800 symbols)	Introduction The need for an effective and safe vaccine became evident during the SARS-CoV-2-pandemic in 2020. However, as COVID-19 vaccines were rolled out, cases of allergic reactions in relation to vaccination were reported, causing significant concern. In Region H, the Allergy Clinic, HGH, was responsible for the assessment and re-vaccination of such cases. The aim of this study was to assess the number of patients who met the criteria for anaphylaxis and the outcomes of re-vaccination. Methods Retrospective data collection of patients referred in 2021. There were 1,183 referrals, of which 683 were evaluated in the clinic and 239 patients were offered vaccination at the clinic. Of those, 98 patients had a reaction on first dose, and 56 had potentially life-threatening cardiovascular/respiratory symptoms fulfilling the criteria for anaphylaxis. Results In total 52 of 56 patients with anaphylaxis were women, with median age 42 yrs. Serum tryptase was not elevated, and skin prick tests for vaccine additives were negative in all patients. All 56 patients were re-vaccinated with a mRNA vaccine. 24 patients reported symptoms despite pre-treatment with antihistamines. Most symptoms were mild and self-limiting (flushing, itching, throat irritation, globulus, cough, dizziness), and 10 patients required treatment (oral antihistamine/glucocorticoid, adrenaline inhalation/beta2-inhalation). None fulfilled the criteria for anaphylaxis, and none received intramuscular adrenaline. Conclusion All 56 patients with suspected anaphylaxis to the initial vaccine tolerated re-vaccination without severe allergic reactions. Therefore, IgE-mediated reactions are not suspected, but rather a combination of stress-related reactions and possibly complement activation in some individuals.
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Abstract title (135 symbols)	Treatment with Tumor Infiltrating Lymphocytes (TILs) and Oncolytic Adenovirus TILT-123 for patients with metastatic melanoma (MM)

Abstract text

limited to 250 words (1800 ~~symbols~~)

Introduction

TIL therapy has recently proved effective in patients with MM, but the treatment is associated with considerable toxicity. Oncolytic viruses have shown to be effective in recruiting and activating T-cells. In this trial a combination of the oncolytic adenovirus TILT-123 and TIL therapy is investigated. TILT-123 is armed with tumor necrosis factor-alpha and IL2 to enhance TILs without the need for preconditioning chemotherapy or postconditioning IL2.

Method

In a clinical phase I, dose-escalating multicenter trial, patients with MM were treated with multiple intravenous and intratumoral injections with TILT-123 and a one-or-two-time treatment with TILs. TILT-123 was administered in a dose-escalating manner in 5 cohorts. TILs were grown from resected tumor tissue. The primary endpoint was safety of TILT-123 while the secondary endpoints included safety and efficacy of TILT-123 combined with TILs.

Results

Sixteen patients with checkpoint inhibitor refractory progressive cutaneous (7), mucosal (5) and uveal (4) MM were treated in the trial. No dose-limiting toxicity was seen, and the combined therapy did not increase the severity of AEs of TILT-123 alone. Objective responses were seen in two patients. The clinical benefit rate was 25% (95% CI [10.2%; 49.5%]). Responders included one patient with an ongoing partial response and one patient (mucosal) with a durable complete response. Two patients (uveal and cutaneous) had long lasting stable disease (> 10 months).

Conclusion

This trial shows that the combination of TILT-123 and TIL therapy is safe and feasible in patients with MM. Moreover, clinical activity in hard-to-treat melanoma subtypes is demonstrated.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Nerve identification during open inguinal hernia repair: a systematic review and meta-analyses

Abstract text

limited to 250 words (1800 symbols)

Introduction: Inguinal hernia repair is one of the most common operations worldwide. Nevertheless, the incidence of chronic postoperative pain remains high. The optimal nerve handling strategy is controversial and the rate at which nerves are identified remains uncertain. This study aimed to determine the identification rates of the ilioinguinal-, iliohypogastric-, and genitofemoral nerves as well as nerve handling strategies.

Methods: This review was registered on PROSPERO (CRD 42023416576). PubMed, Embase, and Cochrane Central were systematically searched. Studies with more than 10 patients were included if they reported identification rates for at least one of the nerves during elective open inguinal hernia repair in adults. Studies specifically requiring nerve identification in their study design were excluded. Bias was assessed with the JBI critical appraisal tool and Cochrane's RoB-2 tool. The overall estimate of the prevalence was analysed with prevalence meta-analyses.

Results: A total of 23 studies were included. The meta-analyses included 18 studies, which showed a pooled identification rate of 82% (95% CI 76–87%) for the ilioinguinal nerve, 62% (95% CI 54–71%) for the iliohypogastric nerve, and 41% (95% CI 27–55%) for the genitofemoral nerve. Nerves were spared in 82% of all repairs.

Conclusion: The ilioinguinal-, iliohypogastric-, and genitofemoral nerves were identified in 82%, 62%, and 41% of surgeries, respectively. Most studies used a nerve-preserving strategy. The role of nerve identification in the development of chronic pain remains uncertain, as well as the optimal nerve handling strategy.

Research Symposium 2023

Short electronic presentation

Epidemiology

Chair: Carsten Bogh Juhl

No.	Name	Abstract title
1	Abdullahi Ahmed Mohamed	Prevalence of iron deficiency and associated risk of mortality in patients with heart failure across the ejection fraction spectrum:
2	Anne Marie Nyholm*	Clavicle fractures does not increase the occurrence of later subacromial pain syndrome. A registry-based study of 131.838 persons
3	Benjamin Nilsson Wadström	Elevated remnant cholesterol, LDL cholesterol, and risk of peripheral artery disease: a Mendelian randomization study
4	Caroline Hartwell Garred	Age-specific mortality trends in heart failure: a 25-year perspective
5	Charlotte Näslund-Koch	Adherence to national dietary guidelines and risk of psoriasis: results from a general population study of 105,332 individuals
6	David Horner	Screen Time: The 'Digital Diet' Impacting Cardiometabolic Health in Childhood and Adolescence - Unveiling the Metabolic Signature in Two Mother-Child Cohorts
7	Heidi Shil Eddelien	QUALITY OF EARLY STROKE CARE AND LONG-TERM MORTALITY IN PATIENTS WITH STROKE – A NATIONWIDE LONG-TERM FOLLOW-UP STUDY
8	Imane Achir Alispahic	Risk of increased mortality and cardiovascular events in patients with chronic obstructive pulmonary disease treated with macrolide
9	Marte Austreim	Temporal trends in the risk of death and adverse events in heart failure patients with and without atrial fibrillation from 1997-2018
10	Mille Kyhn Andrea	Female Sex is a Predictor for Developing dMMR Colorectal Cancer through the Sessile Serrated Pathway
11	Noor Abassi	Temporal trends in 5-year risk of adverse outcomes in heart failure patients stratified according to a Hospital Frailty Risk Score
12	Regitze Hein	Effect of early cryoballoon ablation on atrial fibrillation recurrence - a Danish nationwide register study
13	Sabina Oliversen Beheshti	Plasma 25-hydroxyvitamin D and advanced age-related macular degeneration: a Mendelian randomization study of 107,793 individuals
14	Sebastian Kinnberg Nielsen	Temporal trend of first-line drug choice and treatment continuity for hypertension among citizens 75 years or over - a register-based

Research Symposium 2023

*Participates outside the competition

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Cardiology
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Prevalence of iron deficiency and associated risk of mortality in patients with heart failure across the ejection fraction spectrum:

Abstract text limited to 250 words (1800 symbols)	Background/Aim: There is a disagreement regarding the definition of iron deficiency (ID) in heart failure (HF). This study aims to compare the current guideline criterion for ID with isolated low transferrin saturation (TSAT) (<20%), isolated low ferritin (<100 ng/ml), and isolated low serum iron ($\leq 13 \mu\text{mol/L}$) in terms of their impact on HF prognosis. Methods: Data from the Danish Heart Failure Registry were linked with other registries. The study population was stratified into subgroups based on HF phenotype and anemia status. Results: Among 10,871 HF patients (mean age 70.5 years, SD 12.4 years, 66.8% male, 90% with HF with reduced EF (HFrEF), 5.7% with HF with mildly reduced EF (HFmrEF), and 4.3% with HF with preserved EF (HFpEF)), the prevalence of ID varied from 34.7% to 69.2%, depending on the ID definition. Multivariable Cox regression analysis revealed that ID defined by low TSAT and low serum iron was independently associated with higher all-cause mortality in non-anemic HFrEF (HR: 1.52; 95% CI: 1.33-1.74; and HR: 1.60; 95% CI: 1.42-1.82, respectively) and HFpEF (HR: 2.37; 95% CI: 1.39-4.06; and HR: 2.39; 95% CI: 1.40-4.07, respectively), and anemic HFrEF (HR: 1.22; 95% CI: 1.09-1.37; and HR: 1.27; 95% CI: 1.13-1.44, respectively). Guideline-based ID or isolated low ferritin were not associated with higher all-cause mortality. No association between any of the four ID definitions and HF hospitalization was observed. Conclusion: ID defined by TSAT <20% and serum iron $\leq 13 \mu\text{mol/L}$ was linked to higher mortality in HFrEF and non-anemic HFpEF patients.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Clavicle fractures does not increase the occurrence of later subacromial pain syndrome. A registry-based study of 131.838 persons

Abstract text

limited to 250 words (1800 symbols)

Introduction

The purpose of this retrospective case-control study was to investigate if a clavicle fracture was correlated with a higher occurrence or earlier diagnosis of subacromial pain syndrome (SAPS).

Methods

All persons aged 18-60 years registered with a hospital contact due to a clavicle fracture (DS420) between 1.1.1996 and 31.12.2005 in the Danish National Patient Register were identified as cases. For each case, five matched controls (sex and age) were identified. Primary outcome was the first hospital contact with a SAPS diagnosis (DM751-755) registered more than 180 days following a clavicle fracture. Persons were followed until 01.11.2021.

Results

21.973 cases and 109.865 controls were included. The incidence of a clavicle fracture was 76 fractures per 100.000 persons per year. 23% were female. 1.640 (7.46%) cases and 8.072 (7.35%) controls later received a SAPS diagnosis, demonstrating no significant difference in occurrence of SAPS ($p=0.56$).

Mean time from fracture to SAPS diagnosis was shorter for cases compared to controls (4040 vs. 4442 days, $p<0.001$), and cases were slightly younger when receiving the diagnosis (mean age 51.3 vs 53.6 years, $p<0.001$).

1614 cases underwent surgical fixation. This subgroup had a significantly higher occurrence of later SAPS (205 cases, 13%, $p<0.001$).

Conclusion

A previous clavicle fracture was not correlated to an increased occurrence of later diagnosis of subacromial pain syndrome (SAPS). However, the diagnosis was given 1-2 years earlier for people with a previous fracture. Surgical fixation of the clavicle was correlated significantly with a higher occurrence of later SAPS diagnosis.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Clinical Biochemistry
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☒ Biomarkers/Translational Research
Abstract title (135 symbols)	Elevated remnant cholesterol, LDL cholesterol, and risk of peripheral artery disease: a Mendelian randomization study

Abstract text limited to 250 words (1800 symbols)	Background: Elevated remnant cholesterol and low-density lipoprotein (LDL) cholesterol are both causally associated with increased risk of coronary artery disease (CAD), but it is not known if the same is true for peripheral artery disease (PAD). We tested the hypothesis that elevated remnant cholesterol and LDL cholesterol are causally associated with increased risk of PAD, each independent of the other. Methods: We constructed genetic scores from genetic variants near genes known to directly affect remnant cholesterol and LDL cholesterol levels, identified through a genome-wide association study of individuals in the UK Biobank. We used univariable and multivariable Mendelian randomization to estimate the causal associations of remnant cholesterol and LDL cholesterol levels with odds ratios for PAD (N = 38,414 cases) and CAD (N = 221,445 cases) Results: Increments in the remnant genetic score and LDL genetic score associated with 1 mmol/L (39 mg/dL) higher remnant cholesterol or LDL cholesterol, respectively, were associated with odds ratios for PAD of 2.72 (95% confidence interval: 2.10-3.52) and 1.37 (1.25-1.51), respectively; corresponding multivariable odds ratios were 2.16 (1.49-3.12) and 1.14 (1.00-1.30). For CAD, corresponding odds ratios were 2.92 (2.34-3.64) and 1.67 (1.56-1.79), respectively, while corresponding multivariable odds ratios were 1.86 (1.39-2.47) and 1.44 (1.29-1.60), respectively. Conclusions: Elevated remnant cholesterol was causally associated with increased risk of PAD even after accounting for elevated LDL cholesterol, whereas the association between elevated LDL cholesterol and increased risk of PAD was dependent on concomitantly elevated remnant cholesterol. Clinical trials should test if remnant cholesterol-lowering therapy prevents PAD.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Age-specific mortality trends in heart failure: a 25-year perspective

Abstract text

limited to 250 words (1800 symbols)

Introduction: Despite advances in heart failure (HF) care reducing mortality in clinical trials, it remains unclear whether real-life cohorts have experienced similar improvements in life expectancy across the age spectrum. Therefore, we sought to investigate how mortality has improved across different age groups in patients with HF over the past 25 years.

Methods: We identified patients with new onset HF from nationwide registries from 1996-2020 and categorized them into three age groups, <65 years, 65-79 years, and ≥80 years. The primary outcome of interest was the crude 5 year all-cause mortality risk. The adjusted mortality rate was assessed across five periods (1996-2000, 2001-2005, 2006-2010, 2011-2015, 2016-2020) using multivariable Cox regression analysis.

Results: We included 194,997 patients, of whom 25% were <65 years, 42% between 65-79, and 33% ≥80. The absolute crude mortality risk at 5 years decreased significantly from 1996-2000 to 2016-2020, across the entire cohort (from 66% [95% CI, 65.5-66.4] to 43% [42.1-43.4]) and within each age group (age <65, 35% [33.9-36.1] to 15% [14.6-16.3]; 65-79, 64% [63.1-64.5] to 39% [37.6-39.6]; ≥80, 84% to [83.1-84.3] to 73% [71.7-73.9]. The adjusted analyses gave similar results from 1996-2000 (reference) to 2016-2020,: (entire cohort, HR 0.62 [95% CI, 0.60-0.63]; age <65 HR 0.46 [0.43-0.5]; 65-79 HR 0.53 [0.52-0.55]; ≥80, HR 0.80 [0.77-0.81].

Conclusion: Over 25 years, we observed a reduction in mortality both within the entire HF cohort and across all age groups. However, patients aged ≥80 years experienced a less pronounced decline in mortality in comparison to the other age groups. Further insight is needed to identify effective strategies for improving disease burden in older HF patients.

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Dermatology and Allergy
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Adherence to national dietary guidelines and risk of psoriasis: results from a general population study of 105,332 individuals

Abstract text limited to 250 words (1800 symbols)	Introduction: Diet and psoriasis is a debated topic, without much evidence to qualify the discussion. In this study, we hypothesized that individuals with low adherence to national dietary guidelines have increased risk of prevalent and incident psoriasis. Methods: We included 105,332 adults enrolled between 2003 and 2015 from the Copenhagen General Population Study. Participants were grouped into low, intermediate, and high adherence to national dietary guidelines based on information from a food frequency questionnaire. Identification of psoriasis was made using ICD-10 codes. Information on potential confounders was obtained at baseline visit from a clinical examination, self-reported lifestyle questionnaire, and blood samples. Results: 580 individuals had a diagnosis of psoriasis at the time of enrolment and 640 received a diagnosis during a median follow-up of 9 years. Individuals with low adherence to dietary guidelines had higher risk of prevalent psoriasis compared to individuals with high adherence with an age and sex adjusted odds ratio of 1.70 (95% confidence interval 1.26-2.30). Results were similar in a multivariable adjusted model. However, in prospective analyses the multivariable adjusted hazard ratio was 1.09 (95% CI 0.80-1.49) and thus, we could not find an increased risk of incident psoriasis in individuals with low vs. high adherence to dietary guidelines. Conclusions: Even though individuals with psoriasis have an unhealthier diet, diet alone does not seem to independently increase the risk of incident psoriasis.
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Research Symposium 2023

Abstract title	Screen Time: The 'Digital Diet' Impacting Cardiometabolic Health in Childhood and Adolescence - Unveiling the Metabolic Signature in Two Mother-Child Cohorts
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Research Symposium 2023

Screen Time: The 'Digital Diet' Impacting Cardiometabolic Health in Childhood and Adolescence - Unveiling the Metabolic Signature in Two Mother-Child Cohorts

INTRODUCTION

The significant increase in screen time among children and adolescents has raised concerns about its short and long term health impacts including cardiometabolic risk (CMR).

METHODS

Screen time and CMR factors encompassing the metabolic syndrome, insulin resistance, inflammation, lipoproteins and obesity were evaluated at ages 6, 10, and 18 years in the Copenhagen Prospective Studies on Asthma in Childhood (COPSAC) 2010 and 2000 cohorts. Our longitudinal study accounted for relevant covariates including objective measures of physical activity, sleep patterns, dietary patterns and puberty.

RESULTS

In both the COPSAC2010 and COPSAC2000 cohorts, screen time was found to be significantly associated with an elevated total CMR ($p=0.008$, $p<0.001$). In childhood, detrimental effect-modifiers of this relationship were reduced sleep duration ($p=0.019$) and later sleep onset ($p=0.041$). Additionally, an unhealthy dietary pattern score was found to partially mediate the impact of screen time on CMR, accounting for 14.8% of the effect ($p=0.022$). We employed a machine learning model trained in COPSAC2010 to uncover a unique metabolic signature associated with screen time, which despite significant cohort characteristic differences, predicted actual screen time in COPSAC2000 ($p<0.001$).

CONCLUSION

Our study, conducted in two independent mother-child cohorts, identified strong associations between screen time and CMR factors. The potential utility of machine learning approaches in identifying key metabolic signatures of screen time may prove invaluable in future research aimed at identifying individuals at risk of high screen time use and may inform targeted interventions.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	QUALITY OF EARLY STROKE CARE AND LONG-TERM MORTALITY IN PATIENTS WITH STROKE – A NATIONWIDE LONG-TERM FOLLOW-UP STUDY

Abstract text

limited to 250 words (1800 symbols)

Introduction: Fulfilment of process performance measures in acute stroke care is associated with lower short-term mortality. However, the potential association with long-term mortality remains to be addressed. The aim of this study was to evaluate the association between fulfilment of process performance measures of acute stroke care and long-term mortality for patients with acute stroke in Denmark.

Methods: We extracted and linked data from Danish health care registers (2008-2018) to identify all patients admitted with first-ever stroke, including intracerebral haemorrhage and ischemic stroke. Quality of acute stroke care was assessed using ten process performance measures. Mortality was compared using Cox proportional hazards ratios, risk ratios computed using Poisson regression, and standardized relative survival.

Results: In total, 93.749 patients were included, corresponding to 8901 cases with intracerebral haemorrhage, 80.597 cases with ischemic stroke, and 4251 cases with unspecified stroke. The median age was 72 years [IQR 62-81] and 46% were women. After 10 years follow-up 55.3% patients had died. The fully adjusted hazards ratios associated with fulfilment of the individual process performance measures ranged from 0.73 to 0.96. The lowest mortality at 10 years follow-up was seen in patients, who had the highest rate of fulfilment, both according to the risk ratios 0.88 and the standardized relative survival 90.51%. The results were confirmed when stratifying for type of stroke.

Conclusions: Higher quality of acute stroke care was associated with substantially lower long-term mortality. Hence, efforts to ensure fulfilment of process performance measures are highly warranted.

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Abstract title (135 symbols)	

Abstract text limited to 250 words (1800 symbols)	A Danish nationwide cohort study investigated the risk of cardiovascular events, all-cause mortality, and cardiovascular death in severely ill COPD patients treated with macrolide antibiotics (azithromycin, clarithromycin, roxithromycin) compared to amoxicillin. This study was prompted by concerns that macrolides might increase the risk of heart-related issues. The study found that there were no significant differences in the risk of major adverse cardiovascular events (stroke, acute myocardial infarction, or cardiovascular death) among the groups. Specifically, the hazard ratios (HR) for azithromycin, clarithromycin, and roxithromycin were 1.06, 0.93, and 0.99, respectively, when compared to amoxicillin. These results were confirmed through sensitivity analysis, and no variations were observed in all-cause mortality or cardiovascular death between the groups. In conclusion, this research did not reveal any evidence indicating variations in the risk of major adverse cardiovascular events when comparing amoxicillin to the three macrolides among COPD patients over a three-year follow-up period. Therefore, it suggests that the use of macrolide antibiotics in this population does not seem to pose a significant additional cardiovascular risk.
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Abstract title (135 symbols)	Temporal trends in the risk of death and adverse events in heart failure patients with and without atrial fibrillation from 1997-2018

Abstract text limited to 250 words (1800 symbols)	Introduction Despite the past decade's advancements in managing heart failure (HF) and atrial fibrillation (AF), separately, it remains unclear how the prognosis of patients diagnosed with both conditions changed over time. We investigated the temporal trends of adverse events from 1997 to 2018. Methods From Danish nationwide registries, we identified 149,477 patients with a first-time HF-diagnosis from 1997 to 2018. Patients were categorised into four time periods and subdivided into three groups based on their history of AF (History of AF, HF and AF diagnosed simultaneously, no AF history). The primary outcome of interest was the risk of all-cause mortality, and key secondary outcomes were worsening of HF and stroke, calculated with the Aalen-Johansen estimator, accounting for competing risk and censoring. Results Overall, HF-patients were younger, more burdened with comorbidities, and prescribed more medication in 2018 vs. 1997. From 1997 to 2018, the five-year absolute risk of death for patients with history of AF decreased from 68.03% to 51.7%, from 62.7% to 42.1% for patients diagnosed with HF and AF simultaneously, and from 62.3% to 37.2% for patients without AF. The risk of worsening-HF remained consistent throughout the study period. Five-year stroke risk decreased from 8.8% to 5.1% for AF-patients vs. 6.4% to 4.9% for patients without AF from 1997 to 2018. Conclusion Overall, we observed a significant decrease in the five-year risk of death and stroke. However, our data implicates a worsened prognosis for HF-patients with AF, suggesting the need of a more focused approach toward this patient group.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Female Sex is a Predictor for Developing dMMR Colorectal Cancer through the Sessile Serrated Pathway

Abstract text

limited to 250 words (1800 symbols)

Colorectal cancer (CRC) is the 3rd most common cancer. Up to 30% of CRC are thought to develop from serrated lesions and polyps (SP) through the sessile serrated pathway, which entails early BRAF mutations and MLH1 methylation leading to mismatch repair deficient (dMMR) CRC. We investigated predictors of dMMR among patients with SP.

Methods

We used data from Patobank to investigate the development of dMMR CRC in patients with prior SP in the period 2010-2021. We excluded patients without MMR testing. The DCCG database provided information on lifestyle factors. We used multiple logistic regressions to find the difference in risk factors of developing dMMR CRC in comparison to CRC with proficient MMR (pMMR).

Results

We included 3948 patients with a median age of 71.2 years [64.9;76.8] of which 2200 (55.7%) were male. dMMR CRC was present in 793 patients (21.1%), with MLH1/PMS2 as the most common deficiency. The risk of dMMR CRC was significantly higher in females OR 3.1 [2.63;3.65]. When adjusting for age, prior SP subtype, conventional adenomas and lifestyle factors, female sex was still the strongest predictor OR 2.8 [2.31;3.39]. The presence of sessile serrated lesions and conventional adenomas was related to higher risk OR 1.86 [1.54;2.25] and lower risk 0.72 [0.60;0.87], respectively.

Conclusion

Female sex was the strongest predictor for development of dMMR CRC in patients with prior SP. Sessile serrated lesions increased the risk in both sexes but was higher in females. This might indicate that the sessile serrated pathway behaves differently in males and females.

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Abstract title (135 symbols)	Temporal trends in 5-year risk of adverse outcomes in heart failure patients stratified according to a Hospital Frailty Risk Score

Abstract text

limited to 250 words (1800 symbols)

Introduction

Despite increased focus on heart failure (HF) and frailty as coexisting conditions, it remains unknown how the prognosis of HF patients with different degrees of frailty has evolved across time. We investigated the temporal trends in the risk of adverse HF-related outcomes, according to degree of frailty.

Methods

From Danish nationwide registries, we included 135,920 patients with new-onset HF from 1999-2018. Patients were categorised into four year-groups, corresponding to year of receiving a first-time HF-diagnosis. The Hospital Frailty Risk Score was utilised to further group patients according to degree of frailty (low, intermediate, high). Multivariable Cox regression models were used to investigate and adjust for confounders for worsening HF, non-HF-hospitalisation, and all-cause death.

Results

Overall, HF patients were younger, more comorbid, and prescribed more medication in 2018 vs 1999. The proportion of frail HF patients increased from 1999-2018. The five-year hazard ratio (HR) for worsening HF, and non-HF-hospitalisation, decreased significantly from 1999 to 2018, for low and intermediate frailty patients, whereas the results were insignificant for highly frail patients. For all frailty groups, the five-year HR for death decreased over time, with the lowest reduction in HR in the high frailty group.

Conclusion

From 1999 to 2018, we observed a reduction in mortality for HF patients, regardless of frailty status, and a decrease in HR for worsening HF and non-HF-hospitalisation for the lower frailty groups. The data suggest a poorer prognosis for highly frail patients, necessitating development of management guidelines accounting for high frailty status in HF patients.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Effect of early cryoballoon ablation on atrial fibrillation recurrence - a Danish nationwide register study

Abstract text

limited to 250 words (1800 symbols)

Introduction:

Cryoballoon ablation is a safe and efficient rhythm control strategy in atrial fibrillation (AF) patients. However, the impact of time from diagnosis to ablation is unclear. The aim of this study was to examine the impact of first-time cryoballoon ablation timing in a large, unselected patient cohort.

Methods:

From nationwide registers, all AF patients 18 years of age or older who underwent first-time AF cryoballoon ablation in Denmark between January 2012 and December 2018 were included. The AF patients were stratified by ablation timing: Early group (≤ 1 year after AF diagnosis), intermediate group (1-3 years after AF diagnosis) and late group (≥ 3 years after AF diagnosis). The primary endpoint was AF recurrence.

Results:

This study included 1064 AF patients with a median age of 63 years. Most patients were male (66%) and had paroxysmal AF (67%). The one-year cumulative incidences of AF recurrence increased from 26% in the early group to 34% and 40% in the intermediate and late group, respectively. The hazard ratios (95% confidence intervals) were 1.32 (0.97, 1.79) in the intermediate group and 1.51 (1.15, 1.97) in the late group when compared to the early group. Consistent results were found when examining paroxysmal and persistent AF separately.

Conclusion:

In this nationwide register study examining AF recurrence after cryoballoon ablation, late ablation resulted in a significantly higher recurrence risk when compared to early ablation. Based on these results, early cryoballoon ablation could potentially provide considerable benefits and improve outcomes after AF ablation.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Plasma 25-hydroxyvitamin D and advanced age-related macular degeneration: a Mendelian randomization study of 107,793 individuals

Abstract text limited to 250 words (1800 symbols)	Introduction: Vitamin D is hypothesized to affect the pathogenesis of age-related macular degeneration (AMD); however observational data have been conflicting. We test the hypothesis that higher plasma 25-hydroxyvitamin D (25(OH)D) is observationally and causally through human genetics associated with advanced AMD. Methods: Observationally, 25,784 individuals from the Copenhagen General Population Study had measured baseline plasma 25(OH)D. Causally, 107,793 individuals were genotyped for six genetic variants in DHCR7, CYP2R1, GEMIN2, and HAL leading to life-long elevated plasma 25(OH)D concentrations, all of which were combined in a 25(OH)D increasing allele score. Advanced AMD diagnosis was ascertained using the national Danish Patient Registry. We used Cox regression analysis for hazard ratios, and instrumental variable analysis (mendelian randomization) and logistic regression for odds ratios. Results: Observationally, the multivariable adjusted hazard ratio (95% confidence interval) for advanced AMD was 1.36 (1.01-1.84) for individuals with 25(OH)D 75.0 nmol/L compared to those with 25(OH)D of 50.0-74.9 nmol/L (449 events). Genetically, each increase in the weighted allele score was associated with a 1.0 nmol/L higher plasma 25(OH)D concentration, and with a hazard ratio for risk of advanced AMD of 1.01 (1.00-1.03). The odds ratio for genetically determined 20 nmol/L higher 25(OH)D concentration was 1.31 (0.97-1.76) for advanced AMD (1,264 events), with a corresponding observational seasonally adjusted OR of 1.09 (1.01-1.18). Conclusion: Higher plasma 25(OH)D was observationally associated with increased risk of advanced AMD. We cannot exclude that genetically determined higher plasma 25(OH)D is causally associated with increased risk of advanced AMD.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Temporal trend of first-line drug choice and treatment continuity for hypertension among citizens 75 years or over - a register-based

Abstract text

limited to 250 words (1800 symbols)

Introduction

Limited knowledge of antihypertensive treatment of the elderly potentially impedes effective strategies for hypertension management in this growing patient group.

Methods

We aimed to investigate temporal trends for first-line drug choice for antihypertensive treatment and treatment continuity among patients ≥ 75 years from 2000–2021. Using nationwide Danish registers, patients ≥ 75 years initiated for the first time on antihypertensive drugs: Angiotensin converting enzyme inhibitors (ACEi), angiotensin II receptor blockers (ARB), beta blockers (BB), calcium channel blockers (CCB), thiazides, or combinations, were identified. Patients with other indications than hypertension were excluded. Treatment continuity was described using claimed prescriptions the first 180 days following study entry.

Results

From 2000–2021, 170,769 patients (median age 80 years [interquartile range: 77–84], 60.3% female) were included. From 2000–2003 to 2015–2021 the proportion of first-line drug choice increased for ACEi (8.7% to 14.9%), ARB (4.1% to 23.9%), and CCB (10.7% to 27.6%), decreased for thiazides (60.6% to 15.9%) and remained stable for BB (12.9% to 14.1%) and combinations (2.9% to 3.6%). For 157,457 patients alive after 180 days, discontinuation was highest among patients initiated on thiazides (28.3%) whereas most patients continued the same single drug regimen if they started on ACEi (55.2%), ARB (65.0%), BB (57.2%) or CCB (59.3%).

Conclusion

From 2000–2021 thiazides have been replaced by ACEi, ARB and CCB. Thiazides had the lowest treatment continuity while ARB appeared preferred slightly over ACEi. Differences in adherence in relation to first-line drug choice may warrant

Research Symposium 2023

Short electronic presentation

Qualitative Research

Chair: Thordis Thomsen

No.	Name	Abstract title
1	Alexander Bjørneboe Nolsøe 2/2	Prevalence and Predicting Factors for Commonly Neglected Sexual Side Effects to Low-dose Rate Brachytherapy for Prostate Cancer
2	Anna Sophie Belling Krøntoft	Self-management support for patients with atopic dermatitis: a qualitative interview study.
3	Anne Pries Olsen	Physical exercise program to older frail patients receiving chemotherapy for colorectal cancer - experiences from the GERICO study
4	Cecilie Balslev Willert	Psychometric validation of the Danish BREAST-Q reconstruction module
5	Guri Spiegelhauer	Satisfaction and perceived benefits of needs-assessment related to rehabilitation after chemotherapy in patients with breast cancer
6	Lærke Vinberg Moestrup	Women's experiences of a dehiscence perineal tear - an interview study
7	Malini Sagar	Patient flow analysis with fast-track stroke MRI in the Emergency Department
8	Marie Glad	Emergency medical service providers perspectives regarding relatives' influence on treatment in prehospital emergency medicine.
9	Marie Louise Thise Rasmussen	Exploring the practice of patient involvement in discharge decisions in the emergency department and the experience of patients.
10	Marie Møller	The elective native kidney biopsy procedure: a descriptive study of national differences in the local clinical guidelines
11	Rikke Parsberg Werge & Marie Louise Hamberg	Becoming a different person - a qualitative explorative interview study concerning everyday life with hepatic encephalopathy (HE)
12	Susanne Boel 1/2	Patient involvement in decision-making on post-operative rehabilitating approaches after a distal radius fracture
13	Susanne Boel 2/2	Factors influencing functioning following a distal radius fracture - a scoping review of 148 studies

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Prevalence and Predicting Factors for Commonly Neglected Sexual Side Effects to Low-dose Rate Brachytherapy for Prostate Cancer

Abstract text limited to 250 words (1800 symbols)	Objectives: To investigate orgasmic dysfunction, urinary incontinence during sexual activity (UIS), penile morphology changes, and sensory penile disturbances following Low-dose Rate Brachytherapy (LDR-B) for prostate cancer. Methods: A Cross-sectional study LDR-B at Herlev Hospital from March 2010 through February 2020. Based on a questionnaire that included the International Index of Erectile Function Erectile Function Domain (IIEF-EF) and questions on the metrics outline in the objectives. Results: Overall, 178 patients responded. The median age and time since LDR-B were 70 years (51-83) and 93 months (21-141), respectively. Overall, 142 (80%) were sexually active and 126 (70.8%) had erectile dysfunction (ED). Of the sexually active patients, 8 (5.6%) reported anejaculation, 7 (4.9%) anorgasmia, 67 (46.9%) had decreased orgasmic intensity, while 69 (49.3%) reported increased time to orgasm. Twenty-six patients (18.3%) had experienced orgasm associated pain with a median visual analog pain score of 2. Considering overlap, 44 patients (31.0%) had an unchanged orgasmic function. Six (3.3%) patients had experienced UIS, 45 (25.2%) reported penile length loss and 17 (9.6%) an altered penile curvature. Nine (5%) had experienced painful erection, while 33 (18.5%) had experienced decreased penile sensitivity. On multivariate analyses, ED was the only independent risk factor for altered perception of orgasm (OR of 6.6, $p < 0.0001$), orgasmic pain (OR 5.5, $p = 0.008$), and penile shortening (OR 4.2, $p < 0.0056$). None were identified for UIS or sensory penile disturbances. Conclusions: Orgasmic dysfunction, penile morphology changes, and sensory disturbances are prevalent side effects of LDR-B for prostate cancer, whereas UIS is only experienced by a minority.
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Abstract title (135 symbols)	Self-management support for patients with atopic dermatitis: a qualitative interview study.

Abstract text

limited to 250 words (1800 symbols)

Introduction:

Self-management support for patients diagnosed with atopic disease can increase self-management skills, alleviate the burden of disease, reduce poor health outcomes, and healthcare utilization. The aim of this study was therefore to determine how the patient's needs for self-management support should be addressed in consultations with patients with atopic dermatitis.

Methods:

This study was based on individual interviews with patients diagnosed with atopic dermatitis. Interpretive description methodology was chosen for iterative data collection and analysis. This approach is suitable when the goal is to seek out the knowledge needed to change clinical practice in a justifiable way. Patients were recruited from a department of dermatology and a private dermatology clinic.

Results:

Twenty-six participants were interviewed between September 2022 and January 2023. Two mutually dependent themes: Recognition and Guidance for agenda setting were found to be supportive for the patients' self-management. A relationship between patient and healthcare professionals based on personal and disease-related recognition was fundamental to successful support. But in addition, guidance for agenda setting from healthcare professionals was needed on the wide range of topics that could be covered in the consultation.

Conclusion:

The prerequisite for self-management support in consultations depends on a healthcare professional with profound knowledge of atopic dermatitis who clearly recognizes the individual patient and his or her condition. Recognition serves as a foundation for self-management support and combined with a guiding towards agenda setting there is a higher chance of focusing consultation time on the patients' needs and thereby contribute to improving

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Department of main author/ presenter, no name of the author (330 symbols)	Department of Physiotherapy and Occupational Therapy
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Physical exercise program to older frail patients receiving chemotherapy for colorectal cancer - experiences from the GERICO study

Abstract text limited to 250 words (1800 symbols)	Introduction: Older frail patients with cancer are at high risk of physical and functional decline during chemotherapy. There is a lack of studies evaluating feasibility and effect of exercise in these patients. We aimed to investigate the feasibility and effect of an exercise program in older frail patients with colorectal cancer receiving adjuvant or palliative chemotherapy. Method: This is a secondary analysis from the GERICO RCT study. Frailty was tested by handgrip and gait speed. We evaluated reasons for dropping out and feasibility of an individually tailored exercise program, lasting 60 minutes twice/week for 12 weeks. Baseline characteristics and effects of exercise for patients with high and low adherence (attendance of <50% of exercise sessions) were compared. Results: Patients in the intervention group of the GERICO RCT (n=71) were screened for physical frailty. 47 patients were found to be frail and referred to exercise. 7 patients had initiated municipal rehabilitation. In the remaining population (N=40) 19 had an exercise adherence >50% and 21 had no or low exercise adherence. Low adherence to the exercise program was seen due to lack of energy and/or adverse events related to chemotherapy treatment. Patients with >50% adherence exhibited significant improvements in physical tests. Conclusion: Patients with high adherence benefitted from exercise during chemotherapy but did not differ from patients with low adherence at baseline. All frail patients receiving chemotherapy for colorectal cancer should be offered exercise since it is difficult to identify patients, who are likely to benefit from exercise according to their baseline characteristics.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Psychometric validation of the Danish BREAST-Q reconstruction module

Abstract text

limited to 250 words (1800 symbols)

Introduction: a breast reconstruction is a major surgery that carries potential complications and lasting side effects. Patient-reported outcome measurements are essential for assessing the impact of a breast reconstruction on quality of life. The BREAST-Q is a validated questionnaire for breast surgery procedure outcomes. This study aimed to psychometrically validate the Danish BREAST-Q reconstruction module using Rasch Analysis to ensure its reliability, validity and utility in clinical practice and research.

Methods: Eligible women were included from January 2019 to June 2020. The BREAST-Q was administered electronically. Psychometric analyses examined reliability and validity using both Rasch Analyses and Classical Test Theory. Measurements included test for internal correlation, local dependency, item fit, differential item functioning, and more. Known group analyses were conducted to assess clinical validity.

Results: We included 358 patients and ended up with 118 pre-operative and 201 post-operative responses. We validated 86 items in 12 scales. Chronbach's alfa was > 0.70 in all scales and ≥ 0.90 in all but two scales. No floor effects were observed, but ceiling effects were noted in four scales. Missing data was $> 5\%$ in 12 items. The Rasch Analyses will be presented at the poster session.

Conclusion: The preliminary analyses using classical test theory suggests that the Danish BREAST-Q reconstruction module is reliable. However, certain scales might not prove valuable in Denmark due to ceiling effects. Hopefully, the Rasch Analyses will support this conclusion.

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Abstract title (135 symbols)	Satisfaction and perceived benefits of needs-assessment related to rehabilitation after chemotherapy in patients with breast cancer

Abstract text

limited to 250 words (1800 symbols)

Introduction: Early breast cancer and related treatments can cause side effects and reduced physical functioning, which may lead to rehabilitation needs. The aim of this study was to investigate experienced distress, need for, and satisfaction with needs-assessments related to rehabilitation (NARR) in women with early breast cancer after (neo)adjuvant chemotherapy.

Methods: A cross-sectional design using survey data. The survey included measurement of distress, self-assessed need of, and satisfaction with the NARR (scales from 0 to 10). Type of experienced side effects were registered along with numbers of and reasons for referrals to rehabilitation. Potential associations between patient scores, sociodemographic and medical variables were investigated with Wilcoxon rank sum test and Kruskal-Wallis test.

Results: In all, 217 patients completed a NARR and 200 (92%) accepted participation in the study. After the NARR, 39 patients (20%) were referred to rehabilitation. Mean distress was moderate ($3.7 \pm SD 2.3$) and mean need of NARR was high ($6.5 \pm SD 2.7$). Higher distress and higher need of NARR were associated with not having returned to work or being retired ($p < 0.05$), and with experiencing a higher number of side effects ($p < 0.05$). Furthermore, shorter education was associated with a higher need for NARR ($p < 0.05$). Mean satisfaction with NARR was high ($8.9 \pm SD 1.8$). No associations between satisfaction and any medical or demographic variables were found.

Conclusions: Moderate levels of distress, high levels of needs for, and high satisfaction with NARR were found in women with early breast cancer after chemotherapy. Only 20% of patients had rehabilitation needs requiring referral to rehabilitation.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Women's experiences of a dehiscence perineal tear - an interview study

Abstract text

limited to 250 words (1800 symbols)

Introduction: Perineal repair is one of the most common surgical procedures in women after spontaneous obstetric tears or episiotomies, with more than 90% of primiparous women sustaining an injury to the labia, vagina, or perineum during childbirth. Up to 25% of the women with a second-degree perineal tear sustain perineal wound dehiscence. The morbidity associated with perineal wound dehiscence can pose a severe threat to the mother's quality of life. In addition, the mother/baby relationship may become affected and can have a negative impact on the establishment of breastfeeding. However, there is a lack of qualitative studies on dehiscence perineal tears. This study aims to describe women's experiences of a dehiscence second-degree perineal tear in the first two months after birth.

Methods: A purposeful sampling of 20 women at two months postpartum will be recruited from the Perineal Care Clinics at Copenhagen University Hospitals – Herlev and Rigshospitalet. Semi-structured individual interviews will be used to collect data through face-to-face interviews. Criteria for inclusion are women with a dehiscence second-degree perineal tear, who is fluent in Danish or English, and at least 18 years of age. The women will be interviewed in their own homes. The data will be analyzed using thematic content analysis.

Results: The results are not ready.

Conclusion: This is the first Danish qualitative study to grant women the opportunity to voice their personal experiences of a dehiscence perineal wound and how the women's daily lives are affected in the first two months postpartum. This study will result in knowledge of women's experiences of dehiscence perineal second-degree tears and can contribute to enhancing the quality of treatment and counseling.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☒ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Patient flow analysis with fast-track stroke MRI in the Emergency Department

Abstract text

limited to 250 words (1800 symbols)

Introduction: Early detection of stroke is essential for good outcomes and in stroke diagnostics, the superiority of magnetic resonance imaging (MRI) as opposed to computed tomography, is already established. Reduced length of stay (LOS) in hospital, may optimize use of resources. Since January 2020, MRI has been used as a primary imaging technique in cases of suspected stroke, in the Emergency Department (ED) at Herlev Hospital. We aim to determine LOS, before and after implementation of fast-track MRI in the ED.

Methods: We used retrospective data from admissions to the neurologic ED at Herlev Hospital, calculated average LOS, median LOS and the odds of discharge within 24 hours, compared between two one-year time periods. I.e., January 1st, 2019 – December 31st, 2019, and January 1st, 2020 – December 31st, 2020, hence before and after implementation of fast-track stroke MRI, respectively.

Results: 6650 were admitted before and 7201 after implementation of fast-track stroke MRI. Before implementation, the arithmetic mean average LOS was 56.0 hours [53.9-58.1, 95% CI], which was reduced to 38.6 hours [37.1-40.0, 95% CI], post implementation. Corresponding median values from the same time periods are 23.0 hours [7.42 – 71.1 IQR] and 14.0 hours [5.90 – 44.5 IQR], before and after implementation, respectively. Logistic regression adjusted for age, sex, lockdown periods and admissions during weekends showed increased odds of discharge within 24 hours, after implementation of fast-track MRI, odds ratio 1.76 [1.64-1.89 95% CI].

Conclusion: Fast-track stroke MRI in ED associates with reduced LOS in hospital.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Emergency medical service providers perspectives regarding relatives' influence on treatment in prehospital emergency medicine.

Abstract text

limited to 250 words (1800 symbols)

Background: In the field of prehospital emergency medicine, specialized emergency medical service (EMS) providers interact with acutely ill patients and their relatives. The influence of family presence during in-hospital resuscitation is well described. However, no studies have previously assessed the influence of relatives' presence in the acute prehospital setting. The aim of this study was to investigate EMS providers' perspectives on relatives' impact on the acute prehospital treatment of adult patients.

Methods: An online anonymous survey was distributed to all prehospital EMS providers in the Capital Region of Denmark. The survey included 25 research questions on a 5-point Likert scale, investigating relatives' influence on treatment in three different domains: positive, negative, and resuscitation. A higher domain score indicates a high level of agreement or frequency.

Results: Two hundred forty-six EMS providers completed the survey (84 ambulance technicians, 87 paramedics, and 75 physicians). There were no significant differences in the positive domain across professions ($p=0.175$). Physicians had a statistically significant lower score in the negative domain, compared with ambulance technicians and paramedics (mean 2.49 vs. 2.86 and 2.67, $p=0.002$). In the resuscitation domain, paramedics and physicians had a significant lower score compared with ambulance technicians (mean 2.94 and 2.93 vs. 3.15, $p=0.003$).

Conclusion: All professions were equally positive towards relatives' presence and involvement in the acute prehospital setting. Physicians were less likely to be negatively influenced by the presence of relatives compared with ambulance technicians and paramedics. In all professions, increased experience led to improved comfort with handling relatives.

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Department of main author/ presenter, no name of the author (330 symbols)	Emergency Department
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Exploring the practice of patient involvement in discharge decisions in the emergency department and the experience of patients.

Abstract text limited to 250 words (1800 symbols)	Introduction. Less than half of the patients attending an emergency department have reported being involved in a degree they wanted. Unmet care needs and more than one reasonable discharge solution have been identified among patients in emergency care. More knowledge is needed of patients' experiences of involvement in decisions about their emergency department discharge and the context in which it takes place. Methods. A multi-method study was conducted in an emergency department at a medium-sized hospital. The validated shared decision-making questionnaire CollaboRATE was combined with additional data from the participants. These quantitative data were analyzed using descriptive and comparative statistics. Field observations were carried out with a focus on interactions between patients and healthcare professionals and informal interviews with the participants were conducted to elaborate on what was observed. Field notes were analyzed using content analysis with an inductive approach. Results. A total of 615 patients attending the emergency department completed the questionnaire. One out of three felt involved in decisions. We found that, in practice, there was a focus on the symptoms, and the diagnostic tools and choice of treatment were decisive for the further path of the patient. Speed and a low continuity left little room for dialogue to uncover patient preferences, but the patient did not expect to be involved either. Conclusion. The quantitative results and qualitative findings support each other, illustrating a clinical practice with few patients experiencing being involved and with limited opportunity for patient involvement.
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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☐ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	The elective native kidney biopsy procedure: a descriptive study of national differences in the local clinical guidelines

Abstract text

limited to 250 words (1800 symbols)

Background: Kidney biopsy is a crucial procedure in the nephrological diagnostic workup, but it also poses a potential risk of bleeding. It is of interest to the patient and the health care system to perform the procedure in the most efficient and safest way. The aim of this study was to describe the variations in the kidney biopsy procedure among the 11 nephrological departments in Denmark.

Methods: We surveyed all 11 departments for their biopsy procedures.

Results: All departments provided their local procedure. Variation was among others found in preprocedural discontinuation of aspirin (paused for 0-7 days). In 64% of the departments, the patients fasted before the biopsy. Four centers had trained nephrologists perform biopsies, while radiologists performed biopsies at the remaining centers. Five centers used an 18-gauge needle, and six used a 16-gauge needle. After the biopsy, the patients were discharged after 6-24 hours (six centers discharged the patients after six hours).

Conclusion: Despite Denmark's size, significant local variation exists in kidney biopsy procedures. The impact on patient satisfaction, efficiency, biopsy quality, and complications remains uncertain.

Discussion: The local guidelines are likely based on various scientific papers and clinical experience. Aligning them requires extensive biopsy data, challenging due to low severe complication rates and diverse factors influencing results. Systematic reviews of existing literature may provide an alternative solution.

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Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☒ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Becoming a different person - a qualitative explorative interview study concerning everyday life with hepatic encephalopathy (HE)

Abstract text limited to 250 words (1800 symbols)	Introduction: Patients with liver cirrhosis are experiencing low HR-QoL. HE will occur in 75% but is sparsely described from a patient perspective. Due to a marginalized diagnosis and the current health care discourse these patients are expectedly vulnerable in the health care encounter. We wished to explore patient HE-experiences and describe characteristics in the clinical encounter between patients with HE and the health care professionals from both perspectives. Methods: The methodology Interpretive Description was used. 4 patients with HE-experience and 4 health care professionals from the hepatology specialty was included for semistructured interviews. Data was processed using thematic content analysis. Results: An overarching theme was: Becoming a different person, expressed physically, mentally and existentially. 3 main themes were: 1.Experiencing change and loss in relation to identity, relations, loss of control, and isolation. 2.Finding new ways as far as mental and concrete strategies. 3.The clinical encounter when HE is present concerning patients' and health care professionals' experiences with HE characterized by challenged communication and widely use of unconventional approaches. Cirrhosis' relationship to alcohol showed to play a decisive role. Conclusion: Vulnerability is a condition for patients with HE when meeting a health care system characterized by standardization and self-responsibility. Patients experience becoming a different person because of the symptom itself, the reputation of cirrhosis, and the consequent stigmatization. The clinical encounter constitutes "The opportunity space" that facilitates timely information and versatile preparation for the handling of symptoms along with psychosocial support with destigmatization in mind.
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Department of main author/ presenter, no name of the author (330 symbols)	Department of Physiotherapy and Occupational Therapy
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☐ Epidemiology ☐ IT/Tech/Innovation ☒ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Patient involvement in decision-making on post-operative rehabilitating approaches after a distal radius fracture

Abstract text limited to 250 words (1800 symbols)	Introduction: Patient involvement is a focus in the healthcare system, but how are patients with a distal radius fracture (DRF) involved in decision-making on post-operativ rehabilitation approaches? Methods: Nine consultations between patients operated for a DRF and occupational therapists/surgeons were chosen for creating maximum variation. Notes from observations and reflexive dialogues with participants were transcribed and content analyzed. Results: Four themes were found: 1. culture (power-relationship), 2. patients' perspectives (provided experienced based information, seeking individualized information, coping skills), 3. healthcare practitioners perspectives (seeking targeted information, feedback on patients' emotions, empowering), 4. decision making (patient involvement, patients seeking individualized information and decisions, healthcare practitioners' expert knowledge, patients' coping skills). Conclusion: Decisions on the post-operative DRF rehabilitation approach were taken in an unequal power-relationship culture. The patients were unaware of possibilities of post-operative rehabilitation approaches and requested limited individualized information. Decisions were made by healthcare providers based on communities of practice, requested targeted information and observation of patients' coping skills. The observations indicate that there is still some way to go before healthcare practitioners involve patients with DRF in the rehabilitation approach decision. Furthermore, patients must be given information that they can be involved in the decision-making process. These observations will qualify a qualitative study investigating patients informational needs to enable involvement in the decision about the rehabilitation approach after DRF-surgery.
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Department of main author/ presenter, no name of the author (330 symbols)	Department of Physiotherapy and Occupational Therapy
Presentations will be organized in six thematic sessions, please indicate at least two appropriate themes for your presentation	☒ Epidemiology ☐ IT/Tech/Innovation ☐ Qualitative Research ☐ Basic Research ☒ Clinical Research ☐ Biomarkers/Translational Research
Abstract title (135 symbols)	Factors influencing functioning following a distal radius fracture - a scoping review of 148 studies

Abstract text

limited to 250 words (1800 symbols)

Introduction: Factors affecting functioning of patients with a distal radius fracture (DRF) can inform shared decision-making regarding the patient's need for rehabilitation. A variety of factors may influence the patients functioning and this scoping review aims to provide an overview of demographic and perioperative factors assessed for influence on patients functioning after surgery of a DRF.

Methods: This scoping review included peer-reviewed studies after searches in 7 databases. Inclusion criteria were studies including adult patients with DRF, assessing demographic or perioperative factors, and reporting on functioning assessed with patient reported outcome measures.

Two reviewers assessed the retrieved evidence against the inclusion criteria and extracted the data. The factors were categorized into overarching themes and presented descriptively.

Results: In total, 148 quantitative studies were included assessing 39 different themes. Factors were most often assessed in the themes: fracture type (n=40), age (n=38), gender (n=22), associated fracture of ulna (n=16), time from injury to surgery (n=15), muscle release during surgery (n=14), plate/screw type (n=14), fractured side (n=12), anesthesia type (n=11), and rehabilitation approach (n=11).

Conclusion: This scoping review found an extensive number of factors that can be assessed in relation to surgery. These factors have the potential to inform shared decision-making between the patient and healthcare practitioner, with the purpose of planning the rehabilitation for the individual patient early after surgery. Furthermore, several factors were assessed in multiple studies, and therefore this review can act as a precursor to a systematic review.