Abstract example:

STEP-UP Intern's First Name and Last Name (Bold, size 14)
Mentor(s): Mentor's First Name; Mentor's Last Name, Mentor's Degrees (size 12), Mentor's Institutions. For example, Sally Smith, PhD, University of Nebraska,
Name of Coordinating Center: For example University of Nevada Las Vegas
Other Author(s): (if relevant)

Inflammatory Bowel Disease and Body Mass Index (bold, centered, size 12)

Inflammatory bowel disease is divided into two Ulcerative Colitis (UC) and Crohn's disease (CD). The BMI for age and Z-scores have been used to evaluate growth failure especially in children with IBD. In examining whether there is a relationship between BMI and IBD, we hypothesize that children with higher BMI will have greater disease.

There were 1736 patients registered in the database of which 955 had documented heights, weights and date of visit. BMI and Z-score was calculated using CDC-CHOP online calculator. Simple summary statistic with Chi Square was used to evaluate the variation of BMI percentile and Z-scores with regards to age, sex, race and IBD types. Age at diagnosis, types of IBD, and gender were associated with both BMI percentile and z scores ($p < 0.05$), however race was not associated with BMI percentile. 24(21%) of IC, 50(20%) UC and 43(7%) of CD have BMI percentile ≤ the 5th percentile. 25(4%) of CD, 16(14%) of IC and 30(12%) of UC had z scores of < -2.0. Of all IBD patients, 71(46%) of age 3-7 years had z-scores < - 2.0 while older ages had none.

Younger age at IBD have higher prevalence of growth failure based on BMI percentile and Z score compared to older age groups. Age at diagnosis of IBD, IBD types and gender were associated with BMI percentile and Z score.

Key words: BMI, Inflammatory Bowel disease, Ulcerative Colitis, Crohn's disease