SCIENTIFIC WRITING: Get ready for AIDS 2020!

WEBINAR
Our aim is to provide a platform for the dissemination of essential HIV research, to encourage submissions from low- and middle-income countries and to provide capacity building opportunities for less-experienced authors.
Agenda

Introduction
Get ready for AIDS 2020!
Abstract structure
Writing each abstract section
Abstract submission
Review and selection
HIV terminology
Q&A
Rep. Barbara Lee: Returning the HIV Spotlight to the Bay Area

In this episode, Andrew Schwartz interviews Rep. Barbara Lee about the need to return the HIV spotlight to the Bay Area.

To end AIDS, we must address the forces driving it

Recently, the CDC released data showing that declines in HIV rates have stalled in the U.S.

An open letter from your AIDS 2020 Conference Coordinating Committee

We are proud of the communities we are – people living with HIV;
Abstract Mentor Programme

Sign up to become a mentor
From 15 October to 10 December 2019

Submit your abstract for mentoring
4 November to 19 December 2019
Abstract writing online course

www.healthefoundation.eu

IAS Scientific Writing[e]Education

About this project

To promote and support scientific contributions to the International AIDS Society (IAS) Conferences on HIV Science and the International AIDS Conferences, the IAS, the Journal of the IAS (JIAS) and Health[e]Foundation offer a course – IAS Scientific Writing[e]Education – each year. The course was written by editors of the Journal of the IAS, an open-access platform for the publication of essential and innovative HIV/AIDS research.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Abstract and manuscript writing and submitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period</td>
<td>2011 - (ongoing)</td>
</tr>
<tr>
<td>Target group</td>
<td>Everyone who would like to write and submit an abstract</td>
</tr>
</tbody>
</table>
How to write a conference abstract
What is an abstract?

A conference abstract includes all the important details and data from your research study so that it can serve as a stand-alone summary of the work.

**Title:** Headline of study with keywords.

**Introduction:** Description of issue, knowledge gap and aim.

**Methods:** Methodology used or approach taken.

**Results:** Findings and data from study.

**Conclusions:** Main outcomes and implications.
Title

The part most often read
Often the only part read

• Summarize your study in 30 words

• Your title should be:
  • short, specific, representative, informative

• The title is your mini-advertisement

• You don’t need to present your lessons learned or recommendations in the title
Is this a good title? What different types of information does this title contain?

Prevalence of HIV and other sexually transmitted infections among female sex workers in Moscow, Russia: Results from a community-based, cross-sectional study using respondent driven sampling methodology
Prevalence of HIV and other sexually transmitted infections among female sex workers in Moscow, Russia: Results from a community-based, cross-sectional study using respondent driven sampling methodology.
How to write the INTRODUCTION section
Introduction

– What is the **TOPIC** of the abstract?
  • Injecting drug users in Eastern Europe
  • Prevalence of HIV and other sexually transmitted infections among female sex workers

– Why was the study done? What is the **ISSUE**?
  • Low condom use among MSM
  • Data on HIV/STIs prevalence in FSW are scarce in Russia

– What was the **AIM** of the study?
  • Estimate the proportion of pregnant and breastfeeding women receiving routine HIV care in maternal and child health (MCH) clinics in the Kinshasa
  • Estimate HIV and other STIs prevalence among FSW in Moscow
In Russia, it is estimated by the Ministry of health that 0.8 million people are living with HIV, and that 85,800 new infections occurred in 2017. Despite female sex workers (FSW) being known as a key population for HIV and other sexually transmitted infections (STI), data on HIV/STIs prevalence in this group are scarce in Russia. The objective of this study was to estimate HIV and other STIs prevalence among FSW in city of Moscow and Moscow region.
Introduction

In Russia, it is estimated by the Ministry of health that 0.8 million people are living with HIV, and that 85,800 new infections occurred in 2017. Despite female sex workers (FSW) being known as a key population for HIV and other sexually transmitted infections (STI), data on HIV/STIs prevalence in this group are scarce in Russia. The objective of this study was to estimate HIV and other STIs prevalence among FSW in city of Moscow and Moscow region.

Pataut D. et al. IAS 2019 Oral Abstracts
How to write the METHODS section
## Methods

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO?</td>
<td>“wild-type mice”</td>
</tr>
<tr>
<td></td>
<td>“men who have sex with men”</td>
</tr>
<tr>
<td>HOW?</td>
<td>“a retrospective clinical chart review was performed”</td>
</tr>
<tr>
<td></td>
<td>“in-depth open-ended qualitative interview were conducted”</td>
</tr>
<tr>
<td></td>
<td>“a fisher’s exact test was used “</td>
</tr>
<tr>
<td>WHERE?</td>
<td>“University College Hospital in Lagos, Nigeria”</td>
</tr>
<tr>
<td>WHAT?</td>
<td>“survival rate over five years”</td>
</tr>
<tr>
<td></td>
<td>“barriers to implementation”</td>
</tr>
<tr>
<td>WHEN?</td>
<td>“between March 2015 and June 2017”</td>
</tr>
</tbody>
</table>

### Sufficient details

- **WHO?**
  - Who was the subject of the study?
  - Who was targeted by the program?

- **HOW?**
  - How was the study designed?
  - How was the outcome of interest measured?
  - How was the data collected and analysed?

- **WHERE?**
  - Where did the study take place?
  - Where was the project implemented?

- **WHAT?**
  - What was measured?
  - What were the factors of interest?

- **WHEN?**
  - When did the study take place?
  - When was the programme implemented?
Methods

A cross-sectional study was implemented by an international non-governmental organization (NGO), a Russian NGO and a Russian research institute using the respondent driven sampling methodology. The recruitment took place between October 2017 and July 2018. Data collection included a face-to-face questionnaire, HIV and syphilis rapid tests, throat swab and self-collected vaginal and anal swabs for the detection of 4 other STIs (Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis and Mycoplasma genitalium). Statistical analysis was conducted using weights based on the RDS-II estimator. Factors associated with HIV infection were identified using a weighted multivariate logistic regression.


Patout D. et al. IAS 2019 Oral Abstracts
Methods

A cross-sectional study was implemented by an international non-governmental organization (NGO), a Russian NGO and a Russian research institute using the respondent driven sampling methodology. The recruitment took place between October 2017 and July 2018. Data collection included a face-to-face questionnaire, HIV and syphilis rapid tests, throat swab and self-collected vaginal and anal swabs for the detection of 4 other STIs (Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis and Mycoplasma genitalium). Statistical analysis was conducted using weights based on the RDS-II estimator. Factors associated with HIV infection were identified using a weighted multivariate logistic regression.
Methods

This cross-sectional study was conducted as part of a baseline assessment for the CQI-PMTCT study: an ongoing cluster randomized trial to evaluate the effect of continuous quality interventions (CQI) on long-term ART outcomes among pregnant and breastfeeding women (NCT03048669). From November 2016 to June 2018, in each of the 35 Kinshasa provincial health zones (HZ), study teams visited the three busiest maternal and child health clinics, enrolled all HIV-positive pregnant or breastfeeding women (≤1 year post-delivery) receiving ART, and performed viral load testing. Log binomial models with generalized estimating equations to account for clustering at the HZ level, were used to estimate prevalence ratios comparing participants with undetected (<40 copies/mL) or suppressed (<1000 copies/mL) viral load across levels of individual and site characteristics.


Yotebieng, et al. 2019
Methods

This cross-sectional study was conducted as part of a baseline assessment for the CQI-PMTCT study: an ongoing cluster randomized trial to evaluate the effect of continuous quality interventions (CQI) on long-term ART outcomes among pregnant and breastfeeding women (NCT03048669). From November 2016 to June 2018, in each of the 35 Kinshasa provincial health zones (HZ), study teams visited the three busiest maternal and child health clinics, enrolled all HIV-positive pregnant or breastfeeding women (≤1 year post-delivery) receiving ART, and performed viral load testing. Log binomial models with generalized estimating equations to account for clustering at the HZ level, were used to estimate prevalence ratios comparing participants with undetected (<40 copies/mL) or suppressed (<1000 copies/mL) viral load across levels of individual and site characteristics.

Yotebieng, et al. 2019
How to write the RESULTS section
Results:
What findings did your question generate?

The results section includes:

• **Key findings of your study**
  – Not all your data need to be presented, present only the results that are RELEVANT to your question

• **Statistical analyses that represent the significance**
  – Careful with the word ‘significant’ and vague terms (some - many - few)

• **A visual representation of your data using figures, tables, and graphs whenever possible.**
  – Do not represent the same data twice
  – Choose between a table or a figure to represent your data

• **Do not discuss! Do not repeat the methods! And be precise (avoid speculation)!**
Results

In total, 385 participants were included in the analysis, including 18 seeds. Among them, 53.5% worked as indoor FSW and 46.5% as outdoor FSW. The median age was 30.0 years. Regarding ethnic origin, 73.2% were Russian, 19.5% came from Former Soviet Union States and 5.7% were African. The median age of sex work debut was 23 years and the median weekly number of clients was 8. In the previous 30 days, 36.9% declared unsystematic condom use with clients. Weighted HIV prevalence was 3.1% (95% CI: 1.5%-7.0%). Other STI prevalence was comprised between 4.1% (2.2%-8.0%) (Neisseria gonorrhoea) and 14.9% (10.5%-21.0%) (Mycoplasma genitalium). Factors associated with HIV infection were: being 25 years and less (OR = 0.06; 95% CI: 0.00 to 0.77, p = 0.03); coming from Former Soviet Union States (4.55 (1.12 to 28.50), p = 0.03) or Sub-Saharan Africa (24.76 (2.51 to 143.81), p = 0.006); and having taken drugs in the previous 6 months (7.84 (1.42 to 23.20), p = 0.01).

- **Specific data**: dates, numbers, percentages, confidence intervals
- **Logical flow**: study population then details
Results: Sex and gender analysis

Sex and gender should be integrated into research design, methods and analyses where appropriate

- Study participants
  - Sex/Gender numbers
  - Single-sex study, ...why?

- Sex-disaggregated data
  - Reporting results of sub-populations

- Gender analysis
  - Effect of..., associated with...?

- SAGER guidelines
  - Sex and Gender Equity in Research

Canadian Institutes of Health Research: http://www.cihr-irsc.gc.ca/e/50833.html
Figures and Tables

Remember: People like pictures!

- Choose type based on the kind of data you have
- Avoid overlap with text
- Should be understandable without text
  - Informative titles and additional details in legend
  - Label all axes, columns and rows
- Careful with colours (colour blindness and black/white printing)
### Figures and Tables

Workshop participants were gender-balanced and geographically representative.

<table>
<thead>
<tr>
<th>Socio-demographic characteristics</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
</tr>
<tr>
<td>Europe</td>
<td>21%</td>
</tr>
<tr>
<td>Asia</td>
<td>18%</td>
</tr>
<tr>
<td>America</td>
<td>22%</td>
</tr>
<tr>
<td>Africa</td>
<td>20%</td>
</tr>
<tr>
<td>Australia</td>
<td>19%</td>
</tr>
</tbody>
</table>
### Figures and Tables

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher</td>
<td>39%</td>
</tr>
<tr>
<td>Lawyer</td>
<td>2%</td>
</tr>
<tr>
<td>Advocate</td>
<td>7%</td>
</tr>
<tr>
<td>Policymaker</td>
<td>13%</td>
</tr>
<tr>
<td>Student</td>
<td>8%</td>
</tr>
<tr>
<td>Health worker</td>
<td>31% (of which 19% Doctors, 11% Nurses, 1% Counsellors)</td>
</tr>
</tbody>
</table>
Conclusions

• Key take-home message
• More general: wider implications of findings
• Recommendations: future research

• AVOID
  – Obvious statements
  – Repetition of results
  – Over-generalizations!
Conclusions

These results show high HIV/STIs prevalence among FSW in Moscow region, highlighting the need for better access to SW-friendly prevention and care services in Russia.
<table>
<thead>
<tr>
<th>Do use</th>
<th>Don’t use</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living with and affected by HIV</td>
<td>Infected with HIV, HIV or AIDS sufferer, HIV or AIDS patient, HIV or AIDS carrier, positives (a person is not HIV), at risk, high-risk people/population/group</td>
</tr>
<tr>
<td>Client, clients</td>
<td>Patient, patients, except in the context of a clinical setting (for example, “doctor-patient relationship”)</td>
</tr>
<tr>
<td>Sex work, sex worker</td>
<td>Commercial sex work, commercial sex worker, prostitute, prostitution</td>
</tr>
<tr>
<td>Orphans and vulnerable children affected by HIV</td>
<td>AIDS orphans</td>
</tr>
<tr>
<td>Persons or people living with disabilities</td>
<td>Disabled</td>
</tr>
<tr>
<td>Low- and middle-income countries, resource-limited countries</td>
<td>Developing countries</td>
</tr>
<tr>
<td>People who inject drugs</td>
<td>Intravenous drug user, drug addicts, drug abusers</td>
</tr>
<tr>
<td>Condomless sex, sex without a condom</td>
<td>Risky sex, unprotected sex</td>
</tr>
<tr>
<td>Most vulnerable to HIV acquisition</td>
<td>Most at risk, high-risk people/population/group</td>
</tr>
<tr>
<td>End the epidemic; end the HIV or AIDS epidemic</td>
<td>End/eliminate/eradicate HIV or AIDS</td>
</tr>
<tr>
<td>The HIV response</td>
<td>Fight, battle, struggle against AIDS or HIV</td>
</tr>
<tr>
<td>Young people</td>
<td>Youth</td>
</tr>
</tbody>
</table>
Language


• Abbreviations and acronyms: Write out in full at first mention; insert acronym or abbreviation in brackets after first mention


• The CDC also offers an easy-to-use guide on non-stigmatizing language. https://www.cdc.gov/actagainstaids/pdf/.../cdc-hiv-togetherstigmalanguageguide.pdf
**GOOD PRACTICE**

- Watch the word count
- Keep your audience and reviewers in mind (international)
- Be clear and concise - only include essential information
- Check spelling and grammar, ask a colleague for feedback
- Comply with the submission guidelines

**COMMON MISTAKES**

- Reason and aims for study not clear
- Methods section incomplete
- The most important results not concisely presented
- Conclusions are over-generalized
- Implications not highlighted
Reasons for rejection

• Poor scientific content

• Fraud (e.g. plagiarism)

• Abstracts submitted in the wrong track (or conference)

• Abstracts poorly constructed / written

• Data presented are too preliminary

• Lack of novelty, already published or not sufficient contribution to the field
Original: “Social stigma is severe social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms”


Often social stigma is defined as social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms.
Original: “Social stigma is severe social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms”


Often social stigma is defined as social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms.

PLAGIARISM!

Correct: The term stigma is used when a person experiences social rejection based on prejudice and discrimination due to personal characteristics or convictions.
Reviewer criteria

Scoring

– Are purpose, objectives, issues clearly presented?

– Are the methodology, study design appropriate?

– Are the results clearly presented?

– Are the conclusions supported by the results?

– Does the abstract contribute significant new knowledge to the field?
Thank you!

This JIAS - IAS Educational Fund Scientific writing workshop was made possible through an independent educational grant from the Swiss Agency for Development and Cooperation.
Useful resources

• AIDS 2020 Abstract Mentoring Programme
  http://www.aids2020.org/abstract-mentor-programme

• Health[e]Foundation – E-course on how to write a conference abstract at
  www.healthefoundation.eu.

• Committee on Publication Ethics at www.publicationethics.org.

• European Association of Science Editors – Guidelines for authors at
  www.ease.org.uk.