How to write and submit a conference abstract

Workshop
20 July 2015
Workshop outline

• Part I (11:00-12:00)
  – Introduction to JIAS
  – Abstract structure
  – Writing each abstract section

• Part II (12:00-12:30)
  – Common mistakes
  – Abstract submission
  – Review and selection

Learning objectives:

1) Be aware of opportunities for conference participation and considerations for abstract submission.

2) Write a complete conference abstract that is representative of your study.

3) Understand how an abstract will be scored and reasons for rejection.
Our mission and vision 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.

- Online
- Peer-reviewed
- Open access
- Indexed
- Multidisciplinary
- Skills building
Conference abstracts

Introduction to the Course

Learning Objectives

After completing this learning unit, you should be able to:

- Write a complete conference abstract that is representative of your study/data.
- Decide if your results are of interest to delegates attending the conference that you have chosen, and be aware of how your abstract will be scored.
- Comply with abstract submission guidelines and requirements.
Conference abstracts

Abstract structure

Background/Issues

The background or issue statement should inform the reader about the rationale for the work. In this section, the author should state his or her research question, aim, hypothesis or the purpose of the work. This statement should touch upon the specifics of a broader issue that the researcher is trying to address to explain the motivation behind the work. The background or issue of an abstract should not be more than one paragraph and should be very focused on the topic presented.

The introductory section should include:

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong></td>
<td>Why was the work done?</td>
<td>Problem Issue</td>
</tr>
<tr>
<td></td>
<td>“increased needle stick injuries have been reported”</td>
<td></td>
</tr>
<tr>
<td><strong>What?</strong></td>
<td>What was the aim of the study? What was the purpose of the work?</td>
<td>Objectives Research Question Hypothesis Purpose</td>
</tr>
<tr>
<td></td>
<td>“to identify risk factors associated with unwanted pregnancies”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Evaluate the impact of community health workers on”</td>
<td></td>
</tr>
</tbody>
</table>
Register to participate in the next round of the AMP, for AIDS 2016 conference
Abstract writing

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.
Structure of an abstract

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

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

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

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

**Conclusions:** Main outcomes and implications.
Choosing a title

• Summarize your study in 30-50 words.

• Your title should be
  – short, specific, representative, informative.

• You don’t need to give away your lessons learned or recommendations in the title.

• The title is your mini-advertisement.
Effect of multiple micronutrient supplementation on survival of HIV-infected children in Uganda: a randomised controlled trial
Abstract title

Effect of multiple micronutrient supplementation on survival of HIV-infected children in Uganda: a randomised controlled trial

Ndeezi et al., JIAS 2010
Abstract title


• Title 2
‘Researching the effects of alcohol on suburban family structure’

• Title 3
‘Monitoring and evaluating radio- and television-based sexual education in urban Chile: guidelines for programme surveillance’
Background

• Introduction

– What is the topic of the abstract?
  • Injecting drug users in Eastern Europe
  • PMTCT coverage in Japan

– Why was the study done?
  • HIV transmission among discordant couples
  • Condom use low among MSM

– What was the aim of the study?
  • Gather evidence of programme effectiveness
  • Compare home-based HCT with provider-initiated HCT
Sexually transmitted infections (STIs) in Lichtenstein have increased by over 8% in the last five years. Although national programmes are in place, which ensure access to medical facilities, marginalized populations such as sex workers and injecting drug users continue to encounter barriers in accessing STI-specialist services. The objectives of this study were to analyze the different barriers inhibiting efficient access to STI specialist services and to gather recommendations for improvements by these vulnerable populations.
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Although national programmes are in place, which ensure access to medical facilities, marginalized populations such as sex workers and injecting drug users continue to encounter barriers in accessing STI-specialist services.

The objectives of this study were to analyze the different barriers inhibiting efficient access to STI specialist services and to gather recommendations for improvements suggested by these vulnerable populations.
Gender inequality in the workplace dictates that all sectors of society work together to address this problem. In these situations it falls to the government to drive and coordinate a multi-sector involvement. National initiatives and programmes allow for effective collaborations. Financial and human resources can also be provided by governments to support organizations in addressing this issue. The benefiting organizations are selected on the basis of their current staff gender ratio and their professional sector.
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# Methods

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who?</strong></td>
<td>Who was the subject of the study? Who was targeted by the programme?</td>
<td>Organism&lt;br&gt;Population Eligibility&lt;br&gt;“wild-type BALBc mice”&lt;br&gt;“parents, who within the last six months, have lost a child to AIDS”</td>
</tr>
<tr>
<td><strong>How?</strong></td>
<td>How was the study designed? How was the outcome of interest measured? &lt;br&gt;How was the data collected and analyzed?</td>
<td>Methodology Tools Statistics&lt;br&gt;“a retrospective clinical chart review was performed”&lt;br&gt;“in-depth open-ended qualitative interviews were conducted”&lt;br&gt;“a Fisher’s exact test was used”</td>
</tr>
<tr>
<td><strong>Where?</strong></td>
<td>Where did the study take place? Where was the project implemented?</td>
<td>Setting&lt;br&gt;“University College Hospital in Lagos, Nigeria”</td>
</tr>
<tr>
<td><strong>What?</strong></td>
<td>What was measured? What were the factors of interest?</td>
<td>Outcome Evaluation Effect&lt;br&gt;“survival rate over five years”&lt;br&gt;“barriers to implementation”</td>
</tr>
<tr>
<td><strong>When?</strong></td>
<td>When did the study take place? When was the programme implemented?</td>
<td>Time&lt;br&gt;“between March 2008 and May 2010”</td>
</tr>
</tbody>
</table>
In 2009, with the help of community-based organisations, the South America Network of People Living with HIV (SAPN+) conducted a peer-led study in Argentina, Chile, Bolivia, Brazil, Paraguay and Uruguay. Addressing multiple contexts that contribute to the experience of treatment access and treatment prospects for MSM in South America, the study consist of a survey (n=897) and in-country focus group discussions. Data analysis assessed the availability and accessibility of treatment, economic and social costs, as well as support networks that form the nexus of treatment access for positive MSM in these six countries.
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Sputum samples were collected from patients with tuberculosis at St. George’s Hospital in London, UK between March and December 2008. Samples were tested for multi-drug resistance and correlated with risk factors such as treatment interruption and HIV co-infection.

Who? - patients with tuberculosis
Where? - St-George’s Hospital in London, UK
When? - between March and December 2008
What? - sputum samples / resistance / risk factor
How? - sputum samples / resistance / risk factor
Data were analyzed using multi-variate regression. A survey was conducted on 1045 women, who underwent HIV counselling and testing in STI clinics in New York State. The women’s age ranged from 21-49 years of age. All participants gave written informed consent. Inclusion criteria for the study were female, adult, attending one of the sampled STI clinics. The survey questions were close-ended collecting demographical data, previous history of STI, reasons for attending clinic on day of survey and condom use.
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The survey questions were close-ended collecting demographical data, previous history of STI, reasons for attending clinic on day of survey and condom use.
Results

- Data
- Findings
- Lessons learned
- Results of analysis

- What was the knowledge gained?

- Past tense.
- Be specific!
- Aim of study!
Most of the people interviewed indicated that they have ever heard of AIDS, but only a few knew that AIDS is caused by HIV. A significant proportion of the respondents had heard of HIV on the TV or radio and the majority knew a person who had died of an AIDS-related illness within the last year. There was a large difference in knowledge on HIV transmission routes between men and women.
Results 1

Most of the people interviewed indicated that they have ever heard of AIDS, but only a few knew that AIDS is caused by HIV. A significant proportion of the respondents had heard of HIV on the TV or radio, and the majority knew a person who had died of an AIDS-related illness within the last year. There was a large difference in knowledge of HIV transmission routes between men and women.

• Aim 1: Is knowledge of HIV correlated with risky sexual behaviour?

• Aim 2: What is the level of knowledge of HIV and what is the source of information.
Women's average ages were 23.3 and 25.1 years, respectively at Johannesbourg and Cape Town, and 93.5%% and 96.4% of women were single respectively. A total of 4692 adverse events (AEs) were reported, including one death, 38 other serious AEs, and six fractures. No serious AEs were considered related to use of tenofovir gel. The most frequently reported AEs were influenza (436 patients), vaginal discharge (312 patients) and vaginal candidiasis (244 patients).
Results 2

Women's average ages were 23.3 and 25.1 years, respectively at Johannesbourg and Cape Town, and 93.5% and 96.4% of women were single respectively. A total of 4692 adverse events (AEs) were reported, including one death, 38 other serious AEs, and six fractures. No serious AEs were considered related to use of tenofovir gel. The most frequently reported AEs were influenza (436 patients), vaginal discharge (312 patients) and vaginal candidiasis (244 patients).

- specific data: numbers, percentages

- Logical flow: study population then details on the AEs
Tables and graphs

• Are graphs and tables allowed and do they count towards your word limit?
  – Check the abstract submission guidelines

• Can the data be more clearly and concisely presented in a graph or table?
  – Use only one

• Is the table / graph easily readable and interpretable
  – Label axes and columns/rows
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>
### Tables and graphs

<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>

![Pie chart showing the distribution of occupations]
Conclusions

• Summarize main conclusions
  – Interpretation of results
  – Implications of findings
  – Recommendations
  – Future research
  – Limitations
• Key take-home messages
• 3-4 sentences

• Don’t:
  – Obvious statements
  – Repetition of results
  – Over-generalizations
Examples of conclusions

Community involvement in research helped in meeting stringent enrollment targets. With structured programmes for community involvement and appropriate resource allocations, sustainable models of community engagement in research can be developed. A cost effectiveness assessment would be beneficial to support funding applications for these programmes.

Taking all our results into consideration and in agreement with previously published reports, we have shown that one in every 500 patients can be affected by adverse reactions to their currently used treatment regimen. Patients on any drug treatment should be closely monitored for adverse reactions as these may lead to increased morbidity.
Conclusions

Good safety and immuno-virological efficacy of this triple drug therapy were demonstrated in this population. First line unboosted ATV containing regimen could be an alternative to WHO NNRTI preferred regimens and deserves further evaluation in a comparative study in Africa.
Conclusions

What does each sentence address in this conclusion?

• Good safety and immuno-virological efficacy of this triple drug therapy were demonstrated in this population. → Summary

• First line unboosted ATV containing regimen could be an alternative to WHO NNRTI preferred regimens → Implication

• and deserves further evaluation in a comparative study in Africa. → Recommendation
Submission and review
(Papa Salif Sow)
Good practice

• 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 aim for study not clear
• Methods section incomplete
• Not the most important results are concisely presented
• Conclusions over-generalized
• Implications not highlighted
Reasons for rejection

1. Poor scientific content
2. Fraud eg. plagiarism
3. Abstracts submitted in the wrong track (or conference)
4. Abstracts poorly constructed and written
5. Data presented too preliminary
6. Lack of novelty, already published or not sufficient contribution to the field
Plagiarism

- **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

• **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.
Mentoring

Submission

Initial scan

Reviewing/scoring
Fraudhunter

Draft abstract

Abstract

Marathon meeting

Sessions
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?
Questions & Answers
How did we do?

Please take a minute to fill out our evaluation form.

Many thanks for your participation and good luck with your abstracts.