LATE-BREAKING AND ENCORE ABSTRACT SUBMISSION GUIDELINES

Late-Breaking abstract submission of major findings that have clear impact on patient care, usually from a clinical trial for which outcome data were not mature prior to the standard abstract deadline of September 12, 2019, 4:00 pm ET, is encouraged. *In vitro* work will be considered. Submissions must include an explanation of the data that could not be analyzed prior to September 12, 2019, or it cannot be accepted. A special subcommittee of the Scientific Program Committee will evaluate the merit of Late-Breaking abstracts.

Please follow these guidelines carefully. Failure to comply with these guidelines will prevent your Late-Breaking abstract from being considered for presentation at the ASCPT 2020 Annual Meeting.

How to Submit: Visit www.ascpt.org for a direct link to the abstract submission site or to learn more information about becoming an ASCPT member. Submitters may return to the abstract submission site up to the deadline to edit an abstract.

Deadline: Thursday, November 14, 2019, 4:00 pm ET

Cost:
Member $65
Non-Member $115

Credit Card payment must accompany an abstract submission for it to be complete. ASCPT accepts MasterCard, Visa, and American Express. Abstract submission fees are non-refundable.

Character Limit: 1,550 characters, not including spaces. Please do not include title, author or institution information in the abstract. The character count only includes text in the body of the abstract.

REQUIREMENTS

Late-Breaking abstracts must:

- Include data that could not be analyzed before September 12, 2019, due to unavailability of the data;
- Present significant, ground-breaking and innovative data;
- Address a clinical, translational, or methodology-based question;
- Apply to clinical pharmacology; and
- Describe original, previously unpublished work.

Encore abstracts must:

- Present significant, ground-breaking, and innovative findings that were published (in paper or online) as an original research article in a peer-reviewed journal on or after January 1, 2019, and address a question of relevance to clinical pharmacology and therapeutics.
    - The January 1, 2019, cut-off for earliest publication date refers to the first date of publication (e.g., online electronic publication of the accepted article). The citation to this publication needs to be included in the submission.
    - Encore submissions based on findings previously presented solely in abstract form (e.g., as published in conference proceedings) that are not yet published as an original research article in a peer-reviewed journal do not qualify for submission.

All abstracts must:

- Include a title. The maximum character count for the title is 150 characters, *including* spaces.
- Identify two Communities related to the content of the abstract. Click here for more information on ASCPT's Networks and Communities.
- Select up to three keywords. One keyword is required for each submission. The list of keywords can be found within the online submission site.
- Provide a conflict of interest statement on behalf of each author. Examples of conflicts include commercial sponsorship of research, acceptance of honoraria or consulting fees, and significant stock holdings in a company connected to the research.
- Refer to a unique drug compound identifier or generic names when discussing the use of drugs. Use of trade names or "compound X" is not permitted.
- Obtain management approval *prior* to submitting the abstract, if management approval is required from your institution. If the abstract is withdrawn after acceptance for reasons of lack of management approval, you will be barred from submitting an abstract to ASCPT for a period of one (1) year.

Abstract Type - Abstracts will be reviewed in one of four categories:

A. RESEARCH STUDY
B. METHODOLOGY STUDY (Describes an important methodology advancement in quantitative clinical pharmacology, bioinformatics, computational biology or other areas relevant to clinical pharmacology.)
C. LITERATURE REVIEW (Raise an important question.)
D. CASE STUDY (Provides insight into a novel aspect of clinical pharmacology or raise an important question.)

Authorship: Authors listed on the abstract must be able to say that they did at least one of the following:

- Wrote the paper
- Designed the research
- Performed the research
- Analyzed data
- Contributed new reagents or analytical tools

Additional author names cannot be added after the abstract has been submitted, reviewed, and/or selected for presentation.

Trainee Abstracts: Primary authors who qualify as trainees should identify themselves as such. A trainee is defined as a student, resident, or fellow currently enrolled in a post-doctoral training program or who is pursuing a post-baccalaureate degree in human pharmacology and therapeutics. If the primary author is no longer a trainee, but the research was conducted while the author was still a trainee, he or she may claim trainee status for the submission.

Format: The submission format will collect data in a print-ready format that requires separate data entry in each field of the abstract. The abstract must be submitted in the following format.

BACKGROUND: State the research objective and the importance of the study being conducted.

METHODS: Methods section should include information on the following aspects of design study:

Research Study

- *Design*–Describe the basic study design, e. g., randomized controlled trial, cross-over study, etc. The source of all nonstandard reagents needs to be explicitly stated.
- *Participants*–Indicate number of study subjects and how they were selected; indicate whether subjects are healthy volunteers.
- *Intervention*–Report the method of administration and the duration of the intervention. Drug identifier must be included.
- *Data collection*–Summarize the method of data collection. Identify the data that could not be analyzed before September 12, 2019 and indicate the date these data were analyzed.
- *Data analysis*–Summarize the method of data analysis.

Methodology Study

- Indicate how data sources were selected, collected, and analyzed

Literature Survey

- Indicate how data sources (literature, drug labels) were selected.
- Indicate what data were extracted from each source.

Case Study

- Indicate how the case was identified and what data were collected.

RESULTS: Present the main outcomes of the study. In addition to mean or median values, provide a measure of variability (such as a confidence interval). Indicate significance of results, using p-values when appropriate.

CONCLUSION: State that the conclusion is directly supported by the evidence and implications of the findings.

Tables and graphics must adhere to the guidelines set forth by *Clinical Pharmacology & Therapeutics* (*CPT*). There is a 400 character penalty for use of a table or a graphic. Submissions are limited to either one single panel figure or one table of no more than 25 cells. ***Color graphics are strongly encouraged***. Graphics submitted in color will be printed in color at no cost to the authors. *(Excessive content within a table will be removed and/or cause the submission overall to be disqualified).*

Minimum Resolutions
Halftone images 300 dpi (dots per inch)
Color images 300 dpi saved as CMYK
Images containing text 400 dpi
Line art 1000 dpi

Sizes
Figure Width – Single Image
86 mm (Should be able to fit into a single column)

Text Size
8 point (Should be readable after reduction – avoid large type or thick lines)
Line Width between 0.5 and 1 point

File Types
JPEG
GIF

Failure Criteria: The following failure criteria apply to late-breaking abstract submissions. If the reviewers identify any of these concerns in an abstract, it will not be accepted:

- Data could have been analyzed before September 12, 2019. <u>You must address why data could not be analyzed before this date or the abstract will be rejected.</u>
- Drug identifier is not provided.
- Abstract is promotional in nature and not scientific.
- Abstract does not contain data to support the conclusions of the study. (May not apply to some literature reviews.)
- Abstract is a work in progress and there is no data available at the time of submission.
- The findings are not deemed significant, ground-breaking, innovative and/or timely in any area of clinical pharmacology and therapeutics.

For Encore Abstracts:

- Encore submissions based on findings previously presented solely in abstract form (e.g., as published in conference proceedings) that are not yet published as an original research article in a peer-reviewed journal do not qualify for submission.
- The findings are not significant, ground-breaking, and innovative and/or the paper does not address a question of relevance to clinical pharmacology and therapeutics.

Review: All Late-Breaking and Encore abstracts will be peer reviewed and scored by members of the ASCPT Scientific Program Committee. Reviewers will use these Late-Breaking and Encore Abstract Submission Guidelines, including the failure criteria, to score the abstracts. All decisions are final and there is no appeal mechanism.

Notification: Notifications will be sent by email in December to the email address of the presenting author on file within the online submission system. Please be sure the contact information is correct.

Withdrawal: Only the primary author may withdraw a submitted or accepted abstract. Requests for withdrawals must be in writing to meetings@ascpt.org. If the abstract is withdrawn, the withdrawal will be reflected in the Mobile App, Abstract Supplement, and on-site at the Annual Meeting.

Abstract Presentation: All accepted Late-Breaking abstracts must be presented in person at the 2020 Annual Meeting as a poster presentation. If for any reason the presenter is unable to attend the meeting, a substitution can be made, with a person already listed as an author on the abstract. Author names cannot be added or removed after the submission deadline. Poster presenters are required to register for the meeting in the appropriate registration category (member, non-member, trainee/student) and pay the applicable fees. **The Society does not provide honoraria, travel or housing reimbursement for oral or poster presenters to attend the Annual Meeting**.

Questions? Contact meetings@ascpt.org or (703) 836-6981 ext. 108 or 109.