



Late-Breaking, Encore, and Trials in Progress Abstract Submission Guidelines

ASCPT is currently accepting Late-Breaking, Encore, and Trials in Progress Abstract submissions. Failure to comply with these guidelines will prevent an abstract from being considered for presentation during the ASCPT 2022 Annual Meeting.

To submit, visit <https://www.abstractscorecard.com/cfp/submit/login.asp?EventKey=TAKANAVT>.

DEADLINE: Thursday, November 12, 2021, 4:00 PM ET

COST: Member Submission: \$90; Non-Member Submission: \$145

Credit card payment is required to complete an abstract submission. ASCPT accepts MasterCard, Visa, and American Express. **Abstract submission fees are non-refundable. ASCPT will not refund the difference for Members who pay the Non-Member abstract fee.** If your employer requires an invoice, please select the “Pay by check” option. Payment must be received by November 12, 2021, for your abstract to be reviewed.

SUBMISSION FORMAT

All tasks must be completed for the abstract submission to be complete.

1. Abstract

All Late-Breaking Abstracts must:

- Include data that could not be analyzed before September 16, 2021, 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.
- Describe original, previously unpublished work.
- Identify the primary ASCPT Community related to the content of the abstract. (<https://www.ascpt.org/Member-Services/Networks-and-Communities>)
- 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 If the abstract is withdrawn after acceptance for reasons such as lack of management approval, you will be barred from submitting an abstract to ASCPT for a period of one (1) year.

All 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, 2021, and address a question of relevance to clinical pharmacology and therapeutics.
 - The January 1, 2021, 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.

Abstract Content

- Abstract Title: Title case; 75 words maximum.
- Body: 1,550 characters count, not including spaces. Do not include title, author, or institution information.
 - **BACKGROUND:** State the research objective and the importance of the study being conducted.
 - **METHODS:** 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 and analysis* - Summarize the method. Identify the data that could not be analyzed before September 16, 2021, and indicate the date these data were analyzed.
 - 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.
 - This section is omitted for Trials in Progress abstracts.
 - **CONCLUSION:** State that the conclusion is directly supported by the evidence and implications of the findings.
 - This section is omitted for Trials in Progress abstracts.

2. Keywords

Select up to three keywords. One keyword is required for each submission. There is a list of keywords in the online submission site.

3. Authors

Authorship requires that an individual has contributed in one of the following ways:

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

Author names cannot be added or removed from the abstract once it has been submitted, reviewed, and/ or selected for presentation or published.

At the time of submission, the submitting author must know the following information for all authors:

- Author name & email
- Author institution

- Do not include specific departments, only institution names
- Can list up to three institutions per author
- Authors' Conflicts of Interest

4. Conflict of Interest

Provide a conflict of interest disclosure 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.

5. Table or Figure

There is a 400-character penalty for each table or graphic. You may include one table or figure with your abstract. Please note that all such files must meet the following specifications.

- You will be required to upload **two** versions of your figure/table:
 - One as a PDF or EPS file
 - One as a JPG or PNG file
 - No other file types will be accepted
- The image must be no more than 3.35 inches (85 mm) in width.
- Images must be 300 to 600 dpi.
- Tables are limited to no more than 25 cells, with a maximum of 5 rows and 5 columns preferred.

Figure and table files will be included in the format in which they are submitted, so please be sure your file meets these specifications to ensure legibility and print quality.

6. Additional Abstract Information

Provide the following information:

- Indicate if you plan to utilize the new Poster 2.0 format (more information below).
- List the citation.
- Indicate if you would like to be contacted if the research could fit within the scope of the ASCPT Journal Family.
- Grant ASCPT permission to distribute, duplicate and/or record, in all media formats, the abstract/presentation at the ASCPT Annual Meeting.

7. Payment

Member Submission = At least one author is a member of ASCPT

Non-Member Submission = NO authors are a member of ASCPT

8. Affirmations

Provide your signature and acknowledgement that you have read and understand the listed statements and agree to abide by all terms outlined in the statements.

FAILURE CRITERIA

If the reviewers identify any of these concerns in an abstract, it will not be accepted.

For Late-Breaking Abstracts:

- Data could have been analyzed before September 16, 2021. You must address why data could not be analyzed before this date or the abstract will be rejected.
- Drug identifier is not provided. Abstracts based on surveys of multiple drugs by the US Food and Drug Administration do not need to include drug identifiers.

- Abstracts need to refer to drugs and therapeutic agents by their accepted generic or chemical name, and do not abbreviate them (a proprietary name may be given only with the first use of the generic name). Code names should be used only when a generic name is not yet available (the chemical name and a figure giving the chemical structure of the drug is required). Copyright or trade names of drugs should be capitalized and placed in parentheses after the name of the drug. Names and locations (city and state in United States; city and country outside United States) of manufacturers of drugs, supplies, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses. The official HUGO gene should be indicated in parentheses with the first reference in the paper.
- Abstract is promotional in nature and not scientific.
- Abstract does not contain data to support the conclusion of the study. This failure criterion applies to most types of abstracts. However, it is not possible to present actual data in an abstract for some study types (for example, some literature reviews, genomic studies, or bioinformatics). In such cases, lack of data does not lead to rejection.
- Abstract is a work in progress and there is no data available at the time of submission (excludes Trials in Progress abstracts).
- The findings are not deemed significant, ground-breaking, innovative and/or timely in any area of clinical pharmacology and therapeutics.
- Abstract - in its entirety - is a previously submitted abstract to other meetings that was presented. Previously submitted abstracts with new data are acceptable to expand on the knowledge gained.

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.

NEW! TRIALS IN PROGRESS ABSTRACTS

ASCPT recognizes the importance of enabling discussion on ongoing clinical trials, therefore, will consider this category of abstract for the ASCPT 2022 Annual Meeting. Trials in Progress abstracts presented during the ASCPT Annual Meeting will provide researchers an opportunity to present ongoing trials, foster collaboration, and discuss novel trial design. Trials in Progress are designated to abstracts that describe something novel within the application areas of ASCPT, providing “coming attractions” for clinical pharmacologists and translational scientists in practice. Abstracts submitted as Trials in Progress should be ongoing without reportable results at the submission deadline. As such, Trials in Progress should not include results.

Trial in Progress Abstract Submissions must:

- Adhere to all submission guidelines of regular abstract submission with the primary difference being that no results should be reported.
 - Abstract Title: Title case; 75 words maximum.
 - Body: 1,550 characters count, not including spaces.
- Be organized into three sections:
 - **Background**
 - Scientific background/rationale for the trial
 - Trials in Progress abstract submissions should not be used to present preclinical or earlier-phase clinical data for the first time. Preclinical and earlier-phase data that have been published can be included as a reference.
 - **Methods**

- Trial design and statistical methods, highlighting any novel aspects of the design.
- Major eligibility criteria without providing results or endpoints.
- Treatment or intervention planned.
- Major eligibility criteria, highlighting unusual aspects.
- Current enrollment without results or endpoints
 - Phase I studies may refer to “Cohort 1 and 2” etc.
 - Phase II studies may refer to “x of X patients have been enrolled” etc.
 - Phase III studies may refer to “The IRB last reviewed the trial in Month/Year and recommended that the trial continue as planned.”
- Patient enrollment must have begun or completed with no data analysis available by the abstract submission deadline. Exceptions will not be made to this criterion. Trials for which patients have not yet been enrolled will be considered.
- **The clinical trial registry number must be included in the abstract.**
- **Novelty of Design**
 - How might this change clinical pharmacology or translational science?

FAILURE CRITERIA FOR TRIALS IN PROGRESS ABSTRACTS

Trial in Progress abstract submissions that contain any of the following will not be considered:

- Preliminary data including toxicity, response rate, pharmacokinetic, or correlative analyses.
- Information about pricing, fees, or reimbursement related to trial participation.
- Proprietary drug names or names of drug manufacturers in the title or body of the abstract. Drug identifier(s) must be provided.
- Description of a common trial design with no novelty.
- Reportable results.

ADDITIONAL ABSTRACT INFORMATION

Review and Notification

All abstracts will be peer reviewed and scored by members of the ASCPT Networks and Communities and by members of the Scientific Program Committee. Reviewers will use these Guidelines, including the failure criteria, to score the abstracts. **All decisions are final and there is no appeal mechanism.** Notifications will be sent by email in December 2021 to ONLY the presenting author.

Publication

Accepted abstracts will be published in the Abstract Supplement to *Clinical Pharmacology & Therapeutics*. Please be sure to review your submission thoroughly – the abstracts will be published exactly as they are submitted. ASCPT will not edit abstracts.

Copyright

In consideration of the Society evaluating the Contribution for publication (and publishing the Contribution if the Society so decides) the Author(s) grant to the Society for the full term of copyright and any extensions thereto, subject to clause 2 below, the exclusive right and irrevocable license:

- to edit, adapt, publish, reproduce, distribute, display, and store the Contribution in all forms, formats, and media whether now known or hereafter developed (including without limitation in print, digital and electronic form) throughout the world;
- to license others to do any or all of the above.

Ownership of copyright remains with the Author(s).

Embargo

Academic institutions, private organizations, and companies with products whose values may be influenced by information contained in an abstract may issue a press release to coincide with the abstract's publication. However, information beyond that contained in the abstract, e.g., discussion of the abstract done as part of a scientific presentation or presentation of additional or new information that will be available at the time of the meeting, is embargoed until the start of the ASCPT 2022 Annual Meeting. To assist in the promotion of abstracts prior to the Annual Meeting, ASCPT will publish all abstract numbers, titles, and author details online as part of the scientific program prior to publication of the CPT supplement.

Information released prior to this day is a violation of the ASCPT Abstract Embargo Policy and may result in the abstract being withdrawn from the meeting and other measures deemed appropriate. Authors are responsible for notifying financial and other sponsors about this policy.

Withdrawal

Only the presenting author may withdraw an abstract. Requests for withdrawals must be in writing to meetings@ascpt.org.

Abstract Presentation

All abstract presenters are required to register for the Annual Meeting in the appropriate registration category (member, non-member, trainee/ student) and pay the applicable fees.

If for any reason the presenter is unable to attend the meeting, a substitution must be made with a person already listed as an author on the abstract. The Society does not provide honoraria, travel, or housing reimbursement to attend the Annual Meeting. Any abstract not presented during the Annual Meeting will be marked as "Withdrawn" in the abstract supplement in *Clinical Pharmacology & Therapeutics* and online meeting program.

POSTER 2.0 INFORMATION

ASCPT encourages all abstract presenters to utilize the ASCPT Board-approved Poster 2.0 format. The Poster 2.0 template uses less text for easier viewing and more efficient transfer of information.

Check out the Best of Poster 2.0's winners from the 2021 Annual Meeting:

<https://www.dropbox.com/sh/hh5aoxzhnnng3mv/AAAyRJ6u22EAgAzkiX1dwLsWa?dl=0>

Presenters who wish to use the Poster 2.0 format must meet all criteria for the layout of information. Additionally, all QR codes contained within submitted Poster 2.0s must lead to open science information. ASCPT staff will review submissions to ensure adherence to these criteria. Any Poster 2.0 with a QR code that links to a pay wall will be withdrawn from consideration at ASCPT 2022. Further details on Poster 2.0 will be provided in abstract notifications.

For more information on Poster 2.0 please check out this [video](#) or view this [infographic](#).

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