Abstracts for Professional Meetings : Small But Mighty

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CHEST Postgraduate Education Corner

MEDICAL WRITING TIP OF THE MONTH

Abstracts for Professional Meetings*

Small But Mighty

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The scientific method begins with an observation and ends with the dissemination of results. While a manuscript published in a peer-reviewed journal is the usual and most-preferred method of dissemination of study results, early data from a pivotal clinical trial may be presented in abstract form at a professional meeting (or congress). A meeting abstract may be used to increase awareness of ongoing clinical trials with new products, or it may be used to report important safety or efficacy findings.

A meeting abstract, like an abstract of a full research paper, has a definite structure.[1] Some differences do exist between a meeting abstract and a journal article abstract as the former is not supported by a full paper as is the latter. Thus, a meeting abstract, which must be written in a standardized format, must provide enough information to attract an audience to the oral or poster presentation, must show that the author has interesting data that contribute to the success of the meeting, and must do so in very few words. A meeting abstract is a small but mighty stand-alone document.

Main Considerations

It is prudent for the author to read the instructions provided by the meeting organizers concerning the submission of abstracts, which should include formatting instructions and the deadline for submission. Meeting abstracts are usually prepared on a special form, often electronic, with a specific font size and type stipulated. The word count is generally not given, with the font size and required elements determining the amount of information that may be entered. Meeting abstracts are reproduced as submitted, errors and all. Authors should check for spelling, grammar, and data errors. Each sentence in the abstract should be clear, concise, and necessary. The overall organization of the abstract should be logical and clear. While many meeting abstracts are written as one paragraph and do not have subheaders or sections, some meeting organizers require structured abstracts with specific sections, similar to structured abstracts for journal articles.

Potential Problems

The abstract form generally limits the amount of data that can be included, so the use of a small font is tempting (when font size is not provided). Usually, four to six abstracts are printed on a standard 8.5×11-inch page, so reducing the font size to fit more data can produce a printed abstract that is both illegible and useless. The use of abbreviations to fit more information into the abstract form also is tempting. Système International (or SI) units and their products are permissible, along with perhaps two or three other abbreviations, each of which is defined at first use. Sometimes, the first use may be in the title, a technique that is acceptable with a meeting abstract, but not in journal articles. An abstract that contains numerous abbreviations is difficult to read and does not show the data to their best advantage.

Another common error in meeting abstracts is the tendency to list nearly all data collected and nothing else. It is critically important to provide one or two introductory sentences to explain why the work was done and to provide the research question. "Materials and Methods," as it were, are added giving the study population, techniques, and, if space allows, "Statistical Methods." "Results" follow, and may be

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provided either as a table or a figure. It is difficult to design a table or figure that provides enough information and that also is readable when reprinted at a smaller size in the meeting booklet. Results are given in text before the table or figure is entered. The abstract finishes with one or two sentences about the implications of the findings.

Explication

What does a good meeting abstract look like? I have provided a fictional example and added explanatory notes in italics. I am using the same information presented in an earlier article[1] concerning the abstract of a full manuscript to illustrate how the entire abstract flows logically (Fig 1).

Take-Home Lesson

A meeting abstract should show that you have a valuable contribution for the professional meeting and that your presentation should attract attendees. Do not burden a potential audience with jargon, uncertain abbreviations, lack of background infor-

DRUG N PROVIDES LONGER TIME TO PROGRESSION (TTP) AND OVERALL SURVIVAL (OS) AND DECREASES NEED FOR PALLIATIVE RADIATION (P-RAD) IN PATIENTS (pts) WITH ADVANCED NONSMALL-CELL LUNG CANCER (AdvNSCLC) COMPARED WITH DRUG S. John Smith, Jane Doe, Tom Brown, and Mary Ford; University Medical Center, Anytown, CA.

The current first-line treatment for patients with AdvNSCLC includes chemotherapy and P-RAD, but new biologic therapies are available that target the EGFR gene mutation and cause apoptosis or inhibit the action of tyrosine kinase or both. We were interested to know if drug N, a new therapy that targets the tyrosine kinase receptor, improves patient outcome compared with drug S that causes apoptosis. *[Inclusion of background information sets the scene and the research question is given, which allows the reader to put the data in context.]* Between January 2003 and December 2004, 315 pts with AdvNSCLC were randomly assigned to either drug N 150 mg/d or drug S 100 mg/d, administered as 60-min subcutaneous infusion on days 1 and 3 of each 14-day cycle for up to 5 cycles. The primary efficacy endpoint was TTP; secondary endpoints were OS and need for P-RAD therapy. The primary safety endpoint was the number and type of adverse events reported and the number of cycles received on time. *[The time frame of the study is given, which may be important with new and developing therapies. Other important information includes the number of patients, the experimental treatments, doses, primary and secondary endpoints, and when primary endpoint was measured]* Total of 311 pts completed the study. Both drugs were generally well tolerated, and the adverse events reported were typical of this pt population and the known drug profiles. No difference was seen in the number of cycles of therapy. [*The number of patients who were treated is given and it differs from the number assigned to treatment; the reasons for "drop outs" can be discussed in the poster, during the oral presentation, or in answer to a direct question. Results for the primary and both secondary endpoints are given and a p value is provided. A statement about safety of the treatments is minimal, and more information could be provided in the poster or presentation. Most important, results are given in the text before the data are shown.]*

	Pts, No.	TTP, mo	OS, mo	P-RAD
Drug N	156	4	23	2%
Drug S	155	1	18	10%
p Value		<0.001	<0.01	<0.001

Our results suggest that drug N provided a longer TTP and OS for pts with AdvNSCLC than drug S, reduced the need for P-RAD, and had an acceptable toxicity profile. *[One sentence provides the authors' take on the usefulness of the therapies. The authors also acknowledged that the drugs had side effects but space limits the discussion in the abstract.]*

Figure 1. A typical meeting abstract, with explanatory notes added.

mation, or lack of study objective. Omit excessive details. As powerful as your data may be, jumping right into the data in the abstract will leave the reader disoriented. Lists of data only show that you did much work, not that any of it is significant or relevant. It is acceptable to use a table or figure in a meeting abstract, but omit the title/legend from a table or figure. References usually are not used in a meeting abstract. Remember to carefully proof your abstract before submission, as abstracts are printed in meeting booklets as submitted. Each sentence must be necessary to the overall clarity of the abstract. The abstract overall must be clear. All these requirements add up to a document that is small but mighty.

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Reference

1 Foote MA. Some concrete ideas about manuscript abstracts. Chest 2006; 129:1375–1377