

Epidemiology 212: Publishing and Presenting Clinical Research

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Course Goals

By the end of the course, you should have a firm grasp of:

- how to prepare an abstract for submission to a conference or for a research manuscript
- the content and structure of the introduction, methods, results, and discussion of a manuscript
- strategies for presenting results in table and graphic form to highlight the most important findings
- the art of presenting a specific research project and one's overall scientific mission at conferences
- the manuscript submission and review process, both internally with co-authors and externally with a journal

Session 1 (April 11)



Presenting Research Abstracts: Few Words, Big Impact

Session 2 (April 25)



Good Beginnings and Endings: the Introduction, Methods, and Discussion of a Manuscript

Session 3 (May 9)



Research Results: the Visual Display of Information

Guest speaker: Vivek Jain, MD, MAS

Session 4 (May 9)



Poster and Oral Research Presentations and Preparing an Elevator Speech: the Art of Self-Promotion

Guest speaker: Urmimala Sarkar, MD, MPH

Session 5 (June 6)

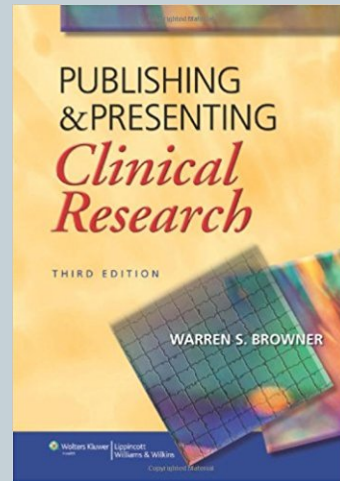


Running the Gauntlet: the Manuscript Review Process and Journal Editor-in-Chief and Senior Editor Roundtable

- "What is one of the most common mistakes made by authors in preparing manuscripts that result in their papers not receiving the consideration they deserve?"
- "Is there an example of a paper that was turned down by your journal that you feel should have been accepted, or one accepted that you think should have been rejected?"
- "Aside from the reviewers' critiques, what other factors do you as a journal editor weigh in deciding whether to accept or reject a manuscript?"
- "Are there circumstances in which it may be appropriate for an author to appeal a rejection by a journal; if so, what are they, and how should authors go about this?"

Readings and Resources

- Browner WS. *Publishing and Presenting Clinical Research*. Baltimore: Lippincott Williams and Wilkins, 3rd ed., 2012.
- Electronic version of this edition can be borrowed from the UCSF Library (one copy out at a time)
- 2nd edition is also available for viewing free on Google Books (<https://books.google.com/>)



Required Assignments

- Assignment #1: A draft abstract prepared according to the guidelines of the annual meeting of a professional or scientific society – **due by 5 pm on Monday, April 24.**
- Assignment #2: The title and introduction for a manuscript based on a research project you are conducting or have recently completed– **due by 5 pm on Monday, May 8.**
- Assignment #3: A table and a figure, presenting the same research data in two different ways – **due by 5 pm on Monday, May 22.**

Final Project



Choose one of the following:
(due by 5 pm on June 5)

- 1) a research poster or oral presentation slide set appropriate for presenting a research project at a scientific or professional meeting
- or
- 2) a draft full-length manuscript based on a recently completed research project, structured according to the guidelines of the expected target journal

Grading



Grades (satisfactory/unsatisfactory) are based on timely submission of assignments and the final project

This course focuses on:



- *Clinical* research (vs. basic science, health policy, medical economics, or medical anthropology)
- Researchers in training (e.g., 0 to 3 prior first-author research publications)
- Strategies for communicating about research rather than improving the research itself
- Combining high standards in research reporting with practical concerns about career advancement

Questions?

Preparing research abstracts: few words, big impact



**Alison Huang, MD, MAS
Publishing & Presenting Research
April, 2017**

The abstract is....



- the only part of a research paper that is published in the proceedings of a scientific conference
- the only part of a paper that a potential reviewer sees when invited by a journal editor to act as a referee
- the only part of a paper that a reader sees when searching PubMed or other electronic databases
- the first (and often only) part of a paper that a reader reads when glancing through a hard copy of a journal

An abstract must...

- Condense complex information about a study into a clear summary
- Uphold rigorous scientific reporting standards established by consensus organizations
- Persuade readers that the research it summarizes is worthy of greater scrutiny
- Stay within tight word or space limits established by journals and conferences

What comes first, abstract or manuscript?

Conference abstract



Manuscript draft



Manuscript abstract



Conference vs manuscript abstracts



- **Abstracts submitted to conferences**
 - Must stand alone without any additional content
 - Tend to have more generous word or space limits
 - Sometimes include references, tables, or figures
- **Abstracts accompanying manuscripts**
 - Introduce but do not replace manuscript content
 - Are retrievable through electronic search engines
 - Must avoid any discrepancy with the full-length paper

Why submit an abstract to a conference?

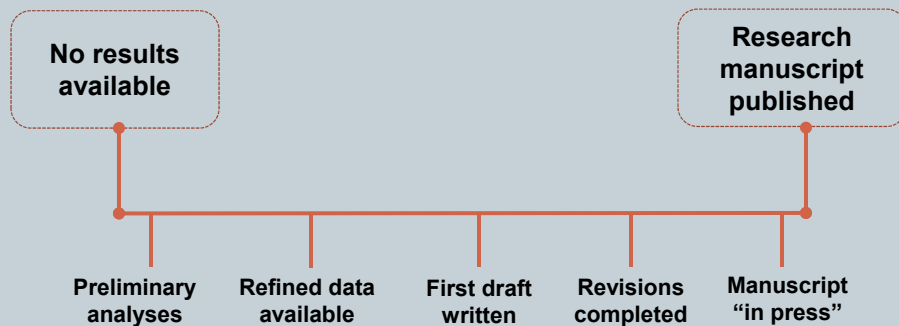


- To obtain feedback that will guide you in preparing a stronger manuscript
- To demonstrate research productivity (in place of or prior to a manuscript)
- To facilitate networking with potential collaborators, mentors, or employers
- To compete for presentation awards or scholarships (especially for trainees)
- To reflect internally upon the direction and progress of your research

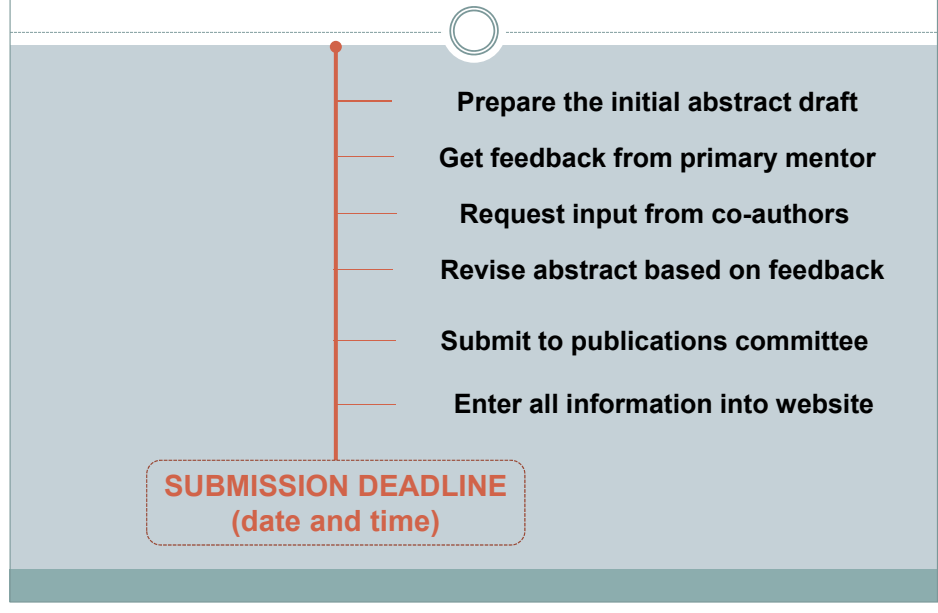
But don't submit an abstract if:

- It's unlikely that you or a co-author will be able to present at the meeting if accepted
- You don't have time to prepare a high-quality research poster or presentation
- The attendees are not likely to grasp the significance of the research
- You or a co-author will present the same research at a different meeting of similar scale

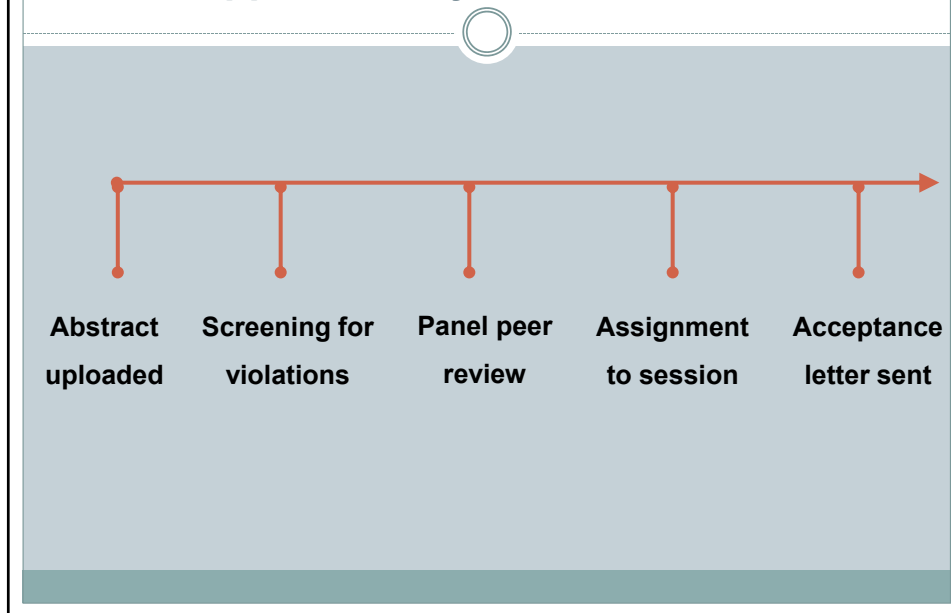
When should you submit an abstract?



Developing a timeline for abstract submission



What happens after you submit an abstract?



Common abstract presentation formats

- Plenary oral presentations
- Non-plenary oral presentations
- Traditional poster presentations
- Other/new presentation types

Who reviews abstracts for conferences?

- Reviewers for scientific or professional conferences:
 - Are usually members of the sponsoring society
 - Review abstracts on a voluntary (unpaid) basis
 - May be organized into specific review sections
 - May not have specific expertise in the study topic
 - May read and rate a dozen abstracts per hour

Abstract selection processes



- Blinded review process (authors and reviewers do not know who each other are)
- Reviewers assign numerical priority scores and offer qualitative comments based on review criteria
- Large conferences– selection of abstracts may be based heavily on quantitative scores
- Smaller meetings– qualitative reviewer comments may be more heavily weighed

How are abstracts evaluated for meetings?

Society of General Internal Medicine review criteria

- **Importance of the Research Question**
 - To what extent does the abstract address a topic that is important?
 - To what degree will the results advance concepts in General Internal Medicine?
- **Strength and Appropriateness of Methods**
 - Is the study design clearly described? Are sampling procedures adequately described, including eligibility criteria; is there potential selection bias?
 - Are the measures reliable and valid? Are possible confounding factors addressed?
 - Are the statistical analyses appropriate for the study design, and are they the best that could have been used? Is there discussion of the statistical power?
- **Validity of Conclusions and Implications**
 - Are conclusions clearly stated and justified by the data?
 - Are implications strong enough to influence how clinicians, teachers, or researchers “act” in clinical practice, teaching, or future research?
- **Quality of Writing**
 - Is the writing clear and organized to effectively communicate findings?

How are abstracts evaluated for meetings?

Society of Prevention Research review criteria and scoring algorithm

- Review criteria/questions for each abstract, along with weighting
 - Q1. Topic is likely to be of interest to annual meeting attendees. Weight = 5
 - Q2. Clearly offers meaningful implications for prevention research. Weight = 5
 - Q3. Quality of Research. Weight = 5
 - Q4. Overall recommendation. Weight = 10
- Rank Scoring on a 6 point scale: 1. Unacceptable; 2. Very Weak; 3. Weak; 4. Strong; 5. Very Strong; 6. Exceptionally Strong
- Total score will be the sum of the rank values times the question weights resulting in a maximum of 150 points total for each abstract

How are abstracts evaluated for meetings?

Society of Emergency Medicine review criteria (excerpt)

- **SCOPE OF RESEARCH**—Reviewers should prioritize large multicenter studies over small single-center studies
 - 2 - Large, multicenter study likely to be published in major journal. For example, randomized trial with >5 sites and >200 subjects, or large multicenter educational study.
 - 1 - Moderate-sized study. For example, a randomized trial of 100 subjects at 3 EDs, or a process improvement study that includes 5 EDs in different states.
 - 0 - Small N in a study of a common disease. For example, a clinical trial of 50 subjects at one center, or a qualitative study with 8 participants.

Reasons why abstracts are rejected



(from Browner's *Publishing & Presenting Clinical Research*)

- Boring topic or no new findings
- No context provided for the research
- Small number of participants
- No numbers, all talk
- All numbers, no words
- Sloppiness of presentation
- Too different from other abstracts

Other factors influencing acceptance



- Total number of abstracts submitted to a section (some may be more competitive than others)
- Prioritization of abstracts from different institutions or geographic areas
- Special presentation opportunities for abstracts that relate to a meeting's theme
- Other presentation opportunities for award winners or scholarship recipients

So what? Implications for abstract preparation



- The primary purpose of an abstract is to summarize succinctly and accurately the key elements of the study

BUT

- For conference abstracts, another purpose is to guide reviewers in evaluating the research according to criteria

AND

- An abstract plays a key role in persuading readers and reviewers that the work is worthy of deeper engagement

The abstract as a promotional document—selling Cadillacs, not lemons



Regardless of rhetorical impact, an abstract should not:

- try to mislead the reader about the approach taken by the research
- misrepresent a study as being something other than what it is
- disguise crucial information related to the shortcomings of research

And even the most carefully crafted abstract cannot overcome a lack of research rigor or innovation

The research abstract as persuasive text

- **Consider your audience** – what are the priorities and biases of the researchers and clinicians who will read it?
- **Highlight your strengths** – if your study is prospective, randomized, multiethnic, etc. then be sure to say so
- **Remember the big picture**– make it easy for your reviewers to grasp the greater impact of your work
- **Shorter is usually better** – just because you're allowed a lot of words doesn't mean you have to use them all

Abstracts by section

- **Title (and Authors)**
- **Introduction**
- **Methods**
- **Results**
- **Conclusions**

The Title

- **Goal:** To orient readers to the core content of the study and engage their interest in the research
- **Length:** Usually 8 to 18 words, depending on the specific meeting or journal requirements
- **Strategy:** Use descriptive terms to indicate the predictor, outcome, intervention, or population, as well as point out strengths in design

Starting general

Changes in Prenatal Aneuploidy Screening Policies

Survival and Morbidity of Extremely Preterm Infants

Yoga Therapy for Urinary Incontinence in Older Women

Getting specific

Long-Term Effects of Changes in Prenatal Aneuploidy Screening Policies in an Integrated Healthcare System

Survival and Major Morbidity of Extremely Preterm Infants: A Population-Based Study

Feasibility of Group-Based Yoga Therapy for Urinary Incontinence in Older Women: A Single Arm Trial

Tips for titles

- Question and statement titles
- Flanking words (“Study of”)
- Don’t promise what you can’t deliver
- Too long versus too short?

Titles using irony, puns, or catchphrases



'Being Old and Doing Time: Functional Impairment and Adverse Experiences of Geriatric Female Prisoners'

'Wax on, Wax off: Pubic Hair Grooming and Potential Complications'

'You Probably Think This Paper's About You: Narcissists' Perceptions of Their Personality and Reputation'

'Carbon Monoxide: To Boldly Go Where NO Has Gone Before'

Abstract authors



- Use the abstract to clarify the author order for the full manuscript
- Check for a maximum number of authors allowed by your target journal
- Solicit advice from your primary mentor or senior author about author order
- Proactive problem-solving ("If you have concerns about author order, please get in touch with me and Dr. [name of mentor]")

ICMJE criteria for authorship

- 1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; and
- 2) Drafting the work or revising it critically for important intellectual content; and
- 3) Final approval of the version of the work to be published; and
- 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to accuracy or integrity are appropriately investigated and resolved

The Introduction or Background Section

- **Goal:** To provide context for the study objective and help the reader understand *why the research is interesting, important, or innovative*
- **Length:** As little as one sentence or up to three sentences (depending on the abstract guidelines)
- **Strategy:** Articulate the problem, establish the gap in knowledge, and 'hook' the reader's interest (Problem-Gap-Hook device)

Problem-Gap-Hook examples

“Prostate specific antigen screening among elderly men with limited life expectancies”

Background: Most guidelines do not recommend prostate-specific antigen (PSA) screening in elderly men who have limited life expectancies because the known harms of screening outweigh potential benefits. However, there are no large-scale studies of actual PSA screening practices in elderly men according to life expectancy. We assessed whether clinicians may be over-screening for prostate cancer in elderly men in ways that may put them at risk of harm.

Problem-Gap-Hook examples

“Association of β -Blockers With Functional Outcomes, Death, and Rehospitalization in Older Nursing Home Residents After Acute Myocardial Infarction”

Background: Although β -blockers are a mainstay of treatment after acute myocardial infarction (AMI), these medications are not commonly prescribed for older nursing home residents after AMI, in part owing to concerns about potential harms and uncertainty of benefit. We examined the association of β -blockers after AMI with functional decline, mortality, and rehospitalization among older nursing home residents, to address the lack of data about the risk profile of these medications in this frail vulnerable population.

Tips for the background section

- Instead of “introduction” or “background,” think “justification” or “rationale” for the research
- Highlight the potential implications of the research for patients, providers, or other key stakeholders
- Call attention to issues that are controversial or for which there is lack of consensus in the field
- Minimize acronyms and abbreviations, especially ones not widely used in your field

How would you improve this?

“Weight Loss and Vasomotor Symptoms in Overweight and Obese Women”

Background: Vasomotor symptoms (a.k.a. hot flashes) affect up to 80% of women during the menopausal transition and can have negative effects on quality of life. Among U.S. women, hot flashes are associated with higher body mass index, alcohol use, Black race, and surgical menopause. Overweight women with hot flashes may experience improvement in these symptoms after losing weight.

Alternate version



“Effects of Weight Loss on Vasomotor Symptoms in Overweight and Obese Women”

Background: Vasomotor symptoms (a.k.a. hot flashes) affect up to 80% of women during the menopausal transition and have a negative impact on quality of life. Because higher body mass index is a risk factor for hot flashes, weight loss may be effective in reducing the severity of these symptoms. However, there is limited evidence to support clinician recommendations for weight loss as a first-line strategy for alleviating hot flashes in overweight or obese women.

How would you improve this?



“Human Papillomavirus Testing in Diverse Older Women”

Background: Little is known about older women’s preferences for human papillomavirus (HPV) testing. We conducted in-depth interviews with older women from diverse backgrounds about their preferences for HPV and Papanicolaou (Pap) testing after listening to a brief introduction to the principles underlying HPV testing and cervical cancer screening.

Alternate version



“Preferences for Human Papillomavirus Testing in Ethnically Diverse Older Women”

Background: Human papillomavirus (HPV) testing is increasingly being used to determine the optimal cervical cancer screening interval in older women. Little is known about older women’s preferences for HPV testing or how these preferences may influence medical discussions about frequency and discontinuation of cervical cancer screening.

The Methods Section



- **Goal:** To describe the design and implementation of the research in a way that highlights its methodological strengths
- **Length:** Between a quarter and a third of the total abstract length (usually the second longest section)
- **Strategy:** Briefly address each methods component - design, setting, participants, interventions (if any), measurements, analytic approach – in order

CONSORT checklist for clinical trial abstracts

Item	Description
Title	Identification of the study as randomised
Authors*	Contact details for the corresponding author
Trial design	Description of the trial design (e.g. Parallel, cluster non-inferiority)
Methods	
Participants	Eligibility criteria for participants and the settings where the data were collected
Interventions	Interventions intended for each group
Objective	Specific objective or hypothesis
Outcome	Clearly defined primary outcome for this report
Randomisation	How participants were allocated to interventions
Blinding (masking)	Whether or not participants, care givers, and these assessing the outcomes were blinded to group assignment
Results	
Numbers randomised	Number of participants randomised to each group
Recruitment	Trial status
Numbers analysed	Number of participants analysed in each group
Outcome	For the primary outcome a result for each group and the estimated effect size and its precision
Harms	Important adverse events or side-effects
Conclusion	General interpretation of the results
Trial registration	Registration number and name of trial register
Funding	Source of funding

STROBE draft checklist for cohort abstracts

Item	Recommendation
Title	Indicate the study's design with a commonly used term in the title (e.g cohort, case-control, cross sectional)
Authors	Contact details for the corresponding author
Study design	Description of the study design (e.g cohort, case-control, cross sectional)
Objective	Specific objectives or hypothesis
Methods	
Setting	Description of setting, follow-up dates or dates at which the outcome events occurred or at which the outcomes were present, as well as any points or ranges on other time scales for the outcomes (e.g., prevalence at age 18, 1998-2007).
Participants	<i>Cohort study</i>—Give the most important eligibility criteria, and the most important sources and methods of selection of participants. Describe briefly the methods of follow-up <i>Case-control study</i>—Give the major eligibility criteria, and the major sources and methods of case ascertainment and control selection <i>Cross-sectional study</i>—Give the eligibility criteria, and the major sources and methods of selection of participants <i>Cohort study</i>—For matched studies, give matching and number of exposed and unexposed <i>Case-control study</i>—For matched studies, give matching criteria and the number of controls per case
Variables	Clearly define primary outcome for this report
Statistical methods	Describe statistical methods, including those used to control for confounding
Results	
Participants	Report Number of participants at the beginning and end of the study
Main results	Report estimates of associations. If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period Report appropriate measures of variability and uncertainty (e.g., odds ratios with confidence intervals)
Conclusions	General interpretation of study results

Tips for the methods section

- Double-check that all methodological components have been addressed
- Call attention to strengths ('prospective' design, 'population-based' sample, 'validated' measures)
- Anticipate questions that readers may have about methodological rigor
- Avoid presenting data that belong in the results rather than the methods

How would you improve this?

“Effects of Weight Loss on Vasomotor Symptoms in Overweight and Obese Women”

Methods: We analyzed data from a 6-month, randomized trial in 338 overweight and obese women, with a mean age of 56 (± 10). Participants were assigned to either an intensive behavioral weight loss program, or a structured education program. Body mass index was calculated using height measured at baseline and weight recorded at baseline and 6 months. Hot flashes were assessed by self-administered questionnaires.

Alternate version



“Effects of Weight Loss on Vasomotor Symptoms in Overweight and Obese Women”

Methods: We conducted an ancillary study within a 6-month, multicenter, randomized trial in overweight or obese women. Participants in the parent trial were randomly allocated in a 2:1 ratio to an intensive behavioral weight loss program involving weekly group visits with weight loss experts, meal replacement, and physical activity support (intervention), or a structured education program consisting of 4 group health awareness classes (control).

(continued)

Alternate version (continued)



“Effects of Weight Loss on Vasomotor Symptoms in Overweight and Obese Women”

Methods (continued): For this ancillary study, hot flashes were assessed at baseline and 6 months using self-administered questionnaires in which women rated the bothersomeness of their symptoms in the last month (“not at all,” “a little bit,” “moderately,” “quite a bit,” “extremely”). Body mass index was calculated from height and weight measured at baseline and 6 months. Repeated measures multinomial models examined the effect of the intervention versus control on hot flush severity at 6 months.

How would you improve this?



“Preferences for Human Papillomavirus (HPV) Testing in Ethnically Diverse Older Women”

Methods: We conducted in-person interviews with 866 older women (257 White, 87 African-American, 149 Latina, and 372 Asian) who had not previously undergone hysterectomy. Women were interviewed about their preferences for HPV and Papanicolaou (Pap) testing after listening to a brief introduction to the principles underlying HPV testing and cervical cancer screening.

Alternate version



“Preferences for Human Papillomavirus (HPV) Testing in Ethnically Diverse Older Women”

Methods: We conducted a cross-sectional study to evaluate HPV testing preferences among older women from four racial/ethnic groups (White, Latina, African American, and Asian). Between 2002 and 2006, women aged 50 to 80 years without a history of hysterectomy were recruited from academic and community-based continuity practices in San Francisco for in-person interviews in English, Spanish, Cantonese, and Mandarin. Interview items were developed using bilingual experts, and then pre-tested in women from each racial/ethnic group to confirm cultural and literacy appropriateness.

The Results Section



- **Goal:** Present essential data to answer the research question and guide the reader in evaluating the significance of the findings
- **Length:** Usually up to one half of the total abstract length (often the longest section of an abstract)
- **Strategy:** Briefly characterize the study population or distribution of the major variables, then present findings that answer the research question

Tips for the results section



- Don't let multiple minor research findings distract from major ones
- For quantitative studies, support each finding with numerical data
- Provide information about the magnitude of effects as well as statistical significance
- Avoid excessive decimal places or duplication of absolute numbers and percentages

How would you improve this?

“Effects of Weight Loss on Vasomotor Symptoms in Overweight and Obese Women”

Results: At baseline, 25% of participants reported being “a little bit” bothered, 13% reported being “moderately” bothered, 8% reported being “quite a bit” bothered, and 4% reported being “extremely” bothered by vasomotor symptoms. The baseline prevalence of bothersome symptoms was higher among non-white women than white women (55% vs 45%, $P < .01$). Among these participants, those who were randomized to the weight loss intervention were more likely to report improvement in symptoms after 6 months compared to control ($P < .05$). Women who lost more weight were more likely to report improvement in symptoms ($P < .05$).

Alternate version

“Effects of Weight Loss on Vasomotor Symptoms in Overweight and Obese Women”

Results: Of the 338 participants, mean age was 53 (± 10) years, and mean baseline BMI was 36 (± 6) kg/m². Fifty percent reported being bothered by vasomotor symptoms (25% “a little bit”, 13% “moderately”, 8% “quite a bit”, and 4% “extremely” bothered). Among these women, those randomized to the weight loss intervention ($N=226$) were more likely than those randomized to the control program ($N=112$) to report improvement in symptom bother after 6 months, (OR = 2.23 [1.19–4.15]). Weight loss predicted improvement in symptom bother, independent of age, race, last menses, estrogen use, depression, and oophorectomy (OR for improvement = 2.23 [1.19–4.15], per 5-kg decrease in weight).

How would you improve this?

“Preferences for Human Papillomavirus (HPV) Testing in Ethnically Diverse Older Women”

Results: The study sample consisted of 257 White women, 87 Black women, 149 Latina women, and 372 Asian women. After listening to a brief introduction, 548 participants said they wanted to be tested for HPV, and another 165 would undergo testing if recommended by their physician. Among those wanting to be tested, 514 would want more frequent than annual Pap tests if they had a positive HPV test and a normal Pap test. Among those under age 65, 106 would be willing to get Pap tests once every three years if they had a negative HPV test and normal Pap test. Of those aged 65 or older, 40 would be willing to discontinue Pap tests if they had a negative HPV test and normal Pap test. Preferences varied by ethnicity, age, place of birth, and cancer history.

Alternate version

“Preferences for Human Papillomavirus Testing (HPV) in Ethnically Diverse Older Women”

Results: Of the 866 participants, 30% were White, 10% Black, 17% Latina, and 43% Asian. After listening to a brief introduction to HPV testing, 60% said they wanted to be tested for HPV, and another 15% said they would undergo testing if recommended by their physician. Among those wanting to be tested, 94% would want more frequent than annual Pap tests if they had a positive HPV test and a normal Pap test. Two thirds of those under age 65 would be willing to switch to triennial Pap testing, and half of those aged 65 and older would be willing to discontinue Pap testing, if they had a negative HPV test and normal Pap test.

The Conclusions Section

- **Goal:** To summarize the key finding(s) of the research in a way that emphasize potential implications for future research, clinical care, or public health
- **Length:** One to three sentences, depending on the abstract guidelines and length restrictions
- **Strategy:** Summarize the most important finding(s), then articulate a take-home message about their impact

Examples: Summary → Message

“Emergency Department Use by Older Adults in the Last Months of Life”

Conclusions: The emergency department is a common site of care in the last months of life: nearly three-quarters of older adults visited at least once in the last 6 months of life, and one-half in the last month of life. *These findings highlight the importance of including the emergency department in efforts to improve the quality of care of older adults at the end of life.*

Examples: Summary → Message

“The Effect of Expanded Midwifery and Hospitalist Services on Primary Cesarean Delivery Rate”

Conclusions: The change from a private practice to a hospitalist model was associated with a dramatic decrease in cesarean delivery rates among nulliparous women, as well as increase in rates of vaginal birth after cesarean among women with prior cesarean delivery. In contrast, delivery rates among women who continued under the hospitalist model did not change. *Adopting this model at other US hospitals could have a significant impact on cesarean delivery rates.*

Tips for the conclusion section

- Avoid repeating numbers and figures directly from the results
- Focus on how study findings can be applied to patient care, future research, or public health
- Avoid sweeping statements about implications that are not justified by the data
- Never end with “More research is needed” without identifying a *specific* issue for the research

How would you improve this?



“Effects of Weight Loss on Vasomotor Symptoms in Overweight and Obese Women”

Conclusions: Women who were randomized to the intensive weight loss intervention were more likely to report improvement in their hot flushes after 6 months compared to control. This weight loss program should be recommended to all overweight or obese women suffering from hot flushes.

Alternate version



“Effects of Weight Loss and Vasomotor Symptoms in Overweight and Obese Women”

Conclusions: Among overweight and obese women with hot flushes, an intensive behavioral weight loss intervention was associated with an over two-fold increased odds of improvement in self-reported hot flash severity relative to control. Findings provide support for clinician recommendations for weight loss as a behavioral strategy for improving hot flashes in overweight or obese women.

How would you improve this?



“Preferences for Human Papillomavirus Testing (HPV) in Ethnically Diverse Older Women”

Conclusions: Sixty percent of participants said they wanted to be tested for HPV, and another 15% said they would undergo testing if recommended by their physician. There is insufficient understanding of preferences for HPV testing in older women.

Alternate version



“Preferences for Human Papillomavirus Testing (HPV) in Ethnically Diverse Older Women”

Conclusions: The majority of older women indicated that they were willing to use HPV testing to make decisions about frequency and duration of cervical cancer screening, but up to one third would want at least annual, ongoing screening regardless of HPV test results. Efforts should be made to ensure that HPV testing is used to reinforce appropriate utilization of screening tests.

Special situations

- Pilot/feasibility studies –
 - “If replicated in future large-scale controlled studies, these findings suggest the potential role of intervention X in reducing the burden of condition Y.”
- Mechanistic studies –
 - “This is a necessary first step towards the long-term goal of developing novel therapeutic strategies to [achieve X clinical or public health objective].”

Reading the fine print

American College of Obstetrics & Gynecology meeting

- At least one author must be a current ACOG member and provide their membership number

American Geriatrics Society meeting

- 2650 character limit includes not only the body, but title, authors, institutions, references, and all spaces

American Public Health Association meeting

- Abstracts with titles that begin with “The” will be automatically rejected

Converting a meeting to a manuscript abstract

- Maximum word limit for a journal abstract is often half to two thirds that of a conference abstract
- Consolidate the introduction and conclusions (but try to retain a punchline statement in one of these)
- Focus on key outcomes data only - eliminate background description information of your sample, etc.
- Drop any tables or figures and replace them with one or two salient lines of results text

Strategies for trimming down to size

- Remove any “framing” text from the conclusions:
 - **“Our findings provide important new evidence that...”**
- Switch to hyphenated terms:
 - **“One-third of adults” instead of “One third of adults”**
- Eliminate (or sometimes add) abbreviations:
 - **“mixed stress & urge type urinary incontinence”** → mixed UI
- Eliminate spaces between numbers or statistical terms:
 - **“OR(CI)=2.2(1.8-2.3)” instead of “OR = 2.2, CI = 1.8–2.3”**
- Provide p values or confidence intervals, but not both

Questions?

Reminder: Assignment #1 due by 5 pm on Monday, April 24



- Assignment #1 is an abstract formatted according to the guidelines of a scientific or professional meeting
- Upload your assignment (as a Word document) *directly onto the course website* using the assignment upload link
- Note that the upload link will automatically close to new submissions at the deadline
- Please use the template provided on the website and include your first and last name