



InSiGHT Guidance on Biennial Meeting Abstracts

1. Introduction

This document summarises the abstract handling process for the Chair of the InSiGHT biennial scientific meeting, to act as a reference point, provide continuity and capture best practice. The aim is not to be prescriptive, as it is recognized that the Chair, in consultation with Council, is responsible for delivering a successful, stimulating and financially viable meeting, and as such must have the final say in acceptance or rejection of abstracts, and the type of presentation offered.

2. Call for abstracts and submission process

The following steps are recommended:

2.1. Decide on themes under which abstracts should be submitted - this guides reviewer allocation, placement of oral presentations and marking of posters.

Suggested themes:

- Genetics: research, constitutional genomics, variomics
- Cancer pathway- somatic variants, pathology
- Epidemiology and Registries
- Clinical: diagnosis, endoscopy, management, implementation
- Clinical: counselling, psychosocial
- Chemoprevention

2.2. Select electronic platform for submission and marking.

2.3. Determine format required (in part dictated by electronic management system).

Suggested points for abstract format:

- Abstracts must be submitted using the electronic platform, within the specified word/character limit, including title, authors, affiliations and any supporting tables and graphs.
- The language of the meeting is English.
- Abstract text must use Arial font, 11pt, with single line spacing. Headings must be bold and authors and affiliations in italic. An abstract example should be available.
- Titles are limited to 255 characters including spaces. Do not include abbreviations.
- Authors must include first name and last name. The lead author should usually be the presenting author.
- Affiliations should include associated organisation, city and country. Do not include title or degrees.
- Abstracts must be a maximum of 2 500 characters including spacing (not including title and author information or any text within tables or images).
- Authors may include a combination of up to two tables or images per abstract. They must however be included in the A4 page and be legible.
- Abstracts should be structured, and abstracts not submitted in this format will not be considered.

- Aim

- Method
- Results
- Conclusions
- References
- Standard scientific abbreviations may be used - non-standard abbreviations should be included in parenthesis after the first use of the full word.
- Sufficient data should be presented to support conclusions - it is unsatisfactory to use statements such as 'data will be presented' or 'results will be discussed'.
- Spelling and grammar should be checked. Submitted material will be published in meeting materials - the abstract should, therefore, contain no errors.
- Depending on the electronic platform used, authors should provide information about potential sources of conflict of interest, either at the time of submission or on acceptance. The intent of this disclosure is not to prevent a speaker from making a presentation, but rather to allow the listener to be fully knowledgeable in evaluating the information being presented.

2.4. Identify key dates:

- Date for closure of abstract submission – about five months before the meeting
- Opening and closing dates for marking
- Date of Council meeting to allow proposed programme/allocation review
- Notification of acceptance

2.5. A condition of acceptance is that at least one author or nominated presenter registers for the meeting. Presenters are responsible for their own travel, accommodation and registration expenses.

2.6. Produce a clear call for abstracts and submission instructions incorporating the above. The date and time for abstract closure should be very clear, with care taken regarding time zone and date format (eg The abstract submission deadline is 11:59pm, Monday 29 October 2018 (New Zealand Time) or 11:59am, Monday 29 October 2018 (Greenwich Meantime)). Late submissions will NOT be accepted.

2.7. if late breaking abstract submissions are requested, then the criteria for what justifies consideration as 'late breaking' and the date for closure and limited number of available slots for such abstracts needs to be clearly spelt out.

3. Marking and ranking

3.1. Abstracts are grouped by theme and assigned to topic appropriate markers. It is recommended that each abstract is assessed by three markers, one from the local programme/organizing committee and at least one from Council, but from different continents. Clear instructions should be given to markers. Efforts should be made to avoid clear conflicts of interest between the abstract authors and the markers when assigning abstracts to reviewers. Markers should also abstain from scoring an abstract if they identify a conflict of interest

3.2. Use of an electronic platform facilitates allocation and marking, and is recommended.

3.3. Abstracts must be anonymous, with authors and institutions not visible to markers. It is recommended that the instructions to authors emphasise that identifiers (eg institution, city) must not be included in the body of the abstract.

3.4. Scoring should cover a number of criteria, with those included and scoring allocated to each to be determined by the Chair. Examples include:

- Originality: How original is the idea, observation or research?
- Clinical usefulness: Does the abstract address an important scientific or clinical question?
- Quality of the Abstract: How coherently written is the abstract? How appealing would this work be to journal editors?
- Ethics: Does the work adhere to ethical guidelines?
- Design and methods: is there evidence of statistical method? What is the nature of the work? (For example, a clinical or scientific trial would generally carry more weight than a clinical audit or case series).
- Results and conclusions: Are the conclusions are justified by the methods and results and do they align with the aims?

Each criterion is given a mark of 1 - 5 (1 being poor, 5 being excellent). This will provide each abstract with a possible score of 30.

3.5. The score of the three markers is averaged, but the Chair should review all scores (average and total) for all abstracts to identify and take account of inconsistent scoring. The Chair reviews the score in the context of the subject material to ensure balanced meeting content.

3.6. Abstracts are selected by score and placed in appropriate sessions for oral presentation. Backup oral abstracts should be identified by score for each session, as some are inevitably withdrawn.

3.7. In the case of an appeal, it is recommended that the Chair either presents the abstract with the original anonymised three scores and its position in relationship to the other scored abstracts or arranges for the abstract in question to be re-marked by more members of Council. The final decision on abstract acceptance for oral or poster presentation rests with the meeting Chair and is final.

4. Publication

Previous meeting abstracts and programme have been published in *Familial Cancer*. It is recommended that the Chair approaches the editor and publisher early to facilitate this.

The accepted abstracts should be submitted to the journal as soon as possible because if printed versions of the journal are to be available at the conference, transportation takes time.

Agreed by Council: 19 February 2021

Date for review: 1 Jan 2023