IRCE Abstract-Writing Workshop
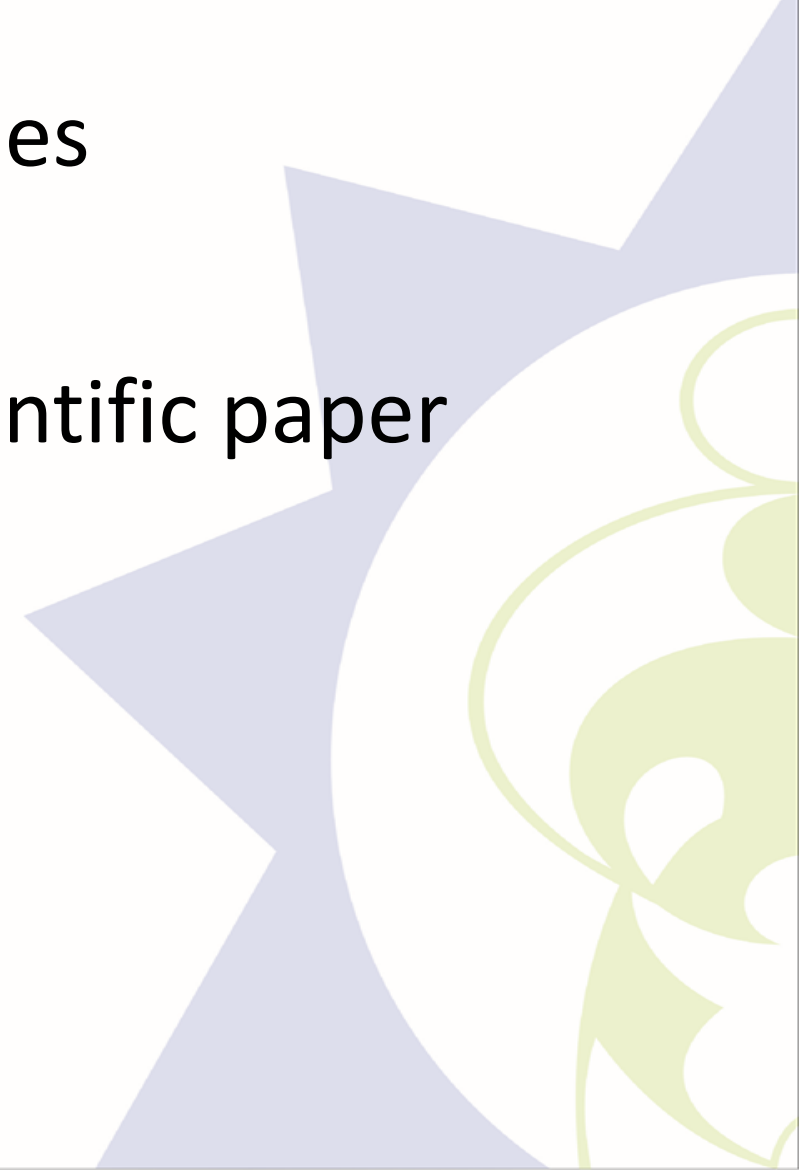# Abstract Template, Format and Guidelines

Dr. Elima Jedy-Agba MD PhD

IRCE Coordinator/Head of Evaluation, Institute of Human Virology, Nigeria

March 17-18, 2021.

Session Outline

- Abstract Template, Format and Guidelines

- How to convert your abstract into a scientific paper

Background

- An **abstract** is a short summary of your completed research.

- It is intended to describe your work in a clear and concise manner.

- For most students and new researchers, writing an abstract for a poster or oral presentation at a conference is usually a starting point for many before progressing to scientific manuscripts.

Almost all good writing begins

with terrible first efforts.

You need to start somewhere.

Anne Lamott

Abstract template

A reminder on structured abstracts:

- Background or Introduction
- Methods or methodology
- Results or Findings
- Conclusion or recommendations
- Funding Source

Conference abstract format for submission

Title of abstract

- Arial font: size14 point, centered paragraph

Authors & Institutions

- [1*]Author, A.A., [1]Second-Author, B.B., [2]Third, C.C. & [2]So-on, D.D. (*lead presenter)
- [1]e-mail address of lead presenter, Institution, country

Main text

- Use template or structure and headings required by the conference.
- Font: Times New Roman font/Arial , 14 point for the Author names and 12 point for the remainder of the abstract.
- Page margins: Set at 2.5 cm all round. Paragraphs are justified (straight-edged) on both left and right.
- Use single-line spacing and leave a line gap between paragraphs. This helps your text to be read easily.

Pictures and tables

- Most conferences do not accept abstracts with inserted figures or tables, however some do. (Best to have your results in a tabular format before preparing your abstract then select key findings from your tables and include in your abstract.

Abstract Guidelines

Authorship:

- The presenting author is required to ensure that all co-authors are aware of the content of the abstract before submission and agree to a <u>confidentiality policy.</u>
- The submitting author is often the presenting author and listed as the first author and receives all correspondence regarding the submission.
- In some cases, submitting author may be unable to attend and one of the co-authors could present the abstract at the conference.
- In either case, presenting author must be registered to attend the conference.
- Some conferences may have a cap on the maximum number of authors per abstract
- Author and co-authors' details
  - Full first and family name(s)
  - Affiliation details: department, institution / hospital, city, state (if relevant), country

Abstract Guidelines

Content:

- Abstract text – **Often limited to 250-350 words max.** (Depends on conference or journal)
- Abstract layout – Structured, no references required
- Graphs and images usually not required.
- Abstracts previously presented at other conferences are strongly discouraged but may still be considered (e.g CUGH) or are not accepted (e.g ASCO). This is usually stated clearly in the abstract guidelines.
- Submitted abstracts should include non-published data
- All abstracts should be written in clear English with accurate grammar and spelling of a quality suitable for publication.
- The abstracts of the Conference may be published online as a Journal supplement. Abstract title - limited to 20-50 words in UPPER CASE

Guidelines (III)

General:

- Usually done through an online submission portal
- Abstract topics are usually fit into a selected **Theme/Track, Topic and Sub-Topic**.
- All authors names and affiliations must be entered.
- Authors are often allowed to submit more than one abstract to a conference.
- In some cases, presenters that have abstracts accepted for oral presentation may be offered poster slots for any additional accepted abstracts.
- Strict on deadlines. Submissions after the deadline are usually not reviewed.

https://www.cugh2021.org/abstract-submissions

Conference abstract

IMPACT OF A STRUCTURED TRAINING PROGRAM UTILIZING A NOVEL MOBILE HEALTH INTERVENTION ON IMPROVING COMMUNITY HEALTH WORKER BREAST CANCER KNOWLEDGE AND UNDERSTANDING OF REFERRAL PATTERNS FOR WOMEN WITH BREAST SYMPTOMS IN NIGERIA

Jedy-Agba Elima[1], Romanoff Anya[2], Gutnik Lily[3], Okwor Uzoamaka[1] Imomon Augusta[1], Kojusola Margaret[1], Adebiyi Ruxton[1], Yawe Terna[4], Alash'le Abimiku[1]

[1] International Research Centre of Excellence (IRCE), Institute of Human Virology, Abuja, Nigeria

[2] Department of Global Health and Health System Design, Icahn School of Medicine at Mount Sinai, New York, USA

[3] Department of Surgery, Duke University, Durham, NC, USA

[4] Department of Surgery, University of Abuja Teaching Hospital, Gwagwalada, Nigeria.

BACKGROUND:

Breast cancer (BC) in Nigeria is often characterized by late stage presentation and long delays to diagnosis. We assessed the baseline BC awareness of Nurses and community health workers (CHWs) in Nigeria and evaluated the impact of a targeted training program for CHWs aimed at improving BC knowledge and strengthening the referral process using a mobile health (m-health) intervention.

METHODS:

This 12-month pilot intervention study is currently ongoing at 6 primary health care centers and one referral hospital in the Federal Capital Territory (FCT), Nigeria. A survey was administered to Nurses and CHWs recruited from sites outside the study sites to assess their baseline breast cancer knowledge. CHWs only, were then given a BC training manual to read and an intermediate test (same as pre-test) was administered one month later. Subsequently, CHWs participated in an intensive two-day training on BC early detection and utilization of a novel Android-based m-health application (the BRIDGE app.) to guide history taking, clinical breast examination (CBE) and referral of women with breast complaints. A post-test (same as pre-test) was administered after the training. Analysis was conducted using STATA Version 16. The student's t-test and ANOVA were used for comparisons.

FINDINGS:

A total of 115 Participants (56 Nurses and 59 CHWs) were included in the study and took the baseline test only. 100% of CHWs (11) at the sites where the study is being implemented completed the training and all 3 (pre-, intermediate and post-) tests. Mean age (SD) of the Nurses was 38.4 (11.7) and the CHWs was 35.0 (8.0). 70% of the nurses had a university degree compared to only 32.2% of the CHWs. Nurses had better baseline knowledge overall than CHWs (63.1% vs 53.3% p=0.027). They also had better knowledge of risk factors for BC (62.9% vs. 51.7%, p <0.001) and of the signs and symptoms of BC (Nurses, 73.1%; CHWs, 62.1% p <0.001). CHWs had poorer knowledge of how to conduct a CBE compared to the nurses (44.6% vs. 53.6%, p- 0.003). For the 11 CHWs who completed pre-, intermediate and post-tests, mean scores before, during and after intervention increased from 53.3% to 71% to 85% respectively (p <0.001).

CONCLUSIONS:

In our study, nurses had better knowledge overall than CHWs. CHWs in Nigeria successfully completed a structured training program which significantly improved their knowledge of BC and resulted in competency similar to nurses in detecting breast symptoms and appropriately referring women to a tertiary hospital for further work-up. A pilot study is currently underway and trained CHWs are using the BRIDGE app. to improve referral for women with breast symptoms in Nigeria.

Funder: Conquer Cancer Foundation, American Society for Clinical Oncology

IMPACT OF A STRUCTURED TRAINING PROGRAM UTILIZING A NOVEL MOBILE HEALTH INTERVENTION ON IMPROVING COMMUNITY HEALTH WORKER BREAST CANCER KNOWLEDGE AND UNDERSTANDING OF REFERRAL PATTERNS FOR WOMEN WITH BREAST SYMPTOMS IN NIGERIA

E Jedy-Agba[1],, A. Romanoff [2], L Gutnik[3], U. Okwor[1], A. Imomon [1], M. Kojusola[1], R. Adebiyi [1], T. Yawe [4], A. Abimiku[1]

[1] [1]International Research Centre of Excellence (IRCE), Institute of Human Virology, Abuja, Nigeria , [2] Department of Global Health and Health System Design, Icahn School of Medicine at Mount Sinai, New York, USA , [3] Department of Surgery, Duke University, Durham, NC, USA, [4]Department of Surgery, University of Abuja Teaching Hospital, Gwagwalada, Nigeria.
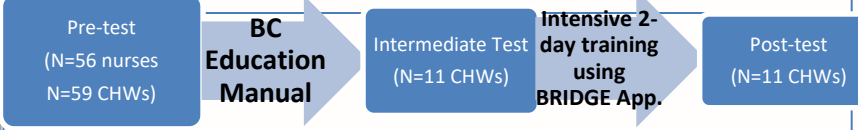
Background

- Breast cancer (BC) in Nigeria is characterized by late-stage presentation and long delays to diagnosis
- Recognition of BC symptoms at the primary care level and appropriate referral are significant barriers to care
- The "BRIDGE App." is a novel m-health application to improve BC knowledge, and guide history taking, clinical breast examination and referral
- Aim: to assess baseline BC awareness of nurses and community health workers (CHWs) in Nigeria and evaluate preliminary impact of a targeted training program using the BRIDGE App.

Methods

- 12-month pilot study conducted at 6 primary health care centers and one referral hospital in the Federal Capital Territory (FCT), Nigeria
- Survey administered to Nurses and CHWs to assess baseline breast cancer knowledge (pre-test)
- CHWs participated in educational intervention
- ➢ BC education manual provided; intermediate test administered one month later
- ➢ Intensive two-day training using the BRIDGE App.; post-test administered
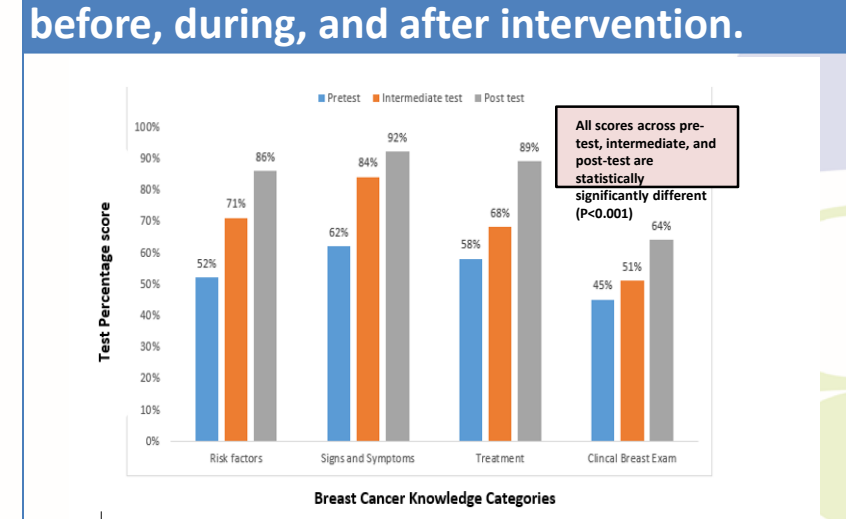- Student's t-test and ANOVA used for comparisons

Pre-test (N=56 nurses N=59 CHWs) → BC Education Manual → Intermediate Test (N=11 CHWs) → Intensive 2-day training using BRIDGE App. → Post-test (N=11 CHWs)

Table 1. Characteristics and baseline BC knowledge of Nurses vs. CHWs

	Nurse (N=56)	Community Health Worker (N=59)	P-value
Age			
Mean (SD)	38.4 (11.7)	35.0 (8.00)	0.08
Median [Min, Max]	37.0 [20.0, 61.0]	34.0 [20.0, 52.0]	
Education			
Secondary	0 (0%)	2 (3.4%)	<0.001
Certification/Diploma	10 (17.9%)	35 (59.3%)	
University Degree	39 (69.6%)	19 (32.2%)	
Postgraduate	7 (12.5%)	3 (5.1%)	
Other	0 (0%)	0 (0%)	
Knowledge of BC Risk factors (%)			
Mean (SD)	62.9 (15.6)	51.7 (12.7)	<0.001
Median [Min, Max]	64.0 [24.0, 96.0]	52.0 [24.0, 76.0]	
Knowledge of Signs and symptoms (%)			
Mean (SD)	73.1 (20.9)	62.1 (22.9)	0.01
Median [Min, Max]	75.0 [8.33, 100]	66.7 [0, 100]	
Knowledge of BC Treatment (%)			
Mean (SD)	64.6 (19.3)	58.1 (16.8)	0.06
Median [Min, Max]	70.0 [20.0, 100]	60.0 [10.0, 90.0]	
Knowledge of Clinical Breast Exam (%)			
Mean (SD)	53.6 (17.5)	44.6 (13.5)	0.002
Median [Min, Max]	57.1 [28.6, 85.7]	42.9 [28.6, 71.4]	
Overall Score (%)			
Mean (SD)	63.1 (12.7)	53.3 (11.3)	<0.001
Median [Min, Max]	64.5 [24.0, 85.0]	55.0 [20.0, 73.0]	

Findings

- 115 Participants (56 Nurses and 59 CHWs) were included and took the baseline test only
- Compared to CHWs, Nurses had better:
- ➢ Overall Score (63% vs. 53%, p<0.001)
- ➢ knowledge of BC risk factors (63% vs. 51.7%, p <0.001)
- ➢ knowledge of BC signs/symptoms (73% vs. 62%, p =0.01)
- ➢ knowledge of CBE (54% vs. 45%, p=0.002)
- 11 CHWs completed the training and all 3 tests

Figure 1. Comparison of CHW test scores before, during, and after intervention.

All scores across pre-test, intermediate, and post-test are statistically significantly different (P<0.001)

Conclusions

- Nurses had better baseline BC knowledge overall.
- CHWs in Nigeria successfully completed a structured training program using the BRIDGE App., which significantly improved their knowledge of BC and resulted in competency better than nurses in detecting breast symptoms for prompt referral.
- A pilot study is currently underway and trained CHWs are using the BRIDGE app. to improve referral for women with breast symptoms in Nigeria.

BUILDING ON YOUR ABSTRACT TO WRITE A SCIENTIFIC PAPER

Abstract Vs Scientific Publication

- An abstract <u>is not</u> a scientific publication.
  - ❖Some conference abstracts can be published in journal supplements. E.g abstracts accepted for CUGH can be published in the Annals of Global Health or in the Lancet Global Health for oral abstracts.
- A manuscript is a scientific publication.
- <u>Always</u> write abstracts with the intent of publishing a manuscript.

Abstract Structure:
- ➢ Background or Introduction
- ➢ Methods
- ➢ Results
- ➢ Conclusion/recommendations
- ➢ Funding Source

Manuscript Structure:
- ➢ Title Page
- ➢ Abstract
- ➢ Background or Introduction
- ➢ Methods
- ➢ Results
- ➢ Tables & figures
- ➢ Discussion
- ➢ Conclusions/recommendations
- ➢ References
- ➢ Acknowledgements/Funding source

CREATING
MOVIE TRAILER
ABSTRACT
for your research article

Why write a manuscript/paper from your abstract?

- Research dissemination to a wider audience

- Impact- *Leave your mark!!*

- Career growth and visibility

Barriers to Writing Papers….

- Lack of Time
- Lack of Experience
- Lack of Resources
- Competing Priorities
- Others?

Its not about *having* time….Its about *making* time……

- "You will never find time for anytime, if you want time, you must make it" - Charles Buxton
- Lack of Time
- Lack of Experience
- Lack of Resources
- Competing Priorities
- Others?

Seek collaborators with different skillset and resources, take advantage of opportunities for training and networking.

- Lack of Experience
- Lack of Resources

Steps to follow in writing your paper

- Obtain support from departmental head or management (Provide release time, Link you up with appropriate personnel or collaborators, Access to papers, Data analysis/Statistical consult)

- Assemble a writing team

- Choose a scientific journal

- Write manuscript – (set goals and timelines)

- Submit to a scientific journal for peer review

Assemble a writing team

- Science is increasingly being conducted in large, interdisciplinary teams.

- Collaborative manuscripts are more likely to be accepted in scientific journals and have higher citation rates once published, presumably reflecting higher quality and impact (Fox et al. 2016, Barlow et al. 2018).

- Challenges can arise during manuscript development, where achieving one team goal (e.g., inclusivity) may be in direct conflict with another goal (e.g., efficiency).

- Managing and determining co-authorship is a critical component of a successful collaboration. (Define criteria- what work is to be done, who will do what, and who will get the credit.)

Define Authorship Early....
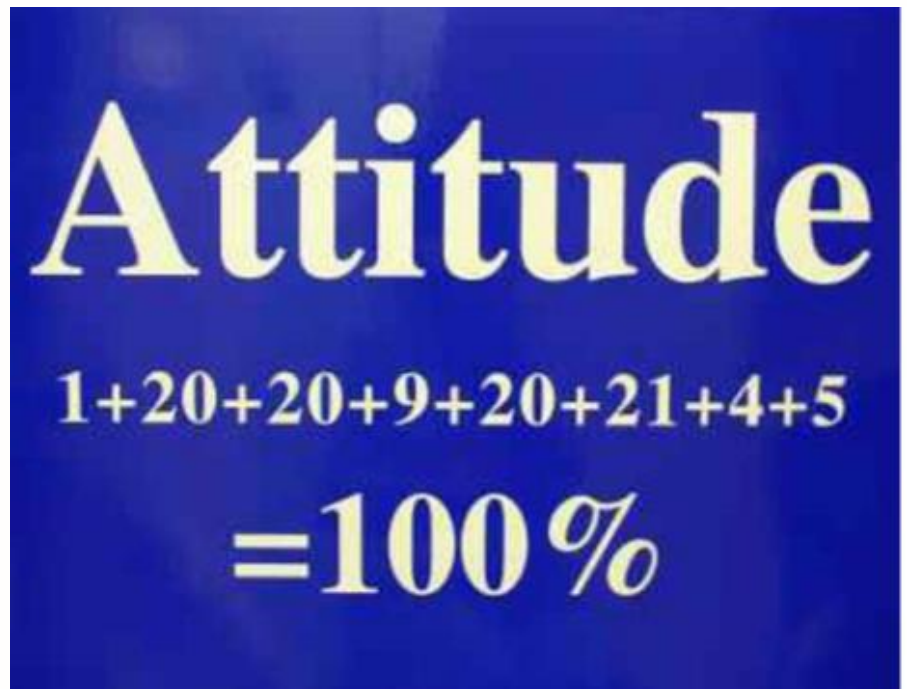
ICMJE recommendation:
- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Choosing a Journal

- Getting a research paper published can be challenging. It's even more challenging when considering the risk of rejection that comes from submitting a paper to a journal that's not the right fit.

- It is critical to choose and then write for a target journal.

- With thousands of journals in various fields of research, journal finder tools may be useful. (E.g Elsevier)

    https://journalfinder.elsevier.com/

- Examine the "Aims and Scope" of the target journal from its website, and confirm that your topic is within the scope of the journal.

Choosing a Journal Cont.

- Impact Factor- This is a measure of the frequency with which the average article in a **journal** has been cited in a particular year. It is used to measure the importance or rank of a **journal** by calculating it's total articles cited. (2 year window)

- Cite Score- Introduced in 2016 as an alternative to IF. Yearly average number of citations for recent articles in the journal. (4 year window)

- Open access option/Cost implications (The largest open-access publishers — BioMed Central and PLoS — charge $1,350–2,250 to publish peer-reviewed articles in many of their journals, for more higher IF journals Article processing charges (APC) could range from $2,700–2,900).

- Acceptance rate

- Time to first decision

- Time to publication

Impact factor	Score
>10	Excellent
1-9	Good
<1	Average

Many studies have shown that OA publications receive more citations than subscription publications.

Impact

Reach

Speed
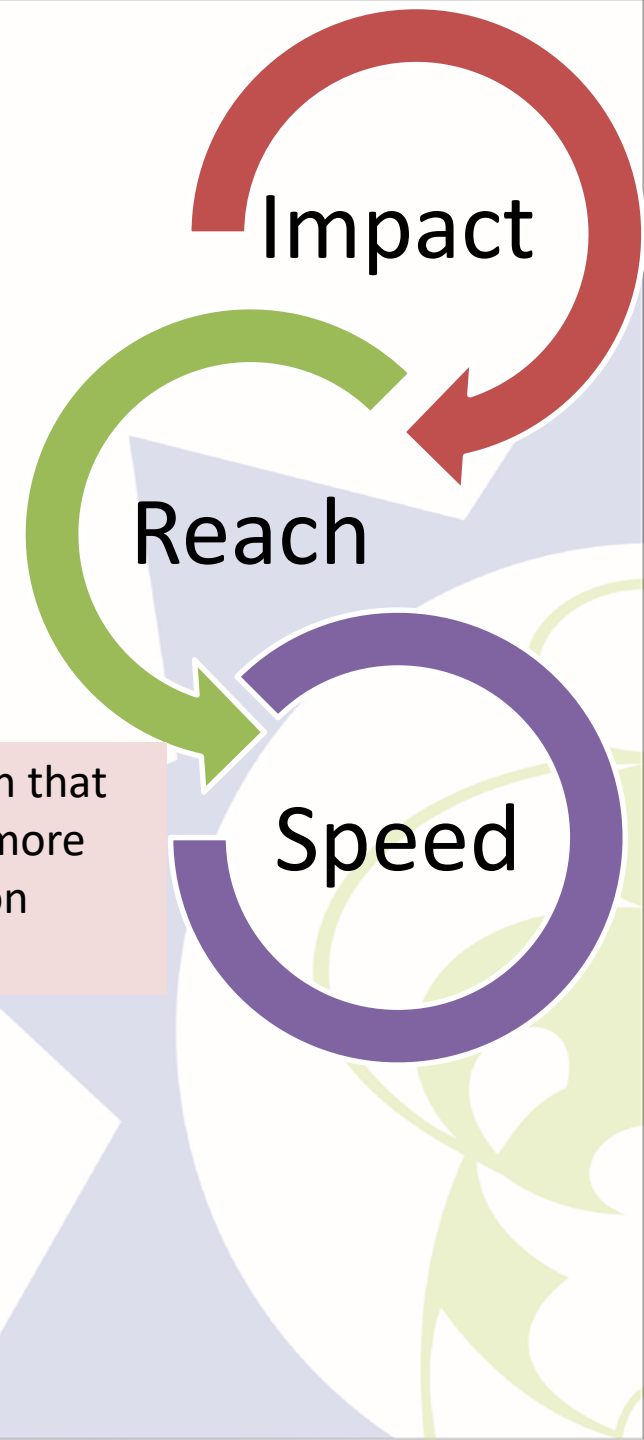
Writing a scientific paper

- Follow author guidelines provided by the journal
- Begin writing the abstract after you have finished writing your paper. (Keep in mind that some results and conclusions may change in the course of the writing process)
- Pick out the major objectives/hypotheses and conclusions from your **Introduction and Conclusion sections.**
- Select key sentences and phrases from your **Methods section**.
- Identify the major results from your **Results section**.
- Make sure your manuscript abstract does not contain:
- Any new information that is not present in the paper
- Undefined abbreviations or group names
- A discussion of previous literature or reference citations
- Unnecessary details about the methods used

Start broad, then get more specific……
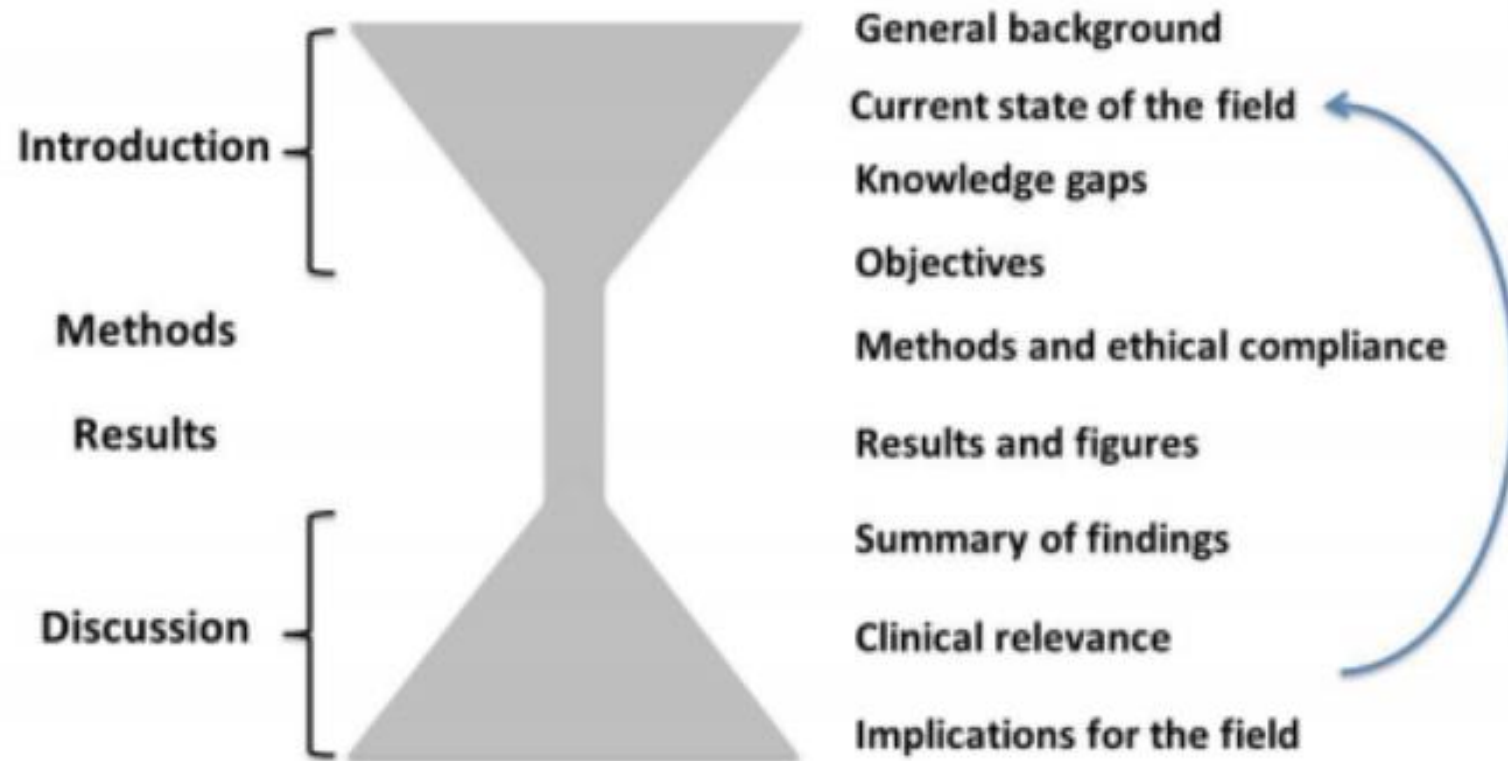
Introduction

- The introduction is the first section of your research paper and should not be a repetition of the abstract.
- Provides information on the <u>background of the subject matter</u>. It does not provide any data about methods, results, or conclusions but more in-depth information on the subject area.
- You must perform a literature search. Can you find the solution to your research question in the literature?
- State and explain <u>your hypothesis</u>, what you attempted to discover, or issues that you wanted to resolve.
- Explain if and why your study is <u>new in the subject field</u> and the <u>study rationale.</u> • Can you find the solution to your problem? Has the work already been done? What gaps in the literature need to be filled
- The introduction should be written after the rest of the paper is completed This will help you focus on the manuscript's important points.
- The introduction, unlike the abstract, should contain citations to references.
- Generally up to four paragraphs, but may vary according to journal guidelines. • Perform literature search.

Methods (I)

- The methods section of a paper is often the easiest section to write so it is usually the best point to start.

- Explains what you did and how you did it, allowing readers to evaluate the reliability and validity of the research study.

- Provide details of your methodological approach: (When, how, where, why, what)

  ✓ Describe your study population and location
  ✓ Data collection methods
  ✓ Data Analyses methods
  ✓ Any tools or materials used in the research study
  ✓ Reasons why these methods were used

Methods (II)

- Strengthen your methodology section by referencing other studies in the field that used similar approaches.

- Confirm that you followed established practices for this type of research.

- Discuss how you evaluated different methodologies and decided on your approach. You can cite specific theories used e.g. in qualitative research grounded theory method.

- Remember to write in past tense.

The aim of this section is not just to describe your methods, but to show how and why you applied those methods and demonstrate that your research was rigorously conducted.
Did you use the best possible approach to answer your research question?

Results (I)
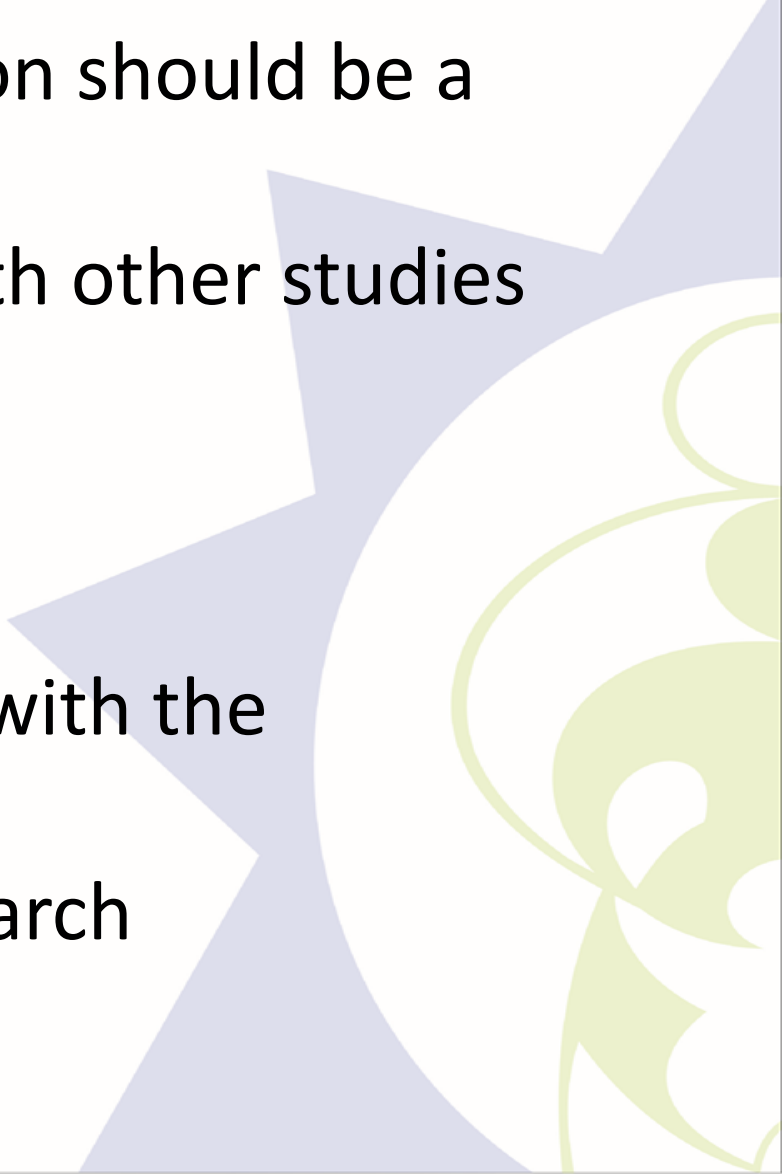
- This section of a paper represents the core findings of a study derived from the methods used and analysis conducted.

- Present your findings in a logical sequence <u>without bias or interpretation</u>, setting up the reader for later interpretation and evaluation in the subsequent section.

- Break down the data into sentences that show its significance to the research question.

- The Results section appears third in the section sequence in most scientific papers. It follows the presentation of the Methods and Materials and is presented before the Discussion section.

Results or Findings (II)

- The Results section should include ONLY findings from your study.

- Report on data collection, recruitment, and/or participants

- Data should be presented in tables, charts, graphs, and other figures. (may be placed among research text or on a separate page)

- A contextual analysis of this data explaining its meaning in sentences.

- Data that corresponds to your central research question.

- Secondary findings (secondary outcomes, subgroup analyses, etc.)

Discussion

- The first paragraph of your discussion section should be a summary of major findings/results
- Comparison of similarities and contrasts with other studies in the literature
- Unexpected results
- Generalizability of study findings
- Study Strengths and Limitations (Problems with the methods used)
- Implications of results for practice and research

Conclusions and Recommendations

- Conclusions as supported by presented data, including evidence for each conclusion if multiple conclusions.

- Controversies, unresolved issues

- Recommendations for policy

- Directions for future research
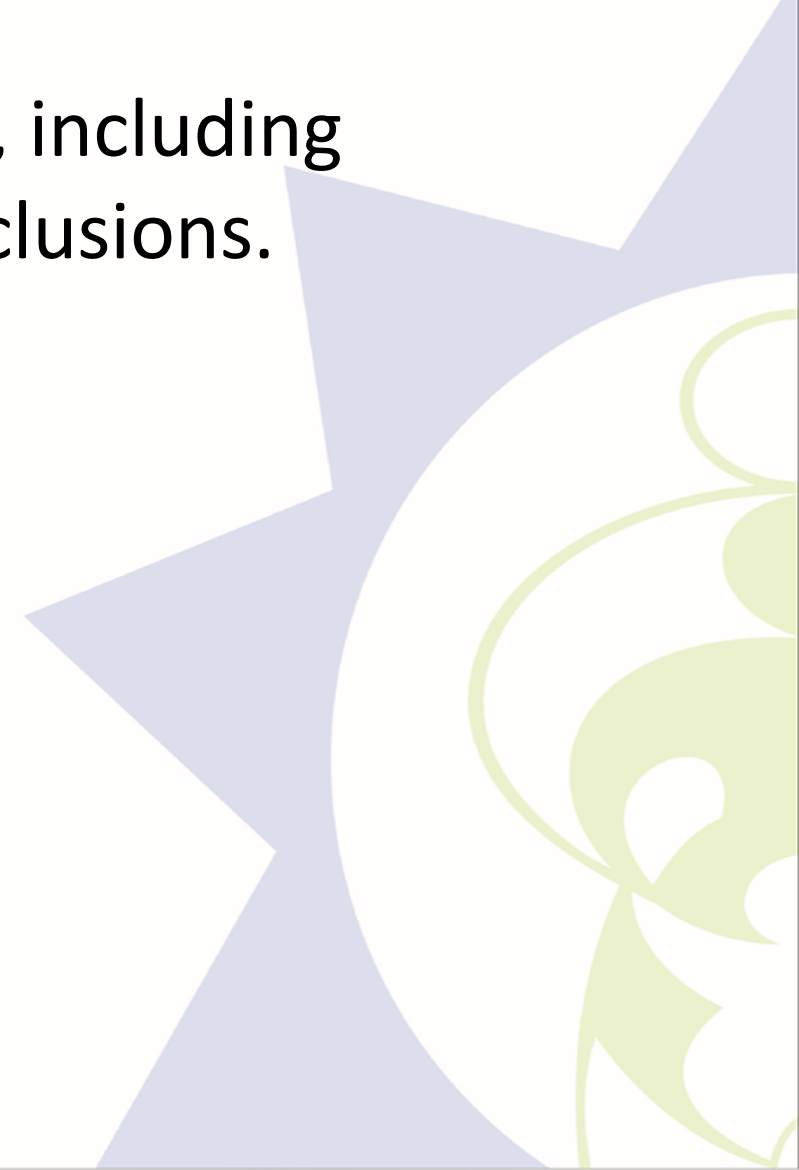
Citations and referencing for manuscripts

- More efficient and effective to use reference managers such as those listed below:

- Endnote https://endnote.com/

- Mendeley https://www.mendeley.com/download-reference-manager

- Refworks https://www.refworks.com/refworks2/?

- Zotero https://www.zotero.org/

- Readcube papers https://www.papersapp.com/

General tips

- **Use active voice** almost all the time, even if it means referring to authors as "we," or "I," to employ it. This is more direct, and shorter.

  ✓ "The survey was administered by the research assistants" is longer and vaguer than, "Research assistants administered the survey."

- Avoid politicizing a research paper. Dwell on the science

- Less of opinions and more of facts in scientific writing.

- Always acknowledge all those who contributed to the paper.

- Circulate to at Least 3 Individuals for feedback (1) Expert in topic area (2) Good editor/writing skills (3) Good scientist or clinician, unfamiliar with topic area or is not as familiar with topic as you.

After submission what next?

- Journal editor assigns paper to an Associate Editor and provides names of 5 potential reviewers to "invite" (deadline: 1 week)

- Prospective reviewers (2-3) receive abstract and are asked to review (within 1 week)

- Once reviewer accepts invitation, he/she receives the manuscript and has usually 2-3 weeks to review it.

- Review sent back to Associate editor who incorporates reviewers' comments into his/her review and a decision letter is sent back to authors.

-

Accept
- **Accept in current state (rare)**
- **Accept with minor revisions**
- **Accept with major revisions**

Reject
- **Rejected without feedback (outside scope)**
- **Feedback provided –useful for possible revision and resubmission to another journal**

Be Persevering!!!

In Summary…..

- Writing a paper is often considered an arduous and lengthy process.

- Create the time and see it pay off!

THANK YOU FOR LISTENING