How to Write a Successful Abstract for a Public Health Conference

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Webinar Overview/Objectives

• In this webinar, we will describe the steps in writing a scientific abstract for submission to a public health conference and will discuss specific ways to improve abstract quality and chances for acceptance.

• After the webinar, participants will be able to:
  – Understand the purpose of a scientific abstract;
  – Describe the structure of a scientific abstract and the writing approaches for each section;
  – Discuss “tricks of the trade” to improve chances for abstract acceptance
  – Write an abstract for submission to the 2019 CSTE Annual Conference!
Call for Abstracts: November 1, 2018 - January 7, 2019

“First in Write”
Our Overarching Goal

To write a strong abstract that is accepted for presentation at a public health conference

Ultimately, so that your great epi work is seen, heard, incorporated, discussed, modeled...USED—as part of the body of scientific knowledge!
What is a Scientific Abstract?

- An abstract is a “snapshot” of a scientific or research study
- Designed to **ENGAGE** (readers, attendees, etc.)
- So that your scientific work is **consumed** and **used**
- As such, the “snapshot” should be polished, clear, professional.
Snapshot analogy... Vs
Two Types of Scientific Abstracts

1. Scientific Papers
   – Appear at beginning of manuscript
   – Included in PubMed and other abstract services
   – Often the only part of a paper that many people read

2. Abstracts for Presentation at Scientific Meetings*
   – Submitted in response to a call for abstracts
   – Required formats and specified word counts

Abstracts are a means of conveying what was done and why, what was found, and the implications
How Do We Reach Our Goal of Getting an Abstract Accepted?

• The “science” itself isn’t enough
• Requires careful planning and concise execution
• First and most important step: read and adhere to conference guidelines for submission (FOLLOW DIRECTIONS, they mean it!)
  – Submission deadline and mechanism
  – Abstract format
  – Word count (CSTE--400 words)
  – Selection of presentation format (e.g. for CSTE--Quick, Lightning, Poster, etc.)
• Takes more time than you think (build in time for review/clearance)
• Sort out authorship early
Strong Abstracts Should Be ("4 C’s"): 

- **Complete** — covers the major parts of the project, study, or analysis
- **Concise** — no excess wordiness or unnecessary information
- **Clear** — readable, well organized, and not jargon-laden
- **Cohesive** — flows smoothly between parts; coherent story overall

5th C is that this can be Challenging—**but practice makes perfect!**
Scientific Abstract Structure (Typically)

- Title
- Background
- Methods
- Results
- Conclusion
Scientific Abstracts: General Characteristics

- All 4 Cs are important, but **CLEAR is #1** -- AIM FOR CLARITY!
- Should be understandable as a **stand-alone** story (chronological if possible)
- Sections relate back to each other (all results have a corresponding method, results support conclusion, conclusion ties back to why the study was important to do, etc.)
- Avoid wordiness, jargon, and excessive acronyms
- Use **past** tense (mostly)
- **First** person (I, we) now most accepted
- The word data is **PLURAL**
- Use **active** voice ("We investigated an outbreak of..."")
- Do not include references, citations, tables, charts, illustrations, or figures
Title: Characteristics and Advice

• Clearly describes what the study is about (but doesn’t give results away—encourages readers to want to read the rest of the abstract)

• Usually includes location and timeframe of study
  – “Injuries Among High School Football Players, Nebraska, 2013”

• Grabs your attention (note: some reviewers either like/don’t like “plays on words” as part of title, so caution)

• Usually capitalize first letter of each word

• Check conference guidelines—title might/might not be included in word count
Title: DON’TS

• Unclear

• Don’t state results or conclusions

• Don’t include phrases like “a study of”, “an investigation of”

• Don’t include jargon or unfamiliar acronyms

• Don’t be too long

• Example for you to think about:
  
  “State Public Health Laboratory-NIH-Funded Research Laboratory Collaboration for Carbapenem-Resistant Enterobacteriaceae Surveillance: A Model for Maximizing the Public Health Potential of Taxpayer Money”
**Background:** Characteristics and Advice

- **Why did you perform the study?**
- Should be 2-3 sentences total

  1st sentence: Provide the context and/or motivation for doing the study (What is already known about the subject? What is not known, and hence what do you intend to examine?)

  2nd sentence: Simple, clear statement of the aim of the study (What are you hoping to find out or what is your hypothesis?)

- The last sentence of the Background is one of the most important in the entire abstract-- should be a “hook”--the study’s practical significance/importance to public health.
Background: DON’TS

• Don’t include too much historical background
• Don’t be too lengthy
• Unclear why you did the study
• Unclear why the study is important (no hook)
• Don’t include methods, results, or conclusions
Methods: Characteristics and Advice

- What did you do? How did you do it?
- Usually 3-5 sentences total; chronological if possible
- Briefly describe study design (survey, cohort, etc.)
- Where and when (timeframe of study)?
- How and what data were collected?
- Who were the subjects? How selected?
- Case definition (if applicable)
- Statistical analyses or tests performed
- Balance between putting in not enough and too much
Methods: DON’TS

- **Unclear** what you did and how you did it
- Don’t include non-specific phrases such as:
  - “We collected data”
  - “We surveyed the population”
  - “We performed statistical analyses”
  - “Cases were identified”
- No statistical methods provided
- Methods missing for results presented later
Results: Characteristics and Advice

• What did you find?
• Usually the longest section, 3-8 sentences even
• Describe your main findings with data

• Don’t include all study results, but highlight the findings that tie back to the primary study aim.

• Logical flow from descriptive (frequencies, etc.) to analytic
• Include measures of association, P-values, confidence intervals as appropriate

• Statements such as “to be completed” or “to be presented” are not acceptable

• Make sure to include the specific data that supports your conclusion
• Strike balance here between including not enough and too much
Results: DON’TS

• Results lack numbers

• **“Tie-back” issues:**
  – Results do not pertain to the primary study aim
  – Results missing for methods that you mentioned
  – No results that tie to/support your primary conclusion

• Don’t include conclusions or interpretation in the Results (sometimes I see methods here too)
Conclusion: Characteristics and Advice

• What does it mean? Why is it important?
• The Conclusions section should explain your main findings and why they are important (2-3 sentences)
• Should tie back to primary study aim(s)
• You may have one primary conclusion, or several, depending on study aims (but not TOO many—reduces clarity and impact)
• Must be supported by your presented results
• End with a strong closer sentence that is the practical take-home message (a practical application)
Conclusion: DON’TS

- Don’t present a conclusion not supported by the results of your study
- Don’t overstate (generalization beyond scope of study)
- Unclear specifically why the study was important
- Don’t have a generic “closer” sentence— the closer sentence should have a practical application or statement about how this study can be “used” in public health practice or epi science...
- Don’t use “More research is needed” as your closer
Example for Review

Outstanding Poster Presentation at the 2018 CSTE Annual Conference in West Palm Beach, Florida:


https://cste.confex.com/cste/2018/meetingapp.cgi/Paper/9883
BACKGROUND: In April 2016, the Centers for Disease Control and Prevention (CDC) confirmed the association between congenital Zika infection and severe birth defects. Electronic birth certificates (eBCs) were explored as a statewide passive data source to identify Zika-related congenital anomalies. This study examined the validity of using congenital anomaly flags in eBCs to identify potential Zika-associated birth defects (ZBD) from January 2016 through June 2017.

METHODS: Suspected birth defect cases were identified through congenital anomaly flags reported on eBCs during 1 January 2016 through 30 June 2017. Flags were selected and ZBD cases were identified using CDC Zika Birth Defects Surveillance (CDC-ZBDS) Case Inclusion Guidance. Medical records were requested for any infant whose eBC noted (“flagged”) at least one congenital anomaly. Diagnoses found in medical record review were considered the gold standard for birth defect case identification. Among cases whose medical records were reviewed, sensitivity and specificity were calculated for the overall sample and each defect flag by comparing eBC flags to medical records.

RESULTS: As of 15 December 2017, we identified 218 infants with 289 congenital anomaly flags potentially related to congenital Zika infection. We received and reviewed 173 (79%) records with 242 flags (84%) and found 153 diagnoses, of which 93 (61%) were confirmed. Fifty-three (31%) records met the CDC-ZBDS criteria and contained 65 (42%) diagnoses. Sixty additional ZBD diagnoses were found through record abstraction. Overall, the sensitivity and specificity of congenital anomaly flags was 59.6% and 97.3%, respectively. The most common flags (n>10) included intraventricular hemorrhage, clubfoot, hydrocephaly, spina bifida, and craniofacial anomalies. Sensitivities for microcephaly, limb reduction, and clubfoot ranged from 67% to 78%. Hydrocephaly, microcephaly, and craniofacial anomalies had specificities 295%.

CONCLUSIONS: Overall, congenital anomaly flags performed well in screening out false positives, yet captured many false negatives; hence, eBC flags may be only one tool for Zika-associated birth defects surveillance. Additionally, eBCs are available for all live-born infants, suggesting they may be a useful data source for statewide surveillance of related birth defects. Leveraging linkage to other data sources, including fetal death certificates and direct case reports from healthcare providers, could be used in conjunction with eBCs to enhance Zika birth defects case ascertainment and improve validity. Despite known limitations, eBCs appear to provide valid data for birth defects surveillance. Future studies may evaluate the validity of other eBC birth defects flags to clarify the limitations of using eBCs for population-level general birth defects surveillance.
“Tricks of the Trade” in Abstract Writing (and Acceptance)

• Science is KING: start with a study that has clear purpose
• Abstracts about emerging PH issues are a plus!
• FOLLOW Conference guidelines to the LETTER
• Also look at Conference guidelines for what the Selection Committee is looking for, and cover it!
• Example from 2019 CSTE Annual Conference:
  – “The Program Planning Committee will evaluate abstracts based on a number of criteria, including timeliness, relevance, design, clarity, outcomes, and potential impact”
“Tricks of the Trade” in Abstract Writing (and Acceptance)

• Find an abstract “expert” in your health department to guide and review your abstract throughout the process.

• Your abstract will go through numerous review steps, including your coauthors, your supervisor, the abstract “expert”, your agency’s clearance process. Allow sufficient time.

• Write a **first draft** with all of the Sections (as clear as possible) but don’t worry about word count exactly yet.

• Some people use the technique of **starting** the first draft by narrow focus: writing two sentences for each Section that hits the **main** points, then add/revise after.
“Tricks of the Trade”: Word Cutting

- Submit 1st draft to your expert or supervisor for review and editing—they can assist with word cutting (send to coauthors when closer to final)
- Word cutting can be an art!
  - If >30 words over, remove entire concepts
  - If 15–30 words over, remove sentences
  - If <15 words over, remove unnecessary phrases and adjectives
- We don’t want too many acronyms, but strategic use can help with word counts (remember to spell out first time!)
- Check for and eliminate phrases like: “in close proximity to”, “in a large number of cases”, “with regard to”, “in order to”, “due to the fact that”, etc.
Most Common Reasons ("Risk Factors") for Abstract Rejection

- Usually not because of the science itself
- Most commonly because it is unclear
  - Why you did study in the first place
  - Why the results are important
- Poorly written; difficult to understand
- Data insufficient to support conclusions
- Low priority topic
- No new information gained
- Previously published
Successful Acceptance: Contributing Factors

• Study topic is important and timely—an emerging problem, rising incidence, an area that we all want to learn more about

• Abstract is CLEAR (a readable story)—this is most important

• Follow directions exactly and submit on time

• Have a great closer: sentence with a clear practical implication for public health practice or epi science (never “more study is needed”)

GOOD WRITING IS HARD WORK!
AIM FOR CLARITY!

Dear Sweetheart,
I miss you morning, noon and night.

THAT'S TOO VAGUE..

WHEN YOU WRITE TO A GIRL, YOU HAVE TO BE MORE SPECIFIC..

I miss you at 8:15, 11:45 and 9:36...
READY SET SUBMIT!
2019 CSTE Annual Conference

Abstracts must be received no later than Monday, January 7, 2019 by 11:59 PM EST through the online CSTE abstract submission site. The Program Planning Committee will evaluate abstracts based on a number of criteria, including timeliness, relevance, design, clarity, outcomes and potential impact. Formal letters of invitation are sent by e-mail from the CSTE National Office by March 20.

Guidelines for abstract submission and topics selected by the Program Planning Committee are available below.

Click here to view the Guidelines for Abstract Submission
Click here to view the 2019 committee topics
Click here to view the frequently asked questions

https://cste.confex.com/cste/2019/cfp.cgi
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