What is an Abstract and its Purpose?

1. A brief summary of research or work you have done or will do before a conference to present at a conference (the work doesn’t have to be completed yet!), but the goal is for it to be done by the conference.

2. Submitted to conference organizers before a conference to ‘apply’ to present your research at that conference.

3. Typical presentation types you can request:
   - Poster: Develop a poster of your research and present it; you are given a time to present and answer questions about your poster (in person or virtual conference).
   - Oral: Present on your own, with a co-author, or as part of a panel about a similar topic; length of time can vary.
   - Workshop: Host a workshop, often with others.

4. The abstract is ‘reviewed’ by a committee if accepted, you will be told the presentation type you are invited to give based on your preference when you applied.

5. Anyone can write an abstract. Patient partners often help prepare the abstract or may write and submit one on their own.

6. A way to share knowledge. The abstract is often part of an ‘abstract book’ given to conference attendees or in a journal that accompanies the conference.

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9. Potential conflicts of interest: Any relationships that may be perceived to influence the research and important for transparency (e.g. employment, a consultancy, being provided an honorarium, relationships with for profit companies, etc.).

Parts of an Abstract

- Title of Your Presentation
- Authors: Contributors to the work and their affiliations (often ordered from who contributed the most to the least). Patient partners may or may not have an affiliation – hopefully the submission allows for flexibility. A ‘presenting author’ is the person who will present the work if accepted.
- Main Body: Instructions about sections or headings, word count, and anything else required are provided in the call for abstracts. Generally, the main parts of an abstract include:
  - Goal / Objectives: Why you did the research and what you hoped to accomplish.
  - Background: Why the goal is important (e.g. an area that patients have indicated is an unmet need).
  - Methods / Approaches: How the work was done. For example, was there a review of the scientific literature or current knowledge? Was a survey done (and if so, how many people responded)? Were there focus groups? Were patient partners part of the team, and if so, how were they involved?
  - Results and Discussion: Highlights of the findings and why you found them interesting or maybe the findings weren’t what you expected and you can share those and your thoughts.
  - Conclusion or Summary: The ‘takeaway’ or one or two things that you found and want people to remember.
- Potential conflicts of interest: Any relationships that may be perceived to influence the research and important for transparency (e.g. employment, a consultancy, being provided an honorarium, relationships with for profit companies, etc.).

Conferences provide instructions about the abstract format or there is an online submission form with instructions. A typical abstract format with basic parts (may depend on the conference) is shown below.

- If you’re a patient partner, the concept of a conference abstract might be new. Here we’ve put together a basic overview of what an abstract is, its purpose, and the typical parts to help you co-create or write and submit an abstract. This was developed with input from a number of people who are acknowledged below.

- Share your draft abstract with co-authors for their input and to declare their con/ flicts - well in advance of the deadline. Provide a copy of the submitted abstract to your co-authors for their files.

- The conference organizers might give you an idea of when to expect a decision on your abstract.

- Good luck with your abstract! We hope you have found this to be helpful and informative!

Thank you for your input
Brenda Andreas, Mary Brachaniec, Rachel Cooper, Jennifer Daly-Cyr, Trudy Flynn, Erin Gilmer, Kathy Kastner, Delane Linkiewich, Zal Press, Laurie Proulx, Maureen Smith, Linda Wilhelm, and Andy Wong.