

ABSTRACT SUBMISSION GUIDELINES

Deadline: Tuesday, 17 April 2018

General information:

All abstracts must present original research and at least preliminary results; abstracts reporting data pending will not be accepted. Submission implies that the material has not previously been presented or published elsewhere before presentation at the 2018 Union World Conference on Lung Health (24 – 27 October 2018). Abstracts are placed under embargo until they are presented at the conference.

Please note that this year applications for scholarships will be open from 8 to 26 June.

Please find below the list of tracks under which your session must be submitted:

A -	Advances in Quality of TB Care and Services
B -	Air pollution
C -	Basic science, drug development, immunology and vaccines
D -	Civil society and community engagement
E -	Clinical trials for new treatments for DS-TB and MDR-TB
F -	COPD, pneumonia, asthma and other lung health in adults
G	Drug-resistant TB care and treatment, except clinical trials
H -	Drug-sensitive TB care and treatment, except clinical trials
I -	Economics of the epidemic
J -	Global and Local Policies and Politics
K -	HIV-TB and other HIV-related lung health
L -	Human rights
M -	Latent TB infection (LTBI)
N -	Paediatric lung disease, excluding TB
O -	Paediatric TB
P -	Patient-centred care
Q -	TB and non-HIV comorbidities, i.e. diabetes, COPD, tobacco
R -	TB diagnostics, including drug-resistance determination
S -	TB education and training
T -	TB epidemiology
U -	TB infection control
V -	TB in key affected populations
W -	TB laboratory service implementation
X -	TB other
Y -	Tobacco control
Z -	Zoonotic TB

Information for authors

- All abstracts must be submitted online. Abstracts submitted by e-mail will not be considered.
- Please note that you will need to create an account and register as a user on this site before submitting an abstract if you are a first-time user of the submission platform.
- The corresponding author is responsible for the abstract content. S/he is the contact person for submission and communication purposes and is also responsible for disseminating information related to the abstract to the co-authors.
- A listed co-author other than the corresponding author may register and present the study at the conference.
- Please do not submit an abstract if none of the authors intend to attend the conference to present it, in the event that it is accepted.
- A confirmation email will be sent to all authors.
- If you represent a UN organisation, please select the name of the organisation from the list available in the drop down menu.

[A sample abstract is available here for consultation](#) (PDF 340 KB)

Text of the abstract

- The abstract text should not exceed 300 words. Abstracts of more than 300 words will be truncated.
- Type the title of the abstract in upper and lower case, using capitals only for the first word, acronyms and proper nouns. Titles of more than 25 words (110 characters and spaces) will be truncated.
- Abstracts can be submitted in English and French. However, please note that if accepted, your abstract will be presented in an international conference in which the language common to most delegates is English. No simultaneous interpretation will be provided.
- Use the palette of characters provided to insert symbols, accents and special formatting (e.g., italics, bold, β , μ , etc.).
- Authors are responsible for proofreading and submitting an abstract without errors, as they will be reproduced in the form they were submitted.
- All accepted abstracts will be included in the Abstract Book, which is a supplement to the *International Journal of Tuberculosis and Lung Disease* (IJTLD). The Abstract Book will be made available online for download from the website at the conclusion of the conference.
- Abbreviations and acronyms must be written out in full at the first mention in the text.
- The maximum number of authors and institutions is eight.
- If all authors belong to a single institution, you do not need to create new affiliations for each author. Click on "Institutes" to prefill the form.
- To submit a new abstract, click on "Create" under "MyAbstracts".
- Please ensure that you carefully read all instructions given on the screen at each step of the process.

Use of non-stigmatising language

The Union is committed to promoting patient-centered language in all conference abstracts and presentations. When drafting your abstract, The Union requests that you follow the guidance laid out in the Stop TB Partnership's publication, [*Suggested Language and Usage for Tuberculosis \(TB\) Care, Communications and Publications*](#).

CATEGORIES

Two categories of abstract will be considered for the Union World Conference. The abstracts must present at least preliminary results; abstracts reporting data pending will not be accepted. We discourage multiple abstracts from the same study/setting unless the results are truly unique for each submission, with no overlaps.

Category 1: Scientific research

This category is for reporting scientific and public health evaluations as well as operational research. Abstracts in Category 1 should be organised as follows:

- **Background:** State the study objectives, study question or describe the challenge addressed by the research.
- **Design/Methods:** State the setting, methods, desired outcomes, procedures and techniques used to collect and analyse information. Include a description and breakdown of participants, procedures, measures and appropriate statistical analyses.
- **Results:** Present specific findings to date.
- **Conclusions:** Describe the implications of the results presented, and summarise key recommendations. Explain specific findings on how the research addressed the study, question or challenge.

Category 2: Public health practice

This category is for reporting experiences in overcoming policy or programme barriers and demonstrating best practices in implementing effective prevention and control programming. This includes identification of service delivery issues and the presentation of evidence-based practices that programmes have adopted. Abstracts in Category 2 should be organised as follows:

- **Background and challenges to implementation:** Identify the context and the specific challenges to programme implementation. Describe the activity, programme or policy by which the issue was addressed. Describe target populations, geographic sites/locations and scale and type of activity or service.
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- Intervention or response: How was the challenge overcome? Detail the methods, activities and implementation steps used to overcome the challenge. Describe the methods, procedures and techniques used to collect and analyse information that informed your conclusions. Identify the course of action used to address programme implementation issues.
- Results and lessons learnt: Describe the results and impact of the project. Explain the potential application or benefit to other programmes. Define what worked, what did not work and the evidence that led to this determination.
- Conclusions: Describe the public health practice implications of the results and summarise key recommendations. Highlight opportunities for future programme practice and implications for other programmes or settings.

Figures or tables

- Authors may submit one table **or** one figure per abstract. If more than one table or figure are submitted, one of them will be deleted.
- If you wish to submit a table with your abstract, click on “Tables” on the top right to create a table. Tables should be smaller than 5 rows x 10 columns.
- If you wish to submit a figure with your abstract, click on “Graphs/Images”. The maximum file size of each graph is 5 MB. The maximum pixel size of the graph is 600(w) x 800(h) pixel. You may upload graphs in JPG, GIF or PNG format.
- Important: the graphic content must be clearly legible when previewing the abstract
- Recommended resolution: min. 150 dpi, 300 dpi for images, 600 dpi for line art (charts). Low resolution images will not be included in the Abstract Book
- Please do **not** upload the text of your abstract as an attachment. Uploaded abstracts will not be considered.
- Please note that tables and figures are reproduced in a single column with the abstract and that legibility is the responsibility of the author. We recommend that you use a sans serif (Arial or Calibri) font for clarity.

Submission

The corresponding author will receive an e-mail confirming that the submitted abstract has been received. After submission the authors will be able to export a copy of the submitted abstract. After the abstract has been submitted, you can still go back and edit it. However, please make ensure that you submit it again before the deadline. An abstract should be submitted only once: resubmission is not permitted.

Please refrain from submitting multiple abstracts on the same topic by varying the authors or under different titles with only minor word changes. Please also refrain from submitting multiple abstracts on the same study with the same first author. In such cases, all of the submissions on that topic will be automatically rejected.

Review of abstracts

All submitted abstracts will be sent for peer review by a panel of international experts in the fields of TB, adult & child lung health, HIV and tobacco control. Each abstract will be reviewed and scored by at least three reviewers. The scores will then be submitted to the members of the Coordinating Committee of Scientific Activities (CCSA), who will determine which abstracts are acceptable and whether they are best suited for oral abstract presentation sessions, poster discussion sessions or e-poster sessions.

Notification to authors

- Corresponding authors will be notified of acceptance of their abstracts at the **end of May 2018**.
- If your abstract has been allocated to a specific session, please note that it will not be possible to change the date, time or type of session.
- Abstracts that are not accepted cannot be reconsidered for review or presentation at the conference.

The Union World Conference on Lung Health Abstract Mentorship Programme

The goal of the Union's Abstract Mentorship Programme is to provide an opportunity for individuals with limited experience writing and submitting abstracts to work with a volunteer mentor, an individual with notable experience in writing. The programme is open to anyone. The programme is completely independent of the abstract review and selection process. It is dependent on volunteer experienced researchers and implementers acting as mentors. Mentors will provide anonymous feedback on the content and format of the abstract.

Abstract Mentorship Programme Steps

- Prepare a draft abstract in accordance with the conference abstract submission guidelines.
- Perform spelling and grammar check (e.g. Office Word spelling and grammar function).
- Submit your draft abstract for mentor feedback by sending it to mentoring@theunion.org.

General Rules

- The mentorship process is anonymous. Names of the author and mentor will not be shared.
- The draft abstract submitted to the mentor must follow the submission guidelines.
- Each delegate is allowed to submit only one abstract to the mentorship programme.
- The administrator of the mentorship programme will immediately return draft abstracts to the author without review if they do not follow the submission guidelines.
- Mentors assist by reviewing the content, writing, and format. Some technical support on research methods, analysis, or the report of results may be provided.
- Mentors cannot indicate if they think that the abstract is likely to be selected or not. Deadline to send your abstract for mentoring programme is 19 March 2018.