ABSTRACT SUBMISSION AUTHOR GUIDELINES
FOR ORAL COMMUNICATION OR POSTER PRESENTATION

A. GENERALITIES

This online abstract submission will close on **October 31, 2026**. No late abstracts will be accepted. Presenting authors will be notified of the Scientific Committee's decision regarding acceptance of their abstracts.

Only abstracts submitted via the online system will be considered. Please do not send abstracts by email, they will be returned.

Please note that abstracts submitted for an oral communication will automatically be considered for a poster presentation if not selected for an oral communication. **Do not submit abstracts twice. Double submissions will be discarded from the system.**

Oral communications can only be presented in-person in Singapore. If you are planning on attending remotely you can only submit for a poster presentation that will be presented in our Virtual Poster Hall.

B. STEP-BY-STEP ONLINE SUBMISSION GUIDELINES

Step 1: In the scroll down menu for type of presentation select the type of presentation **"ORAL COMMUNICATION"** or **"POSTER PRESENTATION"**– Attention do not submit the same abstract for an oral communication and a poster presentation, if your abstract is not accepted for an oral communication, it will be automatically considered for a poster presentation.

Step 2: In the scroll down menu for topics make sure you select the topic of your choice from those listed below

01 Clinical Trials – Phase IIb & III

Late-stage interventional studies evaluating efficacy and safety.

02 Clinical Trials – Phase I & IIa

Early-phase studies focused on safety, tolerability, and preliminary efficacy.

03 Non-Pharmacologic and Multidomain Interventions

Lifestyle, behavioral, nutrition and combined intervention strategies.

04 Imaging (MRI & PET)

Structural and functional neuroimaging studies.

05 Biomarkers (CSF & Plasma)

Fluid biomarkers for diagnosis, prognosis, and therapeutic monitoring.

06 Vascular Cognitive Impairment

Cerebrovascular contributions to cognitive decline and dementia.

07 Artificial Intelligence & Data-Driven Innovation

From data to drug: AI's role in redefining Alzheimer's therapeutics.

08 Epidemiology

Population-based studies and risk factor analysis.

09 Non-Clinical, Early Discovery & Mechanistic Research

Therapeutic development in model systems.

10 Trial Design, Statistical Innovation & Analytical Frameworks

Estimands and basket/umbrella and platform trials — advancing clinical research through innovative methodology.

11 Cognitive & Functional Outcomes

Measuring cognitive performance and real-world function to better assess clinical benefit.

12 Digital Endpoints, Remote Monitoring & Connected Health

Leveraging digital technologies to capture real-world, continuous health data.

13 New Hypotheses & Novel Therapeutic Approaches

Challenge the paradigm. Change the outcome.

14 Healthy Longevity, Physical Health, Brain Health & AD Prevention

Integrating systemic health and lifestyle strategies to delay onset and promote cognitive resilience.

15 Real-World Data, Registries & Implementation Science

Translating trial efficacy into real-world effectiveness: RWD, registries, and strategies for scaling evidence-based care.

16 Biotech Showcase see description HERE

Company-led scientific and development presentations.

Step 3: Enter the name and affiliation of the presenting author

- Enter names and affiliation of co-authors as needed – Maximum of 15 co-authors is allowed.
- **A picture of the presenting authors is required**, you will be asked to upload the picture in .jpeg or .png (this will be used for the online app)
- **Bio of the presenting author** is required you will be asked to enter the bio after the abstract text. Attention text is limited to 200 words.

Step 4: In the dedicated box please enter the text of your abstract according to the instructions below

C. AUTHOR INSTRUCTIONS

- *Abstract selection*: Abstracts are selected on a peer-review basis by **the CTAD Scientific Committee**
- *Structured abstract*: Abstracts must be structured with the following headings in bold font: Background, Methods, Results, Conclusions, Keywords, Disclosures, References
- *Disclosures*: All authors are responsible for recognizing and disclosing any conflict of interest that could be perceived to bias their work, making known all financial support, grants, and any other personal connections. Biographical descriptions should be avoided but we do want transparency, delivered in a concise and full sentence
- *Abstract text* is limited to 850 words excluding keywords, disclosures and references
- *Additional material*: Tables, graphs and figures **are not** permitted
- *Trademarks*: Generic drug names are preferable to trademarked, brand-named drugs (for example, use acetaminophen as opposed to Tylenol, Johnson & Johnson Consumer, Inc., US). In all abstracts where brand or trade names are included the manufacturer names and locations are also required.
- *References*: References and citations to previously published work should be avoided. Where cited and necessary it is acceptable to provide abbreviated references with the DOI or web links to sources. Where the DOI or web links are not available the references should conform to the Journal format for reference lists.
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Abstract text sample:

Title : Properties of the meeting abstract: Mystery elements explained

[1]Given M Family, [2]Kong-sang (Jackie) Chan, [1,2]Victoria Von Waltz, [2]on behalf of RSMA workgroup

[1]University of Abstraction, Boston, MA, USA; [2]Royal Society of Meeting Abstracts (RSMA), Wan Chai, Hong Kong, PR China.

Background: The Background includes what is already known and what is not known about the subject, and so describes the purpose for the presentation and aim of study. It is important here and throughout to avoid using acronyms or perpetuating misspellings and jargon from previous work.

Methods: The Method section will include details on how the study was carried out [1], such as sample sizes (and variations), source of sample if limited or defined by location, any requirements for inclusion, and duration of the study [2]. Generic drug names are preferable when describing dosage [3].

Results: The Results section should have detailed findings and comparisons summarized in complete sentences. The data will be used to define the Conclusion, which may be negative, or may not be significant. If all data cannot be shared and summarized in the limited space it may be helpful to deposit data in an open repository and focus on the primary purpose.

Conclusion: In addition to briefly summarizing the results, this section may also highlight new or unexpected results and advise on future studies. Statements may only refer to the author conclusions collectively and within a wider perspective rather than offering individual and subjective opinions.

Keywords: clinical trial phase, short phrases, limit of four.

Clinical Trial Registry: NCT12345678; https://clinicaltrials.gov

Data Deposition: https://dx.doi.org/00.0000/m0.figshare.000000.v1

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References

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4. ABC Committee. *Guide for Authors*; 2016:1552-1554. https://www.springer.com/gb/authors-editors/authorandreviewertutorials/writing-a-journal-manuscript/figures-and-tables/10285530