
Poster Abstracts

Submissions Rules & Format Guidelines

Poster Presentations are informal discussion of current projects in pharmacy practice with meeting attendees. It is their opportunity to pick up ideas of successful programs that have worked in other healthcare systems.

ASHP is seeking poster presentations from students, residents, fellows and practitioners in these specific topic areas:

- Informatics
- Leadership / Administration
- Medication Safety
- Clinical Conundrums

Within one of these three poster submission types:

- **D = Descriptive Reports:** Describes completed new, improved or innovative roles or services in pharmacy practice, or unusual clinical cases in one or a few patients that have not been formally evaluated but are of such importance that they must be brought to the attention of practitioners.
- **E = Evaluative Study Reports:** Describes completed original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services. Abstracts must include scientific results and/or data to support the conclusions.
- **R = Research-in-Progress Reports:** Uncompleted original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services currently in progress.

This document will assist you in preparing your submission for a Poster and guide you through the process to submit your abstracts online.

Thank you for your interest in presenting at the **2012 ASHP Summer Meeting!**

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

GUIDELINES FOR COMPLETING YOUR ABSTRACT PROPOSAL

SUBMISSION DEADLINE

March 15, 2012 at 11:59 pm (Pacific) – No new submission or edits will be accepted after this deadline. ASHP will not edit abstracts. Incomplete abstracts will be deleted from the system after this deadline.

PRIMARY AUTHOR

The person entering the information online ***is the Primary Author*** and will be responsible for providing the required information to any other authors. We define the "Primary Author" as the leading author and the primary presenter. The submitting author's name will *automatically* appear first on the citation and the abstract, and it is their contact information that will be printed on the published version of the abstract.

Duplicate abstracts on the same topic from one author or institution will not be accepted. Your poster presentation at the meeting must not differ from the original accepted title and abstract content in your submission. It is understood that an author of the abstract (preferably the Primary Author) will be at the meeting to present the poster.

ADDITIONAL AUTHORS

Each submission may have up to five (5) authors – the Primary Author and four (4) additional authors. The Primary Author is responsible to ensure that all authors are included and in the order they will appear on the abstract and citation. **ASHP will not add “forgotten” authors or make changes to the order of the authors.**

IMPORTANT:

We will not accept abstracts that we feel have been ghostwritten or have been commissioned by a commercial entity for the express purpose of positive publicity for a product or service.

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

MEETING REGISTRATIONS and CANCELLATIONS

MEETING REGISTRATION

Presenting a poster at our meeting is a voluntary effort and ASHP cannot pay expenses for your participation. If your submission is accepted you are responsible for your own meeting registration fee and travel.

All presenters must be registered for the meeting, at least for the day of your poster presentation.

WITHDRAWALS/CANCELLATIONS

Written notification is required for all submission withdrawals. Only the Primary Author may withdraw a submission. Send your withdrawal request to: educserv@ashp.org. Please include your full name and presentation title in your request.

Because of our early publication deadlines, if you withdraw after receiving your acceptance notice we cannot guarantee that your presentation citation and/or abstract will not appear in print, on the ASHP Website, or in other print or electronic media.

PRIOR PUBLICATION OR PRESENTATION

PRIOR PUBLICATION

Abstracts submitted for presentation must not have been presented or published previously. Exceptions are those presented at a state society meeting or an international meeting held outside the U.S.

PUBLICATION RIGHTS

ASHP does not retain the exclusive rights of publication to poster abstracts submitted for our meetings. Accepted abstracts will be published on the 2012 ASHP Summer Meeting Website (<http://ce.ashp.org>).

NOTIFICATIONS and CONTACT INFORMATION

EMAIL NOTIFICATIONS

All correspondence including confirmations, reminders, and accept/reject notifications will be sent to the Primary Author's email only. It is the Primary Author's responsibility to notify the coauthors of the status of the submission. It is imperative that this email address is a working email address that is not spam-protected. If you do have spam protection, chances are you will not receive our emails. Notification emails will come from educserv@ashp.org.

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

CONTACT US

If you have any questions regarding your submission, please send an email to educserv@ashp.org. Please include your name, title of submission, and your abstract Submission Number. ASHP will not divulge information to anyone not listed as the Primary Author.

PEER REVIEW CRITERIA

All poster submissions will undergo a blinded peer-review process. We do not supply names or author affiliations to reviewers; however, if you want your review to be completely blinded, do not include the name of your institution in the body of your abstract.

The decisions of the reviewers are final. *There will be no reconsideration of rejected abstracts.* Each reviewer will be given the same criteria for reviewing your submission, so it is important that your abstract is well written and meets the stated guidelines. Abstracts will be evaluated only on the data submitted.

- Presentation balance: Abstracts will be non-promotional in nature and without commercial bias. Papers that are written in a manner that promotes a company, service, or product will **not** be considered.
- Relevance and importance of topic to our attendees.
- Scientific Merit (where applicable): Well-designed project that states a purpose; results match conclusion.
- Abstract Format: Not following the abstract guidelines for your specific type of submission (Descriptive Report, Evaluative Study, or Research-in-Progress report.).
- Authors that are members of ASHP will be given acceptance priority over non-ASHP members, should acceptable submissions exceed space available.

COMMON REASONS FOR REJECTION

- Instructions not followed; format indicated in instructions is not utilized
- Misleading title
- Commercial tone or a biased conclusion
- Research/project is not original
- Lack of scientific quality or validity; poor quality of research methodology; methods are not reproducible; lack of data or measurable outcomes
- Data collection is ongoing or has not begun
- Inconsistent or ambiguous data
- Lack of conclusions or conclusions that do not match objectives
- Several abstracts from the same study submitted
- Incomplete author disclosure statement (lack of details) or no disclosure statement

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

GUIDELINES TO COMPLETE YOUR SUBMISSION ONLINE

LOGIN – EMAIL ADDRESS

The email that is used for logging into the ASHP Poster Abstract Submission site must belong to the Primary Author – not an assistant's or a colleague. Your must not delete or alter this email on the Primary Author Personal Details screen or the database will not function properly resulting in your submission not being included in the review process.

Login requires your first name, last name, email address and password (you will create it when you first login to the submission site).

Those who have previously submitted an abstract can use the same login.

You must click on "Save & Continue" on every screen in order to save your information

WELCOME MESSAGE FOR SUBMISSIONS

Please read the instructions provided on the **Welcome** page before beginning your submission.

PRIMARY AUTHOR AFFIRMATION & DISCLOSURES

The Primary Author is responsible for submitting the abstract plus all the required elements to successfully complete the submission online.

- **Personal Details** – must be completed to begin the submission. Primary Author's name automatically appears first on the poster citation, and their contact information will be printed in the published version of the abstract.
- **Affirmation of Content** – The Primary Author must affirm to the content of the submission on behalf of themselves as well as the additional authors.
- **Disclosures** – Primary Author must complete the potential conflict of interest information for themselves as well as for their additional authors. They must agree to include a disclosure panel on the display for their poster presentation.

WARNING: Posters not displaying a disclosure panel will be removed from the Poster Hall and authors may be banned from presenting at future ASHP meetings.

- **Additional Authors** – Primary Author is responsible to add all the required information for any additional authors on their abstracts. For each additional authors (maximum of four), the primary author will add their first and last name in the order they will be appear on the poster display. In addition, they must click the **EDIT** button for each coauthor to enter their personal and disclosure information online.

IMPORTANT: If we do not receive disclosure information from ALL authors listed, your abstract will NOT be accepted.

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

ABSTRACT DETAILS

- **Abstract Title** - Be sure your title accurately and concisely reflects the abstract content. Submission with titles that are NOT in the correct format will be rejected.
- **Title Format**
 - The title must NOT be misleading
 - Do NOT use proprietary (brand) names in the title
 - Capitalize only the first letter of the first word in the title, all other words must be in lowercase letters; except in the case of acronyms or proper nouns (e.g. countries, etc.)
 - Do not use “A,” “An,” or “The” as the first word in the title
 - Spell out all pharmaceutical acronyms
 - Special symbols (Greek letters; mathematical signs – equal, plus, minus, percentage, greater than, less than, etc) must be spelled out.
- **Correct Title Format - Example**

Implementation of computerized prescriber order entry (CPOE) in a surgical unit: one year later
- **Incorrect Title Format - Examples**
 - IMPLEMENTATION OF COMPUTERIZED PRESCRIBER ORDER ENTRY (CPPOE) IN A SURGICAL UNIT: ONE YEAR LATER
 - Implementation Of Computerized Prescriber Order Entry (CPPOE) In A Surgical Unit: One Year Later

IMPORTANT: Only put the title of the abstract in the title field. DO NOT put it in the abstract content field.

BODY OF ABSTRACTS

Your abstract will be reviewed and evaluated based on the content you provided according to these guidelines.

- **Word Limits** – your entire abstract content should be approximately 400-600 words overall including your Purpose at ~ 100 words; Methods is ~ 200 words; Results is ~ 200 words; and Conclusion is ~ 100 words.
- **Overall Abstract Guidelines**
 - Proofread content carefully, particularly doses, numerical values, and drug names.
 - Use proper format to include the elements for each submission type designation, see details below.
 - Use standard abbreviations. Do not include graphs, tables, or illustrations in your abstract.

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

- Do not use special functions such as tabs, underlines, trademarks, superscript, subscript, bold, or italics. Special symbols such as Greek letters, degrees, plus and/or minus signs, greater than or less than must be spelled out.
 - Abstracts in outline form will be rejected.
 - Abstracts with a commercial tone will be rejected.
 - Duplicate abstracts on the same topic from the same authors or institution will be rejected.
 - Do not include the title or authors in the body of the abstract.
- **Submission Type Guidelines** – your abstract must match one of the following submission type designations.

Descriptive Report Abstracts *(See Example below)*

- Abstracts must contain rationale detailed description of the project or case, and the importance of the report to pharmacy practice
- The statement “details/results will be discussed” will not be accepted and abstracts stating this will be rejected.
- **Abstract must contain Purpose, Methods, Results and Conclusion**
- The work described must be complete. Planned projects or descriptions of projects still being implemented will not be accepted.

Evaluative Study Abstracts *(See Example below)*

- All clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board and, if appropriate, informed consent was obtained for all subjects. This must be indicated in the abstract.
- **Abstract must contain: Purpose Method, Results and Conclusion.** (Case reports do not need heading; case studies do need these headings.)
- The Primary Author verifies that all coauthors are aware of the content of the abstract and support the data.
- The statement “results will be discussed” will not be accepted and abstracts with this statement will be rejected.

Research-in-Progress Abstracts *(See Example below)*

- All clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board and, if appropriate, informed consent was obtained for all subjects. This must be indicated in the abstract.
- **Abstract must contain: Purpose** (rational and objective for the study) **and Methods** (a proposed plan for analysis of the data).
- Even though this is a **research-in-progress abstract**, the statement “results will be discussed” will not be accepted. Abstracts with this statement will be rejected.

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

CONFIRMATION & SUBMISSION NUMBER

Please review the Confirmation screen for each submission as it contains all the details you've entered online. It also includes your abstract **Submission Number** – Please save it for your records. ASHP will ask for it to follow up on any inquiries regarding your submission.

INCOMPLETE SUBMISSIONS

Incomplete submissions will be deleted from our online system (i.e. missing required elements, etc,)

ABSTRACT EXAMPLES

DESCRIPTIVE REPORT POSTER ABSTRACT SAMPLE

PLEASE NOTE: Do not include the field names – **Purpose, Methods, Results, and Conclusion** – in the body of your abstract.

Purpose: The avoidance of errors in the processing of chemotherapy orders is an important component in the pharmacy department's medication-use safety initiatives. Chemotherapy order processing was identified as a needed competency assessment to heighten awareness in recognizing and preventing chemotherapy medication errors. This project was designed to uncover and correct gaps in the knowledge that pharmacists needed for the safe processing of chemotherapy orders at a community hospital.

Methods: A pharmacist with advanced training (specialty residency) in oncology wrote a certification module and a competency assessment examination. The certification module included readings, the hospital policy on processing chemotherapy orders, and a chemotherapy order-processing checklist designed for the pharmacist. The assessment examination used three actual patient chemotherapy orders, each with specific patient demographics, laboratory values, and imbedded errors. Pharmacists taking the examination needed to identify the errors to process the orders safely. All staff pharmacists were required to complete the examination and instructed to work independently. A score of 100 percent was required to pass the competency assessment.

Results: Twelve pharmacists completed the module. Seven pharmacists correctly identified all the medication order errors in the competency assessment examination. Five pharmacists needed additional training in their identified areas of deficiency and took a customized assessment examination to address those areas specifically. All five pharmacists successfully completed the second assessment examination. The pharmacy director and clinical coordinators felt that the competency assessment examination was successful in identifying gaps in knowledge. The pharmacists indicated that they were more confident processing chemotherapy orders after successful completion of the module and competency assessment.

Conclusion: Competency assessment was helpful in identifying and correcting knowledge gaps and may be useful in medication order processing of high risk medications as part of the pharmacy department medication-use safety plan.

EVALUATIVE STUDY ABSTRACT SAMPLE

PLEASE NOTE: Do not include the field names – **Purpose, Methods, Results, and Conclusion** – in the body of your abstract.

Purpose: Beta-blockers decrease cardiovascular risk in patients with hypertension and diabetes mellitus (DM). However, their use has been associated with increased fasting glucose and HbA1c levels in these patients. The purpose of this study was to determine whether carvedilol or atenolol had more favorable glycemic effects on

2012 ASHP Summer Meeting

June 9-13, 2012 – Baltimore, Maryland

patients with diabetes and hypertension who were also using a renin-angiotensin (RAS) blocker, which is known to improve glycemic control.

Methods: The institutional review board approved this open-label, randomized, and controlled parallel group study. Men and women aged 18-65 who provided informed consent were enrolled if they had Type 2 DM and stage 1 or 2 hypertension controlled by medication. Patients taking a non-ocular beta-blocker within the past 3 months and those with pulmonary, cardiovascular, or kidney disease were excluded. Antihypertensive treatment must have included an RAS blocker, such as an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB). Following a 2-4 week washout period to discontinue all other antihypertensive treatments, 48 patients were randomized to receive either carvedilol (n equals 25) or atenolol (n equals 23) for 24 weeks. Study medication was titrated from carvedilol 6.25 mg twice daily and atenolol 12.5 mg twice daily to a maximum dose of 25 mg and 100 mg twice daily, respectively, at two-week intervals toward target blood pressure levels (less than or equal to 130/80 mmHg). The primary outcome measure was a change from baseline in HbA1c after 6 months of treatment. Secondary outcomes included changes in blood pressure and heart rate. It was determined that 23 participants per treatment group would yield 80 percent power to detect a difference of 0.20 percent between groups for the primary outcome. Data are expressed as means with 95 percent confidence intervals, and evaluation of primary and secondary outcomes utilized analysis of variance.

Results: The mean difference between carvedilol and atenolol in the change in HbA1c from baseline was 0.21 percent (95 percent CI, 0.04 percent to 0.27 percent, P equals 0.004). HbA1c levels increased with atenolol administration (0.23 percent; 95 percent CI, 0.08 percent to 0.31 percent, P less than 0.001) but did not change significantly with carvedilol (0.02 percent; 95 percent CI, -0.06 to 0.08 percent, P equals 0.65). Effects on blood pressure and heart rate were comparable.

Conclusions: Use of carvedilol in the presence of RAS blockade did not affect glycemic control. However, atenolol was associated with a slight increase in HbA1c after 6 months of treatment. The clinical significance of these effects must be determined in larger, long-term clinical trials.

Research-in-Progress ABSTRACT - SAMPLE

PLEASE NOTE: Do not include the field name “Purpose” in the body of your abstract.

Purpose: The JNC 7 guidelines recognize that systemic blood pressure (SBP) elevations directly correlate with increased cardiovascular risk. The objective of this study is to determine the extent to which treatment provided to clinic patients with systolic hypertension complies with the JNC 7 guidelines.

Methods: Prior to commencement, this study will be submitted to the Institutional Review Board for approval. The health system's electronic medical record system will be used to identify patients who, over a three-month period of time, have had at least two blood pressure measurements in which systolic blood pressure (SBP) was greater than 139 mmHg and diastolic blood pressure (DBP) was less than 90 mmHg. Patients younger than 18 years of age will be excluded from this study. The following data will be collected: patient age, gender, ethnicity, SBP, DBP, heart rate, co-morbidities, pertinent physical examination findings, occurrence of cardiovascular events, current medications, and reported adverse medication events. If available, results of renal and hepatic function tests and electrocardiograms will be collected. Provider documentation will be reviewed to determine if reasons for non-compliance with JNC 7 guidelines are documented. All data will be recorded without patient identifiers and maintained confidentially. Average SBP and DBP will be calculated. Data from patients with an average SBP of greater than 139 mm Hg and an average DBP of less than 90 mm Hg will be reviewed by a team of clinicians to rate compliance of treatment with the JNC 7 guidelines. This team will be composed of two pharmacists and two physicians who are not involved in the care of this patient population. The reviewers will rate each patient's care as compliant with JNC 7, noncompliant with JNC 7 but clinically appropriate, or noncompliant with JNC 7.

If you have any questions, please contact Educserv@ashp.org