

Preparing Abstracts

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Today's agenda

- Abstracts
 - The basics
 - Trimming
 - Getting them accepted

Abstracts

- Emphasize the key message: (**A > B**)

Title = dynamic and conclusive, rather than descriptive

“Hypoxia Inhibits Kv1.5 Channels in Rat Pulmonary Artery Smooth Muscle Cells” is preferable to

“Effects of Hypoxia on Kv1.5 Channels.

The 4 parts of an abstract (A > B)

- *Introduction*: Why would it matter?
Hypothesis?
- *Methods*: How (and how compared?)
- *Results*: Show it. More (much more) important to feature one GOOD result than 20 mediocre findings.
- *Discussion*: What it means.

Warning: My pet peeves

- Density
 - Too many numbers (e.g., P values, XS precision)
 - Too many words
 - Balance words and numbers
 - Abbreviations
 - Abstruse language or methods
 - Vacuous or repetitive conclusions (report immediately to the Dept. of Redundancy Dept.)

New JAMA Abstract Format

Using a Table in the Results Section

...cluded on being 65+, patients were classified as having a history of cancer, chronic obstructive pulmonary disease, or dementia in the last 180

Outcome Measures Site of death, place of care, rates of health care transitions (eg, health care transitions in the last 30 days of life).

Our random 20% sample included 848 303 decedents (mean age, 82.3 years; 57.9% female, 88.1% white). In 2009, the proportion of deaths in acute care hospitals increased from 32.4% (95% CI, 32.4%-32.8%) to 26.9% (95% CI, 26.7%-24.5%-24.8%), respectively. However, intensive care unit (ICU) use in the last month of life increased from 24.3% (95% CI, 24.1%-24.5%) to 29.2% (95% CI, 29.0%-29.3%). (Test for each variable.) Hospice use at the time of death increased from 21.4% (95% CI, 21.4%-21.7%) to 32.3% (95% CI, 32.1%-32.5%) in 2009. Of these late hospice referrals, 40.3% (95% CI, 39.7%-40.8%) were preceded by hospitalization with an ICU stay. The mean number of health care transitions in the last 90 days of life increased from 2.1 (interquartile range [IQR], 1.0-3.0) to 2.8 (IQR, 1.0-4.0) in 2009.

Main Outcome Measures Site of death, place of care, rates of health care transitions, and potentially burdensome transitions (eg, health care transitions in the last 30 days of life).

Results Comparing 2000, 2005, and 2009 shows a decrease in deaths in acute care hospitals and increases in intensive care unit (ICU) use in the last 30 days, hospice use at the time of death, and health care transitions in the last 90 days of life. Trend $P < .001$.

	2000	2009
Decedents	270 202	291 303
Deaths in acute care hospitals, % (95% CI)	32.6 (32.4-32.8)	26.9 (26.7-24.5)
Deaths in last month of life, % (95% CI)	24.3 (24.1-24.5)	29.2 (29.0-29.3)
ICU use at time of death, % (95% CI)	21.6 (21.4-21.7)	32.3 (32.1-32.5)
Health care transitions in last 90 d per decedent, mean (median) (IQR)	2.1 (1.0) (0-3.0)	2.8 (1.0) (1.0-4.0)
Health care transitions in last 30 days, % (95% CI)	10.3 (10.1-10.4)	12.4 (12.2-12.6)

In 2009, 28.4% (95% CI, 27.9%-28.5%) using hospice care at the time of death was for 3 days or less. Of these late hospice referrals, 40.3% (95% CI, 39.7%-40.8%) were preceded by hospitalization with an ICU stay.

Conclusions and Relevance Among Medicare beneficiaries who died in 2009 and compared with 2000, a lower proportion died in an acute care hospital, although there was an increase in ICU use in the last 30 days of life, hospice use at the time of death, and health care transitions in the last 90 days of life.

Another *JAMA* format

- **Importance:** 1-2 sentences
- **Objective:** 1 sentence
- **Evidence Acquisition:** 3 lines re: lit search strategy or methods
- **Findings:** Key findings; essential message
- **Conclusions and Relevance:** 3-4 sentences

For clinical studies

- Objective: Brief statement of main goals of the investigation.
- Study design: Randomized, prospective double blind; retrospective case review; etc.
- Setting: Primary care vs. Tertiary referral center; ambulatory vs. hospital; etc.
- Patients: Primary eligibility criteria and key demographic features.
- Intervention(s): Diagnostic, therapeutic, and/or rehabilitative.
- Main outcome measure(s): Essential criterion that address study's central hypothesis.
- Results: Include statistical measures where appropriate.
- Conclusions: Only those directly supported by data generated from this study

For bench/basic science reports

- Hypothesis: Brief, clear statement of the main goals of the investigation.
- Background: Concise orientation for the reader unfamiliar with this line of investigation.
- Methods: Succinct summary of techniques and materials employed.
- Results: Include statistical measures where appropriate.
- Conclusions: Include only those directly supported by data generated from this study.
- **Emphasize clinical relevance wherever possible.**

Background/Intro: Concise

- Aim for < 20% of your available space
- Include the Research Question
- Could someone *not* familiar with the field say...
 - Why you did the study
 - How it advances current knowledge

Methods: 30% of Real Estate

- Design – Study Type
- Subjects – Clear I.D. of Cohort
- Measurements – Description, not list
- Analysis – Consider a Table, include Limitations
- Implications – Key to pique interest

Methods: Clear and Precise

- Who (what) did you study? Inclusion/
Exclusion Criteria
- What, if anything, did you do to them?
- How did you make your measurements?

Review: Organization of Measurements

- Predictors before outcomes
- Medical presentation
 - History, physical, simple lab, complex stuff
- Explain odd decisions, missing data, etc.
- “Appropriate” level of detail

Results/Analytics(40%)

- Lead with the main finding – orients the rest of the abstract
- How did you estimate the effect size?
- How did you determine the precision and significance of the effect size?
 - Univariate
 - Multivariate (explain what you adjusted for)
- Add Limitations section, if important for context

Efficient Presentation of Finding(s)

- Major findings
 - Describe participants briefly
 - Present descriptive findings
 - Present analytic findings for both benefit and harm

Conclusions

- Summarize key findings
- Do not simply repeat. Again. And again.
- State clearly what you think your results mean

Trimming abstracts

- Look for extra words:

“In this study we aimed to examine the” = 8 words

Vs.

“We examined the” = 3 words

Getting abstracts accepted

- Follow the rules (200 points for putting your name on the top of the SATs)
- Don't provide reasons to reject
- Correlation (P[acceptance], reg. fee) > 0.8
- 1-minute principle (reviewer's attention span)



Pre-submission Check

Can you ID the study question?

Can you ID the study design?

Can you ID the critical finding?

Are limitations clear?

Can you discern the implications?