Abstract Submission — Author Guidelines

Symposium Presentation

Submission Deadline: June 2, 2026 (11:59 p.m. US Eastern Time). No late abstracts will be accepted.

A. General Information

Presenting authors will be notified of the Scientific Committee's decision regarding acceptance of their abstracts.

⚠ **Online submission only.** Do not send abstracts by email — they will not be considered.

- Abstracts submitted for a symposium will automatically be considered for an **oral communication or poster presentation** if not selected for a symposium. **Do not submit abstracts twice — double submissions will be discarded.**
- Symposia can only be presented **in-person in Boston, MA (USA).** Remote attendees may only submit for a poster presentation, which will appear in the Virtual Poster Hall and be published in the Journal of Prevention of Alzheimer's Disease.

B. Step-by-Step Online Submission

Step 1 Select your presentation type

From the drop-down menu, select:

"SYMPOSIUM"

Step 2 Select your topic

From the topic drop-down menu, select:

"0 – Symposium"

Step 3 Enter chairman and presenter information

Enter the name and affiliation of the chairman and up to 3 presenters.

- A **photo** of the chairman and each presenter is required (.jpeg or .png format — used for the conference app).
- A **short biography** of the chairman and each presenter is required. Maximum **150 words per person.** Enter in the dedicated box.

Step 4 Enter your abstract text

In the dedicated box, enter the full symposium abstract using the following structure. Each presentation requires its own abstract (up to 500 words). See the sample on page 3.

Field	Content to enter
Chairman	First Name, Last Name, City, State, Country
Presentation 1 – Title	Title of the first presentation
Presentation 1 – Speaker	First Name, Last Name, City, State, Country
Presentation 1 – Abstract	Abstract text (500 words maximum)
Presentation 2 – Title	Title of the second presentation
Presentation 2 – Speaker	First Name, Last Name, City, State, Country
Presentation 2 – Abstract	Abstract text (500 words maximum)
Presentation 3 – Title	Title of the third presentation
Presentation 3 – Speaker	First Name, Last Name, City, State, Country
Presentation 3 – Abstract	Abstract text (500 words maximum)

Step 5 Enter your key takeaway message

In the dedicated field, provide a concise key takeaway message for your symposium.

Maximum 35 words for the entire symposium.

C. Author Instructions

Data & Originality

- Abstracts must present **new or updated data.** Encore abstracts will not be accepted.
- Abstracts are selected on a **peer-review basis** by the CTAD Scientific Committee.

Format & Structure

- Each of the 3 presentations must have its own structured abstract with the following headings in bold: *Background, Methods, Results, Conclusions, Keywords, Disclosures, References.*
- Abstract text per presentation is limited to **500 words** (excluding keywords, disclosures, and references).
- Tables, graphs, and figures are **not permitted.**

Drug Names & Trademarks

- Generic drug names are preferred (e.g., *acetaminophen* rather than *Tylenol*). Where brand names are used, include the manufacturer name and location.

References

- Citations should be avoided where possible. Where necessary, provide abbreviated references with a DOI or web link. Where unavailable, follow the JPAD journal reference format.

Disclosures

- All authors must disclose any conflict of interest, financial support, grants, or personal connections that could be perceived to bias their work. Disclosures should be concise, transparent, and written in full sentences.

Publication & Copyright

- Accepted abstracts will be published in a supplement of the **Journal of Prevention of Alzheimer's Disease (JPAD)** following the event. Abstracts not following the required format will not be considered.
- By submitting, authors agree to the **transfer of copyright to Serdi and Elsevier**, publishers of JPAD.
- By submitting, authors agree to the CTAD author duties: https://www.ctad-alzheimer.com/author-duties

Declaration of Generative AI in Scientific Writing

Authors must declare the use of generative AI in scientific writing upon submission. The following guidance applies to the writing process only, not to the use of AI for data analysis or research:

- AI tools may only be used to improve **readability and language.** Human oversight and review are required at all times.
- AI must **not** be listed as an author or co-author.
- If used, authors must add a declaration statement **before the references list**, using the following format:

> **Declaration of generative AI and AI-assisted technologies in the writing process.**
> *During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.*

This declaration does not apply to basic tools for grammar, spelling, or reference checking. If you have nothing to disclose, no statement is needed.

D. Sample Abstracts

The following example illustrates the required structure for a symposium with 3 presentations:

Symposium Title: Clinical Trials on Alzheimer's Disease — State of the Art

Presentation 1: Properties of the meeting abstract: Mystery elements explained

[1]Given M Family, [2]Kong-sang (Jackie) Chan, [12]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 describes the purpose for the presentation. Avoid acronyms or jargon from previous work.

Methods: Include details on how the study was carried out, such as sample sizes, source of sample, inclusion requirements, and duration. Generic drug names are preferable.

Results: Detailed findings and comparisons summarized in complete sentences. Focus on primary outcomes if word count is limited.

Conclusion: Briefly summarize the results. May note unexpected findings or advise on future studies. Statements should reflect collective author conclusions.

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

Disclosures: VVW's employer received a grant from Pharmatown. The authors declared no competing interests.

References

1. Author J, et al. Journal Abbrev 2018; 63(suppl 6): 8–160. http://doi.org/00.0000/j.0000-0000.0000.00000.x
2. Author B, et al. Book Title. Publisher; 2013: 369–377. http://doi.org/00.0000/b.000000000
3. Program Name. Version XX. Company Name; 2016. http://www.includethewebaddress.com

Presentation 2: Anatomy of an Abstract: Building Blocks for Scientific Clarity

[1]Jane E. Structure, [2]Ahmed Syntax, [13]François Format, [2]on behalf of the INFORMA Group

[1]Department of Scientific Writing, Clarity University, Oxford, UK; [2]International Forum on Research Manuscripts and Abstracts (INFORMA), Singapore; [3]Université des Résumés, Paris, France

Background: Introduce the scientific context, what is known, what remains unclear, and why the study matters. Avoid undefined abbreviations or references to previous conferences.

Methods: Concise summary of the approach: study design, recruitment criteria, data collection tools, statistical methods, ethical approvals if relevant. Use international units and generic names.

Results: Summarize main findings using full sentences and plain language. Data should be quantitative where possible. Avoid interpreting results here.

Conclusion: State what the results suggest in relation to the study aim. Keep concise and consistent with the presented data.

Keywords: abstract structure; research reporting; writing guidelines; clarity

Clinical Trial Registry: NCT98765432; https://clinicaltrials.gov

Data Deposition: https://doi.org/10.1234/informa.data.0001

Disclosures: J.E.S. consults for ClearText Ltd. All other authors report no conflicts of interest.

References

1. Smith AB, et al. Int J Sci Comm. 2020; 75(4): 210–222. https://doi.org/10.1000/ijsc.2020.210
2. Lee C, et al. Research Clarity: A Manual. 2nd ed. Oxford Press; 2017: 145–153.
3. StatPlus Pro. Version 6.8. AnalystSoft Inc.; 2021. https://www.analystsoft.com

Presentation 3: Clarity in Clinical Trial Reporting: A Demonstrative Abstract

[1]Maria Dosage, [2]Lars Endpoint, [3]Elena Trialova, [12]on behalf of the CLEAR-CT Consortium

[1]Center for Clinical Trial Excellence, Mediform University, Zurich, Switzerland; [2]Department of Methodology, TrialBridge Institute, Stockholm, Sweden; [3]Regulatory Sciences Division, Health Data Union, Brussels, Belgium

Background: Introduces the clinical condition and current treatment gap. Clearly states the rationale and primary objective, avoiding promotional tone.

Methods: Multicenter, randomized, double-blind, placebo-controlled trial across 12 European sites (March 2022–April 2023). 340 adults aged 40–75 with moderate essential hypertension randomized 1:1 to Medozartan 20 mg once daily or placebo for 12 weeks. Primary endpoint: change in systolic blood pressure at week 12.

Results: Medozartan group showed a mean SBP reduction of 14.6 mmHg (SD 5.2) vs 5.4 mmHg (SD 4.9) in placebo (mean difference: −9.2 mmHg; 95% CI: −10.4 to −8.0; $p<0.001$). Adverse events occurred in 17% vs 13%; no serious adverse events related to study medication.

Conclusion: Medozartan significantly reduced blood pressure over 12 weeks compared to placebo and was well tolerated. Future studies are needed to assess long-term cardiovascular outcomes.

Keywords: clinical trial; hypertension; randomized controlled trial; blood pressure

Clinical Trial Registry: NCT04567890; https://clinicaltrials.gov

Data Deposition: https://doi.org/10.2345/clearct.data.2023.01

Disclosures: The CLEAR-CT Consortium received funding from CardioScience AG. L.E. has received speaker honoraria from PharmaWell. No other conflicts declared.

References

1. Tanaka R, et al. Eur J Clin Pharmacol. 2021; 77(2): 145–152. https://doi.org/10.1007/s00228-020-02942-3
2. Trial Reporting Group. CONSORT Guidelines for Randomized Trials. Updated 2023. https://www.consort-statement.org
3. ClearStatPro. Version 3.1. OpenMed Analytics; 2022. https://www.openmedanalytics.org