

Know Your Audience: Informed Decision-Making in Congress Submissions

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Presented by Helen Chambers

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Overview

- Abstract resubmissions – what and why?
- GPP3 guidelines
- Factors affecting transparency in congress reports:
 - Geographic location
 - Disease area
 - Congress size
- Conclusions

Abstracts: Why are they Important?

- An abstract – a short summary of data – is often the first public disclosure of information from a study.
- For pharmaceutical companies, abstracts offer a unique opportunity to publicise new data and educate the community.
- The abstracts from many congresses are published, either online or in a journal supplement, allowing citation of the data.
- Pharmaceutical companies often want to **re-submit** their abstracts to additional congresses following the first publication.

Abstract Resubmissions



Abstract Resubmissions

Wider
dissemination of
data

Increased publicity
and product
awareness

Translations



Abstract Resubmissions

Wider dissemination of data

Detracts from novelty and impact of the congress

Increased publicity and product awareness

Copyright implications

Translations

Authorship rights



GPP3 Guidelines

Congress guidelines should be followed for abstract submissions and presentations. Authors should disclose prior presentations at other congresses (if the abstract submission system allows) and include the trial registration number, if possible...

...A repeated presentation of the data to different congresses is permissible to reach different audiences, provided that the congress permits this "encore" presentation and copyright requirements are respected.

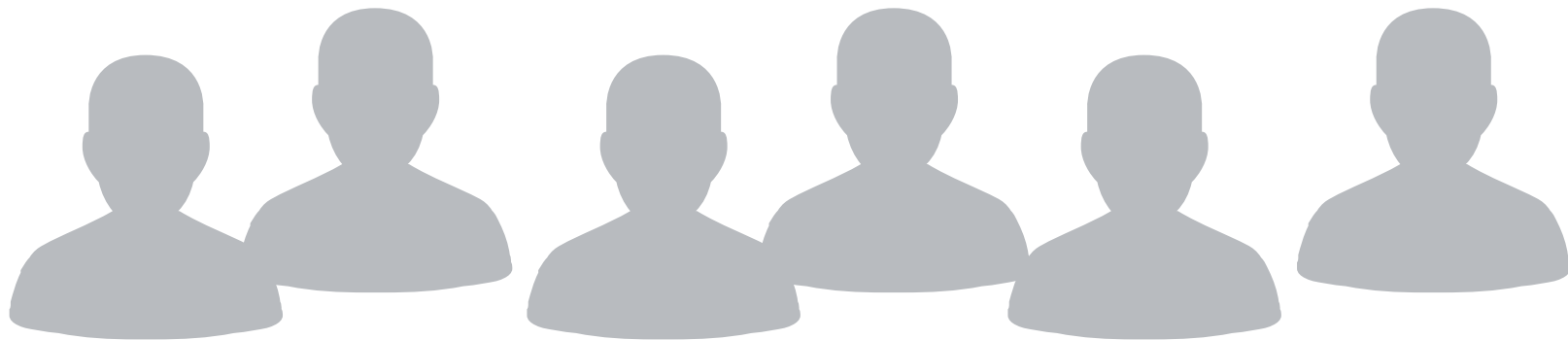
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Objective

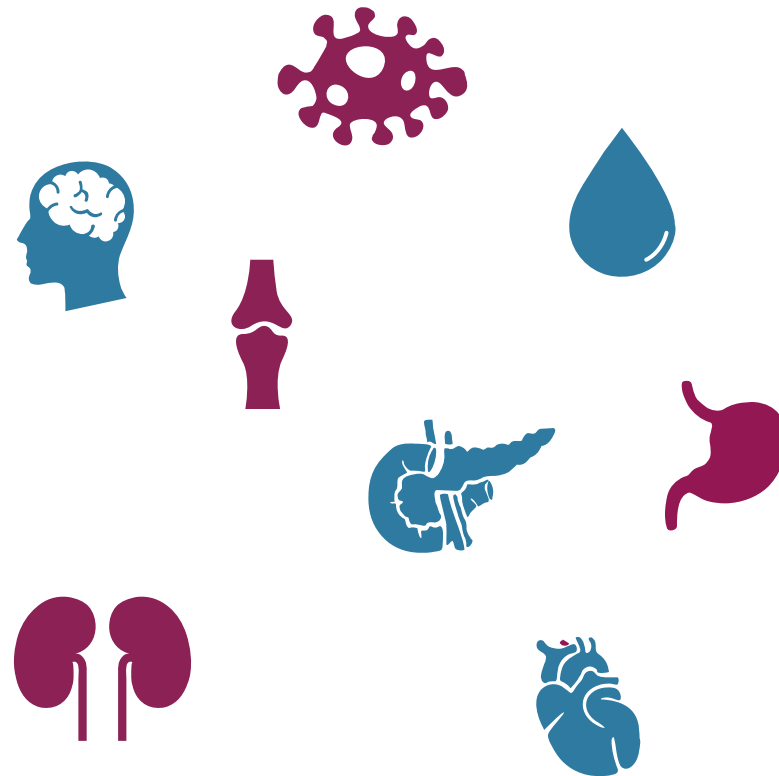
To examine whether it is possible to know the typical audience of a biomedical congress in advance, based on the information disclosed by congress organisers



Methods

Methods

- Eight disease areas were identified and included in the search
 - Rheumatology
 - Haematology
 - Oncology
 - Endocrinology/metabolism
 - Gastroenterology/hepatology
 - Neurology
 - Urology
 - Cardiology/vascular disease



Methods

- Congresses were identified using the Conference Authority™ database (Sylogent)
- The top ten congresses, based on size of attendance, in each disease area were selected for analysis
- An online search was conducted to identify delegate information disclosed by the congress organisers¹

¹Search conducted April 2016

publication planning

Conference Authority

"the industry's leading database of the best peer-reviewed biomedical conferences"

5 reasons why >

1. Over 1,500 Conferences!
2. Searchable by Therapy Area, Title and Audience!
3. Exportable and Printable!
4. Complete, Comprehensive Profiles!
5. Includes 70 Major Therapeutic Areas!

search, select, present!

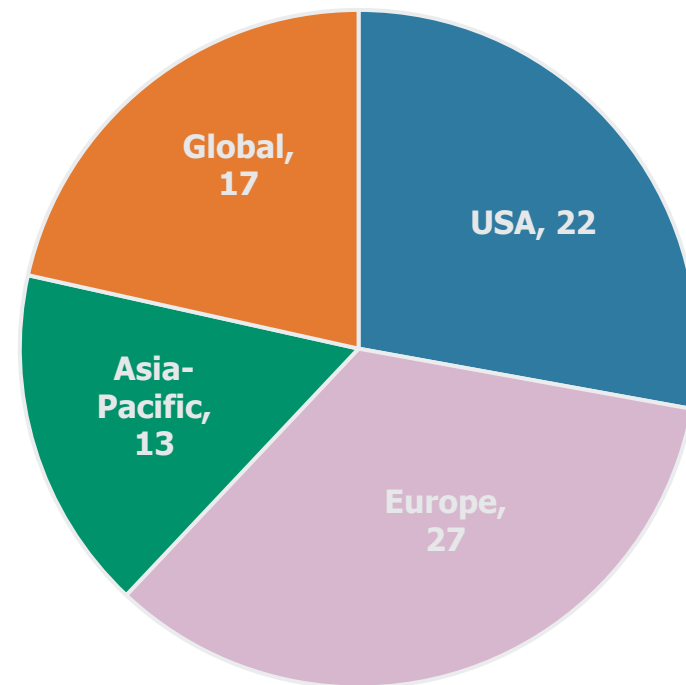
Methods

- Nine topics of interest were selected:
 1. Number of abstracts accepted
 2. Countries and/or regions with the most attendees
 3. Total number of attendees
 4. Number of scientific attendees
 5. Age range of attendees
 6. Attendees' practice specialty (eg. general practice, surgery etc)
 7. Attendees' work setting (eg. hospital, academic, pharma, government etc)
 8. Distribution of attendees' degree levels
 9. Primary interest of attendees (eg. scientific topics)

Results

Congress Information

- Of 80 congresses screened, across 8 disease areas:
 - Approximately **half** had delegate information available
 - An average of **four** information categories were disclosed per congress
 - Congresses were geographically spread across the USA, Europe, Asia-Pacific, and Global



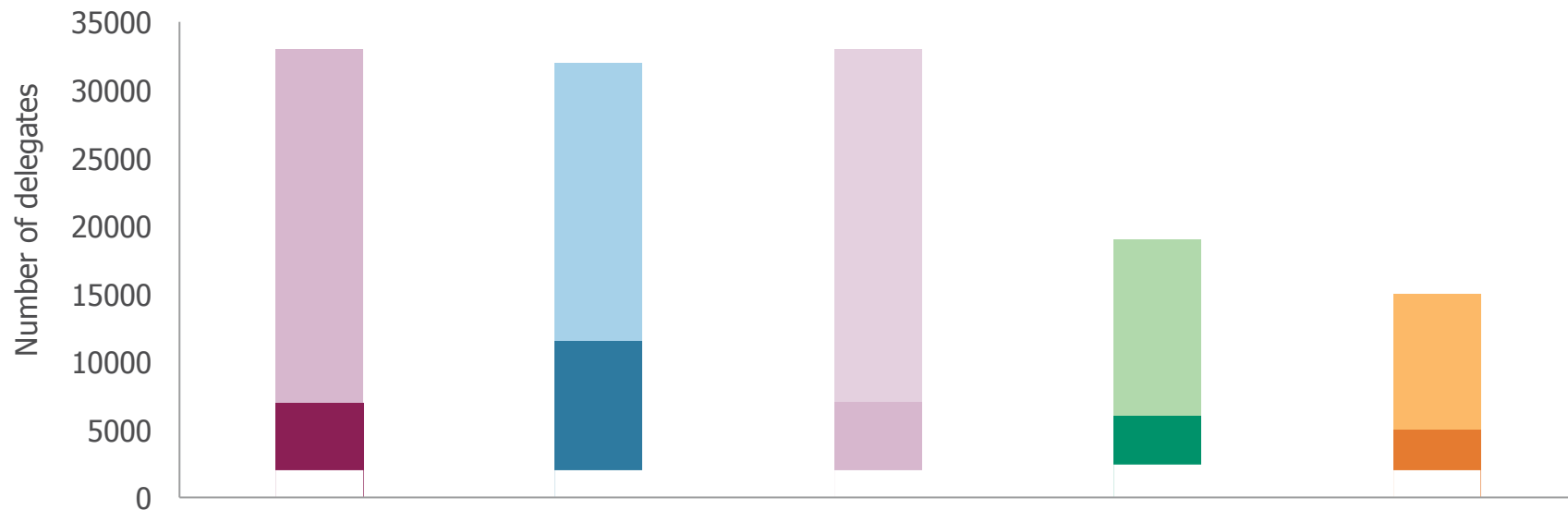
Geographic Region

	Overall	USA	Europe	Asia-Pacific	Global
Number of congresses	80	22	27	13	17
Congress size, median (min, max) ^a	7,000 (2,000, 33,000)	11,500 (2,000, 32,000)	7,000 (2,000, 33,000)	6,000 (2,400, 19,000)	5,000 (2,000, 15,000)

Congress size was the typical number of attendees described in the Conference Authority™ database (Sylogent)

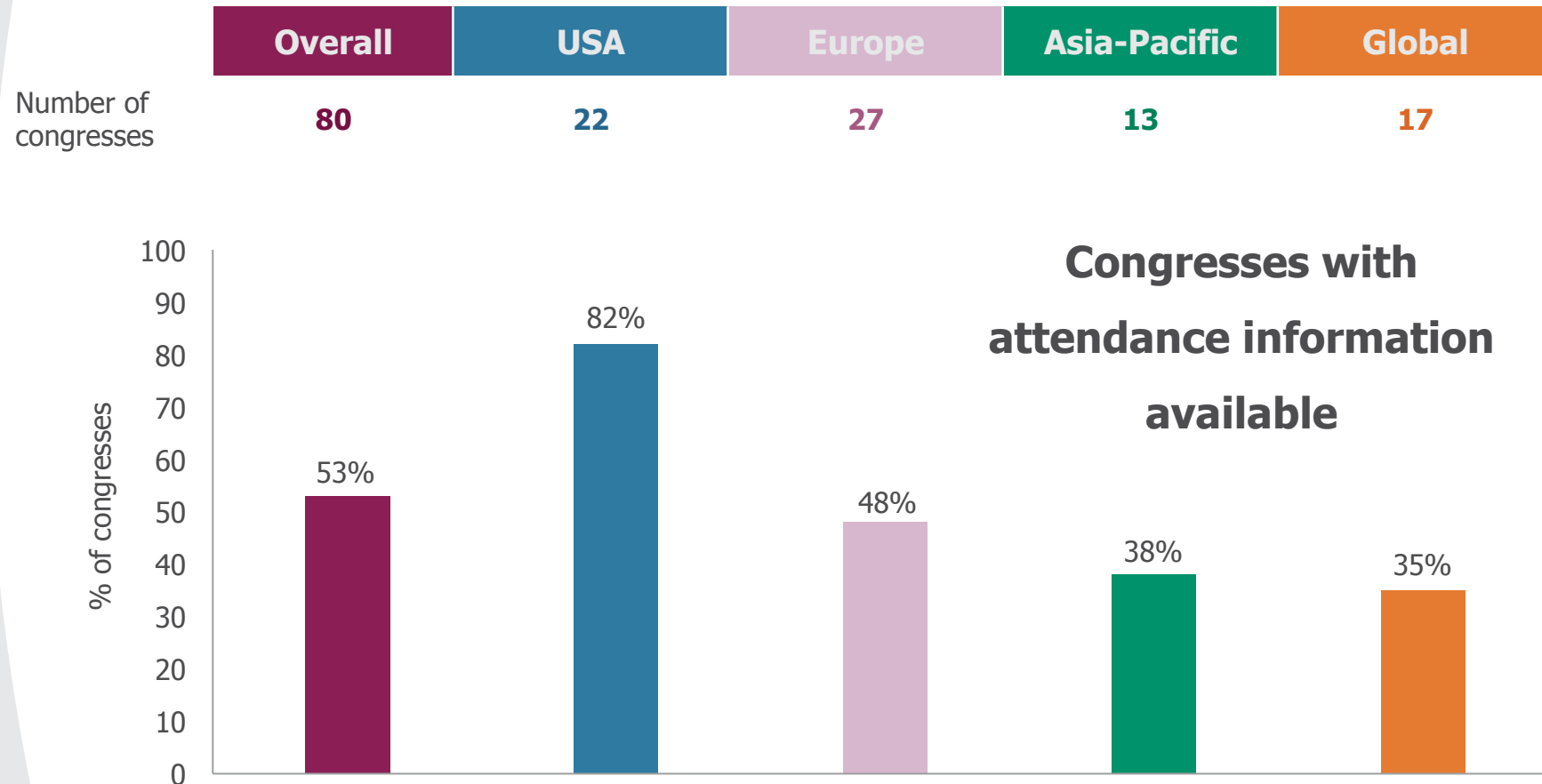
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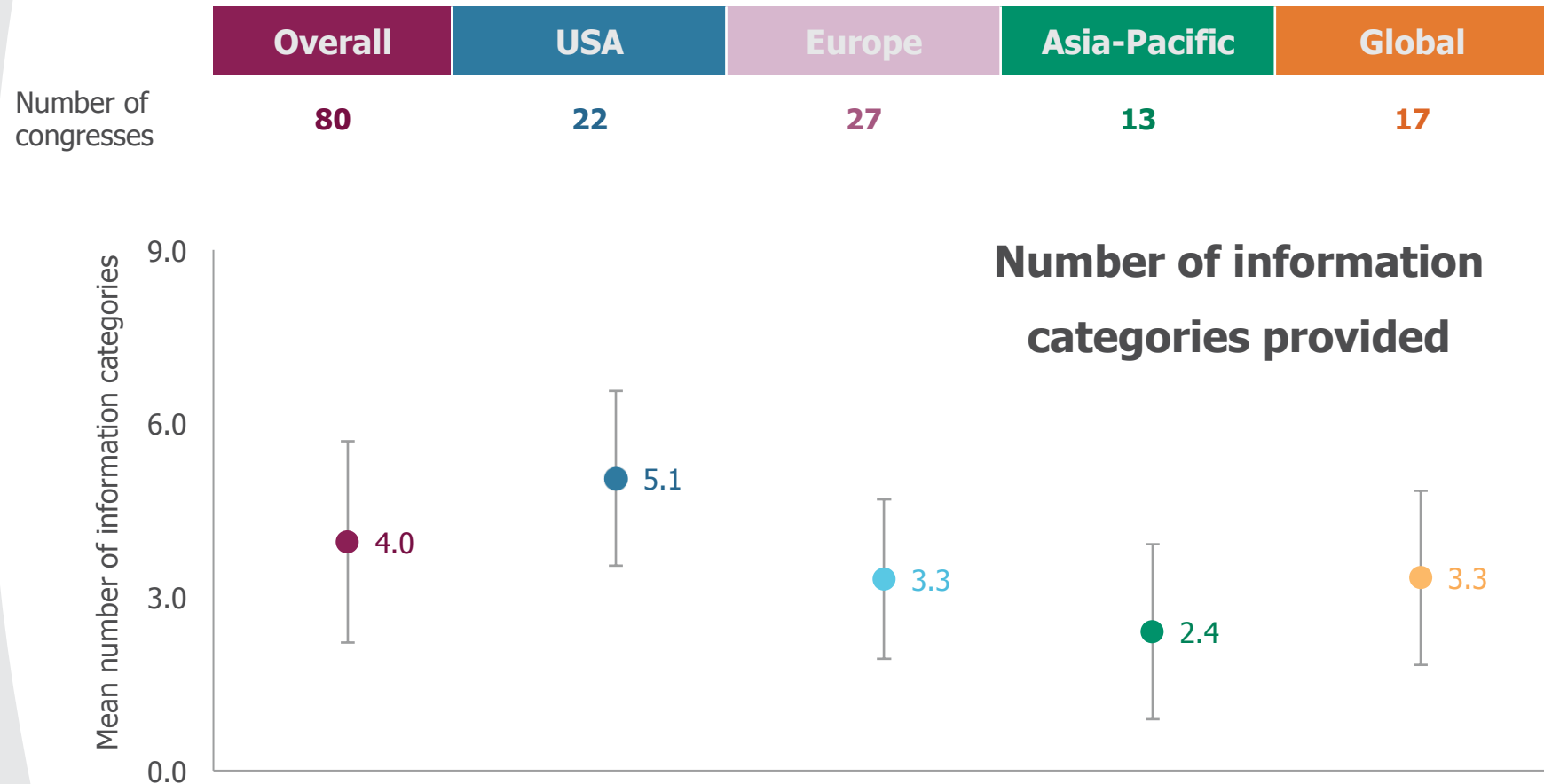


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Available Information



Information Provided











Vertical error bars correspond to the standard deviation

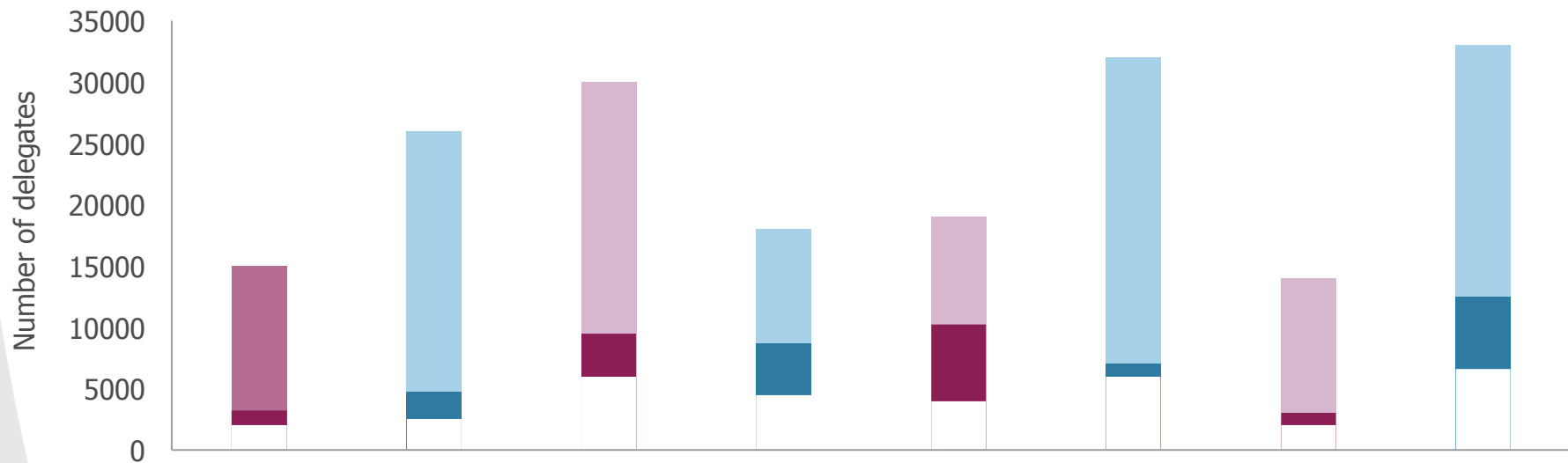
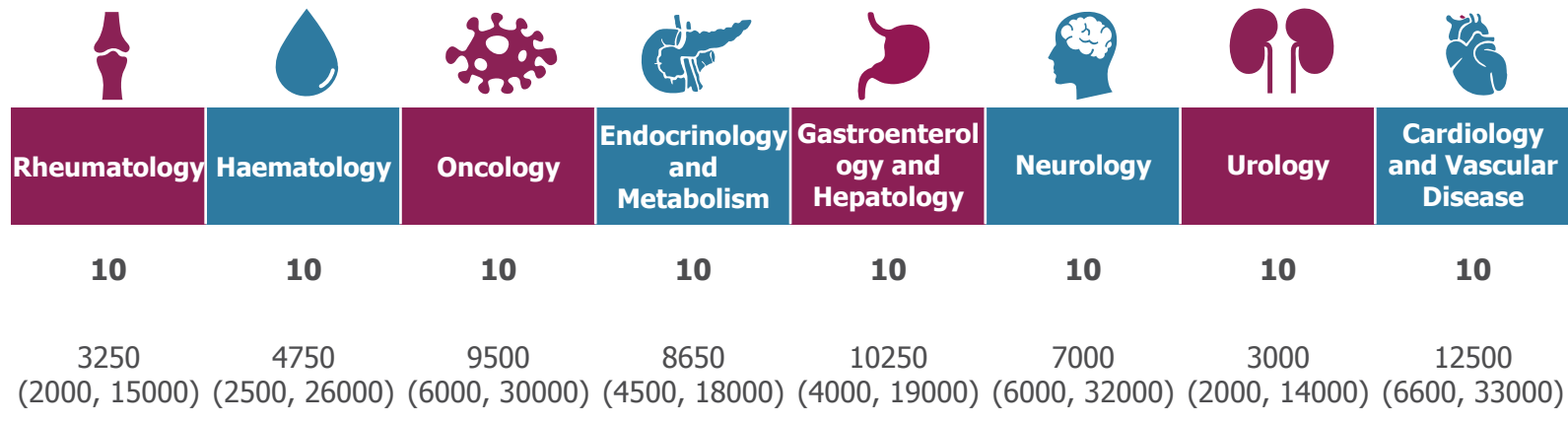
Information Provided

	Overall	USA	Europe	Asia-Pacific	Global
Congresses with available information, n	42	18	13	5	6
Congresses presenting the indicated information, n (%)					
Number of abstracts accepted	17 (41%)	3 (17%)	7 (54%)	4 (80%)	3 (50%)
Total number of attendees	39 (93%)	16 (89%)	12 (92%)	5 (100%)	6 (100%)
Number of scientific attendees	22 (52%)	15 (83%)	4 (31%)	1 (20%)	2 (33%)
Age range of attendees	2 (5%)	1 (6%)	1 (8%)	0	0
Attendees' practice specialty	22 (52%)	16 (89%)	3 (23%)	1 (20%)	2 (33%)
Attendees' work setting	20 (48%)	15 (83%)	3 (23%)	0	2 (33%)
Top countries/regions attending	30 (71%)	15 (83%)	11 (85%)	0	4 (67%)
Attendees' degree level	6 (14%)	4 (22%)	0	1 (20%)	1 (17%)
Primary interest of attendees	8 (19%)	6 (33%)	2 (15%)	0	0

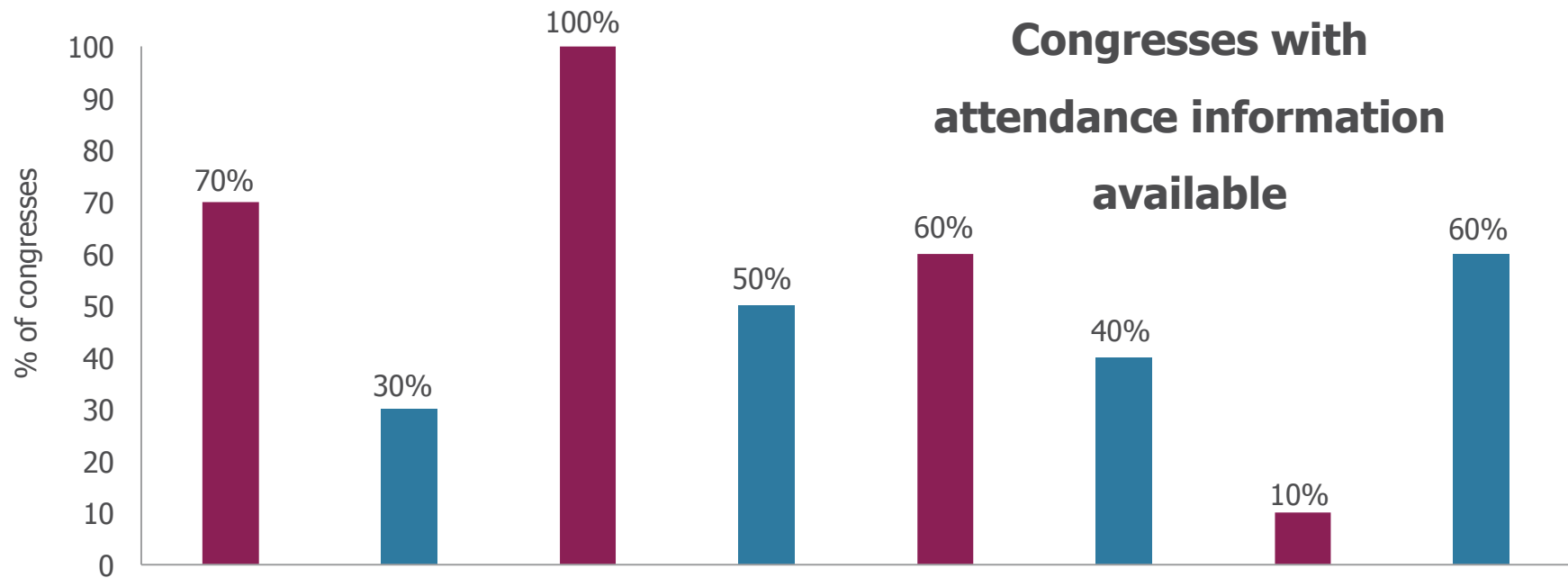
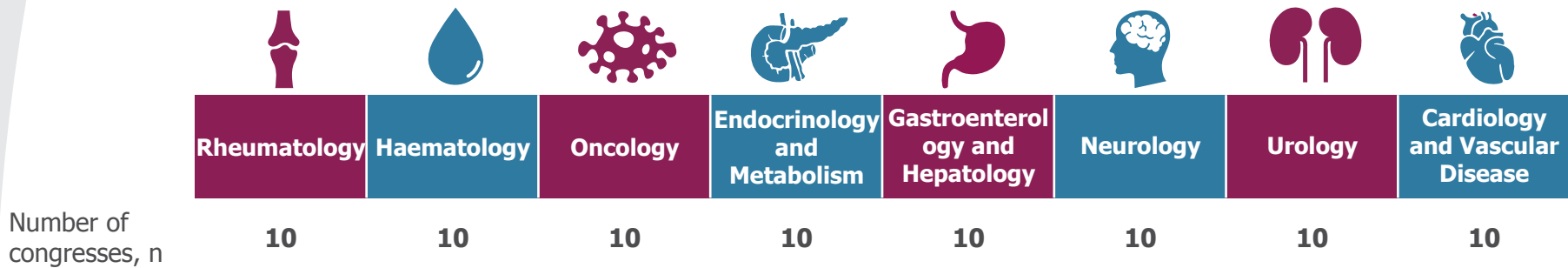
Disease Area

								
	Rheumatology	Haematology	Oncology	Endocrinology and Metabolism	Gastroenterology and Hepatology	Neurology	Urology	Cardiology and Vascular Disease
Number of congresses, n	10	10	10	10	10	10	10	10
Congress size, median (min, max) ^a	3250 (2000, 15000)	4750 (2500, 26000)	9500 (6000, 30000)	8650 (4500, 18000)	10250 (4000, 19000)	7000 (6000, 32000)	3000 (2000, 14000)	12500 (6600, 33000)

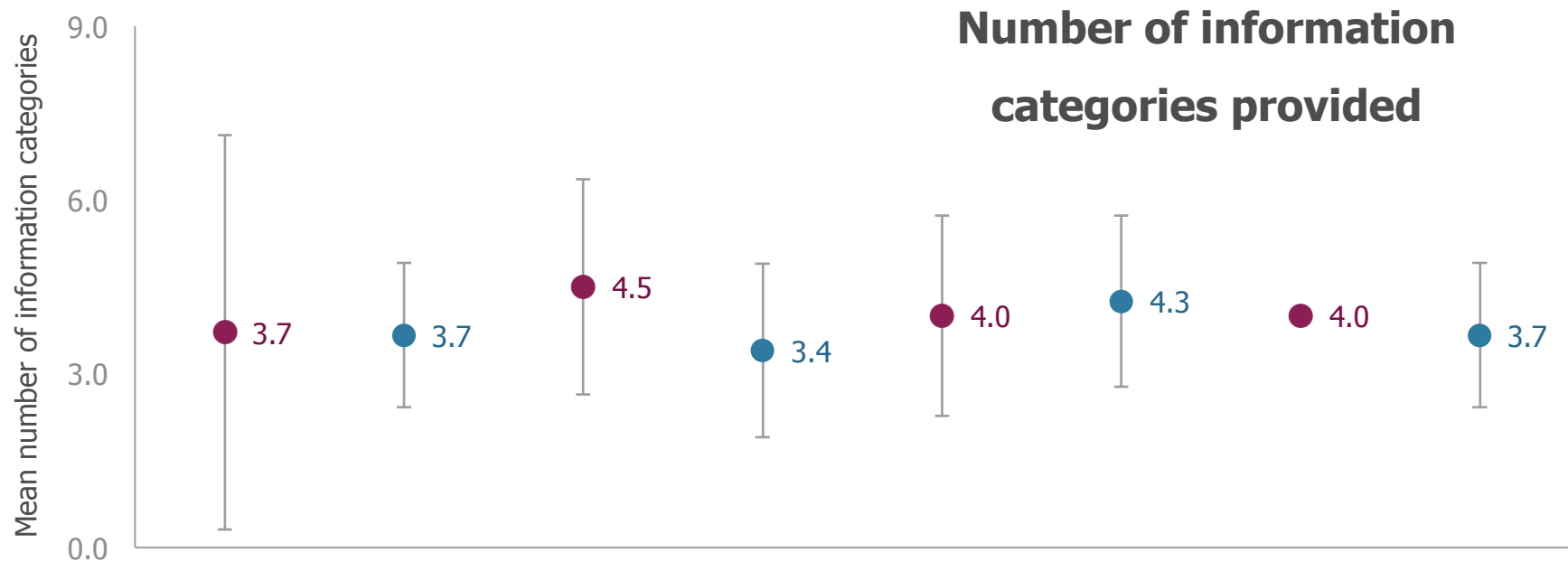
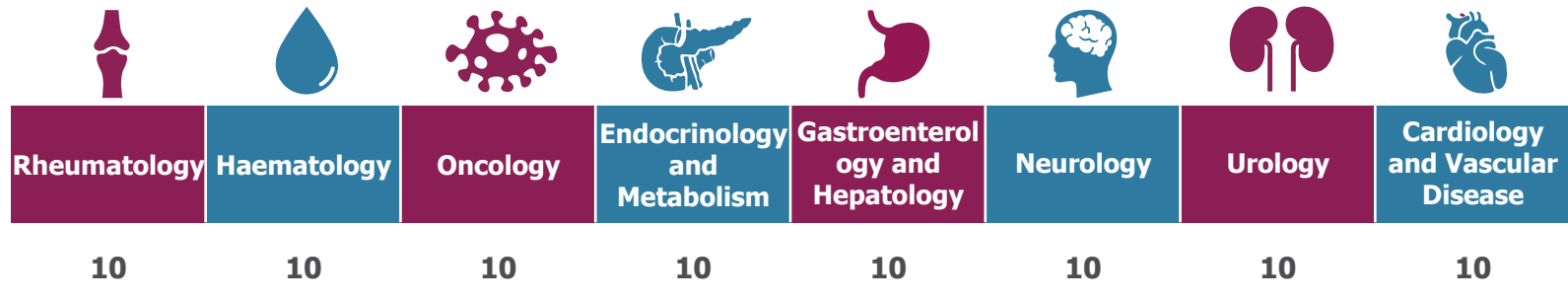
Congress Size



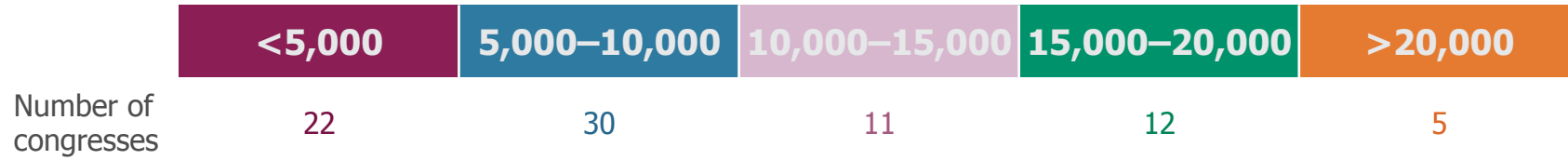
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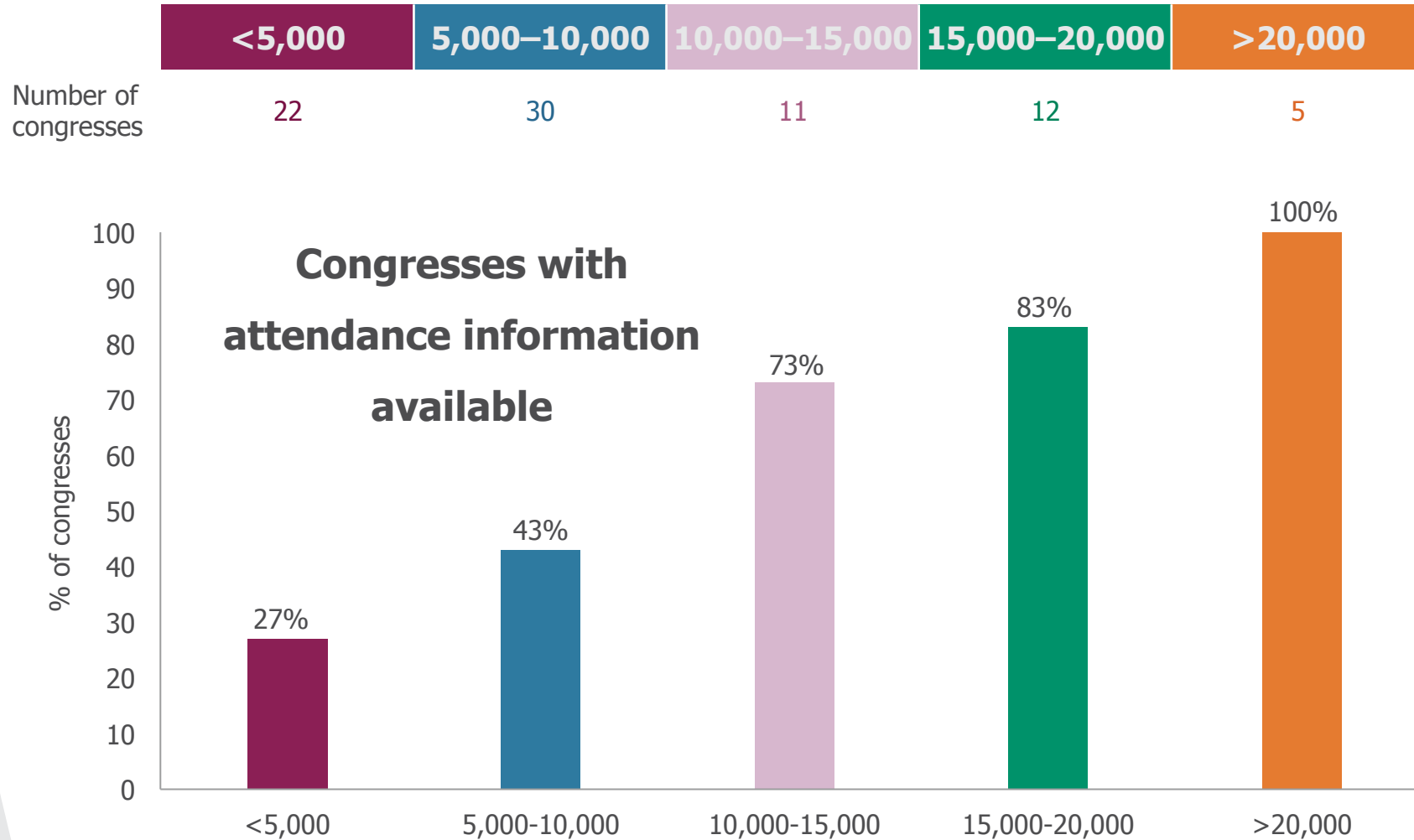
Disease Area



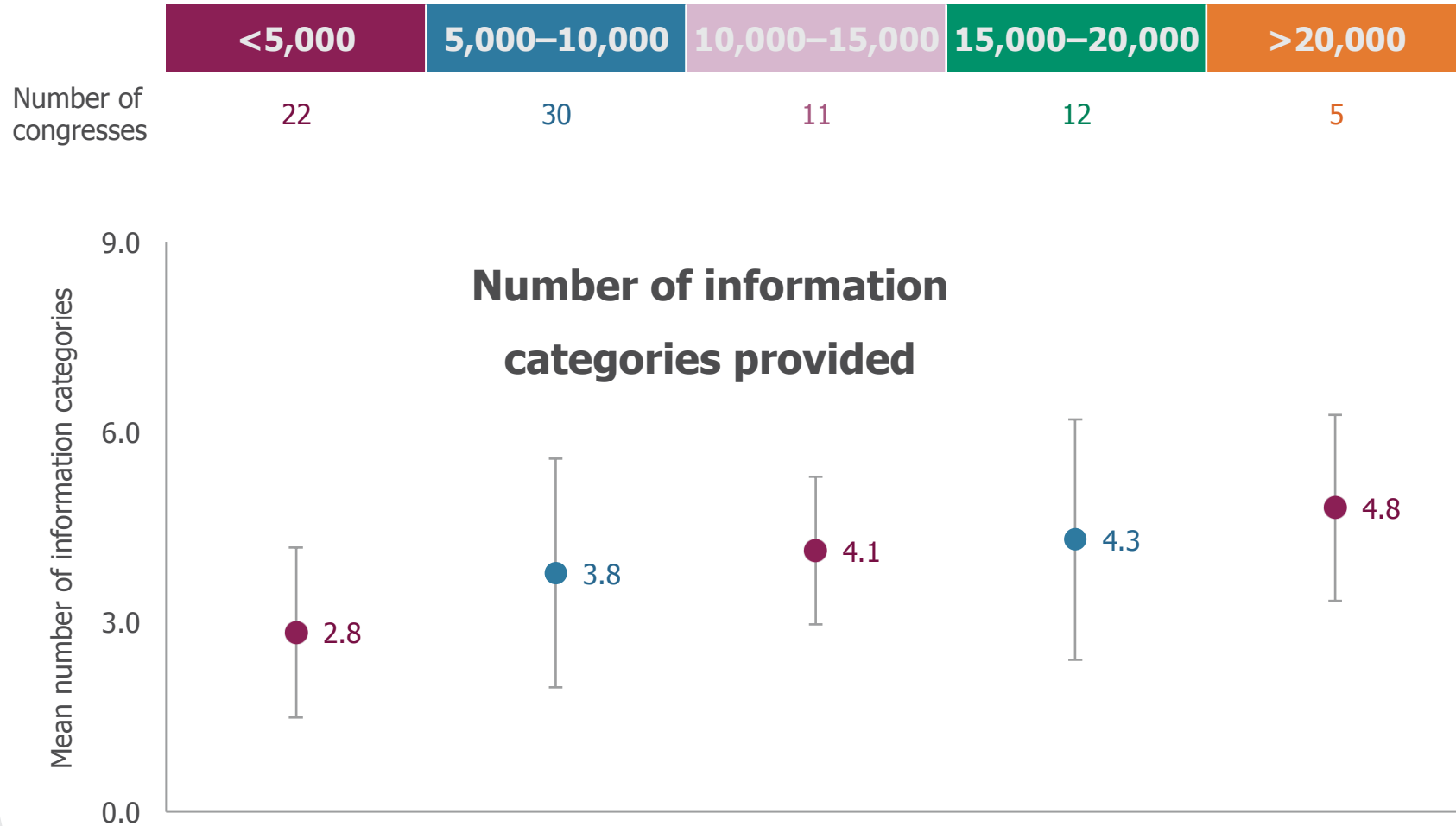
Congress Size



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Conclusions

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- Congress size appears to have the greatest impact on the extent of delegate information disclosed, with larger congresses publishing the most informative attendance reports.
- Most congresses disclosed only the total number of attendees, and/or the top countries/regions attending.
- On average, USA congresses were the largest amongst those analysed, which may explain why the corresponding reports were also the most informative.

Conclusions

- Greater transparency in the disclosures of congress attendance information, particularly in the Asia-Pacific region, would help stakeholders to evaluate if submission of the same abstract to multiple congresses adds value to a publication plan.

Thank you for listening!

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