Guidelines for abstract selection

Overview

Every year the ESCAIDE conference programme is built around abstracts that undergo an independent peer review process to assess the quality and public health relevance of each submission. This is made possible through the large number of ESCAIDE reviewers who guide abstract selection, and the ESCAIDE Scientific Committee who oversee the scientific programme as a whole.

Each abstract submitted is reviewed by three experts, who allocate scores in an on-line scoring system using a set of easy-to-follow guidelines (see Guidelines for reviewers). A maximum of six abstracts are allocated to each reviewer.

 The ESCAIDE Scientific Committee is responsible to ensure that the abstract review and selection processes are based on quality, transparency and equitability. The Committee assures that the criteria applied to select abstracts enhance the overall scientific quality of the conference by:

- Setting the thresholds for acceptance of abstracts based on the overall quality and range of topics.
- Ensuring that the selection process and algorithm are applied accurately and consistently to support fair selection.
- Acting as an arbiter taking on the role of an additional review panel in cases where the abstract selection algorithm proves insufficient.

The selection process is based on a predetermined upper limit of abstracts that can be accepted into the Conference programme. This is decided by the Scientific Committee but is ultimately determined by the Conference capacity. Historically, 200–300 abstracts have been accepted each year as a result of around 400-500 abstracts submitted during the call for abstracts. However, in an online format, the Conference programme has been limited to around 120 abstracts, including both oral and poster presentations.

Review and Selection process

To ensure a fair and transparent abstract review and selection, a well-defined decision process is applied. **Table 1** indicates the seven evaluation criteria that reviewers use to score each abstract.

Evaluation criteria for reviewing an abstract
1. Background: Rationale of the study (no score, 1, 2 or 3)   • *Does the rationale formulate clearly the underlined public health issue(s)?*   • *Is key existing knowledge presented to set the stage for the study?*   • *Are the objective(s) of the study stated clearly?*
2. Methods: Appropriateness of methods (no score, 1, 2 or 3)   • *Are critical terms and definitions clearly explained?*   • *Are the methods appropriate for the study?*   • *Are the methods described sufficiently, avoiding undefined terms and unnecessary jargon?*
3. Results: Presentation of the results (no score, 1, 2 or 3)   • *Are the results summarised adequately, using quantitative terms?*   • *Is the analysis (descriptive as well as statistical) of the data appropriate?*   • *Are the data sufficient and presented in a way that allows the reader to reach a conclusion?*

Evaluation criteria for reviewing an abstract
4. Conclusion: Conclusions and interpretations of results (no score, 1, 2 or 3) ● *Are the conclusions justified, based on the results presented?* ● *Do the conclusions answer the issue and objectives stated in the rationale and background?* ● *Are the results and their interpretation discussed in the context of existing scientific knowledge?*
5. Action: Recommended intervention and estimation of public health impact (no score, 1, 2 or 3) ● *Are specific public health actions recommended or reported as undertaken?* ● *Are the actions/recommendations/control measures practical and derived directly from the results presented?* ● *Does the study provide clear evidence of its potential or actual public health impact?*
6. Overall clarity of the abstract (no score, 1, 2 or 3) ● *Are appropriate and simple terms used to describe the methods and discuss the results?* ● *Is the writing clear and concise?* ● *Is there a logical sequence and cohesiveness among all abstract sections?*
7. Public health significance (no score, 1, 2 or 3) ● *Does the study, in both its topic and its results, have a clear application to improving public health, and is this application obvious to the reader, without the need for complex explanation or extrapolation?* ● *Is the study sufficiently sound (including clarity and strength of results) to serve as a basis for taking public health action?* ● *Do the data solve an immediate problem, or build on existing knowledge (rather than simply repeat what is already known)?*

After scoring the abstracts, ESCAIDE reviewers are asked to indicate if it should be 'rejected', accepted as 'Oral' or accepted as 'Poster'. The reviewers are encouraged to consider that generally 'Oral' and Poster' presentations in ESCAIDE should not reflect differences in scientific merit. Instead, the recommendation that reviewers give for 'Oral' or 'Poster' should depend on the more suitable way of presentation for any given study (e.g. abundant and complex results, long tables, may benefit from a poster). Therefore, recommendations should only be based on suitability of medium for presentation; the 'Poster' category should not be used for studies that the reviewer considers scientifically 'less important'.

After each abstract is reviewed by three reviewers, the following decision process forms the basis of the selection, in priority order:

- **Decision 1:** Reviewer triplet rules by majority (e.g. 2 reviews accepted as oral = accepted as oral, 2 rejections = rejected).
- **Decision 2**: The author requests for a poster presentation are respected, i.e., an abstract that has been submitted for a poster cannot be allocated to an oral presentation.
- **Decision 3:** In case of split reviewer acceptance (i.e. 1 oral, 1 poster, 1 reject), 2/3 reviewers accept the abstract into the conference, so scoring will be used to guide selection based on threshold score (see Decision 4 below), with Scientific Committee (SC) providing further review and final selection.
- **Decision 4:** The 'Abstract inclusion' threshold is determined by the conference programme capacity and is typically based on the acceptance of ca. 230 abstracts, of which approximately 80 are oral presentations. The 'Abstract inclusion' threshold is applied by using the mean reviewer scores awarded to each abstract. These scores are used to rank all accepted abstracts (those where at least 2 reviewers award a poster or oral presentation). The highest scoring abstracts with a consensus aware decision as 'oral' by triplet review are accepted as oral presentations (ca. 80). The remaining abstracts above the capacity threshold are awarded a poster presentation. All other abstracts are excluded from the conference.

Table 2 illustrates the algorithm applied to each abstract to determine its selection, using an example based on a threshold for oral presentations of 16 and above ('Abstract inclusion threshold' based on the online conference programme) and for posters is 13 and above.

Abstract	Author preference	Reviewer Preference and Scores (O=Oral, P=Poster, R=Reject)					Final Decision	Comment
		1	2	3	Mean	Majority Consensus		
A	Oral	(O)20	(P)15	(O)16	17	Oral	Oral	Review consensus = Oral (Decision 1)
B	Oral	(P)14	(O)16	(O)15	15	Oral	Poster	Review consensus =Oral. However, the score is below inclusion threshold for orals = Poster (Decision 1&4)
C	Poster	(O)19	(O)19	(O)16	18	Oral	Poster	Review consensus =Oral, and score is above inclusion threshold. However, author preference is for a poster =Poster. (Decision 2)
D	Oral	(O)19	(P)19	(R)13	17	None	(Oral)	No consensus, but 2/3 reviewers (majority) indicate acceptance. Preliminary decision based on scores, pending final review by the Scientific Committee. (Decision 3 & 4)
E	Oral	(P)19	(P)19	(O)16	18	Oral	Poster	Review consensus = Poster, so even though score is above capacity threshold, the abstract is allocated to posters. (Decision 1)
F	Oral	(O)17	(R)13	(P)15	15	None	(Poster)	**See Example D:** Preliminary decision (based on score), pending review and final decision by the Scientific Committee. (Decision 3 & 4)
G	Oral	(R)16	(P)14	(R)12	14	Reject	Reject	Review consensus to reject= Reject (Decision 1)

The Scientific Committee oversee the process to verify all is fair and provide further review in cases where the algorithm cannot be applied, or where discrepancies or errors in the review process means that a further judgement and final decision are needed. For example, where there is: divergence of reviewers' decisions and scores on a specific abstract (within-reviewer variance); divergence of scores between different reviewers that could result in a biased selection of certain topics/abstracts (between-reviewer variance); incomplete triplet reviews resulting in uncertain scoring and acceptance decision; and where an additional and definitive review is needed.

Once the process is completed, the final allocation decisions for the abstracts are collated and each abstract author is informed of the final decision via e-mail.