Guidelines for abstract review and selection

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 a fundamental step in ensuring the scientific quality and rigour of the work presented at the conference, made possible through the large number of ESCAIDE reviewers who guide abstract selection, and the ESCAIDE Scientific Committee who oversee the process.

Review process

Each abstract submitted is reviewed by three independent scientific experts, with expertise that is matched to the abstract subject track. Each reviewer gives scores using a set of easy-to-follow criteria (*Table 1*). Criteria 1-5 correspond to each consecutive section of the abstract, and criteria 6 & 7 address the abstract as a whole.

Each criterion is broken down into three statements. Reviewers are asked to consider each statement in turn and assess if it applies to the abstract. A 'yes' answer is equivalent to a score of 1; a 'no' corresponds to a 0 score (i.e. no score). Thus, each criterion can be scored with a minimum total of 'no score' and maximum total of 3 points, where 3 = excellent, 2 = good, 1 = fair, no score = poor. All criteria are evenly weighted. Note that a 0 score on any criterion, automatically leads to a decision 'reject'.

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 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).

However, the capacity for 'oral' presentations is limited in the programme and some abstracts are accepted as 'posters' even if there was a majority decision for 'oral'. Those are the abstracts for which final score is below the threshold applied for inclusion of 'oral' (see more on Decision 4 below).

In addition, reviewers are asked to give comments on the abstract. These comments will be used to provide anonymous feedback to the abstract authors and are highly valued therefore, the Scientific Committee kindly asks all reviewers to provide comments and suggestions for the authors.

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 study rationale cover 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?*

Evaluation criteria for reviewing an abstract
3. Results: Presentation of the results (no score, 1, 2 or 3) • *Are the results summarised adequately?* • *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?*
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)?*

Selection process

The whole review process is overseen by the ESCAIDE Scientific Committee. The Committee assures that the criteria applied to select abstracts enhance the overall scientific quality of the conference by setting a limit of abstracts (*or threshold for inclusion*) that can be accepted into the Conference programme. This threshold is decided by the Scientific Committee based on the overall quality and range of topics, but is ultimately determined by the Conference programme capacity.

To ensure a fair and transparent abstract review and selection, a well-defined decision process is applied, as shown in **Table 2.**

Order	Decision
Decision 1: Reviewer triplet	Reviewer triplet rules by majority (e.g., 2 reviewers accepted the abstract as oral = abstract is accepted as oral, 2 rejections = rejected).
Decision 2: Author's preference	The author requests for a poster presentation are respected, i.e., an abstract that has been submitted for a poster cannot be presented as an oral.
Decision 3: Threshold for inclusion	The threshold for inclusion is determined by the conference programme capacity, and is typically based on the acceptance of ca. 150 abstracts, of which approximately 50 are oral presentations and 100 are presented as posters.

	The threshold is applied by using the mean reviewer scores awarded to each abstract. These scores are used to rank all accepted abstracts. The highest scoring abstracts with a consensus aware decision as 'oral' by triplet review are accepted as oral presentations. The remaining abstracts above the capacity threshold are awarded a poster presentation. All other abstracts are excluded from the conference.
Decision 4: Scoring	In case of divergent reviewer acceptance (i.e. 1 reviewer accepts the abstract as an oral, 1 as a poster, and 1 rejects), scoring will be used to guide selection based on threshold for inclusion, with Scientific Committee providing further review and final selection (as in Decision 5 below).
Decision 5: Scientific Committee final decision	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.
Conclusion: communication of results	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.

Table 3 illustrates the algorithm applied to each abstract to determine its selection based on the programme capacity, using an example based on a threshold for oral presentations of 16 and above, for posters the threshold is 13-15, and for rejected below 13.

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)18	(R)4	(P)15	**12**	*None*	(Reject)	**See Example D:** Divergent 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)