ONS 42nd Annual Congress Research Abstract Information

Important Deadlines

- Abstract Submission Opens: Monday, August 15, 2016
- Abstract Submission Deadline: Friday, September 30, 2016, 5 pm EST
- Notification Letters Sent: Mid-November 2016

Need help preparing an abstract?
The idea of submitting an abstract for Congress can be intimidating and many questions about the process and structure may arise. Through the ONS Mentorship Program for Abstract Writers, novice abstract writers are partnered with experienced mentors to help guide you through the process. For more information, please contact ONS Education toll-free at 1-866-257-4ONS or email at absquestion@ons.org.

General Abstract Information

Don’t miss out on a great opportunity to submit your abstract now for the ONS 42nd Annual Congress, May 4-7, 2017, in Denver, CO. Please click here to submit an abstract. Primary authors may decline acceptance or withdraw presentation of an abstract selection by emailing absquestion@ons.org.

Abstract presentations are focused in areas of administration, education, research, leadership development, advanced practice, and clinical/evidence-based practice projects. Selection of abstracts will be based solely on a blind peer review. Abstracts may be selected for oral presentation sessions or ePoster presentations, published in the online Oncology Nursing Forum, and located on the conference website.

Please note: accepted abstracts cannot be edited after acceptance and will be published as received. Pay close attention to spelling, grammar, names, and credentials. Primary authors may submit more than one abstract but only one may be accepted for each presentation format.

There will also be a call for late-breaking research abstracts in December 2016. Late-breaking research abstracts will be reviewed separately with notifications sent mid-February 2017.

Abstract Presentation Formats

Oral Abstracts
Abstracts accepted for oral presentations are offered in a session with four to six other abstracts and grouped by related category to be delivered for presentation. Speakers generally have 10-15 minutes to present their abstract and should include time for questions and answers. Only one author (primary or first author) may present the oral presentation session. Primary authors of abstracts selected for a podium presentation will be asked to submit a PowerPoint presentation.

ePoster Abstracts
The submitter’s prepared poster will display the process and outcome of a scientific or professional project. All presenters will submit their electronic poster directly to the ePoster vendor. Further directions and ePoster specifications will be provided after acceptance. Posters are available for viewing during the majority of Congress. Authors of accepted ePoster abstracts must be present at the assigned presentation monitor during their assigned session at the conference to allow for dialog with participants.
Authorship

Primary authors must be either a registered nurse, a licensed healthcare professional from another discipline (physician, pharmacist, physical therapist, etc.), or a doctorally-prepared individual.

Authors (including students) or institutions cannot submit more than two abstracts on the same topic or from the same topic. If data are from a multi-site study, each site may submit one abstract.

For abstracts with more than one author, the primary author is the contact person.

Abstracts submitted must be of the author’s own completed work, work in progress, or work previously presented at the local or regional level. However, abstracts may not be submitted that contain information that has been previously published or presented to national or international oncology nursing audiences.

All abstract submitters will need to complete the following forms order to meet the ONS CNE Provider Unit requirements. These forms are available in the abstract submission system.

- **Full Disclosure/Conflict of Interest**
  Financial relationships are relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options, or other ownership interest, excluding diversified mutual fund(s), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ANCC considers relationships of the person involved in the CNE activity to include financial relationships of a spouse or significant other. A relevant financial relationship is any relationship in any amount occurring in the past 12 months (as of the date that the form is completed) that creates a conflict of interest. There is a lot of press recently on commercial influence over continuing education in medicine and nursing. It’s important to identify potential conflicts to the planning team as well as to the audience. Without this information, there is not full disclosure. Without full disclosure there is the implication there is information to hide and bias is inherent in hiding information.

- **Warranty & Indemnity Form**
  Warrant that you are the author of your presentation, that the presentation is original, except for such excerpts from copyrighted material included with the permission of the copyright owner and that you indemnify or release ONS against any and all liabilities, claims, or damages that would arise. You agree that the presentation is your own work, excerpts of copyright of materials are used with the expressed permission of the owner, presentation has not been developed as part of another presentation, and that it may be included within the ONS marketing materials.
Guidelines for Abstract Submission

1. All abstracts must be submitted by the Primary Author electronically.

2. Authors (including students) or institutions should not submit multiple abstracts on the same topic or from the same topic. If data are from a multi-site study, however, each site can submit one abstract.

3. The components of the abstract are divided into sections to help authors assure that they have included all the required information based upon the scoring criteria. Authors are encouraged to write the abstract in a word processing file (e.g. MS Word) and then cut and paste the appropriate sections into the abstract system. Please be sure to ensure special characters used pasted correctly. No edits can be made prior to publishing.

4. The final abstract (body of abstract) must be no more than 375 words (excluding the title and authors’ names/institutions). Abstracts that contain more than the specified number of words will not be reviewed. Check the word count of your abstract in a word processing program prior to cutting and pasting the sentences into the online submission form.

5. The abstract cannot be submitted unless all required fields are completed.

6. The abstract title should clearly indicate the nature of the subject. Acronyms should not be used in the title and should be written out on first mention. A quantifiable objective must be submitted and the body of the abstract should be in paragraph form, using complete sentences, and avoiding special characters. Abstracts should include, no more than six authors’ names (first and last names), credentials, and institution or place of employment’s name, city and state. Abstracts should have all funding sources written out completely if applicable.

7. For abstracts with more than one author, the primary author will be considered the contact person.

8. No previously published or presented (aka encore) abstracts will be accepted. Secondary analyses are acceptable.

9. Abstracts MUST be submitted by 5 pm EST, on Friday, September 30, 2016.

Pharmaceutical and Industry-Sponsored Abstracts

New for Congress 2017, there will be a separate category for industry-sponsored abstracts. Please see the instructions for this specific category. The accepted abstracts will be presented as ePosters in the Learning Hall during exhibit time. No CNE will be awarded for these abstracts due to ANCC guidelines stating that content must be free of commercial influence.

Pharmaceutical company or industry employees may submit an abstract featuring their employer’s products or services if they fully disclose their employment and/or financial involvement. Abstract presentations may not be sales presentations and must not imply the Society’s endorsement of said products or services. The individual making the presentation must clarify this point during the presentation. All pharmaceutical or industry sponsored abstracts are strongly encouraged to address nursing role, implications for nursing research, or clinical practice.

Researchers wishing to submit an abstract containing data related to a clinical pharmaceutical or industry trial conducted at their institution, must provide full disclosure of the presenter’s affiliation with the company, any financial gains (honoraria, travel reimbursement etc.) received, research support obtained, or involvement of the company in the research, as well as a complete list of all contributors (physicians, statisticians etc.) on the abstract submission. Failure to provide such disclosure will result in the automatic rejection of the abstract. The member is expected to add a nursing dimension to the existing clinical trial data to make such data interesting and applicable to the conference attendees.
Abstract Scoring

Abstracts will be scored using a 1-5 ranking on the following six criteria.

1. **Topic Significance and Study Purpose/Background/Rationale**
   a. Is the significance/importance/relevance to oncology nursing practice clearly stated?
   b. Is there clear description of nursing’s unique role or contributions to the study or of collaborative team work by nurse clinicians, nurse scientists and other healthcare professionals?
   c. Is there a concise summarization of the problem’s background and existing evidence from the literature?
   d. Does the purpose emphasize clinical rationale?

2. **Methods, Intervention, and Analysis**
   a. Are the design, sampling procedures, and/or interventions clearly explained?
   b. Are outcomes and their measurement processes/tools described?
   c. Are strategies used to facilitate reliability and validity (quantitative studies) or rigor (qualitative methods)?
   d. Is the general data analysis plan briefly described and does it relate to the study purpose?

3. **Findings and Interpretation**
   a. Are major findings from data analysis and/or outcome measurements reported?
   b. Are study findings and implications compared with current literature and current practice?

4. **Discussion and Implications**
   a. Are the implications these findings have on current practice described?
   b. Are strategies described to suggest future studies by collaborative teams?
   c. Are strategies listed to suggest application of findings into oncology clinical practice, patient and/or clinician education, or future oncology studies?

5. **Presentation**
   a. Is the abstract well written?
   b. Are the ideas clearly communicated?

6. **Innovative**
   a. Is this an innovative topic?

The Review Process

1. Upon receipt, the abstract will be reviewed for compliance with the abstract instructions and assigned a number to ensure anonymity.

2. Three ONS member volunteers with the appropriate experience in leadership, management, education, clinical/evidence-based practice or research will blind review all abstracts.

3. Reviewers will use one of the following sets of scoring criteria, depending on the abstract’s content area. Each item is scored on a scale of 1-5 grading scale (1=not at all; 5=high). Partial scores will be given by blind reviewers when appropriate.

4. The conference planning team will rank order abstracts for presentation at the conference.