Submitting an abstract for the PAGE meeting

Abstracts must be submitted online to the PAGE web site (www.page-meeting.org) by clicking on 'Register / submit abstract' under the heading for the upcoming meeting. You must register as a participant before you can submit an abstract and you can only register after you have created an account. When you click "Submit" you will immediately receive an email with your abstract attached. This e-mail will also be sent to the committee responsible for peer review in the selected category. ***Therefore, only click "Submit" when you are done editing.*** Abstracts will remain invisible until release of the final program. Each participant is only allowed to submit one abstract, but does not need to be the first author. Do not submit separate oral and poster abstracts: if your request for an oral presentation is not granted, you will be contacted to switch your abstract from an oral to a poster category. The abstracts are text-only: no figures are possible.

All abstracts are reviewed and abstracts that do not comply with the guidelines given here, may run the risk of not being accepted. If the abstract is not satisfactory after review, the abstract may be rejected and will not be published at the PAGE website. A minimum requirement concerning the contents of the abstract is that concrete results are included, i.e. Statements such as "…will be shown…", "…will be available at the time of the conference…" are not acceptable.

A structured abstract is required (Objectives/ Methods/ Results/ Conclusion/ References) with number of characters (including spaces) **not exceeding 2,500 but not less than 1,000** for the abstract itself (i.e. excluding Title/ Authors/ Affiliation and References). An example is provided below. There are separate fields for entering your abstract title, the authors, the associated institution or affiliation and the type of abstract you wish to present (oral or poster category):

Title: The title of your abstract (DO **NOT** USE ALL CAPITALS)

Author: Author1 (1), Author2 (1), Author3 (2) (DO **NOT** USE ALL CAPITALS)

Institution: (1) Affiliation1, (2) Affiliation2

Type: Choose the appropriate oral or poster category for your abstract.

There are two editor windows, one for the core abstract and one for the references to allow counting the number characters. The core abstract text itself must have the following layout:

Objectives: Text regarding objectives.

Methods: Text regarding methods.

Results: Text regarding results. Concrete results need to be included in the abstract. Statements such as "…will be shown…", "…will be available at the time of the conference…" are not acceptable.

Conclusions: Text regarding conclusions.

The references in the separate references editor must have the following layout:

References:
[1] Text for reference 1.
[2] Text for reference 2, etc etc

Separate the different sections in the core abstract window with a simple <Enter> (hard return), but separate the different references with a <Shift><Enter> so you do not get extra white lines between the references

The "PDF poster/presentation" option below the editor window will allow you to add the pdf of your ultimate poster or presentation and is **not** intended for a pdf of your abstract.

How to produce such an abstract

In contrast to previous years, abstracts can be prepared in your favourite text editor and simply pasted in the online abstract text window using <Ctrl><v>. This should remove almost all formatting except the allowed minimum (like bold). If you run into issues, contact rs@page-meeting.org.

Example abstract:

Title: Modelling and simulation of spontaneously reported adverse events after administration of lacosamide
Author: Rik Schoemaker (1) and Armel Stockis (2)
Institution: (1) Exprimo, Mechelen, Belgium, (2) UCB Pharma, Braine-l'Alleud, Belgium

Editor window:

Objectives: To develop a PK/PD model of spontaneously reported adverse events (AE) with the antiepileptic drug lacosamide and to apply it to predicting the changes in time profile and incidence of adverse events following switch from a conventional immediate release (IR) tablet to a modified release (MR) formulation.

Methods: PK and AE data were obtained from a double blind placebo-controlled steady-state parallel group Thorough QT study involving 193 healthy volunteers. PK data from a pilot bioavailability study with single dose MR formulations were also included. Plasma concentrations were fitted to a pharmacokinetic model using non-linear mixed-effects modelling implemented in NONMEM V7.2.0[1]. AE data consisted of the five most frequent spontaneously reported AEs: nausea, vomiting, dizziness, oral hypoaesthesia and headache. Each AE was modelled using non-linear mixed-effects modelling (Laplacian method) with a proportional odds model for ordered categorical data with a Markov element[2] accounting for the correlation between successive scores, a linear concentration effect relationship, and a component describing AE incidence reduction over time.

Results: A one-compartment model with first-order absorption, diurnal effect on clearance and combined (multiplicative + additive) error was shown to adequately describe lacosamide pharmacokinetics. The final PK model allowed simulation of the once-daily multiple administration of the MR formulation in comparison with twice-daily administration of the IR form. Simulations suggest that these two administration modes cover a similar concentration range with lower peaks for the MR formulation and predict a modest reduction in incidence of adverse events for the MR formulation compared with the IR formulation at the same total daily dose.

Conclusion: Modelling and simulation of lacosamide pharmacokinetics and of the spontaneously reported AEs suggest that slowing down the absorption rate can possibly result in improved tolerability.

References window:

References:

[1] Beal SL, Sheiner LB, Boeckmann AJ & Bauer RJ (Eds.) NONMEM Users Guides. 1989-2011. Icon Development Solutions, Ellicott City, Maryland, USA.
[2] Zingmark PH, Kågedal M, Karlsson MO. Modelling a spontaneously reported side effect by use of a Markov mixed-effects model. J Pharmacokin Pharmacodyn (2005) 32(2): 261-81.