ABSTRACT SUBMISSION AUTHOR GUIDELINES FOR SYMPOSIUM PRESENTATION

A. GENERALITIES

This online abstract submission will close on **January 19, 2026**. No late abstracts will be accepted. Presenting authors will be notified of the Scientific Committee's decision regarding acceptance of their abstracts. Presenting authors **must be registered** to ICFSR25 by **January 31, 2026** or their abstract will be discarded from the program.

Only abstracts submitted via the online system will be taken into account. Please do not send abstracts by email as they will not be considered.

Please note that abstracts submitted for a symposium will automatically be considered for an oral communication or poster presentation if not selected for a symposium. **Do not submit abstracts twice. Double submissions will be discarded from the system.**

B. STEP-BY-STEP ONLINE SUBMISSION GUIDELINES

Step 1: In the scroll down menu for type of presentation select the type of presentation **"SYMPOSIUM"**

Step 2: In the scroll down menu for topics make sure you select "Symposium"

Step 3: Enter the **name and affiliation of the chairman and the presenters (a maximum of 3 presenters is permitted) in the Authors box, simply click on "Add a co-author" for everyone**

Step 4: In the dedicated box please enter the key takeaway message (maximum 35 words) for your entire symposium

Step 5: In the dedicated Abstract box please enter the text of your abstract with the following format:

Chairman: First Name, Last Name, City, State, Country

Presentation 1: Title
Presentation 1: speaker: First Name, Last Name, City, State, Country
Presentation 1: Abstract text (500 words maximum)

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Presentation 2: speaker: First Name, Last Name, City, State, Country
Presentation 2: Abstract text (500 words maximum)

Presentation 3: Title
Presentation 3: speaker: First Name, Last Name, City, State, Country

Presentation 3: Abstract text (500 words maximum)

C. AUTHOR INSTRUCTIONS

- *Abstract selection*: Abstracts are selected on a peer-review basis by **the ICFSR Scientific Committee**
- *Abstract publication*: Abstracts accepted for presentation at ICFSR 2026 will be published in a supplement of **the Journal of Frailty and Aging** after the event. It is thus essential to follow the below instructions in preparing your abstract. Abstracts submitted in an inappropriate format will not be considered for presentation and/or publication.
- *Structured abstract*: Abstracts must be structured with the following headings: Background, Methods, Results, Conclusions, Disclosures, References
- *Disclosures*: All authors are responsible for recognizing and disclosing any conflict of interest that could be perceived to bias their work, making known all financial support, grants, and any other personal connections. Biographical descriptions should be avoided but we do want transparency, delivered in a concise and full sentence
- *Abstract text* is limited to 1000 words excluding disclosures and references
- *Additional material*: Tables, graphs and figures **are not** permitted
- *Trademarks*: Generic drug names are preferable to trademarked, brand-named drugs (for example, use acetaminophen as opposed to Tylenol, Johnson & Johnson Consumer, Inc., US). In all abstracts where brand or trade names are included the manufacturer names and locations are also required.
- *References*: References and citations to previously published work should be avoided. Where cited and necessary it is acceptable to provide abbreviated references with the DOI or web links to sources. Where the DOI or web links are not available the references should conform to the Journal format for reference lists.
- *Copyright*: In submitting your abstract via the ICFSR online submission system you agree to the transfer of copyright to Serdi and Elsevier Nature publishers of the Journal of Frailty and Aging.
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Abstract text sample for your Symposium

Symposium Title: Clinical Trials In Frailty and Sarcopenia

Presentation 1 Title : Properties of the meeting abstract: Mystery elements explained

[1]Given M Family, [2]Kong-sang (Jackie) Chan, [1,2]Victoria Von Waltz, [2]on behalf of RSMA workgroup

[1]University of Abstraction, Boston, MA, USA; [2]Royal Society of Meeting Abstracts (RSMA), Wan Chai, Hong Kong, PR China.

Background: The Background includes what is already known and what is not known about the subject, and so describes the purpose for the presentation and aim of study. It is important here and throughout to avoid using acronyms or perpetuating misspellings and jargon from previous work.

Methods: The Method section will include details on how the study was carried out [1], such as sample sizes (and variations), source of sample if limited or defined by location, any requirements for inclusion, and duration of the study [2]. Generic drug names are preferable when describing dosage [3].

Results: The Results section should have detailed findings and comparisons summarized in complete sentences. The data will be used to define the Conclusion, which may be negative, or may not be significant. If all data cannot be shared and summarized in the limited space it may be helpful to deposit data in an open repository and focus on the primary purpose.

Conclusion: In addition to briefly summarizing the results, this section may also highlight new or unexpected results and advise on future studies. Statements may only refer to the author conclusions collectively and within a wider perspective rather than offering individual and subjective opinions.

Keywords: optional, consistently applied, relevant short phrases, limit of four.

Clinical Trial Registry: NCT12345678; https://clinicaltrials.gov

Data Deposition: https://dx.doi.org/00.0000/m0.figshare.000000.v1

Disclosures: VVWs employer received a grant from Pharmatown. The authors declared no competing interests.

References

1. Author J, et al. *Journal Abbrev* 2018; 63 (suppl 6): 8–160. http://doi.org/00.0000/j.0000-0000.0000.00000.x
2. Author B, et al. *Book Title.* Publisher; 2013: 369–377. http://doi.org/00.0000/b.000000000
3. Program Name. Version XX. Company Name; 2016. Accessible: http://www.includethewebaddress.com
4. ABC Committee. *Guide for Authors*; 2016:1552-1554.

Presentation 2 Title: Anatomy of an Abstract: Building Blocks for Scientific Clarity

1Jane E. Structure, 2Ahmed Syntax, 1,3François Format, 2on behalf of the INFORMA Group

1Department of Scientific Writing, Clarity University, Oxford, UK; 2International Forum on Research Manuscripts and Abstracts (INFORMA), Singapore; 3Université des Résumés, Paris, France

Background: This section introduces the scientific context. Authors should briefly explain what is known about the topic, what remains unclear, and why the current study or presentation matters. Avoid undefined abbreviations, subjective language, or references to previous conferences. Keep the reader oriented without assuming prior knowledge.

Methods: Provide a concise summary of the approach used. This may include study design, recruitment criteria, data collection tools, statistical methods, and ethical approvals if relevant. Be transparent about limitations, and name any instruments or software used with version numbers. Use international units and generic names.

Results: Summarize the main findings using full sentences and plain language. Data should be quantitative where possible, with reference to significance and variability. It is acceptable to focus on key outcomes, especially when word count is limited. Avoid interpreting results here; just present them.

Conclusion: State what the results suggest in relation to the study aim. You may note unexpected findings or suggest next steps. General statements should reflect collective author interpretation, avoiding speculation or personal opinions. Keep this concise and consistent with the presented data

Keywords: abstract structure; research reporting; writing guidelines; clarity
Clinical Trial Registry: NCT98765432; https://clinicaltrials.gov
Data Deposition: https://doi.org/10.1234/informa.data.0001
Disclosures: J.E.S. consults for ClearText Ltd. All other authors report no conflicts of interest.

References

1. Smith AB, et al. Int J Sci Comm. 2020; 75(4): 210–222. https://doi.org/10.1000/ijsc.2020.210

2. Lee C, et al. Research Clarity: A Manual. 2nd ed. Oxford Press; 2017: 145–153.
3. StatPlus Pro. Version 6.8. AnalystSoft Inc.; 2021. https://www.analystsoft.com
4. INFORMA Writing Committee. Abstract Author Guidelines; 2024:12-14. https://informa.org/resources/abstract-guide

Presentation 3 Title: **Clarity in Clinical Trial Reporting: A Demonstrative Abstract**

1Maria Dosage, 2Lars Endpoint, 3Elena Trialova, 1,2on behalf of the CLEAR-CT Consortium
1Center for Clinical Trial Excellence, Mediform University, Zurich, Switzerland; 2Department of Methodology, TrialBridge Institute, Stockholm, Sweden; 3Regulatory Sciences Division, Health Data Union, Brussels, Belgium

Background: This section introduces the clinical condition being addressed and the current treatment gap. Authors should clearly state the rationale for the trial and its primary objective, avoiding promotional tone. Prior studies may be briefly referenced if relevant, but detailed literature reviews should be avoided.

Methods: The study was a multicenter, randomized, double-blind, placebo-controlled trial conducted across 12 sites in Europe from March 2022 to April 2023. A total of 340 adults aged 40–75 with diagnosed moderate essential hypertension were enrolled. Participants were randomized (1:1) to receive either Medozartan 20 mg once daily or matched placebo for 12 weeks. The primary endpoint was change in systolic blood pressure (SBP) at week 12. Secondary endpoints included diastolic BP and safety outcomes. Analysis followed the intention-to-treat principle.

Results: At 12 weeks, the Medozartan group showed a mean SBP reduction of 14.6 mmHg (SD 5.2) compared to 5.4 mmHg (SD 4.9) in the placebo group (mean difference: –9.2 mmHg; 95% CI: –10.4 to –8.0; $p<0.001$). Diastolic BP reductions were similarly significant. Adverse events occurred in 17% of Medozartan-treated patients and 13% of placebo-treated patients; no serious adverse events were related to study medication.

Conclusion: Medozartan significantly reduced blood pressure in adults with moderate hypertension over 12 weeks compared to placebo. The treatment was well tolerated. Future studies are needed to assess long-term cardiovascular outcomes. Conclusions are consistent with trial objectives and findings.

Keywords: clinical trial; hypertension; randomized controlled trial; blood pressure

Clinical Trial Registry: NCT04567890; https://clinicaltrials.gov

Data Deposition: https://doi.org/10.2345/clearct.data.2023.01

Disclosures: The CLEAR-CT Consortium received funding from CardioScience AG. L.E. has received speaker honoraria from PharmaWell. No other conflicts declared.

References

1. Tanaka R, et al. Eur J Clin Pharmacol. 2021; 77(2): 145–152. https://doi.org/10.1007/s00228-020-02942-3
2. Trial Reporting Group. CONSORT Guidelines for Randomized Trials. Updated 2023. https://www.consort-statement.org
3. ClearStatPro. Version 3.1. OpenMed Analytics; 2022. https://www.openmedanalytics.org