ABSTRACT SUBMISSION AUTHOR GUIDELINES

FOR ROUNDTABLE PRESENTATION

A. GENERALITIES

This online abstract submission will close on **October 5, 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 ICFSR27 by **December 15, 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 roundtable will automatically be considered for an oral communication or poster presentation if not selected for a roundtable. **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 "ROUNDTABLE."

Step 2: In the scroll-down menu for topics, make sure you select "Roundtable."

Step 3: Enter the name and affiliation of the chairman and the presenters. A maximum of 3 presenters is permitted.

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

Step 5: In the dedicated box, please enter the text of your abstract following the format below.

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

Panelist 1: First Name, Last Name, City, State, Country

Panelist 2: First Name, Last Name, City, State, Country

Panelist 3: First Name, Last Name, City, State, Country

Abstract text (500 words maximum) describing the purpose, intent, and objectives of the roundtable.

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 2027 will be published in a supplement of the Journal of Frailty and Aging after the event. It is essential to follow the instructions below 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 transparency is required, delivered in a concise and full sentence.
- ***Abstract text:*** 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, acetaminophen rather than Tylenol, Johnson & Johnson Consumer, Inc., US). Where brand or trade names are included, manufacturer names and locations are also required.
  - ***References:*** References and citations to previously published work should be avoided. Where cited and necessary, abbreviated references with the DOI or web link are acceptable. Where the DOI or web link is not available, 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.
  - ***Author duties:*** In submitting your abstract via the ICFSR online submission system, you agree to abide by the author duties described on the ICFSR website.

D. ABSTRACT TEXT SAMPLE

Roundtable Title: Bridging the Gap: From Frailty Screening to Actionable Care Pathways

Chairman:
Maria Dosage, Zurich, Switzerland

Panelist 1:
Lars Endpoint, Stockholm, Sweden

Panelist 2:
Elena Trialova, Brussels, Belgium

Panelist 3:
Jane E. Structure, Oxford, United Kingdom

Abstract text:
Frailty screening tools are now widely validated and increasingly embedded in clinical guidelines, yet a persistent gap remains between identifying frailty and translating that identification into coordinated, actionable care. This roundtable brings together clinicians, trialists, and health system researchers to examine why screening results so often fail to trigger timely intervention, and what structural, workforce, and reimbursement barriers stand in the way.

The panel will open with a brief framing of the current evidence on frailty screening uptake across primary care and hospital settings, followed by three short position statements from panelists representing distinct vantage points: clinical trial design, health system implementation, and front-line geriatric practice. Discussion will then turn to concrete strategies for shortening the path from screening to intervention, including the role of digital monitoring tools, multidisciplinary care pathways, and policy incentives aligned with the WHO ICOPE framework.

The session intends to generate a practical set of recommendations for clinicians and health systems seeking to close the screening-to-action gap, while also identifying open questions that merit further trial-

based investigation. Audience participation will be encouraged throughout, with the final 10 minutes reserved for open floor discussion and Q&A with the panel.

Keywords:
Frailty screening; care pathways; implementation; ICOPE.