ABSTRACT SUBMISSION AUTHOR GUIDELINES

FOR SYMPOSIUM 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 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.

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

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
Presentation 1: Title
Presentation 1: Speaker: First Name, Last Name, City, State, Country
Presentation 1: Abstract text (500 words maximum)
Presentation 2: Title
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 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 per presentation, 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.
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D. 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, [12]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. Avoid using acronyms or perpetuating misspellings and jargon from previous work.

Methods:
Includes details on how the study was carried out, such as sample sizes (and variations), source of sample if limited or defined by location, any requirements for inclusion, and duration of the study. Generic drug names are preferable when describing dosage.

Results:
Detailed findings and comparisons summarized in complete sentences. 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:
Briefly summarizes the results and may highlight new or unexpected findings and advise on future studies. Statements should 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:
VVW's 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

[1]Jane E. Structure, [2]Ahmed Syntax, [13]François Format, [2]on behalf of the INFORMA Group

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

Background:
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.

Methods:

A concise summary of the approach used, including 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:

Summarizes the main findings using full sentences and plain language. Data should be quantitative where possible, with reference to significance and variability. Avoid interpreting results here; just present them.

Conclusion:

States what the results suggest in relation to the study aim. May note unexpected findings or suggest next steps. General statements should reflect collective author interpretation, avoiding speculation or personal opinions.

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

[1]Maria Dosage, [2]Lars Endpoint, [3]Elena Trialova, [1,2]on behalf of the CLEAR-CT Consortium

[1]Center for Clinical Trial Excellence, Mediform University, Zurich, Switzerland; [2]Department of Methodology, TrialBridge Institute, Stockholm, Sweden; [3]Regulatory Sciences Division, Health Data Union, Brussels, Belgium.

Background:

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