



Abstract Submission — Author Guidelines

Oral Communication & Poster Presentation

Submission Deadline: September 3, 2026 (11:59 p.m. Eastern Time USA). No late abstracts will be accepted.

A. General Information

Presenting authors will be notified of the Scientific Committee's decision regarding acceptance of their abstracts.

⚠ Abstracts must be submitted via the online system only. Do not send abstracts by email — they will not be considered.

- Abstracts submitted for an **oral communication** will automatically be considered for a poster presentation if not selected for oral. **Do not submit the same abstract twice — double submissions will be discarded.**
- Oral communications can only be presented **in-person in Boston, MA (USA)**. Remote attendees may only submit for a poster presentation, which will be displayed in the Virtual Poster Hall and published in the Journal of Prevention of Alzheimer's Disease .

B. Step-by-Step Online Submission

Step 1 Select your presentation type

From the drop-down menu, choose one of the following:

- **"Oral Communication — presented in-person"**
- **"Poster Presentation"**

⚠ Do not submit the same abstract for both an oral communication and a poster presentation. If not selected for oral, your abstract will automatically be considered for a poster.

⚠ If you would like to submit for the Biotech Showcase, please follow the special instructions [HERE](#).

Step 2 Select your topic

Choose the most relevant topic from the list below:

#	Topic	Description
1	Clinical Trials – Phase IIb & III	Late-stage interventional studies evaluating efficacy and safety.
2	Clinical Trials – Phase I & IIa	Early-phase studies focused on safety, tolerability, and preliminary efficacy.
3	Non-pharmacologic interventions	Lifestyle, behavioral, and combined intervention strategies.
4	Imaging (MRI & PET)	Structural and functional neuroimaging studies.

#	Topic	Description
5	Biomarkers (CSF & Plasma)	Fluid biomarkers for diagnosis, prognosis, and therapeutic monitoring.
6	Artificial Intelligence	Machine learning, predictive modeling, and computational tools.
7	Epidemiology	Population-based studies and risk factor analysis.
8	Pre-clinical, Early Discovery & Mechanistic Research	Mechanistic research and therapeutic development in model systems.
9	Trial Design, Statistical Innovation & Analytical Framework	Advancing clinical research through innovative trial design, statistical methods, and analytical strategies.
10	Cognitive and Functional Outcomes	Measuring cognitive performance and real-world function to better assess clinical outcomes.
11	Digital Endpoints, Remote Monitoring & Connected Health Tools	Leveraging digital technologies to capture real-world, continuous health data.
12	New Hypotheses	Emerging topics not covered in the above categories.
14	Real-World Data, Registries & Implementation Science	<i>Translating trial efficacy into real-world effectiveness: RWD, registries, and strategies for scaling evidence-based care.</i>

Step 3 Enter author information

- Enter the name and affiliation of the **presenting author**. (example: **John Doe, University of Texas, Houston, TX (United States)**)
- Add co-authors as needed — **maximum 15 co-authors** allowed.
- A **photo of the presenting author** is required (.jpeg or .png format — used for the conference app and platform).
- A **short biography of the presenting author** is required (maximum 200 words).

Step 4 Enter your abstract text

Enter the text of your abstract in the dedicated box, following the author instructions below.

Step 5 Enter your key takeaway message

In the dedicated field, provide a concise key takeaway message summarizing the main finding or contribution of your work. This will help attendees and reviewers quickly grasp the significance of your abstract.

C. Author Instructions

Data & Originality

- Abstracts must present **new or updated data**. Encore abstracts will not be accepted.
- Abstracts are selected on a **peer-review basis** by the CTAD Scientific Committee.

Format & Structure

- Abstracts must be **structured** with the following headings in bold: *Background, Methods, Results, Conclusions, Keywords, Disclosures, References*.
- Abstract text is limited to **850 words** (excluding keywords, disclosures, and references).
- Tables, graphs, and figures are **not permitted**.

Drug Names & Trademarks

- Generic drug names are preferred over trademarked brand names (e.g., use *acetaminophen* rather than *Tylenol*). Where brand names are used, include the manufacturer name and location.

References

- Citations should be avoided where possible. Where necessary, provide abbreviated references with a DOI or web link. Where DOI/links are unavailable, follow the JPAD journal reference format.

Disclosures

- All authors must disclose any conflict of interest, financial support, grants, or personal connections that could be perceived to bias their work. Disclosures should be concise, transparent, and written in full sentences.

Publication & Copyright

- Accepted abstracts will be published in a supplement of the **Journal of Prevention of Alzheimer's Disease (JPAD)** following the event. Abstracts not following the required format will not be considered.
- By submitting, authors agree to the **transfer of copyright to Serdi and Elsevier**, publishers of JPAD.
- By submitting, authors agree to abide by the CTAD author duties: <https://www.ctad-alzheimer.com/author-duties>

D. Sample Abstract

The following example illustrates the required format and structure:

Title: Properties of the meeting abstract: Mystery elements explained

¹Given M Family, ²Kong-sang (Jackie) Chan, ¹²Victoria Von Waltz, ²on behalf of RSMA workgroup

¹University of Abstraction, Boston, MA, USA; ²Royal 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 describes the purpose for the presentation and aim of study. Avoid using acronyms or jargon from previous work.

Methods: Include details on how the study was carried out, such as sample sizes, source of sample, inclusion requirements, and duration. Generic drug names are preferable when describing dosage.

Results: Detailed findings and comparisons summarized in complete sentences. If all data cannot be shared in the limited space, consider depositing data in an open repository and focusing on primary outcomes.

Conclusion: Briefly summarize the results. May highlight new or unexpected findings and advise on future studies. Statements should reflect collective author conclusions.

Keywords: clinical trial phase, short phrases, limit of four.

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

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

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References

1. Author J, et al. Journal Abbrev 2018; 63 (suppl 6): 8–160. <http://doi.org/00.0000/j.0000-0000.0000.000000.x>
2. Author B, et al. Book Title. Publisher; 2013: 369–377. <http://doi.org/00.0000/b.0000000000>
3. Program Name. Version XX. Company Name; 2016. <http://www.includethewebaddress.com>