



## ABSTRACT SUBMISSION AUTHOR GUIDELINES FOR ORAL COMMUNICATION OR POSTER PRESENTATION

### A. GENERALITIES

This online abstract submission will close on **June 2, 2026**. No late abstracts will be accepted. Presenting authors will be notified of the Scientific Committee's decision regarding acceptance of their abstracts.

**Only abstracts submitted via the online system will be considered. Please do not send abstracts by email, they will be returned.**

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

**Oral communications can only be presented in-person in Boston, MA (USA).** If you are planning on attending remotely you can only submit for a poster presentation that will be presented in our Virtual Poster Hall.

### B. STEP-BY-STEP ONLINE SUBMISSION GUIDELINES

**Step 1:** In the scroll down menu for type of presentation select the type of presentation **“ORAL COMMUNICATION presented in-person”** or **“POSTER PRESENTATION”**– Attention do not submit the same abstract for an oral communication and a poster presentation, if your abstract is not accepted for an oral communication, it will be automatically considered for a poster presentation.

**Step 2:** In the scroll down menu for topics make sure you select the topic of your choice from those listed below

- 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.*
- 5. Biomarkers (CSF & Plasma)**  
*Fluid biomarkers for diagnosis, prognosis, and therapeutic monitoring.*
- 6. Artificial Intelligence–Driven Innovation in Alzheimer's Therapeutics**  
*From Data to Drug: AI's Role in Redefining Alzheimer's Treatment.*
- 7. Epidemiology**  
*Population-based studies and risk factor analysis.*

**8. Pre-clinical, Early Discovery and Mechanistic Research**

*Mechanistic research and therapeutic development in model systems.*

**9. Trial design, Statistical innovation, and 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, and Connected Health Tools**

Leveraging digital technologies to capture real-world, continuous health data

**12. New Hypotheses – New Therapeutic Approaches for AD**

Challenge the Paradigm. Change the Outcome.

**13. Biotech Showcase (see description [HERE](#))**

*Company-led scientific and development presentations. (not eligible for publication in the Journal of Prevention of Alzheimer's Disease)*

### Step 3: Enter the name and affiliation of the presenting author

- Enter names and affiliation of co-authors as needed – Maximum of 15 co-authors is allowed.
- **A picture of the presenting authors is required**, you will be asked to upload the picture in .jpeg or .png (this will be used for the online app)
- **Bio of the presenting author** is required you will be asked to enter the bio after the abstract text. Attention text is limited to 200 words.

**Step 4:** In the dedicated box please enter the text of your abstract according to the instructions below

### C. AUTHOR INSTRUCTIONS

- *Data presented:* Abstracts submitted at CTAD must be new data or updated data. Encore abstracts are not accepted and will not be selected for presentation and/or publication.
- *Abstract selection:* Abstracts are selected on a peer-review basis by the [CTAD Scientific Committee](#)
- *Abstract publication:* Abstracts accepted for presentation at CTAD 2025 will be published in a supplement of [the Journal of Prevention of Alzheimer's Disease](#) 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 in bold font: Background, Methods, Results, Conclusions, Keywords, 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 850 words excluding keywords, 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 CTAD online submission system you agree to the transfer of copyright to Serdi and Elsevier publishers of the Journal of Prevention of Alzheimer's Disease.
- *Author duties:* In submitting your abstract via the CTAD online submission system you agree to abide by the author duties available here: <https://www.ctad-alzheimer.com/author-duties>

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**Title : Properties of the meeting abstract: Mystery elements explained**

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**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:** 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**

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