2021 CNS Research Day – Abstract Guidelines

Eligibility Requirements

- Must have an author or contributor who holds a membership in CNS.
- Abstracts should be no longer than 350 words and utilize the headings described below.

Basic Information

- Abstract Title, First Author, Additional Author(s) and Research Supervisor

Abstract Submission Criteria/Format

**based on the JAMA Structure for Abstract Submission*

Importance:	The abstract should begin with a maximum of two sentences explaining the clinical (or other) importance of the study question.
Objective(s):	State the precise objective or study question addressed in the report (e.g. "To determine whether..."). If more than 1 objective is addressed, the main objective should be indicated and only key secondary objectives stated. If a priori hypothesis was tested, it should be stated.
Design and Participants:	Describe the basic design of the study and include the specific study type (e.g. randomized clinical trial, cohort, cross-sectional, etc.) and intervention where applicable. State the clinical disorders, important eligibility criteria, and key socio-demographic features of patients (or other study participants). The number of eligible participants and how they were selected should be provided, including the number approached but who refused or were excluded. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated.
Results:	Summary demographic information (e.g. characteristics such as sex and age) and the number of study participants should be reported in the first sentence of the Results paragraph**.** The main outcomes of the study should be reported and quantified, including the final included/analyzed sample. When possible, present numerical results (e.g. absolute numbers and/or rates) with appropriate indicators of uncertainty, such as confidence intervals. Use means and standard deviations (SDs) for normally distributed data and medians and ranges or interquartile ranges (IQRs) for data that are not normally distributed. Avoid solely reporting the results of statistical hypothesis testing, such as P values, which fail to convey important quantitative information. For most studies, P values should follow the reporting of comparisons of absolute numbers or rates and measures of uncertainty (e.g. 0.8%, 95% CI −0.2% to 1.8%; P = .13).
Conclusions and Relevance:	Provide only conclusions of the study that are directly supported by the results. Give equal emphasis to positive and negative findings of equal scientific merit. Also, provide a statement of relevance indicating implications for clinical practice or health policy, avoiding speculation and overgeneralization. The relevance statement may also indicate whether additional study is required before the information should be used in clinical settings.

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