CAPT ACTP

ABSTRACT SUBMISSION GUIDELINES

The Canadian Association for Population Therapeutics/
Association Canadienne pour la Thérapeutiques des Populations
Presents:

"Embracing Change and Uncertainty to Improve the Health of Canadians"

October 17 – 18, 202
We are back in-person
MaRS Discovery District, Toronto

Abstract Submission Opens May 1, 2022 and Closes June 30, 2022 (Midnight EST)

Complimentary registration to all students with an accepted Abstract

Submission Information:
All abstracts must be submitted using the website submission process. Please go to www.capt-actp.ca and follow the links on the conference tab. The Preliminary Program and conference registration will be available at a later date. All abstracts accepted for presentation will be published on-line in the *Journal of Population Therapeutics and Clinical Pharmacology* at http://www.jptcp.com/

Student Awards:
CAPT is pleased to announce that the following presentation awards will be made at the conference:

Best student podium award: This award is for excellence in an oral presentation by a student. The winner will receive $200.00.

Best student poster award: This award is for excellence in a poster presentation by a student. The winner will receive $200.00.

For questions about abstract submission, please contact Peggy Kee at peggy.kee@sunnybrook.ca or by phone at416-480-6100 ext 3505.

Visit the CAPT website at www.capt-acpt.ca in the coming weeks for the preliminary program and registration information for the conference.

Guidelines for Preparing Abstracts for Oral or Poster Presentations

Please read the following guidelines carefully before preparing your abstract(s):

1) Abstracts must be submitted on-line at the CAPT website (www.capt-actp.ca) under Conferences.

2) All mandatory fields must be completed in order for your abstract to be successfully submitted.

3) The body of the abstract must not exceed **250** words, otherwise it will be truncated.

4) There is no limit to the number of abstracts an author may submit. However, only one oral presentation will be granted per first author, and authors must be available to present their posters at scheduled sessions.
5) Individuals do not need to be a member of CAPT to *submit* an abstract, but they must register and become a member to present the abstract at the conference.

6) Abstracts must contain:

Title *(for all abstracts)*
All abstract titles should be in sentence case and clearly indicate the content of the presentation and, if appropriate, the method used.

Authors *(for all abstracts)*
Authors should be listed in the order in which they are to appear in the abstract book, last name followed by the initials of the given names of each author, as well as their organizational affiliations. As the submission program will not subscript numbers for author affiliations please identify by number following the first initial **(ie. Smith AB1,2, Doe AB1, etc.)**

Presenting author *(for all abstracts)*
The presenting author should be identified and an email address provided for all correspondence.

Conflict of interest *(for all abstracts)*
Conflict of interest or lack thereof must be declared on behalf of all authors.

Student/ trainee *(for all abstracts)*
Please indicate whether you are a full-time or part-time student. Select "No" if you are not a student.

Source of Funding *(for all abstracts)*
All sources of funding for the study must be listed. If no source of funding, please indicate "None".

Background
For analytical or clinical studies:
Clearly state the problem, study objective(s), research question and/or hypothesis.

Example Abstract

For conceptual, institutional, educational, or policy papers:
Clearly describe the purpose of the work or the issue to be discussed.

Methods
For analytical or clinical studies:
Please include a brief description of the research design, study population, setting, procedures for data collection, and methods of analysis (including statistical techniques) used.

For conceptual, institutional, educational, or policy presentations:

Please include approaches used, institutional, organizational or theoretical frameworks applied, or development of rationale discussed.

Results *(for all abstracts)*
State important study findings.

Harm-benefit analysis of rofecoxib versus naproxen for the treatment of rheumatoid arthritis patients: a discrete event simulation

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Background: Patients with rheumatoid arthritis (RA) require chronic NSAID therapy; however, not all NSAIDs are effective in all patients. Rofecoxib was an effective treatment alternative for many patients. Despite a qualitative analysis by a Health Canada expert advisory panel that concluded that rofecoxib's benefits outweighed its risks, it was withdrawn from the market. The objective of this analysis was to quantitatively estimate the net-benefit of rofecoxib relative to naproxen in RA patients.
Methods: Using a discrete event simulation (DES) model, we estimated the incremental net-benefit in quality-adjusted life years (QALYs) of rofecoxib relative to naproxen over a one-year time horizon. Treatment risks included dyspepsia, peptic ulcer and gastrointestinal bleeding and perforation, and fatal and nonfatal MI. Benefits were evaluated using two approaches: assuming equal effectiveness, and based on reported differences in functional ability. All data were derived from the published literature. 10,000 hypothetical patients were simulated through each arm of the model using both first- and second-order Monte Carlo simulation, and the incremental net benefit was determined for each iteration of the model.
Results: Independent of the assumption of effectiveness, rofecoxib resulted in a small, positive incremental net benefit. Assuming equivalent effectiveness or slightly greater improvement in functional ability with rofecoxib resulted in 0.83 (SD 0.04) and 1.3 (SD 0.05) additional QALYs per 1000 patients treated for one year, respectively.
Conclusions: These results suggest that rofecoxib is at least equivalent to naproxen in terms net-benefit, which supports the conclusions of the Health Canada expert advisory committee.
Keywords: *Harm-benefit analysis, rofecoxib, rheumatoid arthritis*

Conclusions *(for all abstracts)*
Provide a concise statement indicating the relevance of the findings.

Keywords *(for all abstracts)*
Please provide 3 key words. At least one should refer to the methodology used for the study.

Preference *(for all abstracts)*
Please indicate if you would prefer an oral or poster presentation. (Note restrictions on oral presentations described in 4 above.)

Encore Presentation
Please indicate whether your abstract has been published previously in a peer-reviewed journal. Authors may present encore presentations; however, we are unable to publish the abstract content in our program or in the *Journal of Population Therapeutics and Clinical Pharmacology*.

7) Please format your abstract as follows:

   a. The abstract title should be sentence case with only the first letter of the first word capitalized.
   b. Author names should be listed as surname, then initials of given names (e.g. **Rieder M**J) without punctuation.
   c. Indicate the presenting author.
   d. Text should be single-spaced indicating Background, Methods, Results, and Conclusions.
   e. No tables, charts or graphs will be accepted.
   f. Do not leave spaces between paragraphs.

8) In order to help match abstracts to reviewers, please classify your abstract into the following categories (select all that apply):

   Cost-effectiveness / health economics
   Decision-making
   Drug safety and effectiveness
   Pharmaceutical policy
   Pharmacoepidemiology
   Randomized Controlled Trials
   Reimbursement policy
   Vaccines

10) If your abstract was submitted correctly, you will receive an automatic notification on your monitor thanking you for your submission. Within 24 hours, you will receive confirmation by e-mail that your abstract was been received by the conference secretariat. If you do not receive this, please contact Peggy Kee at peggy.kee@sunnybrook.ca