INSTRUCTIONS

DEADLINES

All deadlines close at 11:59 PM US Eastern Time

- Abstract submissions: July 31, 202 5
- Acceptance notifications: September 10, 2025
- Presentation type notifications: September 15, 2025
- Conference registration opens: May 12, 2025

The following categories of topics can be chosen in the abstract submission form:

Category	Definition
Benefit-Risk Assessment, Communication, and Evaluation	Content related to the methods or conduct of benefit-risk assessment or risk management / minimization, and content related to the evaluation and or communication about such topics.
Biologics / Biosimilars	Studies on proteins intended for therapeutic use, including cytokines (e.g., interferons), cytokine inhibitors, enzymes (e.g., thrombolytics), and other novel proteins, except for vaccines
Disease Epidemiology / Clinical Course	Descriptive studies of disease populations, patterns, and predictors (Cancer, Cardiovascular, Neurological, Mental Health, Diabetes, Other
Drug Effectiveness	Original studies or synthesis of existing studies comparing different interventions and strategies (including no treatment option) to prevent, diagnose, treat, and monitor health conditions
Drug Utilization Research	Accessibility of medicines Health policy and governance, Crisis preparedness Adherence Quality use of medicines, Trends and comparisons (cross- national comparisons) Interventions and implementation Patients' perspectives Polypharmacy Changing drug utilization Other
Environmental Pharmacoepidemiology	Research to assess the impact of environmental factors on human diseases and the effectiveness/safety of medications and vaccines in treating diseases. Research on the impact of pharmaceutical manufacturing, use, and disposal on the environment. Impact of environmental factors on manufacturing, storage, and transportation of medications and other treatments.
Health Economics / Outcomes Research	Pharmacoeconomics, cost-effectiveness, impact of healthcare system on outcomes, quality of life measurements
Health Equity	Health equity research, disease disparities, clinical trial diversity, social determinants of health, and the translation of this research into public health programs

Informatics	Database profiles, common data models, data linkage, data storage/security, information governance, programming resources, machine learning/artificial intelligence. Digital and other patient-generated data (wearables, etc.)
Medical Devices	Assessment of the utilization, safety, or effectiveness of a medical product used to diagnose, cure, treat, mitigate, or prevent a disease or other medical condition through a mechanism that does not require metabolism or similar chemical reaction in the body.
Methods in Pharmacoepidemiology	Analytical Methods Clinical Trial Methodology Confounding/Bias Measurement Methods Study Design
Molecular Epidemiology / Biomarkers / Pharmacogenetics	A branch of epidemiology that applies molecular biology techniques to understand the role of genetic, environmental, and lifestyle factors in disease development and progression. Biological indicators — such as genes, proteins, or metabolites — that can be measured to assess health conditions, disease risk, or treatment response. **Pharmacogenetics**: The study of how genetic variations influence individual responses to medications, aiming to tailor drug therapies for improved safety and efficacy
Pharmacovigilance	Post-marketing monitoring for the detection, measurement and assessment of adverse events and other safety-related aspects. Quantifying incidence of safety outcomes/adverse events.
Specific populations	Children, older people, pregnancy, sex and gender differences, socio-economic impact, etc.

ABSTRACT SUBMISSION

To submit your abstract, please follow the two required steps below:

1. **Insert your abstract directly into the designated text field on the congress submission platform** [https://doity.com.br/2025-ii-ispe-latam-pharmacoepidemiology-congress/artigos]**.**

2. **Download and complete the official abstract template**, available at [https://doity.com.br/2025-ii-ispe-latam-pharmacoepidemiology-congress/artigos]. Once completed, **upload the file to the same platform**.

⚠ **Important:** The completed template **must be uploaded in PDF format**. Files in other formats will not be accepted.

Please note that the submission platform is external to the official II ISPE LATAM Pharmacoepidemiology Congress website. It is the same platform used for congress registration, specifically in the section designated for abstract submissions.

Before uploading your file, make sure to select the correct **presentation type** and **topic category**, as required.

Authors

Author information — including first name, last name, email address, and institutional affiliation — must be provided both in the abstract submission platform and in the abstract template, along with the abstract content. You must ensure that all authors are correctly listed in both locations at the time of submission. No changes or additions to the list of authors will be allowed after the abstract has been submitted.

You will also be asked to indicate whether the submission qualifies as a student abstract. To be considered a student abstract (and therefore eligible for a student award), the first author must be a student at the time of submission and must also be the presenting author at the conference. A student is defined as an individual who is enrolled in a degree-seeking academic program.

Title

The title has a maximum character count of 200 characters (spaces are not counted); the maximum word count is 75.

Submissions for posters/oral presentations are required to include the following sections:

Background

One or two sentences that describe the clinical (or other) importance of the study.

The main objective(s) or study question should be explicitly stated (e.g., "To determine the rate of"). If study was to test an a priori hypothesis, it should be stated.

Methods

- Design: Basic study design and methods. If this is a cost-effectiveness or cost-benefit analysis, it should be mentioned here.
- Setting and participants: The setting, source population and database (if any) should be described, including country and years for the data used in the study. Included can be inclusion/exclusion criteria and statements regarding generalization to a larger or more representative population. For surveys and follow-up studies, this section should include the number eligible versus the number/proportion remaining in the analysis.
- Exposures or interventions: Explicit naming of medications or other interventions. Non- proprietary names should be used.
- Main outcome measures: The primary and secondary outcome measurement(s). If the hypothesis was formulated after data collection, this should be stated.
- Statistical analysis: The statistical methods should be described. When relevant, methods used for confounding control must be noted.

Results

The main outcomes of the study should be provided and quantified, including measures of precision such as confidence intervals. Do not rely purely on measures of statistical significance; clinically important differences should be stated and the confidence interval for the differences between the groups should be given. When risk changes or effect sizes are reported, absolute values should be included so that the reader can determine the absolute as well as relative impact of the result. Screening and diagnostic test studies should report sensitivity, specificity, and likelihood ratio and if predictive value or accuracy is given, prevalence or pretest likelihood should be provided. This section must include numeric results.

Conclusions

Only those conclusions that are directly supported by the reported data should be provided, along with their implications (avoiding speculation and overstatement of findings). Emphasis should be given equally to positive and negative findings of equal scientific merit.

Character Limit

The character limit for the abstract body — including all four required sections, but excluding the title, author names, and affiliations — is 2,600 characters (including spaces).
In the official template provided [https://doity.com.br/2025-ii-ispe-latam-pharmacoepidemiology-congress/artigos], the text box designated for the abstract body is programmed to accept a maximum of 2,600 characters, including spaces. Any text exceeding this limit will be automatically deleted, so please pay close attention when completing this section.
To assist you, a character counter is available within the template.

IMPORTANT: tables, graphs, figures and bibliographic references will not be accepted in abstracts.

FUNDING AND ACKNOWLEDGEMENTS (if applicable) (200 characters, including space)

When there are two or more types of aid or funding agencies, separate them with a semicolon.

A COMPETING INTERESTS STATEMENT (250 characters, including space)

Author(s) are required to declare any conflicts of interest and indicate any financial support received when submitting an abstract. Authors must disclose: i. **Support from commercial entities** related to the submitted work (covering the lifespan of the research); ii. **Financial ties to relevant commercial entities**; iii. **Similar financial interests of a spouse or dependent children and iv. Non-financial associations** relevant to the manuscript.

Each submission must include a disclosure statement specific to the work and the individuals listed as authors. This statement must list all funding sources for the work presented, as well as other potentially conflicting relationships that existed at any time during the conduct / development of the work, or the 1-year period before the conference,

for all presenters connected with this submission. Non-financial conflicts (e.g., a close relationship with, or a strong antipathy to, a person or organization whose interests may be affected) should also be disclosed. Do not include personally identifiable information in the disclosure statement; if your statement must refer to specific authors, use initials only. Your disclosure statement will be shared with abstract reviewers during the selection phase and, if selected for presentation, posted on the conference website.

If no conflicts of interest or financial support exist, authors must explicitly state: "*The authors declare no conflicts of interest or financial support related to this work*".

ETHICS APPROVAL REQUIREMENT FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

All research involving human participants, human tissue, or personal data must comply with ethical standards and have received approval from an appropriate ethics committee or institutional review board. When submitting abstracts, authors must provide the ethics approval number and the name of the approving institution.

If the research does not require ethics approval, authors must clearly indicate this by stating "*Not applicable*" in the appropriate section of the submission form. Submissions lacking required ethics approval information or a justification for its absence may be rejected.

ASSESSMENT

- Abstracts that meet the standards will be evaluated by two ad hoc evaluators appointed by the Scientific Committee of the ISPE LATAM Pharmacoepidemiology Congress. Those that, according to the evaluators, present a relevant theme, adequate methodology and contribution to the chosen area will be considered approved.
- Evaluators may not analyze abstracts from their respective institutions, research groups or collaborators. The coordinator of the scientific committee will distribute the works to be evaluated, following these criteria.
- The decision of the Scientific Committee regarding approval, classification and award will be irrevocable, that is, there will be no room for filing an appeal. Accepted poster and oral paper abstracts will be published in a special supplement to the Society's official journal, Pharmacoepidemiology and Drug Safety (PDS), after the conference. Changes to abstracts will not be accepted after the submission deadline; therefore, they should be carefully written and edited prior to submission. Only presented research will be published in the journal. A single DOI will represent the publication of the entirety of conference proceedings, i.e., individual abstracts do not each receive a unique DOI.

SUBMISSION TYPES

There are TWO submission types:

- Poster
- Oral Presentation Preferred

If you select Oral Preferred and your submission is not selected for an oral presentation, it may still be considered of sufficient quality for you to be presented as a poster.

ORAL PRESENTATION

- Authors of the studies selected for oral presentation will be notified by email no later than September 15, 2025. The list of selected authors will also be published on the official congress website.
- The Scientific Committee of the II ISPE LATAM Pharmacoepidemiology Congress will contact each author with detailed instructions regarding the presentation format, duration, and the assigned date, time, and venue. Failure to present the selected study will result in automatic disqualification from award consideration.
- Following each presentation, authors are expected to remain available to respond to questions and comments from the evaluation panel.

POSTERS

- Poster sessions provide presenters with an opportunity to engage in informal discussions about their research with fellow participants. The purpose of the posters is to visually capture interest, clearly convey the study's objectives, methods, results, and relevance, and foster dialogue and networking among congress attendees.
- Approved abstracts will be presented in a digital poster format in the website of the event. Posters will be accessible to all congress participants via the "Scientific Papers Exhibition" section on the official website of the II ISPE LATAM Pharmacoepidemiology Congress.

AWARD

1. Honorable mentions will be awarded to the 10 (ten) highest-rated abstracts, based on the evaluation scores.
2. For the student award, the top three scientific abstracts submitted by students will be selected.
3. Special awards will be given to the top three abstracts presented orally, based on both the evaluation scores and the quality of the in-person oral presentation.
4. In the event of a tie, the Scientific Committee will make the final decision.
5. The awards ceremony will be held on October 11, 2025, during the congress closing session.