ABSTRACT SUBMISSION GUIDELINES

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

"From Challenge to Change: Driving Progress in Canada's Healthcare Landscape"

September 22nd – 23rd 2025

MaRS Discovery District, Toronto

Complimentary registration is provided to all students with an accepted abstract.

Abstract Submission:

Opens March 3, 2025, and
Closes June 15, 2025 (Midnight EST)

Submission Information

All abstracts must be submitted through the official submission process on the CAPT-ACTP website. To submit your abstract:

- Visit **www.capt-actp.ca**.
- Navigate to the **Conference tab** and follow the submission links.

Details about the **Preliminary Program** and conference registration will be posted on the CAPT-ACTP website as they become available. Accepted abstracts will be published online in the *Journal of Population Therapeutics and Clinical Pharmacology (JPTCP)*, accessible at **www.jptcp.com**.

Student Awards

CAPT is excited to announce the student presentation awards that will be granted at the upcoming conference:

- **Best Student Podium Award:** Awarded for excellence in an oral presentation by a student. The winner will receive **$200.00.**
- **Best Student Poster Award:** Awarded for excellence in a poster presentation by a student. The winner will receive **$200.00.**

Contact Information

For questions about abstract submission, contact:

- **Email:** admin@capt-actp.ca
- **Phone:** 416-480-6100 ext. 3505

Additional details, including the **Preliminary Program** and registration information, will be available on the CAPT website at www.capt-actp.ca.

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 online through the CAPT website (www.capt-actp.ca) under the Conferences section.

2) All mandatory fields must be completed to successfully submit your abstract.

3) The body of the abstract must not exceed **250** words; submissions exceeding this limit will be truncated.

4) Authors may submit an unlimited number of abstracts; however, only one oral presentation will be granted per first author. Additionally, authors must be available to present their posters during the scheduled sessions.

5) Individuals are not required to be CAPT members to submit an abstract; however, they must register for the conference and become members to present their abstract.

6) Abstracts must contain:

Title *(for all abstracts)*

- All abstract titles must be in sentence case and clearly reflect the content of the presentation, including the method used, if applicable.

Authors *(for all abstracts)*

- Authors should be listed in the order they will appear in the abstract book, with the last name followed by the initials of their given names and their organizational affiliations. Since the submission system does not support subscript numbers for affiliations, please indicate affiliations using numbers following the initials (e.g., Smith AB1,2; Doe AB1).

Presenting author *(for all abstracts)*

- The presenting author must be clearly identified, and an email address should be provided for all correspondence.

Conflict of interest *(for all abstracts)*

- A conflict of interest, or lack thereof, must be declared for all authors.

Student/ Trainee *(for all abstracts)*

- Please indicate whether you are a full-time or part-time student. If you are not a student, select 'No'.

Source of Funding *(for all abstracts)*

- All sources of funding for the study must be listed. If there are no sources of funding, please indicate 'None'.

Background

- *For analytical or clinical studies:*
  Clearly state the problem, study objectives, research question, and/or hypothesis.
- *For conceptual, institutional, educational, or policy papers*:
  Clearly describe the purpose of the work or the issue being addressed.

Methods

- *For analytical or clinical studies*:
  Provide a brief description of the research design, study population, setting, data collection procedures, and methods of analysis, including any statistical techniques used.
- *For conceptual, institutional, educational, or policy presentations:*
  Include the approaches used, institutional, organizational, or theoretical frameworks applied, or the development of the rationale discussed.

Results *(for all abstracts)*

- Clearly state the key findings of the study.

Conclusions *(for all abstracts)*

- Provide a concise statement highlighting the relevance of the findings.

Keywords *(for all abstracts)*

- Provide three key words, with at least one referring to the methodology used in the study.

Preference *(for all abstracts)*

- Indicate your preference for an oral or poster presentation (refer to the restrictions on oral presentations outlined in point 4 above).

Encore Presentation

- **Indicate whether your abstract has been previously published in a peer-reviewed journal**. Authors may present encore presentations; however, the abstract content cannot be published in the conference program or the Journal of Population Therapeutics and Clinical Pharmacology.

7) Please format your abstract as follows:

a) The abstract title must be in sentence case, with only the first letter of the first word capitalized.
b) Author names should be listed as surnames followed by the initials of given names (e.g., Rieder MJ) without punctuation.
c) Clearly identify the presenting author.
d) The text should be single-spaced and organized into sections: Background, Methods, Results, and Conclusions.
e) Tables, charts, or graphs are not permitted.
f) Do not leave spaces between paragraphs.

To assist in matching abstracts with appropriate reviewers, please classify your abstract under 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

8) Upon successful submission of your abstract, an automatic notification will appear on your screen confirming your submission. Within 24 hours, you will receive an email confirmation from the conference secretariat. If you do not receive this email, please contact **admin@capt-actp.ca**

Example Abstract

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*