



10th IPCRG  
WORLD  
CONFERENCE  
**DUBLIN 2021**  
*Breathing & Living Well*  
CROKE PARK • 6-8 MAY

# CALL FOR ABSTRACTS

For ePoster Display

**SUBMIT ONLINE**  
[www.IPCRG2021.org](http://www.IPCRG2021.org)

## **BEFORE**

2359hrs GMT  
25 January 2021

## **RESULTS**

22 February 2021



In collaboration with the  
Primary Care Respiratory Society of Ireland



# GUIDE TO ABSTRACT SUBMISSION

There are three different abstract categories that can be submitted for the 10<sup>th</sup> IPCRG World Conference. This guide provides information to help you choose the most appropriate one for the information that you wish to present. Please read this guide carefully before making your choice.

**This guide concerns the submission of abstracts for presentation as an ePoster.** The deadline for the submission of abstracts for ePoster display is 2359hrs GMT, 25 January 2021.

There are three different categories for abstracts that can be submitted for the 10<sup>th</sup> World Conference. The categories are as follows:

- Clinical Research Results Abstract
- Implementation Science/Service Development Abstract
- Research Ideas Abstract on Respiratory Conditions and Tobacco Dependency

Please read the information on all three types before making your choice. Further information on abstract submission can be found at [www.ipcrg2021.org](http://www.ipcrg2021.org).

## Index

<b>Clinical Research Results Abstract</b>	<b>3</b>
<b>Implementation Science/Service Development Abstract</b>	<b>4</b>
<b>Research Ideas Abstract</b>	<b>5</b>
<b>Presentation Formats / Feedback &amp; Support</b>	<b>6</b>
<b>Guide to Online Submission</b>	<b>7</b>



# CLINICAL RESEARCH RESULTS ABSTRACT

## INTRODUCTION

The IPCRG campaigns for patient care to be evidence-based, but using evidence from real life, that includes populations representative of general practice populations.

As we say in our Research Needs Statement<sup>1</sup>: “Firstly, there is a real need for research to be undertaken within primary care, which recruits patients’ representative of primary care populations, evaluates interventions realistically delivered within primary care, and draws conclusions that will be meaningful to professionals working within primary care.” We include Applied Clinical Research and Implementation Science in this category.<sup>2</sup> Both aim to generate scientific knowledge applicable beyond the individual system under study.

Therefore, this category is for applied clinical research or implementation science that contains qualitative and/or quantitative data related to a study involving patients with a respiratory disease or problem commonly found in primary and community care settings.

The questions in the Research Needs Statement and FRESH AIR ([www.theipcr.org/freshair](http://www.theipcr.org/freshair)) give a useful guide to what would be of most interest to our audience. For example:

- To what extent are small children with recurrent wheeze misdiagnosed in primary care and with what consequences for morbidity?
- How can good and poor inhaler technique be identified and what is the best strategy for ensuring good inhaler technique?
- Does early and aggressive treatment of atopic children with allergic rhinitis (e.g. with topical nasal steroids, and/or immunotherapy) prevent the progression to asthma?
- When a primary care approach to the diagnosis of COPD is applied, what is the diagnostic yield compared to currently accepted diagnostic criteria?
- What are the optimum treatment regimens (including the impact of polypharmacy) for people with COPD and comorbid conditions such as cardiovascular disease, diabetes or dementia?
- What psychosocial factors (family, alcoholism, depression etc.) affect ability to quit and how may these be overcome?
- How can primary care clinicians reliably identify patients who would benefit from antibiotic therapy? What diagnostic criteria are used in deciding on antibiotic treatment in high-, middle- and low-income countries in primary healthcare settings?
- Can Very Brief Advice for treating tobacco dependence be implemented in low resource settings?
- Can pulmonary rehabilitation be implemented in low resource settings?
- Can Spirometry 360<sup>®</sup>, a training programme for spirometry use and interpretation, be implemented in low resource settings?

## REASONS THAT YOUR ABSTRACT MIGHT NOT BE PROGRESSED

- Does not contain data
- Is not relevant to a primary care audience
- Is not respiratory-focused
- Is a service development and should be submitted using in the Implementation Science /Service Development category

However, we want to build primary care respiratory research capacity, so we might accept an abstract subject to revision. This might happen if English is not your first language and the language needs improvement for clarification or there is uncertainty about the method of the analysis of your data. If this is the decision, a reviewer will be appointed to help you improve the abstract.

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<sup>1</sup> H Pinnock *et al.* *Prim Care Resp J* 2010; **19**(Suppl 1): S1-S20 [doi:10.4104/pcrj.2010.00021](https://doi.org/10.4104/pcrj.2010.00021)

<sup>2</sup> Pinnock H, Sheikh A. Standards for reporting implementation studies (StaRI): enhancing reporting to improve care. *npj Prim Care Respir Med* 2017; **27**:42. Available from: <http://dx.doi.org/10.1038/s41533-017-0045-7>



# IMPLEMENTATION SCIENCE / SERVICE DEVELOPMENT ABSTRACT

## INTRODUCTION

If we are to improve healthcare for patients, and ultimately health outcomes, we need to test better ways to deliver services that increase the value gained from the investment in healthcare resources. This might focus on reducing variation not explained by patient variation (“unwarranted” variation) by doing things right, such as implementation of protocols and evidence-based guidelines. Or, it might be to change what is done to improve outcomes – doing the right things and potentially stopping doing harmful or less valuable things.

This category of Implementation Science/Service Development is an opportunity for you to share your learning about improving a service or implementing the evidence in a new setting. For example, you may have tackled variation in emergency hospital admissions for children with asthma for the general practices in your geographic area, or variation in the prevalence of COPD diagnosed using case-finding in practices.

Or it might include working more productively with patients, shifting services closer to patients and out of hospital, improving medicines management, reducing health inequalities or implementing a new guideline or protocol through education, coaching or mentoring, small tests of change, technological solutions, or using data differently.

Alternatively, in line with our second conclusion in our Research Needs Statement<sup>1 2</sup> that “international and national guidelines exist, but there is little evidence on the best strategies for implementing recommendations”, you might wish to describe how you improved patient value/outcomes by implementing a guideline or redesigning a service in your local context. Then we would expect a description of the evidence being implemented, the new context and the process of implementation.<sup>3</sup>

## BARRIERS TO SUCCESS

These are typical reasons for abstracts in this category not progressing further:

- No statement of problem
- Not clear who is making the change, or which patients benefit
- A lot of text but little or no measurement (process measurements are useful here)
- No summary of the context
- No clear evidence of change/improvement
- No final message
- A literature review rather than an analysis of a real service change
- Is about clinical medicine and more suitable for the Research Results category
- Has not shown how it is relevant for a wider international audience

However, we want to build primary care respiratory research capacity, so we might accept an abstract subject to revision. This might happen if English is not your first language and the language needs improvement for clarification or there is uncertainty about the method of the analysis of your data. If this is the decision, a reviewer will be appointed to help you improve the abstract.

## References

<sup>1</sup> Pinnock H *et al.* *Prim Care Resp J* 2010; **19**(Suppl 1): S1-S20 [doi:10.4104/pcrj.2010.00021](https://doi.org/10.4104/pcrj.2010.00021)

<sup>2</sup> Pinnock H *et al.* Prioritising the respiratory research needs of primary care: the International Primary Care Respiratory Group (IPCRG) e-Delphi exercise. *Prim Care Respir J* 2012;**21**(1):19-27

<sup>3</sup> Pinnock H, Epiphaniou E, Sheikh A *et al.* Developing standards for reporting implementation studies of complex interventions (StaRI): a systematic review and e-Delphi. *Implement Sci.* 2015 Jan;**10**(1):42. Available from: <http://www.implementationscience.com/content/10/1/42>



# RESEARCH IDEAS ON RESPIRATORY CONDITIONS & TOBACCO DEPENDENCY ABSTRACT

## INTRODUCTION

IPCRG actively encourages primary care practitioners to submit an abstract, fully aware that there are currently few academic centres of primary respiratory care around the world and therefore relatively few practitioners with access to academic expertise to guide and mentor their research.

IPCRG also recognises that there is no global database of primary care respiratory research in progress, and therefore it is possible that researchers may be planning a similar study to one already underway, instead of building on it, or repeating that study in a different country.

So, as a starting point, the IPCRG would be delighted to receive abstracts that describe a research question and a methodology that can then benefit from peer discussion and challenge. In this way, IPCRG can increase research capability in primary care respiratory research.

Questions that would be of most interest to the IPCRG audience will take forward the ideas in our Research Needs Statement<sup>1,2</sup>

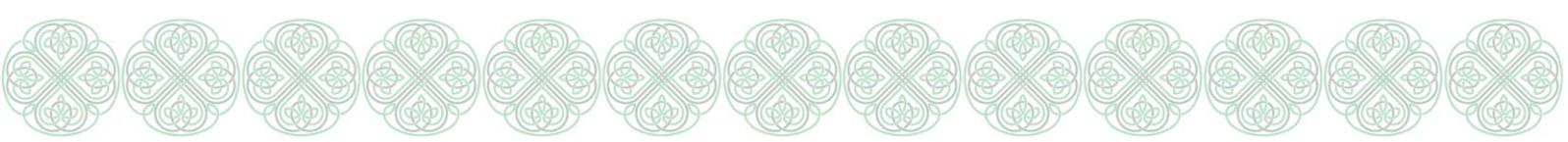
For example:

- What are the barriers to, and facilitators of, implementation of guidelines?
- What strategies will improve detection and prevention of occupational asthma in primary care?
- What are the cut-off values for abnormal spirometry (lower limit of normal), reversibility tests and diurnal variation of peak-flow measurement across a broad range of age groups and ethnicity?
- What is the role of mobile technology, web-resources and remote consultations in the management of patients in primary care?
- What is the availability of OTC remedies for allergic rhinitis in different countries, and the diagnostic and management skills of those who sell or advise on their administration?
- Are composite measures (such as the DOSE index or ADO-index) feasible in primary care within a range of health care settings, and valid when compared with established indices (e.g. BODE)?
- What are the benefits of using questionnaires (e.g. “willingness to quit”, “addiction to nicotine”) in routine clinical practice?

## References

<sup>1</sup> Pinnock H *et al.* *Prim Care Resp J* 2010; **19**(Suppl 1): S1-S20 [doi:10.4104/pcrj.2010.00021](https://doi.org/10.4104/pcrj.2010.00021)

<sup>2</sup> Pinnock H *et al.* Prioritising the respiratory research needs of primary care: the International Primary Care Respiratory Group (IPCRG) e-Delphi exercise. *Prim Care Respir J* 2012; **21**(1):19-27



## PRESENTATION FORMATS

Following the review process, abstract authors will be notified on or before 22 February 2021 if their submission has been successful. Successful authors will be offered to present their abstract as an ePoster which will form part of the IPCRG 10<sup>th</sup> World Conference online ePoster showcase.

### Poster Display – New ePoster Format:

For the first time at the 10<sup>th</sup> World Conference in Dublin, posters will be created online and delivered via the *Learning Toolbox* Platform. The new ePoster format will allow your poster to live on beyond the conference as part of the 10<sup>th</sup> World Conference online ePoster showcase.

The ePosters will be interactive and will allow you to link to content of your choosing e.g. videos, images, presentations, documents and external websites. You will be able to update the ePosters in real time and conference will be able to engage with you directly via the messaging function. The online ePoster showcase will also be fully searchable allowing IPCRG attendees to engage with themes and topics of specific interest to them.

[Follow the link to view examples of great ePosters made by authors for different conferences using Learning Toolbox.](#)

[View the online ePoster showcase for the recent Society for Acute Medicine Conference](#) for examples of the scope and variety of possibilities available to authors within the ePoster format.

## FEEDBACK AND SUPPORT OFFERED FOR SELECTED ABSTRACTS THAT ARE RELEVANT BUT NEED IMPROVEMENT

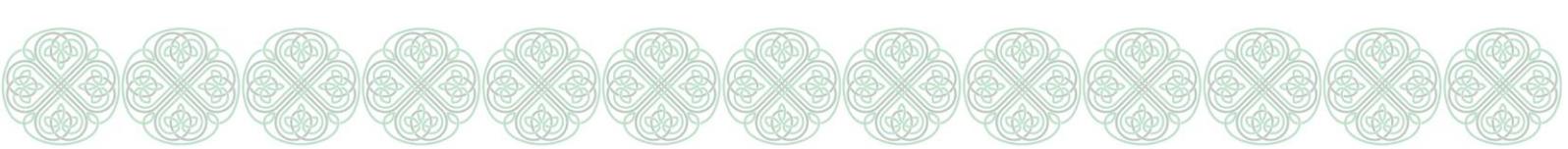
The Abstract Committee will offer help to authors whose abstracts are relevant but need improvement before they can be accepted. This is particularly aimed at new researchers.

Tips to improve the success of your **Clinical Research** abstract:

- Include a hypothesis
- Include data and check it is accurate
- Check it is relevant to a primary care audience
- Check it is relevant to the conference theme
- If it is a service development, consider if it should be submitted using the Implementation Science/Service Development form.

Tips to improve the success of your **Implementation Science/Service Development** abstract:

- State the problem the change is trying to address
- Specify who: who has made/is making the change, and/or who benefits
- Include measures: more measures, less text is a good way to think
- Provide evidence of the change (remember we can learn from changes that are not improvements)
- Consider how it is relevant for a wider international IPCRG audience
- Include a final message: so what have you learned that you want to share?
- Avoid presenting a literature review, we want an analysis of a real service change
- If it is about clinical medicine, it might be more suitable for the Clinical Research Results category
- In the limited time and space focus on the change not the background



# GUIDE TO ONLINE SUBMISSION

All abstracts should be submitted online by  
2359hrs GMT on 25 January 2021 at:

[www.ipcrg2021.org](http://www.ipcrg2021.org)

## STEP 1: Go to the Abstract Submission Page

- Follow the Abstract Submission Link from the menu bar

**10th IPCRG WORLD CONFERENCE DUBLIN 2021** | CROKE PARK 6-8 MAY *Breathing & Living Well*

HOME ▾ REGISTER ▾ **ABSTRACTS ▾** PROGRAMME ▾ SPONSORS ▾ ABOUT DUBLIN ▾ INFORMATION ▾

**Submit Abstract**  
Amend Submission  
Abstract Reviewer Login

**RESCHEDULED CONFERENCE**  
IPCRG 10th World Conference rescheduled to the 6-8 May 2021  
More information coming soon on registration and abstract submission.

**IPCRG**  
Rescheduled date  
We are happy that we have been able to work with our venue, Croke Park, Dublin to reschedule our 10<sup>th</sup> World Conference to the **6 - 8 May 2021** and we hope you will be able to join us then. We plan to go ahead with the excellent plenary programme that we had planned for May 2020, with relevant updates.  
Letters have been issued to registered delegates, speakers, abstract presenters and sponsors with further information.

## STEP 2: Sign In to Your Account

- If you have submitted an abstract to an IPCRG Conference previously, you will be able to login with the email address and password from previous submissions.
- If you cannot remember your password, click 'Request Login Details' to change your password
- If you have not previously submitted, click 'Create Your Account here'

**Abstract Submission Login**  
The Call for Abstracts for Oral Presentation or Poster Display will re-open again shortly.

New user? [Create your account here](#)

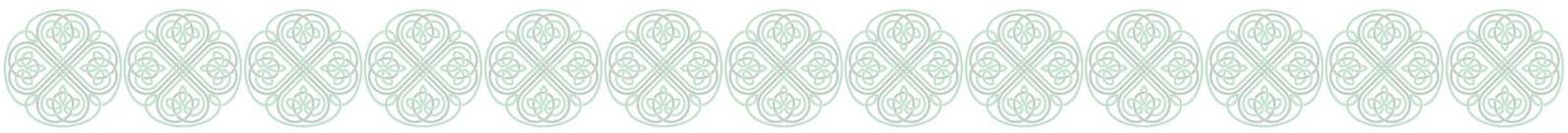
Email address:

Password:

[Request login details](#)

**Proceed**

**RESCHEDULED CONFERENCE**  
IPCRG 10th World Conference rescheduled to the 6-8 May 2021  
More information coming soon on registration and abstract submission.



## STEP 3: Create your Account

- To Create an Account, enter your details and create a password. Your password will be used to access your abstract should you need to make amendments and to register for the conference.

HOME ▾ REGISTER ▾ ABSTRACTS ▾ PROGRAMME ▾ SPONSORS ▾ ABOUT DUBLIN ▾ INFORMATION ▾

### Abstract Submitter Details

First name \*

Last name \*

---

Email \*

Organisation \*

Address line 1 \*

Address line 2

Town/City \*

Postcode \*

Contact Telephone Number

Password \*

**RESCHEDULED CONFERENCE**

IPCRG 10th World Conference rescheduled to the 6-8 May 2021

More information coming soon on registration and abstract submission.

## STEP 4: Select Your Abstract Category

- Click the **Add** button to begin your submission to the relevant category. Be sure you are clear which category to submit to. Full details at the start of this document.

HOME ▾ REGISTER ▾ ABSTRACTS ▾ PROGRAMME ▾ SPONSORS ▾ ABOUT DUBLIN ▾ INFORMATION ▾

### Abstract Submission Topics

**Submitter Details**

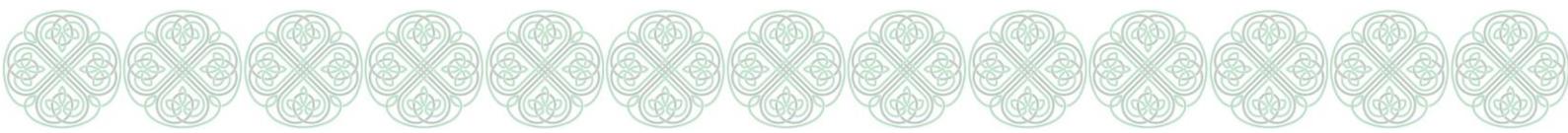
Further guidance for each category can be found in the [Guide to Abstracts](#).

Category		Closing Date
Clinical Research Results Abstract	<input type="button" value="Add"/>	25/01/2021
Implementation Science / Service Development Abstract	<input type="button" value="Add"/>	25/01/2021
Research Ideas on Respiratory Conditions and Tobacco Dependency Abstract	<input type="button" value="Add"/>	25/01/2021

**RESCHEDULED CONFERENCE**

IPCRG 10th World Confere rescheduled to the 6-8 May 2021

More information coming s on registration and abstra submission.



## STEP 5: Input Your Abstract Submission Details

- Insert your abstract title and all author details.
- Please note co-authors are not mandatory fields so they can be left blank but if they are included, please also include their affiliation in the relevant place
- At this stage you are also required to indicate your Publication Consents. If you have submitted to another conference, e.g. ERS, you may want to tick, 'do not publish.'
- Any details entered on this page will be saved after you click **Proceed**

HOME ▾ ABSTRACTS ▾ PROGRAMME ▾ SPONSORS ▾ ABOUT DUBLIN ▾ INFORMATION ▾

### Abstract Submission Details

CancelProceed

By submitting your abstract you declare that you have read the Guide to Abstracts and are satisfied that you have selected the correct type of abstract. This document also details how to upload your abstract.

Category: \_\_\_\_\_

Abstract Title \*   
0 characters of 300

**Conference Publication Consents:**

If my abstract is selected for presentation, I consent to the following:

My abstract being published in the Conference Abstract Book \*  Yes  No

My email address being included in the Conference Abstract Book \*  Yes  No

Use the submitter as the main author?

Please take care when entering all author and co-author details. Names and email addresses will be reproduced in the Conference Abstract Book exactly as inputted.

---

Main author

First name \*

Surname / Family Name \*

**KEY DATES**

**IPCRG 10th World Conference**  
**6-8 May 2021**

Call for abstracts now open

**Submit your abstract by**  
**2359hrs GMT**  
**25 January 2021**

[View the Call for Abstracts](#)

## STEP 6: Enter Your Abstract Content

- Enter your abstract text in the text box relevant to your selected category followed by Declaration of Interest in the related box and References and clinical Trial Registry Information in the relevant box.
- There is a maximum limit of **300** words for the entire Abstract. The 500-word total referenced on this page includes the title and any appropriate references, (if needed).
- Your text will fall under several Headings, dependent on the category you selected. **Please ensure that your abstract is divided into the correct sections. Abstracts not submitted in the correct format may be marked down.** The headings are:

### Clinical Research Results Category

1. Aim
2. Method
3. Results
4. Conclusion
5. Declaration of Interest (including funding source and trial registration as appropriate)

### Research Ideas on Respiratory Conditions and Tobacco Dependency Category

1. Research question
2. Background
3. Possible methodology: (eg research methods, design, population, recruitment, funding):
4. Questions to discuss
5. Declaration of Interest (including funding source and trial registration as appropriate)



### Implementation Science/Service Development Abstract

1. Aim
2. Brief outline of context: assessment of existing situation and analysis of its causes: How did you quantify the problem – if there was one? Did you involve others at this stage? How did you assess the causes of the situation?
3. Brief description of the change/intervention and why you thought it would work
4. Strategy for change: who, how, following what timetable
5. Effects of changes
6. Lessons learnt
7. Messages for others
8. Declaration of Interest (including funding source and trial registration if appropriate)

**Please be aware that your abstract is not saved until you have progressed to the next page to preview.**

#### Clinical Research Results

When submitting to this category, please clearly divide your submission into the following sections, showing the relevant headers:

1. Aim,
2. Method,
3. Results,
4. Conclusion

Submissions not following this format may be marked down.

The image shows a rich text editor toolbar with the following elements: File, Edit, Insert, View, Format, Table, Tools, and a set of icons for undo, redo, bold (B), italic (I), bulleted list, numbered list, decrease indent, increase indent, link, unlink, and image. Below the toolbar is a large, empty text area for writing the abstract.

#### Implementation Science/Service Development

When submitting to this category, please clearly divide your submission into the following sections showing the relevant headers:

1. Aim
2. Brief outline of context: (assessment of existing situation and analysis of its causes: How did you quantify the problem - if there was one? Did you involve others at this stage? How did you assess the causes of the situation)
3. Brief description of the change/intervention and why you thought it would work
4. Strategy for change ( who, how, following what timetable)

#### Declaration of Interest

Including funding source and trial registration as appropriate

The image shows a rich text editor toolbar with the following elements: File, Edit, Insert, View, Format, Table, Tools, and a set of icons for undo, redo, bold (B), italic (I), bulleted list, numbered list, decrease indent, increase indent, link, unlink, and image. Below the toolbar is a large, empty text area for writing the declaration of interest.

#### References and Clinical Trial Registry Information

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. Please visit: <http://www.nature.com/npjpcrm/authors-and-referees/guide> If your submission references a Clinical Trial please cite the NCT number

The image shows a rich text editor toolbar with the following elements: File, Edit, Insert, View, Format, Table, Tools, and a set of icons for undo, redo, bold (B), italic (I), bulleted list, numbered list, decrease indent, increase indent, link, unlink, and image. Below the toolbar is a large, empty text area for writing the references and clinical trial registry information.



## STEP 7: Upload Supporting Files

- Upload any supporting files such as tables and diagrams and click proceed
- **Tables should be uploaded as Word files and clearly labelled e.g. Table 1 - Table Title**
- **Diagrams should be uploaded as hi-resolution jpeg or png files and clearly labelled e.g. Figure 1 - Figure Title**  
**NOTE** this is not where you upload your abstract text

### Supporting Files

Upload...

If you have any files to upload to supplement your abstract submission and that have not been included in the body of your abstract (eg. tables, diagrams or images, permissions) please do so here.

Please adhere to the following guidelines when uploading additional files:

- Tables should be uploaded as Word files clearly labelled and formatted as per the table below:

Table 1. Caption and table should be included here.

SL Treatment *	Percentage	n
Therapy 1	32.4	712
Therapy 2	3.7	82
Therapy 3	75.7	-

\* SL = Sour Lemon. Modified with permission from ABC Publisher, copyright 2016.<sup>4</sup>

- Diagrams should be uploaded as hi-resolution jpeg or png files and clearly labelled eg. Figure 1 - Figure Title

## STEP 8: Preview Your Abstract Submission

- On the following page you will have the opportunity to preview your abstract. If you wish to change anything you can do so by clicking **BACK**
- Once you have clicked **Submit** your abstract will be sent, however you will still be able to make amendments up until:

**2359hrs GMT on 25 January 2021**

- If you reach the preview page and do not click **Submit** your abstract will be saved as incomplete. You will be able to log back in and complete your submission.

HOME - REGISTER - ABSTRACTS - SESSION PROPOSALS - PROGRAMME - SPONSORS - ABOUT D

**Abstract Submission Preview**

Back
Submit

Please review your abstract before submitting.

Please note that while the preview only shows the details of the submitting author, all authors will be included in the Abstract Book.

Preview of abstract after formatting

---

Title:

Topic:

Author:

Company:

---



---

Back
Submit

## STEP 9: Confirmation of Your Submission

- Once you have clicked Submit and your abstract has been received an email will be sent to you. This email will include a copy of your abstract submission including Category, Title, All Authors and Content.
- You will be advised by 22 February 2021 if your abstract submission has been successful.

For any queries please do not hesitate to contact us at: [conferencedirector@theipcr.org](mailto:conferencedirector@theipcr.org)