

**26TH INTERNATIONAL CONFERENCE ON  
PHARMACOEPIDEMIOLOGY & THERAPEUTIC RISK  
MANAGEMENT [ICPE]**

**August 19-22, 2010  
Hilton Metropole  
Brighton, England, UK**

**POSTER SESSION GUIDELINES**

**Overview**

Poster sessions are designed to give presenters an opportunity to discuss informally their research with colleagues interested in their research. The purpose of the posters is to visually stimulate interest in the research, to present sufficient information for viewers to understand the methods, results, and significance of the research, and to promote conversations and networking among conference participants.

**Poster Session**

Posters will be displayed in the Durham Room of the Hilton Metropole, August 20-22. Each day will have a separate poster session. All posters for a specific day's session must be removed that day.

- Friday, August 20, Poster Session A
- Saturday, August 21, Poster Session B
- Sunday, August 22, Poster Session C

**1. SET UP:** 7:00am-8:00am; all posters must be in place by 8:00am. The poster sessions will be held in the Durham Room and Exhibit Hall 7.

**2. HOURS:** Posters will be displayed from 7:30am-6:00pm on Friday; 8:00am-6:00pm on Saturday, and 8:00am-1:45pm on Sunday.

**3. DISCUSSION TIME:**

- **General:** Presenters should be at their posters between 12:15-1:15pm.
- **Poster Walks** – organized by the ISPE Special Interest Groups (SIG). Saturday, August 21, Noon-1:30pm. There will be poster walks for:
  - **Biologics**
  - **Drug Utilization/Health Services Research**
  - **Comparative Effectiveness Research**
  - **Databases**

- **Medicines in Pregnancy**
- **Molecular Epidemiology/Biomarkers/Pharmacogenetics**

The poster walks offer pre-selected presenters the opportunity to present their work and to discuss their results with an audience. When the poster walk chair and audience stop at your poster, please give a brief, 3-minute, presentation and to answer questions about your research.

- **Poster Prizes**

A group of judges will select the best posters of each poster walk. The best presenters will receive an invitation to display their poster for the duration of the ICPE. The best posters will be announced during The Final Session at 4:30pm, August 22

**4. TAKE DOWN:** All posters must be taken down by 6:30pm on Friday and Saturday, and by 5:00pm on Sunday.

*Note: Neither Neither Neither ISPE nor the Hilton will be responsible for any poster that is left up overnight or is lost or damaged.*

### **Numbering System**

Each poster board will be numbered. Presenters should attach their posters to the board number corresponding to the number assigned to their poster in the **Final Program**, which will be available at the ISPE Registration Desk (Sussex Lounge). The poster number is the first number listed. Please note the number may differ from that shown in the preliminary program. The abstract number, for use in locating abstracts in the **Final Program** and the special issue of *Pharmacoepidemiology and Drug Safety*, is in brackets [ ] after the title of the abstract.

### **Poster Specifications**

1. Posters must be designed to fit a freestanding poster board **3 feet WIDE x 5 feet HIGH (90 cm wide x 150 cm high) PORTRAIT**. Posters may be mounted using Velcro tape; please bring your own supplies. Business cards or small leaflet literature for distribution may be inserted in an envelope and affixed to the board

**PORTRAIT ORIENTATION: PORTRAIT**

2. Posters may be attached to the boards using Velcro. All poster presenters are encouraged to bring their own supplies.

3. The following format is suggested for all poster presentations. This guide provides you with the expectations regarding content of your poster under the 5 major headings (**Background, Objectives, Methods, Results, Conclusions**).

### **Title Page**

**Abstract** – as originally submitted

### **Conflict of Interest Statement**

It is the policy of ISPE that all presenters at the ICPE **must disclose** the financial and other interests of each author/presenter that may pose a conflict of interest or the appearance of a conflict of interest.

A disclosure statement must accompany each abstract submission and each presentation. This statement should follow the title page of your presentation and should be a positive disclosure statement. This statement must list all funding sources for the current project, as well as other potentially conflicting relationships that existed at any time during the conduct of the study, or at a minimum, the one- year period before the annual meeting. Non-financial conflicts (e.g., a close relationship with, or a strong antipathy to, a person whose interests may be affected) should also be disclosed. Potential conflicts must be listed on the poster in a type size consistent with the rest of the poster.

### **Background:**

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

### **Objectives:**

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:**

Should include statements that address:

*Design:* Basic study design, source population, follow-up; For new analyses of existing data the dataset should be disclosed; statement of criterion standard if study of screening or diagnostic test and any blinding; analysis type

(e.g., cost-effectiveness, cost-benefit, etc.) if an economic analysis. Matching and selection of controls, if relevant, should also be included.

*Setting:* To assist reader in determining the relevance of the findings to their own circumstances, the setting or source population should be described including statements regarding generalizability to a larger or more representative population. This may include eligibility, inclusion/exclusion criteria, and for surveys and follow-up studies should include the number eligible versus the number/proportion remaining in the analysis.

*Exposures or interventions:* explicit naming of medications or other interventions.

*Main outcome measures:* the primary and secondary outcome measurement(s) as determined prior to data collection. If hypothesis was formulated after data collection, this should be stated.

## **Results:**

The main outcomes of the study should be provided and quantified, including confidence intervals and/or other significance tests. If differences are not significant, the clinically important difference sought should be stated and the confidence interval for the difference 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.

## **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.

## ***Suggestions for Posters.***

1. Keep text brief. Report only key aspects of each section. It is not advisable to display the entire text from a manuscript. Too much detail detracts from the primary message of the text.
2. Keep figures simple. Convey only one idea per figure, table, or photograph. Figures from publications, theses, or dissertations normally do not make good visuals. Too much detail detracts from the primary message of the figure.
3. Text and figures should be readable to someone standing at a distance of six feet. Adjust font and image sizes accordingly. BIG IS BEAUTIFUL, and easy to read.
4. Photographs should clearly show what you want the audience to see.
5. Use appropriate blank space between words, sections, and figures.
6. Use appropriate and compatible colors for fonts, backgrounds, graphics, and matting. White backgrounds generally are best for text.
7. Simple typefaces are preferable to fancy fonts. Bold type may be effective on headings. Select a clean and simple font and use it consistently throughout the poster. Use both upper and lower case letters, especially in the body of your presentation. Make lettering large enough to read from at least three feet.
8. Avoid overcrowding.
9. Arrangement. Design the flow of information from left to right. Use lines, frames, contrasting colors or arrows to call attention to important points.
10. Color. Use color to attract interest and to dramatize similarities and differences. Emphasis may be lost if more than four colors are used.
11. Horizontal posters will not fit the boards; only VERTICAL/PORTRAIT posters are allowed. **POSTER ORIENTATION: PORTRAIT**

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