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Brief Report

Reasons for rejection of abstracts submitted to the Annual Conference of the Association for Professionals in Infection Control and Epidemiology: Ensuring transparency and encouraging quality

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The Abstracts Committee of the Association for Professionals in Infection Control and Epidemiology noted high rejection rates for submitted abstracts, often for minor infractions of guidelines. This study examines the reasons for abstract rejection and identified that a substantial portion of abstracts were rejected for readily correctable errors (nonadherence to submission guidelines [71.6%]), prior to consideration of scientific value. This finding will hopefully guide future submissions.

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How abstracts are selected for scientific or other meetings is minimally addressed in published literature. Abstracts for the Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC) are selected from among abstracts submitted in response to a formal call for abstracts.¹ Selection is made by the Abstracts Committee, a subcommittee of the Annual Conference Committee, which plans and coordinates the conference. The Annual Conference Committee consists of 17 individuals, and the Abstracts Committee consists of 7 individuals. These committees recognized that the process of selection is opaque to most submitters, and, as with virtually all conferences, there is little communication back to the submitter on specific reasons for rejection of an abstract once that decision has been made.

Published studies of reasons for manuscript rejection are few, and most are not in the health sciences. In addition, most do not address either the quality of the abstract or reasons for rejection.² In view of the limited available published literature on this issue, this study was undertaken to provide clarity and transparency to future submitters of abstracts or presentations to the APIC Annual Conference.

Encouraging participation in research at-large and research dissemination through the Annual Conference program is an APIC priority, so increasing the number and quality of submissions to the Annual Conference is of critical importance. An analysis of why abstracts were rejected addresses this priority by guiding submitters to the Conference and informing the future work of the Abstracts Committee.

METHODS

Abstracts submitted for the APIC Annual Conference were reviewed by the Abstracts Committee according to established guidelines.¹ Four members of this committee reviewed each abstract and noted any failures to adhere to submission requirements. They then independently ranked each abstract on the quality of topic presented, presentation, scientific validity, and quality of writing. These ranking values were averaged, and the overall lowest rankings were generally excluded from further evaluation. Abstracts with marked disparity in reviewer rankings in the preceding group were discussed in more detail by the entire committee.

The authors independently examined all abstracts ultimately rejected and identified the reason or reasons for such rejection. The 4 authors (J.M.S., J.D., C.M., D.J.W.) then examined these reasons for concurrence among the independent reviews for the reason for rejection. Rejected abstracts were then categorized into at least 1 of 13 categories (Table 1). Abstracts could have more than 1 reason for rejection.

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Conflicts of interest: None to report.

Table 1
Rejection taxonomy

Issue	N	%
Failed to follow submission requirements		
Acronyms and/or abbreviations are not spelled out or defined at first use	50	27.8
Typographical and grammatical errors	44	24.4
Abstract included identifiable information (facility, name, etc)	17	9.4
Abstract contained brand names or other commercial influence	6	3.3
Abstract has been presented at a national or international meeting	5	2.8
Abstract has been submitted in more than 1 subject category	4	2.2
Incomplete sentences and/or bulleted lists	2	1.1
Data presented are based on incomplete data and are awaiting future data collection	1	0.6
Subtotal	129	71.6
Rejected for reasons of quality		
All conflicts of interest are not disclosed as appropriate	0	0
Abstract has been published in another copyrighted journal or abstract book before June 13, 2018	0	0
Rejected for scientific reasons	26	14.4
Conclusions are not supported by the results	23	12.8
Submissions from industry did not maintain the same scientific rigor as other submissions or contained promotional material	2	1.1
Subtotal	51	28.3
Total	180	100

RESULTS

Two hundred eighty-six abstracts were submitted, with 180 accepted for presentation based on overall high average scores, high levels of concurrence in these scores, and fulfillment of all submission criteria. The remaining 106 rejected abstracts are the subject of this study. Fifty-six abstracts had more than 1 reason for rejection. The first 8 of 13 categories for rejection related to the adherence to submission guidelines (Table 1). The remaining 6 related to the quality of the abstract and/or study methods. Rejection because of nonadherence to submission guidelines accounted for 129 (71.6%) of rejections. Rejections owing to quality or methods accounted for 51 (28.3%).

DISCUSSION

This study examined reasons for rejection of abstract submissions and identified that most (129 of 180, or 71.6%) were for readily correctable reasons. These rejections were not based on the quality of scientific content or the methods of the study, but rather pertained to simple and readily avoidable errors, such as failure to blind the submission; basic spelling and grammar errors; and failure to follow required presentation style and format, disclose potential conflicts of interest, or identify prior publication. These required elements were not only described in the submission process and guidelines but also delineated in a checklist to be completed prior to submission.

It is difficult to contrast this finding with other conferences because there is limited literature on why abstracts are accepted or rejected. Most studies focused on manuscript rejection and include poor writing, inappropriate matching of submission to format or content of journal, failure to follow instructions in submission, inappropriate or incomplete statistics, insufficient data, inappropriate sample size, bias, incomplete review of the literature, and inadequate relationship of conclusions to data presented.^{2,3} Although extrapolation to manuscript review can inform as to abstract rejections, manuscripts are more selective and require more detailed presentation of methods, results, and analysis, as well as greater writing skills.

No study examined initial acceptance or rejection of abstracts, and an examination of failures may be more fruitful than identifying reasons for success. Approximately half of abstracts accepted at meetings are eventually published as manuscripts,⁴ so rejection of abstracts may be an impediment to future publication. Improving these rejected abstracts could enhance the quality of accepted abstracts and lead to a higher rate of subsequent publication.

Much of even the limited literature related to initial abstract rejection may not be applicable to APIC's Annual Conference in so far as qualitative studies can be accepted by this conference, as well as more traditionally structured studies. Stephensen et al⁵ studied characteristics leading to subsequent publication of 46 medical education research abstracts submitted to the Society of General Internal Medicine 2009 Annual Meeting that were subsequently published in a peer-reviewed journal. They used the Medical Education Research Study Quality Instrument Scores to evaluate these abstracts. This method specifically omits subjective quality, topic interest, writing adequacy, or style; thus, it is solely a metric of the internal validity of the research methods.⁶ That study examined predictors of progression to future publication, not reasons for initial rejection or selection of abstracts, and did not address other factors that support publication, such as institutional culture and seniority.

We identified a critical, albeit disappointing, fact: out of the total number of abstracts submitted to the APIC Annual Conference, most of those rejected were rejected before evaluation for the quality of science or methods of study. The reasons for such pro forma errors in submission are unclear but may relate to inattention to the details of submitting an abstract; time limitations, in that many abstracts are submitted immediately prior to the deadlines; or to industry attempting to market a product despite these guidelines. Further examination of these issues is warranted.

CONCLUSIONS

This study brings attention to the review process for future infection preventionists planning on submitting to APIC's Annual Conference. Presentation of these results offers an opportunity to increase both the body and quality of abstracts for future APIC annual conferences. This would avoid potentially important data or findings going unreported because of minor errors or inattention to submission criteria. Because other conferences have similar guidelines, findings may have broader application.

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