How to write an abstract

The example of anti-infective drugs

Conflict of interest: Nothing to disclose
Examples of Research

• Drug Use Evaluation (DUE)
• Pharmacokinetic (PK)
• PK/PD (e.g. continuous infusions)
• Stability of infusions
• Safety (?)
• ... ... ...

What is the motivation to prepare an abstract?

• Sharing important information
  – for the benefit of colleagues
  – for the benefit of patients

It is not about participating at a congress or getting a travel grant!
Key question

What is new?

Advice

• Sometimes we want to know („research“) if a drug works like in literature or is used in the labelled indication
• This will not always generate a paper/poster/presentation
• Key questions
  – What is new, what is my data adding to already published data?
  – Why do we think that something is special in some hospitals/patients?
  – What could be different to literature data?
  – Why is my data important for patients/hospitals?
Some examples

• Title vs. Purpose vs. Conclusion
  – Is this on line?
  – Is everything mentioned in Title and Purpose covered by the Conclusion?
  – Is this of interest for others?
• Are there any results in the abstract?
  – Preliminary data?

Title vs. Purpose vs. Conclusion

Prospective-multicentre pharmacist analysis about the use of daptomycin

Background
Daptomycin is an antibacterial drug useful for complicated infections caused by gram positive. Lastly, it uses has increase with a questionable justify.

Purpose
To analyze the clinical use of daptomycin in a General Hospital and its relationship with the best evidence available.

Conclusions
Daptomycin is a useful antibacterial drug, used mainly because its better profile against biofilm, frequently delivered on prosthetic devices. It used has been noted in spite of vancomycin.
Just one problem to be solved in the future

• Someone is asking a question about safety of a virustatic combination therapy on Hep C
• Many hospital pharmacies are involved (⇒ multicenter approach)
• The combined data from all centers are the result
• BUT ...
  – more than 30 abstracts with single center results
  – sometimes n<10, but conclusion is: „Safe“

Case series or “global” approach

• Consumption data
• Adverse drug reactions
• Efficacy
• Safety
• Outcome

... or ...
What about relevance?

CONSUMPTION OF ANTIBIOTIC COLISTIN, ATC-J01XB01, IN THE PERIOD OF 2009-2015

Background
Collistin is a polypeptide antibiotic which is used in the treatment of multidrug-resistant strains of gram-negative bacteria, Pseudomonas aeruginosa and Acinetobacter baumannii. It is on the reserve list of antibiotics in our hospital.

Purpose
In the period 2009-2015, we expect an increase in consumption of antibiotic colistin which is proportional to the prevalence of resistant strains of bacteria. We expect price decrease caused by the emergence of drug generic parallels in the Croatian market due to entry into the EU.

Material and methods
Six-year retrospective analysis of data obtained from the Pharmacy Department computer program.

Results
In 2009 the consumption of colistin was 98 vials (1M=179 kunas); in 2010-320 vials (1M=179 kunas); in 2011-108 (1M=179 kunas); 2012-936 (1M=132 kn); 2013-982 (1M=139 kn); 2014-3062 (1M=132 kn); 2015-1665 for 3 months period (1M=124 kn). The biggest consumers of the drug are as follows: abdominal surgery, neurosurgery, intensive care units, infective clinic, pediatrics, urology, neurology, cardiology, orthopedics, cardiology, although all departments and clinics at some time used colistin.

Conclusion
In observed period demand for colistin is increased: 2009 to 2010 by 226%; 2011 to 2012 by 770%, from 2012 to 2013 by 4.9%, from 2013 to 2014 by 211%, with a cost decrease of the drug for about 30% for 1M. In 2015 increase of use of the drug occurs, which is most likely topic for future research, as well as the prevalence of isolates of multiresistant pathogens.

What about interest for other European Hospital Pharmacists?

• Why is this important for an EAHP Congress visitor from ABCland?

• Is this process unknown in XYZland?

TREATMENT WITH LIPOGLYCOPEPTIDS : HOW TO OBTAIN THESE NEW MEDICATIONS IN XYZland?

Background
Responsible for nosocomial infections, Methicillin-Resistant Staphylococcus Aureus can cause cutaneous infections, bone infections or pneumonias. Specific health measures are taken in order to prevent the spread of this multi resistant bacteria. Vancomycin is the antibiotic of choice to treat MRSA infections. New lipopeptids such as daptomycin, telavancin, dalbavancin and oritavancin are an alternative to vancomycin to treat cutaneous infections and nosocomial pneumonias.

Purpose
A lipopeptid treatment regimen could be initiated by the physician to cure a severe infection caused by MRSA. Only daptomycin is currently available in XYZland. We reported in this abstract the procedural steps to obtain telavancin, dalbavancin and oritavancin when the patient is infected by a bacteria resistant to daptomycin.

Material and methods
To answer our question, we called the XYZland National Agency for Medicines and Health Products Safety (NA). Results
Telavancin has a Marketing Authorisation Application (MAA) in the ZZZ as well as in XYZland for the treatment of nosocomial pneumonias due to MRSA. Although the medication has a MAA in XYZland, this drug is not commercialized. To acquire telavancin, an import authorisation is necessary. The pharmacist has to fill a certificate providing the generic name, its indication, the posology and the border exporter. The pharmacist then sends the application to the NA. After this request is received, the NA decides on whether or not to import the telavancin. Dalbavancin is used for the treatment of adults with complicated skin and skin structure infections caused by Gram-positive bacteria, including MRSA. Oritavancin is indicated for the acute moderated or severe cutaneous infections. As these two medications have not yet the MAA, they could be obtained via a named patient Temporary Authorisations for Use (ATU) requested by NA. This named ATU serves as an import authorisation.

Conclusion
The availability of these three lipopeptids extends the therapeutic strategy for the patients who have a severe infection to MRSA. However, the procurement of these drugs remains a time-consuming process. Therefore, these anti-staphylococci agents are used in last intention to treat patients colonized by multi-resistant bacteria.
We are so sad ...

Sufan: We sometimes find out ...

Copyright 2016 Dr. Torsten Hoppe-Tichy, Pharmacy Department, University Hospital of Heidelberg

Copyright 2016 Dr. Torsten Hoppe-Tichy, Pharmacy Department, University Hospital of Heidelberg
Questions from the SC

• Sometimes the SC does not want to reject an abstract
  – They want clarification or they want a „new“ abstract with minor but relevant changes
• If there is no answer in time the abstract is going to be rejected

Avoid to play the google translate game!

Zur Herstellung der gebrauchsfertigen Suspension wird die Flasche bis etwa 1/4 unter der Markierung mit Trinkwasser gefüllt, die Flasche verschlossen und gut geschüttelt. Nachdem sich der auftretende Schaum abgesetzt hat, wird die Flasche bis zur Markierung mit Trinkwasser aufgefüllt.

Um die bereit Suspension herzustellen, wird die Flasche zu ca. 1/4 unter die Marke mit Wasser gefüllt, wurde die Flasche verschlossen und gut geschüttelt. Die Flasche nach der Schaum gesetzt hat auftretende bis zur Markierung mit Wasser gefüllt.
Avoid to play the google translate game!

To prepare the ready-to-use suspension, the bottle is filled to about 1/4 below the mark with water, the bottle is closed and shaken well. After the occuring foam has settled, the bottle is filled to the mark with water.

Para preparar la suspensión lista para el uso, la botella se llena hasta aproximadamente 1/4 por debajo de la marca con agua, la botella se cierra y se agita bien. Después de que la espuma ocurriendo se ha asentado, la botella se llena hasta la marca con agua.

To write the perfect abstract be sure ...

• to ask the right question
• to answer the question
• to not generalize with low numbers
• to show relevant data only
• to conclude only the things you have studied
• to check the language
Dr. Torsten Hoppe-Tichy
Chefapotheke