SCDM 2018 Annual Conference Abstract Submission Guidelines

SCDM 2018 ANNUAL CONFERENCE

SEPTEMBER 23–26 | SEATTLE–BELLEVUE

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The 2018 Annual Conference will be held from September 23-26 at the Hyatt Regency Seattle-Bellevue. In preparation for the conference, over 30 session topics have been identified that:

1. address best practices for core components of Clinical Data Management; or
2. serve as "hot topic" sessions that will provide the latest perspectives on key issues confronting our profession.

With this call for abstracts, we are now looking for your input as participants in these sessions. Our goal is to provide our conference attendees with the best content possible for each and every one of these topics.

SESSION FORMATS

The 2018 Annual Conference Task Force invites the submission of abstracts under the following presentation formats:

- **Oral presentations** – the familiar presentation session consisting of three-four 20 to 25 minutes speeches, followed by questions and discussion.
  Submissions will take the usual form of a description of the content of an eventual PowerPoint presentation.
- **Panel discussions** – experts in the field, who share facts, offer opinions and respond to audience questions either through questions curated by the moderator or taken from the audience directly.
  Submissions should consist of a description of how you could participate in and contribute to the topic under discussion.
- **Roundtable presentations** – extended discussion among a small group, the presenter will be giving and receiving targeted feedback, engaging in in-depth discussions, and meeting colleagues with similar interests.
  Submissions should consist of a description of how you could participate in and contribute to the topic under discussion.
- **Ignite presentations** – the session includes several 10-minute presentations on key challenges and solutions within the industry. Each presentation will have a maximum of 6 slides. The result is a fast-paced session that changes topics/ perspectives several times and will keep the audience on their toes.
  Submissions will take the usual form of a description of the content of an eventual PowerPoint presentation.
- **Poster presentations** – structured as an academic presentation but with creative visuals of your research and/or organizational processes presented on a 4' x 8' poster board.
  Submissions should include a summary of background/ problem information, primary objectives of the work, methods used to obtain and analyze the data, results or findings from your work, with a discussion and conclusion that will help others in their work.

Abstracts should be submitted electronically through our website:
https://www.surveymonkey.co.uk/r/9K2PNS2

Please follow the instructions on the abstract form carefully and completely, making sure to use one of the available formats, depending on your intended session.

As terms and conditions of your participation to the conference, kindly note the following:

- No travel/ accommodation allowances are provided to presenters.

QUESTIONS? Contact Alessandra Percuoco
Conference Program Coordinator
annualconference@scdm.org

- Presenters are expected to register to the conference; registration fee is not waived. Presenters will receive a 20% discount off the lowest offered registration fee.
- In some cases, in order to provide our attendees with a broad range of perspectives, SCDM reserves the right to limit the number of presentations chosen from a single company.
- Presentations from vendors are welcome, however vendors are asked to respect the scientific nature of this meeting and not to promote their products and services during their presentation (with the exception of the ignite sessions).
- Presenters are required to attend several conference calls with the conference co-chairs and session chairs during the preparation process.

ABSTRACT TOPICS

Submitters are invited to propose abstracts for the below mentioned session topics.

PRESENTATION SESSIONS

Session 2 - Harnessing New Technologies to Improve Data Review Efficiency

As data becomes increasingly important for early stage trials and smaller start-up companies, tapping into the extensive array of new technologies and visualizations can enable teams to maximize their efforts and strengthen the integrity of the data. This session will highlight the critical needs of smaller sponsor teams working together with CROs. We will show that thinking through the database design at the beginning of a program can lead to efficiency down the line. We will also highlight some key areas in which we can utilize data visualizations and aggregation models to re-think the data review process.

Session Level: Expert - Assumes advanced understanding of CDM industry; 6+ years' experience

Session 5 - Let's DTQR: Define the Quality Relationship of Data Management within Clinical Trials

Focus and emphasis of quality control throughout data management processes. Diverse presentations across key areas of concern for data management including but not limited to data integrity, defining quality and best practices. At the conclusion of each presentation interaction will be encouraged through a question and answer session as well as open discussion. The forum to present information and have active conversation around methodology and best practices. Possibility of exercises upon conclusion of presentations to promote communication and ensure the understanding of what has been presented.

Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 8 - How to Create Flashy Data with Confidence: Best Practices in Big Data

Representations about the challenges of big data projects, AI, and data warehouse aggregations Lessons Learned Helpful Best Practices to Improve Data Accuracy and Simplify Data Visualizations.

Session Level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 18 - Machine Learning, Artificial Intelligence and Analytics in Clinical Research

With an exponential growth of data in the recent times & rapid advancements happening in technology, the need of the hour is to generate insights from this massive data. These emerging technologies help improve the quality of data that we collect and enable us to take informed decisions.

Artificial Intelligence (AI) is the ability of a computer or machine to simulate human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages, while Machine learning (ML) may be simply defined as a compilation of algorithmic techniques that can be used to identify patterns to enable or automate decision making activity.

As an example, Natural Language Processing (NLP) can be used to 'read' free text in CRFs & assist in scientific review of data. Large data sets from past clinical programs can 'train' the ML algorithm and can then be used for subsequent data review, cleaning and analysis. NLP can also help with describing relationships between medically coded terms.

Some of the following themes that could be put into practice:

- Pre-programmed therapeutic area based data checks in Clinical Data Repository for additional data review at a Program Level
- Deploy machines to learn from ongoing studies. Utilize this machine learning to enhance the data checks on an ongoing basis, that in turn improves data review across studies in a Program
- Usage of Machine Learning algorithm in Safety Data Management.
- Predictive analytics using safety data from ongoing studies to predict adverse events
- Enhance auto-coding using compiled data from multiple studies to enhance the percentage of auto-coded terms.
- ML based site performance information on query response times and suggestions for action during clinical monitoring

We intend to focus on practical applications and case studies of these emerging technologies in clinical research space.

Session level: Expert - Assumes advanced understanding of CDM industry; 6+ years' experience

Session 20 - Evolution or Revolution: How will Emerging Technology Innovations Change Data Management?

Despite the best intent to leverage the newest technologies and comply with the recent regulation changes, most Data Management organizations have been processing data the same way for a long time. Fortunately for some and unfortunately for others, the accelerating pace of change is calling for action. The volume of data collected outside EDC is fast growing as our industry is crying for patient centricity which is leading to rapid adoption of eCOA, wearables, sensors and eSource solutions. The increasing cost of Drug Development and the need for better predictability of outcome requires use of more complex study designs such as adaptive and hybrid. Not to mention the need to embrace risk based approaches and advanced analytics. Unfortunately change will not stop there! Solutions based on Natural Language Processing, Artificial Intelligence and Machine Learning are maturing rapidly. So, is Data Management ready for all this?

The objective of this session is to provide a pragmatic and concrete view on how regulations and technology innovations will change the role and profile of Clinical Data Management within the next 5 years. We will also consider changes to related functions such as Clinical Programing and Medical Coding. We will share insights from innovative leaders and explore data transformation outside our industry.

Session level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 21 - Utilizing GCDMP as a Training Tool for Clinical Data Managers

In the past decade, clinical research has continuously evolved through advancement of new technologies and regulations. Clinical Data Managers now take on tasks that were historically not part of their job. Consequently, training CDMs today is of the outmost importance. GCDMP is one of the most relevant and reliable tools that can be used for this purpose. The presenters in this session will describe case studies of how they have used GCDMP as an educational tool to train data managers in their organizations. The goal of this session is to encourage other organizations to utilize GCDMP in an effective way.

Session Level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 23 - EHR Integration using SMART on FHIR

SMART is an architecture whereby cloud-based third-party applications may be launched from within an EHR system. FHIR provides a compact and efficient mechanism for securely retrieving appropriate data from the Electronic Health Record. The combination finally provides the “holy grail” of clinical data collection, namely the ability to programmatically extract relevant clinical trial data from the Electronic Health Record, without needing to install anything at the investigative site. This session will describe the technologies, processes and recommended workflow to achieve this dream.

Session Level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 24 - The Inspection Experience Through the Eyes of a Data Manager

Being involved directly in an agency inspection is a very unique experience and although these can be high intensity situations and a little stressful, the opportunity for learning by being involved in them is invaluable. Since not every data manager will directly be involved in an inspection over the life of the career, it is still imperative that all DMs have a good idea of how they work and how DM is involved and impacted. It will be very valuable to all data managers to really get a good feel for what is expected, from DM, related to an inspection using real life experiences. Understanding how an inspection happens and examples of questions asked and scenarios experienced can give any data manager a much better idea about how their work directly relates to the potential discussions during an inspection. During this session, data managers across the clinical data management industry will share their experiences and involvement in inspections.

Session Level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 28 - Enabling Smart Central Monitoring Operations - Transitioning from Data Noise to Meaningful Signals in RBM

Central monitoring being implemented in organizations ranges from simple review of site level key risk indicator and performance indicator progress to holistic subject and site review. The approach utilized for central monitoring is dependent on availability of skilled resources, appetite for relying heavily on data driven processes and type of technology utilized. Currently technology is used to generate queries or alerts on data sets. However, challenges are encountered when basic approach such as static alerts is used which lead to significant data noise. This impacts adoption, implementation and efficiency of central data monitoring. This session will focus on:

- Introduction to thresholds and alerts & its need in central monitoring
- Approaches and complexities involved in creating alerts
- Current state of using thresholds and managing alerts in central monitoring

- The way forward to reduce noise from automated alerts and transition to intelligent signals and alerts from data

The session will include 4 speakers (including session chair) with experience and expertise in central data monitoring.

Session Level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 31 - From Spreadsheets to Artificial Intelligence: How Do We Get from Here to There?

With aspects of clinical research seeing rapid expansion into more automated and advanced approaches to day-to-day work tasks, clinical data management is nearing a required adoption of more sophisticated methods of mining study metadata, identifying and cleaning anomalous data, and working with a wider variety of available data sources beyond the traditional electronic data capture (EDC) system model, including EMR/ EHR systems. As clinical trials continue to move toward the use of ePRO, wearable technology, and biosensors for data collection, data volume and data velocity will likely render non-algorithm based approaches to data cleaning and error identification obsolete. Deep learning, predictive analytic, and machine learning algorithms will become commonplace tools available to clinical data management to expedite and, in some cases, eliminate tasks that have traditionally been handled manually. In addition to the standard arena of clinical data, there are a number of non-traditional areas in which clinical data management is likely to expand. All of this being said, there is a salient concern that Data Management as it exists today will not have a place in the clinical research enterprise in a future potentially dominated by AI applications. In order to keep up with current trends and remain relevant, those in clinical data management positions must be ready to adapt to the rapidly-changing landscape. This session will be description of the gap between the current state of our industry and where we are likely to find ourselves in the near future based on the evolution of data systems and technology. In addition, we will attempt to paint a clear and actionable path to improving our skill set for those in Data Management today.

Session Level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

PANEL DISCUSSION SESSIONS

Session 3 - eSource

Discuss the current projects based on standards for hte secondary use of EHR data for clinical research.

Session Level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 4 - Data Management in the World of 'Direct to Patient' or 'Virtual Trials'

Clinical Research has come a long way since using paper in the 1990s. Most studies have adopted electronic solutions with rapid improvements in connectivity and wide availability of clinical technology solutions. Continued enhancements in technology and expansion of clinical research industry in emerging countries and in established geographies are triggering newer models for clinical trials. Direct to patient or virtual studies allow inclusion of patients without proximity to a specific site or location. This patient centric approach puts patients rather than the trial site at the center of the process. The design of the study as well as the conduct of these studies ensure their patient centricity. Instead of a patient going to a site for the clinical trial, the clinical trial comes to the patient's home. Patient recruitment, enrollment, engagement and retention, data collection including its management and follow ups are all usually managed from a central trial office and are supported by staff at regional or local hubs. This new model creates opportunities for new way of collecting and managing trial and

operational data. Very limited or zero onsite monitoring creates new challenges in cleaning the clinical trial data.
In this session, we will discuss:

- Latest developments, benefits and challenges of virtual trials
- Enhanced role of Data Managers in 'Direct to Patient' clinical trials
- Solutions and strategies for data collection & cleaning
- EDC, ePRO, eConsent, Medical Devices, Mobile Apps and Operational Data Collection for virtual trials,
- Patients driven data generation
- Data security and privacy
- Future trends

Session level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 6 - eSource Implementation at Academic and Industry-Sponsor Sites

The session will focus on implementation and real world examples from the varying perspectives of: academia, biopharmaceutical firms, technology vendors, and US FDA.

Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 9 - Combining Standards and Technology to Accelerate Timelines and Efficiently Manage Clinical Trial Data

As technology advances and standards are mandated, industry has been able to build applications that change the way we review, clean and manage data. This panel session will review 3 different "applications":

- EDC with standards library
- Clinical data warehouse with analytics

Metadata registry All 3 applications are based on CDISC standards. Each speaker will provide "real world" examples how the application impacts timelines and improves efficiencies.

Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 10 - Virtual Trials and the Data Manager

This session aims to look at the concept of virtual trials and patient centric research through the eyes of a data manager. We'll look at how using esource and patient dashboards will challenge the traditional role and tools of a data manager.

Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 12 - Get Off My Cloud: How IT Infrastructure Affects Privacy and Performance in eClinical Systems

The session objective is to understand the unique needs of eClinical studies from a workflow and IT perspective and valuating systems that are designed for specific needs - one size does not fit all - Increasing the Privacy, Performance, and Power of eClinical systems.

Session level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 14 - More Than Checking Boxes: Integrating Electronic Informed Consent in a Compliant and Ethical Way

Regulatory authorities have been clear that Informed Consent, though often viewed as synonymous with getting a signature from a study participant (or his/ her legally authorized representative) on an informed consent form, is a multifaceted process. It involves providing potential participants with adequate information about the research to allow for an informed decision to participate, facilitating and verifying comprehension of that information, and allowing ample opportunity for questions and consideration. The process often continues after enrollment. Investigators are frequently obligated to provide additional information to participants as the research progresses, and even obtain informed re-consent. Newer methods of consent using electronic media must accommodate all of these steps. This panel will provide expert perspectives on electronic Informed Consent, examining the challenges and benefits of adoption and surveying current use in the field. The panel will address topics including, but not limited to:

- Compliance with regulations and institutional requirements
- Enhancing participant understanding
- The user experience
- Change/ adoption process
- Fit for different studies, and IRB approval
- Record keeping, handling, filing & storage/ archiving

The panel will also highlight areas where eConsent can improve the traditional Informed Consent Process:

- Addressing Non-English Speaking participants via multi-language support
- Implementing version controls when an ICF is amended (ability to quickly update the eConsent document for IRB submission and review)
- Capturing the date and time of each signature across multiple ICF versions, enhancing the efficiency of monitoring activities
- Ensuring participant understanding by making the IC process more engaging (e.g. with multimedia features) and including feedback mechanisms to test and reinforce participant comprehension
- Standardizing the consent process across sites
- Reducing resources and costs associated with the documentation, filing and storage of the informed consent process
- Real-time notification to study sponsors that a prospective research participant has begun screening
- Providng an all-inclusive picture of the subject-related processes within the eDC system from informed consent to study completion

Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 15 - Coalescing Research Data Services and Enabling Data Science at Academic Medical Centers

At universities and academic medical centers, teaching, research, patient care, and administration are often “inextricably intermingled”. Faculty support site based research, institutional infrastructure for research, collecting and managing data for clinical studies, and obtaining data from EHR warehouses to support retrospective studies. Sponsored projects also may have page limits on reporting out. They may prepare safety event identification and reporting processes and preparing data for institutions’ Data Safety & Monitoring Boards. Come learn from principal investigators (PIs), administrators, and

others who hold leadership roles in clinical data and information resources on how this impacts data quality and data sharing.

Session level: Novice - Assumes some knowledge of the CDM industry; 1 year experience

Session 16 - Does the Quality of Your Clinical Data Keep You Up at Night?

Cloud-based, adaptive trials have clear advantages for medical device trials – not only do they save resources and reduce operating costs, but also gives an opportunity to focus on core activities and enjoy staffing flexibility – reducing overall study timelines and risk. The only question is how to make sure you choose the best data management strategy for medical device clinical research?

Novice - Assumes some knowledge of the CDM industry; 1 year experience

Session 17 - Training the Past, Present and Next Generation of Clinical Data Managers

How does one stay up-to-date in the ever changing role of a Data Manager (DM)?

Training paradigms, opportunities, and resources are more limited each year. As research budgets continue to become leaner and leaner, often DM educational and professional development dollars become scarcer.

Gone are the days of a DM who possesses the entire skill set necessary to conduct all DM activities from start-up to data base lock. Companies now focus on performing or outsourcing specific DM tasks, and the ability for a DM to see the "big picture" is waning.

In this session we will explore the opportunities for a proactive DM (of any generation) to ensure that they have achieved the SCDM core competencies, whether sponsored by their employer or pursuing on their own. We will review the training tools and resources that have been traditionally used in Industry and how these are being adapted for a wider research environment using today's technologies.

Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 22 - Single Source of Truth, Integrations or IoT (Internet of Things): Exploring Ways to Improve Connectedness of Clinical Data

With technology capabilities growing exponentially, and the ever-increasing complexity of clinical research, the pace of innovation relevant to clinical data management is changing rapidly. eSource, mHealth, RBM, IRT, CTMS, Data Warehouse systems and more are capturing some or most of the data that would traditionally be captured by EDC systems. The challenge, however, is that these disparate systems and processes are creating multiple versions of truth for the same data – adding to, instead of reducing, trial complexity. Current attempts to solve this challenge through the integration of clinical research systems is falling far short of the goal, and can in fact create greater inefficiency, adding time and effort to the overall management of data and potentially impacting data quality.

This panel discussion will explore the hard questions life sciences companies face are addressing these challenges in today's CDM world, and what they are doing about them, including:

- Is a "single source of truth" for clinical data the way forward? Is it really possible?
- What are the current challenges with integrations between clinical research products and systems? What are the best practices to make the integrations work better?

- What can we learn from other regulated industries such as finance and its application of new technologies such as blockchain to solve data challenges in life sciences?
- How will greater connectivity of clinical data make data managers and data scientists more productive?
- How can we leverage the Internet of Things to have better connected and integrated clinical research systems – while maintaining informed consent and data privacy?

Session level: Advanced Expert - Assumes deep knowledge of the CDM industry; 8+ years' experience

Session 30 - Being Digital Clinical Data Manager, What it Means for the Industry! - a Visionary Approach to Revolutionize CDM Practices

The Clinical Research Industry is currently at a Juncture where disruptions are happening in Clinical Data Management process and the role of Clinical Data Manager seems to evolve as a Digital Data Manager. Here is the reason:

- ATOM (Analytics – Big Data, Risk Based Monitoring)
- Technology – Automation of many processes
- Tool and accelerators to reduce manual work
- BOTs to do repetitive task
- Overflow – Social Media
- Mobile and IOT is creating an overflow of the data to manage, retain, analyse to make sense of it, Mediation
- e-Source and connected devices requires mediation of the new way of doing clinical research which is not fully executed and explored.

So, from just managing clinical data, it will evolve to lead many digital initiatives and would be called as Digital Data Manager.

Session level: Expert - Assumes advanced understanding of CDM industry; 6+ years' experience

ROUNDTABLE PRESENTATION SESSIONS

Session 11 - Therapeutic Area Knowledge in Clinical Data Management: Setting Expectations

The landscape for data managers have changed drastically from the past. From earlier days when a data manager would be doing data entry, make a database and send queries to site, the data manager now has many stakeholders like statisticians, medical writers, preclinical scientists, study responsible physician, medical monitors to name some. There is an expectation from data managers to borne skills which can bridge gap between technical and scientific information and deliver a complete package.
It is increasingly becoming important for data manager understand the impact of data he / she is handling on the overall analysis. This expectation requires a person to understand not only data management as well as SDTM; but also an understanding of how the drug functions and why a particular parameter can become very important for overall efficacy of the drug. Very often there are expectations that a data manager should have experience in a particular therapeutic area.

While technical skills and soft skills of data managers are being discussed, very little is being talked about the therapeutic area knowledge requirements of a data manager in terms of; what exactly is required, an understanding of assessments in a particular TA or also theoretical knowledge? Is this a necessity and what are the value adds? And most importantly, how to develop TA knowledge of data managers?

This session will involve following discussions:

- Expectations from a data manager on therapeutic area knowledge
- Value add of TA knowledge of a data manager to the trial
- Is it a necessity for all trials or only for some complex trials?
- How to develop TA knowledge of data managers?

Session level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 29 - Clinical Trials of the Future - Where are we Headed?

This session will allow the perspectives of a wide-variety of seasoned industry personnel to share their perspective on where Clinical Trials are headed in the future and what attendees of the SCDM conference should be doing to prepare themselves for the future. An initial discussion among the panelists and the facilitator will explore topics ranging from digital health, virtual trials, artificial intelligence and connected sensors/devices, etc. Following the discussion, questions will be taken from the audience for the panelists to be able to weigh in from their perspective.

Session level: Advanced - Assumes solid knowledge of CDM industry; 4-6 years' experience

Session 13 - "Don't You (Forget About Me)," The Breakfast Club...of Data Management!

Interactive session featuring people from different backgrounds, experiences and expertise. Each will bring their own perspective of Data Management, and will allow, along with audience participation, a lively discussion on how we can work together to make our roles better. Sometimes the best ideas, or advice, come from the person you least expect.

Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

IGNITE SESSIONS

Session 1 - Everything I Know I Learned in Data Management

The session will consist in 5-6 people describing how their time in data management/ as a Data Manager, influenced and helped their career. The objective would be to have the audience see the value of their work and opportunities their skills can create.

Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years' experience

Session 7 - Technology Ignite – Spark the Future

Presentations should share a personal experience and focus on a solution your company developed (or is developing) to solve a specific challenge CDMs are facing. The main objective is to take the audience on a journey and inspire them while showcasing your company's contribution to the advancement of the industry. It is of course essential that a thorough description of the solution/ business is provided but the presentation should not focus on pitching the company's products or services. It's a fine line between self-promotion and wholesome self-reporting so, as a rule of thumb, if it feels like an advertisement, it probably is, and such presentation will not be accepted. The session consists of 7-8 minutes TED talk style presentations which will be followed by an audience vote for the best presentation. The company that receives the most votes will be awarded with the People's Choice Award during the Closing Ceremony.

IMPORTANT DATES

Deadline	Action	STATUS
Thu, April 26	**Abstract Submission Deadline**	☐
End of May	**Notification of Acceptance**	☐
End of May	**Early Bird Registration Deadline**	☐
Beginning of June	**Confirmation of Acceptance Deadline**	☐
Fri, August 10	**Draft Presentation/ Poster Due**	☐
Wed, September 12	**Final Presentation/ Poster Due**	☐

ABSTRACT SUBMISSION REQUIREMENTS

For standardization, the acceptable format of the abstract is limited to a maximum of 1500 characters (including punctuation and spaces). This number does not include abstract title (100 characters) and presenter biography (600 characters).

ABSTRACT REVIEW & NOTIFICATION OF ACCEPTANCE

The session chairs will review the abstracts according to the relevance to their proposed topic and select the most appropriate ones.

All abstract submitters should be prepared to present the abstract as an oral communication within the corresponding session format or poster presentation. The Program Committee reserves the right to assign the abstract to one or the other presentation formats without any reservation.

Authors of abstracts selected for poster presentation will be required to print (based on official dimensions) and set up their poster in a dedicated area at the conference venue.

QUESTIONS? Contact Alessandra Percuoco
Conference Program Coordinator
annualconference@scdm.org

ANNEX 1 – SESSION FORMAT GUIDELINES

PRESENTATION SESSION

Oral Presentation sessions consist of 3-4 presenters per session. Each presenter is given around 20-25 minutes to make the oral presentation. The speakers will have a maximum time of holding their presentation and the remaining time will be used for open forum to provide some time to discuss and to clarify some points of the presentations.

The speakers are encouraged to utilize a PPT presentation for supporting their speech. All the presentations and other related materials (such as videos and pictures) should be reviewed and approved by the session chairs.

PANEL DISCUSSION SESSION

IMPORTANT FACTS:

- The panel is typically facilitated by a "moderator" who guides the panel and the audience through the session.
- The panel, typically 3-4 experts or practitioners in the field, shares facts, offers opinions and responds to audience questions either through questions curated by the moderator or taken from the audience directly.
- The panel session typically lasts for 60-90 minutes.

A PANEL IS NOT:

- A set of presentations, one after another. The panel format allows for a brief introduction and then discussion among the panellists and audience.
- A one-on-one interview with each panellist. Many untrained moderators simply ask questions of each panellist, one after another, rather than build the dialogue into a conversation. Unless there is interplay among the panellists, have an "up close and personal" interview with each speaker.
- Just Q&A from the audience.

We are not mandating a format. We will let the Facilitator for the panel determine their best method for delivering the content for these sessions. There are a few key points that are essential for all the people involved in these sessions to understand.

These types of sessions still require preparation. One key way to make these effective sessions is to have presenters with different views on the same topic. This can make for a lively session. It is beneficial for the session chair to provide clear communication to the team members before the session and have some prepared questions to get the conversation started. It is best to just provide

the panellists an overview of what the plan is but not rehearse the session. There is a benefit to the natural interaction that can arise from a panel discussion session.

Brainstorm some ways to engage the attendees before the session. This can include the use of social media (Twitter, FB or LinkedIn). Other technology can also be explored and discussed with the Co-Chairs to see if this can be done or if there is budget for this.

At the start of the session, present the attendees with the goal of the session or the topic of the discussion. You may also want to set out some ground rules such as “agree to disagree” or “no personal attacks” etc.

If you have a presentation to do to set the stage, it is recommended that you do this at the start of the session and keep this brief.

Do not save audience comments and Q&A until the end. This makes it more of a normal format of a session. The benefit of panel discussions is to hear different viewpoints and different ways of working. This may come out more with audience participation at key points in the session.

According to the 2014 Panel Report – “A 2014 Snapshot on the Effectiveness of Panel Discussion at Meetings, Conferences & Conventions” by Kristin J Arnold – You probably are best placed to select 3 to 4 people for your topic. They recommend “DEEP” participants. This means diverse, experienced, eloquent and prepared.

Special notes about the role of the Facilitator/ Moderator:

1. These types of sessions require a facilitator who can keep the conversations going with their participants and with the audience. This may require a topic to be discussed among the panellists and then have discussion with the audience. It also requires a firm grasp of the topic and key points of interest to the attendees. It is also essential that this does not become a discussion about particular vendors or service providers.
2. The Facilitator should also introduce themselves and provide their background related to the topic then provide a similar background on the panellists.
3. Be prepared to start with a sample question and facilitate the discussion among the experts you have selected.
4. It is essential to maintain a non-judgmental approach to your presenters.
5. As the facilitator, you may need to politely handle a situation when someone who is trying to dominate the conversation. This could also be done by imposing some time limits to discussions. Conversely, you may need to draw out any quiet participant.

We highly recommend The Panel Report (especially pages 8, 15, and 17–21) available at http://powerfulpanels.com/report/.

ROUNDTABLE SESSION

Roundtable presentations are among the most flexible format offered at the conference, and may look quite different from session to session. The one thing that they have in common is that each allows for extended discussion among a small group. Roundtables are an ideal forum for giving and receiving targeted feedback, engaging in in-depth discussions, and meeting colleagues with similar interests.

Description: Roundtables are 90-minutes in duration. Participants will be seated at tables of eight to ten – randomly at first. The presenters will each have five minutes at the beginning of the session to present their topic. Time for Q&A will be brief – just to clarify points of fact etc. The real discussion comes later!

Once all three-five presenters have pitched their idea, each table in the room will be designated to a particular presenter/project. The presenter (+/- co-presenters) goes to their table and the participants migrate to whichever table was of interest to them in the initial presentations. The participants will

likely have questions for discussion, but the presenter should also bring with them some points for discussion, to get the ball rolling.

The front-of-room presentations, with turn-overs and minimal questions will occupy less than half of the session, with the remainder available for rich discussions at the tables.

Distribution of participants: The session chair/ moderator may use their discretion to request that participants chose another table if it seems that an uneven distribution of participants is developing.

Visual aids: Roundtables do not have traditional audio-visual aids available, but most roundtable presenters bring handouts illustrating their work. If a couple of PowerPoint slides would help the presenters introduce their topic, then this can be accommodated, but the session chair will be running strictly to time.

Preparation: The presenters in this type of session should be ready to present their ideas in a succinct fashion, with whatever visual aid adjuncts they see fit. They should also identify some topics of conversation that could be discussed at the tables. Participants often have plenty to contribute but sometimes conversation takes a while to warm up, so the presenter/ session chair should have some conversation-starters ready to go!

Handouts: Presenters are encouraged to bring 10-15 copies of all materials that they wish to share with session attendees. They should make sure to include their contact information on the first page to encourage follow-up. Past evaluations have clearly indicated that one frustration, in particular for new and international attendees, is the use of 'insider' language, acronyms, and abbreviations that make it difficult to comprehend readily a presentation so this should be avoided as much as possible.

Session conclusion: The session chair/ moderator together with the presenters will prepare a summary (report in Word or PDF format/ presentation in PPT format) of the thoughtful discussions carried on at each table and share it with the organizers. This document should be provided no later than a week after the conference, as it will be included in the post-conference materials to be disseminated to all conference participants.

IGNITE PRESENTATION

An ignite presentation is an engaging 5-10 minutes story told with minimal supporting material. This type of session gives you the opportunity to engage with your audience with striking visuals, compelling anecdotes and your own energy and enthusiasm.

Audiovisual Aids: an ignite presentation can be supported by visuals and can take any form, from photos to PowerPoint slides. It is not advised to use animation or sound.

Structure: an ignite presentation normally starts strongly with an engaging opener – an attention grabbing story to introduce your topic. 5 minutes is enough time to make 4 major points about your topic. Once you finish the main body of your talk, it is always a good idea to recap your main points, finish strongly and think of the following questions:

- What do you want people to do?
- What do you want people to think about?
- What do you want people to learn?
- What do you want people to take away from your talk?

Please bring any samples, brochures, business cards, or other collateral material you find useful for reinforcing your presentation. There will be time to talk and mingle with the audience during the coffee break succeeding your session.

Tips for an effective presentation:

- 5 minutes pass rapidly – with so little time to speak, it is crucial to practice and time yourself;
- it is best to speak without notes for a better engagement with the audience;
- do not try to memorize word for word. Just practice glancing at each visual and making the relevant points;

POSTER PRESENTATION SESSION

A poster presentation is the display of your abstract's content on a large-scale (4' x 8') in landscape format poster, which is displayed throughout the event on a board in the poster area. Dedicated poster viewing and presentation sessions will take place during the conference. During these times, presenters should be present at their board to discuss their poster with the Judge(s) and participants.

The ideal poster abstract will have the following characteristics:

1. While abstracts may reflect either completed scientific studies, or ongoing quality improvement initiatives within an organization, all abstracts should demonstrate adherence to the scientific process - and should NOT include personal beliefs, opinions, or perspectives.
2. Abstracts should include information on the following five areas of a study: background of the problem, objectives, methods, results and conclusion.
3. The lead author of an accepted poster abstract is required to be present at the SCDM 2018 Annual Conference and required to be present for the poster session. Posters for which the lead author is not present at the conference and session will be withdrawn from the program.
4. All poster abstracts, whether research or process oriented, should be based upon existing scientific research. While references are not required for the abstract submission process, they are permissible and will be a required component of the posters themselves.
5. Acceptance of a poster for presentation at the SCDM 2018 Annual Conference is contingent upon final submission of a draft poster and acceptance by the Selection Committee (deadline: August 10).

We highly recommend to read *Preparing Effective Posters for Professional Presentations in Data Sciences* written by the poster session co-chairs, available here.