

TERMS AND CONDITIONS OF ABSTRACT SUBMISSION

All accepted abstracts will be published as a Supplement to the *Journal of the International AIDS Society (JIAS)*. Abstracts will be available online by Saturday 9 November 2024.

Abstract Submission – Guidance

- All abstracts must be typed in English, with British spelling.
- HIV Glasgow 2024 is committed to the People First Charter and strongly recommend that inclusive language be used in abstracts submitted to the congress. A full list of recommended terminology can be found online at <https://peoplefirstcharter.org/>
- HIV Glasgow 2024 is a gender inclusive meeting. We encourage abstract submissions to use the correct language around gender-inclusivity as described by the UN at <https://www.un.org/en/gender-inclusive-language/guidelines.shtml>
- Please proofread your abstract carefully to avoid errors before submission. No proof pages will be sent to authors.
- The abstract title should be shown in bold, sentence case and should not exceed 40 words in length.
- The use of structured abstract is encouraged, but not essential. If you do prepare a structured abstract please structure as: Background, Materials and Methods, Results, Conclusions (it is not satisfactory to state "the results will be discussed") to comply with JIAS requirements.
- The body of your abstract should not exceed 350 words.
- Graphs and figures must be in jpeg or tif format and files should not exceed 500KB. Complex graphs and figures should not be included in the abstract submission but saved for the final presentation (oral or poster). One (1) table and one (1) image (graph/figure) is permitted per abstract.
 - If your abstract contains a table, this should be created using the drop down boxes within the abstract submission site and should not be pasted in as an image.
 - If there is a graph, figure or table submitted which is considered by the Scientific Committee as too complex for the purposes of the abstract book, authors may be asked to remove/amend this prior to publication and save for the final on-site presentation.
- Please provide the legend for tables and images in the 'Titles, Footnotes and References' field within the submission site.
- Special characters may be input via the abstract submission site tools; instructions re: how to do this are shown in the submission site.
- You may submit references; see the submission site for more information about format.
- Full names of all authors must be listed and an abstract must have a presenting author identified.
- A non-author or third party (agency) may submit the abstract on behalf of the authors.
- Notification of the outcome of submissions will be sent to the submitter inputted during step 1 of the submission process.

Encore Abstracts

- Encore abstracts will be considered by the Committee.
- Data submitted to large international meetings, i.e., CROI, IAS, ID Week, etc. is unlikely to be considered unless it contains new data.
- These abstracts, if scoring highly during peer review are unlikely to receive an oral presentation in the Congress Scientific Programme.
- Abstracts scoring highly are however, likely to receive a Thistle award on the poster/board via a Poster Certificate on-site at the Congress.

Late Breakers

To be eligible to submit a late breaker, a letter of intent giving the working title of the late breaker abstract, a short summary, and the reason for the late breaker request must be submitted to the Congress Secretariat by the regular abstract submission deadline of **Friday 5 July 2024**. Only when the request is

acknowledged, will a late breaker be considered. The Late Breaker submission deadline is **Friday 23 August 2024** and those eligible to submit a Late Breaker will receive a bespoke link ahead of this date.

Required Affirmation

In order to have an abstract considered for presentation at the Congress, presenters must confirm compliance with the following authorship eligibility rules:

- All included authors have made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Been a part of the drafting the work or reviewing it critically for important intellectual content; AND
- Provided final approval of the version to be published; AND
- Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

The submitter is responsible for ensuring that all authors have read the abstract and agreed to be co-authors. It is also essential that authors have participated in the work resulting in the abstracts. For guidance around this from the International Committee of Medical Journal Editors please click [here](#).

Abstract Withdrawal

Authors who wish to withdraw their abstract at any time in the review process, should do so by writing to the organising secretariat at hivglasgow@ashfieldmedcomms.com and quoting the title of the abstract to be withdrawn, the name of the presenting author and, if possible, the reference number issued on submission of their abstract. Abstract withdrawal must be made by **Friday 23 August 2024** otherwise it may still be published in the Journal and online and thus jeopardise future publication.

Abstracts Review and Disposition

All abstracts submitted to the Congress will be reviewed by members of the Scientific Committee. All abstracts will be considered for either oral or poster presentation, unless you select poster only in the drop down box on the step 2 submission page. The review teams will determine if the abstract merits inclusion in the programme and, if accepted, will schedule the abstract in the appropriate session for the congress. An abstract may be rejected for one or more of the following reasons:

- Not appropriate for this Congress
- No background or hypothesis provided
- Insufficient data or absence of conclusion
- Poorly written
- Apparent duplication of another abstract submitted to the Congress
- Apparent use of Artificial Intelligence (AI) to generate the content of the abstract

Abstracts may be put through an electronic fraud assessment program to establish whether there could be any instances of plagiarism or content development using AI. If plagiarism or use of AI is suspected, submitters will be notified of this and their abstract will be rejected unless they can confirm that the abstract is legitimate and such practices have not occurred.

Submission Outcome

Authors will be notified of the outcome of their submission by **Friday 13 September 2024**. *If you have not heard from us by Friday 20 September 2024, please get in touch.*

SCIENTIFIC ABSTRACTS - CATEGORIES/TOPICS

ARV-based Prevention – Vertical transmission
ARV-based Prevention – PEP
ARV-based Prevention – PrEP
ARV-based Prevention – bNAbs for PrEP
Treatment Strategies – Novel therapeutic targets (phase I and II)
Treatment Strategies – RCTs: oral and injectable therapy in first line and suppressed switch populations
Treatment Strategies – Real world and implementation science studies oral and injectable therapy
Treatment Strategies – Treatment experienced adults (second line and multi-drug resistance studies)
Treatment Strategies – Models of care for ageing/frail populations including virological failure and switching
Treatment Strategies – Rapid ART initiation
Treatment Strategies – Adherence
Clinical Management Considerations – Women
Clinical Management Considerations – Late presenters
Clinical Management Considerations – People who inject drugs (PWID)
Clinical Management Considerations – Transgender people
Clinical Management Considerations – Adolescents
Clinical Management Considerations – Paediatrics
Clinical Management Considerations – Drug-drug interactions
Cure/post treatment control
Opportunistic infections and AIDS defining cancers
Clinical pharmacology
Community-based treatment and prevention initiatives, including primary care screening
Public health strategies including of policy options
Cost and cost-effectiveness
Models of care: evaluation of ARV delivery and coverage
Co-morbidities and complications of disease and/or treatment – Ageing and frailty
Co-morbidities and complications of disease and/or treatment – Bone
Co-morbidities and complications of disease and/or treatment – Cardiovascular/metabolic including weight gain
Co-morbidities and complications of disease and/or treatment – Malignancies: non-AIDS-defining
Co-morbidities and complications of disease and/or treatment – Neurological
Co-morbidities and complications of disease and/or treatment – Renal
Co-morbidities and complications of disease and/or treatment – Mental health disorders
Co-morbidities and complications of disease and/or treatment – Other
People living with HIV and COVID-19: novel therapeutics
People living with HIV and COVID-19: outcomes
People living with HIV and Mpox virus
People living with HIV and Sexually-transmitted diseases
People living with HIV and Tuberculosis
People living with HIV and Viral hepatitis
People living with HIV and other conditions/diseases