ABSTRACT SUBMISSION GUIDANCE

Abstract submission deadline: Friday 26 June 2026, 23:59 PDT

Submission of an abstract constitutes acceptance of the Abstract Submission Terms and Conditions available to download as a separate document

Abstract Format

- All abstracts must be written in English using UK spelling.
- HIV Drug Therapy Glasgow is committed to the People First Charter and strongly recommends the use of inclusive language in abstracts. A full list of recommended terminology can be found via the link.
- HIV Drug Therapy Glasgow is a gender-inclusive meeting. Authors are encouraged to use appropriate gender-inclusive language as described in the United Nations guidelines.
- Please proofread your abstract carefully before submission to avoid errors. Accepted abstracts will be published in the abstract book as submitted; no corrections will be permitted.
- The abstract title should be written in bold, sentence case with no full stop at the end.
- Abstracts should ideally be submitted in a structured format using the following headings: Background, Materials and Methods, Results and Conclusions. If you are unable to submit a structured abstract, please enter all content into the Background section of the submission site and leave the remaining sections blank.
- The body of the abstract must not exceed 350 words.
- Abbreviations are permitted and should be defined in the text when first used.
- One figure and one table are permitted per abstract. Only essential data should be included in abstract figures/tables; large or highly detailed figures/tables are not suitable for reproduction in the abstract book. Citations to figures or tables should be shown as '(Figure)' and/or '(Table)'
    - Figures must be supplied as image files at a minimum resolution of 300 dpi. Any associated footnotes should be included as part of the image.
    - Tables should be uploaded as image files. Any associated footnotes should be included as part of the image.
- Figure/table titles should be provided in the 'Figure/Table Title' section of the submission site. See the submission site for guidance on format.
- Greek and other special characters may be included in abstract text. See the submission site for guidance on how to insert these.
- References are permitted and should be numbered in the order in which they are cited in the abstract.
- Citations to references should be included in square brackets, e.g. '[1,2]'. See the submission site for guidance on format.
- The category that best describes your abstract should be selected from the drop-down box within the submission system. The full list of abstract categories is provided at the end of this document.
- All abstracts will be considered for either oral or poster presentation. If you do not wish your abstract to be considered for oral presentation, please tick the box in the submission system.
- For all authors, the following information must be provided: first name, last name, email address, affiliation (department, institution/organisation, city, state [if applicable], country). A presenting author must be identified. If you need to include a Study Group in the author byline, please tick the box in the submission system and enter the Study Group as it should appear in the byline.
- A non-author or third party may submit the abstract on behalf of the authors.
- If you are interested in being considered for an Early Career Researcher Award, please tick the box in the submission system. To be eligible to apply for this award you must have less than 3 years post-doctoral experience OR be a training-grade doctor at the time of the Congress.

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Encore Abstracts

- Encore abstracts will be considered but are unlikely to be accepted for oral presentation.
- If submitting an encore abstract, please tick the box in the submission system and provide details of the congress(es) at which the abstract was previously presented.

Late Breaker Abstracts

To be eligible to submit a late breaker abstract, a letter of intent must be submitted to the Congress Secretariat at hivglasgow@ashfieldmedcomms.com by the regular abstract submission deadline of **Friday 26 June 2026, 23:59 PDT**. The letter of intent should include the working title of the late breaker abstract, a short summary, and the reason for the late breaker request.

Following acceptance of the late breaker request, you will receive a bespoke submission link. The late breaker submission deadline is **Friday 21 August 2026, 23:59 PDT**.

Abstract Withdrawal

Authors who wish to withdraw their abstract at any time prior to the withdrawal deadline must write to the Congress Secretariat at hivglasgow@ashfieldmedcomms.com, quoting the abstract title, the name of the presenting author, and the reference number issued upon submission.

Requests for withdrawal must be received by **Friday 4 September 2026**.

Abstract Review and Disposition

All abstracts submitted to the Congress will be reviewed by members of the Scientific Committee. Abstracts will be considered for either oral or poster presentation (unless the submitter has indicated 'Poster Presentation Only' in the submission system).

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 a conclusion
- Poorly written
- Apparent duplication of another abstract submitted to the Congress
- Apparent inappropriate use of artificial intelligence in content generation

Abstract Notification

Outcome notifications will be sent to the submitter by **Monday 14 September 2026**. If you have not received a notification email by this date, please contact the Congress Secretariat at hivglasgow@ashfieldmedcomms.com, quoting the reference number issued upon submission.

Abstract Publication

All accepted abstracts will be published in a supplement to the *Journal of the International AIDS Society* on **Saturday 7 November 2026**.

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ABSTRACT CATEGORIES	
01: ARV-based prevention	
01A	Vertical transmission
01B	PEP
01C	PrEP
01D	bNAbs for PrEP
02: Treatment strategies	
02A	Novel therapeutic targets (phase I and II)
02B	RCTs: oral and injectable therapy in first-line and suppressed switch populations
02C	Real-world and implementation science studies of oral and injectable therapy
02D	Treatment experienced adults (second-line and multi-drug resistance studies)
02E	Models of care for ageing/frail populations including virological failure and switching
02F	Rapid ART initiation
02G	Adherence
03: Clinical management considerations	
03A	Women
03B	Late presenters
03C	People who inject drugs
03D	Transgender people
03E	Adolescents
03F	Paediatrics
03G	Drug-drug interactions
04: Cure/post-treatment control	
05: Opportunistic infections and AIDS-defining cancers	
06: Clinical pharmacology	
07: Community-based treatment and prevention initiatives, including primary care screening	
08: Public health strategies and options	
09: Cost and cost-effectiveness	
10: Models of care: evaluation of ARV delivery and coverage	
11: Co-morbidities and complications of disease and/or treatment	
11A	Ageing and frailty
11B	Bone
11C	Cardiovascular/metabolic including weight gain
11D	Malignancies: non-AIDS-defining
11E	Neurological
11F	Renal
11G	Mental health disorders
11H	Other
12: People living with HIV and	
12A	COVID-19: novel therapeutics and outcomes
12B	Mpox virus
12C	Sexually transmitted diseases
12D	Tuberculosis
12E	Viral hepatitis
12F	Other

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