



ABSTRACT GUIDELINES - VIRTUAL

In order for your presentation to be considered, these abstract guidelines must be followed. Please ensure that the presenting author completes the abstract submission. Abstracts must be submitted by the deadline: **11.59pm AEDT, 23 January 2022**

The Committee are prioritising abstracts to be front and centre of the virtual program this year. The aim is to incorporate as many abstracts to the live program as possible, as well as offering positions within the On Demand resource gallery. This could mean that your presentation will be delivered as one of the following:

- Live on the day with live discussion
- Pre-recorded with live Q&A at the end of the session
- Pre-recorded no live Q&A – i.e On Demand
- Poster presenters will have the opportunity to provide the PDF file and a 5 minute pre-recorded video

CONFERENCE CATEGORIES FOR PRESENTATIONS

We encourage submissions for all priority populations and disease areas of HTLV and related infections/retroviruses. In deciding on the theme to submit a presentation under, consider who your target audience are. Practice-based abstracts are welcomed in all categories – consider whether your project is a good example of the translation of research into practice.

Abstracts based on Indigenous Peoples will be Prioritised

- We encourage abstracts based on Indigenous Peoples’ issues be presented by Indigenous People or an Indigenous People co-presenter be included.
- If this is not possible, please include some information in the abstract as to whether any member of the Indigenous Peoples community, in which the research is based, was involved in development of the research protocol or in conducting the research.

Categories:

Category	Description
Basic science This theme explores the fundamentals of HTLV research,	<ul style="list-style-type: none"> • Viral and cellular gene regulation • Model systems • Host immune response

<p>focusing on genomic and laboratory-based research, including the translation of discovery.</p>	<ul style="list-style-type: none"> • Viral transmission and prevention • Molecular epidemiology • Mechanisms of replication and pathogenesis • Host-virus interactions • Co-infections (including SARS-CoV-2) • SARS-CoV-2 vaccination • Viral latency • HTLV reservoir and persistence • Antiviral and therapeutic drug development • Vaccines (therapeutic and prophylactic) • Immune-based therapies • Microbicides and biomedical prevention strategies • Gene therapy • Diagnostics and prognostics, including self-testing
<p>Clinical Research - ATL</p> <p>This theme highlights the clinical management of HTLV and related infections and co-morbid conditions, through presenting latest research findings relating to their diagnosis and treatment.</p>	<ul style="list-style-type: none"> • Oncology • Chemotherapy • Hematology • Pathology • Imaging • Drug discovery • Clinical management. • Pathogenesis (including genomics) • Diagnosis and monitoring (imaging, measures of progression, biomarkers) • Management (pharmacological and palliative care, clinical trials and in vitro therapeutic options) • Co-infections • Natural history, course of infection and disease • Clinical trials • Co-morbidities • Delivery of care/clinic-based cascade of care • Optimising quality and models of care • Clinical management • Workforce issues and professional practice • Costing and health economics studies related to clinical practice • Community perspectives on clinical practice • Community practice that engages PLHIV and assists with retention in care • Impacts of SARS-CoV-2 on ATL • Impacts of ATL on SARS-CoV--2 • <i>Strongyloides stercoralis</i> • Sexually infected diseases & ATL • Mortality • Mother-to-child transmission

	<ul style="list-style-type: none"> • Antenatal care • Case studies • Epidemiology • Biomarkers of disease progression
<p>Clinical Research - HAID (HTLV-1 associated inflammatory disease)</p> <p>This theme highlights the clinical management of HTLV and related infections and co-morbid conditions, through presenting latest research findings relating to their diagnosis and treatment.</p>	<ul style="list-style-type: none"> • Drug discovery • Neurology • Infectious diseases • Clinical • Pathology • Clinical laboratory • Imaging • Treatment • Pediatrics • Psychiatry • Psychology • Physiotherapy • Rheumatology • Ophthalmology • Rehabilitation • Pathogenesis (including genetics) • Non-caudal manifestations of HTLV-1-associated neurological disease • Diagnosis and monitoring (imaging, measures of progression, biomarkers) • Management • Co-infection • Co-morbidities • Impacts of SARS-CoV-2 on HAID • Impacts of HAID on SARS-CoV-2 • <i>Strongyloides stercoralis</i> • Sexually infected diseases & HAID • Mortality • Mother-to-child transmission • Antenatal care • Clinical Trials • Case studies • Epidemiology • Biomarkers of disease progression
<p>Prevention, Epidemiology and Public Health</p> <p>This category includes HTLV prevention and health promotion initiatives, the surveillance and epidemiology</p>	<ul style="list-style-type: none"> • Epidemiology of HTLV, including prevalence and incidence studies (including COVID 19-related impacts) • Integration of HTLV with BBV and Sexual Health Responses • Impacts of HTLV on populations including Indigenous Peoples

<p>of HTLV, as well as behavioral, social and biomedical research on HTLV. This category aims to highlight and promote research and practice related to new prevention tools, improving the delivery of existing prevention approaches, and measuring the impacts of prevention options on HTLV epidemics among key populations.</p>	<ul style="list-style-type: none"> • Surveillance and monitoring of HTLV (including COVID-19-related impacts) • Measuring and evaluating the population-level impact of social, behavioral and biomedical prevention strategies • Implementation research on prevention • Determining population-level risk factors for acquisition, infectivity and transmission of HTLV • Modes of transmission, mother to child, sexual and blood contact • Economic evaluations • Key population size estimations • Molecular epidemiology • Surveillance and prevention of co-morbidities associated with HTLV infection • Mathematic modelling Antenatal care
<p>Social Science & Community Forum</p> <p>This category welcomes abstracts that address social, political, cultural aspects and experiences influencing HTLV transmission, prevention, treatment, and care. The main objective of this category is to share a diverse range of perspectives on these issues, contributing to improved care of people living with HTLV (PLHTLV) and the elimination of this virus.</p>	<ul style="list-style-type: none"> • Social, political, and cultural aspects of HTLV health policies • Economic evaluation of health policies • Lived experience of affected people including Indigenous Peoples • Critical analysis of factors including influencing the uptake of health policies to HTLV, including barriers to the implementation of health policies • Impact of social inequalities on HTLV transmission, prevention, and care • Impacts of cultural difference, migration, and mobility on HTLV transmission and care • Diverse perspectives on HTLV, including among vulnerable or specific populations such as illicit drug users, men who have sex with other men, trans and gender diverse people, sex workers, indigenous peoples, pregnant women, immigrants, and people living in rural and remote areas • Critical analyses of stigma, discrimination, and other social impacts of HTLV infection, including criminalisation and other legal issues • Insights into the lived experience of diagnosis or management of HTLV • Innovative approaches to increase HTLV awareness • Involvement of affected communities in research and policy development and implementation • Social, political, and cultural effects of the COVID-19 pandemic on PLHTLV and in HTLV research • Case studies

PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
RESEARCH-BASED ORAL PRESENTATION	8 minute presentation	Oral presentations on original research findings, case studies, completed projects and theoretical analyses. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge.
PRACTICE- BASED ORAL PRESENTATION	8 minute presentation	Oral presentations analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge and practice.
POSTER PRESENTATION	Static PDF document & 5 minute pre-recorded video	The committee recognise that some data is more appropriately presented visually. The virtual conference will have functionality to host pdf posters for delegates to access and view. Delegates will be encouraged to contact presenters via the conference platform for questions.
HTLV CASE/CARE PRESENTATION	8 minute presentation	This presentation type provides opportunity for patients, patient advocates or HTLV clinicians to present cases for discussion with peers. It is also an opportunity for patients to describe their journey of their HTLV diagnosis and potential obstacles experienced.

We encourage abstract submissions by women and gender diverse people as first authors and it is expected that first authors present. Abstract selection occurs blindly/anonymously.

ABSTRACT PREPARATION GUIDELINES FOR ALL PRESENTATIONS

All abstracts must:

- Use Arial 12-point type only
- Use single spacing only
- Be submitted as a - Microsoft Word (.doc) file only
- Leave one line between paragraphs

- Specify all abbreviations in full at the first mention, followed by the abbreviation in parentheses, thereafter abbreviation only should be used
- Be written in English
- Be checked thoroughly for spelling and grammar
- Not include references

All abstracts must include:

TITLE: in **BOLD** at the top of the abstract

AUTHORS:

- Principal author to appear first
- Underline the name of the author who will be presenting the paper
- Use surname followed by initials (do not use full stops or commas between surname and initials)
- Omit degrees and titles
- Include affiliations for each author. Use superscript numbering *after* the author's name to indicate affiliations

ABSTRACT TEMPLATE OPTIONS

Please note there are two abstract Template Options

- Research-Based Abstract Template
- Practice-Based Abstract Template

RESEARCH-BASED ABSTRACT: maximum 300 words, with following headings:

- Background: study objectives, hypotheses tested, research questions or description of problem
- Methods: methods used or approach taken (e.g. study population, data collection methods, statistical analyses and/or theoretical approach)
- Results: in summarised form, must include data (e.g. statistics or qualitative data) but do not include tables, graphs or pictures. include results/outcomes and results of statistical tests such as p values, odds or hazard ratios and confidence intervals.
- Conclusion: describe the main outcomes and implications of the study. Highlight the novelty of findings, how they contribute to evidence-based practice and what steps are being taken to put the research into practice.

PRACTICE-BASED ABSTRACT: maximum 300 words

Submissions may use the Background/Methods/Results/Conclusion format from the Research-Based Abstract or the following headings:

- Background/Purpose: describe the problem and outline the project or policy aims
- Approach: outline the main components of the project or policy
- Outcomes/Impact: Include concrete observations and findings of the social community or political impact of your work based on completed or ongoing work

- **Innovation and significance:** Explain why your project or policy is unique and of significance, including why this project or policy is an important response to current HIV-related health priorities

Abstracts based on Indigenous Research

- We encourage abstracts based on Indigenous issues be presented by Indigenous persons, or an Indigenous co-presenter be included.
- If this is not possible, please include some information in the abstract as to whether any member of the Indigenous community, in which the research is based, was involved in development of the research protocol or in conducting the research.

Note: If the body of the abstract is more than 300 words it will be sent back to be revised. The 300 is not inclusive of the disclosure of interest.

All abstracts must include:

DISCLOSURE OF INTEREST STATEMENT:

The International Retrovirology Association recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. **If you do not have a disclosure of interest, please state 'None'.**

Disclosure of interest statement – Industry:

Example 1. Organisation X declares payments to his institution for investigator-initiated research from Industry Company X.

Example 2. Organisation X has received donated materials from Industry Company X. All other authors declare no competing interests.

Acknowledgement of Funding

Example 1. This study was funded in part by the Government Body X.

Example 2. Organisation X receive grant funding from the Government Body X. No pharmaceutical / Industry grants were received for this study.

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.

SELECTION CRITERIA

Research-Based Abstracts will be favoured at review if they incorporate:

- Completed rather than future work (Outline data as known at the time of submission however other studies that have final results may be prioritised for presentation)
- Original data of high quality.
- An analysis that extends existing knowledge
- Clarity of methodology, analysis and presentation of results

- Specific rather than general findings
- Highlight steps that take research into practice

Practice-Based Abstracts will be favoured at review if they incorporate:

- A project or policy change that is new, innovative and/or of high impact
- A project that has been successfully implemented (either completed or ongoing)
- An analysis of the project or policy change that extends current thinking or ideas
- Clarity about the evidentiary basis for the project
- Clarity with which the project purpose, approach, impact and significance has been described

In balancing the program the committee may require authors to present their work in an alternate format (e.g. as a poster rather than oral presentation).

ABSTRACT SUBMISSION

Abstracts must be submitted electronically through the online abstract submission site. You will be required to enter:

- Preferred theme
- Preferred presentation type
- Authors' names (indicate presenting author and contact details - address, telephone and email).
Note: Abstract presenters will be required to fund their own attendance at the conference and should not submit an abstract if this is not possible. Scholarships are available and preference will be given to those who do submit abstracts, however authors should ensure they are able to fund their own travel if need be
- Authors' affiliations
- Abstract title
- Abstract as a word document (maximum 300 words) plus a disclosure of interest statement
- Short biography of presenter (maximum 50 words). This information will be used by the session chair for introduction purposes and may be published in conference literature
- Keywords

Please contact the Conference Secretariat if you are unable to lodge your abstract via the website or if you have any queries. By submitting an abstract all authors agree to release the license to the Conference organisers and give permission to publish the abstract in the virtual conference portal, and on the website and, in so doing, certify that the abstract is original work. It is assumed by our conference reviewers and committees that appropriate ethical approval has taken place for your submission.

ACKNOWLEDGEMENT FOR THE HTLV RESEARCH COMMUNITY – SUCCESSFUL PRESENTERS WILL BE REQUESTED TO ADHERE TO THIS REQUIREMENT

If your research is about HTLV and involves gathering data, lived experiences, biological samples or other aspects from the bodies or lives of people living with HTLV and our participation as people living with HTLV has influenced your work, we encourage you to consider and build upon the sample text provided as an acknowledgement of the role that people living with HTLV have played in the response to HTLV at the beginning of any presentation of your work. Examples below:

Example 1: “I want to begin my presentation by thanking the people living with HTLV who have participated in this research. Our work is and has always been indebted to people living with HTLV, and their engagement.”

Example 2. “I want to begin by acknowledging and thanking the people living with HTLV who have generously participated in this research.”

Example: 3. “Our work is indebted to People living with HTLV who have put their bodies on the line to enable advancements in prevention, care, treatment and cure. We acknowledge their role in the fight to end HTLV.”

VIRTUAL PROGRAM

The HTLV 2022 program will be mainly comprised live sessions, synchronised presentations and on demand content.

Live programmed sessions: These presentations will be presented live to the virtual audience either webinar style, pre-recorded, or as a live stream with the support of a professional AV team will have live Q&A for delegates to submit questions during the presentations. This means the speakers in these sessions must be available online to participate in the live Q&A/discussion. A moderator will direct submitted questions to the speakers.

Pre-recorded on demand: Sessions are pre-recorded but can be viewed in their entirety any time a participant selects it within the virtual platform, these sessions have no Q&A.

Pre-recorded synchronised sessions: Simulate a live event, in that they start at a scheduled time and run in real time just as if it were a live presentation. An attendee who arrives late will enter mid-presentation based on the time it started. These sessions will also have live Q&A. The speakers in these sessions must be available online to participate in the live Q&A/discussion. A moderator will direct, submitted questions to the speakers.

Abstract sessions will be a mix of synchronised, pre-recorded and On Demand sessions.

REQUIREMENTS

All speakers must have access to the following:

- Laptop or computer with web camera access
- Laptop or computer with quality audio capabilities