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The 2017 Annual Conference will be held from September 24-27 at the JW Marriott Grande Lakes Orlando. In preparation for the conference, 21 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.

**Abstract submission:** [https://www.surveymonkey.co.uk/r/LX8RVD5](https://www.surveymonkey.co.uk/r/LX8RVD5)

**SESSION FORMATS**

The 2017 Annual Conference Task Force invites the submission of abstracts under the following presentation formats:

- **Oral presentations** - the familiar presentation session consisting of three 20- to 25-minute 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.*

- **Poster presentations** - structured but more creative visual presentation of one’s research and/or organizational processes presented on a 4’ x 8’ 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/LX8RVD5](https://www.surveymonkey.co.uk/r/LX8RVD5). 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.
- 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.

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 sessions.

**PRESENTATION SESSIONS**

**Session 1 - Answering the Age Old Question, "Are We There Yet?"
One of the most important milestones in any trial is DB Lock. Tracking that all activities are completed for each patient (coding, external data reconciliation, query status, etc.) can often be a challenge. How do you track these many disparate activities for each patient? How do you predict if you are on track to meet the planned DB Lock and know if you are off the plan by a week or two, a month or two, or even a year or two?

Speaking topics should cover, among others:
- method of tracking the activities needed to achieve DB Lock
- method of predicting if target DB Lock date is achievable
- method of ensuring no data has changed since an activity was considered completed

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

**Session 2 - Clean Data Faster: Leveraging EDC/CTMS in Global Studies
Clinical programs have grown in complexity, scope and scale. Learn from the experts who have been there and done that! Hopkins University uses 2 monitors to manage over 200 sites worldwide, Atlanta Zoo maintains a global registry of all great apes and tracks their heart disease with more than 65 institutions in 10 countries, <pharma co> has conducted simultaneous drug approval trials in both humans and animals, and best practices for EDC/CTMS and RBM. Though their collective experiences, you will gain experience to streamline, simplify and standardize your data collection process, learn how to get the most out of your EDC/CTMS and implement procedures for RBM by leveraging your EDC/CTMS. Speakers will present case studies and describe the problems they encountered and how they collaborated to resolve them obtaining cleaner data faster with the goal of submitting results sooner to regulatory agencies for approval.

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

**Session 4 - Professional Development and Graduate Degree Programs for CDM
In the past two decades, the Clinical Data Management profession has evolved significantly through technological advancement, new skills, knowledge, and regulations. Learning on the job, which used to be the de-facto for data managers, is no longer sufficient or an efficient way of learning. Structured courses, training programs, and graduate degrees are required to bring Clinical Data Managers’ knowledge and skills up to par with the state of the industry. This session will provide a few examples of professional development programs available to Clinical Data Managers.

*Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years’ experience*
Session 5 - Dramatic Change in China Clinical Data Management
This year, CFDA released 3 new Clinical Data Management Guideline, with detailed requirement in all perspectives during clinical data management. The level of quality required is the same as what FDA specified and even more strict in quite a lot of areas. This session will introduce the dramatic change in CFDA of the new guideline, as well as how China industry reacted such as changes in sponsor and vendor working model. Further more, future changes and discussions will be included for audience questions Q&A.

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

Session 7 - Emerging Trends in Clinical Data Capture and Clinical Research Technologies
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. With the growth of the clinical research industry in established geographies and expansion of research in emerging countries, organizations have been using electronic data capture to improve accuracy and speeds of patient data collection methods, which has helped to increase compliance with regulations as well as reduce costs. With improving technology, mobile and handheld device proliferation, innovative study designs and evolving regulations including those for global data security and privacy, we are witnessing trends in clinical development that are looking to better utilize the latest technology and appropriate data collection devices. There are several key trends that are particularly notable including:

- Increasing use of ePROs in studies
- Bring your own device (BYOD) for electronic clinical outcome assessments (eCOA) or electronic patient reported outcomes (ePRO)
- Electronic Health Records (EHR) integration with EDC
- eSource adoption
- Mobile health (mHealth)
- Utilizing deidentified healthcare data to suggest sources of potential patients for clinical trials
- Direct to patient trials (virtual clinical trials)

In this session, we will discuss such latest developments, benefits and challenges.

Speaking topics should cover, among others:

- Solutions and Strategies for dealing with Data Privacy and Security requirements across regions
- Applicability, advantages and challenges of eSource solutions
- Patients driven data generation for clinical and observational research
- DM in Direct to Patient Research studies
- Leveraging EHR & Claims data for Clinical Research

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

Session 8 - Fail-Safe Central Data Monitoring in RBM – How Do We Achieve It?
Scalable implementation of risk based monitoring (RBM) involves a significant component of centralized monitoring. Executing central monitoring in clinical data operations (CDO) is evolving rapidly and tends to be focused primarily on review of subject/site level data and or aggregate data. On the other hand, technology and data science has enabled automation and statistical modeling that can potentially miss specific context and softer aspects of clinical trial conduct. These two approaches are either being used in isolation or in a non-cohesive manner within organizations. The net outcome of implementing such strategies leads to clinical data monitoring not being optimal. There is scope for significant improvement to bring an integrated and holistic approach to central data monitoring. The
Session 10 - Improving Efficiency and Effectiveness in Data Management of Oncology Studies
Global Oncology Drugs Market is registering a CAGR of 7.1% from 2014 to 2020 and is expected to reach $111.9 billion by 2020, according to new research published by Allied Market Research. This data clearly indicates that many Pharma companies are magnifying their efforts in bringing newer and better oncology drugs to the market. How are Data Management departments in Pharma companies, CRO’s, FSP’s and services companies gearing up to manage these trials better. What are ways to improve Efficiency and Effectiveness in Data Management of Oncology Studies?

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

Session 11 - Optimal Use of Today’s Data Management Tools When Monitoring a Clinical Site
This session will present the perspective of site monitors and how they, and the sites themselves, interact with today’s data management tools and processes. The presentations will provide insight into both the challenges and benefits of implementing data management centric tools and processes at the clinical site and what impact this has on the site staff and the site monitors. In addition it will surface the relationship between clinical site monitors and data managers and how they interact with each other and understand the needs of each other within the context of site impact.

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

Session 13 - Medical Data Review
The session will explore Medical Data review and the importance of Holistic clinical data review. The relationship of the safety data collection and the collaborators data managers work with. In this time of adaptive trials, data managers are working with clinically dynamic protocols that many alternative pathways.

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

Session 14 - eSource and the World of Opportunities
Summary of Learning Topics include:
- Define the types of eSource presently used in clinical trials and related benefits and risks
- Describe the related standards applicable to utilization of electronic health records through collection and submission of data
- Describe use case scenarios

TransCelerate BioPharma created the eSource Initiative in 2016 to facilitate the industry’s movement toward optimal usage of electronic data sources. Despite advances in technology, data collection methods are not being utilized to their fullest capability, and transcription between electronic systems continues to be the norm. The methods and tools for collecting, representing and using clinical trial data and monitoring drug safety are severely outdated. The eSource Initiative strives to understand the current landscape, and identify the factors that influence the adoption of new technologies. TransCelerate will provide an overview of the landscape assessment including key findings from Sponsor, technology and use case perspectives. The details will include a discussion of the opportunities and challenges faced by multiple stakeholders. Cases will highlight the unique demonstration projects currently underway at member companies with the ultimate goal to modernize clinical trials. Survey results show companies are taking steps to leverage current eSource technologies and prepare for optimal utilization of electronic data sources. The TransCelerate eSource Initiative will continue to evaluate the technology, regulatory, standards, and healthcare landscape to support the improvement of global clinical science and trial execution. Forthcoming publications will focus on technology landscape, future vision, and demonstration projects. Presenters will discuss their experiences with esource case scenarios or demonstration projects.

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

**Session 16 - Can You See It? Handling Imaging Data And New Imaging Criterias**

Describe the CDM activities with imaging data including reader rules, data checks, data collections, adjudication, reconciliation and data exports. Imaging CDM documents and contents. Compliance checks of readers and process with imaging. New imaging criteria continue to be developed - it is not just RECIST anymore- how to learn and handle new and combined imaging criteria.

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

**Session 17 - Unstructured and Structured Big Data Convergence for Bridging Clinical, Regulatory, and Commercialization**

Innovative studies that combine existing data from electronic health records (EHRs) and medical claims with site-based clinical research, which can accelerate the post-approval collection of clinical evidence for the life sciences industry. Through these powerful new clinical studies biopharmaceutical companies bring new, more effective drugs to market with reduced drug development costs and increased evidence to support health plan reimbursement. How does the Big data become optimized for the patient, the clinical department, the regulatory department, but also show the active evidence demanded for commercialization with today’s competitive drugs. Through the session, we will explore the different viewpoints and their encounters with big data sets on how those department can converge on data requirements. We will explore the different structures that big data is often produced and whether there are more innovative approaches to mine this data, depending on the structure proposed. Finally, we will explore what the future looks like a couple of years from now when all studies utilized aspects of augmented intelligence, coupled with predictive analytics. This would include examples and best practices where something like AI is compared to standard analytics. The session looks at big data through the lens with examples with patient, clinical, regulatory and commercialization.

**Session level: Intermediate - Assumes comfort within CDM industry; 1-3 years’ experience**
Session 19 - SDTM and CDASH: Why You Need BOTH!
There is some confusion among CDISC standards implementers as to the difference between the CDASH (data capture) and SDTM (data tabulation) standards, the roles each plays, how they work together, and why both are necessary to achieve high quality clinical research. This results in some organizations choosing to bypass CDASH and map their collected data directly to SDTM. This session will discuss the relationship between CDASH and SDTM, what each brings to the process, and present case studies exploring experiences of organizations implementing CDISC standards.

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

Session 20 - Artificial Intelligence and Clinical Development
The penetration of artificial intelligence (AI) technologies is flourishing. Beyond the hype and the heightened media attention, numerous companies across industries, small and large, are racing to adopt. In pursuit of this quest, pharmaceutical companies are also trying to apply AI to different functions of clinical development. Some of the recent examples are:
- Machine Learning
- Robotics Automation
- Virtual Agents
This session will share practical case studies specifically focused on clinical data sciences.

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

PANEL DISCUSSION SESSIONS

Session 3 - SDV - What Is It Good For? Absolutely Nothing!
We keep doing the same things over and over again without making any notable improvements in process during a clinical trial. This panel discussion is aimed at bringing together the site, the monitor and the data manager perspective on one stage to discuss source document verification, electronic medical records, eSource and other items impacting clinical trials. How can we work more effectively together to help improve the world of clinical research?

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

Session 6 - ePRO: Going from Good to Great
As patient-centric medicine and a focus on effectiveness continue to dominate the healthcare and research landscapes, patient reported outcomes are becoming more essential to the design and conduct of clinical trials. Driven by demand from both payers and regulatory agencies, traditional methods of ePRO data collection (provisioned devices, existing instruments) are often costly and cumbersome, and fail to deliver the highest possible quality of outcomes data. We must engage patients on their time, through their channels, in order to maximize the completeness, timeliness, and accuracy of reporting. Join this panel to hear from a representative cross section of seasoned trial leaders on how they pushed their ePRO initiatives from good to great, by implementing “bring your own device” (BYOD) whenever possible and offering better training and support to study subjects when provisioned devices were necessary. This session is applicable for all conference attendees, but ideal for trial leaders and data managers with limited experience in trials incorporating these strategies.

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

QUESTIONS?
Contact Ioana Petricean
Conference Program Management
annualconference@scdm.org
http://scdm2017.org/
Session 12 - US and Europe Data Management after the Offshoring Efforts
It has been over 10 years now that many pharma companies began offshoring data management activities. Since that time, there have not been many new data managers brought in to the industry and many data managers could only get contracting positions. As a result, we don’t have much new fresh talent coming in to the industry and the staff who worked in contracting expect high salaries without much growth and development over the years. The speakers will discuss efforts going on in industry to address these issues.

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

Session 15 - CDASH V2.0 - Whats New and How Does It Impact Me?
Industry waited with baited breath for a new CDASH version; now the wait is over. CDASH v1.0 and v1.1 were said to be too stringent for companies with an established standards library. The CDASH team worked diligently to ensure v2.0 is more compatible with sponsors’ needs while still keeping conformant to the basic elements found in CDASH v1.0 and v1.1. Controlled flexibility has been included in the question text to allow companies to incorporate their special needs. Most importantly, the CDASH Model is now available for companies to use to create modules not currently available in the new version. CDASH v2.0 is the first foundational standard to be fully developed and published in the CDISC WIKI. CDISC is moving towards using the WIKI, rather than the traditional PDFs, for both the foundational standards and the Therapeutic Areas User Guides. WIKI navigation for the first time user can be tricky so we will take the participants through v2.0 to highlight some of benefits associated with the WIKI. As we continue to hear singles from regulatory agencies that CDASH may become a requirement, rather than a recommendation, how to appropriately implement CDASH is more important than ever. CDASH ensures full data traceability by using standards from the start. That should be a requirement in every company.

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

ROUNDTABLE PRESENTATION SESSIONS

Session 9 - IND Reports Preparation and Submission
Preparing and submitting an IND report is a milestone for most studies. It requires a lot of coordination between different functional groups. It takes time, effort and commitment. The timeline is always tight. The quality of data has to be high. The resource needs to be planned well. I would like to discuss with others on how to prepare and submit an IND report in a most cost-effective way. The session will cover the following topics:
- General introduction to IND reports: what an IND report includes; different sections; the responsible party
- Process review: planning and notification; data cleaning; reports generation; reports review; reports delivery
- The tips and lessons learned: real-life experience; tools and templates recommended; sharing lessons learned

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

Session 18 - Ensure Drug Adherence Monitoring and Improvement Using Electronic Devices
Drug adherence and monitoring devices are designed to, (i) remind patients to take their medication on time, (ii) compile/deliver patient medication events/dosing history to ensure that drug adherence monitoring is achievable and not only contingent on patient completed diary cards. Additionally various drug adherence/monitoring devices can be used as part of the actual drug administration
process to ensure that the recording of adherence monitoring data is not just accomplished but is also automated as part of the drug administration. This automation is performed as part of the drug administration workflow ensuring that there is a direct link between the actual drug administration and the drug adherence recording. Non-compliance drug administration events are also recorded ensuring that this data can be used as part of the final study analysis. Visualizations analytics are also incorporated as part of the drug adherence monitoring user-interface ensuring that drug adherence is not just analysed as part of final study report but made available to pharmacists/clinicians. Availability of immediate adherence data (not restricted to just ‘pill-counts’) at the study visits enables a continuous and instantaneously assessment of drug adherence and allows a more robust adherence discussion to occur between the patient and the pharmacist or clinician.

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

Session 21 - Study Medication Compliance Data Collection Challenges
This session is a roundtable dedicated to collaborative discussion around study medication compliance data collection. The panelists will explore many aspect of study medication compliance data collection that influences data management - study design, regulations, data collection and quality, data standardization, mechanism of data collection (paper v electronic diaries, smart packaging, pill counts) submissions to regulatory agencies, etc. The session will be a mix of facilitated discussion with subject matter experts sharing experience and best practices, as well as audience participation and idea sharing.

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

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<td>September 4</td>
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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.
ANNEX 1 – SESSION FORMATS 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.

QUESTIONS? Contact Ioana Petricean Conference Program Management annualconference@scdm.org http://scdm2017.org/
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.


ROUNDTABLE SESSION

What is a Roundtable presentation?

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.

QUESTIONS?

Contact Ioana Petricean
Conference Program Management
annualconference@scdm.org
http://scdm2017.org/
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.

**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 2017 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 2017 Annual Conference is contingent upon final submission of a draft poster and acceptance by the Selection Committee (deadline: August 7).