*Potential areas for inclusion are listed for each category. These are intended as a guide to help you chose the most appropriate category, and are not intended to limit abstract submission. We will accept abstracts under the category in any appropriate area. You can select up to 3 major categories. The subcategories are listed as potential examples of areas of interest.*

*If you are unsure which category to submit your abstract under please contact us.*

**1. Trial Design**

* Adaptive trial designs
* Using Big Data
* Definitive trials (phase III) setting
* Exploratory studies (phase I, phase II) setting
* Platform, multi-arm and multi-comparison trials
* Rare and uncommon diseases
* Implementation into practice
* Moving from the traditional frequentist approach

**2. Recruitment & Retention**

* Cost implications re recruitment and retention.
* Exploring novel methods of recruiting and retaining participants
* Issues related to recruitment:  
  *Training site staff*  
  *Communication with patients*  
  *Use of incentives for patients or sites*  
  *Prediction and monitoring*  
  *Recruiting those who are ‘hard to reach’*  
  *Identifying and overcoming sources of bias when recruiting to trials*
* Issues related to retention:  
  *Patient perspectives of withdrawal and retention*  
  *Minimizing attrition in trial design (case studies, strategies, nested RCT’s and evidence base for the effectiveness of strategies)*  
  *Trial site training, monitoring*
* Statistical approaches to handling missing data including transparency of reporting

**3. Trial Management & Research Coordination**

* Trial set up  
  *The Project Manager*  
  *The Team and collaborators*
* Documentation
* Regulatory and ethical correspondence
* Communication and dissemination  
  *Both within the team and outwards to third parties*  
  *Reporting findings to the non-expert, e.g. to charities or laypeople*  
  *Innovation approaches/beyond traditionally means*

**4. Statistical Analysis**

* Design and analysis of stepped wedge trials
* Causal modeling in trials
* Handling missing data
* Adaptive pragmatic trial designs
* Beyond intention-to-treat
* Increasing trial efficiency
* Missing data

**5. Systematic Reviews & Evidence Synthesis**

* Using evidence synthesis in trial design
* Value of information analyses
* Using evidence synthesis in trial conduct, analysis and reporting
* Reporting trials to contribute to evidence synthesis
* Making trial data available for evidence synthesis

**6. Personalized Medicine**

* Biomarker discovery, development and validation in clinical trials
* Clinical trial designs for stratified medicine
* Evidence synthesis and health economics for stratified medicine

**7. Health Economics**

* Efficient Trial Design
* Data collection (including methods for missing data)
* Extrapolation beyond trial sites and time horizon

**8. Health Informatics**

* Using routinely captured clinical datasets to enhance clinical trials
* Reliable and accurate data capture using tablets, phones or other mobile devices
* Long term storage and curating of electronic clinical data
* Health Informatics enabling improved patient care

**9. Information Systems & Technology**

* Electronic data capture methods and systems
* Novel developments to improve data collection/management
* Using routinely collected data for trial purposes
* Electronic patient outcome systems (ePROMS)
* Clinical database management systems (CDMS)

**10. Outcomes**

* Selection of trial outcomes / core outcome sets
* Outcome measurement instruments (inc PROMS)
* Reporting & communication of trial outcomes
* Surrogate & composite outcomes
* Health Economic outcomes

**11. Qualitative Research**

* Trial design and conduct
* Ethical procedures
* Intervention feasibility and acceptability
* Outcomes
* Intervention development/modification

**12. Complex Interventions**

* Methods to design the form and content of complex interventions
* Evaluating the effect of complex interventions
* Effective reporting of complex interventions
* Getting complex interventions into practice

**13. Translational Medicine**

* Identification and characteristics of areas needing new methods
* Developing new methods  
  *a. Tackling proof of concept for new methods*  
  *b. Approaches to testing feasibility of new methods*
* Moving methods from other disciplines

**14. Involving Research Partners**

* Working better with industry
* Working better with government health insurers: NHS / Medicare
* Working better with patients and patient organizations – e.g. patient and public engagement and awareness raising about research and clinical trials; patient and public involvement in research and participant experience of clinical trials

**15. Feasibility & Pilot Studies**

* Definition & terminology
* Innovative study designs
* Sample Size considerations
* Completed studies – generalizable implications for future design or conduct

**16. Data Management**

* Innovative methods including:  
  *Systems and processes*  
  *Monitoring and review*  
  *Communication and training strategies*  
  *Marketing and delivery*