Abstract Submission

Abstracts submitted for the 2024 NBSS will be evaluated for acceptance by the Planning Committee. Please be sure to follow the format instructions carefully; failure to do so may result in rejection. Information in the abstract must not have been previously published in a copyrighted journal.

Abstract submissions must be received no later than midnight PT April 21, 2024.

All submissions must be completed on the online abstract submission site which has detailed instructions:

You will receive an email confirmation upon submission. All correspondence will be made with the person who submits the abstract.

Presentation Formats

Oral
A number of 10-15 minute oral presentations will be slotted for each 90 minute session. Specific length for each presentation will be determined during the review process. Concurrent Panels of related presentations may be suggested but individual abstracts must be submitted and will be judged separately as well as together. At the top of the abstract text box list “Concurrent Panel” along with the last names of the suggested co-panelists so appropriate abstracts can be paired.

Poster
All posters will be physical and virtual. Freestanding horizontal boards will be provided for presenting in-person posters. Poster presentation surface area is 4’h x 8’w (120cm h x 240cm w). Virtual posters will consist of a visual poster .pdf file which shows your work. You may include a short audio file which will play over your poster.

Roundtable
Informal discussion of a single topic with up to 50 people. Roundtables will last 60 minutes. Only four will be scheduled. Note: Presenters should indicate their preference for presentation. The Planning Committee will make the final decision on presentation format based on quality of abstract and the needs of the Symposium.

Poster Award
To encourage excellence in poster presentation, a Best Poster Award for the 2024 NBSS will be selected by the Planning Committee. Certificates will be announced during the Symposium awards ceremony. A certificate will be awarded to the top three posters. Posters will be judged equally on the following criteria:

1. Importance and Relevancy
2. Broad Interest of the Topic
3. Educational Value
4. Design and Layout

Submission Deadline: April 21, 2024
Abstract Decisions: June 18, 2024
Selection Criteria and Guidance
Abstracts must accurately and briefly describe:
1. the problem studied and/or objectives;
2. methodology;
3. significant results and findings (include quantitative and qualitative analyses when applicable)
4. conclusions and/or implications and next steps

RUSP Conditions
- Point-of-care
- Improved testing methods or follow-up
- Reporting on secondary conditions
- 1st and 2nd tier testing methods
- New methodologies and therapies
- Counting conditions and counting cases
- Pre-RUSP Conditions

Conditions Under Consideration for Addition to or Removal from National and State Panels
- Lysosomal disorders
- Metabolic disorders
- Secondary conditions
- Congenital infectious diseases (e.g., HIV, CMV)
- Non-RUSP conditions (e.g., rare conditions, new therapies)
- Adoption and use of second-tier testing (when appropriate, intersection of newborn screening and diagnosis)
- Testing/follow up algorithms
- Validation lessons learned
- Carrier status

System Issues, Updates and Initiatives
- Pre-analytical aspects (e.g., data entry, device ordering/send-out, sample quality, parental refusals)
- Post-analytical aspects (e.g., lab reporting mechanisms)
- Transportation issues (e.g., specimen stability during transportation, timeliness benchmarks)
- Process for handling transfusions
- Screening of special populations (e.g., sick, low-birth weight, pre-term or older babies, out-of-hospital births)
- COOP (e.g., security contingency planning, COVID-19)
- Diagnostic testing
- NBS operating structure (e.g., centralized vs non-centralized, 1 sample vs 2 samples)
- Global, regional and national initiatives, emerging programs
- Updates on global NBS programs in low-and-middle-income countries

Quality Improvement, Quality Control and Quality Assurance Activities
- Process improvements (e.g., using population health to improve NBS)
- Preventing quality failures (Quality Assurance) (e.g., validation, cutoff evaluation, SOP revision in lab and follow up)
- Error detection in product (Quality Control) (e.g., markers used to indicate process error, error message programmed during follow-up process)

Financial, Legal, Ethical, Policy and Social Implications (FLEPSI)
- Legislative processes
- Drug access and policies
- Storage and use of residual bloodspots
- Consent and privacy issues
- Program coverage for confirmatory testing and family testing

Training/Education/Communication and Public/Community Engagement/Experiences in Newborn Screening
- Training for providers, legislators, families and the public
- Resources/materials
- Unforeseen adverse impacts of screening (how these may be mitigated or avoided)
- Biobanking, data repositories (e.g., set up, maintenance, management, responsible use, governance)

Health Information Technology
- ETOR, HL7, birth partner messaging
- Connections with vital records or birth defects
- Interoperability
- LIMS/Case management systems
- Funding laws and rules
- Refusals

Data Analytics and Bioinformatics
- How to improve the predictive power and risk assessment determinations in NBS
- Artificial intelligence and machine learning technologies
- Data Dashboards
- Model for profile interpretation (ED3N, CLIR, etc.)

Molecular Technology
- Methods and utility (e.g., NextGen Sequencing, proteomics, metabolomics, genomics methods)
- In-house developed laboratory methods
- Genomics as a first line test in NBS

Short-term and Long-term Follow-up
- Engagement with providers, specialists, and/or families
- Methods and tools for short-term follow-up
- Methods and tools for long-term follow-up
- Late-onset conditions
- Reporting carrier results (hemoglobin’s, etc.)
- The role of long-term outcome studies to assess the impact and efficacy of NBS

Genetic Counseling
- X-linked disorders
- Use of whole exome/genome in NBS
- Utilization of Genetics Counselors in NBS programs
- Interpretation of rare variants
- Newborn carrier status identified by newborn screening
- Genomics updates
- Traits
- Case studies

Workforce Issues
- Staff development (e.g., morale)
- Shortages, retention, succession planning
- Remote working
- Fellows/students

Health Equity in the US and globally
- Access to treatment (e.g., telehealth services)
- Therapies and genetic testing
- Inclusive terminology
- Transformations in genetics testing

Submissions of an educational and/or non-technical matter will also be considered.
1. Studies must be based on accepted scientific practices.
2. The body of work should not have been previously presented or intended for presentation at another scientific meeting. Papers should not appear in print prior to the 2024 NBSS.
3. Results should be summarized. Do not use tables or graphs in the abstract submission.