GUIDELINES AND INSTRUCTIONS
FOR REVIEWING ABSTRACTS

HOW TO SCORE ABSTRACTS
You should grade the abstracts based on the scientific strength, and on methodology and the data provided and on the novelty/originality of the findings, as far as one can judge from a brief abstract.

Only the best abstracts will be accepted! Be strict when grading abstracts.
Grade the abstracts considering the impact it can have on scientific reasoning and/or clinical practice!
This will enable the Programme Committee, to select the best abstracts only and build a nice and qualitative programme.

The scores scale applied is as follow:

1 Poor; no novel finding, misinterpretation of results
2 Adequate; previously published finding or less important to ERS
3 Fair; confirms established findings
4 Good; novel findings
5 Very good; major scientific advance
6 Excellent scientific advance

X – COI - Defer, if you are an author, a co-author, or have a similar conflict of interest, or if you feel that you do not have the expertise to score a particular abstract. You will have no possibility to grade this abstract

X – Wrong Group – Means that abstract was submitted under wrong category and you do not have expertise to review it. You will have no possibility to grade this abstract, you may suggest the right group by choosing it from the following drop-down list.

- Only 10% of abstracts are likely to fall into the top scoring category (6).
- Abstracts must contain original data and meet international ethical standards.
- Most abstracts are of only moderate novelty but they may nevertheless contain important information, provide interesting food for discussion or be useful for educational purposes. Such abstracts are to be given a moderate to high score. For your information, in previous years the acceptance rate has been under 73%.
• The presentation of case reports is not encouraged, but sometimes case reports can be highly original and important. Consequently, please grade these case reports according to their important as they may be acceptable for presentation at the Congress.

• Some authors submit multiple abstracts from a single study; avoid giving the same high score to each of the “slices of salami”.

• Finally, abstracts with no data presented, no hypothesis, with unclear methods and/or results, or with questionable ethics should be rejected (score 1), with a comment – either by selecting one of the pre-defined comments or by typing a brief explanatory comment (please see next sections).

COMMENTS TO AUTHORS
Use the pre-defined list of comments for the Abstract Author(s), for abstracts with a score of 2 and below, you are requested to comment. Choose from the list the most appropriate comment(s). If no pre-defined comments fit, you can add one in the free text field. Keep in mind than your comments might be forwarded to authors who request feedback. This can help authors improve the quality of their abstracts, and for those whose abstracts have been rejected, to encourage them to submit abstract for future ERS Congress by giving them advice. This “comment” field is available for each abstract.

FURTHER RECOMMENDATIONS
• To help Group Chairs and the Committee in creating the best abstracts sessions, you may wish to add a comment using the “Comments for the Committee” field that is available for each abstract.
• If an abstract is not submitted into the appropriate Group (a list of submission Groups can be found on the following page), please select the pre-defined comment “Out of scope for this category of submission”, automatically the “X – Wrong Group” score will appear and you will have no possibility to grade this abstract. Indicate which Group would be more appropriate from the drop-down list.

Encl.: - list of submission groups/categories, for your information
- list of pre-defined comments, for your information

IMPORTANT: During the reviewing process you may receive some additional abstracts to be graded. Those abstracts would come from another reviewer who cannot evaluate them due to potential Conflict of Interest. New abstracts would be accessible via the reviewing platform and a notification will be sent to you by email.

GROUPS/CATEGORIES OF SUBMISSION

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<tr>
<th>01.01</th>
<th>Clinical Problems - not related to asthma or COPD</th>
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<th>Acute critical care</th>
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<tr>
<td>01.02</td>
<td>Rehabilitation and chronic care</td>
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<td>Noninvasive ventilatory support</td>
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<td>01.03</td>
<td>General practice and primary care</td>
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<td>Molecular pathology and funct. genomics</td>
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<td>01.04</td>
<td>M-health/e-health</td>
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<td>Mechanisms of lung injury and repair</td>
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<td>04.01</td>
<td>Clinical respiratory physiology, exercise and functional imagi</td>
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LIST OF PRE-DEFINED COMMENTS

GENERAL COMMENT
  • Out of scope for this category of submission

COMMENTS FOR ABSTRACTS WITH GRADE OF TWO (2) OR BELOW
  • Confirms established findings
  • Confusing data
  • Incomplete abstract
  • Methods and/or results unclear
  • No control group
  • No data presented
  • No hypothesis
  • Not relevant for ERS
  • Of limited general interest
  • Questionable ethics