STYLE GUIDELINES EHA MEETINGS EDUCATIONAL MATERIAL

In this document, you will find information and tips on the general design of lectures and self-evaluation cases for EHA meetings.

Please submit your PowerPoint presentation to your contact person at the EHA Executive Office **at least 1 week prior to the meeting**.

1. LECTURES

- Please take into account the **EBAH guidelines** (annex 1a).
- Do not present any logo of a pharmaceutical company in your slides.
- **Disclose your affiliations <u>on the first slide of your presentation for a duration of at least 10 seconds</u>.**
- Setting **Learning Objectives**, to demonstrate the expected results of your presentation, is part of the format of EHA educational and scientific events. Therefore please include 1- 3 learning objectives at the beginning of your abstract and your presentation.

  To set a learning objective, start the sentence with a verb.
  Examples of verbs: explain, classify, identify, list, describe, name, indicate, etc.

  EXAMPLE:
  After viewing this presentation, the participant will be able to:
  - <u>Recognize</u> risk factors for pregnancy outcomes in patients with ALL
  - <u>Adopt</u> a management strategy for patients desiring pregnancy
  - <u>Understand</u> the molecular genetics of T-ALL

- If feasible, integrate questions in the middle of the presentation and ask somebody in the audience to reply.
- When preparing your PowerPoint presentation please bear in mind:
  - Only PowerPoint presentations made in Microsoft Office 2010 or earlier versions can be accepted.
  - Presentations will be projected on a screen.
  - Movies, pictures and animation links to the Internet or to other files will be accessible.
  - Use standard Windows fonts only, 24 font sizes can be read easily by all delegates, also at the back row of the meeting room.
  - In general, it should not exceed 5-6 lines of bold print containing 6 - 7 words per line. If a larger amount of information needs to be presented, it should be split into several slides.
  - Graphics also should be of adequate size.
  - Use dark text on a light background, this makes the slides easier to read. We recommend using the standard EHA presentation format.
  - Line graphs and simple drawings are more effective than tables of figures.

- MAC users should convert their presentation into a PC format.
- We strongly recommend you bring a backup of your presentation on a USB memory stick to the meeting.
- Single-, double slide, and overhead projections will not be offered during the meeting.

2. CASES (only applicable if your lecture is part of an interactive session).

When preparing a case for an EHA Meeting, it is important that each case is developed according to the standard format, explained in the following guidelines.

The educational purpose of the 'self-evaluation cases' differs. Self-evaluation cases are intended to let the participants assess what they have learned. Feedback and discussion are required to discuss incorrect answers and understand the reasoning for the content of the cases. However, the self-evaluation cases should not turn into mini-lectures. Self-evaluation cases on the contrary must fit the template so the format is quite rigid.

The required format is a case introduction followed by 6 questions with 5 answers each, only one answer being correct.

Design of the Self-evaluation cases

- Please use the template as the format is rigid
- Each case should have 6 questions with 5 possible answers
- Present so much information that the participants will have forgotten it before they get to the question.
- It is ESSENTIAL that each question has one true answer **and only one**
- Be careful not to use 'negative questions' followed by negative statements. These are confusing, even for native speakers of English.
- Let the participants assess what they have learned. Some feedback is needed so that if the participants selected the wrong answer they know why another answer is preferred
- Don't present so much information that the participants will have forgotten it before they get to the question. After answering one question, the participants then move on to the next screen with further information and possibly more images plus an associated question.
- After each answer a slide with the comment discussing why it is the correct one should be provided; alternatively you can group the comments in a few final slides, at the end of the test-case.
- You can provide images, tables, graphs – as many as you need but bearing in mind that these are not meant to be long presentations and please make sure that each will be legible from the back of the room.

Examples of questions

Q4) You expect DNA analysis to show

1. Deletion of one α gene

2. Deletion of two α genes

3. Deletion of three α genes

4. Deletion of four α genes

5. All α genes intact **(correct answer)**

Why is this a good question? The question itself is short and clear and there is no overlap between the answers. Clearly only one can be correct.

Here is an example of a bad multiple-choice question for self-evaluation.

Q1 Which of these is **NOT** a correct statement?

1. Side scatter (SSC) and forward scatter (FSC) of the abnormal cells suggest that the abnormal population represents monocytes.
2. The reduced SSC of the CD34-positive cells suggests that there are hypo granular neutrophils **(correct answer)**
3. The distorted SSC & FSC characteristics suggests that the sample was stored for too long before processing

4. The CD7 is expression on MPO-positive cells do not suggest that this is a mixed phenotype acute leukaemia
5. There is aberrant lymphoid antigen expression on both myeloblasts and maturing myeloid cells.

Why is this a bad question? Each section of the question is long and complex. It is unlikely that the participant will be able to remember enough of the scatter plots to answer. There is also the added complexity of searching for an untrue answer rather than a true answer.

3. REFERENCES

Example

Standing Committee on Human Cytogenetic Nomenclature (1978) An international system for human cytogenetic nomenclature. *Cytogenet Cell Genet*, **21**, 309–404. (or more recent updates)

Swerdlow SH, Campo E, Harris NL, Jaffe ES, Pileri SA, Stein H, Thiele J and Vardiman JW (eds) *World Health Organization Classification of Tumours of Haematopoietic and Lymphoid Tissues*. IARC Press, Lyon, 2008.

4. GENERAL

a. Abbreviations and Units

- Please keep abbreviations to a minimum as they often inhibit understanding, particularly if people are working in their second or third language. Whenever possible, the units used should be those of the Système International (SI) and standard abbreviations of these should be used.

- The abbreviations recommended by the International Council for Standardization in Haematology can be used without definition. They are shown here, together with SI units:

	Unit	**Example**
WBC **(Note: not WCC)**	x 10^9/l	5.3 x 10^9/l
RBC	x 10^{12}/l	4.8 x 10^{12}/l
Hb	g/l	121 g/l
Hct	l/l	0.43 l/l
MCV	fl	83 fl
MCH	pg	27 pg
MCHC	g/l	346 g/l
Platelets	x 10^9/l	125 x 10^9/l
ESR	mm/h	34 mm/h

- ***Please note: use l' not 'L' for liter, as advised by the WHO.***
- ***Please use absolute numbers not percentages for the differential count unless the percentage has a particular significance, in which case it can be given in addition to the absolute count.***
  - Certain other very common and widely understood abbreviations can be used without definition, specifically

- ALL
- CLL
- NHL
- HD
- FAB
- WHO
- PCR
- RT-PCR
- FISH
- PT
- APTT
- CD (cluster of differentiation)

But even in this case it will help non-native speakers of English if you define the abbreviation when first used.

- Any other abbreviations should be defined when first used.
- Units should be given for **all** laboratory values.

b. Reference ranges

The reference range or normal range for your laboratory should be given for all except the most common tests. This is particularly important for test results that vary greatly between laboratories, such as the serum B_{12} concentration or the activated partial thromboplastin time (APTT).

c. Decimal point

A decimal point should be used, not a decimal comma.

d. Cytogenetic Notation

Cytogenetic definitions and notation should be that of the International System of Cytogenetic Nomenclature (ISCN) [Standing Committee 1978], for example, inv(3)(q21q26) **but** t(3;3)(q21;q26).

e. Genetic notation

Genetic notation should be that advised by the Human Genome Project, Specifically, upper case italics should be used for all human genes. For example, use *BCR-ABL1* not BCR-ABL or bcr-abl or *bcr-abl*. Lower case italics should be used for viral genes,

e.g. *v-abl*. Upper case regular script can be used for proteins, e.g. BCR-ABL1. Please use the correct up to date gene name, e.g. *ABL1* not *ABL*. This can be found in Online Mendelian Inheritance in Man, http://www.ncbi.nlm.nih.gov/sites/entrez?db=omim.

f. Drug names

If you need to refer to a drug, whenever possible please use the generic name, preferably the recommended international non-proprietary name as advised by the relevant WHO specialist panel. For example, use 'rituximab' not Mabthera or Rituxan. Trade names differ between countries and some will be completely unintelligible to many participants.

g. **Size of file**

For practical