Abstract Peer-Review Rubric

Five scored criteria, each 1–10 points (maximum 50)

Review principles

- Consider methodological or clinical rigour, clarity, credibility and meaningful contribution; practical relevance may include research, education, policy and clinical application.
- Apply criteria appropriate to the chosen abstract format. Do not penalize qualitative or descriptive designs for lacking analyses that are not appropriate to the research question.
- Use the full 1–10 scale consistently. Record author-facing constructive feedback and separate confidential Committee comments.
- Reviewer scores and recommendations inform, but do not determine, abstract acceptance or presentation format. The WFATT World Congress Committee makes final decisions based on peer-review findings, scientific and clinical merit, and Congress programming considerations, including available presentation capacity.

Scoring criteria

Criterion (1–10)	Original Research	Case Studies and Series
1. Context / Background and Differential Diagnosis	Original Research: Is the rationale, knowledge gap and objective clear and important? Is relevant context sufficient?	Case Studies and Series: Are presentation, relevant history, assessment and differential diagnosis clearly explained? Is clinical reasoning credible?
2. Methods / Treatment	Original Research: Is the design, sample, data collection and analysis appropriate and sufficiently described for the question?	Case Studies and Series: Are management decisions, treatment/rehabilitation course, relevant investigations or referrals and outcomes adequately explained?
3. Results / Uniqueness	Original Research: Are findings clearly reported and linked to the objective, with appropriate supporting data or qualitative evidence?	Case Studies and Series: Is the case's distinctive clinical or educational value demonstrated with sufficient relevant detail?
4. Conclusions	Both formats: Are conclusions supported by the information presented, appropriately qualified and clear about the principal learning or implications?	For case studies, is the transferable clinical lesson clear? For original research, are findings interpreted accurately?
5. Contribution to the profession	Both formats: Does the work offer a meaningful contribution to research, education, policy, clinical decision-making or professional practice?	Consider practical applicability, potential impact, or future relevance. Submissions are not required to align with the Congress themes, and the absence of theme alignment must not negatively influence scoring.

Score interpretation and recommendation

Total score = sum of five criterion scores (5–50). Use the numerical scores alongside written comments. Reviewers should select the appropriate recommendation in the reviewer portal (Accept, Accept with Revisions, or Reject) and provide a brief rationale. Recommendations are advisory; there is no automatic acceptance threshold based on numerical scores.

Feedback

Author-facing comments: Identify specific strengths, limitations, necessary clarifications or recommended revisions in constructive language. Do not reveal reviewer identity.

Confidential Committee comments: Record concerns relevant to decision-making, including substantial methodological limitations, originality concerns, ethics/privacy concerns or programme considerations. Do not treat theme alignment as an eligibility requirement.

Decision authority

The WFATT World Congress Committee considers peer-review scores, recommendations, and comments when determining abstract acceptance, revision requirements, and poster or podium presentation opportunities. Final decisions rest with the Committee.