EASL Nurses and AHP abstracts submission guidelines

A nurse and/or allied health professionals need to be a co-author of the abstract and the presenting author, and the subject should be of interest to nurses, allied health professionals and the interprofessional forum.

Below are the main guidelines and essential rules for preparing your abstract for submission.

Title

- Title should be on a single line (no paragraphs)
- Length is 50-250 characters (including spaces)
- Do not use all capital letters
- Do not use any abbreviations in the title
- Do not put a period at the end of the title
- Title should not have each word capitalised

Examples:

✓ This is a correct example title for your abstract

✗ THIS IS AN INCORRECT EXAMPLE TITLE FOR YOUR ABSTRACT. (all caps)

✗ This Is An Incorrect Example Title For Your Abstract. (each word capitalised)

Topic

Choose your topic and subtopic so that it will be reviewed in the appropriate category.

- Research project
- Clinical/service development or improvement project

In the nurses and allied health professionals category, both research projects and clinical quality improvement projects can be submitted.

Keywords

Please choose between 2 and 5 keywords that best correspond to your abstract submission.

Authors

- To add an author, please enter a valid e-mail address
- Mandatory fields: Complete first name (not only the initials), last name, institution and country
- When copying/pasting names, make sure there is no space after the name
- Indicate the role of the authors (main and presenting authors)

Affiliations

- Institution/company, city and country are mandatory
- Do not use all capital letters, and do not capitalise the first letter of each word
- When adding new author's affiliation, please ensure it is written exactly the same if the affiliation has already been used. To avoid duplicates, we recommend using the "Select from your recent affiliations" button.

Disclosure - Conflict of interest

- List ALL conflicts of interest for all authors, even if they are unrelated to the abstract. Indicate the company(ies) for the different types of conflict
- If the conflict type is not listed, use the "other" field and indicate the nature of the conflict
- In case of use of off-label products, disclose the name of the product and the manufacturing company

Nurses and AHPs Bursary

As a nurse or AHP, you can apply for a travel bursary if you meet following criteria:

- EASL member at the time of submission
- To be a Nurse Practitioner or an Allied Health Professional

For the submission, please:

- Proof of training or an employment letter (Nurses and AHP)
- Provide your EASL membership number

Abstract body

To be accepted, abstracts will be assessed based on the following:

General rule: Abstracts indicating "work in progress" or "results will be discussed" are unacceptable.

- Title: Should reflect the content of the abstract.
- Background / Introduction: Provide relevant context.
    - For research projects: Include theoretical or scientific background.
    - For quality improvement projects: Identify the clinical issue and rationale for improvement.
- Objectives / Aim: Clearly state the purpose of the study/project.
    - For quality improvement: Emphasise relevance for clinical practice and potential transferability.
- Methods: Describe how the work was conducted.
    - For research projects: Specify study design, sampling, data collection, and analysis plan.
    - For quality improvement projects: Describe the clinical setting, stakeholder involvement, data collection, and improvement methodology.
- Results: Present findings clearly and logically.
    - For research projects: Focus on data analysis outcomes.
    - For quality improvement projects: Present evidence of change (e.g., run charts, percentages, process indicators).
- Conclusions: Must be supported by results.
    - For research projects: Emphasise contribution to scientific knowledge.

- For quality improvement projects: Reflect on learning, sustainability, and potential for wider implementation.

IMPORTANT: Figures, tables or images are NOT allowed.

In total, the number of block characters (including spaces) must be between 500 and 2500

Main formatting rules:

- Define all abbreviations at first use
- Decimal point should be a period (2.5)
- Provide space between signs and numbers (2.5 = a)
- Significance value should be a small 'p', not bolded nor italic (p > 2.5)
- Avoid using symbols (use "alpha", not α). Never use the "symbol" font

Modifications

- Modifications to draft abstracts can be made on the platform until the submission deadline of the given event

Withdrawal

- After you submit your abstract, requests for withdrawal of an abstract must be received in writing to abstracts.easlcongress@easloffice.eu before the abstract submission deadline.
- No refund will be granted after the submission deadline.
- Any withdrawal requested after the abstract submission deadline will not be considered, and the abstract will be published.

Past the submission deadline, EASL cannot guarantee the withdrawal of an accepted abstract from paper and/or electronic publication(s).

New NAFLD Nomenclature

Steatotic liver disease (SLD) is the new overarching term with metabolic dysfunction-associated liver disease (MASLD) replacing nonalcoholic fatty liver disease (NAFLD). To summarise:

- Steatotic liver disease (SLD) is the overarching term to encompass the various aetiologies of steatosis.
- Nonalcoholic fatty liver disease (NAFLD) will now be metabolic dysfunction-associated steatotic liver disease (MASLD). MASLD encompasses patients who have hepatic steatosis and have at least one of five cardiometabolic risk factors.
- A new category, outside pure MASLD, termed MetALD (pronunciation: Met A-L-D) was introduced to describe those with MASLD who consume greater amounts of alcohol per week (140 g/week and 210 g/week for females and males respectively).
- Metabolic dysfunction-associated steatohepatitis (MASH) is the replacement term for NASH.
- Those with no metabolic parameters and no known cause have cryptogenic SLD. When submitting your abstract, always use the new nomenclature when feasible.

If the outdated terminology is used in reference to an old or ongoing trial, or in reference to a publication, etc., this would be an exception.
Detailed information about the nomenclature consensus process is available in the Journal of Hepatology

Alcohol related liver disease Nomenclature

EASL recommends the use of the terms listed below when referring to alcohol and liver disease, to help end stigmatizing language use. We encourage you to adjust your abstract accordingly, where appropriate. Thank you!

Prior term	Recommended term
Alcoholism	Alcohol use disorder
Alcoholic	Person with alcohol use disorder
Alcoholic hepatitis	Alcohol-associated hepatitis or alcohol-related hepatitis
Alcoholic liver disease	Alcohol-associated liver disease or Alcohol-related liver disease
Alcoholic cirrhosis	Alcohol-associated cirrhosis or Alcohol-related cirrhosis

Updated: 23.07.2026