CALL FOR ABSTRACTS

ABSTRACT SUBMISSION DETAILS AND GUIDELINES
SUBMISSION DEADLINE: April 3, 2026

Are you a professional involved in the regulatory, clinical or safety and pharmacovigilance functional areas within a company or organization working on pharmaceuticals, drugs, medical devices, and/or diagnostics in Canada? If so, DIA wants to hear from you!

To ensure that we have the most comprehensive and cutting-edge program, we are seeking abstract submissions from professionals like yourself, who are pushing the boundaries in their respective fields. We encourage you to submit abstracts that reflect the latest trends, innovations, and best practices in regulatory, clinical or safety and pharmacovigilance in Canada. We will be accepting the following formats:

- Presentations: 15-20-minute presentation to be bundled with other presentations to create a session
- Sessions: 60-75-minute total session
- Workshop: 60-minute workshop delivered in an interactive/simulation or role-playing format
- Short Courses: three-hour interactive workshop delivered in a small group format (these will be delivered virtually and require a separate fee from attendees)

The Canada Annual Meeting Program Committee is seeking abstracts on the following topics (keep in mind, business use cases and lessons learned are encouraged in all topic areas). Please note that this meeting is attended by many regulatory, clinical and safety professionals, service providers, and health authority representatives, and therefore, topics in addition to those listed below, that you feel are relevant, may be submitted for evaluation and possible selection.

Regulatory Track

The regulatory track provides opportunities for information sharing, use cases, and best practices relating to Canada's regulatory landscape as it applies to regulatory requirements, new developments, and innovation for life sciences R&D.

- Access to medicines (e.g., Collaboration between Health Canada and CADTH [possibility of conducting an Integrated scientific advice at the earlier stage of process development])
- Advanced modalities (e.g., Cell and gene therapies, combination products, software as a medical device [SaMD] in combination with therapeutic product)
- AI in regulation (e.g., AI assisted evaluations, identification of risk in submission package, innovation in inspections)
- Agile regulations for drugs and devices (e.g., Health Canada and industry experience with application of agile regulations to clinical trial applications and NDS applications)
- Benefit-risk and patient-focused drug development (e.g., Incorporating patient perspectives and real-world evidence into regulatory decision-making)
- Ensuring supply and CMC challenges (e.g., global supply chain, drug shortages, innovative technology in CMC and quality, regulatory trends in CMC)
- International convergence, collaboration, harmonization and reliance (e.g., initiatives like ACCESS, Orbis, reliance, clinical trial regulations and their impact on development timelines and market access)
- Regulatory intelligence and strategy (e.g., best practices for navigating complex global requirements, submissions, and labeling)
- Regulatory perspectives on model-informed drug development (e.g., ICH M15 implementation)

Clinical Track

Today, modern pharmaceutical, medical device, and diagnostic products are advancing at an unprecedented speed. Sessions in this track will focus on clinical research development and operations for industry.

- Advanced therapy medicinal product (ATMP) challenges
- Budgeting: understanding fair market value and clinical site realities
- Building a clinical operations team: expanding infrastructure and skill sets, training, and managing increasing demands
- Clinical operations and logistics: planning, tracking, and metrics
- Clinical trial modernization (e.g., use cases and best practices)
- Cybersecurity considerations and compliance with international privacy rules in clinical trials and its impact on the bottom line
- Decentralized clinical trials (DCTs)
- Digital health technologies (DHTs)
- Educational programs that prepare students and young professionals to work in clinical trials or regulatory functions
- Effective patient engagement strategies
- Effective recruitment, retention, and engagement strategies for clinical operations
- Equity, diversity, inclusion, anti-racism, and accessibility (EDIAA)
- Ethics review process and timeline in Canada
- Expanded access clinical trials draft guidance
- Highlighting the advantages of conducting clinical trials in Canada
- Implementation of effective strategies that support clinical operations
- Innovation in clinical program design (e.g., master protocols and decentralized studies)
- Inspection preparation and readiness
- Investigation of medical devices, diagnostics, and combination products
- New guidance for co-packaged drug products
- Partnerships/outsourcing
- Patient consent (e.g., types of consent and the challenges that exist)

Clinical Track (continued)
- Patient-focused endpoint development
- Planning clinical supply logistics (e.g., e-labeling)
- Professional development topics as it applies to the clinical functional area (e.g., soft skills)
- Quality by Design in clinical development and protocol design
- Quality management systems and quality control best practices
- Rare disease (e.g., insights on how rare diseases are studied, funded and approved in Canada)
- Special populations (e.g., pediatric [ICH E11A], geriatric, historically underrepresented, etc.)
- Speeding up clinical development (e.g., modeling and simulation, extrapolation to different populations, etc.)
- Statistical considerations for trial design (e.g., adaptive design studies)
- Understanding, working with, and closing the gap between generations in clinical operations (from Baby Boomers to Gen Alpha)
- Use of AI and artificial data in clinical development

Safety and Pharmacovigilance Track
Our safety and pharmacovigilance (PV) track will provide a comprehensive overview of Canada's regulatory environment in the field of clinical safety and pharmacovigilance pharmaceutical products, drugs, medical devices, and diagnostics.

- Advertising and promotion through a patient safety and public health lens
  - Reminder ads
    - Neutrality of reminder ads in today's digital and social media environment
    - Insights on whether reminder ads are appropriate given how patients and healthcare professionals access and engage with information today
  - Insights on:
    - how the broader promotional context (e.g., social media, disease awareness campaigns, and influencers) blur regulatory boundaries and implications for patient safety
    - advertising complaints and enforcement trends and emerging or overlooked safety risks
    - How advertising complaints are assessed in practice
    - the differences in advertising and promotion regulations (e.g., Canada vs global markets)
- Agile regulations and their effects on pharmacovigilance
- AI, automation, and innovation in PV
  - Real world use cases showcasing how AI and intelligent automation are being practically applied in pharmacovigilance to improve efficiency, quality, and compliance across PV operations
  - Risks to consider with AI/Automation (e.g., privacy risks, etc.)
  - Innovation in pharmacovigilance: evolving processes, tools, and operating models to meet growing regulatory and post market demands
  - Global vs local listedness and expedited ICSR reporting to Health Authorities and license partners
- Consultation updates (e.g., ICSR, ASR, NFA, GVP)
- Current pharmacovigilance challenges

- Data Privacy as it pertains to PV/safety data
  - Safety data privacy / personal information protection
  - Data privacy as it pertains to PV data and patient health information (PHI)
  - Insights on how PIPEDA comes into play while organizations/vendors conduct follow-ups for safety reports
- GVP inspections / experience with single vs dual Health Authority inspections
- Insights on how to improve data quality (e.g., follow up reports)
- Medtech PV regulations and safety reporting challenges with medical devices
- Notification of foreign actions (NFAs):
  - Insights on:
    - how the search is being created for therapeutic class in order to avoid or reduce non-relevant outputs/noise
    - how results differ when searching by therapeutic class (opioid) vs. API (codeine)
    - when the clock starts for NFAs (global vs local affiliate awareness date)
    - which companies need to submit NFAs (generics vs all innovators)
    - what companies do with the NFAs after HC submission
- Patient support programs (PSPs), special access programs (SAPs), expanded access programs, market research, and other consumer engagement programs (e.g., social media, social listening)
  - Best practices on how they are managed
  - Insights on how they are managed differently in terms of pharmacovigilance reporting obligations (e.g., SAPs and PSPs)
- Real-world evidence (RWE) and real-world data (RWD)
  - Insights on the application of safety data from RWD and RWE
  - Insights on how safety data collected through these means can be utilized to assess patient safety, make informed treatment decisions, or facilitate market access to provide safer treatment options for patients
- Risk management and risk minimization measures: design, assessment of effectiveness and re-evaluation based on post-market experience and clinical utility
- Signal management
- Scientific literature screening
  - Indexed vs non-indexed journals
  - Inclusion / exclusion criteria and best practices
- Third party PV vendor qualifications: Qualification Criteria, Oversight, KPIs (e.g., Compliance to GVP, reconciliation, audit and self-inspections)
- Wearable devices addressing safety, monitoring, real-world data generation, signal detection; consumer products; consumer health products, NHPs

GENERAL SUBMISSION REQUIREMENTS
- All submissions must be submitted online
- For complete submission requirements and to submit your abstract go to DIAglobal.org/Abstracts

SUBMISSION TIPS
- Ideal submissions will contain practical content and shared experiences
- Theoretical topics and content is acceptable, however, it should be supported with proof of concepts and use cases
- Diverse topics and sessions are welcomed and encouraged within the scope of the forum
- Please select the interest area that best fits with your proposal. If your topic is relevant to more than one interest area, please indicate that in your abstract summary.
- Abstracts should be written using clear language and descriptions to provide enough clarity for the selection committee to review and understand

REQUIRED DOCUMENTATION FOR ALL ABSTRACTS
- Participant Disclosure Information: All abstract authors must disclose any relevant financial relationships with any commercial interest associated with this activity that exist or have existed within the past 12 months, as well as any discussion of unlabeled or unapproved drugs or devices. If you are proposing an abstract on behalf of the author, as the submitter you will not be asked to disclose. However, should the abstract be accepted, the author will be informed that he or she must complete and submit a Participant Disclosure in order to participate in the program.

- All submitters and authors must agree to the DIA Speaker Authorization for Use of Presentation Materials in order for the abstract to be a part of the Program. Accepted abstracts will be available on DIA's website for attendee download.

SUBMISSION GUIDELINES

Submitting a PRESENTATION ABSTRACT (All abstracts must be submitted online)

15-20-minute presentation, bundled with other presentations to create a session. Abstract author is considered the presenter (co-presenters are not permitted) and will be responsible for:

- Adhering to the program development guidelines and timelines
- Working with chair and other presenters in creating a balanced program offering
- Preparing and delivering a PowerPoint presentation

Submitting a SESSION ABSTRACT (All abstracts must be submitted online)

60-75-minute total session. Abstract author will be responsible for:

- Adhering to the program development guidelines and timelines
- Recruiting speakers and ensuring good representation/diversity in their selection. Maximum of 3 speakers per session (including author) and 1 speaker per company
- Working with the Session Chair to communicate with speakers regarding their role in the session

Submitting a WORKSHOP ABSTRACT (All abstracts must be submitted online)

60-75-minute total workshop. Abstract author will be responsible for:
- Adhering to the program development guidelines and timelines.
- Recruiting co-instructors and ensuring good representation/diversity in their selection. (3 speakers maximum, must all be from different companies).
- Ensuring the workshop provides onsite learning in the form of activities or demonstrations.
- Working with the Session Chair to communicate with speakers regarding their role in the session.

Submitting a SHORT COURSE ABSTRACT (All abstracts must be submitted online)

Three-hour, interactive presentation delivered in small group format. Abstract author is considered the Short Course Lead Instructor and will be responsible for:

- Adhering to the program development guidelines and timelines
- Recruiting co-instructors and ensuring good representation/diversity in their selection. (3 speaker max, must all be from different companies)
- Communicating with co-instructors regarding their role in the short course and reviewing presentation materials (note: PowerPoint presentations are required from each instructor)
- Managing the short course, including the facilitation of audience questions and interactions

To streamline your submission process and avoid possible delays, DIA strongly encourages you to submit your abstract as early as possible. **Do not wait until the last day.**

Prepare your abstract in advance of accessing the DIA website. Abstract information should be copied and pasted from a prepared document as plain text. **All of the below fields are required.**

Author Information

Abstract Information

Track: Select Regulatory/Clinical or Safety and Pharmacovigilance

Interest Area: Choose from the drop down

Keywords: Provide one or more keywords to highlight your abstract.

Examples of keywords: Personalized Medicine, Health Technology Assessment, etc. (100 characters)

Level of Difficulty: Beginner, Intermediate, or Advanced

Learning Objectives: Provide 2-3 learning objectives that clearly explain what participants should be able to do after attending this event. For a list of suggested verbs to create these objectives, click here. (400 Characters)

Overview: Please provide 2-3 sentences summarizing your abstract. This summary will be used as the overview description in the DIA program for marketing purposes (250 Characters including spaces)

Abstract Details: Please provide complete details about your abstract. Information such as scientific, technical, process issues, design/methods, results/outcomes, case studies, statistics, key findings, etc., that would support your proposal should be included here. This information will be used by the Program Committee to learn more about the purpose of your abstract. Is there an interactive component to your topic? If so, please indicate in the abstract details how you would be able to include an interactive learning experience for attendees. (2000 Characters including spaces)

Abstract Submission Deadline: April 3, 2026
Notification: Week of June 30, 2026
Final PowerPoint Presentations Due: October 5, 2026

Please submit all abstracts online at: DIAglobal.org/Abstracts
Questions: Contact Lynda Fisher, Senior Project Manager, Specialty Meetings at Lynda.Fisher@DIAGlobal.org

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