MED-RAMP · ABSTRACT STARTER KIT

The NCDB Abstract Master Template

The exact step-by-step instructions that produced 100s of peer-reviewed conference abstracts.

300+
Students mentored

500+
Authorships earned

150+
Accepted articles & abstracts

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Otolaryngology Resident Physician · Founder, Med-RAMP
med-ramp.com

WELCOME

Get un-lost in the publication process.

Research shouldn't feel like an impossible maze. Writing an abstract is a skill anyone can learn, and you don't need to be a "research person" to do it. Take it one part at a time. You've got this!

1

PART 1

Learn the blueprint

Scientific writing is modular. Check the literature, then study three model abstracts so you know exactly what to draft.

2

PARTS 2 – 5

Do the research

Follow the instructions to write the Background, Methods, Results, and Conclusions, one short section at a time.

3

PART 6

Polish & submit

Put the whole abstract together, edit it, and submit with confidence.

> **Short on time? Then this was built for you.**
> Most students spend roughly 3 to 5 hours per week. Hundreds of abstracts using this method were completed by students carrying a full pre-med or medical school course load.

> **New to this? Practice first.**
> No topic yet? Practice on Pilocytic astrocytoma. Sample NCDB statistics are in the Appendix at the back, and you can compare your finished abstract to a real ASCO abstract on the practice page.

BEFORE YOU BEGIN

Three ground rules.

These three habits sit behind every accepted abstract.

1

Make it yours

Write in your own words with your own thinking (not with AI). That's what makes it authentic, and doing it yourself is how the skill sticks for every future project.

2

Sound scientific and concise

Use precise, formal, and scientific vocabulary to maximize acceptance probability

3

Emulate, don't copy

Borrow the structure from model abstracts, then reword in your own voice so nothing reads as copied.

> *"**Med-RAMP captures my exact publishing workflows** that I honed through years (and thousands of hours) of practice. I'm eager to share those with you."*
>
> **Beau Hsia, MD** Otolaryngology (ENT) Resident Physician, Founder of Med-RAMP

PHASE 1 · LEARN THE BLUEPRINT

Part 1: Start smart

Two quick steps that save you from wasted work.

> **First, check: has this already been published?**
> This one step is worth doing carefully. If someone has already published on your exact topic, the abstract can't be accepted, and we'd hate for you to spend your energy on it. Check first and you can write with confidence.

Step 1: After you decide on your topic, Run your literature review

1. **Search:** Search PubMed and Google Scholar for your exact cancer type plus the database you'll use (for example, "[cancer type] National Cancer Database").
2. **Read:** Read every closely related paper. Skim the rest.
3. **Take notes:** Write 5–10 bullet points of key facts (incidence, survival, typical treatment). You'll reuse these in your Background and Conclusions.
4. **Decide:** If your exact question has been answered, no problem: pick a different cancer type or angle and keep going.

Step 2: Pick 3 model abstracts

Find three well-written abstracts on similar studies and keep them open in tabs. Read their Background and Methods now, and their Results later. Get a feel for the rhythm of each sentence and let it guide your own writing, as inspiration and never as a copy.

> **Example model abstracts (search these up)**
> • Medullomyoblastoma: A study of demographic and socioeconomic factors.
> • Ceruminous adenocarcinoma: A National Cancer Database study of demographic characteristics.
> • Demographic and socioeconomic factors of patients with nonencapsulated sclerosing carcinoma: An NCDB analysis.

> ✓ Finished Part 1? Great work. The hardest part is getting started, and you already have.

PHASE 2 · DO THE RESEARCH

Part 2: Write the Background

About 100 words. Five sentences, each with one simple job.

PART	WHAT YOU DO	WHY IT MATTERS
S1	**Define the cancer**	One clear sentence on what it is and where it starts.
S2	**The “shocking fact”**	Even though it’s rare, something alarming happens (e.g., a high death rate). This makes reviewers care.
S3	**A supporting fact**	A treatment or survival statistic that adds context.
S4–5	**Your purpose**	State the database you analyzed and what you set out to find. Reword extensively to avoid plagiarism.

Worked example

> Ceruminous adenocarcinoma (CA) is a rare form of malignancy that originates from the ceruminous glands located in the external auditory canal. [S1] Despite its rarity, 25% of CA patients succumb to the disease within two years of diagnosis. [S2] Radiation treatment improves the 10-year survival rate to 60%, up from 30% without radiation treatment. [S3] Due to the rarity of CA, the diagnostic trend of the disease could offer valuable insight into its epidemiology. The National Cancer Database (NCDB) was analyzed to determine the demographic factors in patients diagnosed with CA. [S4–5]

YOUR BACKGROUND (with your cancer type) ~100 words

> ✓ Don’t aim for perfect. Aim for a first draft. Everyone’s first draft is rough, and you’ll polish it later.

PHASE 2 · DO THE RESEARCH

Part 3: Write the Methods

About 50 words. This is the easiest section: a fill-in-the-blanks template.

> **Methods template**
> *A retrospective cohort analysis utilizing the [YEARS] National Cancer Database (NCDB) included patients with a histologically-confirmed diagnosis of [CANCER] (N = [NUMBER]). Demographic factors ([list your variables]) were analyzed by descriptive statistics, and incidence trends were interpreted in regression analysis.*

Swap in your details and reword it in your own voice.

YOUR METHODS ~50 words

PHASE 2 · DO THE RESEARCH

Part 4: Write the Results

Refer to the examples statistics in the Appendix. About 200 words, at most 10 sentences. Pick the statistics that tell the most interesting story.

> **One important rule: never report categories smaller than 10**
> Small counts can identify individual patients, so reviewers watch for this. If a category has fewer than 10 patients, leave out its number and percentage and describe the larger categories instead. Easy fix, big credibility boost.
>
> **Example:** *You have 10 apples, 3 bananas, and 2 oranges. Write "A higher percentage of fruits were apples (66.7%) than bananas or oranges," or "The majority (66.7%) of fruits were apples."*

Cover the variables below in two groups: demographics and socioeconomics first, then treatment and outcomes.

DEMOGRAPHIC & SOCIOECONOMIC VARIABLES	
☐ Sex	☐ Race
☐ Hispanic origin	☐ Facility type
☐ Facility location	☐ Primary payor (insurance)
☐ Urban / rural residence	☐ Education level (area quartile)
☐ Median household income (area quartile)	☐ Year of diagnosis (R^2 trend)
☐ Primary site	☐ Stage group
☐ Charlson-Deyo score	

TREATMENT & OUTCOME VARIABLES	
☐ 30-day mortality	☐ 90-day mortality
☐ Palliative care	☐ Surgery of primary site
☐ Surgical margins	☐ Radiation therapy
☐ Chemotherapy	☐ Hormone therapy
☐ Immunotherapy	☐ Age at diagnosis

☐ Distance to hospital	☐ Tumor size (mm)
☐ 2-, 5-, 10-year survival	☐ Mean survival (months)

PART 4, CONTINUED

Reading the survival table

Three quick rules, then see it in action.

- Time is measured in months.
- Find the rows closest to 24, 60, and 120 months.
- The “Estimate” in each row is the percent still alive: your 2-, 5-, and 10-year survival rates.

Worked example

> **Illustrative numbers only (not real data)**
> A total of 412 patients were included. **[Sample]** The majority were male (58.3%), White (81.6%), and non-Hispanic (91.2%). **[Demographics]** Most patients were treated at academic or research programs (54.4%) and resided in metropolitan counties (86.1%). **[Setting]** Private insurance was the most common primary payor (49.8%), and the largest share of patients lived in the highest income quartile (31.5%). **[Socioeconomics]** Incidence did not change meaningfully over the study period ($R^2 = 0.12$). **[Trend]** Most tumors presented at stage I or II (63.7%), and most patients had a Charlson-Deyo score of 0 (74.3%). **[Disease]** Surgery was the primary treatment for 71.4% of patients. **[Treatment]** Five-year survival was 78.2%, with a mean survival of 96.4 months. **[Survival]**

Each sentence covers one theme and leads with the biggest category. Use this as a pattern, then plug in your own numbers.

YOUR RESULTS ≤ 10 sentences, ~200 words

PHASE 2 · DO THE RESEARCH

Part 5: Write the Conclusions

About 120 words. Four sentences, and you're almost at the finish line.

PART	WHAT YOU DO	WHY IT MATTERS
S1	**Claim the gap**	State that this is the first analysis of this cancer in this database, to the best of your knowledge. Reword for your topic.
S2	**Tie to the literature**	Give 1–2 key findings from your Results and compare them to something from your literature review.
S3	**Highlight what's new**	List the most interesting socioeconomic findings, such as income, urban/rural, and facility type.
S4	**Call for research**	Say more research is needed on demographic and socioeconomic impact. Reword in your own style.

Worked example

> *This is the first NCDB analysis on ceruminous adenocarcinoma to the best of our knowledge and thus addresses a significant knowledge gap on the topic.* **[S1]** *The majority of patients tend to be non-Hispanic and White with a primary site at the external ear, similar to earlier case reports.* **[S2]** *This is the first time the socioeconomic factors of these patients have been described in the literature: patients are more likely to be in the top income quartile, live in densely-populated metropolitan areas, and be treated in a non-academic program.* **[S3]** *Further research is needed to better understand the impact of demographic and socioeconomic factors on diagnosis, treatment, and overall survival.* **[S4]**

YOUR CONCLUSIONS ~120 words

PHASE 3 · POLISH & SUBMIT

Part 6: Put it all together

This is the moment. Paste your Title, Background, Methods, Results, and Conclusions below, and read it top to bottom.

YOUR TITLE Example: “[Cancer]: A National Cancer Database study of demographic and socioeconomic factors”

YOUR COMPLETE ABSTRACT Background + Methods + Results + Conclusions

✓ You just wrote a complete research abstract!

PHASE 3 · POLISH & SUBMIT

Edit, submit, celebrate!

Trimming and polishing is a normal part of the process. Don't be discouraged if you need to cut a few lines.

> **Mind the character limit**
> Many conferences cap abstracts at around 2,600 characters (spaces typically don't count, and the title does). Always check your target conference's rules.

Feedback and editing loop

1. **Combine.** Assemble Title + Background + Methods + Results + Conclusions in one document.
2. **Round 1.** Share it with a peer or mentor for proofreading and comments. Feedback is a gift, so edit with curiosity.
3. **Round 2.** Send it to a faculty mentor or senior researcher for expert feedback. Edit.
4. **Round 3.** Have a final reader check it with fresh eyes. Make final edits.

Submission checklist

BEFORE YOU HIT SUBMIT	
☐ Literature check complete	☐ All authors have registered conference accounts
☐ Character count under the limit	☐ Submission fee paid (or funding applied for)
☐ No category under 10 reported	☐ Abstract uploaded and confirmed
☐ Author order agreed on by everyone	☐ Update emails forwarded to the whole team

OPTIONAL BUT RECOMMENDED

Your practice run

Not sure what to write about yet? Practice the whole process on Pilocytic astrocytoma using the sample NCDB statistics in the welcome email.

1

PART 1

Run the literature check

Search pilocytic astrocytoma and the National Cancer Database, then read the closest papers.

2

PARTS 2 – 3

Write the Background and Methods

Practice cohort: NCDB 2004–2020, N = 38 (ICD-O-3 Code: 9421).

3

PART 4

Write the Results from the Appendix

Pick the most interesting statistics to write about!

4

PARTS 5 – 6

Write the Conclusions and assemble

Put your complete abstract together in Part 6.

Last step: compare your abstract to a published one

Read the real abstract on ASCO's website and notice how it is structured, which statistics it chose to highlight, and how its sentences are phrased. See if yours matches!

https://ascopubs.org/doi/10.1200/JCO.2026.44.16_suppl.e14082

✓ Finish the practice run, and you'll know exactly how to do it again on your own topic.

YOUR NEXT STEP

You've written your first abstract. Now repeat with a novel topic!

You now have the blueprint. If you'd like to publish on a novel topic using a **cancer genomics database** with a physician mentor beside you, the Abstract Masterclass takes you from blank page to a submission-ready abstract, with Dr. Beau ready to help every step of the way.

ABSTRACT MASTERCLASS

What's included

- ✓ A verified, publication-ready clinical research topic
- ✓ The complete step-by-step abstract blueprint
- ✓ Line-by-line faculty edits by Dr. Beau
- ✓ Unlimited project Q&A by email (under 24h turnaround)
- ✓ 100% Execution Guarantee

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No prior research or statistics experience needed. We provide the data and the step-by-step templates. If you complete the defined milestones and follow the protocol yet don't produce a submission-ready abstract draft, you receive a full tuition refund.

Med-RAMP follows the authorship and research conduct criteria of the International Committee of Medical Journal Editors (ICMJE). External peer review remains independent. Med-RAMP does not broker, sell, or guarantee authorships, publications, or medical school admissions.

STUDENT VOICES

Proven admission outcomes.

Real students, in their own words.

> “I can undoubtedly say that **Med-RAMP was an indispensable part of my medical school application.** I couldn't have done it without Beau's mentorship!”
>
> **Aaron S.** Accepted — Multiple US MD Programs

> “I joined Med-RAMP as an undergraduate during a time when I felt overwhelmed trying to find meaningful clinical research opportunities. I am grateful to have discovered this program, and was able to **build my research experience by learning from mentors, working on real research projects and getting published.** Med-RAMP is truly designed with premeds and medical student in mind, and I highly recommend it to anyone looking to grow in clinical research!”
>
> **Amber C.** Medical Student — USF Morsani College of Medicine

> “At Med-RAMP, my research effort mattered. Elsewhere, I'd feel confused without guidance. That here, the mentors are extremely personable and knowledgeable about working on research that actually gets published, and **it's a significant part of how I ultimately ended up at Mayo Clinic.**”
>
> **Mark M.** Accepted — Mayo Clinic Alix School of Medicine