ACC.16 Abstract Submission Instructions

Entering Abstract Information
A. Title

1. Do not bold, italicize, underline, superscript or subscript any items in the title.
2. Do not include authors in the title. If you enter authors in the title, they will be removed.
3. Do not include institutions in the title. If you enter institutions in the title, they will be removed.
4. Do not use the “Enter” button in your title. This action will add hard returns, which are not allowed.
5. Capitalize the first letter of all major words in the title as well as articles and conjunctions of four letters or more.
6. It is not necessary to capitalize prepositions four letters or longer in headings.
7. Do not use abbreviations in the title. Abbreviations may be used in the abstract body.
8. Do not end the title with a period.
9. If the title contains more than one statement, use only one space after a period or colon.
10. Do not use a comma before “and” in a series.
11. Use a comma for number 1,000 and above.
12. Substitute a colon for a dash/hyphen except when using prefixes.
13. Do not use quotation marks in a title.
14. Hyphenate the first prefix word when there is more than one prefix word used such as Non-Anti...
15. For more information about title guidelines see Guidelines.

B. Abstract Categories

1. Submit an abstract to one of the categories, based on the area of research:

   1. ACC.i2 Interventional Cardiology: ACS/AMI/Hemodynamics and Pharmacology
   2. ACC.i2 Interventional Cardiology: Angiography and Interventional CT/MR
   3. ACC.i2 Interventional Cardiology: Aortic Valve Disease
   4. ACC.i2 Interventional Cardiology: Carotid and Endovascular Intervention
   5. ACC.i2 Interventional Cardiology: Complex Patients/Comorbidities
   6. ACC.i2 Interventional Cardiology: Coronary Intervention: CTO
   7. ACC.i2 Interventional Cardiology: Coronary Intervention: Devices
   8. ACC.i2 Interventional Cardiology: Coronary Intervention: Left Main, Multivessel, Bifurcation
   9. ACC.i2 Interventional Cardiology: IVUS and Intravascular Physiology
10. ACC.i2 Interventional Cardiology: Mitral and Structural Heart Disease
11. ACC.i2 Interventional Cardiology: Translation and Pre-clinical Research
12. ACC.i2 Interventional Cardiology: Vascular Access and Complications
13. Acute Coronary Syndromes: Basic
14. Acute Coronary Syndromes: Clinical
15. Acute Coronary Syndromes: Therapy
17. Arrhythmias and Clinical EP: Basic
19. Arrhythmias and Clinical EP: Other
22. Congenital Heart Disease: Adult
23. Congenital Heart Disease: Pediatric
24. Congenital Heart Disease: Therapy
25. Heart Failure and Cardiomyopathies: Basic
26. Heart Failure and Cardiomyopathies: Clinical
27. Heart Failure and Cardiomyopathies: Therapy
28. Non Invasive Imaging: CT/Multimodality, Angiography, and Non-CT Angiography
29. Non Invasive Imaging: Echo
30. Non Invasive Imaging: MR
31. Non Invasive Imaging: Nuclear
32. Non Invasive Imaging: Sports and Exercise
33. Prevention: Clinical
34. Prevention: Hypertension
35. Prevention: Rehabilitation
36. Pulmonary Hypertension and Pulmonary Thrombo-embolic Disease
37. Stable Ischemic Heart Disease: Basic
38. Stable Ischemic Heart Disease: Clinical
39. Stable Ischemic Heart Disease: Therapy
40. Valvular Heart Disease: Clinical
41. Valvular Heart Disease: Therapy
42. Vascular Medicine: Basic
43. Vascular Medicine: Endovascular Therapy
44. Vascular Medicine: Non Coronary Arterial Disease
45. Vascular Medicine: Venous Disease

2. AGAIN THIS YEAR: Abstracts with a Sports and Exercise focus may be submitted into one of two categories:

32. Non Invasive Imaging: Sports and Exercise

3. Abstracts submitted to a category that do not match the subject matter of the abstract may be given a low score from reviewers.

C. Keywords

1. Select up to four keywords.
2. Only two keywords are required.
3. Leave unused/unneeded keyword fields blank.
4. Do not enter the same keyword more than once.

D. Institutions and Authors (Responsible Institutions)

1. List the complete name including a full first name and initials. Multiple word first names should be placed in the “First Name” field.
2. **Please use English characters when entering names** and eliminate any non-English characters such as tildes and umlauts.
3. Do not include title, degrees, or suffix in the “Last Name” field.
4. Do not enter more than one author in each “First Name” or “Last Name” field. If this is done, you will be contacted to correct this entry.
5. If more than one abstract is submitted, please spell authors in exactly the same manner. This is important when indexing all authors in publications and the online/mobile program planner systems.
6. Use the author group field only for the name of an investigating team. This is typically something like “Investigators for ACC.” Do not use the author group to list individual authors. If this is done, you will be contacted to correct this entry. Authors entered as an “Author Group” will not be listed in the author index of the onsite programs.
7. The author order is the order that authors will be listed in publications if the abstract is selected for presentation.
8. The contact information is not used as part of the institutions listed in any abstract publication. Institutions are entered in a separate area.
9. The submitting author will be notified about the outcome of the review and selection process.

E. Abstract (Important Issues)

1. Abstracts MUST conform to specific size limits or they will remain in an incomplete status and will not be reviewed. Your abstract may not contain more than 1,900 characters, **not including spaces**. A graphic, or a table created with the table generator, equals 600 characters and is included as part of the 1,900 character limit.
2. Use the standard Times New Roman font for text and Symbol font for symbols (DO NOT USE A THIRD-PARTY SYMBOL FONT!); any other fonts will not be accepted. Set all text as flush left, unjustified, and wrapping text as you type. Do NOT place hard returns at the end of each line.

**Abstract Body/Text**

1. You may type the body of the abstract directly into the space provided for the abstract body or upload this information. **Do not embed graphics or images in a file you intend to upload. They must be uploaded separately.**
2. You may include a table in the body of the abstract by uploading a word processing document that has a table in it. This cannot be a table linked to a spreadsheet.
3. You may use five unique abbreviations in the body of the abstract. Spell out the complete phrase followed by the abbreviation in parentheses the first time the abbreviation is used. Abbreviations are **not** allowed in the title of the abstract.
4. Do not include the title in the abstract body. The title will be collected in the Title Section.
5. Do not include authors and institutions in the abstract body. This data will be collected in the Author Section.
6. The abstract must be presented in the following sequence, using the headings listed: (These headings have been setup in the abstract body text for you.)
   - **Background:** In an initial paragraph, provide relevant information regarding the background and purpose of the study, preferably in no more than one or two sentences.
   - **Methods:** Briefly state the methods used.
   - **Results:** Summarize the results in sufficient detail to support the conclusions.
   - **Conclusion:** State the conclusions reached. It is not satisfactory to state “the results will be discussed.”
7. Please proofread carefully for factual, spelling, and size errors. If published, the abstract will appear exactly as the online system confirmation shows.

**Clinical Implications**

1. In a couple sentences, state the main clinical implications (or significance) of your study.
2. This information may be used as discussion points in educational activities at ACC.16.

**Tables**

1. You may include a table in a file that you upload or create it online using the table generator.
2. It is recommended you create the table in your word processor then use the file upload feature to transfer document to the abstract site. Table generation in a word processor is much easier to accomplish than using the table generator.
3. Do not embed a spreadsheet within your document. Even though it appears as a table, you will not be able to upload the file. You may copy the table from a spreadsheet and then paste it into the word processor as a table instead of a linked spreadsheet.
4. A table equals 600 characters and is included as part of the 1,900 character limit.

**Graphics**

1. Graphics should be high resolution and have a file type of “gif”, “jpg”, or “jpeg”. Even though the abstract system may allow you to upload a graphic with a different file type those graphics will not be reviewed or reproduced if the abstract is selected.
2. Do not submit tables as graphics.
3. Do not embed graphics or images in a file you intend to upload. Use the separate graphic upload feature if you wish to include a graphic/image.
4. Please keep in mind that large and or complex graphics may not be readable in print or electronic formats.
5. There should be no “white space” or border around the graphic.
6. A graphic equals 600 characters and is included as part of the 1,900 character limit.

**When Is a Submission Considered Complete?**

Submission is complete and ready for submission when, in the “Review My Work” section, you see the words “This submission is complete.” It is only submitted to reviewers after the deadline date. You may update or make changes to your abstract, or Challenging Case submission up until Tuesday, October 27, 2015, 11:59 p.m., ET. You may update or make changes to your Late Breaking Clinical Trial submission up until Thursday, January 7, 2016, 11:59 p.m. ET. The date your submission was last edited may be found in the Review My Work Section next to the words “Current Date/Time”. This will change each time there has been an alteration.

**Revisions**

Revisions to your submission can be made until the date listed above. **No changes will be accepted after this date.** If any changes are made prior to the deadline, you must select “Review My Work” from the menu on the left. Make certain that you see the words “This submission is complete.” The presenting author may be changed if the abstract is selected for presentation during the invitation process by contacting ACC staff via email by Wednesday, December 23, 2015.

**Disposition/Notification of Acceptance**

You will be sent a notification with the status of your submission via email the week of January 8,
2016, and directed to a website to supply additional information.

Withdrawals

In order for an accepted abstract or Challenging Case to be withdrawn and not appear in publications, notification must be received by Friday, February 5, 2016.

- To withdraw a submitted ACC abstract or Challenging Case, written notification must be sent to ryoung@acc.org.
- To withdraw an LBCT or a FIT Clinical Decision-Making submission, written notification must be sent to hhopper@acc.org.
- To withdraw a submitted YIA abstract, written notification must be sent to kroberts@acc.org.

This notification must include the title, authors and affiliations (as submitted), the control number, and the name, affiliation, phone, fax and e-mail of the submitter. We recommend using the summary page as part of this notification.

Fee Schedule for Presenters

1. There is a $35 (USD) nonrefundable processing fee for each abstract, FIT Clinical Decision-Making, or Challenging Case submitted payable online by credit card only. Late-breaking clinical trial submitters must pay a $250 (USD) nonrefundable fee.
2. If a person is both an abstract presenter and an invited speaker, the registration fee is waived.
3. If a person is a Late-breaking clinical trial presenter, the registration fee is waived.

Logging onto the ACC Submission System

Because you have read the ACC.16 Submission Instructions for using the web-based ACC abstract system, you are now ready to enter your submission. To go to the ACC online submission system, visit the Submit Your Science page (http://accscientificsession.acc.org/ACC/Science/Submit-Now.aspx).

Please save this page as a favorite in your Web browser so that you can quickly return to the submission system.
# Style and Editing Guidelines

## Always CAP
- After (unless at the beginning of a title or after a colon)
- Are
- Be
- Do
- Is
- Not
- They
- We
- Who
- at
- but
- by
- de (French)
- for
- in
- of
- on
- or
- the
- to
- via
- von (German)

## Do not CAP
- **Does**
- **Is**
- **Are**
- **Be**
- **Do**
- **Is**
- **Not**
- **They**
- **We**
- **Who**
- **at**
- **but**
- **by**
- **de (French)**
- **for**
- **in**
- **of**
- **on**
- **or**
- **the**
- **to**
- **via**
- **von (German)**

## One Word Includes
- ...arrhythmia
- ...year
- Anti...
- Multicenter...
- Multiplane...
- Non...
- Over...
- Post...
- Pre...
- Sub...

## Two Words
- Contrast Enhanced
- Double Blind
- Dual Chamber
- High...
- In...
- Low...
- Q Wave
- Multi Vessel
- Single Vessel
- T Wave

## Hyphenated Words
- -Based
- -D
- -Dependent
- -Derived
- -Dimensional
- -Free
- -Induced
- -Like
- -Medicated
- -Powered
- -Sided
- -Term
- Cardioverter-
- Cost-Effective
- Defibrillator
- End-Stage
- Follow-Up
- High-Risk
- His-Bundle
- In-Hospital