

## ACC.21 Interventional Challenging Case Submission Instructions

### Logging onto the ACC Submission System

You can begin your abstract submission by visiting the ACC.21 site and clicking on the [“Submit Your Science”](#) tab at the top of the page.

### Entering Abstract Information

#### A. Title

1. Abstract titles will be in all CAPS. The system will automatically convert all letters to caps after you click the Save and Continue button.
2. Do not bold, italicize, underline, superscript or subscript any items in the title.
3. Do not include authors in the title. If you enter authors in the title, they will be removed.
4. Do not include institutions in the title. If you enter institutions in the title, they will be removed.
5. Do not use the “Enter” button in your title. This action will add hard returns, which are not allowed.
6. Do not use abbreviations unless they are commonly known.
7. Do not end the title with a period.
8. If the title contains more than one statement, use only one space after a period or colon.
9. Do not use a comma before “and” in a series.
10. Use a comma for number 1,000 and above.
11. Substitute a colon for a dash/hyphen except when using prefixes.
12. Do not use quotation marks in a title.
13. Hyphenate the first prefix word when there is more than one prefix word used such as Non-Anti...
14. For more information about title guidelines see the Style and Editing Guidelines at the end of this document.

#### B. Submission Categories

Submit your case to one of the following categories, based on its area of research. Cases submitted to a category that do not match the subject matter of the case may be given a low score from reviewers.

1. ACS, AMI, Adjunct Pharmacology
2. Aortic Valve Disease and Transcatheter Intervention
3. Cardiogenic Shock, Mechanical Support Devices, and Hemodynamics
4. Complications
5. Chronic Total Occlusions
6. Endovascular/Vascular Access and Closure
7. Intravascular Imaging and Intracoronary Physiology
8. Left Main and Multivessel Interventions
9. Mitral Valve Disease, Tricuspid Valve Disease and Transcatheter Intervention
10. Other, Coronary Interventions and Devices
11. Structural Heart Disease, Non-Valvular

### C. 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’ names in the same manner. This is important when indexing all authors in 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 presenting author will be notified about the outcome of the review and selection process.

### D. 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**. Tables and graphics cannot be included in this section. They should be included in the accompanying PowerPoint presentation.
2. Use a standard font for text (such as Calibri or Times New Roman) 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.

#### Case Submission Criteria (Abstract Body)

1. You may type the body of the abstract directly into the space provided for the abstract body. Upload graphics or images separately.
2. 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. Only commonly known abbreviations are allowed in the title of the abstract.
3. Do not include the title in the abstract body. The title will be collected in the Title Section.
4. Do not include authors and institutions in the abstract body. This data will be collected in the Author Section.
5. The abstract must be presented in the following sequence, using the headings listed:
  - Patient Initials or Identifier Number:**
  - Relevant History and Physical Exam:**
  - Relevant Test Results Prior to Catheterization:**
  - Relevant Catheterization Findings:**
  - Interventional Management:**

6. Please proofread carefully for factual, spelling, and size errors. If accepted, the abstract will be published exactly as it appears on the online submission system confirmation page.

#### PowerPoint Slides

1. Cases must be submitted in PowerPoint format. NO MORE THAN 10 SLIDES. Be sure to include a brief history including non-invasive testing, angiogram information, and interventional details. Please also include 3-4 learning points about your case in your presentation.
2. Due to limitations on the amount of storage capacity, only still images may be uploaded.
3. **Do not include identifying information, such as author or institution names, in slides.**

### When Is a Submission Considered Complete?

A 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 Challenging Case submission up until **1:00 PM ET on Wednesday, December 2, 2020**. 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.** This includes adding authors to your author block. 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.”

### Disposition/Notification of Acceptance

The presenting author will be sent a notification with the status of the submission via email on February 10, 2021.

### Changing Presenting Authors

If your abstract is selected for presentation, you may change the presenting author to any author listed on your abstract. You may not change the presenting author to someone who is not listed on your submission and you may not add authors after the submission deadline. Presenting author changes can be made up until ACC.21.

### Withdrawals

To withdraw an Interventional Challenging Case submission, written notification must be sent to [hsantry@acc.org](mailto:hsantry@acc.org). This notification must include the title, authors and affiliations (as submitted), the control number, and the name, affiliation, phone, 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 \$49 (USD) nonrefundable processing fee for each Interventional Challenging Case submitted payable online by credit card only.
2. If a person is both an abstract presenter and an invited speaker, the meeting registration fee is waived.

## Style and Editing Guidelines

<i>One Word</i>	<i>Two Words</i>	<i>Hyphenated Words</i>	
...arrhythmia	Contrast Enhanced	-Based	Follow-Up
...year	Double Blind	-D	High-Risk
Anti...	Dual Chamber	-Dependent	His-
Multicenter...	High...	-Derived	Bundle In-
Multiplane...	In...	-Dimensional	Hospital
Non...	Low...	-Free	In-Patient
Over...	Q	-Induced	Low-Risk
Post...	Wave	-Like	No-Flow
Pre...	Multi Vessel	-Medicated	No-Reflow
Sub...	Single Vessel	-Powered	On-Line
	T Wave	-Sided	Real-Time
		-Term	Signal-Averaged
		Cardioverter-Defibrillator	Three-Dimensional
		Cost-Effective	Ten-Year
		End-Stage	