

ACC.21 Late-Breaking Clinical Trial Submission Instructions

Entering LBCT 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. Do not use abbreviations in the title. Abbreviations may be used in the abstract body
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. Categories

1. Select one category that is closest to the subject of your Late-Breaking Clinical Trial.
2. Late-Breaking Clinical Trials submitted to a category that does not match the subject matter of the Late-Breaking Clinical Trial may be given a low score from reviewers.
3. You will also be asked to indicate what kind of trial you are submitting:
 - Late-breaking clinical trial (major study)
 - Smaller study/randomized clinical trial (RCT)
 - Multicenter observational study or registry
 - Secondary analysis of major clinical trial
 - Other

C. Keywords

1. Select up to three keywords from the list of medical subject headings.
2. Only one keyword is 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 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. The person who is expected to be the presenter does not need to appear as the first author.
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. Late-Breaking Clinical Trails

Important Issues

1. Late-Breaking Clinical Trials **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.

LBCT Abstract Text

1. You may type the body of the abstract directly into the space provided for the abstract body or upload this information from a file.
2. Do not embed graphics or images in a file you intend to upload. They must be uploaded separately.
3. You may include a table in the body of the abstract by uploading a document that has a table in it. This cannot be a table linked to spreadsheet.
4. 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.
5. Do not include the title in the abstract body. The title will be collected in the Title Section.
6. Do not include authors and institutions in the abstract body. This data will be collected in the Author Section.

7. The abstract must be presented in the following sequence, using the headings listed:
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.”
8. 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.

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 that you create the table in your word processing program, then use the file upload feature to transfer document to the abstract site. Table generation in a word processing program 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 processing program as a table instead of a linked spreadsheet. If you are not certain you have done this correctly, please contact technical support at (217) 398-1792.
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. 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 Late-Breaking Clinical Trial submission up until 1:00 p.m. ET on Tuesday, January 26, 2021. 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.” The presenting author may be changed if the abstract is selected for presentation during the invitation process by contacting ACC staff via email in late January.

Disposition/Notification of Acceptance

You will be sent a notification with the status of your submission via email by the end of January. Authors can also check the status of their submissions by visiting the [ACC.21 site](#) and logging into their accounts.

Withdrawals

You are required to withdraw any other type of submission that is also accepted as an LBCT. Failure to do so will result in an embargo break, which would mean your LBCT could not be presented at the conference.

- To withdraw a submitted ACC Abstract, written notification (email or letter) must be sent to hsantry@acc.org.
- To withdraw a Challenging Case (Interventional Cardiology), Cardiovascular Team Case, or FIT Clinical Decision-Making Submission, notification must be sent to hsantry@acc.org.
- To withdraw an LBCT, notification must be sent to hhopper@acc.org.
- To withdraw a YIA submission, written notification (email, fax, or letter) 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 \$349 (USD) nonrefundable processing fee for each Late-Breaking Clinical Trial submitted, payable online by credit card only.
2. If a presenter’s submission is accepted into a Late-Breaking Clinical Trial session, the registration fee is waived.

Style and Editing Guidelines

Always CAP

After
Are
Be
Do
Is
Not
They
We
Who

Do not CAP

(unless at the beginning of a title or after a colon)

a
an
and
as
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-Defibrillator
Cost-Effective
End-Stage
Follow-Up
High-Risk
His-Bundle
In-Hospital
In-Patient
Low-Risk
No-Flow
No-Reflow
On-Line
Real-Time
Signal-Averaged
Three-Dimensional
Ten-Year