



## ACC.22 Complex Clinical Case Submission Instructions

### Eligibility for Submission

We are accepting complex clinical case submissions from the following three groups:

- 1) **Fellow in Training (FIT):** The first author is a medical student or anyone in a fellowship or residency program. The presenter is a medical student or anyone in a fellowship or residency program.
- 2) **Cardiovascular Team:** The first author must be a *non-physician CV team member*, which could include nurses, advanced practice nurses, pharmacists, physician assistants, CV practice administrators, technologists, registered dietitian nutritionists or exercise specialists/physiologists. The presenter must be a CVT member.
- 3) **MD/PhD:** The first author is a medical doctor or researcher. The presenter is a medical doctor or researcher.

Priority will be given to FIT and Cardiovascular Team submissions during the selection process.

During the submission process, you will use a select the appropriate group and category for your submission.

### Logging onto the ACC Submission System

You can begin your abstract submission by visiting the [Submit Your Science](https://accscientificsession.acc.org/Submit-Your-Science) section of the ACC.22 site (<https://accscientificsession.acc.org/Submit-Your-Science>).

### 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. Electrophysiology
2. Heart Failure and Cardiomyopathies
3. Interventional and Structural
4. Ischemic Heart Disease
5. Multimodality Imaging
6. Pediatric and Congenital Heart Disease
7. Prevention and Health Promotion
8. Pulmonary Vascular Disease
9. Valvular Heart Disease
10. Vascular Medicine
11. Coronavirus Disease (COVID-19)

## 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 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.
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.

## 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, table or image equals 600 characters and is included as part of the 1,900-character limit.
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.



### Abstract Body/Text

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 case must be presented in the following sequence, using the headings listed:  
**Background:** In an initial paragraph, provide relevant background information for the case, preferably in no more than one or two sentences.  
**Case:** Describe the patient, their history and any other relevant information that led to the decision-making.  
**Decision-making:** Discuss what choices were made based on the case, how you proceeded and any relevant teaching points.  
**Conclusion:** State the conclusions reached. It is not satisfactory to state “the results will be discussed.”
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.

### Tables

1. You may include an image of a table that you can upload.
2. Create the table in your word processor, and save it as an image to upload.
3. Word documents can no longer be uploaded to the submission site, so any tables or graphs you create will need to be saved as an image and uploaded by using the “Add an Image” button on the “Abstract” tab of the submission site.
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. Please keep in mind that large and/or complex graphics may not be readable in print or electronic formats.
3. There should be no “white space” or border around the graphic.
4. A graphic equals 600 characters and is included as part of the 1,900-character limit.

## 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 Complex Clinical Case submission up until **1:00 PM ET on Monday, October 18, 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 (Oct. 18). **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.”

## Disposition/Notification of Acceptance

The presenting author will be sent a notification with the status of your submission via email on **December 20, 2021.**

## Changing Presenting Authors

If your abstract is selected for presentation, you may change the presenting author to any author listed on your abstract if they meet the eligibility requirements for submission listed at the top of this document. 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.

However, if you would like these changes to be reflected in the published version of your abstract, you must notify Holly Santry ([hsantry@acc.org](mailto:hsantry@acc.org)) by no later than **January 5, 2022.**

## Withdrawals

To withdraw a Complex Clinical Case, 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.

If you do not want your case to appear in publications, you must notify us by **February 7, 2022.**

## Fee Schedule for Presenters

1. There is a \$49 (USD) nonrefundable processing fee for each Complex Clinical 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-
Multiphase...	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	