



Abstract Submission Instructions

Logging onto the ACC Submission System

Begin your abstract submission by visiting the [Submit Your Science](#) page on the ACC.23/WCC site and select the **Submit Science** button.

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. Abstract Categories

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

1. Electrophysiology: Basic and Translational Science
2. Electrophysiology: Pharmacology
3. Electrophysiology: Clinical Science
4. Electrophysiology: Population Science
5. Electrophysiology: Special Populations
6. Heart Failure and Cardiomyopathies: Basic and Translational Science
7. Heart Failure and Cardiomyopathies: Pharmacology
8. Heart Failure and Cardiomyopathies: Clinical Science
9. Heart Failure and Cardiomyopathies: Population Science
10. Heart Failure and Cardiomyopathies: Mechanical Support and Cardiac Transplantation
11. Heart Failure and Cardiomyopathies: Special Populations
12. Interventional and Structural: Basic and Translational Science
13. Interventional and Structural: Pharmacology
14. Interventional and Structural: Aortic Valve Interventions



15. Interventional and Structural: Endovascular Interventions
16. Interventional and Structural: Coronary Interventions
17. Interventional and Structural: Complex Coronary Interventions, including CTO
18. Interventional and Structural: Non-aortic valve structural heart disease
19. Interventional and Structural: Special Populations
20. Ischemic Heart Disease: Basic and Translational Science
21. Ischemic Heart Disease: Pharmacology
22. Ischemic Heart Disease: Clinical Science
23. Ischemic Heart Disease: Population Science
24. Ischemic Heart Disease: Special Populations
25. Multimodality Imaging: Basic and Translational Science
26. Multimodality Imaging: CT
27. Multimodality Imaging: Echo
28. Multimodality Imaging: MR
29. Multimodality Imaging: Nuclear
30. Multimodality Imaging: Other techniques
31. Multimodality Imaging: Clinical Science
32. Multimodality Imaging: Special Populations
33. Pediatric and Congenital Heart Disease: Basic and Translational Science
34. Pediatric and Congenital Heart Disease: Clinical and Population Science
35. Prevention and Health Promotion: Basic and Translational Science
36. Prevention and Health Promotion: Population Science
37. Prevention and Health Promotion: Diabetes and Cardiometabolic Disease
38. Prevention and Health Promotion: Lipids
39. Prevention and Health Promotion: Hypertension
40. Prevention and Health Promotion: Cardiac rehabilitation
41. Prevention and Health Promotion: Nutrition and Lifestyle
42. Prevention and Health Promotion: Special Populations
43. Pulmonary Vascular Disease: Basic and Translational Science
44. Pulmonary Vascular Disease: Pharmacology
45. Pulmonary Vascular Disease: Clinical and Population Science
46. Valvular Heart Disease: Basic and Translational Science
47. Valvular Heart Disease: Clinical Science
48. Valvular Heart Disease: Population Science
49. Valvular Heart Disease: Special Populations
50. Vascular Medicine: Basic and Translational Science
51. Vascular Medicine: Pharmacology
52. Vascular Medicine: Clinical Science
53. Vascular Medicine: Venous and Thromboembolic Disease
54. Vascular Medicine: Special Populations
55. Spotlight on Special Topics: Training and Lifelong Learning
56. Spotlight on Special Topics: Global Cardiovascular Health
57. Spotlight on Special Topics: Cardio-oncology



- 58. Spotlight on Special Topics: Cardio-obstetrics
- 59. Spotlight on Special Topics: Sports and Exercise
- 60. Spotlight on Special Topics: Innovation, Digital Health, and Technology
- 61. Spotlight on Special Topics: Medical Humanities

C. Institutions and Authors (Responsible Institutions)

1. To add an author to your author block, you must look up the person by LAST NAME or EMAIL in the ACC database by using the “Add Author” link in the Author Section. There are additional instructions and helpful hints on finding your co-authors in our database on the portal.
2. If you are not able to find a co-author in our database, you must contact them so they can create a free ACC account (<https://www.acc.org/preregistration>). Once your co-author creates their account, you will be able to search for them through the “Add Author” link.
3. 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.
4. The author order is the order that authors will be listed in publications if the abstract is selected for presentation.
5. If you need to change the first author, please contact Holly Santry (hsantry@acc.org) directly.
6. Up to two institutions will be printed in your author block. These institutions are entered into the portal using the “Institution Information” tab.
7. 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**. A graphic, table or image equals 600 characters and is included as part of the 1,900-character limit.
2. Use a Calibri or 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. Upload graphics or images separately. If you paste text from another document (like a Word document), please paste as plain text.
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:
 - **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.”
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.

Clinical Implications

1. In a couple of 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.23/WCC.

Tables

1. You can upload an image of a table as part of your submission.
2. Create a table in your word processor and save it as an image to upload by using the “Add an Image” button on the “Abstract” tab of the submission site.
3. 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 abstract up until **1 PM ET on Thursday, September 22, 2022**. 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 **1 PM ET on Thursday, September 22, 2022**. **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 **Thursday, December 1, 2022**.



Changing the 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.23/WCC.

If you would like these changes to be reflected in the published version of your abstract, you must notify Holly Santry (hsantry@acc.org) by no later than **Wednesday, December 7, 2022**.

Withdrawals

To withdraw an abstract submission, written notification must be sent to 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 abstract to appear in publications, you must notify us by **Monday, January 9, 2023**.

Fee Schedule for Presenters

1. There is a \$55 (USD) nonrefundable processing fee for each abstract 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

One Word

...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