ACC.20/WCC Abstract Submission Instructions

Logging onto the ACC Submission System

You can begin your abstract submission by visiting the "Submit Your Science" tab on the ACC.20/WCC site.

Entering Abstract Information

A. Title

1. **New this year:** 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. Acute and Stable Ischemic Heart Disease: Basic
2. Acute and Stable Ischemic Heart Disease: Clinical
3. Acute and Stable Ischemic Heart Disease: Therapy
4. Arrhythmias and Clinical EP: Basic
5. Arrhythmias and Clinical EP: Devices
6. Arrhythmias and Clinical EP: Other
7. Arrhythmias and Clinical EP: Sports and Exercise
8. Arrhythmias and Clinical EP: Supraventricular/Ventricular Arrhythmias
9. Congenital Heart Disease: Adult
10. Congenital Heart Disease: Pediatric
11. Congenital Heart Disease: Therapy

12. Heart Failure and Cardiomyopathies: Basic
13. Heart Failure and Cardiomyopathies: Clinical
14. Heart Failure and Cardiomyopathies: Therapy
15. Interventional Cardiology: ACS/AMI/Hemodynamics and Pharmacology
16. Interventional Cardiology: Angiography and Interventional CT/MR
17. Interventional Cardiology: Aortic Valve Disease
18. Interventional Cardiology: Carotid and Endovascular Intervention
19. Interventional Cardiology: Complex Patients/Comorbidities
20. Interventional Cardiology: Coronary Intervention: CTO
21. Interventional Cardiology: Coronary Intervention: Devices
22. Interventional Cardiology: Coronary Intervention: Left Main, Multivessel, Bifurcation
23. Interventional Cardiology: Intravascular Imaging and Coronary Physiology
24. Interventional Cardiology: Mitral and Structural Heart Disease
25. Interventional Cardiology: Translation and Pre-clinical Research
26. Interventional Cardiology: Vascular Access and Complications
27. Non Invasive Imaging: CT/Multimodality, Angiography, and Non-CT Angiography
28. Non Invasive Imaging: Echo
29. Non Invasive Imaging: MR
30. Non Invasive Imaging: Nuclear
31. Non Invasive Imaging: Sports and Exercise
32. Prevention: Clinical
33. Prevention: Hypertension
34. Prevention: Rehabilitation
35. Pulmonary Hypertension
36. Valvular Heart Disease: Clinical
37. Valvular Heart Disease: Therapy
38. Vascular Medicine: Basic
39. Vascular Medicine: Endovascular Therapy
40. Vascular Medicine: Non Coronary Arterial Disease
41. Vascular Medicine: Venous Disease
42. Spotlight on Special Topics: Education and Training
43. Spotlight on Special Topics: Global Cardiovascular Health
44. Spotlight on Special Topics: Innovation and Technology
45. Spotlight on Special Topics: Shared Decision Making

Abstracts with a Sports and Exercise focus may be submitted into one of two categories:

7. Arrhythmias and Clinical EP: Sports and Exercise
31. Non Invasive Imaging: Sports and Exercise

C. **Keywords**
   1. Select up to three keywords.
   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.
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, or a table created with the table generator, 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 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.20/WCC.

Tables

1. You may include an image of a table that you can upload or you can create it online using the table generator.
2. It is recommended that you create the table in your word processor, then save an image of it to upload. Table generation in a word processor is much easier to accomplish than using the table generator.
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 abstract up until **1:00 PM ET** on Tuesday, October 29, 2019. 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."

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.20/WCC. However, if you would like these changes to be reflected in the published version of your abstract, you must notify Heidi Hopper (hhopper@acc.org) by no later than **January 17, 2020**.

Disposition/Notification of Acceptance

You will be sent a notification with the status of your submission via email on December 20, 2019.

Withdrawals

To withdraw an abstract submission, written notification must be sent to hhopper@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 **January 17, 2020**.

Fee Schedule for Presenters

1. There is a $49 (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	*Two Words*	*Hyphenated Words*	
...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	