



Resuscitation Science Symposium (ReSS) 2023
Abstract Submission Guidelines

To ensure your abstract receives proper scientific consideration, be sure to submit to the appropriate category.

24.107	Airway Management
24.108	Basic Science
24.109	Biomarkers
24.110	COVID-19
24.111	CPR
24.112	Defibrillation
24.113	Disparities
24.114	ECPR/ECMO
24.115	Epidemiology
24.116	Hemorrhagic Shock
24.117	In-Hospital Arrest
24.118	Intra-Arrest Management
24.119	Mechanical CPR
24.120	Monitoring
24.121	Outcome Predictions
24.122	Pediatric
24.123	Pre-hospital/EMS
24.124	Post Arrest
24.125	Resuscitation Devices
24.126	Resuscitation Guidelines
24.127	Targeted Temperature Management
24.128	Survivorship - Caregivers
24.129	Training/Education
24.130	Translational
24.131	Trauma

Overall Abstract Submission Requirements

- All abstracts must be submitted (and if accepted, will be presented) in English, having accurate grammar and spelling suitable for publication.
- Statistical results (including descriptive and inferential statistics) are to be included.
- Author must affirm the work submitted is original and all statements declared as facts are based on thorough examination and investigation for accurateness.
- Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, prior scores of related abstracts will be negatively influenced.
- Abstracts containing identical or nearly identical data submitted from the same institution and/or individuals will be disqualified.
- Proofread abstracts carefully to avoid errors before submission. The abstract will be published exactly as submitted.

- Submission of an abstract constitutes a commitment by the author(s) to present if accepted. Failure to present, if not justified, will jeopardize future acceptance of abstracts for American Heart Association meetings/conferences.
- There is no limit to the number of abstracts an investigator may submit. If selected, the presenter must be one of the co-authors listed. If multiple submissions are accepted, the presenting author must resolve schedule conflicts by arranging for a co-author to present.

Abstract Title

- An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the investigation.
- Avoid an abstract title that reveals the results of the study. Explicit titles denoting the findings should be used (not "Investigations of...", "Studies of...", etc.)

Abstract Text

- It is recommended abstracts have the following identifiable sections:
 - Introduction/Background
 - Research Questions/Hypothesis
 - Goals/Aims
 - Methods/Approach
 - Results/Data (descriptive and inferential statistics)
 - Conclusion(s)
- Looking for recommendations on how to improve your abstract? We highly recommend you view [these recommendations](#) from AHA journals.
- Use generic drug names.
- Avoid beginning sentences with numbers.
- Standard abbreviations may be used without definition. Nonstandard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated.
- Do not include references, credits or grant support.
- Do not include the names or personal information of any patient participating in the study or trial.

Abstract Character Guidelines

- Abstracts are limited to 1,950 characters (about 300-350 words).
- Spaces do not count as characters.
- Counts towards character limit include:
 - Text in the abstract body
 - Graphics – addition of an image, whether a figure or a table, deducts 250 characters.
- Does not count towards character limit:
 - Title of abstract
 - Names of authors
 - Spaces in the abstract body
 - Caption of graphic
- Graphics Guidelines
 - All graphics (figures) and text-based graphics (tables) should be provided as 72-3—dpi, pre-sized, .BMP, .GIF, .JPG or .PNG images only, with a maximum width of 400 pixels (no limit on length). Black-and-white images should be in grayscale mode. Color mages should be saved in RGB mode.
 - All graphics will require a brief description of the image.

- Please Note: If an abstract is accepted for publication, any images submitted with the abstract are placed after the abstract that will appear in the online-only supplement to *Circulation*, an American Heart Association journal.

Author Name(s)

- The submitting author will be designated as the primary and presenting author unless otherwise specified. The presenting author must be listed on the abstract and can be listed anywhere in the author block.
- Please review the author block carefully. Edits cannot be made after the June 8, 6:00 PM CDT/UTC-5 deadline. Once submission is complete, the author block will be published as submitted. Additions or deletions of author names are not permitted after the submission deadline.

Abstract Revisions

- After the June 8, 2023, 6:00 PM CDT/UTC-5 deadline, your abstract submission is considered final and cannot be edited.
 - Abstracts may not be revised in any way or resubmitted.
 - Additions or deletions of author names will not be permitted.
- Proofread abstracts carefully to avoid errors before submission.

Abstract Copyright Transfer Agreement

- Abstract Copyright Transfer Agreement will be electronically signed during submission.
 - Your selection of “Yes” will grant permission to publish.
 - Your selection of “No” will prohibit publication of the abstract in all formats including the *Circulation* supplement, ePoster site, the mobile meeting guide app, abstracts on USB/download and the online program planner.

Abstract Review

- Abstracts successfully submitted by the June 8, 2023, 6:00 pm CDT/UTC -5 deadline are posted to a secured web site for blind review. Our intent is to be inclusive of quality science received without compromising scientific integrity. As such, a team of 8 to 10 experts, selected by the Committee for Scientific Sessions Programming, independently reviews abstracts in the category that best fits their expertise.
- Abstracts submitted for consideration must convey an original idea, concept, or an improvement or revision of a previous idea. Abstracts are selected on the basis of the following:
 - Scientific merit - direction toward the development of a new or improved diagnostic procedure or idea.
 - Organization - well organized, easy to follow and understand.
 - Practicality - should be available, logical and feasible.
 - Presentation - should be clear, brief, show understanding of the subject matter.
 - Technical quality - the idea must stand up to scrutiny. Facts and data have scientific backing.

Abstract Acceptance

- Abstract acceptance/non-acceptance status will be available by mid-August. Please ensure the email provided for the presenting author is accurate as all correspondence will be sent via email, to the presenting author only.
- All communications regarding your abstract will be sent from RESS@abstractmanagement.com. Please make sure to add this email address to your email contacts to ensure important program participant related information gets through your spam filters, etc.

- All accepted abstracts will be scheduled either in an oral or poster presentation format. All presentations including question-and-answers will be conducted in English. Presenters may request assistance from the moderator who will repeat or rephrase questions from the audience or may ask a colleague in the audience to assist with translation.
- Guidelines for abstract presentation will be included in the acceptance communication.

Abstract Journal Publication

- Accepted abstracts having selected “Yes” to the Abstract Copyright Transfer Agreement will be published online in the *Circulation* journal supplement.

Embargo Policy

- Non-late breaking abstracts and presentations are embargoed for release at 5 a.m.ET, Monday, November 6, 2023, and are therefore prohibited from release until date and time of AHA designated embargo time. You will be contacted by AHA communications if you are selected to participate in an AHA news event.
- Written embargoed information cannot be shared with anyone outside of the AHA with the exception of a journal manuscript where one-on-one embargoed media interviews can be conducted as long as the reporter agrees to abide by the embargo policy. Failure to honor embargo policies will result in this abstract being withdrawn and future abstracts also being barred from presentation. [Complete AHA Embargo Policy.](#)

Recording Policy

- Unauthorized recording of the AHA Scientific Sessions, scientific conferences, and the AHA/ASA International Stroke Conference is prohibited, whether by video, still or digital photography, audio or any other recording or reproduction mechanism. This includes recording of presentations and supporting audiovisual materials and of poster presentations and supporting poster materials.
- The American Heart Association and American Stroke Association reserve the rights to all recordings or reproductions of presentations at AHA/ASA scientific conferences and meetings.

Use of Automated Assistive Writing Technologies and Tools

- The use of automated assistive writing technologies and tools (commonly referred to as artificial intelligence or machine learning tools) is permitted provided that their use is documented, and authors assume responsibility for the content. As with human-generated content, authors are responsible for the accuracy, validity, and originality of computer-generated content. Automated assistive writing technologies do not qualify for authorship as they are unable to provide approval or consent for submission.
- If the use of these technologies has involved the research design, the tools should be documented in the Methods. For additional information, see the [World Association of Medical Editor recommendations.](#)
- For your abstract submission, you will need to indicate the use of these tools.