Late-Breaking Science

Abstract Submission Guidelines

Submission Dates: June 26 - August 22, 2023, 6 pm CDT (UTC-5)

Guidelines for Late-Breaking Science Submissions

Late-Breaking Science sessions are innovative and provide the latest breakthroughs in clinical science. These sessions provide notable exposure and recognition for studies likely to have a significant impact on clinical practice and/or to make significant advances in a scientific field. The American Heart Association is excited to receive your late-breaking science!

Submission: Abstracts submitted via the Late-Breaking submission process are expected to contain, at a minimum, the study design. Information on the characteristics of the patients enrolled is desirable as well. If available, the major trial results should be summarized and will be maintained confidential. Each submission must include a $300 online payment. If accepted, the abstract may be modified in the fall for publication, since the trial data presented at Scientific Sessions will be published online in the *Circulation* journal supplement. Any questions or concerns can be sent to Johanna Vanarsdall, johanna.vanarsdall@heart.org.

We understand the flexibility needed for trial timelines. For trials closing close to the deadline, please reach out to Johanna Vanarsdall and she will forward your concerns to the Chair and Vice-Chair of the Committee on Scientific Sessions Program.

Submission Categories:

- Late-Breaking Randomized Clinical Trial – A clinical trial must include some type of intervention.
- Clinical Trial Update - Update on a previously presented clinical trial. (Secondary analysis from the last year)
- High Impact Science from Clinical Registries or Observational Studies

Themes:

- Antithrombotic
- CAD/ACS
- Cardiometabolic
- Electrophysiology
- Epidemiology/ Prevention
- First in Human/ Drug Discovery
- Health Equity
- Health Services
- Heart Failure
- HTN
- Imaging
- Interventional
- Lipids
- ReSS
- Stroke
- Surgery
- Vascular

Abstracts:

Abstract Character Limitations
Character Max Limit: 2500
Character Min Limit: 50
Table Count Penalty: 250 Characters
Graphic Count Penalty: 250 Characters

The abstract with the overall design and major results which you submitted for consideration may be edited online in preparation for publication in *Circulation*. Further information with a link to the abstract site will be sent to you from AHAScientificSessions@abstractsonline.com when editing is available in mid-October. The final abstract provided to AHA will be published in *Circulation*.

- Abstract Copyright Transfer Agreement is collected at time of abstract submission. If you select "Yes", your abstract will be published in the online *Circulation* supplement and the online Program Planner. If you select "No", your abstract will be EXCLUDED from publication in online *Circulation* supplement and the online Program Planner.

- If you submitted an abstract to the Scientific Session 2023 general abstract submission (April – June) that has the same focus as the abstract submitted to the LBS program, it may only be accepted in one format on the Scientific Sessions 2023 program. If accepted in both the general abstract submission and the LBS submission, please let Johanna Vanarsdall (johanna.vanarsdall@heart.org) and AHAScientificAbstracts@heart.org know via email so that we can withdraw the abstract accepted in the general program.

If you submitted an abstract(s) with separate analysis apart from this trial/presentation, that is acceptable. An abstract submitted to the general abstract submission for consideration in the general program that includes information other than the primary data from the clinical trial may be considered for presentation in the regular program at Scientific Sessions on a case-by-case basis. Please notify Johanna Vanarsdall (johanna.vanarsdall@heart.org) and AHAScientificAbstracts@heart.org if another abstract based on the clinical trial was submitted via the regular abstract submission process.

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.

Additional Late-Breaking Science Submission Requirements:

Information regarding your science will be collected during the submission process. Not all questions may be applicable to your research. Please fill out the required steps during submission to the best of your ability.

- Are implications for health equity addressed in the study findings?
- Is this study testing a treatment/intervention to improve health outcomes?

- Is this a First in Human therapeutic trial?
- Availability of final data
- Company supporting the trial
- Disclosure of Unlabeled/Investigational Use of Drug or Product
- Acronym and Marketing Description (that does not mention trial results or outcomes)
- Principal Investigator

AHA is committed to improving health by ensuring the diversity of populations in scientific research. This is in keeping with FDA guidance and standards set by scientific journals.

- Does the study include representation from women, and historically underrepresented racial and ethnic populations?
- Is your study group representative of the people who have the condition of interest?

Featured Science:

During Late-Breaking Science submission, you have the option to select if your abstract may be considered for a Featured Science abstract. This means if your abstract is not selected to be presented as a Late Breaking Science abstract at Sessions 2023, it may be considered for a Featured Science abstract, and can be slotted as an oral presentation. Embargo policy for Featured Science remains the same as Late-Breaking Science.

Note: Industry announcements required by the SEC (Security Exchange Commission) must be approved by AHA prior to release and any level of information released without approval will be considered an embargo break.

AHA/ACC/ESC Acceptance/Embargos: Abstracts related to a clinical trial submitted for consideration for presentation at the American Heart Association, American College of Cardiology and European Society of Cardiology cannot be presented at the other two meetings. After acceptance by one of the organizations, that organization's specific embargo guidelines prevail. An embargo means that results from the trial cannot be presented or announced in any forum prior to presentation at the meeting to which it has been accepted. Violators will be banned from participating in the clinical trials for two full cycles or for two of each organization's meetings (AHA, ACC or ESC).

AHA Embargo Policies:
Clinical trial results are prohibited from being released until the date and time of AHA designated embargo time. For late-breaking science and featured science the embargo time is the date and time of presentation at Scientific Sessions 2023. Clinical trial sponsors must comply with embargo guidelines established by the American Heart Association.

You are prohibited from sharing written embargoed information with anyone outside of the AHA with the exception of journal manuscript submission. Important Note: Industry announcements required by the SEC (Security Exchange Commission) must be approved by AHA prior to release and any level of information released without approval will be considered an embargo break. However, you may conduct one-on-one embargoed media interviews as long as the reporter agrees to abide by the embargo policy. Failure to honor embargo policies will result in the trial being withdrawn on site and barred from presentation. Failure to honor this embargo policy may also jeopardize future acceptance of clinical trials and presentations at Scientific Sessions. Therefore, it is essential to recognize that presentations at unofficial satellite meetings or unofficial press conferences before the scheduled AHA embargoed media briefings are not allowed. This embargo policy will be strictly enforced.