

International Stroke Conference 2027 Abstract Submission Guidelines

Rules for Submission of Abstract

Author Name(s)

1. If an author's name appears on more than one abstract, it must be identical on each abstract.
2. The submitting author is designated as the presenting author. You may change who is presenting the abstract in the "Authors" step of the submission site. You may rearrange the order of the authors; however, the senior author must always be listed last. The presenter must be an author of the abstract.
3. 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.
4. **Additions or deletions of author names will not be permitted after August 18, 2026, 11:59 pm CDT/UTC-5.**

Abstract Data

1. **Abstract data may not be presented at any national or international meeting held prior to the date and time of presentation at ISC 2027 or time of the American Heart Association news event.**
2. The International Stroke Conference 2027 is a forum for the presentation of novel research findings. Thus, the work covered by the abstract **must not** have been published (manuscript or abstract) **prior to the time of abstract submission. Abstracts associated with a manuscript published between the time of submission and time of presentation may still be presented at ISC 2027 but will not be included in the *Stroke* journal abstract publication.** Authors must contact the American Heart Association staff to be removed from the abstract publication prior to the event. Please notify the American Heart Association staff by sending an e-mail to stroke.program.participant@heart.org.
3. Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, priority scores of related abstracts will be reduced.
4. Abstracts containing identical or nearly identical data submitted from the same institution and/or individuals will be disqualified.
5. Because of the large number of submitted abstracts, **resubmission of an abstract to make revisions is not permitted after August 18, 2026, 11:59 pm CDT/UTC-5.**
6. To ensure that the abstract receives proper scientific consideration, please make sure that the abstract is submitted to the appropriate category. A list of the abstract categories and their definitions is available on the submission site. You may also select an additional, secondary category, but it is not mandatory.
7. Proofread abstracts carefully to avoid errors before submission. No proof pages will be sent to authors. **Revisions to abstracts will not be permitted after the August 18, 2026, 11:59 pm CDT/UTC-5 submission deadline.**
8. The American Heart Association is committed to upholding the highest standards of scientific integrity in all abstracts submitted to its scientific meetings. By submitting an abstract, authors confirm that the work is original, accurately presented, and consistent with the American Heart Association's standards for ethical and responsible scientific communication. All abstracts submitted to the American Heart Association's scientific meetings are subject to peer review and may undergo additional scientific integrity assessments, which may include expert evaluation and analytical tools to identify concerns related to originality, authorship, ethical conduct, or appropriate use of emerging technologies. Abstracts that do not meet American Heart Association's scientific or ethical standards may be subject to further review or disqualification.

Use of Automated Assistive Writing Technologies and Tools

1. The use of automated assistive writing technologies and tools (commonly referred to as artificial intelligence or machine learning tools) is permitted provided their use is documented, and authors assume responsibility for the content. The 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.
2. If the use of these technologies has been used to carry out or generate analytical work, the tools utilized should be documented in the abstract.
3. Not acceptable use:
 - a. AI-generated abstract with minimal or no human revision
 - b. AI-generated scientific ideas, claims, data, or conclusions
4. For additional information, see the [World Association of Medical Editor recommendations](#).
5. For your abstract submission, you will need to indicate the use of these tools.

Abstract Title

1. An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the investigation.

Abstract Text

1. Describe briefly the objectives of the study unless they are contained in the title. Include a brief statement of methods. State findings in detail sufficient to support conclusions. Abstracts should not describe research in which the chemical identity or source of the reagent is proprietary or cannot be revealed.
2. Abstracts *may* have the following identifiable sections, but they are *not* mandatory: Introduction, Hypothesis, Methods, Results and Conclusions.
You may include a hypothesis, but only if it is appropriate to do so.
3. **The abstract must contain a brief section on Methods/Methodology.**
4. Use generic drug names.
5. Do not begin sentences with numerals.
6. Standard abbreviations may be used without definition. Non-standard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated.
7. **Do not include author or institution names, references, credits or grant support in the abstract.**
8. Do not include the names or personal information of any patient participating in the study or trial.
9. Abstracts are limited to 2,500 characters (about 500 - 600 words). Spaces do not count as characters. It does *not* include graphics. Only 3 graphics max per abstract are allowed.
10. Tables must be submitted as graphics. Do not submit a table in Word as it will not format correctly in the online *Stroke* journal.
11. Due to accessibility guidelines, you must submit a brief description of any and all graphics included in your abstract submission in the appropriate step on the submission site.

Graphics Guidelines

1. All graphics (figures) and text-based graphics (tables) should be provided as 72 - 300 dpi; pre-sized .BMP, .GIF, .JPG, or .PNG images only, with a maximum width of 440 pixels (no limit on length). Black-and-white digital images should be in grayscale mode. Color images should be saved in RGB color mode.
2. Only 3 graphics max per abstract are allowed.
3. All graphics will require a brief description of the image.
4. Please Note: If an abstract is accepted for publication, any images submitted with the abstract are placed after the abstract text that will appear in the online only *Stroke* journal, an American Heart Association journal.

Abstract Revisions

1. **After the August 18, 2026, 11:59 pm CDT/UTC-5 deadline, abstracts may not be revised in any way or resubmitted.**
2. **Additions or deletions of author names will not be permitted after August 18, 2026, 11:59 pm CDT/UTC-5.**
3. **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 online *Stroke* journal, ePoster site, the mobile meeting guide app, and the online program planner.

Acceptance

1. Abstracts selected will be published online in February 2027 on the *Stroke* journal Web site.
2. All communications regarding your abstract will be sent from StrokProgPart@heart.org. Please make sure to add this e-mail address to your e-mail contacts to ensure important program participant related information gets through your spam filters, etc.
3. If the abstract is submitted to more than one meeting, investigators must include new and scientifically meaningful information/results **at time of submission** to the American Heart Association.
4. **Abstracts accepted for presentation at ISC 2027 cannot be presented at another national or international meeting held prior to February 12, 2027.**
5. The work covered by the abstract must not be published **prior to the time of abstract submission. Abstracts associated with a manuscript published between the time of submission and time of presentation may still be presented at ISC 2027 but will not be included in the *Stroke* journal abstract publication. Authors must contact the American Heart Association staff to be removed from the abstract publication prior to the event.** Please notify the American Heart Association staff by sending an e-mail to stroke.program.participant@heart.org.
6. Abstract grading is blinded. Abstracts are selected on the basis of scientific merit and are allocated to oral, digital oral poster, or poster board presentations.
7. Guidelines for presentations will be provided to presenting authors of accepted abstracts.
8. Abstract acceptance/non-acceptance status will be e-mailed to the presenting author in late October to the e-mail address provided during the submission process.

Abstract Journal Publication

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

Embargo Policy

Non-late breaking abstracts and presentations are embargoed for release at 5 a.m. EST, Thursday, February 4, 2027, and are therefore prohibited from release until date and time of the American Heart Association’s designated embargo time. You will be contacted by American Heart Association communications if you are selected to participate in an American Heart Association news event.

Written embargoed information cannot be shared with anyone outside of the American Heart Association 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.

Abstracts associated with a manuscript published between the time of submission and time of presentation may still be presented at ISC 2027 but will not be included in the *Stroke* journal abstract publication. Authors must contact the American Heart Association staff to be removed from the abstract publication prior to the event. Please notify the American Heart Association staff by sending an e-mail to stroke.program.participant@heart.org.

[Complete the American Heart Association’s Embargo Policy](#)

Presentation

1. Request “Any Format” or “Poster Board Only” preferred presentation on the Presentation Preference tab of the Submitter Site. The selection of one of these options will neither prejudice acceptance nor guarantee an oral, digital oral poster, or poster board presentation because abstracts will be assigned based on scientific merit and must be arranged to fit into a thematic group for presentation.
2. All presentations and question-and-answer sessions will be conducted in English. Presenters may request assistance from the moderator who will repeat or rephrase questions from the audience, or they may ask a colleague in the audience to help translate.
3. Submission of an abstract constitutes a commitment by the author(s) to present it if accepted. Failure to present, if not justified, will jeopardize future acceptance of abstracts.
4. The American Stroke Association, a division of the American Heart Association, reserves the right to all video or audio recordings of presentations at the International Stroke Conference 2027.
5. The presenter is responsible for all expenses associated with the submission and presentation of an abstract (e.g. registration, airfare, lodging, etc.).
6. All oral presentations must be in electronic format. Electronic presentations must be submitted via the Presentation Management system at least 12 hours in advance of the session start time. Instructions will be sent to the presenting author via e-mail in early January 2027.
7. If you are referencing work previously published by another author, please be sure to include a complete citation at the bottom of the appropriate slide.

Recording Policy:

1. Unauthorized recording of the American Heart Association’s Scientific Sessions, scientific conferences, and the American Heart Association/American Stroke Association’s International Stroke Conference and ISC Pre-Conference Symposia 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.
2. The American Heart Association and American Stroke Association reserve the rights to all recordings or reproductions of presentations at American Heart Association/American Stroke Association’s scientific conferences and meetings.

Abstract Withdrawal

1. Requests for withdrawal of an abstract must be received in writing by **November 30, 2026**.