

ISC 2027 Late-Breaking Science and Ongoing Clinical Trials Abstract Submission Guidelines

Acceptance

1. **Late-Breaking Science** accepted abstracts (both oral and poster presentations) will not be presented at any national or international meeting held prior to February 12, 2027.
2. **Ongoing Clinical Trials** accepted abstracts will not be presented at any national or international meeting held prior to February 12, 2027.
3. Any data contained in all accepted abstracts is embargoed for release at the date and time of presentation or time of AHA news event and no information may be released before then. Written embargoed information cannot be shared with anyone but 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 Failure to honor embargo policies will result in the abstract being withdrawn and barred from presentation.
4. The work covered by the abstract must not be published **prior to the time of abstract submission**.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 they are not eligible for an oral presentation. If your Late-Breaking Science abstract is published prior to presentation at ISC 2027, please contact AHA staff at stroke.program.participant@heart.org.**

Abstract data may not be presented at any national or international meeting held prior to the date and time of presentation or time of AHA news event.

Late-Breaking Science and Ongoing Clinical Trials abstracts will be available online on the ISC web site only. Authors must contact AHA staff to be removed from the ISC web site prior to the event. Please notify AHA staff by sending an e-mail to stroke.program.participant@heart.org.

5. Abstract grading is blinded. Abstracts are selected on the basis of scientific merit. Late-Breaking Science abstracts are allocated to oral, digital oral poster or poster presentations. Ongoing Clinical Trials abstracts are allocated to poster presentations only.
6. Guidelines for presentations will be provided to authors of accepted abstracts.
7. Abstract acceptance/non-acceptance status will be e-mailed to the submitting author in late November/early December.
8. **Late-Breaking Science abstracts will not be published.** They will be available online on the International Stroke Conference web site at date and time of presentation.
9. **Ongoing Clinical Trials abstracts will not be published.** They will be available online on the International Stroke Conference web site on February 10, 2027.

Embargo Policy

Abstracts and presentations are embargoed for release at date and time of presentation or time of AHA news event. Written embargoed information cannot be shared with anyone but 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 the abstract being withdrawn and barred from presentation.

[Complete AHA Embargo Policy](#)

Presentation

1. 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 may ask a colleague in the audience to help translate.
2. 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.
3. 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.
4. The presenter is responsible for expenses associated with the submission and presentation of an abstract (e.g., registration, airfare, lodging, etc.)
5. 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.

6. 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.

7. 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.

Rules for Submission of Abstracts

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 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. **Additions or deletions of author names will not be permitted after October 28, 2026.**

Abstract Data/Criteria

1. 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 they are not eligible for an oral presentation. If your Late-Breaking Science abstract is published prior to presentation at ISC 2027, please contact AHA staff at stroke.program.participant@heart.org.

Late-Breaking Science and Ongoing Clinical Trials abstracts will be available on the ISC web site. Authors must contact AHA staff to be removed from the abstract publication prior to the event. Please notify AHA staff by sending an e-mail to stroke.program.participant@heart.org.

2. **Abstract data may not be presented at any national or international meeting held prior to the date and time of presentation or time of AHA news event.**
3. Abstracts and presentations are embargoed for release at date and time of presentation or time of AHA news event. Written embargoed information cannot be shared with anyone but 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 the abstract being withdrawn and barred from presentation.
4. **Late-Breaking Science abstracts** should impact future stroke care and treatment. The abstract should focus on unusually important results obtained since the August 18th Scientific Abstract deadline.
 - You must submit an accompanying letter with your abstract; this accompanying letter should **ONLY** explain why the data was not available prior to the regular submission deadline. **This statement must not exceed 100 words.**
 - If the presenter of the Late-Breaking abstract has been selected to participate in an invited symposium where this topic will be covered, they are not eligible to submit a late-breaking abstract.

5. Ongoing Clinical Trials Abstract Submission:

- Ongoing Clinical Trials Abstracts Submission is for rationale & design descriptions and eligibility & recruitment updates for clinical trials or large multi-center registries that are currently ongoing.
 - Interim analyses are not eligible for OGCT and should be submitted to the appropriate category in Late-Breaking Science if applicable. (Please see the criteria for Late-Breaking Science Abstract Submission above.)
 - Any abstract submitted as an Ongoing Clinical Trial Abstract that does not fit the criteria above should not be submitted in this category and will not be considered for inclusion in the ISC 2027 program.
6. **Ongoing Clinical Trials** abstracts must provide a full description and status reports for ongoing, multi-center or controlled clinical trials. The trials must be recruiting patients/centers or collecting follow-up data at time of presentation. The American

Heart Association/American Stroke Association encourages submissions for studies which test interventions in all areas of cerebrovascular disease, including prevention, acute treatment and recovery. Abstracts describing ongoing, multi-center, prospective registries of national or international scope will also be considered.

7. Ongoing Clinical Trials abstracts must include the following information in the body of the abstract:

Trial Abbreviation, Trial Registry Number or ID, Background, Objective, Design, Population Studied (including sample size), Intervention(s), Outcome Measure(s), Analysis, Trial Status, PI/Coordinator Name(s), PI/Coordinator Affiliation(s), Trial Sponsor(s), Trial Contact Information (name, e-mail, web, fax, and/or phone), Trial email, Trial web site.

8. 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.
9. Abstracts containing identical or nearly identical data submitted from the same institution and/or individuals will be disqualified.
10. **Because of the large number of submitted abstracts, resubmission of an abstract with revisions and/or edits to an abstract is not permitted after the deadline of October 28, 2026.**
11. Proofread abstracts carefully to avoid errors before submission. No proof pages will be sent to authors.

Use of AI / 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:
 - i. AI-generated abstract with minimal or no human revision
 - ii. 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 Withdrawal

1. Requests for withdrawal of an abstract must be received in writing no later than **December 31, 2026**.

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 if pertinent. 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. You must include a methodology section in your abstract submission.
4. Use generic drug names.
5. Do not begin sentences with numerals.
6. 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.
7. Do not include references, credits or grant support.
8. Do not include the names or personal information of any patient participating in the study or trial.

9. **Late-Breaking Science** abstracts are limited to 2,500 characters (about 500 - 600 words). This includes punctuation. It does *not* include spaces or graphics. Only 3 graphics max per abstract are allowed.

10. **Ongoing Clinical Trials** abstracts are limited to 2,500 characters (about 500 - 600 words). This includes punctuation. It does *not* include spaces or graphics. Only 3 graphics max per abstract are allowed.

Abstract Revisions

1. **After the October 28, 2026 deadline, abstracts may not be revised in any way or resubmitted.**

2. **Additions or deletions of author names will not be permitted after October 28, 2026.**

3. **Proofread abstracts carefully to avoid errors before submission.**