IMPORTANT: Abstracts must include data (absolute values) in detail sufficient to support conclusions. Abstracts that do not contain data (absolute values) will not be considered for review.

Guidelines for Submission

The body of the abstract must not exceed 1,950 characters (not including spaces). Each graphic counts as 500 characters. Each table counts as 500 characters.

Briefly describe the objectives of the study unless they are contained in the title. Include a brief statement of methods if pertinent. Reminder: Abstracts must include data (absolute values) in detail sufficient to support conclusions. Abstracts that do not contain data (absolute values) will not be considered for review.

Abstracts should not describe research in which the chemical identity or source of the reagent is proprietary or cannot be revealed. 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. Abstracts containing identical or nearly identical data submitted from the same institution and/or individuals will be disqualified.

The following guidelines apply:

• Do not re-enter the abstract title or the authors’ names/institutions.
• Use generic drug names.
• Do not begin sentences with numerals. When percentages are used, the absolute number from which they are derived must be included; for example, “33%(10 of 30)”.
• Standard abbreviations may be used without definition. Nonstandard abbreviations must be kept to a minimum and placed in parentheses after the first use of the abbreviated word or phrase.
• Do not include references, credits, or grant support.
• Do not include names or personal information of any patient participating in the study or trial.
• Proofread abstracts carefully to avoid errors. Abstracts may not be revised after the Late-Breaking Abstracts Submission Deadline on June 4, 2019.

Abstract Acceptance and Presentation

Acceptance

• Abstracts are selected on the basis of scientific merit and are allocated to oral or poster presentations.
• This conference is a forum for the presentation of novel research findings. Thus, the work
coverd by the abstract must not have been published (manuscript) prior to September 5, 2019.
• Notification of abstract acceptance status will be emailed to primary authors in late-June 2019

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. Presentation
• 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.
• Guidelines for presentations will be provided to authors of accepted abstracts.
• Request oral or poster preferred presentation on the Presentation Preference page of the Abstract System. Selecting oral or poster preferred will neither prejudice acceptance nor guarantee oral or poster presentation, because abstracts must be arranged to fit into a thematic group for presentation. However, the AHA will make every effort to accommodate your presentation request.
• If you select “Poster Only” and your abstract is accepted, this request will be granted.
• 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 assist with translation.