Rules and Guidelines for Abstract Submission

Submission Deadline: Wednesday, March 13, 2019
(5:00 PM Central Standard Time - UTC-6 Hours)

Interested investigators are invited to submit abstracts for presentation at BCVS 2019. The deadline for electronic submission of abstracts is Wednesday, March 13, 2019, 5:00 PM Central Standard Time (CST). To submit your abstract, visit the conference website. Please note that you will be charged a processing fee of US $50 for each abstract you submit.

Abstracts accepted for presentation at the conference will be published in the online Circulation Research journal after the conference.

Abstracts May be Submitted in the Following Categories:

- Cardiac Regeneration, Stem Cells and Tissue Engineering
- Cell Death Mechanisms, Apoptosis, Necrosis and Autophagy
- Clinical/Translational Research
- Excitation-Contraction Coupling
- Genetics and Genomics of Cardiovascular Disease
- Human Cellular Models of Disease
- Inflammation and the Cardiovascular System
- Mechanisms of Myocardial Fibrosis and Remodeling
- Mitochondria and Metabolism
- Myocardial Ischemia, Oxidative Stress, and Cardioprotection
- RNA and Cellular Regulation
- Sarcomeric Function and Contractility
- Signal Transduction Pathways
- Systems Approach to Cardiovascular Biology
- Transcriptional and Epigenetic Regulation of Gene Expression

Rules for Preparation and Submission of Abstracts

The presenting author of an accepted abstract must pay the registration fee to attend BCVS 2019. AHA members save up to $300 registration discount. Additional information about registration and fees may be found on the BCVS 2019 website.

All other expenses, (airfare, lodging, etc.) association with the submission and presentation of an abstract are the responsibility of the presenter.

BCVS 2019 is a forum for the presentation of novel research findings. The work covered by the abstract must not have been published at the time of abstract submission or presented at a national meeting or world congress before July 29, 2019.
Exception: if early career investigators feel compelled to increase their opportunity of scientific interaction, then the abstract submission must have incremental information from the abstract presented elsewhere to justify submission and presentation at the AHA, should the investigator’s work be accepted at both meetings. Each investigator will determine, in good conscience, what constitutes incremental information and should notify AHA staff.

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 for the American Heart Association.

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.

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. Click here to view the complete AHA/ASA General Embargo Policies.

Instructions

- Submit all abstracts in English.
- An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the investigation.
- 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.
- When submitting your abstract, please consider indicating what impact your findings might have on patients or clinical practice in the future, if appropriate, and/or if this is the first study of its kind. This information may be useful for American Heart Association communications staff when evaluating abstracts for potential news coverage.
- Use generic drug names.
- 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.
- Do not re-enter the abstract title or the authors’ names/institutions.
- 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 deadline date as review will commence immediately.
- The body of the abstract must not exceed 1,950 characters (not including spaces). Addition of a graphic will deduct 500 characters. (The text within the graphic does not count towards the character limit)
**Author Name(s)**

- The submitting author is designated as the primary/presenting author. You may rearrange the order of the authors; however, always list the senior author last.
- If an author’s name appears on more than one abstract, it must be identical on each abstract.
- Additions or deletions of author names are not permitted after the deadline date as review will commence immediately.

**Acceptance**

- Abstracts are selected on the basis of scientific merit and are allocated to poster or oral presentations.
- Notification of abstract acceptance status will be emailed to primary authors in late-May.
- 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.
- Expenses (including conference registration fees) associated with the submission and presentation of an abstract are the responsibility of the presenter.
- Abstract sessions are a forum for the presentation of novel research findings. Thus, the work covered by the abstract must not have been published (manuscript or abstract) or presented at any national meeting or world congress before July 30, 2019. 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.
- Abstracts accepted for presentation at the conference will be published online only as a supplement to the AHA journal *Circulation Research*.

**Presentation**

- All presentations will be conducted in English. Presenters may request assistance from a colleague to assist with translation if necessary.
- Guidelines for presentations will be provided to authors of accepted abstracts.
- 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.

**Abstracts Copyright Transfer Agreement**

During the abstract submission process, you will have the opportunity to provide your approval (electronically) of the copyright transfer agreement. Your approval of this agreement indicates:

- The author(s) hereby assigns, conveys, and otherwise transfers all rights, title, interest and copyright ownership in said work to the AHA/ASA effective upon acceptance of said work for presentation. “Work” includes the material submitted for presentation and any other related material submitted to the AHA/ASA.
- The assignment of rights, title, interest, and copyright ownership in the Work to the AHA includes, but is not expressly limited to, rights to edit, publish, reproduce, distribute copies, prepare derivate works, include in indexes or search databases in print, electronic, on the Internet, or in any other media, whether or not created or in use at the time of execution of this agreement, and claim copyright in said work throughout the world for the full duration of the copyright and any renewals or extensions thereof. If this is a jointly created Work, all co-authors correspondingly assign all rights, title and interest in said Work to the AHA by the execution of this Agreement.
- In the event that the AHA does not present or publish said Work, Author(s) will be so notified and all rights assigned hereunder will revert to the Author(s).
The assignment of rights hereunder does not extend to the full-length article on which the abstract is based.

- Author(s) retain the right to subsequently include the work in articles, books or derivative works that he/she authors or edits provided said use does not imply the endorsement of the AHA/ASA.
- Other uses or reproductions require permission from the AHA/ASA, which shall not be unreasonably withheld.
- Author(s) hereby represents and warrants that he/she/they is/are sole author(s) of the work, that all authors have participated in and agree with the content and conclusions of the work, and that the work is original and does not infringe upon any copyright, proprietary, or personal right of any third party.
- If the AHA/ASA does not publish said work, author(s) will be notified and all rights assigned hereunder will revert to author(s).
- If a joint work, all co-authors must transfer rights in said work to the AHA/ASA by executing this Agreement.
- This Agreement must be executed as is without revision or substitution of terms. A handwritten signature of the author(s) is required.
- This Agreement is governed by the laws of the United States of America.

- For U.S. Government Employee Author(s):
The author(s) hereby warrants that the above-described work was authored by employees of the United States government as part of their official duties and therefore may be published and reproduced without restriction.

To submit your abstract, visit the conference website. Please note that you will be charged a processing fee of US $50 for each abstract you submit.

Questions

Contact the AHA Manager, Julie Green Julie.green@heart.org for questions related to your abstract submission. We look forward to seeing you in Boston.