

Abstract Submission Instructions

Thank you for your interest in submitting an abstract to ACC.25. Please read the following instructions carefully.

Section 1 walks you through the submission process on the portal.

Section 2 has important information for you after your submission is complete.

SECTION 1: SUBMITTING YOUR ABSTRACT ON THE ACC PORTAL

You can begin your abstract submission by [visiting the ACC.25 site](#) and clicking on the “Submit Your Science” button at the top of the page. **All submissions are due by 1 p.m. ET on Tuesday, Oct. 1, 2024.**

To submit an abstract or case, you must have an ACC account. If you do not have an ACC account, you can create one for free using the [“Create Free Account”](#) link after you click the “Submit Your Science” button.

Tab 1: Title

- Abstract titles will be in all CAPS. The system will automatically convert all letters to caps after you click the “Save and Continue” button.
- Do **NOT**:
 - Bold, italicize, underline, superscript or subscript any items in the title.
 - Include authors or institutions in the title. If you do, they will be removed.
 - Use the “Enter” button in your title. This action will add hard returns, which are not allowed.
 - Use abbreviations unless they are commonly known.
 - End the title with a period.
 - Use a comma before “and” in a series.
 - Use quotation marks in a title.
- DO:
 - Use a comma for number 1,000 and above.
 - Substitute a colon for a dash/hyphen except when using prefixes.
 - Hyphenate the first prefix word when there is more than one prefix word used such as Non- Anti...

Tab 2: Category

Submit your abstract to one of the following categories, based on its area of research. Abstracts submitted to a category that do not match the subject matter of the abstract may be given a low score from reviewers.

01. Cardiac Arrhythmias: Basic and Translational Science
02. Cardiac Arrhythmias: Clinical Science
03. Cardiac Arrhythmias: Health Equity
04. Cardiac Arrhythmias: Pharmacology
05. Cardiac Arrhythmias: Population Science
06. Cardiovascular Disease Prevention: Basic and Translational Science
07. Cardiovascular Disease Prevention: Clinical Science
08. Cardiovascular Disease Prevention: Health Equity

09. Cardiovascular Disease Prevention: Pharmacology
10. Cardiovascular Disease Prevention: Population Science
11. Congenital Heart Disease: Basic and Translational Science
12. Congenital Heart Disease: Clinical and Population Science
13. Congenital Heart Disease: Health Equity
14. Coronary, Peripheral and Structural Interventions: Basic and Translational Science
15. Coronary, Peripheral and Structural Interventions: Coronary Interventions, Including Complex and CTO
16. Coronary, Peripheral and Structural Interventions: Endovascular Interventions
17. Coronary, Peripheral and Structural Interventions: Health Equity
18. Coronary, Peripheral and Structural Interventions: Pharmacology
19. Coronary, Peripheral and Structural Interventions: Structural Valvular and Non-Valvular Interventions
20. Heart Failure and Cardiomyopathies: Basic and Translational Science
21. Heart Failure and Cardiomyopathies: Clinical Science
22. Heart Failure and Cardiomyopathies: Health Equity
23. Heart Failure and Cardiomyopathies: Mechanical Support and Cardiac Transplantation
24. Heart Failure and Cardiomyopathies: Pharmacology
25. Heart Failure and Cardiomyopathies: Population Science
26. Ischemic Heart Diseases: Basic and Translational Science
27. Ischemic Heart Diseases: Clinical Science
28. Ischemic Heart Diseases: Health Equity
29. Ischemic Heart Diseases: Pharmacology
30. Ischemic Heart Diseases: Population Science
31. Multimodal Imaging: Basic and Translational Science
32. Multimodal Imaging: Clinical Science
33. Multimodal Imaging: CT
34. Multimodal Imaging: Echo
35. Multimodal Imaging: Health Equity
36. Multimodal Imaging: MR
37. Multimodal Imaging: Nuclear
38. Multimodal Imaging: Other Techniques
39. Pulmonary Vascular Disease: Basic and Translational Science
40. Pulmonary Vascular Disease: Clinical and Population Science
41. Pulmonary Vascular Disease: Health Equity
42. Pulmonary Vascular Disease: Pharmacology
43. Valvular Diseases: Basic and Translational Science
44. Valvular Diseases: Clinical Science
45. Valvular Diseases: Health Equity
46. Valvular Diseases: Population Science
47. Vascular Diseases: Basic and Translational Science
48. Vascular Diseases: Clinical Science
49. Vascular Diseases: Health Equity

50. Vascular Diseases: Pharmacology
51. Vascular Diseases: Population Science
52. Featured Fields: Cardio-obstetrics
53. Featured Fields: Cardio-oncology
54. Featured Fields: Critical Care Cardiology
55. Featured Fields: CV Team Based Care & Practice Management
56. Featured Fields: Geriatric Cardiology
57. Featured Fields: Global Cardiovascular Health
58. Featured Fields: Innovation, Digital Health and Technology
59. Featured Fields: Sports and Exercise
60. Featured Fields: Training and Lifelong Learning

Tab 3: Abstract Text

Body/Text:

- Abstracts **MUST** conform to specific size limits, or they will remain in an incomplete status and will not be reviewed.
- Your abstract may not contain more than 1,900 characters, **not including spaces**. A graphic, table or image equals 600 characters and is included as part of the 1,900-character limit.
- You may type the body of the abstract directly into the space provided for the abstract body. Upload graphics or images separately. If you paste text from another document (like a Word document), please paste as plain text.
- Do **NOT** place hard returns at the end of each line.
- You may use five unique abbreviations in the body of the abstract. Spell out the complete phrase followed by the abbreviation in parentheses the first time the abbreviation is used. Only commonly known abbreviations are allowed in the title of the abstract.
- Do not include the title in the abstract body. The title will be collected on the Title tab.
- Do not include authors and institutions in the abstract body. This data will be collected on the Author tab.
- The abstract must be presented in the following sequence, using the headings listed:
 - **Background:** In an initial paragraph, provide relevant information regarding the background and purpose of the study, preferably in no more than one or two sentences.
 - **Methods:** Briefly state the methods used.
 - **Results:** Summarize the results in sufficient detail to support the conclusions.
 - **Conclusion:** State the conclusions reached. It is not satisfactory to state “the results will be discussed.”
- **Please proofread carefully for factual, spelling, and size errors. If accepted, the abstract will be published exactly as it appears on the online submission system confirmation page.**

Adding An Image to Your Submission:

- On the **Abstract** tab, you can upload a picture, table and/or graph as an image.
- Each image must be saved as file type of “gif” or “jpeg.” Even though the submission system may allow you to upload a graphic with a different file type, those graphics will not be reviewed or reproduced if the abstract is selected.

- Each image equals 600 characters and is included as part of the 1,900-character limit.

Please keep in mind that large and/or complex graphics may not be readable in print or electronic formats.

Tab 4: Clinical Implications

Clinical Implications:

- In a couple of sentences, state the main clinical implications (or significance) of your study.
- This information may be used as discussion points in educational activities at ACC.25.
- If your abstract is accepted, the clinical implications will not be published as part of your submission. However, abstract reviewers will see it during the review process.
- This section does not count as part of the 1,900-character limit.

Tab 5: Presentation Preference

- Please indicate your presentation preference should this abstract be accepted.
- The number of oral abstract presentations will be limited to a few especially important studies. Click "Poster Presentation Only" if you are uncomfortable with making an oral presentation.

Tab 6: Author

- Up to 25 authors can be listed as part of an author block, including the submitter and the group name of an investigating team.
- To add an author to your author block, please try looking up the person by LAST NAME and/or EMAIL in the ACC database by using the "Add Author" link on the **Author** tab. There are additional instructions and helpful hints on finding your co-authors in our database on the portal.
- Use the author group field only for the name of an investigating team. This is typically something like "Investigators for Heart Health." Do not use the author group to list individual authors.
- The author order is the order that authors will be listed in meeting materials if the abstract is selected for presentation.
- If you need to change the first author, please contact Ashley Truluck (atruluck@acc.org) directly.

Tab 7: Institution Information/Lead Investigator

- Up to two institutions will be printed in your author block. These institutions are entered into the portal using the **Institution Information** tab.
- Please select the lead investigator for your abstract. This person must be part of your author block and can be the submitter.

Tab 8: Disclosures

- Only the disclosures of the presenting author and lead investigator are required for your abstract.
- All other co-authors do not need to fill out a disclosure.
- ACC staff will follow up with lead investigators to ensure their disclosure is completed prior to the Annual Meeting.

Tab 9: Payment

- There is a \$55 (USD) nonrefundable processing fee for each abstract submitted, payable online by credit card only. Purchase orders, checks, and electronic bank transfers will not be accepted.
- When you click the “Save and Continue” button, your credit card will be charged for the submission.
- **Please do not click the “Save and Continue” button more than one time or your credit card may be charged for multiple submissions.**

Tab 10: Review My Work/When Is A Submission Considered Complete?

- A submission is complete and ready for submission when, in the **Review My Work** tab, you see the words “This submission is complete and will be sent to review.”
- It is only submitted to reviewers after the deadline date. You may update or make changes to your abstract up until **1 p.m. ET on Tuesday, Oct. 1, 2024.**
- The date your submission was last edited may be found in the **Review My Work** tab next to the words “Current Date/Time.” This will change each time there has been an alteration.
- From the **Review My Work** page, you can send yourself a confirmation of your submission and print a completed version of your submission.

SECTION 2: IMPORTANT INFORMATION AFTER YOUR SUBMISSION IS COMPLETE

Revising Your Submission

- Revisions to your submission can be made until **1 p.m. ET on Tuesday, Oct. 1, 2024.**
- No changes will be accepted after this date, including, but not limited to, correcting typographical errors, adding or deleting authors, or uploading new charts.
- If any changes are made prior to the deadline, you must select “Review My Work” from the menu on the left.
- Make certain that you see the words “This submission is complete and will be sent to review.”

Disposition/Notification of Acceptance

- The presenting author will be emailed a notification with the status of the submission on **Monday, Dec. 16, 2024.**

Changing Presenting Authors

- If your abstract is selected for presentation, you may change the presenting author to any author listed on your abstract.
- You may not change the presenting author to someone who is not listed on your submission, and you may not add authors after the submission deadline.
- Presenting author changes can be made up until ACC.25.
- However, if you would like these changes to be reflected in JACC, you must notify Ashley Truluck (atruluck@acc.org) by no later than **Monday, Jan. 6, 2024**.

Withdrawals

- To withdraw an abstract submission, written notification must be sent to Ashley Truluck (atruluck@acc.org). This notification must include the title, authors and affiliations (as submitted), the control number, and the name, affiliation, phone, and e-mail of the submitter. We recommend using the summary page as part of this notification.
- **If you do not want your abstract to appear in publication, you must notify Ashley Truluck (atruluck@acc.org) by Monday, Jan. 27, 2025.** After this date, we cannot remove the abstract from the JACC publication.