

CALL FOR **LATE-BREAKING**
ABSTRACTS

Guidelines for Submission

November 8–13

Georgia World Congress Center

Atlanta, GA

rheumatology.org/Annual-Meeting/Abstracts

Submit Your Late-breaking Abstract to the 2019 ACR/ARP Annual Meeting!

The late-breaking abstract category allows for the submission of truly late-breaking, high-impact scientific research for which results were **not** available at the time of the Tuesday, June 4 general abstract submission deadline.

Late-breaking abstracts should present data that are high impact, ground breaking, innovative, and newsworthy. This category is **not** a mechanism to allow for updated data to be submitted later when preliminary data were available by the general abstract submission deadline.

ONLY A VERY SMALL NUMBER OF LATE-BREAKING ABSTRACTS ARE ACCEPTED TO THE MEETING.

New this Year!

- New submission site – read guidelines and instructions carefully!
- Late-breaking category posters will be presented as e-posters. E-posters will be due to the ACR on Monday, November 4, *prior to the meeting*.
- Uploaded tables and/or graphics will not count towards the character limit.
- No employees or owners of commercial interests can serve as the presenting author of

Important Dates

Tuesday, September 3	Late-breaking abstract submission site opens
Tuesday, October 1	Late-breaking abstract submission site closes at noon ET
Wednesday, October 30	Last day to register at reduced advanced registration rates
Monday, November 4	Late-breaking e-posters due to the ACR
Saturday, November 9	Abstract Embargo Lifted (4:30 PM ET)
Tuesday, November 12	Late-Breaking Abstract Oral and Poster Sessions

Eligibility

Who is Eligible to Submit?

- Members and non-members of the ACR or ARP are eligible to submit a late-breaking abstract.

What Is Eligible for Late-Breaking Abstract Submission? *

- Truly late-breaking, high-impact scientific research **for which results were not available** at the time of the Tuesday, June 4 abstract submission deadline.
- Late-breaking abstracts describing clinical trials or original and groundbreaking basic science may be submitted.

*** IMPORTANT: Abstracts that do not meet these criteria will not be reviewed.**

What Is Not Eligible for Late-Breaking Abstract Submission?

- Abstracts submitted in the general abstract submission but not accepted should NOT be submitted to the late-breaking category.

- An abstract is ineligible for consideration if it reports work that has been accepted for publication as a [manuscript](#) (e.g., full-length article, brief report, case report, concise communication or letter to the editor, etc.) prior to the late-breaking submission deadline of **noon ET on Tuesday, October 1**.
- An abstract is ineligible for consideration if preliminary data were available at the time of the Tuesday, June 4 general abstract submission deadline.
- The same study cannot be submitted as multiple abstracts. Abstracts that appear as more than one version of a single study will be rejected.
- Case reports are not considered appropriate and will not be reviewed.

Presenter Eligibility

No employees or owners of commercial interests can be faculty/presenters of an ACR CME accredited activity, including serving as presenting author of a late breaking abstract. The only exception will be in instances where there is an important reason which will have an impact on patient care, AND the circumstance meets the exceptions outlined by ACCME.

1. Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the CME activity is not related to the business lines or products of their employer.
2. Employees of ACCME-defined commercial interests can control the content of accredited CME activities (e.g., as planners, authors, or speakers [including poster presentations]) when the content of the accredited CME activity is limited to basic science research (e.g., pre-clinical research, drug discovery) or the *processes/methodologies* of research, themselves unrelated to a specific disease or compound/drug. In these circumstances, the accredited provider must be able to demonstrate that it has implemented processes to ensure employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical applications of the research/discovery or clinical recommendations concerning the business lines or products of their employer.
3. Employees of ACCME-defined commercial interests can participate as technicians in accredited CME activities that teach the safe and proper use of medical devices. In this circumstance, the accredited provider must demonstrate that it implements processes to ensure that employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical recommendations concerning the business lines or products of their employer.

If you indicate employment with or ownership of a commercial interest in your disclosure, you will be required to attest that you meet the exceptions outlined above.

2019 ACR Late-Breaking Abstract Submission Policies and Procedures

In order for an abstract to be considered for late-breaking presentation, the presenting author must: *

- Explain why this abstract could not have been submitted for the regular abstract deadline.
- Explain in 50 words or less why the findings are of high scientific impact, especially newsworthy and deserving of consideration. Please note: Stating that “*results are only now available*” is not a sufficient explanation.
- Explain the impact of the work contained in the abstract submission in 50 words or less.

- Identify the trial phase, if the abstract reports results of a clinical trial of a product not yet approved by a regulatory agency.

*** IMPORTANT: Submissions that leave any of these details unanswered will not be reviewed.**

Submission Timeline and Fees

- The late-breaking abstract submission site will open on **Tuesday, September 3, and close on Tuesday, October 1, at noon ET**. Please check the Annual Meeting website [Abstracts page](#) on September 3 for the submission site link.
- A **\$130 processing fee** is required for each late-breaking abstract submission. Abstract processing fees must be in U.S. funds and are non-refundable.
- You will not be able to make any changes to your submission after the deadline (October 1 at noon ET). However, you will be able to access the submission portal to view your completed abstract submission and print a copy of your submission fee receipt.

Submission Instructions and Requirements

- Visit the Annual Meeting website's [Abstracts page](#) to get started.
- Select an appropriate category to which an abstract will be submitted based on the disease/topic that is most relevant.
- If your abstract can only be presented as a poster, please check the appropriate box during the submission process.
- If the abstract reports results of a clinical trial not yet approved by a regulatory agency, you will be required to identify the trial phase.
- Any work with human or animal subjects reported in submitted abstracts must comply with the guiding principles for experimental procedures found in the [Declaration of Helsinki](#) of the World Medical Association.
- By submitting your late-breaking abstract, you agree to present the abstract, if it is selected, during an oral or poster abstract presentation at the Annual Meeting in Atlanta, GA.
- As English is the designated language for the meeting, the presenting author is required to speak English when presenting.
- **NEW** Late-breaking posters will be presented in the form of electronic posters. Details will be made available after acceptance. **Due to the time required to add the e-posters to our system, e-posters will be due to the ACR prior to the meeting, on Monday, November 4.**

SUBMISSION DEADLINE: Tuesday, October 1, noon ET – no exceptions. You will not be able to make any changes to your submission after the deadline. However, you will be able to access the submission portal to view your completed abstract submission and print a copy of your submission fee receipt.

2019 ACR Late-Breaking Abstract Submission Categories

Abstract categories identify areas of research to be presented at the Annual Meeting. Each year, the abstract scientific categories are determined by the planning committee.

Basic Science

1. **B Cell Biology and Targets in Autoimmune and Inflammatory Disease:** B lymphocyte differentiation and activation, B cell subsets, plasma cells, autoantigens, and autoreactive B cells
2. **Cytokines and Cell Trafficking:** Cytokines, chemokines, cytokine and chemokine receptors, signal transduction pathways, cell-cell interactions, adhesion molecules, cell matrix interactions, and matrix properties
3. **Genetics, Genomics and Proteomics:** Techniques, strategies and observations related to genetic susceptibility of disease, gene expression, bioinformatics and systems biology
4. **Innate Immunity:** Dendritic cells, neutrophils, macrophages, NK cells, innate host defense, pattern recognition receptors and their ligands, complement, Fc receptors, and autoinflammation
5. **Osteoarthritis and Joint Biology – Basic Science:** Joint biology and biochemistry, cartilage and chondrocyte biology, and basic human and animal studies on the pathogenesis of osteoarthritis
6. **Pediatric Rheumatology – Basic Science:** Pathogenesis, genetics and genomics of pediatric rheumatologic conditions and other studies on disease mechanisms relevant to pediatric conditions
7. **Rheumatoid Arthritis – Animal Models:** Animal models of inflammatory synovitis, pathogenetic mechanisms, genetic determinants, immune cell populations, gene expression and treatment
8. **Rheumatoid Arthritis – Etiology and Pathogenesis:** Etiology; pathogenesis; genetics; genomics and related molecular analyses; disease susceptibility; molecular and cellular abnormalities; and microbiome and environmental triggers of rheumatoid arthritis (*These studies focus on human disease and involve human subjects and/or samples*)
9. **Spondyloarthritis Including Psoriatic Arthritis – Basic Science:** Pathogenesis, genetics, and genomics of spondyloarthritis, including psoriatic arthritis and reactive arthritis, and animal models of spondyloarthritis
10. **Systemic Lupus Erythematosus – Animal Models:** Animal models of lupus and lupus-like autoimmunity, pathogenetic mechanisms, genetic determinants, immune cell populations, gene expression and treatment
11. **Systemic Lupus Erythematosus – Etiology and Pathogenesis:** Etiology; pathogenesis; genetics; genomics and related molecular analyses; disease susceptibility; molecular and cellular abnormalities; and microbiome and environmental triggers of SLE (*These studies focus on human disease and involve human subjects and/or samples*)
12. **Systemic Sclerosis and Related Disorders – Basic Science:** Pathogenesis, genetics, and genomics of systemic sclerosis, Raynaud's phenomenon and other fibrosing syndromes, and animal models of systemic sclerosis and fibrosis
13. **T Cell Biology and Targets in Autoimmune and Inflammatory Disease:** T lymphocyte differentiation and activation, T cell subsets, antigen recognition, autoreactive T cells, cognate cell interactions, and organogenesis

Clinical

14. **Antiphospholipid Syndrome:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of antiphospholipid syndrome
15. **Education:** Research on curriculum design and implementation; educational research projects; and outcomes research on physician and trainee education, including associated health training

16. **Epidemiology and Public Health:** Studies of trends and risk factors for development and outcomes of rheumatic diseases, typically using population-based databases or disease registries; observational or intervention studies related to the natural history or prevention of rheumatic disease
17. **Fibromyalgia and Other Clinical Pain Syndromes:** Fibromyalgia, regional pain syndromes, and local diseases of muscle, ligament and tendon
18. **Healthcare Disparities in Rheumatology:** Population-specific differences in the presentation, features, treatment, access and outcomes of rheumatologic disease
19. **Health Services Research:** Delivery of care affecting patients with rheumatic disease; health systems and health care economic and utilization analysis
20. **Imaging of Rheumatic Diseases:** Abstracts primarily focused on radiography, nuclear medicine, magnetic resonance imaging (MRI), ultrasound, computed tomography (CT), or novel imaging modalities
21. **Infections and Rheumatic Disease:** Musculoskeletal manifestations of infectious disease, infections and vaccinations in patients with rheumatic diseases (For infections resulting from or related to a specific rheumatic disease, please submit to the appropriate disease category.)
22. **Measures and Measurement of Healthcare Quality:** Development and assessment of tools to measure or quantify healthcare processes, outcomes, organizational structures and/or systems relating to healthcare goals, including safety, effectiveness, equity and timeliness
23. **Metabolic and Crystal Arthropathies – Basic and Clinical Science:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of gout and other crystal-induced and metabolic arthropathies
24. **Miscellaneous Rheumatic and Inflammatory Diseases:** Rheumatic manifestations specific to either a single etiology, organ system, and therapy of less common and even rare illnesses not included in other categories (e.g., immunotherapy rheumatic complication, autoimmune eye disease, interstitial lung disease with autoimmune features, periodic fever syndromes, RS3PE, reticulohistiocytosis, SAPHO)
25. **Muscle Biology, Myositis and Myopathies – Basic and Clinical Science:** Muscle biology, inflammatory and non-inflammatory muscle disease
26. **Orthopedics, Low Back Pain and Rehabilitation:** Orthopedic conditions and interventions, physical medicine techniques and outcomes, sports medicine
27. **Osteoarthritis – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of osteoarthritis
28. **Osteoporosis and Metabolic Bone Disease – Basic and Clinical Science:** Pathology, diagnosis, clinical manifestations, outcomes, and treatment of osteoporosis and metabolic bone disease
29. **Pain Mechanisms – Basic and Clinical Science:** Studies on pain mechanisms, animal models of pain, pain physiology, pain evaluation, pain management, and pain-related functional imaging
30. **Patient Outcomes, Preferences, and Attitudes:** Research focused on perceptions, preferences, and attitudes of patients with rheumatic disease as well as patient-reported outcomes
31. **Pediatric Rheumatology – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of inflammatory and non-inflammatory pediatric conditions
32. **Reproductive Issues in Rheumatic Disorders:** Biologic mechanisms impacting fertility, pregnancy or fetal outcomes, management of pregnancy and preconception planning in various rheumatic diseases; issues pertaining to fertility in rheumatic disease; HPV infection and vaccinations in rheumatic disease patients
33. **Rheumatoid Arthritis – Diagnosis, Manifestations, and Outcomes:** Presentation, diagnosis, assessment, prognosis, outcomes, and comorbidities of rheumatoid arthritis
34. **Rheumatoid Arthritis – Treatments:** Clinical treatment of rheumatoid arthritis

35. **Sjögren’s Syndrome – Basic and Clinical Science:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of Sjögren’s syndrome
36. **Spondyloarthritis Including Psoriatic Arthritis – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of spondyloarthritis, including psoriatic arthritis and reactive arthritis
37. **Systemic Lupus Erythematosus – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of lupus
38. **Systemic Sclerosis and Related Disorders – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of systemic sclerosis, Raynaud’s and other fibrosing syndromes
39. **Vasculitis – ANCA-Associated:** Diagnosis, clinical manifestations, outcomes, and treatment of ANCA-associated vasculitis, including granulomatosis with polyangiitis (GPA), eosinophilic granulomatosis with polyangiitis (EGPA), and microscopic polyangiitis (MPA)
40. **Vasculitis – Non-ANCA-Associated and Related Disorders:** Etiology, pathogenesis, clinical features, epidemiology, clinical trials, and management of the systemic vasculitides and related syndromes, including polymyalgia rheumatica, Behcet’s disease, Kawasaki disease, cryoglobulinemia, and IgG4-related disease

Accepted Late-breaking Abstracts

Publication

Accepted ACR Late-Breaking Abstracts will be published in the online abstract supplement before the Annual Meeting. Visit the [Annual Meeting website](#) in October for our official late-breaking abstracts launch announcement.

Presentation Format

- Submitters should be prepared to present an oral podium and/or poster presentation.
- Late-breaking abstract presenters will present oral podium presentations on Tuesday, November 12, 4:00-6:00 PM ET. **Please note:** Late-breaking presenters are allowed a full 15 minutes for their presentations, plus five minutes for questions, and are required to stay an additional 15 minutes after their session to allow for additional questions.
- Late-breaking posters will be displayed **Sunday – Tuesday, November 10 – 12**, with presenters expected to be at their posters 9:00-11:00 AM, Tuesday, November 12.
- Late-breaking abstract oral presenters As English is the designated language for the meeting, the presenting author is required to speak English when presenting.

Late-Breaking Abstract Withdrawals

- After **October 1**, presenting authors may submit a request to have an abstract withdrawn.
- All requests must be submitted via email to withdrawn@rheumatology.org.
- Requests must include:
 - Abstract submission number;
 - Abstract title; and
 - Presenting author’s name.

- The removal of the abstract from the abstract supplement cannot be guaranteed if the request is received after October 7.

Late-Breaking Abstract No-Show Policy

- Submission of a late-breaking abstract constitutes a commitment by the presenting author to present their work at the Annual Meeting in Atlanta, GA.
- No-show presenters will be reported to the Annual Meeting Planning Committee, which may affect future abstract submission opportunities.
- Late-breaking abstracts are also subject to the ACR's [Embargo Policy](#).

Abstract Embargo Policy

All abstracts accepted to the ACR/ARP Annual Meeting are under embargo once the ACR has notified presenters of their abstract's acceptance, and cannot be presented at other meetings after this time. The following embargo policies are strictly enforced by the ACR.

Accepted abstracts are made available to the public online in advance of the meeting and are published in a special online supplement of our scientific journal, [Arthritis & Rheumatology](#). Information contained in those abstracts may not be released until the abstracts appear online. Academic institutions, private organizations, and companies with products whose value may be influenced by information contained in an abstract may issue a press release to coincide with the availability of an ACR abstract on the ACR website. However, the ACR continues to require that information that goes beyond that contained in the abstract (e.g., discussion of the abstract done as part a scientific presentation or presentation of additional new information that will be available at the time of the meeting) is under embargo until **November 9 at 4:30 PM (ET)**. Journalists with access to embargoed information also cannot release articles before this time.

Violation of this policy may result in the abstract being withdrawn from the meeting and other measures deemed appropriate. Authors are responsible for notifying colleagues, institutions, communications firms, and all other stakeholders related to the development or promotion of the abstract about this policy. If you have questions about the ACR abstract embargo policy, please contact ACR abstracts staff at abstracts@rheumatology.org.

Further Information

For further information, including full abstract submission instructions and presentation guidelines, please see the [2019 Call for Abstracts Guidelines](#).