CALL for LATE-BREAKING ABSTRACTS
Guidelines and Procedures

Meeting Dates: October 19–24, 2018

McCormick Place, Chicago, IL

www.rheumatology.org/Annual-Meeting/Abstracts
Submit Your Late-Breaking Abstract to the 2018 ACR/ARHP 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 June 5 general abstract submission deadline.

Late-breaking abstracts should present data that are high impact, groundbreaking, 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.

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

NEW THIS YEAR!
- All authors will be notified of abstract acceptance or rejection.
- A “designated secondary contact author” must be indicated during submission.
- Many category names and descriptions have changed—read carefully!
- Opportunity for presenting authors to pre-record an audio overview of a poster.

IMPORTANT DATES

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<td>Late-Breaking Abstract Submission Site Closes (noon ET)</td>
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<td>Saturday, October 20</td>
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Eligibility

Who Is Eligible to Submit?
- Members of the ACR or ARHP and non-members 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 5 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.
2018 CALL FOR LATE-BREAKING ABSTRACTS

GUIDELINES AND PROCEDURES

What Types of Abstracts Are Not Eligible for Submission?

- Abstracts that report 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 ACR/ARHP submission deadline of noon ET on Tuesday, June 5, 2018 are ineligible for consideration.
- Abstracts should not report results that have been previously presented at an ACR/ARHP Annual Meeting.
- Multiple abstracts may not be submitted for one study.
- Abstracts submitted for the ARHP program may not be concurrently submitted to the ACR program.
- 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.
- Abstracts not accepted by the main abstract review deadline should not be re-submitted to the late-breaking category.

2018 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 not yet approved by a regulatory agency.

* IMPORTANT: Submissions that leave any of these details unanswered will not be considered for review.

Submission Timeline and Fees

- The late-breaking abstract submission site will open on Thursday, August 16, and close on Thursday, September 13, at noon ET. Please check the Annual Meeting website Abstracts page on August 16 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 (September 13 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 Chicago, IL.
- As English is the designated language for the meeting, the presenting author is required to speak English when presenting.

Late-Breaking Abstract Submission Deadline: Sept. 13, noon ET!  www.rheumatology.org/Annual-Meeting/Abstracts
2018 CALL FOR LATE-BREAKING ABSTRACTS GUIDELINES AND PROCEDURES

• NEW Opportunity for presenting author to pre-record an up to three-minute audio overview of a poster for the 2018 meeting. Details will be provided upon abstract acceptance.

SUBMISSION DEADLINE: Thursday, September 13, 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.

2018 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. **NEW 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


**www.rheumatology.org/Annual-Meeting/Abstracts**
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

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 [combined with ARHP Health Services category during review]

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 [combined with ARHP Rehabilitation category during review process]
Clinical Late-Breaking Abstract Submission continued

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. NEW 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 [formerly Rheumatoid Arthritis – Clinical Aspects]: Presentation, diagnosis, assessment, prognosis, outcomes, and comorbidities of rheumatoid arthritis

34. Rheumatoid Arthritis – Treatments [formerly Rheumatoid Arthritis – Small Molecules, Biologics and Gene Therapy]: 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. NEW 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. NEW 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, October 23 (session time TBA.) Late-breaking posters will be displayed Sunday – Tuesday, October 21 – 23, with presenters expected to be at their posters 9:00-11:00 AM, Tuesday, October 23.
- Late-breaking abstract oral presenters are required to stay an additional 15 minutes after their session to allow for additional questions.
- As English is the designated language for the meeting, the presenting author is required to speak English when presenting.

Late-Breaking Abstract Withdrawals
- After September 13, 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 3.

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 Chicago, IL.
- 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
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 4:30 PM CT on October 20, 2018.

Violation of this policy may result in the abstract being withdrawn from the meeting and other measures deemed appropriate. Authors are responsible for notifying financial and other sponsors about this policy.
Late-Breaking Abstract Submission continued

If you have questions about the ACR abstract embargo policy, please contact the senior specialist in charge of Annual Meeting abstracts at abstracts@rheumatology.org.

Further Information

For further information, including full abstract submission instructions and presentation guidelines, please see the 2018 Call for Abstracts Guidelines.