

## RULES & INSTRUCTIONS FOR SUBMITTING ABSTRACTS

**Submission Deadline: May 15, 2019, 11:59 p.m. ET**

Please read carefully and print a copy for your convenient reference.

### Publication & Presentation

1. Submission of an abstract constitutes permission to publish the abstract. The electronic submission and review process is designed to ensure that no one other than authorized reviewers, the CF Foundation (CFF), and the publisher will have access to abstracts before the publication date. However, **once an abstract is submitted, absolute security cannot be guaranteed.** Therefore, an abstract should be considered “published” upon submission.
2. **Submission constitutes a commitment from the author(s) to present the abstract if accepted.** Failure to present will be grounds for non-acceptance of an author’s abstract(s) in the future. Presenting authors are required to register for NACFC.
3. **The author submitting the abstract (contact author) MUST be the abstract presenter if accepted (presenting author). No changes of presenting author will be accepted after submission.** The person submitting an abstract as presenting (contact) author *must* attend NACFC and present the abstract, if accepted.
4. All expenses associated with submission and presentation of the abstract, including conference registration fees, are the presenter’s responsibility.
5. Requests for withdrawal of an abstract must be received by the CFF **in writing** at [nacfc@cff.org](mailto:nacfc@cff.org) before **August 6, 2019**. Withdrawal of abstracts without sufficient justification may jeopardize acceptance of an author’s abstract(s) in the future.
6. Accepted abstracts will be published as a supplement to *Pediatric Pulmonology*. Authors will be notified in mid-July, whether their abstracts have been accepted for presentation.
7. Accepted abstracts will be presented in 4’x4’ poster and displayed in The Exchange. Instructions will be included in the acceptance notifications sent to contact authors.
8. If accepted, the presenting author will be required to certify, on behalf of all the abstract’s co-authors, that:
  - a. all authors are aware of and have agreed to have the abstract submitted and published;
  - b. all authors agree to transfer copyright of the abstract to John Wiley & Sons, Inc. (U.S. Federal Government authors: Since copyright cannot be transferred from government agencies, your abstract will be noted as public domain.);
  - c. author(s) will personally attend NACFC to present the abstract; and

- d. author(s) understands that, if selected for oral presentation, author will be asked to indicate whether permission is granted to CFF to audio/video record his/her image and presentation for reproduction, sale, and distribution on behalf of the CFF.

## Submission Requirements

1. Do not submit case studies in abstract form.
2. Abstracts are accepted based on scientific merit and originality. For acceptance, abstracts must:
  - a. address an important question;
  - b. present novel concepts, approaches, data or information;
  - c. employ a study design that will permit the question to be answered;
  - d. contain defined endpoints;
  - e. describe methods in sufficient detail;
  - f. contain sufficient data to support conclusions\*; and
  - g. clinical studies must contain enough patients to be statistically valid and significant.

\*Placeholder abstracts are accepted but limited to **clinical trials**. Please see Placeholder Abstracts section on page 4 for details.

3. Authors **cannot split data to create several abstracts** from the same work. If splitting is judged to have occurred, acceptance of all abstracts may be jeopardized.
4. The presenting author must certify that the abstract has not been published prior to the date of submission.
5. Abstracts that have been submitted to other organizations (ATS, SPR, etc.) should not be submitted unless they contain **substantially different** data.
6. No more than **two** abstracts may be submitted by any first author.
7. Read "Guidelines for Categorizing Abstracts" to help you submit your abstract in the proper category. Authors are encouraged to **carefully consider the category in which each abstract is to be submitted**. Proper categorization will lead to referral to the appropriate review group. Improper categorization may limit the abstract's chances of acceptance. The "Guidelines for Categorizing Abstracts" document is on the [NACFC website](#) and is also available on the abstract submission website. The abstract review committee and CFF reserve the right to make the final determination of the category in which the abstract will be reviewed/accepted/presented. **Note:** If you are not sure which category would be most appropriate for your abstract, please contact [ccastrorivera@cff.org](mailto:ccastrorivera@cff.org) for assistance.
8. Only completed, **submitted** abstracts will be eligible for review. Abstracts remaining in the system as "**drafts**" after **May 15** will be discarded. **Remember:** If you return your abstract to draft status for editing, you **must** re-submit the abstract by clicking on "Step 10: Proof & Submit" in the sidebar menu.

## Format Instructions

1. **PROOFING YOUR ABSTRACT CAREFULLY IS YOUR RESPONSIBILITY.** If accepted, the abstract will be published exactly as it is submitted.
2. When creating an account, entering authors/ institutions, use initial caps followed by lowercase letters (i.e., John Smith, Children’s Hospital, 123 Main Street, City, State, Country).
3. There is a limit of **3,500** characters (including spaces, author names, and institutions) for your entire abstract submission. For space-saving measurements we suggest the following:
  - a. Do not double-space between sentences. Do not accidentally add spaces at the ends of paragraphs – these count against the character length.
  - b. Standard abbreviations for affiliations may be used, including Dept., Div., Univ., Inc.
  - c. Citations should be brief and included in parentheses in the text, e.g., (Kamin W, et al. J Cyst. Fibros. 2014; 5:205-15). **Do not include** article titles but **do include** enough information to properly direct the reader.
4. The system will allow you to submit one table **or** one graphic image.
  - a. Each row of the table, regardless of width, will automatically deduct an entire line (approx. 70 characters) from the total character count.
  - b. Each image will automatically deduct characters from the total space available for your abstract. Character count is determined by the image height. If you find that the image accounted for too many characters, you should reduce the height while keeping the width the same. Graphs, photos, and the like may be displayed on your poster.
5. Enter the entire title in uppercase letters.
6. Abstracts must be submitted in English.
7. Abstracts should not contain proprietary or confidential information.
8. Generic drug names should be used. Use of a brand name is permissible if it appears in parentheses after the generic name.
9. Genus/species names should be italicized, as well as genes, loci, and alleles; and parts of chemical names as appropriate (including *cis*, *trans*, *ortho*, and *para*).
10. Commonly used Latin terms (*in vivo*, *in vitro*) should **not** be italicized.
11. Avoid starting a sentence with a numeral. E.g., instead of “52 subjects completed the survey,” instead use, “The survey was completed by 52 subjects.”
12. Section headings (**Introduction**, **Methods**, etc.) must be in bold.

13. If abbreviations are used, spell out the term in full upon its first use and follow it with the abbreviation in parentheses. Standard abbreviations may be used without definition, e.g., CFTR, NIH, FEV<sub>1</sub>.
14. Do **not** include the title and/or authors/institutions in the body of your abstract.
15. Place acknowledgements at the end of the abstract, e.g., Supported by \_\_\_\_\_.

## Placeholder Abstracts

1. Clinical investigators may submit a placeholder abstract describing a **very important** clinical trial for which results are not available before the abstract submission deadline (but will be available before NACFC 2019 and no later than October 10).
2. Such abstracts should include:
  - a. background and purpose of the study;
  - b. study design;
  - c. patient selection criteria;
  - d. primary and secondary endpoints; and
  - e. any interim results.
3. **Be sure to include information about when the data will be available.** When submitting a placeholder abstract, authors must include when the last patient and the last visit will be finished for the study. If the final data will not be available before NACFC 2019, the reviewers will not accept the abstract.
4. These abstracts will undergo the standard review process and, if accepted, will be eligible for selection by workshop moderators for oral presentation in NACFC 2019 workshop sessions.
5. If a placeholder abstract is selected for oral presentation in a workshop session:
  - Workshop moderators must confirm with the presenters that final data will be available in time for presentation.
  - If the presenters will not have final data available in time for presentation, workshop moderators will need to withdraw the placeholder abstract from their session and select an alternate abstract for presentation.
6. Authors who submit a placeholder abstract will have an opportunity to update the submission, **ONLY if accepted for presentation. IMPORTANT:** Authors will be granted “late” access to the abstract website to enter updates through **August 1, 11:59 p.m. ET**. Any updates made after this deadline will **not** be published *but* will be accepted. The deadline for entering via the abstract website is **August 15**.