



RULES & INSTRUCTIONS FOR SUBMITTING LATE-BREAKING ABSTRACTS

Submission opens on August 12 & closes on 11:59 p.m. ET, August 26

Eligibility & Publication

1. Large clinical trial results released after the standard abstract deadline that represent significant therapeutic advances or breakthrough basic science results on the level of a Science or Nature paper are eligible to submit as a late-breaking abstract.
2. Abstracts are evaluated by a subset of the Program Planning Committee. They accept abstracts based on quality data. 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 clearly defined endpoints;
 - e. Describe methods in sufficient detail;
 - f. Contain sufficient data to support conclusions; and
 - g. Must contain enough patients to be statistically valid and significant.
3. The electronic submission and review process are designed to ensure that no one other than authorized reviewers and the CF Foundation (CFF) will have access to abstracts. However, once an abstract is submitted, absolute security cannot be guaranteed. Therefore, it should be considered "published" when submitted.
4. Authors should not split data to create several abstracts from the same work. If splitting is judged to have occurred, acceptance of all abstracts may be jeopardized.
5. The presenting author must certify that the contents of the abstract have not been published prior to the date the abstract is submitted. In addition, abstracts that have been submitted to other organizations (ATS, SPR, etc.) should not be submitted unless they contain **substantially different** data.
6. The presenting author is required to certify, on behalf of all the abstract's co-authors that if accepted:
 - a. All authors are aware of and have agreed to have the abstract submitted and available on the NACFC virtual poster gallery.
 - b. All authors understand that if selected, the author(s) could be audio/video recorded for presentation.
7. The author submitting the abstract (contact author) should be the abstract presenter if accepted (presenting author). CFF only sends notifications to the contact author.



8. Submitting a late-breaking abstract for NACFC 2020 constitutes a commitment to present if accepted. Details on length and format of the presentations will be provided to individuals noted as the Contact Author (abstract submitter) in the acceptance notifications. If author is unable to present due to circumstances beyond their control, please contact us at nacfc@cff.org for further guidance.
9. All expenses associated with submission and presentation of the abstract are the presenter's responsibility.
10. No more than **two** abstracts may be submitted by the abstract submitter (contact author).
11. Accepted late-breaking abstracts will be showcased in a virtual poster gallery.
12. Accepted late-breaking abstracts will not be published in the NACFC supplement to *Pediatric Pulmonology*.
13. Read "[Guidelines for Categorizing Abstracts](#)". Improper categorization may limit the abstract's chances of acceptance. The abstract review committee and the CFF reserve the right to make the final determination of the category in which the abstract will be reviewed/accepted/presented. If you are unsure which category is appropriate for your abstract, please contact us at nacfc@cff.org for assistance.
14. Carefully proofread your abstract before submission, revisions are not permitted.
15. Only completed, **submitted** abstracts will be eligible for review. Abstracts remaining in the system as "drafts" after the submission deadline 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.
16. Requests for withdrawal of an abstract must be received by the CFF **in writing** at nacfc@cff.org.
17. Case studies are **not** accepted in abstract form.

FORMATTING INSTRUCTIONS

1. Abstracts must be submitted in English.
2. Abstracts should not contain proprietary or confidential information.
3. If the drug has a generic version, the generic name(s) should be used for all drugs that qualify. If using brand names, they need to be company agnostic, not promotional, and consistent throughout your abstract(s) and presenting materials (eposter, PowerPoint slides, etc.).
4. The system allows you to submit one table **or** one graphic image.
 - a. Each row of the table, regardless of width, will automatically deduct an entire line from the total character count for your abstract. If you have a table that cannot be submitted using the system parameters, contact ScholarOne Tech Support by clicking the “Help” button located in the top right-hand corner of the site.
 - 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. If you have an image that cannot be submitted using the system parameters, contact ScholarOne Tech Support.
5. There is a limit of **3,500** characters for the entire text of your abstract submission (this includes title, authors, institutions, affiliations, references, abstract body, table, and/or image, if any).
6. Because **you are limited to 3,500 characters**, we suggest the following measures:
 - A. Do not double-space between sentences. Do not add spaces at the end of paragraphs.
 - B. Standard abbreviations for affiliations may be used, including Dept., Div., Univ., Inc.
 - C. Citations should be brief and included in parentheses, 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.
7. 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*).
8. Commonly used Latin terms (*in vivo*, *in vitro*) should **not** be italicized.
9. Avoid starting a sentence with a numeral. E.g., instead of “52 subjects completed the survey,” use, “The survey was completed by 52 subjects.”



10. Section headings (**Introduction**, **Methods**, etc.) should be in bold.
11. Enter the title in uppercase letters. Do **not** use all uppercase or all lower-case letters in names and addresses when creating an account, or when entering authors/ institutions for an abstract. Please use initial caps followed by lowercase letters (i.e., John Smith, Children's Hospital, 123 Main Street, City, State, Country).
12. 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, FEV₁.
13. Do **not** include the title and/or authors/institutions in the body of your abstract.
14. Place acknowledgements at the end of the abstract, e.g., Supported by _____.