#ACR20

2020

Call for LATE-BREAKING Abstracts

Guidelines for Submission

SUBMISSION DEADLINE: SEPTEMBER 29

ACR Convergence

Where Rheumatology Meets

ALL VIRTUAL

November 5-9

rheumatology.org/Annual-Meeting/Abstracts

Submit Your Late-Breaking Abstract for ACR Convergence 2020!

ACR Convergence 2020, the ACR's annual meeting, is going fully virtual.

ACR Convergence 2020 will start on Thursday, November 5 and end on Monday, November 9 with extended programming on Tuesday, November 10 and Saturday, November 21. All sessions will be recorded and made available to access on demand until Wednesday, March 11, 2021.

Get ready for an all-encompassing, all-virtual experience designed for the global rheumatology community. Get ready for ACR Convergence 2020.

Due to hardships from the COVID-19 pandemic, late-breaking abstract fees have been reduced from $130 to $95. It is our hope this will increase opportunity for submitters during this difficult time. The deadline for late-breaking submission is **Tuesday, September 29**.

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 16 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.

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

New this Year!

- A new name for the annual meeting – ***ACR Convergence***.
- New submission features – use **Author Lookup** to save time entering author information!
- An employee or owner of a commercial interest may not be the presenting author of an abstract. However, they may be listed as a coauthor on an abstract.

Important Dates

Tuesday, September 1	Late-breaking abstract submission site opens
Tuesday, September 29	Late-breaking abstract submission site closes at noon ET
Mid-October	Late-breaking abstract notification
Late October	Late-breaking abstract publication
Thursday, November 5	Abstract Embargo Lifted (2 PM ET)
Monday, November 9	Late-Breaking Abstract Poster and Oral Sessions

Eligibility

Persons Eligible to Submit

- Members and non-members of the ACR and ARP are eligible to submit an abstract.

Abstracts Eligible for Late-Breaking Submission *

- Truly late-breaking, high-impact scientific research **for which results were not available** at the time of the Tuesday, June 16 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.***

Abstracts Not Eligible for 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, September 29**.
- An abstract is ineligible for consideration if preliminary data were available at the time of the Tuesday, June 16 general abstract submission deadline.
- Multiple abstracts may not be submitted for one study unless substantially different research questions are being addressed in each abstract.
- Case reports are not considered appropriate and will not be reviewed.

Presenter Eligibility

- In compliance with policies of the Accreditation Council for Continuing Medical Education (ACCME), **the ACR cannot permit employees or private owners of commercial interests to present abstracts**. **The ACR is not able to make any exceptions to this policy.** A *commercial interest* is considered any entity producing marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. **An employee or owner of a commercial interest may not be the presenting author of an abstract.** However, they may be listed as a coauthor on an abstract.
- To qualify for authorship, individuals must have made substantial contributions to study conception and design; and/or substantial contributions to acquisition of data; and/or substantial contributions to analysis and interpretation of data.

2020 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 1, and close on Tuesday, September 29, at noon ET.** Please check the ACR Convergence website **Abstracts page** on September 1 for the submission site link.
- A **$95 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 29 at noon ET). However, the submitter 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 ACR Convergence 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.
- Abstracts reporting results of a clinical trial 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 ACR Convergence.
- As English is the designated language for the meeting, the presenting author is required to speak English when presenting.
- 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, late-breaking e-posters will be due to the ACR *prior to the meeting*, by Monday, October 26.**

SUBMISSION DEADLINE: Tuesday, September 29, noon ET – no exceptions. *You will not be able to make any changes to your submission after the deadline. However, submitters will be able to access the submission portal to view the completed abstract submission and print a copy of the submission fee receipt.*

2020 ACR Late-Breaking Abstract Submission Categories

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

Basic Science

1. **B Cell Biology & Targets in Autoimmune & Inflammatory Disease:** B lymphocyte differentiation and activation, B cell subsets, plasma cells, autoantigens, and autoreactive B cells
2. **Cytokines & 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 & 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, autoinflammation
5. **Osteoarthritis & 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 & 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 model 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 & 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)
12. **Systemic Sclerosis & 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 & Targets in Autoimmune & Inflammatory Disease:** T lymphocyte differentiation and activation, T cell subsets, antigen recognition, autoreactive T cells, cognate cell interactions, organogenesis

Clinical

14. **Antiphospholipid Syndrome:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of antiphospholipid syndrome

    Education: *See 31. Professional Education*

15. **Epidemiology & 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

16. **Fibromyalgia & Other Clinical Pain Syndromes:** Fibromyalgia, regional pain syndromes, local diseases of muscle, ligament and tendon

17. **Healthcare Disparities in Rheumatology:** Population-specific differences in the presentation, features, treatment, access and outcomes rheumatologic disease

18. **Health Services Research:** Delivery of care affecting patients with rheumatic disease; health systems and health care economic and utilization analysis *(Combined with ARP Health Services category during review process.)*

19. **Imaging of Rheumatic Diseases:** Abstracts primarily focused on radiography, nuclear medicine, magnetic resonance imaging (MRI), ultrasound, computed tomography (CT), or novel imaging modalities

20. ***New*** **Immunological Complications of Medical Therapy:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of immunological complications of medical therapy including treatment with immune checkpoint inhibitors

21. **Infection-Related 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 & 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 & Crystal Arthropathies – Basic & Clinical Science:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of gout and other crystal-induced and metabolic arthropathies

24. **Miscellaneous Rheumatic & 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 & Myopathies – Basic & Clinical Science:** Muscle biology, inflammatory and non-inflammatory muscle disease

26. **Orthopedics, Low Back Pain, & Rehabilitation:** Orthopedic conditions and interventions, physical medicine techniques and outcomes, sports medicine *(Combined with ARP Orthopedics, Low Back Pain, & Rehabilitation category during review process.)*

27. **Osteoarthritis – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of osteoarthritis
28. **Osteoporosis & Metabolic Bone Disease – Basic & Clinical Science:** Pathology, diagnosis, clinical manifestations, outcomes, and treatment of osteoporosis and metabolic bone disease

    Pain Mechanisms – Basic and Clinical *has been eliminated. Please submit to the appropriate disease category.*
29. **Patient Outcomes, Preferences, & Attitudes:** Research focused on perceptions, preferences, and attitudes of patients with rheumatic disease as well as patient-reported outcomes
30. **Pediatric Rheumatology – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of inflammatory and non-inflammatory pediatric conditions
31. **Professional Education:** *(formerly Education)* Research on curriculum design and implementation; educational research projects; and outcomes research on physician and trainee education including associated health training
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 patients with rheumatic disease
33. **Rheumatoid Arthritis – Diagnosis, Manifestions, & 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 & Clinical Science:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of Sjögren's Syndrome
36. ***New*** **Spondyloarthritis Including Psoriatic Arthritis – Diagnosis, Manifestions, & Outcomes:** Presentation, diagnosis, assessment, prognosis, outcomes, and comorbidities of spondyloarthritis including psoriatic arthritis
37. ***New*** **Spondyloarthritis Including Psoriatic Arthritis – Treatment:** Clinical treatment of spondyloarthritis, including psoriatic arthritis
38. ***New*** **Systemic Lupus Erythematosus – Diagnosis, Manifestions, & Outcomes**: Presentation, diagnosis, assessment, prognosis, outcomes, and comorbidities of lupus
39. ***New*** **Systemic Lupus Erythematosus – Treatment:** Clinical treatment of lupus
40. **Systemic Sclerosis & Related Disorders – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of systemic sclerosis, Raynaud's and other fibrosing syndromes
41. **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)
42. **Vasculitis – Non-ANCA-Associated & Related Disorders:** Etiology, pathogenesis, clinical features, epidemiology, clinical trials, and management of the systemic vasculitides and related syndromes, including polymyalgia rheumatica, Behçet's disease, Kawasaki disease, cryoglobulinemia, IgG4-related disease, and relapsing polychondritis

Accepted Late-breaking Abstracts

Publication

Accepted ACR Late-Breaking Abstracts will be published in the online abstract supplement before ACR Convergence. Visit the ACR Convergence website in late 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 presentations on Monday, November 9. **Please note:** Late-breaking presenters are allowed 15 minutes for their presentation and audience questions.
- Late-breaking posters will be displayed **Friday – Monday, November 6 – 9**, with presenters expected to be available to answer questions via chat with attendees 9 – 11 AM, Monday, November 9.
- 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 29**, 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 ACR Convergence.
- 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 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 abstract website. However, the ACR continues to require that information that goes beyond what is

contained in the abstract (e.g., discussion of the abstract done as part of a scientific presentation or presentation of additional new information that will be available at the time of the meeting) is under embargo until **2 PM ET on November 5**.

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. If you have questions about the ACR abstract embargo policy, please contact ACR Convergence abstract staff at abstracts@rheumatology.org.

Further Information

For further information, including full abstract submission instructions, please see the 2020 Call for Abstracts Guidelines. Guidelines for virtual presentation will be available by mid-September.