



ISHLT 32nd Annual Meeting

Call for Abstracts

ABSTRACT SUBMISSION DEADLINE: NOVEMBER 18, 2011 • 11:59 PM, EST

ABSTRACT SUBMISSION SITE: WWW.ISHLT.ORG

Abstract Submission Guidelines

1. The Abstract Submission Program is now live on the ISHLT web site (www.isHLT.org). **The deadline for receipt of abstracts is November 18, 2011.**

2. You may submit your abstract in one of the following main categories:

- Heart
- Lung
- Pulmonary Hypertension (PHTN)
- Pediatrics
- Mechanical Circulatory Support (MCS)
- Nursing /Allied Health
- Pathology
- Basic Science

Within each category you will have one or more subcategories to choose from (see http://www.call4abstracts.com/ishlt/Abstract_Category.pdf for details).

NOTE: The **Donor Management/Organ Preservation/Organ Allocation** and the **Infectious Disease** categories are now subcategories of **Heart, Lung and** (for Infectious Disease) **Mechanical Circulatory Support**. For abstracts related to these areas, please choose the most appropriate main category first.

3. Abstract content should include:

- i. Brief statement of purpose of the study (goal or hypothesis being tested)
- ii. Statement of methods and procedures used
- iii. Summary of results, presented in sufficient detail to support the conclusion
- iv. Conclusion

4. Topics of Emphasis – We are looking for abstracts to complement plenary themes and “featured” speakers in concurrent basic science sessions. After selection of category and

subcategory, if your abstract fits into one of these topics of emphasis, check “yes” in the second question and choose one of the following areas of emphasis:

- The aging population: Impact on treatment of heart and lung failure
- Information technology and health care delivery
- B-Cell basic science
- Tolerance in Thoracic Transplantation

5. Special Abstract Categories: There are two special abstract categories – **Junior Faculty Case Reports** and **Late Breaking Clinical Trials**.

A. Junior Faculty Case Reports – Junior Faculty and Trainee Members may submit case reports; the best scored reports will be selected for oral presentation in an oral session. Other well-scored reports will be presented in a separate poster session.

i. Case Report abstract content should include:

1. Introduction
2. Case Report
3. Summary

B. Late Breaking Clinical Trials – To assure that truly “late breaking” information is included in the meeting, authors may submit abstracts to this category describing trials and studies that are not yet completed as of November 18, 2011. Studies which have results and conclusions available by November 18, 2011 may not submit their abstracts in the late breaking clinical trials category.

This abstract category is intended to provide a forum for the presentation of high impact multi-center studies or particularly provocative single center investigations. In general, such studies would include prospective, randomized trials that seek to investigate new approaches to the diagno-

sis and/or treatment of cardiothoracic diseases relevant to the field and that have the potential to alter our contemporary treatment paradigm. Final selection of presentations will be made by a panel of reviewers on behalf of the program committee.

Final analysis of the trial results and conclusions **MUST** be submitted to Lisa Edwards at the ISHLT headquarters by March 16, 2012. This analysis will be seen only by a closed panel to ensure complete confidentiality of the results prior to presentation.

A trial accepted for presentation cannot be withdrawn from presentation simply because the results do not conform to expectations. The program committee chair in consultation with the program committee reserves the final decision regarding assignment of presentations to the Late Breaking abstract session.

Please use the standard online abstract submission process to submit an abstract in this category. The abstract submitted for the November 18th deadline will serve as a placeholder for the final abstract.

i. Late Breaking Clinical Trials abstract content should include:

1. Title of the study
2. Sponsor of the trial, if any
3. Completion date of the trial
4. Summary of objectives
5. Methods
6. Endpoints

NOTE: Abstracts for the meeting will be published in the April 2012 Supplement to the *Journal of Heart and Lung Transplantation*. If you wish to have your trial results published as an abstract in this supplement, ISHLT **MUST** receive a revised version of the abstract reflecting the interim study findings **NO LATER THAN** January 5, 2012.

6. Accepted abstracts will be published in the April 2012 supplement to the *Journal of Heart and Lung Transplantation*.

7. Authors whose papers are selected for presentation at the meeting will be notified in January 2012.

8. Any abstract author who agrees to present his/her abstract must present the accepted abstract and must present only the material described in the abstract. Any presenter who does not present his/her accepted abstract, either oral or poster as agreed, and either does not withdraw it in a timely manner, or does not arrange for their abstract to be presented by a co-author, will be appropriately sanctioned from future participation in ISHLT meetings by the Society's Board of Directors.

9. Submission of this abstract signifies that the author(s) have given permission for this abstract to be reproduced in the *Journal of Heart and Lung Transplantation*, on computer disk and on the internet for distribution/sale by ISHLT.

10. Previous Presentation of Abstracts: Abstracts will not be considered for presentation if they will be published as an article prior to April 21, 2012.

11. Informed Consent: By submitting this abstract, the authors agree and confirm that their study involving human subjects adheres to the principles of the Declaration of Helsinki of the World Medical Association (www.wma.net/en/30publications/10policies/b3) Clinical Research 1996: 14:103), adheres to the principles of the ISHLT Statement on Transplant Ethics (<http://www.isHLT.org/Content-Documents/ISHLT%20Transplant%20ethics%20statement.pdf>) and meets the informed consent requirements of the institution and country in which the study was performed.

12. Use of Animals: Submission of studies involving the use of animals implies that their use conforms fully with current NIH, EU, or analogous national guidelines for the care and use of animals.

13. Pharmaceutical Funding: If the research was partially or fully funded by a proprietary organization (i.e., a pharmaceutical or device manufacturer), this information and the name of the funding company must be stated at the end of the abstract.

14. For purposes of blind scoring, institutional names must be omitted whenever possible in the title and body of the abstract.

15. Content Validity and Fair Balance: Authors are required to prepare fair and balanced presentations that are objective and scientifically rigorous. All the recommendations involving clinical medicine must be

based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

16. Unlabeled and Unapproved Uses: Abstracts that include information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly state the unlabeled indications or the investigational nature of their proposed uses in the body of the abstract.

17. Use of Generic Versus Trade Names: Abstracts must use scientific or generic names when referring to products. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class must be used.

18. Commercial Influence: Abstract presenters are not permitted to receive any travel, hotel, or registration stipends or other financial assistance related to the ISHLT 2012 Annual Meeting from any company whose products or class of products are discussed in the abstract. Abstract authors may not receive direct input regarding the content of the abstract/presentation from any company whose products or class of products are discussed in the abstract.

19. Rules for Employees of Commercial Entities: Employees of a commercial interest are generally not permitted to serve as the first author, presenting author, senior author, or corresponding author of an abstract. In rare circumstances where the work does not involve any academic collaborators, exceptions to this policy MAY be considered on a case by case basis. After all abstracts have been selected for presentation, ISHLT will initiate this process by communicating with the corresponding author of any abstracts which list an industry employee as first author, presenting author, senior author, or corresponding author of an abstract.

20. Conflict of Interest Disclosure: Disclosure of all relevant financial relationships is required by all abstract authors. Full and complete disclosure for EVERY author must be submitted with the abstract. **It is the responsibility of the individual submitting the abstract to obtain and provide disclosure information for each author listed on an abstract. Each individual author is responsible for the accuracy and completeness of the disclosure information submitted on his/her behalf.**

If no relevant financial relationships exist, this must be stated. Failure to provide complete disclosure information will result in disqualification from participation in the educational activity. This requirement is intended neither to imply any impropriety of such relationships nor to prejudice any individual planner, presenter or author. It is merely to identify such relationships through full disclosure, and to allow ISHLT to assess and resolve potential influences on the educational activity prior to the planning and implementation of an educational activity.

21. DEFINITIONS

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fees, stipends, honoraria, gifts, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership and other activities from which remuneration is received or expected, including subsidized travel, hotel and registration fees for any activities. "Contracted research" refers to research funding in which an institution receives a grant and manages the grant funds and an individual is the principal or named investigator on the grant at that institution.

Relevant Financial Relationships: Relevant financial relationships are those in which an individual (including the individual's spouse/domestic partner/business partner) has/had any of the above mentioned financial relationships, in any amount, occurring presently or within the last 12 months with a commercial entity producing health care goods or services.

Conflict of Interest: Circumstances create a potential conflict of interest when an individual has an opportunity to affect educational content related to the products or services of a commercial interest with which he/she has a financial relationship.

Commercial Entity: Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The exception is non-profit or government organizations.



AWARDS



PHILIP K. CAVES AWARD

This award is named for Philip K. Caves, who developed and pioneered the technique of transvenous endomyocardial biopsy for use in the monitoring of cardiac graft tolerance. Established in 1982 to encourage and reward original research in transplantation performed by residents, fellows and graduate students, this \$1,000 award is bestowed annually on the resident/fellow/student whose oral presentation is judged to be the **best** at the Annual Scientific Meeting.

Residents/Fellows who are first authors and presenters may elect to have their abstracts considered for the Caves Award. Candidates for the Caves Award must be current members of the Society or be working under a current member of the Society.

The online submission process includes an area to indicate that you wish to have your abstract considered for this award. The award will be presented at the Society's Plenary Session. Anyone who has previously won the award is not eligible to apply.



NURSING AND SOCIAL SCIENCE EXCELLENCE IN RESEARCH AWARD

This award was established in 2005 to recognize excellence in Nursing and Social Science research, with the purpose of encouraging original investigation and professional excellence in the preparation of scientific papers. This award recognizes an outstanding contribution by a nurse or social scientist whose work makes an important contribution to the field of heart and lung transplantation. This \$1,000 award is bestowed annually on the nurse or social scientist whose oral presentation is judged to be the best at the Annual Scientific Meeting.

Nurses and social scientists who are first authors and presenters may elect to have their abstracts considered for this award. Candidates for the Nursing and Social Science Excellence in Research Award must be current members of the Society.

The online submission process includes an area to indicate that you wish to have your abstract considered for this award. The award will be presented at the Society's Plenary Session. Anyone who has previously won the award is not eligible to apply.



BRANISLAV RADOVANCEVIC MEMORIAL BEST MCS ABSTRACT AWARD

Established in 2009 and funded through a grant from Thoratec, the Branislav Radovancevic Memorial Best MCS Abstract Award is a \$2500 travel award to the ISHLT Annual Meeting designed to encourage submission of high quality abstracts in the mechanical circulatory support category, particularly from individuals in emerging countries. The goal of the award is to encourage scholarly clinical work in MCS in emerging countries and to facilitate scientific exchange regarding MCS. Dr. Radovancevic, a long-time member of ISHLT, was devoted to the encouragement of scientific collaboration with Eastern European physicians and scientists. This award is designed to encourage others to continue his efforts to develop MCS and provide mentorship to others. Therefore, priority will be given to clinicians and researchers who are residents or fellows, and/ or who are from emerging countries.

Individuals who are first authors and presenters may elect to have their abstracts considered for this award. Candidates for the award must be current members of the Society.

The online submission process includes an area to indicate that you wish to have your abstract considered for this award. The award will be presented at the Society's Plenary Session. Anyone who has previously won the award is not eligible to apply.

