



LATE-BREAKING ABSTRACT SUBMISSION TERMS AND CONDITIONS 2026

Introduction

The EHA Late-Breaking Abstracts terms and conditions allows for the submission of abstracts containing clinical or non-clinical data which were incomplete at the time of the abstract submission deadline (March 1, 2026). For clinical trials a preplanned analysis of the primary endpoint should have been scheduled after this date.

The EHA and its Scientific Program Committee (SPC) and Advisory Board (SPC-AB) maintain the right to reject any abstract that does not meet below terms or is in violation of them.

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General abstract terms

The submitted abstracts should fully adhere to the guidelines below as well as the regulations applying to the regular abstract submission:

1. The Scientific Program Committee (SPC) only accepts original scientific material unpublished at the time of the abstract submission deadline. Abstracts containing previously published information will be rejected.
2. Abstracts previously submitted to large international meetings which are organized in the same period as the EHA Congress (May – July) are allowed to be submitted to the Congress. Examples of international meetings are the American Society of Clinical Oncology (ASCO), International Society of Thrombosis and Haemostasis (ISTH) and the International Congress on Malignant Lymphomas (ICML).
3. Authors of submitted abstracts shall be the sole and exclusive owner of the abstract and all associated intellectual property rights. By submitting the abstract to EHA, the author grants EHA the right to use and (commercial) reprint the abstract; (i) in relation to the EHA Annual Congress and (ii) to be published and distributed in/on EHA websites, Congress Reports, EHA's journal Hemisphere, portals, mobile learning apps, platforms, (digital) course material, (online) workshops, sessions at (online) conferences, other (online) meetings, or in whatever (new) electronic, printed, or other forms of communication. Authors of submitted abstracts understand and agree that EHA will not pay compensation for this license.
4. Authors of submitted abstracts guarantee that the abstract (and all associated intellectual property rights) is free of any third-party rights to the fullest extent permitted by law, including but not limited to, inventor's rights of remuneration and any other ancillary rights.
5. By submitting an abstract the submitting author confirms that they have approval from all the co-authors to submit and use the data in the abstract. If authorship is disputed then EHA holds the right to reject or withdraw the abstract.
6. Submitted abstracts are considered embargoed from the time of submission (see embargo policy on page 4).
7. Abstracts accepted and presented during the EHA Annual Congress may be submitted as encore abstracts to meetings commencing after the Congress dates, with the reference that it has been accepted and presented at the EHA Annual Congress.
8. The abstract title and text may not contain trade names. The SPC reserves the right to replace trade names in accepted abstracts.
9. In clinical studies, please state whether informed consent was obtained.
10. If off label use of drugs was involved, please state this clearly.
11. Do not submit the same study in multiple abstracts. Abstracts that appear as more than one version of a single study will be rejected.
12. Similarly to point 11, do not submit a copy or close copy of an abstract under more than 1 category. Abstracts that appear to be submitted multiple times under different categories will be rejected.
13. Abstracts should be submitted in clear (American) English to allow the reviewers to focus on the scientific content of the abstract. Non-English-speaking authors are encouraged to have their abstract checked for grammar, syntax and spelling.
14. The SPC assumes all presenting authors have proficiency in English, thus are able to present and respond to questions.

15. Presenting authors of accepted abstracts are required to present their abstract in-person during the Congress.
16. Presenting authors are not allowed to be company representatives.
17. Presenting authors are required to be part of the author list.
18. Abstracts submitted without any data will not be accepted or presented.
19. Concept abstracts, for example new techniques or technologies without a demonstrated application will not be accepted.
20. Case reports are not accepted.
21. The use of artificial intelligence (AI) and AI associated-tools must be indicated and disclosed.
 - If used, indicate in the submission form how (writing assistance, data collection, analysis).
 - AI and AI associated-tools can't be added to the author list.

Abstract review, selection and publication

- An international panel of experts will review the abstracts.
- Each abstract will be reviewed by at least five different reviewers.
- Abstracts may be selected for:
 - oral presentation
 - rejection
- Only the submitting author will receive a confirmation of acceptance for oral presentation or a notice of rejection, by email by May 22, 2026.
- Authors of abstracts selected for an oral presentation will be informed about the type and date of the session and presentation guidelines will be provided.
 - The accepted late-breaking abstracts will be allocated to the Late-Breaking Oral Session and Plenary Abstracts Session.
- Accepted late-breaking abstracts will be published via official EHA channels, including the Congress website as of Tuesday, June 2; 15:30 (CEST) but not in the Abstract Book.
 - Withdrawal policy: If authors wish to withdraw their abstracts from presentation they are requested to send a letter via email to the congress secretariat before May 29. Consequently, the abstract will not be presented nor published.
 - Note that after publication the abstracts cannot be modified or withdrawn.



Abstract embargo policy

- Submitted abstracts are considered embargoed from the time of submission.
- The information contained in the abstracts is embargoed until the abstracts are made available online by EHA.
- All accepted late-breaking abstracts are embargoed until **Tuesday, June 2, 2026; 15:30 CEST**. On this date and time, they will be published via www.ehaweb.org.
- Coverage of information that goes beyond what is contained in the abstract (e.g. additional analysis, commentary, or updated information from those individuals and companies involved in the study) is embargoed according to the following criteria:
 - **For Plenary Abstracts Session presentations:** The embargo is lifted at the start of the Plenary Abstracts Session; Saturday, June 13, 2026, 12:00 CEST.
 - **For Late-Breaking oral presentations:** The embargo is lifted at the start of the Late-Breaking Oral Session; Sunday, June 14, 2026, 09:15 CEST.
- This embargo policy covers all abstracts accepted as part of the EHA2026 Congress, regardless of the source from which the information is obtained. Third parties are obliged to abide by the Congress Embargo Policy. Should an embargo be broken, both the third party and the person involved will be held responsible and liable.

Timeline

April 30	Submission website is open
May 7	Submission deadline
March 8-13; 09:00	Abstract review
By May 22	Announcement allocation of abstracts to authors
June 2; 15:30 CEST	Late-breaking abstracts online

Abstract Topics

1. Acute lymphoblastic leukemia - Biology & translational research
2. Acute lymphoblastic leukemia - Clinical
3. Acute myeloid leukemia - Biology & translational research
4. Acute myeloid leukemia - Clinical
5. Chronic lymphocytic leukemia and related disorders - Biology & translational research
6. Chronic lymphocytic leukemia and related disorders - Clinical
7. Chronic myeloid leukemia - Biology & translational research
8. Chronic myeloid leukemia - Clinical
9. Myelodysplastic syndromes - Biology & translational research
10. Myelodysplastic syndromes - Clinical
11. Bone marrow failure syndromes incl. PNH - Biology & translational research
12. Bone marrow failure syndromes incl. PNH - Clinical
13. Myeloma and other monoclonal gammopathies - Biology & translational research
14. Myeloma and other monoclonal gammopathies - Clinical
15. Myeloproliferative neoplasms - Biology & translational research
16. Myeloproliferative neoplasms - Clinical
17. Hodgkin lymphoma - Clinical
18. Indolent and mantle-cell non-Hodgkin lymphoma - Clinical
19. Large B cell lymphomas - Clinical
20. Other aggressive lymphomas
21. Lymphoma biology & translational research
22. Stem cell transplantation - Experimental
23. Stem cell transplantation - Clinical
24. Hematopoiesis, stem cells and microenvironment
25. Gene therapy, cellular immunotherapy and vaccination - Biology & translational research
26. Gene therapy, cellular immunotherapy and vaccination - Clinical
27. Sickle cell disease
28. Thalassemias
29. Enzymopathies, membranopathies and other red blood cell disorders
30. Iron metabolism, deficiency and overload
31. Infections in hematology (incl. supportive care/therapy)
32. Transfusion medicine
33. Platelet disorders
34. Bleeding disorders (congenital and acquired)
35. Thrombosis and vascular biology
36. Quality of life, ethics, supportive and palliative care
37. Health economics
38. Novel technologies, techniques and digital analytical tools in hematology

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EHA will not provide any author contact details in line with the GDPR.

Citations

The author must include the following citation when citing material, after their article or abstract has been published:

Abstract Book:

Author(s), Title, Journal, Year; Volume (Supplement nr): Page(s). Abstract nr XXX.

Translation Rights

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Applicable law and jurisdiction

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