



LATE-BREAKING ABSTRACT SUBMISSION TERMS AND CONDITIONS 2022

Introduction

The EHA Late-Breaking Abstracts Policy 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, 2022). For clinical trials a preplanned analysis of the primary endpoint should have been scheduled after this date.

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Terms & Conditions

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 The Scientific Program Committee (SPC) only accepts original scientific material unpublished at the time of the abstract submission deadline.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, EHA's journal Hemasphere, 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. Submitted abstracts are considered embargoed from the time of submission (see embargo policy on page 4).
6. 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.
7. Case reports are generally not accepted unless they bring significant and novel biological information.
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, 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 and spelling.



14. The SPC assumes all presenting authors have proficiency in English, thus are able to present and respond to questions. Otherwise authors are encouraged to choose poster presentation as a preference.
 - Withdrawal policy: If authors wish to withdraw their abstracts from presentation they are requested to send a letter via e-mail to the congress secretariat before May 27. Consequently, the abstract will not be presented nor published.
 - Accepted late-breaking abstracts will be published via official EHA channels, including the Congress website as of Thursday, June 2; 16:00 (CEST).



Abstract embargo policy

- The information contained in the abstracts is embargoed until the abstracts are made available online by EHA.
- All accepted abstracts are embargoed until **Thursday, May 12, 2022; 16:00 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 Presidential Symposium presentations:** The embargo is lifted at the start of the Presidential Symposium; Saturday, June 11, 14:45 CEST, unless the abstract is part of an official EHA Press Briefing in which case the embargo lifts on the date and time of the Press Briefing (if earlier).
 - **For oral presentations:** The embargo is lifted on Friday, June 10, 09:00 CEST.
 - **For (e)poster presentations:** The embargo is lifted at the moment the poster area at the congress center opens and/or the e-posters are published on the virtual congress platform; Friday, June 10, 09:00 CEST.
 - **For Late-Breaking oral presentations:** The embargo is lifted at the start of the Late-Breaking Oral Session; Sunday, June 12, 09:45 CEST, unless the abstract is part of an official EHA Press Briefing in which case the embargo lifts on the date and time of the Press Briefing (if earlier).
 - **For publication-only abstracts:** The embargo is lifted when the abstract is first made publicly available on May 12, 2022; 16:00 CEST. These abstracts are not presented during the EHA Hybrid Congress.
- This embargo policy covers all abstracts accepted as part of the EHA2022 Hybrid 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

May 6 - 12	Submission website is open
May 13 - 18	Abstract review
By May 27	Announcement allocation of late-breaking abstracts to authors

Selection procedure

All abstracts submitted for the late-breaking procedure will be reviewed by the Scientific Program Committee and the Advisory Board. After review, the abstracts will be either accepted for oral presentation and included in the program or will be rejected.



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. Aggressive Non-Hodgkin lymphoma - Clinical
20. Lymphoma Biology & Translational Research
21. Stem cell transplantation - Experimental
22. Stem cell transplantation - Clinical
23. Hematopoiesis, stem cells and microenvironment
24. Gene therapy, cellular immunotherapy and vaccination - Biology & Translational Research
25. Gene therapy, cellular immunotherapy and vaccination - Clinical
26. Sickle cell disease
27. Thalassemias
28. Enzymopathies, membranopathies and other anemias
29. Iron metabolism, deficiency and overload
30. Infections in hematology (incl. supportive care/therapy)
31. Transfusion medicine
32. Platelets disorders
33. Bleeding disorders (congenital and acquired)
34. Thrombosis and vascular biology - Biology & Translational Research
35. Quality of life, palliative care, ethics and health economics



How to submit an abstract

For access to the abstract form, you will first require a login name and password. You may choose your own login name and password. If you have already used MCI's B-Com program before for EHA or another congress, you can use these login details.

Step by step guide:

1. **Contact information** - Fill in all fields marked with (*).

Note: the person submitting the abstract will be the one who is contacted regarding an abstract status when announced by May 27, 2022.

2. **Submission type selection** - Read and accept the terms, Click next.
3. **Abstract Classification** - fill in all fields marked with (*).
4. **Authors** - Please follow instructions for all author and co-author details here. Note that the first entry in the table is pre-filled with the submitter's details. This entry can be removed by clicking on (X).
5. **Abstract body** - Here you enter your abstract and upload an image/figure if you have this (please note instructions on the right side of the page, and for image information this is beneath the gray upload box).
6. **Abstract Preview** - You will then be able to preview your abstract. If your abstract has met all requirements you will see a gray box "set as final submission". You click this box only when you are happy with your abstract to finally submit for review.

If your abstract does not meet the requirements you will be asked to save it as a draft. You can then login in as often as you wish before the deadline to amend until you are happy with it and it meets all requirements.

7. **Confirmation** - Once you click "set as final submission" your abstract is set for review. However, before the submission deadline (May 12, 2022; 23:59 CEST), you will be able to login again and edit your abstract. Note that you will no longer be able to edit your abstract after the submission deadline.

After submitting the abstract successfully, the submitting author will receive a confirmation of the submission by e-mail.



Abstract format information

General format:

- Character count: 3600 including spaces and punctuation
- Title count: 200 characters including spaces
- Title case: Upper
- Max. number of lines: 45
- Max. number of keywords: 4

All abstract body content sections are mandatory (e.g. background, aims, methods, results, conclusion/summary.)

Image sizing guideline:

You can upload a JPG, GIF or PNG file.

If your upload does not work, try a smaller picture.

	Minimum	Maximum
Width:	50 pixels	750 pixels
Height	50 pixels	750 pixels
Size:	20 kb	1000 kb
Dpi:	90 dpi	300 dpi

- 1 image can be submitted
- Table can be used

Image is not included in the Character count

Author affiliation guide:

- Department
- Institution - Mandatory
- City - Mandatory
- Country - Mandatory

Only 1 presenting author

1 submitting author – (this person is the one who is contacted with regards to feedback of their abstract)

No co-author count (unlimited)

Contact information

Should you require further help with your abstract submission or have any questions, please contact the congress secretariat:

MCI The Netherlands

Tel: +31 (0)20 570 96 00

Fax: +31 (0)20 673 73 06

E-mail: aha@mci-group.com



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- Post a copy of the abstract on the author's personal website, departmental website, and/or the university intranet. A hyperlink to the abstract / publication on the EHA website must be included.
- 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.
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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.



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