ABSTRACT SUBMISSION TERMS AND CONDITIONS 2025

Introduction

The abstract submission terms and conditions of the EHA Annual Congress are intended to provide clear instructions and criteria before submitting an abstract. You are kindly requested to carefully read these terms stated below.

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.

Table of Contents

Deadline abstract submission

The deadline for abstract submission is March 1, 2025 (23:59 CET), submissions received after this deadline will not be considered.

General abstract terms

1. The Scientific Program Committee (SPC) encourages the submission of original scientific material unpublished at the time of the abstract submission deadline. To clarify the definition of what is considered unpublished:
   a. Abstracts submitted to regional or national hematology meetings can be submitted to the EHA Congress for inclusion in the program;
   b. 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).
   c. Abstracts presented at a large international meeting in the preceding year (i.e. encore abstracts), may be submitted *provided a clear indication about significant novel or updated information is included in the appropriate abstract submission field*.
   d. If your abstract is accepted for another meeting (see point 1b) after the submission period, please inform the EHA Congress Secretariat of the acceptance, and any relevant embargoes on the abstract. It is the responsibility of the submitting author to inform EHA.
2. The SPC retains the right to allocate abstracts containing previously submitted or presented data as they see fit. The submitting author is responsible for indicating where the abstract has been published or presented as mentioned under point 1.
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. 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 6).
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. Interim analysis of a prospective (randomized) clinical trial (trial-in-progress) will usually be considered only if it is performed as planned in the original protocol and is statistically valid. These studies are likely to be considered less competitive.
    - Regarding the appropriate submission category for clinical trials, Phase II & III will be considered under the disease specific topics. Phase II will only be considered here when the Phase I has been completed. Phase I trials will generally be moved to the generic topic (if one exists, for example “Gene therapy, cellular immunotherapy and vaccination - Clinical”), however, for complicated advanced cellular therapies, these can be considered under the respective disease related topics.
9. Case reports are generally not accepted unless they bring significant and novel biological information. In addition, single case abstracts will not be accepted.
10. The abstract title and text may not contain trade names. The SPC reserves the right to replace trade names in accepted abstracts.
11. In clinical studies, please state whether informed consent was obtained.
12. If off label use of drugs was involved, please state this clearly.
13. Do not submit the same study in multiple abstracts. Abstracts that appear as more than one version of a single study will all be rejected.
14. Similar to point 13, do not submit a (close) copy of an abstract under more than one category. Abstracts that appear to be submitted multiple times under different categories will be rejected.
15. 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.
16. 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 the preferred presentation format.
17. Similar to point 16, presenting authors of accepted abstracts are required to present their abstract in-person during the meeting. Otherwise authors are encouraged to choose poster presentation as the preferred presentation format.
18. Presenting authors are not allowed to be company representatives (incl. Clinical Research Organizations).
19. Presenting authors are required to be part of the author list.
20. Abstracts submitted without any data will not be accepted or presented (excl. study designs, which will only be considered as a poster).
21. Concept abstracts, for example new techniques or technologies without a demonstrated application will not be accepted.

Abstract review, selection and publication

General comments

- 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
    - poster presentation
    - publication only
    - rejection.
- Only the submitting author will receive a confirmation of acceptance for oral presentation, poster presentation, publication only or a notice of rejection, by email by April 24, 2025.
- The best abstracts will be selected for an oral presentation in the Plenary Abstracts Session.
- 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.
- Authors of abstracts selected for a poster presentation will be informed about the date of the poster session and will receive guidelines for their presentation and the poster specifications.
- All accepted abstracts will be published in the digital abstract book, which is published as a supplement of HemaSphere. Note that after publication the abstracts cannot be modified.
- Withdrawal policy: If authors wish to withdraw their abstracts from presentation or publication they are requested to send a letter via email to the Congress Secretariat by May 1, 2025 (23:59 CEST). Consequently, the abstract will not be presented nor published.

Procedure abstract review & selection

All abstracts submitted by March 1, will be reviewed by an international panel of experts (representing all subspecialties and a large number of countries). The authors assign their abstracts to one of currently 37 topics, and for each topic at least 5 reviewers are asked to score all abstracts in that category. Within 10 days after the closure of the abstract submission, the reviewers (a total of 300 - 350 experts) are requested to read and score each abstract in their category based on the scientific merit of the abstract. If fewer than 4 reviewers return their evaluation for a given topic, the SPC chair recruits additional reviewers in that field to meet this minimal requirement to guarantee a well-rounded and extensive peer review.

The scoring system is on a scale, ranging from 1 to 8, with a qualitative explanation of each grade. Once all abstracts have been reviewed, the scores are averaged.

A coordinating reviewer per abstract topic will be installed, with the responsibility of identifying discrepancies in the scoring, organizing the discussion of abstracts and the validation of merit abstracts. Following the review week, videoconferences will be scheduled between the coordinating reviewer and the reviewers of each topic, to review the scores and select the abstracts for the program.

The outcome of each videoconference is reviewed during a meeting in March 2025 by the Scientific Program Committee (25 members), Advisory Board (25 members) and coordinating reviewers, if not part of the SPC or AB. During the meeting the oral sessions will be made and the abstract program will be finalized.

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 abstracts are embargoed until **Wednesday, May 14, 2025; 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 14, 2025, 11:45 CEST.
    - **For oral presentations:** The embargo is lifted on Thursday, June 12, 2025, 08:00 CEST.
    - **For (e)poster presentations:** The embargo is lifted on Thursday, June 12, 2025, 08:00 CEST.
    - **For Late-Breaking oral presentations:** The embargo is lifted at the start of the Late-Breaking Oral Session; Sunday, June 15, 2025, 09:15 CEST.
    - **For publication-only abstracts:** The embargo is lifted when the abstract is first made publicly available on Wednesday, May 14, 2025; 15:30 CEST. These abstracts are not presented during the EHA Congress.
    - **For press abstracts**: The embargo is lifted at the start of the EHA Press Briefing (date and time to be confirmed). The embargo policy for abstracts selected for the EHA Press Briefing overrules the embargo policy for other categories.
- This embargo policy covers all abstracts accepted as part of the EHA2025 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

January 1	Submission website is open
March 1	Submission deadline
March 5 - 13; 09:00	Abstract review
By April 24	Announcement allocation of abstracts to authors

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. Platelet disorders
33. Bleeding disorders (congenital and acquired)
34. Thrombosis and vascular biology
35. Quality of life and palliative care
36. Ethics and health economics
37. Novel technologies, techniques and digital analytical tools in hematology

EHA Travel Grants

Travel grants will be available for investigators with accepted abstracts and are particularly intended to support young investigators; therefore, applicants should be 36 years or younger of age).

- Travel grants provide complimentary registration and € 500 for travel arrangements for the upcoming EHA Congress.

Several grants have been specifically reserved for abstract authors from countries with lower- and lower/middle-income economies according to the WHO ranking.

When submitting an abstract the author must apply for a grant simultaneously (see procedure below). The SPC will then decide, in accordance with the scores of the abstracts, which abstract receives a grant. This will be announced to the submitting author by email by April 24, 2025.

Application criteria

Authors wishing to be considered for a grant should be:

- the submitting, first and presenting author of a submitted abstract
- a junior member of EHA (main criterion: 36 years or younger of age)
- membership fee has been paid by March 6, 2025.

How to apply for a Travel Grant

The online grant application has been combined with the abstract submission form. Submitting authors need to indicate their wish to apply for a grant and answer all the required questions in the form. The deadline for grant applications and additional information is March 1, 2025 (in parallel with the abstract submission deadline). Only complete online applications, meeting all the above criteria, will be considered.

Should you have any questions or queries, contact us at travelgrants@ehaweb.org.

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- Reuse figures and tables created by the author in future works.
- 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.
- Authors and third parties wishing to order (commercial) reprints should contact EHA by emailing a.congress@ehaweb.org.
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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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