

Late-Breaking Abstract (LBA) Submission Guidelines

Please read the following guidelines carefully prior to submitting your LBA in the online submission system.

Key dates & deadlines

KEY DATES	
Late-breaking abstract submission opens	January 17, 2024
Late-breaking abstract deadline	February 14, 2024, 11:59pm ET
Notification to authors	Before March 15, 2024
Presenting author registration deadline	March 31, 2024

Abstract eligibility

- Abstracts can only be submitted electronically via the abstract submission site. Abstracts sent by post or email will not be accepted. No exceptions will be made.
- **Scientific** abstracts that describe single clinical cases or lack quantitative data will **NOT** be accepted. Authors are **NOT** to split data to create several abstracts from one. If “splitting” has been judged to have occurred, the priority scores of related abstracts will be reduced.
- Abstracts without quantitative data (i.e., abstracts with only qualitative data) will not be eligible for publication in the *Haemophilia* Journal.
- Abstracts should be written and presented in **English**. Abstracts submitted in other languages will automatically be rejected.
- Only abstracts that have been submitted properly will be considered. Incomplete abstracts will be rejected.

Rules for authors

- **Rule of two:** Each author may present a **maximum of two abstracts** at Congress. However, authors can make an **unlimited number of submissions**. Should an author have more than two abstracts accepted, a co-author must be named as the presenting author for the third or more abstracts.

- All presenting authors must be **paid registrants** of Congress. Registration deadline is March 31, 2024, for late-breaking abstracts. **After this date, presenting authors who have not paid their registration fees will be excluded from the program, as well as from the publication.**
- A submitted abstract must be presented at Congress by the presenting author. **Failure to present as scheduled may result in the non-acceptance of future submissions at WFH meetings.**
- Authors may not revise or resubmit abstracts **after the deadline date of February 14, 2024.**
- **If an author wishes to change the presenting author, they must submit a request in writing to abstracts@wfh.org by March 31, 2024.** After this date, changes will not appear in the publication.
- **Presenting authors must attend the WFH 2024 World Congress in person in Madrid, Spain.** If the original designated presenting author cannot attend, a co-author may be designated as an alternative presenter. **No virtual presentations will be allowed.**
- Based on current CME guidelines, if the presenting author is employed by industry, an alternate presenter who does not have a relevant employment relationship must be named if the abstract is selected for an oral presentation in a free paper session.

Consent and release

- **Submission of an abstract acknowledges your consent to the following:**
 - If accepted, the WFH will publish your abstract in either print or electronic format.
 - If accepted, your abstract may be published in the Haemophilia Journal supplement.
 - If accepted as an oral presentation, your PowerPoint presentation may be posted on the WFH website, on-site and post conference.

Preparation of your abstract submission

Abstract body

- **Abstracts should not exceed 350 words.** This does not include the author's details, titles, tables and graphs.
- Abstracts should be written and presented in **English**. Abstracts submitted in other languages will automatically be rejected.



- Please ensure your abstract does not contain spelling, grammar, or scientific mistakes as **abstracts will be published exactly as submitted**. They should be clear and concise, and presenters are requested to carefully proofread their abstract.
 - The WFH 2024 Program Committees reserve the right to reject abstracts that are deemed to be poorly written or to request an immediate revision of the text to improve its readability.
- Your abstract must include the following:
 - Title
 - Introduction and Objective
 - Material and Methods
 - Results
 - Conclusions
- **DO NOT** include references, credits, or grant support in your abstract.

Tables and graphs

- **A maximum of two tables and/or graphs** can be included in an abstract.
- Please make sure to add headings to each of the tables and/or graphs, and to reference them within the abstract.
- Do **NOT** include the author list on the graph/table you are uploading, as we operate by blind review.
- Images or illustrations are **NOT** permitted, and if submitted they will not be included.
- **ONLY Excel files** will be accepted when uploading you tables and or/graphs

Formatting

- Use a short, specific title.
- The title should be entered in sentence case. Example: *Prevalence of osteoporosis in patients with mild, moderate or severe haemophilia*
- Do not use a period at the end of the title and do not place the title in quotes.
- Capitalize the first letter of trade names.
- **DO NOT** use ALL CAPS in the title or in the body text.



- Use standard abbreviations for units of measure; other abbreviations should be spelled out in full at first mention, followed by the abbreviation in parenthesis (exceptions: RNA, DNA, etc.).
- **Special Characters:** Please use the special character palette if you need to use a special character. If you copy and paste your abstract, please be sure to enter special characters using the palette, even if they seem to appear correctly after pasting. **If you do not use the special palette, your special characters will not appear properly in the publication. Please be sure to double-check during the proofreading step to ensure all special characters were converted properly.**

Authors and presenting author

- During the abstract process, you will be asked to enter author information and affiliations. Please submit authors and affiliations **on the online form only. The abstract you upload MUST NOT include the author list.**
- Please list authors in your preferred citation order.
- If an author's name appears on more than one abstract, it must be written in the same way on each submission to ensure proper indexing.
- Only one presenting author is permitted per submission.

Submission process

Online submission system: Abstract Scorecard

- To submit your abstract:
 - **Step 1:** Create your profile and login to access the online submission system
 - **Step 2:** Complete all the tasks to submit your abstract
 - **Step 3:** Once completed, be sure to click **submit**

Please select:

- **TOPIC CATEGORY:** Be sure to select the appropriate topic category when submitting your abstract to ensure proper consideration. The Program Committee reserves the right to move abstracts to other subjects as they see fit, as well as to add and remove categories as required.



WFH 2024 WORLD CONGRESS - LBA CATEGORIES

Novel therapies
Case studies demonstrating best practices
Clinical trials (completed)
Clinical trials (in progress)

- **KEYWORDS:** Please identify 3 keywords that best relate to the content of your abstract. The keywords will optimize the online search for your abstract.
- **AWARDS:** Please indicate if you would like to be considered for the **travel awards**. If you have access to an alternate source of funding, kindly prioritize this to allow a maximum number of attendees to benefit from the WFH travel awards.

Important notes:

- Once you have created a profile in the Abstract Scorecard, you can submit one or several abstracts from your account.
- Please note that you cannot create another account if you have previously created one. If you need to retrieve your username and password, please click on the lost or forgotten password button when signing into the submission page.
- Be sure to complete all tasks before you click **SUBMIT**.

Trial in Progress (TiP) abstracts

Trial in Progress (TiP) abstracts in all phases of clinical research (phases I to III, supportive care, nonpharmacologic interventions) may be submitted to the WFH 2024 World Congress.

The trial described must fit into one of the WFH 2024 abstract categories.

It is expected that abstracts submitted as Trials in Progress are ongoing trials that have not reached any protocol-specified endpoints for analysis and consequently will only require the completion of two (2) sections:

1. **Background and significance**

- Scientific background/rationale for the trial
- Trials in Progress abstract submissions should not be used to present preclinical or earlier-phase clinical data for the first time. Preclinical and earlier-phase data that have been published can be included as a reference.
- Correlative studies of particular interest

2. Method and trial design

- Trial design and statistical methods, highlighting any novel aspects of the design
- Treatment or intervention planned
- Major eligibility criteria, highlighting unusual aspects
- Current enrollment without providing results or endpoints
 - Phase I studies may refer to “Cohort 1 and 2” etc.
 - Phase II studies may refer to “x of X patients have been enrolled” etc.
 - Phase III studies may refer to “The IRB last reviewed the trial in Month/Year and recommended that the trial continue as planned”.

The abstract must not contain any clinical endpoint data but may contain information on regulatory issues, experience with recruitment, current recruitment status, patient characteristics, and/or changes in inclusion and/or exclusion criteria or study design.

Any abstract submitted as a TiP that contains clinical endpoint or other clinical data will be immediately withdrawn from consideration.

Editing an abstract

- Modifications to an abstract can be made by logging into your profile. Revisions can be made until the submission deadline of **February 14, at 11:59pm ET.**

Withdrawing an abstract

- If an author **wishes to withdraw their abstract** from presentation or publication, they must submit a request in writing to abstracts@wfh.org by **March 31, 2024.**

Conflict of interest disclosure

- If an author or immediate family member has had a substantial financial relationship relating to the support of the abstract, this relationship must be disclosed. Such relationships include salaries, ownership, equity positions, stock options, royalties, consulting fees and honoraria for speaking, material support and other financial arrangements.
- During the abstract submission process, you will be asked to disclose any potential conflicts of interest at the end of the abstract. Please note that the disclosure word count will not count towards the total abstract word count.

Sample abstract

Prevalence of osteoporosis in patients with mild, moderate or severe haemophilia

Introduction: Prior studies indicate that patients with haemophilia (PwH) are often affected by reduction of bone mineral density (BMD). Though, data lacks in describing BMD within the three different haemophilia severities. Further, only little is known about fracture risk (FRAX®) nor about the microarchitecture of the bone in PwH. To investigate these parameters, the trabecular bone score (TBS) can be examined, which provides an additional FRAX® independently from the BMD. The aim of this prospective cohort study is to depict the prevalence of osteoporosis as well as investigate bone microarchitecture and FRAX® of patients with either mild, moderate or severe haemophilia. **Methods:** Overall, 255 PwH (mild: N=52, moderate: N=53, severe: N=150) of the University Hospital in Bonn, Germany were examined. BMD, including analysis of TBS and FRAX® was determined by dual X-ray absorptiometry (Hologic Inc., Marlborough, USA). Depending on the T-score, it can be differentiated between osteoporosis (T-Score < -2.5), osteopenia (T-score < -1,0) or normal (T-Score >-1,0). Blood parameters including vitamin D levels were added for final diagnosis. **Results:** Thirteen patients were excluded for further analysis because of secondary osteoporosis. Out of the remaining 242 PwH, aged 43±15 (M±SD; mild: N=51, moderate: N=52, severe: N=139), 29 (12%) are classified as osteoporitic and 112 (46%) as osteopenia. Only 41.7% had a healthy BMD status. Average left femoral neck BMD was 0.833±0.139 g/cm², which decreased significantly depending on severity (mild: 0.907±0.229, moderate: 0.827±0.133, and severe: 0.807±0.139; F=6.560, p=0.002*). While BMD was decreased in 58.3% of PwH, TBS was classified as "normal" in 72.7% with a mean value of 1.409±0.133. Here, no significant differences were present between severity levels (F=1.093, p=0.337). The FRAX® was on average 4.0%. After adjustment of the TBS, however, it was only 2.4%. Vitamin D levels were decreased (< 20ng/ml) in 42.1% of patients. **Conclusions:** The present study indicates that in 58.3% of PwH, BMD is decreased either in the form of osteoporosis or osteopenia, depending on the severity of haemophilia. However, the largely normal TBS indicate that the microarchitecture of the bone is not affected. Accordingly, the TBS adjustment reduces FRAX® by a delta of 1.6%. It is recommended to integrate an osteoporosis screening including the analysis of trabecular structures into the comprehensive diagnosis in PwH. Given the high prevalence of vitamin D deficiency, a respective substitution should be considered.

Keywords: Osteoporosis, Prevalence, Severities

Abstract notification

An international panel of experts will conduct a blind review of all abstracts.

The presenting author will be notified of the decision by the dates indicated below, at the email address provided during submission. Please note that only the presenting author will be contacted concerning the abstract, and so the presenting author is responsible for informing all co-authors of the status of the abstract.

Notification of decision	Sent by
Late breaking abstracts	March 15, 2024

Presentation guidelines will be provided at a later date.

Acceptance categories

Abstracts will be accepted into one of the following categories:

Presentation type	Description	Publication in Haemophilia Journal
Late-breaking oral presentation	Abstract will be presented in one of the late breaking abstract sessions taking place during the WFH 2024 World Congress	Yes

Registration

Please note that all accepted presenting authors must register and pay the registration fees to attend the World Congress.

Presenting authors who have not registered and paid their registration fees will be excluded from the program, as well as from the publication. Registration fees will not be waived, and no virtual presentations will be allowed.



Abstract Embargo & Release Information

Abstract Public Release (Embargo) Dates and Times

Late-breaking abstracts (LBAs) will be publicly released throughout the WFH 2024 World Congress. The complete embargo dates and public release schedule for LBAs is detailed below .

All other abstracts, including those submitted during the late-breaking submission time period but not selected as late-breaking abstracts, will be publicly released at 9:00 am CEST on April 21, 2024, and available online.

Late-breaking abstracts	Embargo Will Lift
Free paper presentation date:	
Monday, April 22	9:00 am CEST on April 22, 2024
Tuesday, April 23	9:00 am CEST on April 23, 2024
Wednesday, April 24	9:00 am CEST on April 24, 2024