

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 15, 2026
Late-breaking abstract deadline	February 17, 2026, 11:59pm ET
Notification to authors	March 5, 2026
Presenting author registration deadline	March 24, 2026

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 24, 2026**, 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 17, 2026**.

- If an author wishes to change the presenting author, they must submit a request in writing to wfh2026-abstracts@icsevents.com by **March 24, 2026**. After this date, changes will not appear in the publication.
- Presenting authors must attend the WFH 2026 World Congress **in person** in Kuala Lumpur, Malaysia. 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 2026 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 your tables and or/graphs

Formatting

- Use a short, specific title.
- The title should be entered in Title 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.
- 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.).
- The generic name for all products **must** be used.
- *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: [Oxford Abstracts](#)

- To submit your abstract:
 - Step 1: Sign up for an Oxford Abstracts account 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"

- Note: Upon clicking “Submit” for the first time, you will be directed to a review page. Please click “**Continue**” to confirm your submission. This page will not appear on subsequent submissions.

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 2026 WORLD CONGRESS - LBA CATEGORIES

Novel therapies

Case studies demonstrating best practices

Clinical trials (completed)

Trial in progress (TiP)

- **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 Oxford Abstracts, 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.
- At any point in the submission, you can click “Submit” to save your abstract as a draft. Be sure to complete all tasks by the abstract submission deadline of **February 17, at 11:59pm ET**. Incomplete submissions will not be considered.

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 2026 World Congress.

The trial described must be relevant to one of the WFH 2026 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 clinical trial registration number must be provided in the abstract.

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 17, 2026 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 wfh2026-abstracts@icsevents.com by **February 17, 2026**.

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 osteoporotic 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 5, 2026

Presentation guidelines for both poster and oral presentations 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
Poster only	Abstract will be displayed as a poster in the WFH 2026 World Congress virtual poster gallery and physical poster gallery onsite. Time slots will be assigned for presenting author to stand by their poster and answer questions from audience.	No
Poster and publication	Abstract will be displayed as a poster in the WFH 2024 World Congress virtual and physical poster gallery onsite.	Yes

Time slots will be assigned for presenting author to stand by their poster and answer questions from audience.

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
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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

All abstracts, including those submitted during the late-breaking submission time period, will be publicly released at 9:00 am MYT on **April 19, 2026**, and available online in the *Haemophilia* journal publication.