WFH COMPREHENSIVE CARE SUMMIT

Abstract Submission Guidelines

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

Key dates & deadlines

KEY DATES	
Call for abstracts opens	**September 15, 2026**
Abstract submission deadline	**December 1, 2026, 11:59pm EST**
Notification to authors	**December 31, 2026**
Presenting author registration deadline	**January 31, 2027**

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.
- Encore presentations will be accepted. Encore abstracts should not be an exact duplicate of a previously presented abstract. Encore presentations will be considered for oral or poster presentations. They will **NOT** be published in the Haemophilia Journal supplement.
- 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 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 CCS. 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 CSS. Registration deadline is **January 31, 2027**. **After this date, presenting authors who have not paid their registration fees will be excluded from the program, as well as from the publication.**

- An accepted abstract must be presented at CCS 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 **December 1, 2026.**
- If an author wishes to change the presenting author, they must submit a request in writing to abstracts@wfh.org by **February 20, 2027**. After this date, changes will not appear in the publication.
- Presenting authors of abstracts accepted for oral presentation or poster presentation must attend the WFH 2027 Comprehensive Care Summit **in person** in Prague, Czechia. 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.
  - If accepted as a poster presentation, you will display your poster in person at CCS.

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 2027 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.
- The abstract title and text may not contain trade names. The WFH 2027 Program Committees reserve the right to replace trade names in accepted abstracts.

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.
- 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.).
- 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 double-check your abstract on the "Preview" panel 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.

CCS 2027 ABSTRACT CATEGORIES
Biomedical / Coagulation research
Capacity building / Advocacy & outreach models
Care delivery
Clinical assessment
Clinical cases
Clinical research & clinical trials
Comorbidities
Data & demographics
Gene therapy
Health policy
Imaging
Infectious complications
Inhibitors
New products and novel therapies
Nurses' issues
Orthopedic issues
Pain management
Pediatrics
Physiotherapy and rehabilitation
Prophylaxis
Psychosocial issues
Quality of life / Outcome research

Rare bleeding disorders
Rheumatology
Risk management
Scoring systems
Sport / Fitness / Physical activity
Surgical treatment
Synovitis
Trials in progress
Von Willebrand Disease
Women's health and research

- **PRESENTATION TYPE:** Please select a preferred presentation type (oral presentation, poster only, no preference). **If you select 'poster only', your abstract will not be considered for oral presentation regardless of the score.** Choose this option if you are unwilling or unable to give an oral presentation in English. The WFH 2027 Program Committees will determine which presentation type the abstract will be accepted as, given the author's preference and fit within the CCS program. More information on the presentation type categories can be found in the Abstract Notification section below.

- **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 one of the awards being offered, as listed on our website.

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.**

Trials 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 2027 CCS.

The trial described must be relevant to one of the WFH 2027 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 abstract submission deadline of **December 1, 2026, at 11:59pm EST**

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 **February 20, 2027.**

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® indepently 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 **December 31, 2026** 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.

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 CCS 2027 virtual poster gallery and physical poster gallery onsite. Time slots will be assigned for presenting authors to stand by their poster and answer questions from the audience.	No
Poster and publication	Abstract will be displayed as a poster in the CCS 2027 virtual and physical poster gallery onsite. Time slots will be assigned for presenting authors to stand by their poster and answer questions from the audience.	**Yes**
Oral presentation	Abstract will be presented in a free paper session taking place during CCS 2027.	**Yes**

Registration

Please note that all presenting authors with an accepted abstract must register for the summit and pay the applicable registration fees in order to present at CCS.

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 will be publicly released at 9:00 am CEST on April 14, 2027, and available online.