

2025 American Academy of Allergy, Asthma & Immunology Abstract Submission Policies and Procedures

Late Breaking Abstracts Submission Site Opens: Monday, October 21, 2024 Submission Deadline: Monday, November 4, 2024, 11:59pm Central Time

Please read carefully

All authors must follow the policies and procedures set forth by the American Academy of Allergy, Asthma & Immunology (AAAAI) in order for their abstract to be reviewed and considered for presentation at the 2025 AAAAI / WAO Joint Congress.

1.0 Late Breaking Abstract Submission

1.1) Submission and Preparation Policies.

- All Late Breaking Abstracts must be submitted via the AAAAI online abstract submission site: www.annualmeeting.aaaai.org.
- Late breaking abstracts MUST be of high quality, represent an important research advance and present information that was not available at the time of regular abstract submission.
- These abstracts must present information that is significant to clinical, translational or basic science, novel, uses appropriate study design, analytical methods and statistical methods and is clearly and logically written.
- Submitters will be required to explain why their abstract is important and late breaking.
- Abstracts submitted only because they missed the initial deadline for regular abstracts will not be considered.
- Late Breaking Abstracts are competitively reviewed.

1.2) Submission Deadline.

It is the responsibility of the submitting author to ensure accuracy of content, spelling and author block (including listing order).

Late breaking abstracts must be received by Monday, November 4, 2024, 11:59pm Central Time, in their final form, including the author listing. Absolutely no abstracts or abstract changes, including author additions, name revisions or a revised listing order will be accepted after the submission deadline.

1.3) Previous Presentations of Abstracts.

All abstracts accepted for publication at the AAAAI Annual Meeting will be published in *The Journal of Allergy and Clinical Immunology (JACI)*. Only original, previously unpublished abstracts will be accepted. Submitted abstracts should not be published as an article on or before the abstract is published in the JACI.

The AAAAI uses plagiarism-detection software to identify previously published content. Abstracts previously accepted and published by other organizations/societies will not be accepted. If an abstract submitted to the AAAAI is accepted for programming and publication by another organization prior to its acceptance by the AAAAI, it is the author's responsibility to withdraw the abstract. Failure to do so may result in being eliminated from future abstract programming consideration.

If you intend to submit a manuscript to either *JACI* or *JACI*: In Practice based on an abstract submitted for the AAAAI Annual Meeting, please first review the journals' submission policies:

The Journal of Allergy and Clinical Immunology – Information for Authors
(https://www.jacionline.org/content/authorinfo)
The Journal of Allergy and Clinical Immunology: In Practice – Information for Authors
(https://www.jaci-inpractice.org/content/authorinfo)

1.4) Abstract Authors.

Abstracts may be submitted by fellows, members and non-members of the AAAAI.

Sponsorship or co-authorship of additional abstracts is permitted.

Authors who work in industry are prohibited from being first/primary author and presenting an oral abstract due to CME standards. Authors who work in industry may be first/primary author on an abstract. If the abstract is chosen by the programming committee to be presented as an oral presentation, that author will be asked to choose another co-author, who is not an industry author, to present the abstract due to ACCME guidelines. If the abstract is chosen by the programming committee to be presented as a poster presentation, the industry author may remain as the presenter.

1.5) Abstract Preparation.

If accepted for presentation, the <u>first/primary author</u> is the individual who must present the abstract. If they are unable, another co-author may present on their behalf.

It is your responsibility to be sure that all contact information is accurate.

1.6) Duplicate Abstracts.

Abstracts summarizing significantly different aspects and presenting significantly different conclusions using the same study population will be allowed, but multiple abstracts focusing on the same or modestly different aspects of the same study are prohibited.

1.7) Keywords.

Each abstract must be submitted with <u>one</u> keyword, chosen by the submitting author. The keyword will be used to assist in the systematic review and organization of abstracts and their subsequent presentations. Abstract submitters should provide the appropriate Keyword on the online submission form. Abstracts submitted without this information will not be reviewed for presentation at the 2025 AAAAI/ WAO Joint Congress.

1.8) Funding.

The source of funding of the research summarized in the abstract must be disclosed at the time of submission. Abstract submitters must provide this information in the appropriate section of the online submission form. Abstract submissions should not be used as an opportunity to promote goods or services.

1.9) Submission Fee.

Each abstract submission must be accompanied by a \$50 processing fee. Payment must be made by credit card on the online submission form. Abstracts received without payment will not be considered for presentation at the 2025 AAAAI/ WAO Joint Congress.

The abstract submission fee is not refundable, even if the abstract is not accepted.

1.9) Abstract Withdrawals and Revisions.

Withdrawals must be received in writing at the AAAAI executive office (<u>CME@aaaai.org</u>) by December 1, 2024.

Please review your submission carefully to be sure all appropriate data and all authors are listed and in the correct order. Absolutely no new information or revisions to content, data or the author block will be accepted after the submission deadline of November 4, 2024 at 11:59pm Central Time.

It is the responsibility of the submitting author to ensure accuracy of submissions. . Accepted abstracts will be published in *The Journal of Allergy and Clinical Immunology (JACI)* exactly as submitted.

2.0 Organization of Abstract Body

2.1) The abstract should include the following specifications:

- **A) Rationale:** A brief statement of purpose of the study and the hypothesis to be tested (preferably 1-2 sentences).
- **B)** Methods: Summarize the predictors and outcomes analyzed, as well as the methods used. For abstracts reporting clinical research, a sentence or phrase presenting the most important selection criteria for subjects should be included.
- **C) Results:** Provide a summary of the results including quantitative data, presented in sufficient detail with statistical analysis when possible, to support the conclusions.
- **D)** Conclusions: Summarize the impact and significance of the findings. It is not satisfactory to state, "The results will be discussed," or "other data will be presented," etc.

2.2) Abstract Length.

The maximum length of an abstract submitted for presentation at the 2025 AAAAI/ WAO Joint Congress is 250 words.

2.3) Tables and graphs are not permitted.

2.4) Title.

Capitalize only the first letter of each word of the title.

2.5) Abbreviations.

The use of standard abbreviations is desirable (i.e., rbc, kg, mg). A special or unusual abbreviation should be placed in parentheses after the first appearance of the full word which it represents. Do not use periods after abbreviations or initials. Numerals rather than words should indicate numbers, except to begin sentences.

2.6) Drug Names.

Non-proprietary (generic) names are preferred and should be used in the title of the abstract. Generic drug names are not capitalized in the body of the abstract. If a proprietary drug name is used in the body of the abstract, the first letter is capitalized.

2.7) Format.

You may use your word processor's capabilities for bold, underline, italic, subscript and superscript, or use the tools provided when entering your abstract.

2.8) Revisions.

You may come back to the site and edit your abstract until the submission deadline of August 24, 2023 at 11:59pm Central Time. After the submission deadline, no further revisions will be allowed.

2.9) Review.

Abstracts will be graded by several reviewers on the following criteria: Clinical or basic science significance, Methodology and as an Overall submission. Reviewers are also asked to flag abstracts that involve human subject or animal research if the corresponding approvals are missing.

If accepted for presentation, <u>abstracts will appear in the JACI supplement exactly as submitted, including the author listing as entered by the submission deadline of November 4, 2024 at 11:59pm Central Time.</u>

Sample Abstract

- (1) Bisphenol-A Exposure and Asthma In An Inner-City Birth Cohort
- (2) **K. M. Donohue**¹, R. L. Miller², M. S. Perzanowski², A. C. Just², L. A. Hoepner², S. Arunajadai³, F. P. Perera², R. M. Whyatt²;

 ¹Columbia Presbyterian Medical Center, New York, NY, ²Department of Environmental Health Sciences, Mailman School of Public Health, Columbia University, New York, NY, ³Department of Biostatistics, Mailman School of Public Health, New York, NY.
- (3) **Rationale:** Bisphenol-A (BPA) is an endocrine disruptor widely used in food containers. Prenatal exposure to BPA has been associated with airway inflammation in a mouse model. We hypothesized that exposure to BPA would be associated with increased odds of asthma during childhood.

Methods: The Columbia Center for Children's Environmental Health recruited 322 pregnant women for a prospective birth cohort study. Spot urine samples were collected and total urinary BPA level was analyzed via mass spectrometry. Board-certified allergists conducted standardized exams and pulmonary function tests to determine current asthma status using pre-specified criteria. At the time of the exam, children were age 5 to 12 years. Logistic regression was used for analyses. Models controlled for gender, race/ethnicity, maternal asthma, exposure to pre- and post-natal environmental tobacco smoke, and urinary specific gravity.

Results: Urinary BPA levels at ages three and five years were associated with increased odds of asthma (n=280, OR 1.49, 95%CI (1.10 to 2.03), p = 0.009; n=322, OR 1.31, 95%CI (0.99 to 1.74), p = 0.05, respectively).

Conclusions: Exposure to BPA during childhood is associated with increased risk of asthma in a prospective, population-based birth cohort.

- (1) = Title
- (2) = Author Block; 1st Author is the primary/submitting author. It is assumed this is whose contact information is provided for notification
- (3) = Abstract Body; 250 word count, not including author, abstract title, author block, and the words: Rationale, Methods, Results and

3.0 Abstract Acceptance

3.1) Notification of Programming.

If the abstract is accepted for presentation at the 2025 AAAAI/ WAO Joint Congress, the primary author will be notified via email by December of 2024.

Only the primary author will be notified of abstract programming. Please make sure all contact information is accurate. Such notification will include: (1) Title of session for abstract presentation; (2) Date and time of session; and (3) Format of presentation (oral or poster). Abstracts scheduled for presentation will be grouped by topic, numbered and listed in the program, and published in the *JACI* abstract supplement.

3.2) Poster, Electronic Poster and Slide Presentation

If the abstract is accepted for poster presentation at the 2025 AAAAI/ WAO Joint Congress, the submitting author of a poster presentation will be asked to complete a physical poster for the poster hall **and** to upload an e-poster and short audio for the virtual poster hall.

If the abstract is accepted for oral presentation, the submitting author of the oral presentation will be asked to complete and upload a video presentation using PowerPoint slides.

3.3) Disclosure Policy

Submission of an abstract requires disclosure by the first author in compliance with the AAAAI Disclosure Policy (hyperlink to: https://education.aaaai.org/disclosure). This requires disclosure of all financial and organizational relationships in which the author has participated during the previous 24 months. If an abstract is selected for programming this disclosure will be published in the Journal of Allergy and Clinical Immunology alongside the abstract. If an abstract is selected for oral abstract presentation, the presenting author's disclosure will be collected and reviewed in accordance with the AAAAI Disclosure Policy standards for vetting faculty in accredited continuing medical education activities. In compliance with these standards, authors who are employed by ineligible companies as defined by the Accreditation Council for Medical Education are ineligible to present in an oral abstract session, and an alternate author will be selected to give the presentation. Before submitting an abstract please take a moment to review the AAAAI Disclosure Policy (hyperlink to:

https://education.aaaai.org/disclosure https://education.aaaai.org/disclosure).

Reviewed and Approved by the Board of Directors, January 25, 2021

Ineligible Companies

An Ineligible Company is defined by the ACCME as an organization whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. A medical practice is not considered to be an Ineligible Company.

If the individual's employer fits the definition of **an Ineligible Company**, or the individual is an owner of an Ineligible Company, the individual should describe the scope of his or her work responsibilities (such as administration of specific programs or the topic of research activities). If the individual's employer receives remuneration from an ineligible company for the individual's activities, this relationship should also be disclosed. Failure to knowingly disclose potential conflicts is a violation of the AAAAI's Code of Ethics and such infringements will be dealt with as detailed in section III.B of the Code of Ethics.

Competing Relationships

Examples of competing relationships include:

- 1. Financial relationship with an ineligible company (e.g. ownership stake in the company, receipt of salary, income, gifts, or other assets for performing clinical trials, speaking, and consulting/advising)
- 2. Financial relationship with any organization that provides commercial support to AAAAI-sponsored educational activities
- 3. Research grants for studies on which the individual disclosing serves as the principal investigator (PI), including those received by the individual's institution (e.g. grants from NIH, Pharmasponsored investigator initiated research or other sources of research support).
- 4. Legal consultation services or expert witness testimony.
- 5. Organizational affiliations, including both volunteer and paid positions held with organizations other than the AAAAI that may create or be perceived as a conflict of interest.

In all cases, an individual's disclosure will be reviewed in the context of the activity in which they will potentially be participating. If a conflict of interest is identified, the reviewers will be asked to identify an appropriate mechanism for mitigating the conflict. This could potentially include asking the individual to alter the relationship which creates the conflict, or removing the individual from involvement in the activity. The results of each review will be communicated to the individual and the organization planning the activity to facilitate the mitigation of the conflict. The individual will be expected to disclose to the appropriate audience any relationships that were found to be, or to present the potential for, conflicts of interest by the reviewer.

Financial information obtained from this disclosure form is confidential and will only be used by the AAAAI for the purpose of determining potential conflicts and biases in their membership. In some situations the AAAAI will make public the names of its leaders, faculty, and authors and their relevant disclosure information (for example, disclosures in the annual meeting program). The AAAAI will <u>not</u> release any financial information in these situations unless required to by law.

3.4) Submission Agreement.

I agree to the following statements:

- I affirm that all research summarized by my abstract in which human subjects were used conformed to the principles of the Declaration of Helsinki of the World Medical Association (Clinical Research 196; 14: 103) and met all the requirements governing informed consent of the country in which the research was performed.
- I affirm that I cannot make any additional edits to the abstract after the submission deadline.
- I affirm that all research summarized by my abstract in which animal subjects were used conformed with the 1991 revision of "Guiding Principles in the Care and Use of Animals" (American Psychological Association, Bethesda, MD 20814 3991).
- I understand that if accepted, this abstract becomes the property of the American Academy of Allergy, Asthma and Immunology. Ownership of submitted abstract not accepted for presentation reverts to the authors. US Government Authors: If the Author(s) are or were officers or employees of the US Government at the time the Work was prepared and the Work was prepared as part of their official duties, the signing Author represents that the Work is not subject to US copyright protection.
- I affirm that the abstract submitted has not been and will not be published as an article on or before abstract is published in the JACI.
- On behalf of all authors of this abstract, and to the best of my knowledge, I affirm that all information in this abstract is reported as accurately as possible.
- I understand that the AAAAI has a policy on the discussion of unlabeled uses of FDA-regulated products. This policy requires me to disclose to the audience at the time of presentation any references to such unlabeled uses. I agree to do so in any presentation resulting from the submission of this abstract.
- I understand that the AAAAI has an abstract submission policy that allows only one abstract per clinical study from one laboratory, institution, or group of investigators to be submitted. Abstracts summarizing significantly different aspects and presenting significantly different conclusions using the same study population are allowed, but multiple abstracts focusing on the same or slightly different aspects of the same study are prohibited.
- I affirm that this abstract has not been and will not be presented at the national meeting of another organization.
- I affirm that I have read and understood the Abstract Guidelines document.