ABSTRACT SUBMISSION GUIDELINES FOR MODERATED POSTER AND PODIUM SESSIONS

On-line Abstract Submission Process Begins: August 1, 2019
Abstract Deadline Date: November 1, 2019@11:59 PM EST

The submission of an abstract affirms that all authors named in the abstract have agreed to its submission for presentation at the Annual Meeting of the American Urological Association, Inc. and will be published in the April Abstract Supplement to *The Journal of Urology*® exactly as submitted.

It is the responsibility of the submitting author to ensure the abstract is in perfect order with no errors in spelling or grammar, as revisions will not be accepted. Abstracts will not be corrected.

Accepted abstracts may be captured and such audiovisual material will be used as deemed appropriate. To submit your abstract, you will be required to complete a non-exclusive license agreement.

Submission of an abstract constitutes the author's commitment to present the abstract as accepted. Expenses associated with the preparation, submission and presentation of an abstract are the responsibility of the author/presenter.

Submitted abstracts are graded individually by peer reviewers based on scientific merit and originality. Abstracts must be written in English and, if accepted, presented in English.

The AUA Program Committee will determine the format of the presentation. The total number of abstracts allowed to be presented by the same author is 5. Accepted abstracts are assigned for presentation at a podium session or a moderated poster session.

Abstracts not selected for the AUA meeting will be considered for presentation at the country/language specific meetings held at the annual meeting of the AUA and will appear only in the program of those sessions. Please check the box if you do NOT want your abstract to be considered for this option.

Publication of the complete study upon which the abstract is based in a journal or electronic publication before presentation is not allowed and will result in outright rejection of the abstract. Multiple abstracts by the same authors based on the same study population or data will also be rejected outright.

Preparation of Abstracts

1. Size: The size of the abstract is limited to 2,280 characters not including spaces. This includes title, body of abstract, tables and graphics. Tables are calculated at 225 characters per table. Graphics are calculated at 225 characters per graphic.

2. Title: The title should clearly define the topic and contain no abbreviations.

3. Authors: List the primary author's full name, followed by the other authors' names. Spell out completely the names of all authors using full first name, middle initial and last name. (Maintain consistency in authors' names on multiple abstracts to avoid duplication in the Author Index.)

4. **Presenting Author:** If the author(s) of the abstract is an employee(s) of or has a financial relationship with the commercial interest which controls the content of the presentation then he/she cannot be the presenting author. However, principal investigators responsible for research and development are permitted to present as long as they resolve their COI and as long as they are not employees of the commercial interest. In all printed publications the presenting author will be denoted with an asterisk (*). **Please note:** As of February 3, 2020 no changes to the Presenting Author will be made in the Program Abstract Publication.

5. Body of Abstract: The abstract should be informative and detailed.

- The body must contain 4 separate paragraphs: a) Introduction and Objective, b) Methods, c) Results and d) Conclusions.

- It is NOT acceptable to state that "The results will be discussed." Inclusion of specific outcomes data is necessary for all abstracts; this applies to Trials in Progress as well.

- Indicate the major new findings of the study.

- Standard abbreviations may be used as follows: on first use spell out the full term and follow with the abbreviation in parentheses.

- Graphs and/or tables may be used; characters in graphs and tables are counted towards the overall character limit of the abstract.

- Proprietary names of drugs are not allowed; generic names must be used.

6. Source of Funding: Grant support must be indicated on the "Source of Funding" page. If there is no support, "None" must be listed. This is a required field in the submission process. **Abstracts deemed to be purely for marketing purposes will not be accepted.**

7. Conflict of Interest and Disclosure Statement: All authors must disclose conflicts of interest. The electronic submission process will not allow abstracts to be submitted without this information being completed for each author listed on the abstract.

8. Category List: Authors must select a category (only one) from the provided list.

9. Keywords: Authors must select up to 3 keyword entries from the provided Keyword Index that best describes the subject of the abstract.

LATE-BREAKING ABSTRACT SUBMISSION GUIDELINES

The Late-Breaking Abstract Submission site opens January 2, 2020 and closes February 14, 2020 @11:59 PM EST

AUA's late-breaking abstract policy allows the submission of late-breaking abstracts only for trials for which no preliminary data are available at the time of the abstract submission deadline (November 1, 2019).

The policy is not a mechanism to allow for updated data to be submitted late when preliminary data are available by the abstract submission deadline or to provide an opportunity for previously rejected abstracts to be revised and resubmitted for consideration. Case Reports are unacceptable. Preliminary results for Trials in Progress must be submitted.

Late-breaking abstracts may be presented on the Plenary Program. Therefore, authors are required to confirm that their work has not been previously presented or published elsewhere as an abstract or manuscript.

Preparation of Abstracts: Follow steps 1 to 9 above.

These abstracts are intended to allow for the timely presentation of late-breaking news of interest to annual meeting attendees. Priority will be given (in the following order) to:

- Results of phase III clinical trials
- Results of phase II clinical trials
- Interim analyses of phase III trials that describe important secondary end points
- Prospective multi-institution clinical trials

The authors must fully describe all funding sources for their investigation.