

## NACLC 2025 Abstract Submission Guidelines

### Presentation Types

- Oral Presentation
- Poster Presentation

### Abstract Types

- Regular Abstract
  - Definition: Original scientific research that summarizes work done and major research findings.
  - Required sections for abstract submission:
    - Introduction
    - Methods
    - Results
    - Conclusions
- Clinical Trials in Progress
  - Definition: Ongoing trials that have not reached pre-specified endpoints for analysis.
  - Required sections:
    - Introduction
    - Methods
  - Optional sections:
    - Results
    - Conclusion
- Case Report
  - Definition: Detailed report of symptoms, signs, diagnosis, treatment and follow up of an individual patient. Must include a minimum of three (3), but preferably five (5) cases.
  - Required sections:
    - Introduction including selective literature review
    - Methods
    - Results
    - Conclusion
- Late-Breaking Abstract
  - Definition:
    - LBA designation will only be given to impactful prospective studies that will change clinical practice within the year and whose data are not available at the time of regular abstract submission due to study events and/or timelines.
    - LBA designation is not a means for extending the regular abstract deadline. Highly impactful studies that have complete data should be submitted as a regular abstract and will be considered for a prominent oral presentation based on scoring by the program committee.
    - For abstracts that do not meet LBA requirements the authors will be given 5 business days to update the submitted data before the abstracts are re-classified as regular abstracts and rated based on the updated information.
- Encore Abstract
  - Definition: An abstract that has previously been presented at another meeting.
  - Eligibility:
    - An encore abstract will only be considered if there have been significant updates to the presentation.

- Submitters are required to list any previous presentations during the abstract submission process.

### **Abstract Submission Guidelines**

- Research work should be original and innovative. Work can be presented prior to NACLC 2025 but MUST include new information/data and be marked as 'encore' during submission.
- Abstracts will be accepted in English only.
- Fee: There is no fee for submitting an abstract.
- Submission Limit: There is no limit to the number of abstracts you may submit.
- Author Limit: There is no limit to the number of authors listed on an abstract.
- All Abstracts accepted by the Scientific Program Committee will be published on the conference website prior to the meeting and it is mandatory to agree to this at the time of submission.
- Any abstracts in "Draft" status after the submission deadline has passed will not be considered for review. It is the abstract submitters responsibility to ensure that all abstracts you wish to be reviewed have been properly submitted.
- Should you need to withdraw a submitted abstract, please contact [meetings@iaslc.org](mailto:meetings@iaslc.org). Please include the abstract number and abstract title in your email.
- Please carefully review the affiliation of all your co-authors as this is how it will appear in the on the conference website.
- You will be asked to review and agree to the abstract submission terms & conditions prior to submitting your abstract. Please read the information carefully.

### **Formatting Guidelines**

- Title: must not exceed 75 words in length
- Body: must not exceed 500 words in length (not including title and authors)
- Tables & Images:
  - Tables may be included; each will count as 100 words.
  - A maximum of two images may be included; each will count as 100 words.
  - Tables, images and graphs must be uploaded in GIF, JPEG, JPG or PNG format at 300 dpi and 100% size. Any higher resolution is acceptable.
- Structure: Include the below headings in your uploaded abstract body.
  - Background
  - Methods
  - Results
  - Conclusion

## **Plagiarism Policy Definition**

Plagiarism encompasses all of the following:

1. Direct: intentionally submitting another person's words or ideas verbatim as one's own;
2. Self-plagiarism: submitting work that has been previously published or presented;
3. Mosaic plagiarism: stringing together portions of text from other sources;
4. Lack of attribution: failing to appropriately identify and cite sources for language or ideas that are incorporated.

For more information see: Das N, Panjabi M. Plagiarism: Why is it such a big issue for medical writers? Perspect Clin Res. 2011;2(2):67–71. doi:10.4103/2229-3485.80370  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3121267/>

Screening: IASLC screens all abstracts using anti-plagiarism software. Abstracts identified as having high levels of plagiarized content will be evaluated by IASLC staff and appropriate actions taken. Penalties for plagiarism may include: Rejection of abstract, and/or author(s) banned from making presentations at IASLC conferences.

For inquiries, please contact [meetings@iaslc.org](mailto:meetings@iaslc.org)