



ACR
Convergence
Where Rheumatology Meets

2025 Call for Abstracts

GUIDELINES FOR SUBMISSION

rheumatology.org/annual-meeting-abstracts

#ACR25

OCTOBER 24–29 • CHICAGO, ILLINOIS

Submit Your Abstract for ACR Convergence 2025!

This is your complete guide to submitting an abstract for ACR Convergence 2025. Please read this entire guide before you begin the submission process. The American College of Rheumatology (ACR) and the Association of Rheumatology Professionals (ARP) invite you to submit an abstract and take advantage of the opportunity to have your work peer-reviewed by experts in the field. If accepted, your abstract will be published in an online supplement of the [Arthritis & Rheumatology](#) journal and presented in the distinguished international venue of ACR Convergence 2025.

- ACR will not be able to update presenting author records for poster presentations. A different listed author may present the poster if necessary, but the author listed as presenting author at the time of submission will remain the sole contact for correspondence about the abstract, will remain listed on the program, and will be the author with access to upload the poster.
- The ACR **will not** offer CME credit for **any** abstract session or posters. Owners and employees of ACCME-defined ineligible companies may submit and present abstracts.
- Presenters are requested to be at their posters 10:30 AM –12:30 PM.

Important 2025 Dates

Abstract Submission

Tuesday, March 25	Abstract Submission Site Opens
Tuesday, May 13	Abstract Submission Site Closes (noon ET)
Thursday, July 31	Deadline to Withdraw Abstracts
Thursday, July 31	Late-Breaking Abstract Submission Site Opens
Early August	General Abstract Author Notification
Thursday, September 11	Late-Breaking Abstract Submission Site Closes (noon ET)
Thursday, October 9	Poster Upload Deadline

ACR Convergence

Saturday, October 25	Abstract Media Embargo Lifted (10:00 AM CT)
October 26–29	Abstract Sessions

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Part I: Abstract Submission

ACR Call for Abstracts

The ACR Convergence program includes content related to the clinical practice and teaching of rheumatology. Abstracts covering basic and translational science that contributes to the understanding of musculoskeletal and rheumatic disease pathogenesis, therapeutic mechanisms and efficacy, and studies investigating healthcare delivery to patients are eligible for submission.

Eligibility

Persons Eligible to Submit

- Members and non-members of the ACR and ARP are eligible to submit an abstract.
- Employees or owners of ineligible companies may be the presenting author of an abstract. Abstract sessions do not have CME credit.

Abstracts Eligible for Submission

- Abstracts that have been previously accepted and/or presented at other medical meetings and published in conference proceedings (“encore” abstracts) are eligible for submission. These abstracts will go through the same peer review process as any other abstracts.
- Abstracts describing original basic and clinical science related to the broad area of rheumatic diseases may be submitted.
- Abstracts reporting results of a clinical trial will be required to identify the trial phase.
- Any work with human or animal subjects reported in submitted abstracts must comply with the guiding principles for experimental procedures found in the [Declaration of Helsinki](#) of the World Medical Association.

Abstracts Not Eligible for Submission

- Abstracts should not report results that have been previously presented at an ACR/ARP Annual Meeting.
- Abstracts that report work that has been accepted for publication as a [manuscript](#) (e.g., full-length article, brief report, case report, concise communication or letter to the editor, etc.) prior to the submission deadline of **noon ET on Tuesday, May 13, 2025**, are ineligible for consideration.
- Multiple abstracts may not be submitted for one study unless substantially different research questions are being addressed in each abstract.
- Abstracts submitted for the ARP program may not be concurrently submitted to the ACR program.
- Case reports are not considered appropriate and will not be reviewed. We encourage those with interesting cases or images to consider submission to the [Thieves Market](#), [Image Competition](#) or [Global Summit](#). See separate submission processes.
- Abstracts not accepted in the main abstract review submission should **not** be re-submitted to the [late-breaking category](#).

Abstract Submitter Expectations

- Pay a processing fee for each abstract submission. Abstract processing fees must be in U.S. funds and are non-refundable. The ACR will provide a receipt but **does not supply invoices for payments received**.

- By submitting your abstract, you agree to present the abstract if it is selected for presentation during an oral or poster abstract presentation at ACR Convergence 2025.
- If your abstract can only be presented as a poster, please check the appropriate box during the submission process. This is your only opportunity to indicate your preference for a poster.
- Select the most appropriate category to submit the abstract based on the most relevant disease/topic.
- No changes may be made to a submission after the deadline of **May 13 at noon ET**. However, the submitter will be able to access the submission portal to view the completed abstract submission. You may print a copy of your submission fee receipt.

Submitting an ACR Abstract

Review all submission instructions provided in this guide before submitting an abstract. Visit the [online submission site](#) to get started.

ACR Abstract Submission Processing Fee

The fee for submitting each ACR abstract is **\$100**. The ACR accepts electronic payment only in the form of MasterCard, Visa, or American Express. Abstract processing fees must be in U.S. funds. All fees are non-refundable—no exceptions. There are no refunds for rejected or withdrawn abstracts.

Submitters from countries with low-income and lower-middle-income economies as determined by the [World Bank](#), for whom the abstract submission fee would cause undue hardship, may request that the abstract submission fee be waived. Please contact abstracts@rheumatology.org to provide proof of residency. **Requests for this fee waiver must be submitted to abstracts@rheumatology.org by Thursday, May 8, 2025.**

SUBMISSION DEADLINE: Tuesday, May 13, 2024, noon Eastern Time—no exceptions. No changes may be made to your submission, including author information, after the deadline.

2025 ACR Abstract Submission Categories

Abstract categories identify areas of research to be presented at ACR Convergence. Each year, categories are determined by the planning committee and category co-chairs. Reviewers are assigned before the review process begins.

Basic Science

1. **B Cell Biology & Targets in Autoimmune & Inflammatory Disease:** B lymphocyte differentiation and activation, B cell subsets, plasma cells, autoantigens, and autoreactive B cells
2. **Cytokines & Cell Trafficking:** Cytokines, chemokines, cytokine and chemokine receptors, signal transduction pathways, cell-cell interactions, adhesion molecules, cell matrix interactions, and matrix properties
3. **Genetics, Genomics & Proteomics:** Techniques, strategies and observations related to genetic susceptibility of disease, gene expression, bioinformatics and systems biology
4. **Innate Immunity:** Dendritic cells, neutrophils, macrophages, NK cells, innate host defense, pattern recognition receptors and their ligands, complement, Fc receptors, autoinflammation
5. **Osteoarthritis & Joint Biology – Basic Science:** Joint biology and biochemistry, cartilage and chondrocyte biology, and basic human and animal studies on the pathogenesis of osteoarthritis
6. **Pediatric Rheumatology – Basic Science:** Pathogenesis, genetics and genomics of pediatric rheumatologic conditions and other studies on disease mechanisms relevant to pediatric conditions

7. **Rheumatoid Arthritis – Animal Models:** Animal models of inflammatory synovitis, pathogenetic mechanisms, genetic determinants, immune cell populations, gene expression and treatment
8. **Rheumatoid Arthritis – Etiology & Pathogenesis:** Etiology; pathogenesis; genetics; genomics and related molecular analyses; disease susceptibility; molecular and cellular abnormalities; and microbiome and environmental triggers of rheumatoid arthritis (These studies focus on human disease and involve human subjects and/or samples)
9. **Spondyloarthritis Including Psoriatic Arthritis – Basic Science:** Pathogenesis, genetics, and genomics of spondyloarthritis, including psoriatic arthritis and reactive arthritis, and animal model of spondyloarthritis
10. **Systemic Lupus Erythematosus – Animal Models:** Animal models of lupus and lupus-like autoimmunity, pathogenetic mechanisms, genetic determinants, immune cell populations, gene expression and treatment
11. **Systemic Lupus Erythematosus – Etiology & Pathogenesis:** Etiology; pathogenesis; genetics; genomics and related molecular analyses; disease susceptibility; molecular and cellular abnormalities; and microbiome and environmental triggers of rheumatoid arthritis (These studies focus on human disease and involve human subjects and/or samples.)
12. **Systemic Sclerosis & Related Disorders – Basic Science:** Pathogenesis, genetics, and genomics of systemic sclerosis, Raynaud's phenomenon and other fibrosing syndromes, and animal models of systemic sclerosis and fibrosis
13. **T Cell Biology & Targets in Autoimmune & Inflammatory Disease:** T lymphocyte differentiation and activation, T cell subsets, antigen recognition, autoreactive T cells, cognate cell interactions, organogenesis

Clinical

14. **Antiphospholipid Syndrome:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of antiphospholipid syndrome
Education: See 31. Professional Education
15. **Epidemiology & Public Health:** Studies of trends and risk factors for development and outcomes of rheumatic diseases, typically using population-based databases or disease registries. Observational or intervention studies related to the natural history or prevention of rheumatic disease, to include impacts due to climate change**
Fibromyalgia & Other Clinical Pain Syndromes: See 28. Pain in Rheumatic Conditions Including Fibromyalgia
16. **Healthcare Disparities in Rheumatology:** Population-specific differences in the presentation, features, treatment, access and outcomes rheumatologic disease
17. **Health Services Research:** Delivery of care affecting patients with rheumatic disease; health systems and health care economic and utilization analysis (*Combined with ARP Health Services category during review process.*)
18. **Imaging of Rheumatic Diseases:** Abstracts primarily focused on radiography, nuclear medicine, magnetic resonance imaging (MRI), ultrasound, computed tomography (CT), or novel imaging modalities
19. **Immunological Complications of Medical Therapy:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of immunological complications of medical therapy including treatment with immune checkpoint inhibitors
20. **Infection-Related Rheumatic Disease:** Musculoskeletal manifestations of infectious disease, infections and vaccinations in patients with rheumatic diseases (for infections resulting from or related to a specific rheumatic disease, please submit to the appropriate disease category)

21. **Measures & Measurement of Healthcare Quality:** Development and assessment of tools to measure or quantify healthcare processes, outcomes, organizational structures and/or systems relating to healthcare goals, including safety, effectiveness, equity and timeliness
22. **Metabolic & Crystal Arthropathies – Basic & Clinical Science:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of gout and other crystal-induced and metabolic arthropathies
23. **Miscellaneous Rheumatic & Inflammatory Diseases:** Rheumatic manifestations specific to either a single etiology, organ system, and therapy of less common and even rare illnesses not included in other categories (e.g., immunotherapy rheumatic complication, autoimmune eye disease, interstitial lung disease with autoimmune features, periodic fever syndromes, RS3PE, reticulohistiocytosis, SAPHO)
24. **Muscle Biology, Myositis & Myopathies – Basic & Clinical Science:** Muscle biology, inflammatory and non-inflammatory muscle disease
25. **Orthopedics, Low Back Pain, & Rehabilitation:** Orthopedic conditions and interventions, physical medicine techniques and outcomes, sports medicine *(Combined with ARP Orthopedics, Low Back Pain, & Rehabilitation category during review process.)*
26. **Osteoarthritis – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of osteoarthritis
27. **Osteoporosis & Metabolic Bone Disease – Basic & Clinical Science:** Pathology, diagnosis, clinical manifestations, outcomes, and treatment of osteoporosis and metabolic bone disease
28. **Pain in Rheumatic Disease Including Fibromyalgia:** Rheumatic disease associated pain, chronic primary pain including fibromyalgia, regional pain syndromes, and local soft tissue conditions
29. **Patient Outcomes, Preferences, & Attitudes:** Research focused on perceptions, preferences, and attitudes of patients with rheumatic disease as well as patient-reported outcomes
30. **Pediatric Rheumatology – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of inflammatory and non-inflammatory pediatric conditions
31. **Professional Education:** *(formerly Education)* Research on curriculum design and implementation; educational research projects; and outcomes research on physician and trainee education including associated health training
32. **Reproductive Issues in Rheumatic Disorders:** Biologic mechanisms impacting fertility, pregnancy or fetal outcomes, management of pregnancy and preconception planning in various rheumatic diseases; issues pertaining to fertility in rheumatic disease; HPV infection and vaccinations in patients with rheumatic disease
33. **Rheumatoid Arthritis – Diagnosis, Manifestations, & Outcomes:** Presentation, diagnosis, assessment, prognosis, outcomes, and comorbidities of rheumatoid arthritis
34. **Rheumatoid Arthritis – Treatment:** Clinical treatment of rheumatoid arthritis
35. **Sjögren's Disease – Basic & Clinical Science:** Pathogenesis, diagnosis, clinical manifestations, outcomes, and treatment of Sjögren's Disease.
36. **Spondyloarthritis Including Psoriatic Arthritis – Diagnosis, Manifestations, & Outcomes:** Presentation, diagnosis, assessment, prognosis, outcomes, and comorbidities of spondyloarthritis including psoriatic arthritis
37. **Spondyloarthritis Including Psoriatic Arthritis – Treatment:** Clinical treatment of spondyloarthritis, including psoriatic arthritis
38. **Systemic Lupus Erythematosus – Diagnosis, Manifestations, & Outcomes:** Presentation, diagnosis, assessment, prognosis, outcomes, and comorbidities of lupus
39. **Systemic Lupus Erythematosus – Treatment:** Clinical treatment of lupus
40. **Systemic Sclerosis & Related Disorders – Clinical:** Diagnosis, clinical manifestations, outcomes, and treatment of systemic sclerosis, Raynaud's and other fibrosing syndromes

41. **Vasculitis – ANCA-Associated:** Diagnosis, clinical manifestations, outcomes, and treatment of ANCA-associated vasculitis, including granulomatosis with polyangiitis (GPA), eosinophilic granulomatosis with polyangiitis (EGPA), and microscopic polyangiitis (MPA)
42. **Vasculitis – Non-ANCA-Associated & Related Disorders:** Etiology, pathogenesis, clinical features, epidemiology, clinical trials, and management of the systemic vasculitides and related syndromes, including polymyalgia rheumatica, Behcet's disease, Kawasaki disease, cryoglobulinemia, IgG4-related disease, and relapsing polychondritis

Basic & Clinical Research Conference

The Basic & Clinical Research Conference (BCRC) will be held on Saturday, October 25, 8:00 AM – 3:30 PM CT.

The 2025 Basic & Clinical Research topic is **Checkpoint Inhibitors and Engineered Immune Cell Therapy with a Focus on the Intersection of Immunology and Oncology**. Abstracts related to this topic that are accepted through the ACR or ARP general abstract program will be automatically considered as posters for the Basic & Clinical Research Conference.

Acceptance to the Basic & Clinical Research Conference does not remove the abstract from the ACR general program. Preference will be given to early career investigators. Basic & Clinical Research Conference acceptances will be sent in mid-August.

ARP Call for Abstracts

The ARP program reflects the needs and interests of healthcare professionals with an interest in rheumatology-related issues by offering a forum to address significant issues with a multidisciplinary audience. Abstracts will be peer reviewed by a subsection of the ARP Annual Meeting Program Subcommittee according to subject categories. ARP abstract sessions will not necessarily be scheduled by individual category.

Submitting an ARP Abstract

Visit the [online submission site](#) to get started.

ARP Abstract Submission Processing Fee

A **\$50 processing fee** accompanies each ARP abstract submission. The ARP accepts electronic payment only in the form of MasterCard, Visa, or American Express. Abstract processing fees must be in U.S. funds and are nonrefundable—no exceptions. There are no refunds for rejected or withdrawn abstracts.

Submitters from countries with low-income and lower-middle-income economies as determined by the [World Bank](#), for whom the abstract submission fee would cause undue hardship, may request that the abstract submission fee be waived. Please contact abstracts@rheumatology.org to provide proof of residency. **Requests for this fee waiver must be submitted to abstracts@rheumatology.org by Thursday, May 8, 2025.**

DEADLINE: Tuesday, May 13, 2025, noon Eastern Time—no exceptions. No changes may be made to your submission, including author information, after the deadline.

2025 ARP Abstract Submission Categories

Abstract categories identify areas of research to be presented at the Annual Meeting. Each year, the abstract scientific categories are determined by the planning committee and category co-chairs. Reviewers are assigned before the review process begins.

43. **Clinical Practice/Patient Care:** Care of patients, practice management, medication monitoring/adherence and complementary and alternative strategies
44. **Epidemiology & Public Health:** Studies of trends and risk factors for development and outcomes of rheumatic diseases, typically using population-based databases or disease registries. Observational or intervention studies related to the natural history or prevention of rheumatic disease
45. **Health Services Research:** Delivery of care affecting patients with rheumatic disease; health systems and health care economic and utilization analysis *(Combined with ACR Health Services Research category during review.)*
46. **Orthopedics, Low Back Pain, & Rehabilitation:** Orthopedic conditions and interventions, physical/occupational therapy techniques and outcomes, rehabilitation, and sports medicine *(Combined with ACR Orthopedics, Low Back Pain, & Rehabilitation category during review.)*
47. **Patient Education/Community Programs:** *(formerly Education/Community Programs)* Patient education, community-based programs, and public health programs
48. **Pediatric Rheumatology:** Diagnosis, clinical manifestations, outcomes, and treatment of inflammatory and non-inflammatory pediatric conditions; pediatric practice and patient care
49. **Psychology/Social Sciences:** Social, emotional, and behavioral factors affecting patients, families, and providers
50. **Research Methodology:** Quantitative and qualitative studies, new assessment tools and methodology, new analytical techniques, and research study management

For Students, Residents, and Fellows-in-Training

The ACR and ARP encourage the submission of abstracts by presenting authors who are pre-doctoral and post-doctoral students, residents, medical students, or fellows-in-training. **Please indicate your training status in the "Additional Details" step of the submission site.**



Rheumatology Research Foundation

Advancing Treatment | Finding Cures

Rheumatology Research Foundation Abstract Awards

The Rheumatology Research Foundation offers award opportunities for medical students, residents, and pediatric rheumatology fellows who submit an abstract for ACR Convergence 2025 by the May 13 submission deadline.

- Award recipients will receive a cash award plus money towards travel expenses to attend the meeting.
- Acceptance of an abstract does not automatically enroll or guarantee receipt of a Foundation abstract award.
- Students, residents, and fellows-in-training must submit an abstract to ACR Convergence by **noon ET on May 13** to be eligible.
- The application deadline for the Foundation's abstract awards is **Friday, August 1, at 5:00 PM ET**.
- Visit the Foundation's [ACR Convergence Awards website](#) or call 404-633-3777 ext. 318 for complete award details.

Abstract Submission Instructions/Guidelines

Submitting an Abstract

- All abstracts must be submitted online.
- Visit the [online submission site](#) to get started.
- Submitters will be able to access complete submission instructions and guidelines via the online submission site.

Abbreviations

- Use standard abbreviations. A [list of acronyms](#) for many common rheumatology terms has been developed by an international group of rheumatology journal editors.
- Place special or unusual abbreviations in parentheses after the first time the full word appears.
- Do not abbreviate compounds in the title.
- Use numerals to indicate numbers, except when beginning sentences.

Abstract Character Limit

- **Title** character limit: 250 characters, excluding spaces.
- **Body** character limit: 2,750 characters, which EXCLUDES the title, names of authors/co-authors, authors' affiliations, spacing, and disclosures.
- **Image, table, and/or graphics:** There is a limit of three image, table, and/or graphic uploads per submission. Uploaded tables and/or graphics do not count towards the character limit.
- References in the abstract body will be included in the character count.
- Abstracts exceeding the character limit will be considered "incomplete." Abstracts marked "incomplete" at the close of the submission deadline will be ineligible for review.

Abstract Title

- Enter the title **in the title field only** and do not enter the title in the body of the abstract. When entered in the title field only, titles DO NOT count towards the 2,750 abstract body character limit.
- Title character limit is 250 characters, excluding spaces.
- Take special care when entering your title, as it may be published exactly as submitted.
- Titles should be brief, clearly indicating the nature of the presentation.
- Include only [commonly used acronyms](#) in the abstract title.
- Do not include a trial group name or acronym in the abstract title.

- Registry names may be included in the title.
- When entering the title, use mixed case (do not use all caps OR all lowercase). Do not put a period at the end of the title. For example:

Correct:

This Is a Properly Formatted Abstract Title

Incorrect:

THIS IS AN IMPROPERLY FORMATTED ABSTRACT TITLE

This is an improperly formatted abstract title

T his is an imp roperly formatted abstract title.

This Is an Improperly Formatted Abstract Title

This Is an Improperly Formatted Abstract Title

ACR Disease Criteria

The ACR name may not be used to describe criteria unless:

- 1) The criteria have been officially endorsed by the ACR and you are using the name of the criteria as published; OR
- 2) *You have obtained the ACR's permission* to use the ACR name in relation to a project that is in progress but not yet completed.

Incorrect use of the ACR name in regard to criteria will result in the removal of an abstract from the ACR Abstract Supplement, and a correction will be required to be made on the poster or presentation.

Investigators involved in ACR-supported, in progress criteria projects who wish to use the ACR name should contact aturner@rheumatology.org for further information.

Authors

- Employees or owners of ineligible companies may be the presenting author or co-author of an abstract. Please see the ACCME website for definitions of [ineligible companies](#).
- To qualify for authorship, individuals must have made substantial contributions to study conception and design; and/or substantial contributions to acquisition of data; and/or substantial contributions to analysis and interpretation of data.
- Do not list authors or financial relationships in the body of the abstract.
- Please consult with your co-authors on how their names should appear prior to submission. **You will not be able to make changes after the submission deadline.**
- All authors must disclose any financial relationship(s) with ineligible companies at the time of submission.
- There is no limit on the number of authors that may be included in the author block. However, the submission system is only able to support a maximum of 50 authors. If you have more than 50 authors on your abstract, contact abstracts@rheumatology.org for further instructions.
- See the [Disclosure Policy](#) section below for additional author identification instructions.

Author Groups

- Author Groups may be acknowledged by adding the information to step 8 of the “Additional Information” task.
- **Do not add author groups using the Authors task.** This can create errors in the system.

Content

- Do not use new technical words, laboratory slang, words not defined in dictionaries, or abbreviations or terminology not consistent with internationally accepted guidelines.
- Refer to the list of [commonly used acronyms](#) for recommendations on acceptable terms for scientific communication.
- Define special or unusual abbreviations the first time they are used.
- Omit all names and geographical references in the body of the abstract. If you must include geographical names (for example, to describe a patient population) use the most general name possible. This will prevent the authorship of your abstract from being inadvertently identified during blinded peer review.
- Organize content in sections as follows:
 - **Background/Purpose:** Background or statement of purpose
 - **Methods:** Methods, materials, and analytical procedure used*
 - **Results:** Summary of the results in sufficient detail to support conclusion (never "results will be discussed")
 - **Conclusion:** Conclusions reached

****Please Note:** In order to make the description of patients as clear as possible and to facilitate comparisons with other studies, include a short paragraph in the Methods section detailing the proportion of patients who satisfy the ACR classification criteria for the particular disease.*

The submission form contains separate fields for each section, where content may be copy/pasted or typed directly. **You do not need to include the section titles.** After entering your submission text, you may upload images and captions separately.

Disclosure Policy

- The ACR is committed to ensuring the 2025 abstract program is scientifically balanced. All content will be validated via rigorous peer review, and the ACR will collect and publish all author's disclosures according to ACCME criteria and standards.
- The ACR requires that all individuals (moderators, reviewers, authors, planners, and others) who are in a position to control content of the abstract program disclose to the planning committee, ACR, and audience any financial relationships with ineligible companies.
 - **Ineligible Company** is considered any entity whose primary business is producing, marketing, re-selling, or distributing healthcare products used by or on patients. Refer to the [ACCME website for further information on ineligible companies](#).
 - **Relevant Financial Relationships** exist between persons in control of the content and an ineligible company during the past 24 months. The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.
- If no financial relationships exist, individuals **MUST STATE** that **NONE** exists to reflect that the question was asked and answered.

Nature of Financial Relationship

None: Has no relevant financial relationship(s) with ineligible companies to disclose.

1. Advisor or Review Panel member
2. Consultant
3. Employee
4. Officer or Board Member
5. Grant/Research Support
6. Speaker/Honoraria includes speakers bureau, symposia, and expert witness
7. Independent Contractor
8. Ownership Interest
9. Royalties
10. Intellectual Property / Patents
11. Stock options or bond holdings in a for-profit corporation or self-directed pension plan
12. Private Investigator
13. Equity interest
14. Expert witness
15. Other Financial or Material Support

Disclosure Statement Submission Process

- Abstracts will not be eligible for review without proper completion of the disclosure of financial relationships section on the submission form.
- Failure to disclose correctly may lead to corrective action as deemed appropriate by the ACR or ARP leadership.
- The abstract review process is blinded. The disclosure information you provide will not influence the review of your abstract.
- **Submitters may send an automated email from within the submission site to each author, inviting authors to complete their disclosures directly.**
- Presenting authors/submitters are also permitted to enter the disclosure information on behalf of each co-author during the online submission process.
 - To assist presenting authors and co-authors in deciding what is necessary to disclose online, you may download the [ACR CME Disclosure Statement and Attestation Form](#). Each co-author may choose to complete this form and return it to presenting author.
 - Keep in mind that all disclosure information must be entered in the online submission site—the ACR does not accept paper disclosure statement forms.
- **Whether a submitter enters all disclosures or invites authors to submit disclosures, it is the responsibility of the submitter to ensure all disclosures are completed.**
- Accepted disclosures collected at the time of submission will be published on the [ACR Convergence website](#).

Images, Tables, and Graphics

- Up to three images are allowed. Tables and/or graphics uploaded as image files do not count towards the character limit. Characters in tables that are directly entered into the text will be counted.
- The maximum allowable size of each image is 10 MB.

- Images will be accepted as JPG or GIF files.
- **Please upload tables in the form of an image.** This will help us ensure consistent and accurate output of your table at time of publication.
- Multi-paneled graphics are permitted. The number of images is determined by the number of image files uploaded.
- **IMPORTANT:** Make sure your graphics have successfully uploaded. You should be able to view them when previewing your abstract. Graphics not successfully uploaded by the deadline cannot be added at a later date.

Involvement of Individuals Not Listed as Authors

- Names of all individuals who had a substantial role in the study or abstract preparation but are not included in the list of authors (such as a medical writer) may be disclosed in the body of the abstract.
- For each individual, please describe the activity or activities (e.g., one or more of the activities included in the [authorship criteria](#) list).

Multiple Submissions of the Same Study

Do not submit the same study as multiple abstracts. If the submitted abstracts are not different enough to be considered separate studies (specifically, if they address the same research question or present the same results), they may all be rejected.

Presentation Formats

- Abstracts are considered for either oral or poster presentation.
- The presenting author need not be the first author but must be a listed author.
- As English is the designated language for the meeting, the presenting author is required to speak English when presenting.
- For oral sessions, only one author may present the abstract.
- If your abstract can only be presented as a poster, please check the appropriate box during the submission process.

Product Name Usage

- The non-proprietary (generic/scientific) name should be used in your abstract.
- The proprietary drug name may appear once in parentheses in the title only. It may not appear in the body.
- If a drug has not received FDA approval, only the non-proprietary name may be used in the title and abstract content.
- Failure to comply will result in disqualification of your submission.

Research Involving Animals

The Institutional Animal Care and Use Committee (IACUC) of an institution, or a comparable body depending on country, ensures the humane treatment of animals used for research and education. If your research involved animals, you will be required to check a box during the submission process to attest that you have received the appropriate approval.

Research Involving Human Subjects

An Institutional Review Board (IRB), or a comparable ethical review board depending on country, protects the rights and welfare of people involved in research. If your research involved human subjects, you will be required to check a box during the submission process to attest that you have received the appropriate ethical review board approval.

Revisions

- You may return to the online submission site to revise your abstract until **noon ET on Tuesday, May 13, 2024**.
- After this date/time, the submission site will close and no additional changes, edits, revisions, etc. can be made to the title, content, author, or disclosure information—***no exceptions***.
- Proofread carefully to avoid errors prior to submission.
- Selected abstracts will be published online *exactly* as submitted.
- Should a submission contain errors or the omission of contributing author names after the deadline, presenters may opt to have the abstract withdrawn. Refer to the [Withdrawals](#) section of this guide for instructions.

Study Design Abstract Submissions

All abstracts must contain data and the interpretation of data. Therefore, **a study design abstract that merely describes a prospective study is not eligible for submission.**

A study design abstract could be appropriate for submission if, like any other submission, it describes a hypothesis, description of methodology, data, interpretation of data, etc. For example, one study design could be compared to another. Submit an abstract to a category based on the disease for which the study design is most relevant.

Study Sponsor Statements

- For abstracts about studies that were funded by a pharmaceutical company, biotech company, or other commercial enterprise, a "Role of the Study Sponsor" (or Sponsors) statement must be included.
- This statement describes the commercial entity's role in the conduct and reporting of the study.
- **IMPORTANT:** This applies only to **commercial enterprises**. It does not apply to **government entities** such as the National Institutes of Health (NIH) or its equivalent funding agencies in other countries, or to public or private foundations.
- Study sponsor statements will be published in electronic version only on the [ACR website](#).
- **Do not include a sponsor statement in the text of your abstract.**

Withdrawals

- After the submission deadline of noon ET on Tuesday, May 13, presenting authors may submit a request to have an abstract withdrawn.
- All requests for withdrawal can only be made by the **presenting author** and must be submitted via email to: withdrawn@rheumatology.org.
- **Withdrawal requests must include the following:**
 - Abstract ID Number

- Abstract Title
- Presenting Author's Name

Removal of a withdrawn abstract from the online supplement of *Arthritis & Rheumatology* cannot be guaranteed if the request is received after **Thursday, July 31**. However, the abstract can still be removed from appearing in the ACR Convergence online program after that date.

Need Help?

- Should you need technical support, please email support@GoCadmium.com or call (410) 638-9239 between the hours of 9 AM–9 PM ET, Monday–Friday to reach a support specialist.
- For **general guideline inquiries** regarding abstract submission, email abstracts@rheumatology.org.

Abstract Review and Notification

Abstract Review

- After the submission deadline, completed abstracts will be peer reviewed by a subsection of the ACR Abstract Selection Committee or the ARP Annual Meeting Program Subcommittee, according to subject categories.
- Incomplete abstracts cannot be processed and will *not* be reviewed.
- Revisions will not be accepted after the submission deadline—*no exceptions*.
- All reviewers are required to sign a confidentiality agreement.
- All abstracts will be blinded for review, i.e., reviewed without knowledge of the author(s), institution(s), or disclosure information.
- Accepted abstracts will be selected as either a short oral presentation or a poster presentation.

Abstract Acceptance/Rejection Notifications

- Both presenting authors and co-authors will receive initial notification of acceptance/rejection.
- After initial notification, co-authors will be referred to the presenting author for any additional questions. No further correspondence will occur between the ACR and co-authors unless the presenting author has been unresponsive after 30 days from first notification.

Registration

- Submission or acceptance of an abstract **does not register you** for ACR Convergence. All presenting authors are required to register for the meeting and pay the appropriate registration fees.
- As abstract presentation dates will not be finalized until September, presenting authors should plan to attend the entire meeting.
- Scheduled abstract sessions will not be changed to accommodate personal schedules, but are checked against other sessions to avoid faculty scheduling conflicts.
- For the latest Registration information, please check the [Registration page](#).

Part II: Abstract Presentation

Abstract Embargo Policy

All abstracts accepted to ACR Convergence are under media embargo once the ACR has notified presenters of their abstract's acceptance. They may be presented at other meetings or published as manuscripts after this time, but should not be discussed in non-scholarly venues or outlets. The following embargo policies are strictly enforced by the ACR.

Accepted abstracts are made available to the public online in advance of the meeting and are published in a special online supplement of our scientific journal, *Arthritis & Rheumatology*. Information contained in those abstracts may not be released until the abstracts appear online. In an exception to the media embargo, academic institutions, private organizations, and companies with products whose value may be influenced by information contained in an abstract may issue a press release to coincide with the availability of an ACR abstract on the ACR website. However, the ACR continues to require that information that goes beyond that contained in the abstract (e.g., discussion of the abstract done as part of editorial news coverage) is under media embargo until **10 AM CT on Saturday, October 25th**. Journalists with access to embargoed information cannot release articles or editorial news coverage before this time. Editorial news coverage is considered original articles/videos developed by employed journalists to report facts, commentary, and subject matter expert quotes in a narrative form using a variety of sources (e.g., research, announcements, press releases, events, etc.).

Violation of this policy may result in the abstract being withdrawn from the meeting and other measures deemed appropriate. Authors are responsible for notifying colleagues, institutions, communications firms, and all other stakeholders related to the development or promotion of the abstract about this policy. If you have questions about the [ACR abstract embargo policy](#), please contact ACR abstracts staff at abstracts@rheumatology.org.

Presentation Formats

- Abstracts are considered for **either** oral presentation **or** poster presentation. Oral presentations are accompanied by slide decks, and do not require a poster.
- As English is the designated language for the meeting, the presenting author is required to speak English when presenting.
- If your abstract can only be presented as a poster, please check the appropriate box during the submission process. Please note that poster and oral presenters must attend in person.
- The acceptance notification email will list the presentation format for each accepted abstract.

Oral Abstract Presentation

- Oral presentations are 15-minute podium presentations accompanied by a slide deck. It is not necessary to create a poster in addition to an oral presentation.
- The presenter will have 10–12 minutes for presentation and 3–5 minutes for discussion.
Please Note Plenary and late-breaking abstract presenters will be asked to stay an extra 15 minutes after their sessions to answer additional questions.
- Oral abstract presenters will be required to bring their presentation in an electronic format to the on-site Speaker Ready Room, where they will have the opportunity to review and/or revise

presentations using computers in the room. Presentation slides should be provided at least three hours prior to your scheduled presentation. If they are not provided by this time, they may not be uploaded to the annual meeting mobile app in time to be available to your audience.

- *All slides will be checked for adherence to ACR policies by ACR staff prior to uploading the presentation.*
- All presentations will then be uploaded to a central server and sent to the appropriate meeting room on a secured intranet circuit prior to the start of the session.

Oral Presentation Slide Requirements

- Slide #1 must be your title slide.
- Slide #2 must be your disclosure slide. Your disclosure statement should list all relationships with ineligible companies for all authors. You may refer to your published abstract for the full list of author disclosures. Disclosures must never include the use of a trade name or a product group message.
- Do not reference any company/product brand names during your presentation. However, institution logos (e.g., non-company/product logos such as universities, non-profit associations, and government agencies) are allowed in the body of your presentation.
- Abstracts must not contain any advertising, trade names, or product group messages.
- Presentation slides should be in **wide screen** (16:9) format.

Poster Abstract Presentation

Posters at Convergence 2025 will be displayed both in-person and virtually.

In-Person Poster Hall

- Posters are grouped by topic and will be displayed in the Poster Hall which will be open Sunday –Tuesday, October 26 – 28.
- Posters must be mounted by 8:30 AM and dismantled after 4:00 PM during the designated poster session day as outlined in the abstract acceptance notification.
- Poster presenters should stand with their poster **10:30 AM – 12:30 PM**.
- **IMPORTANT:** The ACR will remove and recycle all posters not picked up by 6:00 PM each day. Unclaimed posters will not be stored.

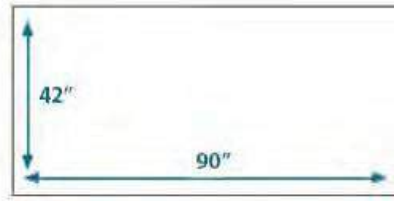
Virtual Poster Gallery

- A virtual poster gallery will be part of the meeting platform.
- The virtual poster gallery does not replace the in-person Poster Hall. All poster presenters must present a poster in-person.
- The poster upload due date for inclusion in the virtual poster gallery is Thursday, October 9.

Poster Specifications:

In-Person Poster Hall

- The backboard panel for each poster presentation board measures 42 inches (106.7 cm) high and 90 inches (228.6 cm) wide:



- Posters should be printed horizontally and not exceed the size of the presentation board.
- A copy of the accepted abstract must be included or affixed to the poster or made available to attendees in **non-electronic** form.
- Text and illustrations must be readable from distances of at least three feet. Use lightweight materials only. Heavy articles may fall off the board.
- Disclosures must never include the use of a trade name or a product group message. List all disclosures once at the bottom of the poster.
- Sponsored abstracts may credit the sponsoring commercial entity in a **plain text** statement at the bottom of the poster. Product or company logos must *never* be used. Non-commercial institution (e.g., universities, non-profit associations, and government agencies) logos may appear.
- Printed posters may be broken down into several smaller portions, but must not exceed the size of the presentation board.
- Push pins to mount materials will be available on site.
- No audiovisual, projection, or computer equipment requiring electrical power will be permitted in the poster session area.
- Poster presenters are permitted to include a [QR code](#) on their poster that allows attendees to scan the code and view your uploaded poster as an electronic copy:



QR Code Tips

- A QR code is a two-dimensional barcode that is readable by smartphones. It allows you to encode a PDF of your poster presentation into a two-dimensional barcode in lieu of paper handouts.
- Attendees access the poster from their smartphones by scanning the QR code that you have displayed on your poster.
- To create a QR code, simply search the web for one of the many free online QR code generators.
- **ACR staff will be unable to provide assistance with creating QR codes.**

Virtual Poster Gallery

- Posters must be submitted in .pdf format with the highest resolution possible.
- This pdf should be the same or as similar to the printed poster as possible (differences might include changes in format for a poster that will be printed in multiple parts to create a single pdf.)
- We recommend the use of sans-serif fonts and font size of at least 8pt for legibility
- The poster should be a self-contained document that does not lead to additional content hosted elsewhere. Video content may not be included as part of a poster. Do not include links to video or other content on outside websites.
- You may also consider using the [Better Poster](#) design. This [video](#) explanation is helpful.

Disclosures and Sponsor Information

- Disclosures must never include the use of a trade name or a product group message. List all author disclosures once at the bottom of the poster.
- Sponsored abstracts may credit the sponsoring commercial entity in a **plain text** statement at the bottom of the poster. **Product or company logos must *never* be used.**
- **Non-commercial institutions (e.g., universities, non-profit associations, and government agencies) logos may appear.**
- Do not include links to company or institution websites.

ACR Poster Presenter Expectations: In Advance of the Meeting

- **We cannot accommodate requests to update the record of the presenting authors for posters.** A different listed author may present the poster in the Poster Hall, but the presenting author listed at time of submission will remain the contact for all poster information.
- **Only the presenting author may upload a poster.**
- The ACR recommends logging in to the Faculty Portal as soon as you receive your notification of acceptance to make sure you do not have any access problems. A link to the Faculty Portal will be included in your invitation.
- Upload your poster to the Faculty Portal no later than **October 9**.
 - Log into the Faculty Portal.
 - Select the Poster Upload task.
 - Follow instructions within the task to upload your poster(s).**Note:** A separate upload is required for each poster.

ACR Poster Presenter Expectations: During the Meeting

- Hang posters by 8:30 AM and remove them promptly after 4:00 PM during the designated poster session noted in your abstract acceptance notification. **IMPORTANT:** The ACR will remove and recycle posters that are not picked up by 6:00 PM each day.
- Presenting authors must be available at their poster from **10:30 AM – 12:30 PM** to answer questions from attendees and poster tour participants.
- The ACR will monitor posters during the presentation hours to make certain that the ACR is meeting the educational needs and expectations of attendees.
- The ACR does not have an official poster printing partner. The ACR will not offer poster printing and hanging services in Washington, DC.

Guided Poster Tours

- Guided poster tours, led by experts in the field, will guide small groups of attendees to selected posters to highlight novel or recent developments.
- If your poster is selected for the tour, the tour guide will contact you before the meeting.

Presenting Author Responsibilities

At the time of submission, a presenting author must be designated. English is the required language for all meeting presentations.

The presenting author will be the sole point of contact for information regarding the submission and is responsible for the following:

- Ensuring each co-author is aware of the content of the abstract and supports its data. Failure to receive approval from each co-author will result in the abstract being disqualified.
- Ensuring each co-author is aware of the disclosure requirements.
- Adhering to the [Disclosure Policy](#) and obtaining disclosure information from all co-authors.
- Forwarding ACR policies to each co-author.
- Notifying each co-author of any changes to the program, as corresponded by the ACR or ARP, in a timely manner.
- Presenting the abstract or arranging for a co-author to present the abstract if it is selected. (Only co-authors listed on the accepted abstract may serve as an alternate presenting author.)
- Appointing a co-author to present the abstract in your absence if a schedule conflict is identified before the meeting (for example, if you have accepted an invitation to participate as an invited speaker, moderator, or poster tour guide). The ACR will not collect alternate presenter information or make any presenting author corrections to publications. **The presenting author at the time of submission will remain the official presenting author and receive all communications, even if another author must present the abstract.** The presenting author at the time of submission will also remain the author who must approve any request for abstract reprints.

****Please Note**** The ACR is not a party to author collaborations and cannot facilitate communication between a presenting author and co-authors or any other stakeholders. It is the responsibility of the presenting author to communicate directly with the ACR and convey information to other stakeholders.

ACR Abstract Session Schedule Conflicts Policy

- Abstract session and presentation schedules cannot be changed. Every effort will be made during scheduling to avoid conflicts with other meeting commitments.
- Invited speaker and moderator schedules cannot be changed to accommodate abstract oral or poster presentations.
- The ACR does not condone presentations given by an invited presenter who has not been intimately involved in the development of the data, or who does not meet the criteria for authorship.
- To be eligible, presenting authors will be required to confirm agreement with the following affirmation statements at the time of agreement to present:
 - I confirm I had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis, and approved the data for presentation.
 - I confirm I made significant contributions to the study design, analysis, or interpretation of results.

Scientific Integrity and ACR Policy Regarding Third-Party Bias

- In accordance with ACR policy, abstracts selected for oral or poster presentation must be scientifically balanced.
- Do not reference any company/product brand names during your presentation. University, non-profit association, or government agency logos are allowed in the body of your presentation.
- The ACR requires that educational materials such as slides, abstracts, and handouts do not contain any advertising, trade names, or a product group message.

- Disclosures must never include the use of a trade name or a product group message.
- For oral presentations, disclosures must be listed on the second slide of each presentation.
- For poster presentations, disclosures must be listed once at the bottom of the poster.

Publication

- Accepted abstracts will be published in an online supplement of [Arthritis & Rheumatology](#), an official journal of the American College of Rheumatology.
- All accepted abstracts will be available on the [ACR Abstracts site](#) several weeks before ACR Convergence.

Part III: Abstract Permissions Policies

Copyright Policy

ACR Convergence is a private event. Programs presented at the meeting are for the education of attendees and purchasers of recorded presentations as authorized by the American College of Rheumatology. The information and materials displayed and presented during this meeting are the property of the ACR and the presenter and cannot be photographed, copied, photocopied, transformed to electronic format, reproduced, or distributed without written permission of the American College of Rheumatology and the presenter. Any use of the program content for commercial purposes, which includes, but is not limited to, oral presentations, audiovisual materials used by speakers, and program handouts, without the written consent of the ACR is prohibited. This policy applies before, during, and after the meeting. The ACR will enforce its intellectual property rights and penalize those who infringe upon it.

Abstract Permissions and Reprints

Copyright law covers all ACR Convergence abstracts published by the American College of Rheumatology. All rights reserved. No abstracts may be reproduced in any form or by any means without the prior permission of the publisher, except as permitted under section 107 and 108 of the 1976 United States Copyright Act.

For the purposes of this statement, the term **ACR Abstracts** refers to all ACR Convergence abstracts as published in *Arthritis & Rheumatology* and posted online, including the abstracts accepted for presentation during ARP sessions and the late-breaking category.

For the purposes of this statement, the term **ACR Posters** refers to the accepted abstract **POSTER PRESENTATIONS** as presented in the poster hall during ACR Convergence. **This does not include abstract text published in the online supplement of *Arthritis & Rheumatology*.** All **ACR Posters** are the property of the ACR and the presenting author and cannot be reproduced or distributed without written permission from the ACR and the presenting author.

For the purposes of this statement, the term "reproduce" includes all forms of reproduction, including, but not limited to, print, electronic, and photographed formats.

For the purposes of this statement, the term "presenting author" refers to the author who is designated as the individual who will present the work during ACR Convergence, as identified through the abstract submission process.

Approval Process for ACR Abstracts

- Excerpts or the entirety of **ACR Abstracts** may not be reproduced without the prior written permission of the publisher.
- Permission requests for abstract content and other permission inquiries should be addressed to:

Permissions Department

c/o John Wiley & Sons, Inc.

111 River Street

Hoboken, NJ 07030

Fax: 201-748-6008

wiley.com/go/permissions

- Commercial entities seeking permission to reprint must obtain all materials from the author and/or publisher John Wiley & Sons, Inc. The ACR cannot provide any materials.

Approval Process for ACR Posters

- Reprint requests for the actual poster abstract text published in the *Arthritis & Rheumatology* supplement are considered **ACR Abstracts** and must be submitted to Wiley (see approval process above).
- Requests to reproduce individual ACR posters, poster figures, or booklets of two or more poster presentations must be submitted via email to abstractreprints@rheumatology.org.
- Poster reproduction requests must include the following:
 - Abstract ID Number
 - Abstract Title
 - Presenting Author's Name
 - A copy of Presenting Author's written approval (email approval is acceptable)

Reproducing ACR Abstracts and Posters for Dissemination Prior to ACR Convergence

- Requests to reproduce abstracts for dissemination outside of scientific venues prior to ACR Convergence *will not be approved*.
- Per the [ACR Embargo Policy](#), academic institutions, private organizations, and companies with products whose value may be influenced by information contained in an abstract may issue a press release to coincide with the availability of an abstract online. Abstracts may also be presented at other meetings or as the basis for a manuscript.
- Permission to issue a press release does not require ACR approval. However, it must comply with the [ACR Embargo Policy](#); violation of this policy may result in the abstract being withdrawn from the meeting or other measures deemed appropriate.
- For more information regarding press releases, please contact the ACR public relations department at pr@rheumatology.org.

Reproducing ACR Abstracts and Posters for Dissemination During ACR Convergence

- Following approval (see approval process above), an exhibiting organization may disseminate copies of individual ACR Abstracts from its exhibit space. Booklets of abstracts (e.g., two or more) may not be

produced. **Any list of QR codes or links to multiple abstracts hosted anywhere other than acrabstracts.org is considered a booklet, and is prohibited.**

- ACR Posters and slides accompanying oral abstract presentations are part of the meeting's scientific content and **may not be displayed in an organization's exhibit space.**
- Following approval, an exhibiting organization may disseminate information summaries (title/date/time/poster number) of ACR Abstracts from its exhibit space. Summaries may not reference company or product names. Requests for approval must be submitted in writing to abstractreprints@rheumatology.org.
- Presenters may provide an electronic copy of the poster via a [QR code](#) (see above for more information).

Reproducing ACR Abstracts and Posters for Dissemination After ACR Convergence

ACR Abstracts

Following approval from Wiley (see approval process above), the ACR permits ACR Abstracts (i.e., all abstract content published in the online supplement) to be reprinted and disseminated following ACR Convergence.

- Abstracts and booklets of abstracts (e.g., two or more) must include the following statement on the front of the abstract/booklet:
Abstract(s) reprinted from ACR Convergence held October 2025. The American College of Rheumatology does not guarantee, warrant, or endorse any commercial products or services. Reprinted by (insert name of supporting company).
- Booklets cannot contain corporate or product logos or any advertisements. **No exceptions.**

ACR Posters

Following approval from the presenting author and the ACR (see approval process above), copies of actual ACR poster presentations (i.e., images from the poster presentation hung in the poster hall) may be reproduced.

- Reprint requests for the **actual poster abstract text** published in the *Arthritis & Rheumatology* supplement are considered **ACR Abstracts** and must be submitted to Wiley (see approval process above).
- **IMPORTANT: The ACR does not retain and cannot provide poster presentation images.**
- The following statement must be listed under each poster reprint:
Reprinted from the ACR Convergence held October 2025. The American College of Rheumatology does not guarantee, warrant, or endorse any commercial products or services. Reprinted by (insert name of supporting company).

Media Access

Credentialed media attend ACR Convergence to cover stories for consumer, trade, and other media outlets. These journalists are identifiable by a press badge in person and by a press icon in the Convergence 2025 meeting platform. These individuals can attend in-person and virtual meeting sessions and have permission to contact presenters in person, if onsite, or through the Convergence 2025 meeting platform, if virtual, to request interviews on research they would like to write about. For more information about the ACR's media policies, contact the public relations department at pr@rheumatology.org.

Attendee Photographs and Video Recording Policy

The ACR has made every effort to provide educational content that is easy to access in person and online as a benefit for rheumatology professionals. However, our presenters reserve the right to request no recordings,

flash photography, photos of screen images, or screenshots taken of their presentation sessions and can announce this directly to attendees and/or include an icon (see below) on the meeting platform to indicate their preference. Filming, live streaming, and flash photography are strictly prohibited when attending in-person sessions. Press may use handheld audio recorders in sessions for reporting accuracy only, while respecting all intellectual property rights. Press can take photos with permission from the presenter/speaker. Press can capture photos and audio recordings in a non-disruptive manner.

Prohibited press activities online or in person include:

- Unauthorized filming, flash photography, photos of screen images, recording of presentations with third-party software, re-sharing of downloadable content, and live streaming presentations (including posters and exhibits) from your device is strictly prohibited.
- Capturing video of the exhibit hall is strictly prohibited, and interviews should happen outside the exhibit hall.
- Capturing general photos and wide shots of the exhibit hall is prohibited. Press who would like general photos of the exhibit hall can obtain these after the meeting from the ACR by contacting pr@rheumatology.org.
- In public areas, moving video recordings are limited to interviews with presenters/attendees, general b-roll, live video updates, and establishing shots.



Disclosure and Content Use

Use of the ACR Name

The names, insignias, logos, and acronyms of the ACR, the ARP, and the Rheumatology Research Foundation are proprietary marks. Use of the names in any fashion, by any entity, for any purpose, is prohibited without the express written permission of the American College of Rheumatology.

Use of the ACR Disclosure Key

The ACR Disclosure Key was updated in 2021. It is suggested when referencing disclosures in the reprints, that the ACR's disclosure key be added to provide adequate context for abstracts:

None: Has no financial relationships to disclose

1. Advisor or Review Panel member
2. Consultant
3. Employee
4. Officer or Board Member
5. Grant/Research Support
6. Speaker/Honoraria includes speakers bureau, symposia, and expert witness
7. Independent Contractor
8. Ownership Interest

9. Royalties
10. Intellectual Property / Patents
11. Stock options or bond holdings in a for-profit corporation or self-directed pension plan
12. Private Investigator
13. Equity interest
14. Expert witness
15. Other Financial or Material Support

Use of the ACR Scientific Program Content

- Information displayed or presented at all sessions during ACR Convergence is the property of the ACR or the presenter. Information may not be recorded, photographed, copied, photocopied, transferred to electronic format, reproduced, or distributed without the prior written permission of the ACR and the presenter.
- Any use of the program content, including all oral presentations, audio-visual materials used by speakers, and program handouts, is prohibited without the written consent of the ACR.
- The ACR's intellectual property rights policy applies before, during, and after the meeting. Violators may be penalized.

Part IV: ACR Call for Late-Breaking Abstracts

The late-breaking abstract category allows for the submission of truly late-breaking scientific research for which no preliminary data are available at the time of the May 13 general abstract submission deadline.

The Late-Breaking Abstract acceptance rate is significantly lower than the acceptance rate for the general submission deadline. It is in your best interest to submit during the general submission period.

General Abstract acceptance rate: 80%

Late-Breaking Abstract acceptance rate: 20%

An abstract submitted to the late-breaking category only because the submitter missed the general deadline **will not be accepted**. A legitimate reason that the abstract could not be submitted during the general abstract submission period is **required**, and a very high degree of scientific excellence is expected in late-breaking submissions.

Late-Breaking Abstract Submission

Thursday, July 31 Late-Breaking Abstract Submission Site Opens

Thursday, September 11 Late-Breaking Abstract Submission Site Closes (noon ET)

Visit the [ACR Convergence site](#) in July for complete Late-Breaking Abstract guidelines.