



SCCT Winter|2019: Dublin
January 24–25, 2019

Instructions for submitting abstracts

SCCT is inviting the submission of abstracts for poster presentation only during SCCT Winter|2019: Dublin. Standard abstracts for poster presentation should consist of technical or clinical research.

Deadline: Monday, November 5, 2018 11:59 PM, U.S. Eastern Standard Time

[Submission site](#)

Please note: All presenting authors must register for SCCT Winter|2019: Dublin and pay the registration fee.

Submission site

Abstracts must be [submitted online](#). SCCT is unable to accept abstracts submitted by email. You may submit more than one abstract for review, but each must be submitted separately.

Presenting author

The author submitting the abstract is considered the presenting author. The presenting author's contact information (email and phone number) must be included with the abstract.

Length

Abstracts are limited to 2,500 characters, including spaces for title, abstract body and image/graph caption(s). Therefore, it is important to plan, review and edit your abstract submission for clarity and concision. Author names and institutions will not count towards word limit.

Structure

A successful abstract should follow scientific principles and clearly describe the approach and results. You must format the body of your abstract into these **four labelled sections**:

1. Introduction

A brief introduction stating the abstract's purpose. Please use "Introduction" and not "Background" or "Purpose" as the section header.

- The purpose should be concise; usually in no more than 3 sentences. Acronyms or abbreviations must be defined.
- The first sentence provides a brief background of the area and gap in knowledge.
- The second sentence gives a concise goal of the study. It may be to test a hypothesis, explore an area of inquiry or compare observations to controls.
- The type of research study should be clearly stated as shown in the bold text in the example.

2. Methods

Methods should include clear, succinct descriptions of what was done or experiments performed and should include the controls for experimental conditions.

3. Results

Results should be quantitative data with proper statistical information such as standard deviation (SD), standard error of mean (SEM), n- and p-values.

- A figure or a table can be included (see below).
- If a hypothesis is stated in the introduction, the results should address the hypothesis.

4. Conclusions

A concise conclusion based on the evidence presented in the results section should be provided.

- Do not overstate the results.
- The conclusions should address the question/hypothesis stated in the introduction section.

Graphs/tables

A maximum of one graph/table and one image may be uploaded. The submission system counts the number of spaces and characters in a table and automatically deducts from the total character limit. When an image is uploaded, a set amount of 320 characters will be deducted from the total number of characters.

The following abstract example demonstrates appropriate formatting:

94 Lubarsky L, Prakash M, Jain V, Panogopoulos G, Hecht HS. Relation of Plaque Composition to Degree of Stenosis: Evaluation by 64 Detector Computed Tomographic Coronary Angiography
Lenox Hill Heart & Vascular Institute, New York, NY

Introduction: The Glagov hypothesis suggests that positive remodeling preserves lumen size until further plaque formation results in significant narrowing. However, there are no data relating the percent stenosis (S%) to the plaque composition responsible for the stenosis. We analyzed degree of coronary plaque calcification and its relation to degree of stenosis using Computed Tomographic angiography (CTA).

Methods: The study group included 29 male (mean age of 63+/-12 years) and 22 women (mean age of 66+/-10 years). A total of 51 consecutive ambulatory patients undergoing 64 detector computed tomographic angiography (CTA) were evaluated using the AHA 18 segment model. The worst segmental narrowing was measured and S% calculated on the curved multiplanar reconstruction using the closest normal reference segments. Stenoses were assigned to quartiles: 0-25%, 25-50%, 50-75% and >75%. Plaque was characterized as totally non-calcified (TNC), predominantly non-calcified (PNC), predominantly calcified (PC) and totally calcified (TC).

Results: Measurable narrowing was detected in 52% (344) of the 663 evaluated segments. As shown in the Table, there was a significant (p<0.05) direct relationship between the extent of non-calcified plaque and the S%. TNC accounted for 43% of the >75% group, compared to 23% of the 0-25% group (p<0.05). In segments with >50% stenosis, TNC or PNC was present in 74% vs 26% with PC or TC (p<0.001).

Conclusions: 1) Non-calcified plaque is directly, and calcified plaque inversely, related to the severity of arterial narrowing; this suggests that positive remodeling associated with predominantly calcified plaque preserves lumen size; predominantly non-calcified plaque is detrimental. 2) CTA is uniquely suited to the noninvasive evaluation of coronary artery morphology.

Table: Relation of plaque composition and degree of stenosis.

Percent stenosis	TNC	PNC	PC	TC
0-25%	23% (29)	37% (46)	34% (27)	13% (16)
25-50%	23% (19)	39% (33)	29% (24)	9% (8)
50-75%	20% (15)	49% (37)	23% (17)	8% (6)
>75%	43% (6)	37% (22)	13% (8)	7% (4)

Abstract categories

Please select the abstract category that best suits your work to assist us in placing your submission in the appropriate session. The categories are:

Acute Chest Pain	FFR/Physiologic Imaging
Artificial Intelligence/Machine Learning	LV/RV Function, Chamber Dimensions
Cardiomyopathies	Myocardial Perfusion
Comparative/Multimodality Imaging/Resource Utilization	Non contrast cardiac CT: Coronary calcium
Congenital Heart Disease	Noncardiac Findings
Contrast/Injection Protocols	Novel Hardware/Technology
Coronary CTA Patient Preparation- HR control	Other
Coronary CTA Scan Modes Acquisition Protocols and Quality Control	Plaque Imaging
Coronary CTA-radiation Exposure	Prognostic Evaluation/Risk Stratification
CTA in Non-Acute Chest Pain	Structural Heart Disease (excluding valves)
EP/Arrhythmia	Valves/TAVR/TMVR

SCCT Winter | 2019 Best Abstract Award

The reviewers will select finalists from among the top scoring abstracts for the Best Abstract Award. Finalists will receive an advance invitation to deliver an oral presentation at a special session on Thursday, January 24 during the Winter Meeting. Based on the presentations, a panel of judges will select a first place winner and a runner-up following the session. No separate application is necessary.

Poster

If your abstract is accepted, the program committee will assign you a presentation time on either Thursday, January 24 or Friday, January 25. Presenters must be available during their assigned presentation time to present their poster and answer questions. We will provide poster specifications following notice that your abstract has been accepted.

Abstract publication

Titles and authors of accepted poster presentations will be listed in the SCCT Winter | 2019 program (print and online). The full text of accepted abstracts will be published online in a supplement of the *Journal of Cardiovascular Computed Tomography*.

Notification of receipt and acceptance

Every presenting author will receive two notifications from SCCT — a notification that your abstract has been received (within one business day of successful submission) and a notice of acceptance or rejection, currently scheduled for November 26, 2018. Only the presenting author will be notified. It is up to the presenting author to notify her/his co-authors.

Registration

All presenting authors are required to register for the meeting and pay the appropriate registration fee.

Questions? We are happy to help. Contact SCCT at: +1.703.766.1706 or education@scct.org

Submission deadline: **November 5, 2018 11:59 PM U.S Eastern Standard Time**

Submit online at <https://www.abstractsonline.com/cSubmit/login.asp?mkey=%7B15585868-1ED5-401C-A7CD-218F12EB42C6%7D>