

Late-Breaking Abstract Submission Instructions

Submission Deadline: June 18, 2014



Preparation Instructions and Online Submission

Please read the following guidelines and rules thoroughly before preparing your abstract. Abstracts not adhering to these rules will not be reviewed. Below are the steps you will find when you enter the abstract submission system.

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Overview and Criteria for Late-Breaking Abstracts

The ASBMR Annual Meeting provides a forum for presentation of unpublished results from the most recent and important basic and clinical studies submitted to the ASBMR Annual Meeting. With the fast pace of modern biomedical research, ASBMR recognizes that late-breaking findings of broad and exceptional importance might not be reported at the meeting because they occurred after the early abstract deadline. In addition, ASBMR recognizes that some conclusions and data from important clinical trials may only be available after the early abstract deadline has passed.

This later submission deadline is not intended for “late” abstracts. **A late-breaking abstract must describe novel, groundbreaking research findings of the highest scientific impact.** Abstracts on clinical, basic, and translational subjects are welcome from scientists in all sectors, including academia, government, industry and education. A very limited number of these abstracts will be accepted for oral presentation, those that report a major scientific advance. All others may be selected for poster presentation, if deemed appropriate.

Abstracts submitted to the ASBMR Annual Meeting for the regular abstract submission deadline of April 9, 2014, may not be submitted again as a late-breaking abstract.

Submission Deadline

The ASBMR Abstract Center will re-open on **Tuesday, June 3** for the submission of late-breaking abstracts to the ASBMR 2014 Annual Meeting. The abstract submission deadline is **Wednesday, June 18 at 5:00 p.m. Eastern Daylight Time**. It is your responsibility to ensure that the abstract is entered online by the deadline. All abstracts must be submitted using the ASBMR Abstract Center and may be accessed via the ASBMR website at www.asbmr2014.org.

Technical Support

Abstracts for the ASBMR 2014 Annual Meeting are submitted via an online abstract submission system. The abstract submission site is intended for use with Internet Explorer 8.0, 9.0 and 10.0 and the most recent versions of Mozilla Firefox, Google Chrome, and Safari browsers. The submission program uses a password gate that protects the confidentiality and integrity of your abstract. If at any point during the submission process you have a question, please click on the “Get Help” button located in the lower right hand corner.


Technical Assistance is available **Monday - Friday, 9:00 a.m. - 5:00 p.m. Eastern Daylight Time** by calling +1 (202) 367-1161 or emailing abstracts@asbmr.org. Should you need assistance after hours or over the weekend, please leave a voice message or send an email to the address and number listed above and ASBMR staff will respond on the next business day.

Important Guidelines

- This later submission deadline is not intended for “late” abstracts. It is expected that if any late-breaking abstract is to be accepted for presentation, it must describe a major scientific advance.
- Abstracts submitted to the ASBMR Annual Meeting for the regular abstract submission deadline of April 9, 2014, may not be submitted again as a late-breaking abstract.
- No two abstracts and/or presentations that share one or more authors may overlap significantly in content. (See Step 2)
- Authors of an abstract describing a study funded by an organization with a proprietary or financial interest must identify the organization and affirm that they had full access to all the data in the study under the “Additional Information” section. By so doing, they accept complete responsibility for the integrity of the data and the accuracy of the data analysis. (See Step 7)
- **Each abstract must be sponsored by a current member of the ASBMR.** A member may sponsor only **ONE** late-breaking abstract; however, you may co-author any number of abstracts. Current members may sponsor their own abstract. If you sponsored an abstract for the regular April 9, 2014 submission deadline you may also sponsor a late-breaking abstract submission.
- After submitting your abstract, please read your text online to ensure accuracy. **No corrections will be accepted after the abstract submission deadline of Wednesday, June 18, 2014, 5:00 pm, Eastern Daylight Time.**

STEP 1: GENERAL INFORMATION

Abstract Title

1. Make the title brief, clearly indicating the nature of the investigation.
2. Do NOT use all capitalized or all lowercase letters. (Correct Example: This Is the Title of the Abstract)
3. Do NOT use ending punctuation in your title.
4. Do NOT enter your entire abstract in the title entry area.
5. If you need to use a symbol within the title, click on the “insert custom character” icon () within the title toolbar.

Abstract Review Categories

Select up to 3 categories, in order of priority, which best suit your abstract. Please note that the categories are divided into either Basic/Translational OR Clinical/Pre-Clinical Categories. Please take care to select the appropriate review category for your abstract.

Basic Categories

- Chondrocytes
- Connective Tissue Matrix
- Hormonal Regulators
- Mechanobiology
- Muscle Biology and Bone
- Osteoclasts – Origin and Cell Fate
- Osteoclasts – Function
- Osteocytes
- Osteoblasts – Origin and Cell Fate
- Osteoblasts – Function
- Paracrine Regulators
- Skeletal Development

Translational Categories

- Biomechanics and Bone Quality
- Bone Marrow Microenvironment and Niches
- Bone Tumors and Metastasis
- Energy Metabolism and Bone
- Genetic Disorders of the Musculoskeletal System
- Modulators of Bone Remodeling (Animal Models)
- Osteoarthritis - Pathophysiology (Animal Models)
- Osteoporosis - Pathophysiology
- Skeletal Aging

Clinical Categories

- Adult Metabolic Bone Disorders
- Biomechanics and Physical Activity
- Bone Acquisition and Pediatric Bone Disorders
- Inflammatory Bone Disorders
- Osteoarthritis and Other Cartilage Disorders
- Osteoporosis - Assessment
- Osteoporosis - Epidemiology
- Osteoporosis - Health Care Delivery
- Osteoporosis - Nutrition and Dietary Supplements
- Osteoporosis - Secondary Causes
- Osteoporosis - Treatment
- Osteoporosis in Special Populations
- Rare Bone Diseases
- Sarcopenia, Muscle and Bone (Clinical)

Poster Cluster

Once you have chosen your review categories, you will be prompted to select the most appropriate poster cluster for your abstract based on your first choice review category. (See the complete list below).

Poster Clusters (These are not review categories.)

Basic Poster Clusters

- Chondrocytes: Origin, Differentiation, Apoptosis
- Chondrocytes: Transcriptional Regulation and Gene Expression
- Chondrocytes: Articular Cartilage
- Connective Tissue Matrix: General
- Connective Tissue Matrix: Collagen and Proteinases
- Connective Tissue Matrix: Non-Collagen Matrix Proteins
- Connective Tissue Matrix: Normal and Ectopic Mineralization
- Hormonal Regulators: Parathyroid Hormone and Calcium Sensing Receptors
- Hormonal Regulators: Vitamin D and Analogs
- Hormonal Regulators: Sex hormones and Glucocorticoids
- Hormonal Regulators: FGF23 and Other Phosphatonins
- Hormonal Regulators: Calcitonin and Other Hormones
- Mechanobiology: General
- Mechanobiology: Cellular and Molecular Mechanosensing
- Mechanobiology: Cellular and Molecular Effect of Mechanical Loading and Unloading
- Muscle Biology and Bone: General
- Muscle Biology and Bone: Cellular and Molecular Interactions
- Osteoclasts - Origin and Cell Fate: General
- Osteoclasts - Origin and Cell Fate: Fusion and Cell Adhesion
- Osteoclasts - Origin and Cell Fate: Apoptosis
- Osteoclasts - Function: Transcriptional Regulation and Gene Expression
- Osteoclasts - Function: Signal Transduction
- Osteoclasts - Function: Bone Resorption Mechanisms
- Osteocytes: Origin, Cell Cycle and Apoptosis
- Osteocytes: Bone Remodeling Regulation
- Osteocytes: Paracrine and Endocrine Function
- Osteoblasts – Origin and Cell Fate: Stems Cells and Progenitors
- Osteoblasts – Origin and Cell Fate: Regulation of Differentiation
- Osteoblasts – Origin and Cell Fate: Cell Cycle and Apoptosis
- Osteoblasts - Function: Signal Transduction and Transcriptional Regulation
- Osteoblasts - Function: Hormonal and Local Regulation
- Osteoblasts - Function: Bone Formation Mechanisms
- Osteoblasts - Function: Adhesion, Motility and Cell-Cell Communication
- Paracrine Regulators: Wnt Signaling
- Paracrine Regulators: Bone Morphogenetic Proteins and Transforming Growth Factors
- Paracrine Regulators: Fibroblast and Insulin-like Growth Factors
- Paracrine Regulators: RANK, RANKL and OPG
- Paracrine Regulators: Cytokines and Immunomodulators
- Paracrine Regulators: PTHrP and Other Paracrine Regulators
- Skeletal Development: Bone Modeling
- Skeletal Development: Growth and Development

Translational Poster Clusters

- Biomechanics and Bone Quality: General
- Biomechanics and Bone Quality: Disuse Osteoporosis – Animal Models
- Biomechanics and Bone Quality: Assessment of Bone Quality and Strength
- Biomechanics and Bone Quality: Mechanical Loading Effects in Intact Animals
- Bone Marrow Microenvironment and Niches: General
- Bone Marrow Microenvironment and Niches: Bone and Hematopoiesis
- Bone Marrow Microenvironment and Niches: Bone and Vasculature
- Bone Marrow Microenvironment and Niches: Osteoimmunology
- Bone Marrow Microenvironment and Niches: Stem Cell Niches
- Bone Tumors and Metastasis: General
- Bone Tumors and Metastasis: Bone Tumor Microenvironment
- Bone Tumors and Metastasis: Therapeutic Targets for Bone Tumors
- Bone Tumors and Metastasis: Mechanisms of Bone Metastasis
- Energy Metabolism and Bone: General
- Energy Metabolism and Bone: Fat and Bone
- Energy Metabolism and Bone: Diabetes and Bone (Animal Models)
- Genetic Disorders of the Musculoskeletal System: Animal models
- Genetic Disorders of the Musculoskeletal System: Monogenic Bone Diseases
- Genetic Disorders of the Musculoskeletal System: Other diseases
- Genetic Disorders of the Musculoskeletal System: Gene Therapy
- Modulators of Bone Remodeling (Animal Models): Antiresorptive Factors
- Modulators of Bone Remodeling (Animal Models): Anabolic Factors
- Modulators of Bone Remodeling (Animal Models): Other Agents
- Osteoarthritis - Pathophysiology (Animal Models): General
- Osteoporosis - Pathophysiology: General
- Osteoporosis - Pathophysiology: Bone and the Microbiome, Bone Infections
- Osteoporosis - Pathophysiology: Bone Modeling and Remodeling
- Osteoporosis - Pathophysiology: Calcium, Vitamin D, Nutritional and Physical Factors
- Osteoporosis - Pathophysiology: Glucocorticoids and Other Drugs
- Osteoporosis - Pathophysiology: Sex Hormones and Calciotropic Hormones
- Skeletal Aging: Cellular and Molecular Mechanisms
- Skeletal Aging: Frailty and Sarcopenia
- Skeletal Aging: Rehabilitation and Exercise

Clinical Poster Clusters


- Adult Metabolic Bone Disorders: Bone Tumors and Metastasis
- Adult Metabolic Bone Disorders: Chronic Kidney Disease – Metabolic Bone Disorder
- Adult Metabolic Bone Disorders: Hematologic Malignancies and Bone
- Adult Metabolic Bone Disorders: Osteomalacia and Vitamin D Deficiency
- Adult Metabolic Bone Disorders: Osteonecrosis
- Adult Metabolic Bone Disorders: Paget's Disease
- Adult Metabolic Bone Disorders: Parathyroid Disorders
- Adult Metabolic Bone Disorders: Other Adult Metabolic Bone Disorders
- Biomechanics and Physical Activity: Effect of Loading or Unloading in Humans
- Biomechanics and Physical Activity: Physical Activity and Exercise
- Bone Acquisition and Pediatric Bone Disorders: Assessment of Bone Disease in Children
- Bone Acquisition and Pediatric Bone Disorders: Bone Development and Bone Mass Accrual
- Bone Acquisition and Pediatric Bone Disorders: Bone Loss in Pediatrics
- Bone Acquisition and Pediatric Bone Disorders: Effects of Bone Active Drugs in Children
- Inflammatory Bone Disorders: General
- Inflammatory Bone Disorders: Rheumatoid Arthritis and Inflammatory Arthritis
- Inflammatory Bone Disorders: Ankylosing Spondylitis and Spondyloarthritis
- Osteoarthritis and Other Cartilage Disorders: General
- Osteoporosis - Assessment: Biochemical Tests
- Osteoporosis - Assessment: DXA
- Osteoporosis - Assessment: Other Imaging Techniques
- Osteoporosis - Assessment: Bone Quality

- Osteoporosis - Epidemiology: Bone Mineral Density
- Osteoporosis - Epidemiology: Genetic Studies
- Osteoporosis - Epidemiology: Menopause and Sex Hormones
- Osteoporosis - Epidemiology: Environmental and Lifestyle Factors
- Osteoporosis - Epidemiology: Risk Factors
- Osteoporosis - Epidemiology: Falls and Fractures
- Osteoporosis - Health Care Delivery: General
- Osteoporosis - Health Care Delivery: Health Economics
- Osteoporosis - Health Care Delivery: Outcome Studies
- Osteoporosis - Nutrition and Dietary Supplements: General
- Osteoporosis - Nutrition and Dietary Supplements: Calcium
- Osteoporosis - Nutrition and Dietary Supplements: Vitamin D
- Osteoporosis – Secondary Causes: Glucocorticoids
- Osteoporosis – Secondary Causes: Drugs, Other than Glucocorticoids
- Osteoporosis – Secondary Causes: Hypogonadism in Male
- Osteoporosis – Secondary Causes: Smoking, Alcohol and Other Environmental Factors
- Osteoporosis - Treatment: Anabolic Agents
- Osteoporosis - Treatment: Antiresorptive Agents
- Osteoporosis - Treatment: Fracture Repair
- Osteoporosis - Treatment: Compliance and Persistence
- Osteoporosis - Treatment: Other Therapeutic Agents
- Osteoporosis - Treatment: Quality of Life
- Osteoporosis in Special Populations: Anorexia Nervosa and HIV
- Osteoporosis in Special Populations: Premenopausal Women and Pregnancy
- Osteoporosis in Special Populations: Mobility Disorders, Disuse Osteoporosis
- Osteoporosis in Special Populations: Diabetes
- Osteoporosis in Special Populations: Other Populations
- Osteoporosis in Special Populations: Transplantation
- Rare Bone Diseases: Osteogenesis Imperfecta
- Rare Bone Diseases: Fibrous Dysplasia
- Rare Bone Diseases: Hypophosphatasia
- Rare Bone Diseases: Hypophosphatemic Rickets
- Rare Bone Diseases: Other Rare Bone Diseases
- Sarcopenia, Muscle and Bone (Clinical): General

STEP 2: SCIENTIFIC INFORMATION

Abstract Body

1. If you are submitting more than one abstract, the abstracts may NOT overlap significantly in content.
2. Your abstract may have up to 2,500 characters (including spaces). This does not include the title, authors or attachments.
3. Do NOT include your title, author information and affiliation(s), sponsor, or category within your abstract text. Enter ONLY your abstract text.
4. Do NOT mention support of work by a research grant within the body of the abstract.
5. Do NOT underline, bold, or use capitals for emphasis in the abstract text.
6. Single space all text. Do NOT place blank lines between paragraphs.
7. Do NOT place hard returns at the end of each line; use hard returns only to start a new paragraph.
8. Organize the content of the abstract by first stating the purpose, describe the methods used, summarize the results presented in sufficient detail to support the conclusions and state the conclusions reached. (It is not satisfactory to state, “The results will be discussed” or “Other data will be presented.”)

9. To enter abstract text, you can begin typing or paste your text from Microsoft Word or another application. If you choose to paste your text from a word processing application, you will be asked to paste as plain text by clicking on this icon . Please review the document to ensure that the style and format is correct. **No corrections will be accepted after the abstract submission deadline of Wednesday, June 18, 2014, 5:00 pm, Eastern Daylight Time.**

Standard abbreviations are required and are available for reference in the following citations:

1. Instructions to Authors, J.Biol.Chem. 252:10, 1977.
2. StyleBook: Manual of Style, American Medical Association, 9th Edition, Baltimore, 1998.

Acceptable abbreviations may be used without definition. Some standard abbreviations may be unfamiliar to large numbers of readers; at the author's discretion, these may also be defined. Abbreviations not listed in the cited references above must be defined by placing them in parentheses after the full word the first time they appear. **Excessive use of other than standard abbreviations may jeopardize evaluation of the abstract for scientific merit.** Use numerals to indicate numerals except when they begin sentences. Nonproprietary (generic) names not capitalized are required the first time a drug is mentioned. Proprietary names are always capitalized, e.g., acetazolamide (Diamox).


Keywords

Please enter a comma-separated list of key terms that apply to your abstract.

Graphics and Tables

1. Please upload all tables and graphics as attachments. Attachments are accepted in .jpg, .gif, or .png formats.
2. Please remove extraneous white space surrounding the graphic by cropping it prior to submitting your abstract.
3. The recommended graphic size to optimize resolution is 3.5 inches wide by 3 inches tall and an absolute minimum of 600 DPI. **Remember:** When the abstract is reduced to fit in a column in the *Abstracts* book, the tables and graphics must be legible.
4. Tables and graphics will be placed at the end of the abstract. **Please be sure to label your attachments as you would want them to appear in the *Abstracts* book.**

STEP 3: AUTHORS

1. You must identify at least one author as the presenter for your abstract and one author as the Principal Investigator. To begin, click the "Add Author" link. You can search for the author by using the first name or last name. If your search does not return any results, please click the "Add a new person manually" link. **PLEASE NOTE:** The order of authors can be changed by clicking on the area to the right of the author name where the cursor becomes a crossed arrow  and dragging and dropping the name into your preferred sequence.
2. **Presenting Authors must be fluent in English and able to answer questions.** If none of the authors are fluent in English, you must check the "Poster Only" option within the "Additional Information" section of the abstract submission system.
3. The presenting author will be the main contact for this abstract. Please be sure that all contact information is up to date. If the Presenting/Contact Author's address or other contact information changes between abstract submission and the time of the meeting, it is that author's responsibility to update the contact information within the online submission program.
4. It is expected that the individual identified as the Presenting Author at the time of submission will present the abstract at the Meeting. Presenting Author changes can be made only due to special circumstances or unavoidable schedule conflicts that arise after the submission deadline which will preclude the participation of the individual initially identified for this role.

Disputes

ASBMR will not adjudicate a dispute between abstract presenters.

Expectations of Authors and Presenters

Through ASBMR meetings, the Society promotes excellence in bone and mineral research. To that end, ASBMR expects that all authors and presenters affiliated with the ASBMR 2014 Annual Meeting will provide informative and fully accurate content that reflects the highest level of scientific rigor and integrity.

The ASBMR depends upon the honesty of the authors and presenters and relies on their assertions that they have had sufficient full access to the data and are convinced of its reliability.

Further, the ASBMR expects that:

- All authors and presenters will disclose any conflicts of interest, real or perceived.
- Authors of an abstract describing a study funded by an organization with a proprietary or financial interest must affirm that they had full access to all the data in the study. By so doing, they accept complete responsibility for the integrity of the data and the accuracy of the data analysis.
- The content of abstracts, presentations, slides, and reference materials must remain the ultimate responsibility of the author(s) or faculty.
- The planning, content and execution of abstracts, speaker presentations, slides, abstracts and reference materials should be free from corporate influence, bias, or control.
- All authors and presenters should give a balanced view of therapeutic options by providing several treatment options, whenever possible, and by always citing the best available evidence.

In addition, ASBMR meeting evaluations will seek feedback regarding commercial bias.

STEP 4: SPONSOR

Each abstract must be sponsored by a current member of the ASBMR. A member may sponsor only **ONE** abstract; however, you may co-author any number of abstracts. Current members may sponsor their own abstract. If you sponsored an abstract for the regular April 9, 2014 submission deadline you may also sponsor a late-breaking abstract submission.

Please Note: Abstracts without sponsorship from a current member will not be reviewed. If you would like to become an ASBMR member and sponsor your own abstract, please email abstracts@asbmr.org and ASBMR staff will contact you regarding this request. Or visit the ASBMR web site at www.asbmr.org and click on "Join ASBMR."

STEP 5: SCHEDULE CONFLICTS

Please use the "Schedule Conflicts" section to indicate any schedule conflicts of which you are already aware that would preclude your presenting your abstract on a certain day(s) or at a specific time of the meeting (September 12-15, 2014). **Leave this section blank if you have no schedule conflicts.** Please be aware that the ASBMR will **NOT** make any scheduling changes once the abstracts have been assigned to the program.

STEP 6: PREVIEW

Please use this page to review your submission. **NO CHANGES OR CORRECTIONS WILL BE ACCEPTED AFTER THE SUBMISSION DEADLINE, Wednesday, June 18, 2014, at 5:00 pm, Eastern Daylight Time.**

The submitter is responsible for ensuring that all information is entered correctly. Corrections may be made to the abstract using the online submission program until the submission deadline.

STEP 7: ADDITIONAL INFORMATION

Prior Publication and Presentation Policy

Abstracts submitted to the ASBMR 2014 Annual Meeting represent recent advances in bone and mineral metabolism, and those abstracts highlighted at the oral program present the most cutting-edge research in the bone and mineral field. Authors should carefully review our prior publication policy, below, to determine if their abstracts are eligible for consideration for the oral program or for poster presentation only.

Abstracts submitted to the ASBMR 2014 Annual Meeting are **not** eligible for oral presentation and should be submitted for **Poster Presentation Only** if the manuscript associated with the abstract has or will appear in print or online on or before Wednesday, June 18, 2014.

If the manuscript associated with the abstract has appeared in print or online on or before Wednesday, June 18, 2014, it is the submitting author's responsibility to select "Poster Only" from the drop down menu in the Additional Information section.

Prior Presentation

Wide dissemination of previously presented abstracts **excludes** oral presentation at the ASBMR 2014 Annual Meeting. The following guidelines apply to previously presented abstracts:

1. Abstracts presented orally or as a poster at a prior ASBMR Annual Meeting may not be submitted for either poster or oral presentation.
2. Abstracts that have received *wide exposure* may not be submitted for an oral presentation at the ASBMR 2014 Annual Meeting and should be marked "Poster Only" under the Preferences section on the Submission Site.

Examples of *wide exposure* include presentation (poster or oral) at major U.S. national, and other national and international meetings.

Examples of meetings at which abstracts have been presented that would **not** exclude oral presentation at the ASBMR 2014 Annual Meeting include focused workshops and symposia such as: Gordon Conferences, Advances in Mineral Metabolism, ASBMR Topical Meetings and Keystone Symposia.

If you have previously presented the material in your abstract at another meeting and aren't sure about its eligibility for oral presentation at the ASBMR 2014 Annual Meeting, please mark "Poster Only" or contact ASBMR (abstracts@asbmr.org) for advice before submitting the abstract.

Institutional Review Board Disclosure

It is the author's responsibility to assure that all clinical investigations detailed in abstracts are conducted in accordance with the Declaration of Helsinki. Authors must also document that these studies have been approved by the appropriate institutional human research committee. Identifying information for study participants should not be published within written descriptions, photographs or pedigrees or test results. *If such information is included as essential scientific information, the authors must submit written consent of the patient or guardian to publish such information in the proceedings of this meeting.*

Animal Care and Use Disclosure

It is the author's responsibility to assure that all experimental procedures are in compliance with the guiding principles in the "Guide for the Care and Use of Laboratory Animals" available online at:

http://www.nap.edu/catalog.php?record_id=5140. Authors must document that their studies were approved by the appropriate institutional animal care and oversight committee and have available documentation that these studies were approved.

Funding Information

Authors of an abstract describing a study funded by an organization with a proprietary or financial interest must identify the organization and affirm that they had full access to all the data in the study. By doing so, they accept complete responsibility for the integrity of the data and the accuracy of the data analysis.

Disclosure/Conflict of Interest

The ASBMR is committed to ensuring the balance, independence, objectivity and scientific rigor of all its individually sponsored or industry-supported educational activities. Accordingly, the ASBMR adheres to the requirement set by ACCME that audiences at jointly-sponsored educational programs be informed of a presenter's (speaker, faculty, author, or planner) academic and professional affiliations, and the disclosure of the existence of any significant financial interest or other relationship a presenter or their spouse has with any proprietary entity over the past 12 months producing, marketing, re-selling or distributing health care goods or services, consumed by, or used on patients, with the exemption of non-profit or government organizations and non-health care related companies. When an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose, is discussed during the presentation, it is required that presenters disclose that the product is not labeled for the use under discussion or that the product is still investigational. This policy allows the listener/attendee to be fully knowledgeable in evaluating the information being

presented. The On-Site Program book will note those speakers who have disclosed relationships, including the nature of the relationship and the associated commercial entity.

Disclosure should include any relationship that may bias one's presentation or which, if known, could give the perception of bias. This includes relevant financial relationships of a spouse or partner. If a relationship exists that could represent or be perceived to represent a conflict of interest, this must be reported in the abstract submission program by listing the name of the commercial entity and selecting the potential conflict(s) by clicking in the box next to the relationship type. Disclosures will be printed in the program materials. These situations may include, but are not limited to:

1. Stock options or bond holdings in a for-profit corporation or self-directed pension plan
2. Research grants
3. Employment (full or part-time)
4. Ownership or partnership
5. Consulting fees or other remuneration (payment)
6. Non-remunerative positions of influence such as officer, board member, trustee, or public spokesperson
7. Receipt of royalties
8. Speakers bureau
9. Other

STEP 8: SUBMITTAL AND PAYMENT

Abstract Submission Fees

The abstract submission fee is \$100 USD. Payment must accompany each abstract submission. VISA, MASTERCARD, and AMERICAN EXPRESS are accepted for payment of abstract submission fees. Please take care to provide complete and accurate information. If you need to pay using a different mechanism, please contact the ASBMR Business Office at +1 (202) 367-1161.

Abstract Receipt Confirmation

The final step in the online submission process generates a confirmation receipt of the submission. Please print this page for your records. An email record of the transaction will be sent to you and the author marked as the principal investigator. You can review the confirmation page at any time by viewing the Submittal and Payment section of your abstract.

Please note: ASBMR will not mail a letter of confirmation.

ADDITIONAL ABSTRACT AND PROGRAM INFORMATION

Review Process

The ASBMR is sensitive to issues of commercial confidentiality and relevant aspects of the U.S. Securities and Exchange Commission (SEC) regulations. Therefore, all ASBMR reviewers are required to adhere to the SEC regulations and treat all information as confidential. ASBMR abstract reviewers are instructed that they may be viewed as an "insider" by the SEC due to their knowledge of information included in abstracts, particularly clinical trial abstracts. All ASBMR abstract reviewers are required to adhere to confidentiality agreements, prior to receiving abstracts.

In addition to protecting the confidentiality of any material received, reviewers must record their conflict(s), if any, and abstain from scoring the abstract(s) if any conflict of interest arises.

Abstracts will be peer-reviewed, according to category. All abstracts are entered into the ASBMR Abstracts Database. The information from each abstract is captured within different fields in the Database. To ensure absolute impartiality in the reviewing process, a "blinded" copy of each abstract will be generated for the review process. "Blinded" copies will not include author or institutional field information, but rather the title and body of your abstract only. The abstract reviewers will score abstracts based on the merit of the submission only.

Program Assignment Notification

By mid-August, you will receive an e-mail notifying you if the abstract has been accepted for presentation.

Withdrawal

All requests to withdraw an abstract must be received in writing at the ASBMR Business Office. An acceptable reason for withdrawal is the inability to reproduce data in the abstract.

Learning Objectives/Target Audience

At the end of the program, participants should be able to discuss the most current and significant advances in biomedical and clinical research in bone and mineral metabolism, specifically in the areas of cancer and bone, mineral metabolism, genetics, bioengineering, osteoporosis, metabolic bone diseases and therapeutics, better understand the interrelationship among basic research, clinical research and patient care, improve their ability to treat and care for their patients through an enhanced knowledge of osteoporosis, other diseases of bone, basic bone biology and its correlation to mineral metabolism and develop new and enhanced strategies for the diagnosis and treatment of patients with disorders of bone and mineral metabolism.

The program is designed for researchers, physicians, clinicians, and other allied health professionals with interests in endocrinology, physiology, cell biology, pathology, molecular biology, genetics, epidemiology, internal medicine, rheumatology, orthopaedics, dentistry, nephrology, and pharmacology.

Copyright

Abstracts accepted to the ASBMR 2014 Annual Meeting are published in the Abstracts book. The abstracts are copyrighted by the American Society for Bone and Mineral Research. Reproduction, distribution, or transmission of the abstracts in whole or in part, by electronic, mechanical or other means, or other intended use, is prohibited without the express written permission of the American Society for Bone and Mineral Research.

Disclaimer

All authored abstracts, findings, conclusions, recommendations, or oral presentations are those of the author(s) and/or speaker(s) and do not reflect the views of the American Society for Bone and Mineral Research or imply any endorsement. No responsibility is assumed, and responsibility is hereby disclaimed, by the American Society for Bone and Mineral Research for any injury and/or damage to persons or property as a matter of products' liability, negligence or otherwise, or from any use or operation of methods, products, instructions or ideas presented in the abstracts or at the ASBMR 2014 Annual Meeting. Independent verification of diagnosis and drug dosages should be made. Discussions, views and recommendations regarding medical procedures, choice of drugs, and drug dosages are the responsibility of the authors and presenters.

Embargo

The ASBMR is sensitive to issues of commercial confidentiality and relevant aspects of the U.S. Securities and Exchange (SEC) regulations. Therefore, the ASBMR reminds all readers that all must adhere to the SEC regulations and treat all scientific information as confidential until the embargo has been lifted – one hour after the abstract has been presented. Any reader of, or listener to, ASBMR 2014 Annual Meeting content may be viewed as an “insider” by the SEC due to knowledge of information included in abstracts, particularly clinical trial abstracts. SEC regulations may call for criminal penalties for using such information.

Abstracts submitted to the ASBMR 2014 Annual Meeting are embargoed – that is, unavailable for public release in written, oral or electronic communications – until one hour after the abstract has been presented. Public release includes presentation of data by the presenting author, colleagues, or others (1) in writing, on the Internet, or in other electronic formats, (2) orally in interviews or at other sessions/meetings that are not part of this official ASBMR program and/or take place before the embargo is lifted, (3) at the ASBMR 2014 Annual Meeting before the embargo is lifted, and (4) in traditional text publications (e.g. journals, newspapers, newsletters) that will be published before the embargo is lifted. In addition, ASBMR reminds presenters and attendees that other organizations' and entities' embargoes should be honored. Any issues that arise in relation to this policy should be promptly reported to the ASBMR Executive Director in writing. This is a longstanding ASBMR policy.

Thank you for your abstract submission!