

The logo for the ASBMR 2016 Annual Meeting. It features the text "ASBMR®" in red, followed by "2016" in a large yellow font, and "Annual Meeting" in a smaller yellow font below it. The background of the logo is a stylized orange and yellow arch.

ASBMR® 2016 Annual Meeting

September 16–19, 2016
Georgia World Congress Center
Atlanta, Georgia, USA

Late-Breaking Submission Deadline: June 22, 2016

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The ASBMR Annual Meeting provides a forum for presentation of unpublished results from the most recent and important basic and clinical studies submitted to the ASBMR Annual Meeting.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 13, 2016, may not be submitted again as a late-breaking abstract.

Submission Deadline

The ASBMR welcomes your scientific abstract submission to the ASBMR 2016 Annual Meeting. **Abstracts must be submitted by Wednesday, June 22, 2016, at 5:00 pm, 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 Annual Meeting website at www.asbmr2016.org.

Technical Support

Abstracts for the ASBMR 2016 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 13, 2016, 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)
- Please use the “Schedule Conflicts” section to indicate any schedule conflicts of which you are aware that would preclude your presenting your abstract on a certain day(s) or at a specific time of the meeting (September 16-19, 2016). Please be aware that the ASBMR will **NOT** make any changes once the abstracts have been assigned to the program.

If a manuscript associated with an abstract has appeared in print or online on or before **Wednesday, June 22, 2016**, the abstract is **not** eligible for oral presentation at the ASBMR 2016 Annual Meeting and should be submitted for **Poster Presentation Only**.

- 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)
- 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 22, 2016, 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 the abstract category that best suits your abstract. Please note that the categories are divided into either Basic OR Clinical OR Translational Categories. Please take care to select the appropriate review category for your abstract.

Basic Categories

- Chondrocytes and Cartilage Matrix
- Hormonal Regulators
- Mechanobiology
- Muscle Biology and Bone-Muscle Crosstalk
- Osteoclasts – Origin and Cell Fate
- Osteoclasts – Function
- Osteocytes
- Musculoskeletal Progenitors Cells and Lineage Determination
- Osteoblasts – Matrix Proteins and Function
- Paracrine Regulators
- Musculoskeletal Development

Translational Categories

- Biomechanics and Bone Quality
- Bone Marrow Microenvironment and Niches
- Bone Tumors and Metastasis
- Energy Metabolism, Bone, Muscle and Fat
- Genetic Models of Musculoskeletal Diseases
- Preclinical Models: Nutrition
- Preclinical Models: Pharmacology
- Osteoporosis – Pathophysiology
- Musculoskeletal Aging

Clinical Categories

- Adult Metabolic Bone Disorders
- Bone Acquisition and Pediatric Bone Disorders
- Genomics, Transcriptomics, Proteomics and Metabolomics of Musculoskeletal Disease
- Osteoarthritis and Other Joint Disorders
- Osteoporosis - Assessment
- Osteoporosis - Epidemiology
- Osteoporosis - Health Care Delivery
- Osteoporosis - Nutrition, Dietary Supplements and Physical Activity
- Osteoporosis - Secondary Osteoporosis
- Osteoporosis - Treatment
- Rare Bone Diseases
- Sarcopenia, Muscle and Falls

Poster Clusters

ASBMR 2016 Annual Meeting posters are numbered and organized according to their poster cluster (or poster topic). This effort is made so that posters with similar topics are grouped together and are easy to locate in the Poster Hall.

Once you have chosen your review categories, you will be prompted to select the most appropriate poster cluster for your abstract based on your review category. (See the complete list below). While your selection is not binding on the Program Committee, the ASBMR appreciates your assistance, which will help make the assignments more accurate and the process more efficient.

Poster Clusters (These are not review categories)

Basic

- Chondrocytes and Cartilage Matrix: Origin, Differentiation, Apoptosis
- Chondrocytes and Cartilage Matrix: Transcriptional Regulation and Gene Expression
- Chondrocytes and Cartilage Matrix: Articular Cartilage
- Chondrocytes and Cartilage Matrix: General
- Chondrocytes and Cartilage Matrix: Collagen and Proteinases
- Chondrocytes and Cartilage Matrix: Non-Collagen Matrix Proteins
- Chondrocytes and Cartilage 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: Other Hormones
- Mechanobiology: General
- Mechanobiology: Cellular and Molecular Mechanosensing
- Mechanobiology: Cellular and Molecular Effect of Mechanical Loading and Unloading
- Muscle Biology and Bone-Muscle Crosstalk: General
- Muscle Biology and Bone-Muscle Crosstalk: Cellular and Molecular Interactions
- Muscle Biology and Bone-Muscle Crosstalk: Aging Mechanisms
- Musculoskeletal Development: Bone Modeling
- Musculoskeletal Development: Growth and Development
- Musculoskeletal Progenitor Cells and Lineage Determination: Multi-lineage
- Musculoskeletal Progenitor Cells and Lineage Determination: Osteoblasts
- Musculoskeletal Progenitor Cells and Lineage Determination: Adipocytes
- Musculoskeletal Progenitor Cells and Lineage Determination: Muscle, Tendon and Ligament
- Osteoblasts – Matrix Proteins and Function: Signal Transduction and Transcriptional Regulation
- Osteoblasts – Matrix Proteins and Function: Hormonal and Local Regulation
- Osteoblasts – Matrix Proteins and Function: Bone Formation Mechanisms
- Osteoblasts – Matrix Proteins and Function: Adhesion, Motility and Cell-Cell Communication
- 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
- 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

Translational

- 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, Bone, Muscle and Fat: General
- Energy Metabolism, Bone, Muscle and Fat: Fat and Bone
- Energy Metabolism, Bone, Muscle and Fat: Diabetes and Bone (Animal Models)
- Genetic Models of Musculoskeletal Diseases: Animal models
- Genetic Models of Musculoskeletal Diseases: Monogenic Bone Diseases
- Genetic Models of Musculoskeletal Diseases: Other diseases
- Genetic Models of Musculoskeletal Diseases: Gene Therapy
- Musculoskeletal Aging: Muscle Wasting and Dystrophy
- Musculoskeletal Aging: Bone
- Musculoskeletal Aging: Bone and Muscle Interactions
- 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
- Preclinical Models – Nutrition: Micronutrients
- Preclinical Models – Nutrition: General
- Preclinical Models – Nutrition: Macronutrients
- Preclinical Models – Pharmacology: Antiresorptives
- Preclinical Models – Pharmacology: Bone-forming Agents
- Preclinical Models – Pharmacology: Others

Clinical

- 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
- 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
- Genomics, Transcriptomics, Proteomics and Metabolomics of Musculoskeletal Disease: Genetic Association Studies
- Genomics, Transcriptomics, Proteomics and Metabolomics of Musculoskeletal Disease: Gene Expression
- Genomics, Transcriptomics, Proteomics and Metabolomics of Musculoskeletal Disease: Proteomics
- Genomics, Transcriptomics, Proteomics and Metabolomics of Musculoskeletal Disease: Metabolomics
- Genomics, Transcriptomics, Proteomics and Metabolomics of Musculoskeletal Disease: Epigenomics (DNA methylation and histone modification)
- Osteoarthritis and Other Joint Disorders: General
- Osteoarthritis and Other Joint Disorders: Rheumatoid Arthritis and Inflammatory Arthritis

- Osteoarthritis and Other Joint Disorders: Ankylosing Spondylitis and Spondyloarthritis
- Osteoarthritis and Other Joint 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: 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, Dietary Supplements and Physical Activity: General
- Osteoporosis – Nutrition, Dietary Supplements and Physical Activity: Calcium and Vitamin D
- Osteoporosis – Nutrition, Dietary Supplements and Physical Activity: Proteins
- Osteoporosis – Nutrition, Dietary Supplements and Physical Activity: Other Nutrients
- Osteoporosis – Nutrition, Dietary Supplements and Physical Activity: Exercise
- Osteoporosis – Nutrition, Dietary Supplements and Physical Activity: Interactions
- Osteoporosis – Secondary Osteoporosis: Glucocorticoids
- Osteoporosis – Secondary Osteoporosis: Drugs, Other than Glucocorticoids
- Osteoporosis – Secondary Osteoporosis: Hypogonadism in Males
- Osteoporosis – Secondary Osteoporosis: Smoking, Alcohol and Other Environmental Factors
- Osteoporosis – Secondary Osteoporosis: Anorexia Nervosa
- Osteoporosis – Secondary Osteoporosis: HIV
- Osteoporosis – Secondary Osteoporosis: Premenopausal, Pregnancy and Lactation
- Osteoporosis – Secondary Osteoporosis: Mobility disorders, Disuse osteoporosis
- Osteoporosis – Secondary Osteoporosis: Diabetes
- Osteoporosis – Secondary Osteoporosis: Transplantation
- Osteoporosis – Secondary Osteoporosis: Other conditions or Diseases
- Osteoporosis – Treatment: Anabolic Agents
- Osteoporosis – Treatment: Antiresorptive Agents
- Osteoporosis – Treatment: Fracture Repair
- Osteoporosis – Treatment: Other agents
- Osteoporosis – Treatment: Compliance and Persistence
- Osteoporosis – Treatment: Other Therapeutic Agents
- Osteoporosis – Treatment: Quality of Life
- 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 Falls: General
- Sarcopenia, Muscle and Falls: Falls Assessment and Epidemiology
- Sarcopenia, Muscle and Falls: Falls Prevention
- Sarcopenia, Muscle and Falls: Sarcopenia Definition, Assessment and Epidemiology
- Sarcopenia, Muscle and Falls: Sarcopenia Prevention and Therapy
- Sarcopenia, Muscle and Falls: Muscle Rehabilitation and Exercise

Copyright Transfer Agreement

In consideration of the actions of the American Society for Bone and Mineral Research ("ASBMR") in reviewing and editing this abstract, we do hereby irrevocably assign and transfer all right, title and interest in and to the copyright in the abstract, in its current form or in any form subsequently revised for publication in any language and in all media now known or hereafter developed, including, without limitation, print, microform, and electronic media, any and all renewals and extensions of such copyright that may be secured under the laws now or hereafter pertaining thereto in the United States and any and all causes of action heretofore accrued for infringement of said copyright, to the ASBMR and its successors and assigns. The ASBMR grants each of the authors the following royalty-free rights, subject only to acknowledgement of the ASBMR's copyright:

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Any reproduction of the abstract in whole, or in part, must be accompanied by an acknowledgement of the ASBMR's copyright in the following form: Reproduced from J Bone Miner Res Year; Volume: Page Numbers with permission of the American Society for Bone and Mineral Research. © American Society for Bone and Mineral Research, Year.

Please indicate your agreement to the above policy by checking the appropriate box in Step 1.

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 2500 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 22, 2016, 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).

Graphics and Tables

1. You may upload **one** image as an attachment to your abstract submission. 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 image must be legible. If you are not sure whether your image is the appropriate size, please contact abstracts@asbmr.org for assistance.
4. Images will be placed at the end of the abstract. **Please be sure to label your image as you would want it 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. Enter information for each author in all open fields. **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 2016 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.

Attendees to the ASBMR Annual Meeting include basic scientists and clinicians from over 65 countries. To improve comprehension of your research by a diverse audience, we ask that the language you use in your presentation be clear and concise. Please attempt to avoid jargon and unnecessarily complicated language. Clearly define all terms, experimental techniques, abbreviations and acronyms that are not typically known outside your area of expertise. Where appropriate, please provide control reference ranges and baselines. Consider the use of a statement of relevance such as 'These clinical findings are consistent/inconsistent with current thinking on the mechanisms of action...' or 'These basic findings could suggest a possible therapeutic target...'

Further, the ASBMR expects that:

- All authors and presenters (invited and abstracts-based oral and poster 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 (invited and abstracts-based oral and poster 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 abstracts.

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 16-19, 2016). 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 22, 2016, 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 2016 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.

If a manuscript associated with an abstract has or will appear in print or online on or before Wednesday, June 22, 2016, the abstract is **not** eligible for oral presentation at the ASBMR 2016 Annual Meeting and should be submitted for **Poster Presentation Only**.

If a manuscript associated with an abstract has appeared in print or online on or before Wednesday, June 22, 2016, 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 2016 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 2016 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. and other national and international meetings.

Examples of meetings at which abstracts have been presented that would **not** exclude oral presentation at the ASBMR 2016 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 2016 Annual Meeting, please mark "Poster Only" or contact ASBMR (abstracts@asbmr.org) for advice before submitting the abstract.

IRB 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 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.

Photography by the Media and/or Medical Journalists

While general attendees are not allowed to take photos during scientific sessions, the ASBMR does allow media and medical journalists to take photos of select presentations to assist in their coverage of the research being presented at the ASBMR Annual Meeting. By indicating your approval during the abstract submission process, this saves you the time and interruption prior to your presentation at the Annual Meeting with the media approaching you for signed approval.

NOTE: The media are not allowed to directly reproduce/report data or use photos of presentation slides. The photography will only to be used for the purposes of reporting on your presentation and will provide your research and you additional exposure in the field.

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 affiliations, including the nature of the affiliation and the associated commercial entity.

Disclosure should include any affiliation that may bias one's presentation or which, if known, could give the perception of bias. This includes relevant financial affiliations of a spouse or partner. If an affiliation 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 affiliation type. Disclosures will be printed in the program materials. These situations may include, but are not limited to:

1. Grant/Research Support
2. Consultant
3. Speakers' Bureau
4. Major Stock Shareholder
5. Other Financial or Material Support

STEP 8: SUBMITTAL AND PAYMENT

Abstract Submission Fees

The late-breaking abstract submission fee is \$150 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.

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.

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