ISC 2026 Categories and Definitions

You MUST select at least one category; this is mandatory. You MAY also select a "Secondary Category"; **the additional category is optional**. Do NOT select an additional, secondary category if it does not fit your submission.
Note: There may be some overlap of definitions/terms among categories. Please aim for topic specificity as much as possible.

Acute Ischemic Stroke Management
Focuses on emergency medical management, including neuroprotection, thrombolysis, adjunct therapies and advanced revascularization techniques.

Arteriosclerosis, Thrombosis, and Vascular Biology
Focuses on vascular processes and risk factors—such as atherosclerosis and thrombotic events—that contribute to stroke.

Brain Health and Cognitive Impairment
Covers basic, clinical, experimental, and population-based investigations into relationships between stroke, cerebrovascular disease, and cognitive outcomes. Explores neuroimaging correlates and predictors of cognitive impairment, with a particular (but not exclusive) focus on small vessel disease and vascular dementia.

Cerebrovascular Systems and Multidisciplinary Models of Care
Reviews integrated care models designed to optimize stroke treatment across various healthcare settings.

Epidemiology, Risk Factors, and Prevention
Examines population studies, disease patterns, established and emerging risk factors, and preventive strategies, emphasizing public health approaches.

Global Stroke Disparities and Equity
Examines worldwide social determinants of cerebrovascular health, strategies for improving access to evidence-based care in culturally relevant ways, and efforts toward achieving greater equity in stroke outcomes.

Health Services, Quality Improvement, and Patient-Centered Outcomes
Explores strategies to enhance healthcare delivery and research design and ensure treatments align with patient needs and experiences.

Hemorrhagic Stroke Treatment
Dedicated to the latest approaches for managing intracerebral and subarachnoid hemorrhages.

Imaging in Stroke
Explores advances in neuroimaging techniques for stroke diagnosis, management, and prognosis.

Molecular and Cellular Brain Science
Explores the cellular and molecular foundations of stroke, deepening our understanding of neurobiology and pathophysiology.

Neurocritical Care and Complex Brain Physiology
Addresses the intensive care of stroke patients, including advanced monitoring, interventions, and long-term outcomes.

Neuroimmunology and Inflammation in Stroke
Investigates how immune and inflammatory processes influence stroke onset, acute pathological evolution, and recovery, opening doors for new therapeutic targets.

Neurointervention
Focuses on endovascular and surgical neurointerventional strategies in stroke and neurovascular conditions.

Omics, Big Data, Precision Medicine, Bioengineering, and Artificial Intelligence
Highlights genomic, proteomic, and computational strategies shaping personalized stroke care. Showcases how technology and data-driven tools are transforming stroke diagnosis, treatment, and research, as well as how digital solutions and telehealth are reshaping both acute and long-term stroke care.

Pediatric Stroke
Dedicated to the unique pathophysiology, challenges, and treatment protocols for stroke in children.

Post-Stroke Care
Covers best practices for stroke units, secondary prevention, and long-term management strategies.

Practical Updates and Clinical Conundrums
Features case-based discussions and expert panels addressing real-world challenges in stroke management.

Psychosocial and Behavioral Aspects of Stroke
Examines mental health, behavioral challenges, and social support systems crucial for stroke recovery.

Regenerative Medicine and Novel Therapeutic Strategies
Explores emerging treatments such as stem cell therapy, human-machine interfaces/devices, and novel drug delivery methods aimed at repair, functional recovery, and regeneration.

Rehabilitation and Recovery
Highlights innovative rehabilitation methods and long-term support strategies for stroke survivors.

Translational Research, Therapeutic Development, and Biomarkers
Bridges basic science with clinical practice by highlighting innovative therapies and the discovery of new biomarkers.

Vascular Malformations, Aneurysms, Moyamoya, and Other Vascular Conditions
Addresses congenital and acquired vascular anomalies, their impact on stroke risk, approaches to care, and outcomes.

International Stroke Conference 2026 Abstract Submission Guidelines

Rules for Submission of Abstract

Author Name(s)

1. If an author's name appears on more than one abstract, it must be identical on each abstract.
2. The submitting author is designated as the presenting author. You may change who is presenting the abstract in the “Authors” step of the submission site. You may rearrange the order of the authors; however, the senior author must always be listed last. The presenter must be an author of the abstract.
3. There is no limit to the number of abstracts an investigator may submit. If selected, the presenter must be one of the co-authors listed. If multiple submissions are accepted, the presenting author must resolve schedule conflicts by arranging for a co-author to present.
4. **Additions or deletions of author names will not be permitted after August 19, 2025, 11:59 pm EDT.**

Abstract Data

1. **Abstract data may not be presented at any national or international meeting held prior to the date and time of presentation or time of AHA news event.**
2. The International Stroke Conference 2026 is a forum for the presentation of novel research findings. Thus, the work covered by the abstract **must not** have been published (manuscript or abstract) **prior to the time of abstract submission**. Abstracts associated with a manuscript published between the time of submission and time of presentation **may still be presented at ISC 2026** but will not be included in the *Stroke* journal abstract publication. Authors must contact AHA staff to be removed from the abstract publication prior to the event. Please notify AHA staff by sending an e-mail to stroke.program.participant@heart.org.
3. Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, priority scores of related abstracts will be reduced.
4. Abstracts containing identical or nearly identical data submitted from the same institution and/or individuals will be disqualified.
5. Because of the large number of submitted abstracts, **resubmission of an abstract to make revisions is not permitted after August 19, 2025, 11:59 pm EDT.**
6. To ensure that the abstract receives proper scientific consideration, please make sure that the abstract is submitted to the appropriate category. A list of the abstract categories and their definitions is available on the submission site. You may also select an additional, secondary category, but it is not mandatory.
7. Proofread abstracts carefully to avoid errors before submission. No proof pages will be sent to authors. **Revisions to abstracts will not be permitted after the August 19, 2025, 11:59 pm EDT submission deadline.**

Use of Automated Assistive Writing Technologies and Tools

1. The use of automated assistive writing technologies and tools (commonly referred to as artificial intelligence or machine learning tools) is permitted provided that their use is documented, and authors assume responsibility for the content. As with human-generated content, authors are responsible for the accuracy, validity and originality of computer-generated content. Automated assistive writing technologies do not qualify for authorship as they are unable to provide approval or consent for submission.
2. If the use of these technologies has involved the research design, the tools should be documented in the Methods. For additional information, see the World Association of Medical Editor recommendations.
3. For your abstract submission, you will need to indicate the use of these tools.

Abstract Title

1. An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the investigation.

Abstract Text

1. Describe briefly the objectives of the study unless they are contained in the title. Include a brief statement of methods. State findings in detail sufficient to support conclusions. Abstracts should not describe research in which the chemical identity or source of the reagent is proprietary or cannot be revealed.
2. Abstracts *may* have the following identifiable sections, but they are *not* mandatory: Introduction, Hypothesis, Methods, Results and Conclusions.
   You *may* include a hypothesis, but only if it is appropriate to do so.
3. ***The abstract must contain a brief section on Methods/Methodology.***
4. Use generic drug names.
5. Do not begin sentences with numerals.

6. Standard abbreviations may be used without definition. Non-standard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated.
7. Do not include author or institution names, references, credits or grant support in the abstract.
8. Do not include the names or personal information of any patient participating in the study or trial.
9. Abstracts are limited to 2,500 characters (about 500 - 600 words). This includes spaces and punctuation. It does *not* include graphics. Only 3 graphics max per abstract are allowed.
10. Tables must be submitted as graphics. Do not submit a table in Word as it will not format correctly in the online *Stroke* journal.
11. Due to new accessibility guidelines, you must submit a brief description of any and all graphics included in your abstract submission in the appropriate step on the submission site.

Graphics Guidelines

1. All graphics (figures) and text-based graphics (tables) should be provided as 72 - 300 dpi; pre-sized .BMP, .GIF, .JPG, or .PNG images only, with a maximum width of 440 pixels (no limit on length). Black-and-white digital images should be in grayscale mode. Color images should be saved in RGB color mode.
2. Only 3 graphics max per abstract are allowed.
3. All graphics will require a brief description of the image.
4. Please Note: If an abstract is accepted for publication, any images submitted with the abstract are placed after the abstract text that will appear in the online only *Stroke* journal, an American Heart Association journal.

Abstract Revisions

1. **After the August 19, 2025, 11:59 pm EDT deadline, abstracts may not be revised in any way or resubmitted.**
2. **Additions or deletions of author names will not be permitted after August 19, 2025, 11:59 pm EDT.**
3. **Proofread abstracts carefully to avoid errors before submission.**

Abstract Copyright Transfer Agreement
Abstract Copyright Transfer Agreement will be electronically signed during submission.

- Your selection of "Yes" will grant permission to publish.
- Your selection of "No" will prohibit publication of the abstract in all formats including the online *Stroke* journal, ePoster site, the mobile meeting guide app, and the online program planner.

Acceptance

1. Abstracts selected will be published online in February 2026 on the *Stroke* journal Web site.
2. All communications regarding your abstract will be sent from StrokProgPart@heart.org. Please make sure to add this e-mail address to your e-mail contacts to ensure important program participant related information gets through your spam filters, etc.
3. If the abstract is submitted to more than one meeting, investigators must include new and scientifically meaningful information/results **at time of submission** to the AHA.
4. **Abstracts accepted for presentation at ISC 2026 cannot be presented at another national or international meeting held prior to February 6, 2026.**
5. The work covered by the abstract must not be published **prior to the time of abstract submission**. **Abstracts associated with a manuscript published between the time of submission and time of presentation may still be presented at ISC 2026 but will not be included in the *Stroke* journal abstract publication. Authors must contact AHA staff to be removed from the abstract publication prior to the event.** Please notify AHA staff by sending an e-mail to stroke.program.participant@heart.org.
6. Abstract grading is blinded. Abstracts are selected on the basis of scientific merit and are allocated to oral or poster presentations.
7. Guidelines for presentations will be provided to authors of accepted abstracts.
8. Abstract acceptance/non-acceptance status will be e-mailed to the submitting author in late October to the e-mail address provided during the submission process.

Abstract Journal Publication
Accepted abstracts having selected "Yes" to the Abstract Copyright Transfer Agreement will be published online in the *Stroke* journal.

Embargo Policy

Non-late breaking abstracts and presentations are embargoed for release at 5 a.m. ET, Thursday, January 29, 2026, and are therefore prohibited from release until date and time of AHA designated embargo time. You will be contacted by AHA communications if you are selected to participate in an AHA news event.

Written embargoed information cannot be shared with anyone outside of the AHA with the exception of a journal manuscript where one-on-one embargoed media interviews can be conducted as long as the reporter agrees to abide by

the embargo policy. Failure to honor embargo policies will result in this abstract being withdrawn and future abstracts also being barred from presentation.

Abstracts associated with a manuscript published between the time of submission and time of presentation may still be presented at ISC 2026 but will not be included in the *Stroke* journal abstract publication. Authors must contact AHA staff to be removed from the abstract publication prior to the event. Please notify AHA staff by sending an e-mail to stroke.program.participant@heart.org.

Complete AHA Embargo Policy

Presentation

1. Request “oral or poster” or “poster only” preferred presentation on the Properties tab of the Submitter Site. The selection of one of these options will neither prejudice acceptance nor guarantee an oral or poster presentation because abstracts will be assigned based on scientific merit and must be arranged to fit into a thematic group for presentation.
2. All presentations and question-and-answer sessions will be conducted in English. Presenters may request assistance from the moderator who will repeat or rephrase questions from the audience, or they may ask a colleague in the audience to help translate.
3. Submission of an abstract constitutes a commitment by the author(s) to present it if accepted. Failure to present, if not justified, will jeopardize future acceptance of abstracts.
4. The American Stroke Association, a division of the American Heart Association, reserves the right to all video or audio recordings of presentations at the International Stroke Conference 2026.
5. The presenter is responsible for all expenses associated with the submission and presentation of an abstract (e.g. registration, airfare, lodging, etc.).
6. All oral presentations must be in electronic format. Electronic presentations must be submitted via the Presentation Management system at least 12 hours in advance of the session start time. Instructions will be sent to the presenting author via e-mail in early January 2026.
7. If you are referencing work previously published by another author, please be sure to include a complete citation at the bottom of the appropriate slide.

Recording Policy:

1. Unauthorized recording of the AHA Scientific Sessions, scientific conferences, and the AHA/ASA International Stroke Conference and ISC Pre-Conference Symposia is prohibited, whether by video, still or digital photography, audio or any other recording or reproduction mechanism. This includes recording of presentations and supporting audiovisual materials and of poster presentations and supporting poster materials.
2. The American Heart Association and American Stroke Association reserve the rights to all recordings or reproductions of presentations at AHA/ASA scientific conferences and meetings.

Abstract Withdrawal

1. Requests for withdrawal of an abstract must be received in writing by **November 30, 2025.**

American Stroke Association®
International Stroke Conference

Best Practices for Writing Abstracts

The suggestions below are intended to provide guidance on abstract writing.

Title: To the extent the data permits, make the title dynamic and conclusive, rather than descriptive. For example, “Hypoxia Inhibits Kv1.5 Channels in Rat Pulmonary Artery Smooth Muscle Cells” is preferable to “Effects of Hypoxia on Kv1.5 Channels.” Explicit titles denoting the findings should be used (not “Investigations of…”, “Studies of…”, etc.).

Structure: Abstracts ***may*** have the following identifiable sections, but they are ***not*** mandatory: Introduction, Hypothesis, Methods, Results and Conclusions.
You *may* include a hypothesis, but only if it is appropriate to do so.
The abstract must contain a brief section on Methods/Methodology.

Category: Be sure to select the correct abstract category. Category selection determines which review team grades the abstract. You MAY also select a “Secondary Category”; **the additional category is optional**. Do NOT select an additional, secondary category if it does not fit your submission. If you select the appropriate category, your abstract will be blindly graded by experts familiar with the science of the category.

Abbreviations: Abbreviations may be used after they are spelled out or defined. Use generic, not commercial, names for all therapeutic agents.

Proofread your work: Be sure to proofread your work carefully including the author block. If accepted, your abstract will be printed as submitted. **No changes will be allowed to the abstract or the author block after the deadline of August 19, 2025, 11:59 pm EDT.**

Common Mistakes
1. Failure to include a brief section on Methods/Methodology.
2. Failure to state a conclusion. We encourage a final sentence that says: “In conclusion …”.
3. Failure to state sample size. The reviewers want to assess the quality of the data - they need a mean SEM and a sample size.
4. Excessive use of abbreviations. All but the most standard abbreviations should be defined and most abstracts should have less than 3 abbreviations.

Traps to Avoid
1. Typographical errors.
2. References cited in the abstract.
3. Not providing context or a statement of relevance that provides the rationale for your study.
4. Complex graphics. Simple line or bar graphs are most appropriate. Ensure the font size is adequately large on each axis to be visible. Check a printed version of the abstract before submitting. Tables must be submitted as graphics.
5. Leaving abstract writing until the 11th hour - this increases stress and leads to errors.
6. Duplicative work.

Remember: Make sure your abstract is clear, concise, and follows all rules. Show your abstract to a colleague prior to submission and modify accordingly. A fresh pair of eyes will help spot any errors and will ensure the final product is ready for submission.