

# 2011 Gastrointestinal Cancers Symposium: Science and Multidisciplinary Management of GI Malignancies

January 20-22, 2011—San Francisco, CA

Co-sponsored by: the American Gastroenterological Association Institute (AGA Institute), the American Society of Clinical Oncology (ASCO), the American Society for Radiation Oncology (ASTRO), and the Society of Surgical Oncology (SSO)

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## ABSTRACT SUBMISSION GUIDELINES

### DEADLINE FOR SUBMISSION: September 21, 2010 11:59 PM EDT

These pages address important abstract submission guidelines. You will be able to access this information throughout the submission process at the left-hand side of your screen. To continue past this section, press the continue button at the bottom of the page.

Abstracts must be submitted online using the official **2011 Gastrointestinal Cancers Symposium Abstract Submitter**. E-mails and word processing files submitted outside this program will not be accepted. Each First Author will receive an e-mail to verify the abstract has been received.

### Essential Elements for Submission

- Abstracts presented prior to the Symposium (but not published as a manuscript subsequent to presentation) are allowed for presentation at the GI Cancers Symposium.
- Summaries of new, ongoing, and updated research in the area of GI cancers will be acceptable for submission and presentation.
- Individuals **may** serve as a First Author of more than one abstract submitted to the Symposium.
- First authors must agree at the time of submission to present the abstract if it is selected for presentation at the Symposium. (This includes being present during the scheduled time of a Poster Session.) If your poster is not displayed, the first author will receive a letter outlining potential penalties.
- The body, title, and table of the abstract can be **no longer than 2,000 characters**, not including spaces.
- Author disclosure for the first author and all co-authors must be declared at the time of abstract submission. **If the first author is employed by a commercial interest as defined by the ACCME, an alternate presenter who does not have a relevant employment relationship must be named if the abstract is selected for presentation in an oral abstract session.**
- First Authors must select a disease site as well as a topic category that best fits the subject area of their abstract. Final categorization is at the discretion of the GI Cancers Symposium Program Committee.
- The abstract must be organized according to four sections, identified by the following headers (in bold): **Background, Methods, Results, and Conclusions.**
- A **nonrefundable** \$60 administrative fee, payable at the time of submission, will be associated with all abstract submissions.

## Confidentiality Policy

All First Authors of submitted abstracts must agree to the following:

Submitted Abstracts are considered both **CONFIDENTIAL** and **EMBARGOED** from the time of submission.

\* For a study to be eligible for presentation, information contained in the abstract, as well as additional data and information to be presented about the study, may not be made public before the findings have been presented/published in compliance with the Embargo Policy.

The Confidentiality and Embargo Policies require that, prior to the embargo being lifted, the author, and coauthors of the research not:

- 1) Publish the information or provide it to others who may publish it,
- 2) Release the findings to news media, or
- 3) Use the information for trading in the securities of any issuer, or provide it to others who may use it for securities trading purposes.

**The First Author is responsible for conveying this information to all parties.**

*\*The one exception to these policies applies to abstract information that has been previously made public through presentation at another meeting. In these cases, the confidentiality and embargo policies apply only to any updated information.*

## Late-Breaking Abstracts

The GI Cancers Symposium late-breaking abstracts policy allows the submission of late-breaking abstracts for important new developments from **Phase I, II, and III clinical research trials** that will have an impact on practice or research **for which no preliminary data are available at the time of the abstract submission deadline** (September 21, 2010). A preplanned analysis must be scheduled after September 21 but before December 10, 2010, the deadline for the final, updated late-breaking abstract. (The policy is not a mechanism to allow for updated data to be submitted later when preliminary data are available by the abstract submission deadline).

At the time of the GI Cancers Symposium Program Committee's initial review of late-breaking abstracts (after the September 21st deadline), three decisions are possible:

- **Potential** presentation in a General Poster or Oral Abstract Presentation Session
- Publication only in the 2011 Gastrointestinal Cancers Symposium Meeting Program/Proceedings
- Rejection

Note that a decision regarding **potential** presentation does not guarantee that the abstract will be selected for presentation after review of the updated data. **Final decisions regarding the selection of late-breaking abstracts will be made after the December 10, 2010 deadline.**

First authors of late-breaking abstracts have an opportunity to request that the abstract be withdrawn if the Committee deems is acceptable for publication only.

## Essential Steps in Submitting a Late-Breaking Abstract

In order for an abstract to be considered for late-breaking status, the First Author must:

- Submit an abstract by the abstract submission deadline (September 21, 2010)
- Describe the type of data that will be submitted by the late-breaking abstract deadline
- Indicate whether the abstract should be withdrawn (by selecting “yes” or “no” on the drop-down menu in the Abstract Submitter program) in the event that the late-breaking abstract is not accepted for presentation (publication only in the 2011 Gastrointestinal Cancers Symposium Meeting Program/Proceedings)

**The final late-breaking abstract (with updated data) must be submitted by December 10, 2010.**

## Responsibilities of the First Author

### FIRST AUTHORS

*Individuals may serve as First Author of more than one abstract.*

First Authors must:

- Verify that, if necessary for the work reported, the clinical research represented in the abstract was approved by an appropriate ethics committee or institutional review board and, if appropriate to this research, informed consent was obtained for all subjects.
- Verify that all co-authors are aware of the contents of the abstract and support its data.
- Agree, on behalf of all authors, to transfer copyright to ASCO.
- Agree to present the abstract if it is selected for presentation at the Symposium. (This includes being present during the scheduled time of a Poster Session.)
- If the first author is employed by a commercial interest as defined by the ACCME, select an alternate presenter who does not have a relevant employment relationship if the abstract is selected for presentation in an oral abstract session. Complete the process to submit the abstract through the online submitter program, including obtaining and providing author disclosure information for the First Author and all co-authors.
- Use the same contact information and email address for each abstract if submitting more than one abstract.

## Disease Site and Topic Category Selection

Authors must select one disease site and one topic category that best fits the subject of their abstract. The GI Cancers Symposium Program Committee reserves the right to recategorize an abstract.

### Esophagus and Stomach

- Prevention, Screening, and Diagnosis
- Multidisciplinary Treatment
- Translational Research

### Pancreas, Small Bowel, and Hepatobiliary Tract

- Prevention, Screening, and Diagnosis
- Multidisciplinary Treatment
- Translational Research

### Colon and Rectum

- Prevention, Screening, and Diagnosis
- Multidisciplinary Treatment
- Translational Research

## Presentation Types

### Oral Abstract Presentation

Space in the GI Cancers Symposium will be reserved for the oral presentation of abstracts. Oral presentations will be approximately 10-15 minutes in length. Presenting authors may use slides to accompany their presentation. Those who have disclosed relevant employment relationships with commercial interests as defined by the ACCME will be prohibited from presenting and must select an alternate presenter with no relevant employment relationships.

### General Poster Sessions

Selected abstracts will be presented in poster sessions that are one to two hours long. First Authors should be available throughout the poster session to informally answer questions from attendees regarding the information presented.

## Instructions for Abstract Submission

Please make special note of the following when preparing your abstract.

- Describe the objectives and results of the research in the abstract so that the Program Committee can evaluate the quality and completeness of the abstract.
- Do not use proprietary names in the title or body of the abstract. If necessary, you may include the proprietary name in parentheses directly after the generic name on first use in the body of the abstract.
- Organize the abstract according to four sections, identified by the following headers (in bold): **Background**, **Methods**, **Results**, and **Conclusions**.
- You may include one data table with the abstract. Do not include illustrations.
- You may use abbreviations if they are spelled out or defined after their first mention. Take particular care to identify complex chemotherapeutic regimens.
- Do not exceed 2,000 characters (approximately 300-350 words), not including spaces, for the total of your abstract title, body, and table.
- List no more than 10 individual authors for each abstract. In addition to the 10 authors, an authoring group may also be listed to indicate the remaining authors.

## Essential Information for Online Submission

**In order to successfully complete an online submission, authors will need to provide the following information:**

- **First Author (Presenter):** The name, institution, address, telephone number, fax number, and e-mail address of the First Author. The First Author (Presenter) will receive all future correspondence from ASCO.
- **Co-author(s):** The name and institution of each co-author. Academic degrees of co-authors are not needed.
- **Intent to Submit Late-Breaking Abstract:** This box must be checked (either yes or no). Abstracts lacking data in the Results section of the abstract will be considered for late-breaking abstract status only when this box is checked.
- **Disease Site/Topic Category:** The most appropriate disease site and topic category for the abstract, according to the list of topics online (which also appears above). Please note that the Program Committee has the authority to recategorize an abstract.
- **Disclosure Declaration:** Disclosure information for the First Author as well as for all co-authors.

## Correspondence

Each First Author/Presenter will receive an e-mail acknowledging receipt of the abstract after initiating a submission and after completing a submission. The First Author (Presenter) will receive a letter of notification from the Program Committee regarding its decision by late-November.

## Merit Awards

A limited number of Merit Awards will be given to fellows who submit high-quality abstracts. Merit Award winners will receive a monetary award, as well as complimentary registration for the 2011 GI Cancers Symposium and access to Symposium housing reserved for ASCO. Fellows who wish to apply for a Merit Award should check the box located in the “Additional ASCO Information” section of the submitter, indicating they wish to apply for a Merit Award. Applicants will be required to upload a letter of support from his or her Training Program Director and a two-page curriculum vitae. Individuals who are selected for a Merit Award will be notified of their award in mid-November.

## Policies Related to Abstract Submission

### Conflict of Interest Policy

In compliance with standards established by [the ASCO Conflict of Interest Policy](#) (*J Clin Oncol.* 2006 Jan 20;24[3]:519–521) and the Accreditation Council for Continuing Medical Education (ACCME), ASCO strives to promote balance, independence, objectivity, and scientific rigor through disclosure of financial and other interests, and identification and management of potential conflicts. According to the Society’s Conflict of Interest Policy, the following financial and other relationships must be disclosed: employment or leadership position, advisory role, stock ownership, honoraria, research funding, expert testimony, and other remuneration (*J Clin Oncol.* 2006 Jan 20;24[3]:520).

For clinical trials that began accrual on or after April 29, 2004, ASCO’s Policy places some restrictions on the financial relationships of principal investigators (*J Clin Oncol.* 2006 Jan 20;24[3]:521). If a principal investigator holds any restricted relationships, his or her abstract may be ineligible for placement in the 2011 GI Symposium unless the Ethics Committee grants an exception. When a principal investigator has restricted relationships, the First Author will be prompted to apply to the Ethics Committee for an exception to the Policy. Exception request materials may be uploaded as part of the abstract submission process or e-mailed to [coi@asco.org](mailto:coi@asco.org).

ASCO’s Conflict of Interest Policy identifies the principal investigator of a clinical trial as “the individual with primary responsibility for the development of the protocol, the conduct of the trial, and the interpretation and dissemination of the trial data.” Generally, it is expected that these responsibilities will rest with a single individual designated as the principal investigator and having the unique leadership responsibilities described in the policy. Certain abstracts that do not identify a principal investigator will be asked to answer additional questions.

NIH-funded trials are exempt from the Policy restrictions. ASCO will collect information on accrual initiation date, financial relationships of the principal investigator, and NIH funding upon abstract submission. It is the responsibility of the First Author to obtain disclosure information from all coauthors and to provide all disclosure of such interests and relationships through the Abstract Submitter program. Copies of the Disclosure Form can be sent to coauthors for completion and returned before submission of the abstract.

For more information on the ASCO Conflict of Interest Policy, the principal investigator restrictions, the additional questions for abstracts that do not identify a principal investigator, and applying for an exception to the Policy, please visit [www.asco.org/conflictinterest](http://www.asco.org/conflictinterest).

## **Annual Meetings**

If you intend to submit an abstract for the Annual Meeting of a co-sponsoring organization, please read below the policy regarding whether or not abstracts presented at the GI Cancers Symposium will be eligible for presentation at the co-sponsors' Annual Meeting.

ASCO – An abstract submitted for presentation at the GI Cancers Symposium may also be submitted for presentation at the 2011 ASCO Annual Meeting. If your abstract is to be considered for presentation at the ASCO Annual Meeting, you are encouraged to submit updated data. The Scientific Program Committee will take into account the novelty of data during the abstract selection process.

**Note:** If your abstract is to be considered for presentation at the ASCO Annual Meeting, you will need to resubmit your abstract using ASCO's Online Submitter.

AGA Institute – Abstracts submitted to the GI Cancers Symposium will NOT be eligible for submission and presentation at the AGA annual meeting. However, abstracts that have been presented at the AGA Annual Meeting may be submitted to the 2011 Gastrointestinal Cancers Symposium.

ASTRO – Abstract submissions of papers presented at the GI Cancers Symposium will be accepted for consideration in ASTRO's 2011 Annual Meeting Scientific Program.

SSO – Abstracts submitted for presentation at the 2011 ASCO GI Cancers Symposium may also be submitted for presentation at the 2011 SSO Annual Meeting.