

2014 Gastrointestinal Cancers Symposium

January 16-18, 2014

San Francisco, CA

Cosponsored 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)

Key Dates:

Abstract Submission Website Opens: Late July 2013

Abstract Submission Deadline: September 17, 2013, 11:59 PM EDT

Abstract Notifications Sent to the First Author: Late October 2013

Late-Breaking Abstract Deadline: November 18, 2013

Change/Withdraw Deadline: November 27, 2013

2014 Symposium: January 16-18, 2014

ABSTRACT SUBMISSION GUIDELINES

Abstracts must be submitted online using the official 2014 Gastrointestinal Cancers Symposium Abstract Submitter.

1. Call for Abstracts

- Summaries of new, ongoing, and updated research in the area of GI cancers are acceptable for submission and presentation.
- Case reports and abstracts on “trials in progress” or ongoing clinical trials are not suitable for submission to this Symposium.
- 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.

Cancers of the Esophagus and Stomach

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

Cancers of the Pancreas, Small Bowel, and Hepatobiliary Tract

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

Cancers of the Colon and Rectum

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

2. Submission Policies and Criteria

- **Prior Publication:** For a study to be eligible for acceptance to the GI Cancers Symposium, the contents and conclusions of the abstract must not be presented at any scientific, medical, or educational meeting of 500 registrants or more or be **published in a scientific, medical, or educational publication (in any medium), in whole or in part**, before the Symposium. The exception to this is presentation at the cosponsoring societies’ Annual Meetings (ASCO, AGA Institute, ASTRO, or SSO; see section 9).
- **First Author Disclosure:** Author disclosure for the first author and all coauthors must be declared at the time of abstract submission. If the first author is employed by a company as defined by the CMSS Code for Interactions with Companies

(see below), 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.

Company as defined in the CMSS Code for Interactions with Companies, is, “a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients.”

- **Submission Fee:** A nonrefundable \$60 administrative fee, payable at the time of submission, will be charged for all abstract submissions.
- **Abstract Change Deadline:** Following the abstract submission deadline, first authors may request corrections to rectify errors (e.g., typos, misspellings) within abstract submissions. Requests must be submitted to gisymposium@asco.org by November 27, 2013. **Updates to original data will not be permitted, as changes are permissible only for the correction of errors.**
- **Abstract Withdraw Deadline:** If first author chooses to withdraw his or her abstract for any reason, a request must be submitted by November 27, 2013, to gisymposium@asco.org. Any abstract withdrawal request received after this date will be considered on a case-by-case basis and cannot be assured removal from the *2014 Gastrointestinal Cancers Symposium Proceedings*.
- **Confidentiality Policy:** 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 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.* **The first author is responsible for conveying this information to all parties.**

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

- publish the information or provide it to others who may publish it,
- release the findings to news media, or
- use the information for trading in the securities of any issuer, or provide it to others who may use it for securities trading purposes.

3. Responsibilities of the First Author

- Verification 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.
- Verification that all coauthors are aware of the contents of the abstract and support its data.
- Agreement, on behalf of all authors, to transfer copyright to ASCO.
- Agreement 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.
- Agreement that the same contact information and email address will be used for each abstract if submitting more than one abstract.

4. Instructions for Abstract Submission

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

- Organize the abstract according to four sections, identified by the following headers: Background, Methods, Results, and Conclusions.
- 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.
- You may include one data table with the abstract. Do not include illustrations or graphics.
- Do not exceed 2,000 characters (approximately 300-350 words), not including spaces, for the total of your abstract title, body, and table.
- Individuals may serve as First Author of more than one abstract.
- List no more than 20 individual authors for each abstract. In addition to the 20 authors, an authoring group may also be listed to indicate the remaining authors.

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

- **First Author (Presenting Author):** The name, institution, telephone number, and email address of the First Author is required. **The First Author (Presenting Author) will receive all future correspondence from ASCO.**
- **Coauthor(s):** The name, institution, and email address of each coauthor. Academic degrees of coauthors 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:** Select 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 and all coauthors is required.

5. Late-Breaking Abstracts

- The GI Cancers Symposium late-breaking abstracts policy allows for 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 17, 2013).
- A preplanned analysis must be scheduled after September 17 but before November 18, 2013, 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 17, 2013, deadline), three decisions are possible:
 - **Potential** presentation in a session (oral or poster)
 - Publication only in the *2014 Gastrointestinal Cancers Symposium 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 November 18, 2013, deadline.**
- First authors of late-breaking abstracts have an opportunity to request that the abstract be withdrawn if the Committee deems it acceptable for publication only.

6. Presentation Types

- **Oral abstract 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 CMSS 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.

7. Correspondence

Each first author/presenting author will receive an email acknowledging receipt of the abstract after initiating a submission and after completing a submission. The first author/presenting author will receive a letter of notification from the Program Committee regarding its decision by early November.

8. Merit Awards

Based on funding availability at the time of the Award, a limited number of Merit Awards will be given to fellows who submit high-quality abstracts. Merit Award recipients will receive a monetary stipend, as well as complimentary registration for the Symposium. Fellows who wish to apply for a Merit Award should check the box in the abstract submitter, indicating they wish to apply for a Merit Award. Applicants will be required to upload a letter of support from their 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.

9. 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 between a trial's Principal Investigator (PI) and the trial's company sponsor (*J Clin Oncol.* 2006 Jan 20;24[3]:521). If a PI holds any restricted relationships, his or her abstract may be ineligible for placement in the 2012 GI Symposium unless the Ethics Committee grants an exception. Exceptions are generally not granted for PIs who have employment relationships with their trial's company sponsor or stock in the company sponsor exceeding \$50,000. Abstracts that receive exceptions will be subject to additional management strategies, including but not limited to additional peer review, advance slide review, and session audits.

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 restrictions on PIs and the additional questions for abstracts that do not identify a PI, please visit <http://www.asco.org/rwc>

Presentation at Other Cosponsoring Society Meetings

- **ASCO** – An abstract submitted for presentation at the GI Cancers Symposium may also be submitted for presentation at the 2014 ASCO Annual Meeting. However, the submission of updated data is encouraged. Please note the Scientific Program Committee will take into account the novelty of data during the abstract selection process.
- **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 previous years' AGA Annual Meeting may be submitted to the 2014 Gastrointestinal Cancers Symposium.
- **ASTRO** – Abstract submissions of papers presented at the GI Cancers Symposium will be accepted for consideration in ASTRO's 2014 Annual Meeting Scientific Program.
- **SSO** – Abstracts submitted for presentation at the 2014 GI Cancers Symposium may also be submitted for presentation at the 2014 SSO Annual Meeting.