

2015 Gastrointestinal Cancers Symposium

January 15-17, 2015 - 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 2014

Abstract Submission Deadline: September 16, 2014, 11:59 PM EDT

Abstract Notifications Sent to the First Author: Late October 2014

Late-Breaking Abstract Deadline: November 20, 2014

Withdraw Deadline: November 25, 2014

Symposium: January 15-17, 2015

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 gastrointestinal (GI) cancers are acceptable for submission and presentation.
- **Regular Abstract:** All phases of clinical oncology research (phase I-III, supportive care, nonpharmacologic interventions) are eligible for submission. Abstracts submitted are eligible for all types of presentation (poster or oral) at the Gastrointestinal Cancers Symposium or online publication.
- **Late-Breaking Abstract Submission:** 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 16, 2014). A preplanned analysis must be scheduled after September 16 but before November 20, 2014, the deadline for the final, updated late-breaking data. 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.
- **Trials in Progress Abstract (new for 2015):** Trials submitted are ongoing and have not reached prespecified endpoints for analysis. All phases of clinical research (phase I-III, supportive care, nonpharmacologic interventions) are eligible and will be considered for presentation in the designated track's General Poster Session at the Symposium. **Any preliminary data including toxicity, response rate, pharmacokinetics, or correlative analyses SHOULD NOT be included in the abstract. NOTE - Trials in Progress abstracts including results or preliminary data will be rejected without further review.**

2. Submission Categories

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, Rectum, and Anus**
 - Prevention, Screening, and Diagnosis
 - Multidisciplinary Treatment
 - Translational Research

3. Submission Policies and Criteria

- **Prior Publication:** For a study to be eligible for acceptance to the Gastrointestinal 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 ASCO Annual Meeting (see section 9).
- **First Author Disclosure:** Author disclosure 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:** is defined in the CMSS Code for Interactions with Companies, as “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 Withdraw Deadline:** If a first author chooses to withdraw his or her abstract for any reason, a request must be submitted by November 25, 2014 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 *2015 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 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.

4. Responsibilities of the First Author

- 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 coauthors 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.

- Agree that the same contact information and email address will be used for each abstract if submitting more than one abstract.
- Identify the corresponding author. If you would like someone other than the first author to be contacted with any questions by the Scientific Review Committee, please designate within the abstract submitter. All other correspondence will be with the first author.
- Comply with ASCO's 2013 [Policy for Relationships With Companies](#) (*J Clin Oncol.* 2013 Jun 1;31(16):2037-42) and obtain and provide disclosure of all relationships with companies for all coauthors by the abstract submission deadline.
- For abstracts containing original research, for the first, last, and corresponding authors provide disclosure specific to the research sponsor on participation in a speakers' bureau, employment, and ownership interest. Original research means a systematic investigation designed for the purpose of expanding knowledge or understanding, including the analysis of data. For clarity, a clinical trial is original research under this definition, and a summary or review of prior knowledge is not original research under this definition.
- Comply with conflict of interest management decisions, including the potential for slide review prior to presentation. For more information on these procedures, see ASCO's [Conflict of Interest Implementation Plan for CME Activities](#).

5. 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. Abstracts will be judged solely on the basis of the data in the submitted abstract.
- Organize the abstract according to four sections, identified by the following headers: Background, Methods, Results, and Conclusions.
- 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.
- Do not refer to study results or conclusions in the title of the abstract. The title should objectively describe the study. The Program Committee reserves the right to edit conclusive titles.
- 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. Make sure that all coauthors meet the definition of authorship as stated by the International Committee of Medical Journal Editors in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." In addition to the 20 authors, an authoring group may also be listed to indicate the remaining authors.
- Although clinical trial registration is not required for abstract submission, publication, or presentation, certain clinical trials are required to be registered by law and/or prior to journal publication. If a clinical trial is already registered, the first author will be asked to provide the name of the registry and the trial registration number during the abstract submission process. The clinical trial number will be included in the published abstract.

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 of all relationships with companies for the first author and all coauthors is required.

6. Late-Breaking Abstract Submissions

- The GI Cancers Symposium late-breaking policy allows for the submission of late-breaking data 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 16, 2014).
- A preplanned analysis must be scheduled after September 16 but before November 20, 2014, the deadline for the final, updated late-breaking data. 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 the abstract's late-breaking data (after the September 16, 2014, 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 these abstracts will be made after the November 20, 2014, deadline.**
- First authors of late-breaking submissions have an opportunity to request that the abstract be withdrawn if the Committee deems it acceptable for publication only.

7. Trials in Progress Abstracts

- The Gastrointestinal Cancers Symposium Program Committee recognizes the importance of bringing together researchers to discuss ongoing trials. The Trials in Progress abstracts provide an opportunity for members of the research community to present ongoing trials, foster collaboration, and discuss correlatives and novel trial designs. In addition, the Trials in Progress abstracts presented in the General Poster Session highlight the transition of emerging biologic pathways and new agents into the clinic—providing "coming attractions" for oncologists in clinical practice.
- All phases of clinical research (phases I to III, supportive care, nonpharmacologic interventions) may be considered for inclusion in a Trials in Progress abstract submission. Trials submitted to this session are ongoing and have not reached prespecified endpoints for analysis. As such, inclusion of results would be improper and is strictly forbidden.

8. 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.

9. 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.

10. 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.

11. Policies Related to Abstract Submission: Conflict of Interest Policy

In compliance with standards established by ASCO's 2013 [Policy for Relationships With Companies \(J Clin Oncol. 2013 Jun 1;31\(16\):2037-42\)](#) 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 Policy for Relationships With Companies, the following relationships with for-profit health care companies must be disclosed: employment; leadership positions; stock ownership; honoraria; consulting or advisory activities; speakers' bureaus; research funding; patents, royalties, or other intellectual property interests; expert testimony; travel, accommodations, and expenses; and other relationships. The disclosure should include all relationships with health care companies, rather than just those related specifically to the subject matter of the abstract.

In addition to the general disclosures that will be provided by all authors, the first, last, and corresponding authors of abstracts that pertain to original research will be asked to provide information about participation in a speakers' bureau, employment, and ownership interest specific to any for-profit healthcare company that is the research sponsor of the abstract.

For more information on the 2013 ASCO Policy for Relationships with Companies, including a [JCO Editorial on the Policy Implementation](#), the [Background and Rationale for the Policy](#), and a list of [Frequently Asked Questions](#), please visit [ASCO's Policies and Safeguards for Relationships with Companies webpage](#).

12. 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 2015 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 2015 Gastrointestinal Cancers Symposium.
- **ASTRO** – Abstract submissions of papers presented at the GI Cancers Symposium will be accepted for consideration in ASTRO's 2015 Annual Meeting Scientific Program.
- **SSO** – Abstracts submitted for presentation at the 2015 GI Cancers Symposium may also be submitted for presentation at the 2015 SSO Annual Meeting.