

# ABSTRACT SUBMISSION GUIDELINES FOR Markers in Cancer 2012: A Joint Meeting by ASCO, EORTC, and NCI

October 11-13, 2012, in Hollywood, Florida

Cosponsored by the American Society of Clinical Oncology (ASCO), European Organisation for Research and Treatment of Cancer (EORTC), and the National Cancer Institute (NCI)

**DEADLINE FOR SUBMISSION: Tuesday, June 19, 2012 at 11:59 PM EDT**

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Abstracts must be submitted online using the official **Markers in Cancer 2012: A Joint Meeting by ASCO, EORTC, and NCI 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 Meeting (but not published as a manuscript subsequent to presentation) are allowed for presentation at the Markers in Cancer Meeting.
- Summaries of new, ongoing, and updated research in the area of molecular markers will be acceptable for submission and presentation.
- Individuals may serve as a First Author of more than one abstract submitted to the Meeting.
- First authors must agree at the time of submission to present the abstract if it is selected for presentation at the Meeting (this includes being present during the scheduled time of a Poster Session.)
- 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 topic category that best fits the subject area of their abstract. Final categorization is at the discretion of the Markers in Cancer Scientific Committee.
- The abstract must be organized according to four sections, identified by the following headers (in bold): **Background, Methods, Results, and Conclusions.**

## Confidentiality Policy

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

Submitted Abstracts are considered **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.*

## **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 Meeting (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.

## **Topic Category Selection**

Authors must select one topic category that best fits the subject of their abstract. The Markers in Cancer Meeting Scientific Committee reserves the right to recategorize an abstract.

### **Topic Categories:**

- Clinical Evaluation of Biomarkers, including:
  - Biomarker Readiness for Clinical Application
  - Assay Validation
  - Clinical Qualification
- Imaging Biomarkers
- Immune System and Immunotherapeutic Markers
- Mechanism-based Markers of Resistance and Toxicity
- Blood-based Markers, including:
  - Circulating Tumor Cells/Cancer Stem Cells
  - Plasma DNA
  - Proteomics
  - Metabolomics
- Cell Signaling Pathways
- Genetics, Genomics, Epigenetics, and Gene Expression, including:
  - Bioinformatics in Biomarker Research
  - Early Translation of Multi-Dimensional Markers
- Regulatory Science, Policy and Knowledge Transfer, including:
  - Implementation science
  - Ethics
  - IDE and companion in vitro diagnostics
  - Regulatory and policy considerations, especially cross-national
- Other

## Presentation Types

### Oral Abstract Presentation

Space in the Meeting 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 Scientific 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 20 individual authors for each abstract. In addition to the 20 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.
- **Coauthor(s):** The name and institution 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.
- **Topic Category:** The most appropriate topic category for the abstract, according to the list of topics online (which also appears above). Please note that the Scientific Committee has the authority to recategorize an abstract.
- **Disclosure Declaration:** Disclosure information for the First Author as well as for all coauthors.

## Late-Breaking Abstracts

The Markers in Cancer Meeting 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** (June 19, 2012). A preplanned analysis must be scheduled after June 19, 2012, but before September 7, 2012, 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 Scientific Committee's initial review of late-breaking abstracts (after the September 7<sup>th</sup> deadline), three decisions are possible:

- **Potential** presentation in a General Poster or Oral Abstract Presentation Session
- Publication only in the Markers in Cancer 2012 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 September 7th 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 (June 19, 2012)**
- 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 Markers in Cancer 2012 Meeting Program/Proceedings)

**The final late-breaking abstract (with updated data) must be submitted by September 7, 2012.**

### **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 Scientific Committee regarding its decision by early August.

### **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 Markers in Cancer 2012 Meeting and access to the reserved Meeting housing block. 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 early August.

### **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 [www.asco.org/rwi](http://www.asco.org/rwi).

## **Annual Meetings**

If you intend to submit an abstract for the Annual Meeting of a cosponsoring organization, please read below the policy regarding whether or not abstracts presented at the Markers in Cancer Meeting will be eligible for presentation at the cosponsors’ Annual Meeting.

ASCO - An abstract submitted for presentation at the Markers in Cancer 2012 Meeting may also be submitted for presentation at the 2012 ASCO Annual Meeting.

EORTC - An abstract submitted for presentation at the Markers in Cancer 2012 Meeting may also be submitted for presentation at the 2013 EORTC Annual Meeting.