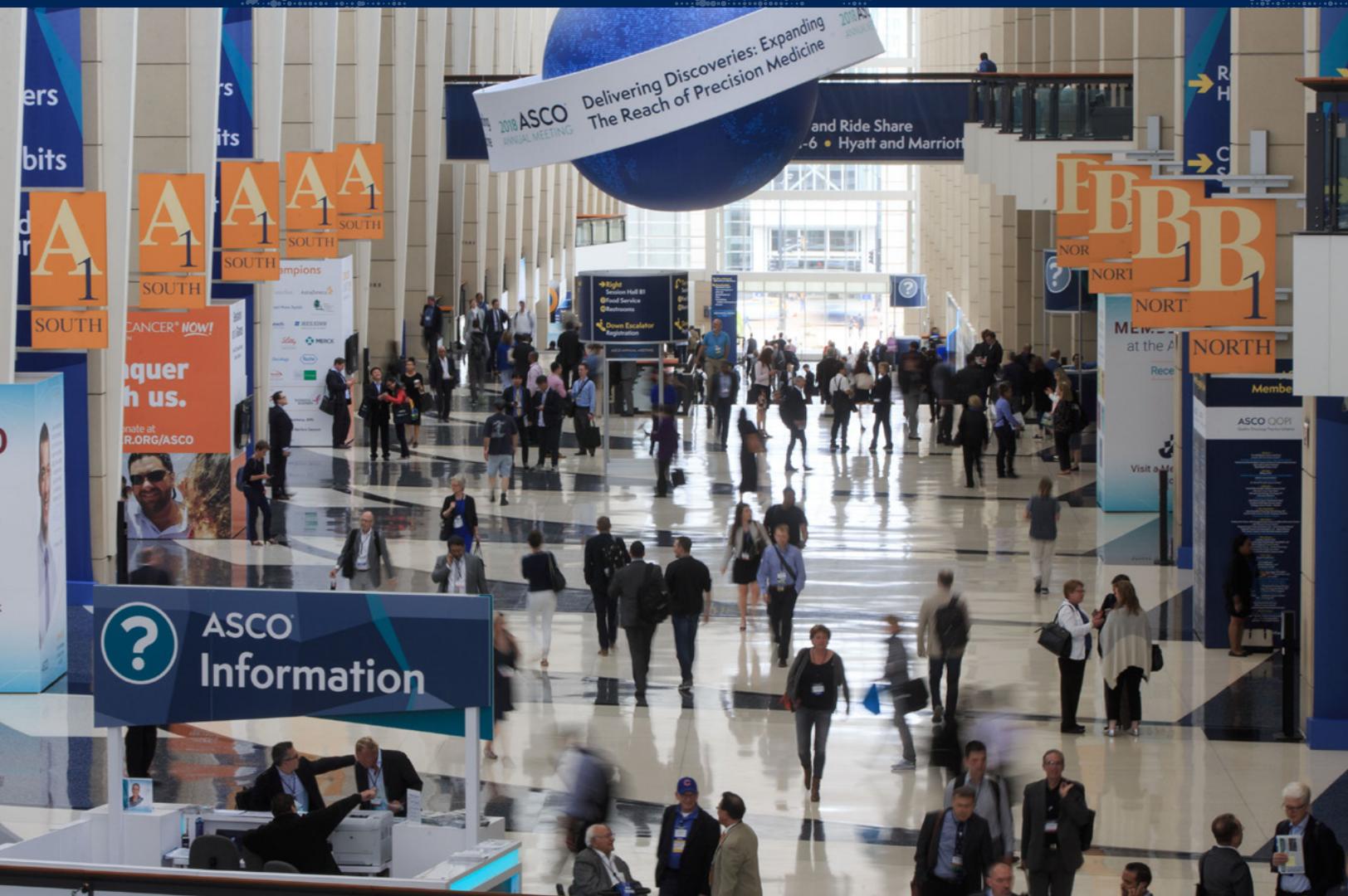


# Call for Abstracts

**Abstract Submission Deadline:**  
**February 15, 2022 at 11:59 PM (ET)**

**AM.ASCO.ORG • #ASCO22**



# Key Dates

<b>NOVEMBER 3, 2021</b>	Abstract Submission Opens
<b>FEBRUARY 15, 2022</b>	Abstract Submission Deadline
<b>MARCH 17, 2022</b>	Late-Breaking Abstract Submission Deadline (Shell Submission Required By February 15)
<b>APRIL 1, 2022</b>	Abstract Notifications Sent To First Authors
<b>LATE-APRIL 2022</b>	Abstract Titles Released
<b>MAY 26, 2022</b>	Majority of Abstracts Released on ASCO.org
<b>JUNE 3-7, 2022</b>	2022 ASCO Annual Meeting at McCormick Place in Chicago, Illinois

*“The ASCO Annual Meeting assembles oncologists from all over the world representing many specialties. We are excited to welcome new ASCO members and see familiar friends and colleagues in Chicago for the first in-person ASCO Annual Meeting since 2019. Each year, practice-changing information is presented and we expect that to be especially relevant in 2022 in the wake of the global COVID-19 pandemic.”*



— **Everett E. Vokes, MD, FASCO**  
**2021-2022 ASCO President**

## Highlights from the 2021 ASCO Annual Meeting



Over 5400 abstracts submitted



Participation from over 32,950 attendees from 138 countries



Over 394M Twitter impressions during the week of the 2021 Annual Meeting

*“Cancer has not slowed down during the pandemic, and neither has the ASCO investigative community. We’ve now experienced two virtual meetings, which allowed ASCO to deliver high-quality science and education to even more oncology professionals. However, we lost countless opportunities for informal yet crucial interactions discussing new data, creating new connections, and sharing ideas. The ASCO Annual Meeting is the premier place to present the most impactful data when it comes to taking care of patients with cancer. The size, reach, and quality of presentations is outstanding. It is not only the venue for presenting the latest clinical advances, but also the glue for our oncology community.”*



— **Sonali Smith, MD**  
**Chair, 2022 ASCO Annual Meeting Scientific Program Committee**

# Submit your Research to #ASCO22

**As you prepare your submission to the Meeting, please make note of the following details:**

- All types of oncology-related research are eligible for submission. Please note: case reports are not accepted.
- Abstract should address scientific questions, detail clinical observations, or contain primary scientific data.
- Interim analysis of a prospective randomized clinical trial will be considered if it is performed as planned in the original protocol and is statistically valid.
- Data from the long-term follow-up of previously presented clinical trials may be submitted only if significant new information can be shown.

To submit an abstract, you will need to log in with an ASCO.org account. If you are not an ASCO member, you can create a guest account. The person submitting the abstract is not required to be an author on the abstract and will be able to select the first/presenting author on the designated step. However, the first author will need to accept/agree to all ASCO policies and will be held responsible for any violation of the policies.

## Author and Sponsor Eligibility

**As you prepare your submission to the Meeting, please make note of the following eligibility criteria:**

- Individuals may submit up to two regular abstracts as the first author.
- Individuals may submit an unlimited number of Trials in Progress abstracts.
- ASCO membership is not required to submit an abstract, however each abstract must be sponsored by an ASCO member\*.

\*Visit the Abstracts section of the ASCO Annual Meeting Website [am.asco.org/abstract-submission](http://am.asco.org/abstract-submission) for a full explanation of sponsorship and sponsor eligibility. Additionally, for specific questions about ASCO membership and sponsorship, contact ASCO Customer Service at 703-299-0158 or 1-888-282-2552.

# Submission Tracks & Subcategories

The Scientific Program Committee seeks abstracts in the following categories. Authors will be asked to select a track and subcategory when submitting their abstract.

## Breast Cancer—Local/Regional/Adjuvant

Adjuvant Therapy  
Biologic Correlates  
Local-Regional Therapy  
Neoadjuvant Therapy

## Breast Cancer—Metastatic

Biologic Correlates  
HER2-Positive  
Hormone Receptor-Positive  
Triple-Negative  
Other/Nonsubtype Specific

## Care Delivery and Regulatory Policy

Care Delivery/Models of Care  
Clinical Informatics/Advanced Algorithms/Machine Learning  
Clinical Research Design  
Digital Technology/Therapeutics  
Health Policy  
Practice Management  
Telemedicine

## Central Nervous System Tumors

Biologic Correlates  
Brain Metastases  
Primary CNS Tumors - Glioma  
Primary CNS Tumors - Non-Glioma

## Developmental Therapeutics—Immunotherapy

Antibodies  
Cellular Immunotherapy  
Circulating Biomarkers  
Immunobiology  
Inflammatory Signatures  
New Targets and New Technologies (IO)  
Other Checkpoint Inhibitors (Monotherapy or Combination)  
Other IO-related topics  
PD1/PD-L1 Inhibitor Combinations  
PD1/PD-L1 Inhibitor Monotherapy  
Tissue-Based Biomarkers  
Vaccines

## Developmental Therapeutics—Molecularly Targeted Agents and Tumor Biology

Cancer Angiogenesis and Metastases  
Chemotherapy and Antibody-Drug Conjugates  
Circulating Biomarkers  
Immunoconjugates (Non-IO)  
Molecular Diagnostics and Imaging  
New Targets and New Technologies (Non-IO)  
Pharmacology  
Radiopharmaceuticals  
Small Molecules  
Tissue-Based Biomarkers  
Other

## Gastrointestinal Cancer—Colorectal and Anal

Anal Cancer  
Biologic Correlates  
Biomarkers/Epidemiology/Outcomes  
Colorectal Cancer - Local-Regional  
Colorectal Cancer - Neo-Adjuvant/Adjuvant  
Colorectal Cancer - Advanced Disease  
Colorectal Cancer - Local-Regional  
Other

## Gastrointestinal Cancer—Gastroesophageal, Pancreatic, and Hepatobiliary

Biologic Correlates  
Esophageal or Gastric Cancer  
Hepatobiliary Cancer  
Neuroendocrine/Carcinoid  
Pancreatic Cancer  
Small Bowel Cancer  
Other GI Cancer

## Genitourinary Cancer—Kidney and Bladder

Biologic Correlates  
Kidney Cancer  
Urothelial Cancer - Localized Disease  
Urothelial Cancer - Advanced/Metastatic  
Other GU Cancer

## Genitourinary Cancer—Prostate, Testicular, and Penile

Biologic Correlates  
Biomarkers/Imaging/Epidemiology/Outcomes  
Germ Cell/Testicular Cancer  
Penile Cancer  
Prostate Cancer - Advanced/Hormone-Sensitive  
Prostate Cancer - Advanced/Castrate-Resistant  
Prostate Cancer - Local-Regional Disease  
Other

## Gynecologic Cancer

Biologic Correlates  
Cervical Cancer  
Ovarian Cancer  
Uterine Cancer  
Other Cancer

## Head and Neck Cancer

Advanced Disease  
Biologic Correlates  
Local-Regional  
Other (Salivary, Thyroid)

## Health Services Research and Quality Improvement

Healthcare Equity/Access to Care  
Quality of Care/Quality Improvement  
Real-World Data/Outcomes  
Value/Cost of Care

## Hematologic Malignancies—Leukemia, Myelodysplastic Syndromes, and Allotransplant

Acute Leukemia  
Allogenic Stem Cell Transplantation  
Chronic Leukemia—CML and Hairy Cell  
Myelodysplastic Syndromes (MDS)  
Myeloproliferative Syndromes (MPD)  
Other

## Submission Tracks & Subcategories continued

### Hematologic Malignancies— Lymphoma and Chronic Lymphocytic Leukemia

Cell Therapy, Bispecific Antibodies, and  
Autologous Stem Cell Transplantation  
for NHL, HL, or CLL

Chronic Lymphocytic Leukemia (CLL)

Hodgkin Lymphoma

Non-Hodgkin Lymphoma

Other

### Hematologic Malignancies—Plasma Cell Dyscrasia

Cell Therapy, Bispecific Antibodies, and  
Autologous Stem Cell Transplantation  
for Plasma Cell Disorders

Multiple Myeloma

Plasma Cell Disorders

### Lung Cancer—Non-Small Cell Local-Regional/Small Cell/ Other Thoracic Cancers

Adjuvant Therapy

Biologic Correlates

Local-Regional Non-Small Cell  
Lung Cancer

Mesothelioma

Small Cell Lung Cancer

Thymic Malignancies

### Lung Cancer—Non-Small Cell Metastatic

Biologic Correlates

Metastatic Non-Small Cell Lung Cancer

### Melanoma/Skin Cancers

Advanced Disease

Biologic Correlates

Local-Regional

Other

### Pediatric Oncology

Leukemia/Lymphoma

Pediatric Solid Tumors

Survivorship

Symptom Management/Supportive Care/  
Palliative Care

### Prevention, Risk Reduction, and Hereditary Cancer

Cancer Prevention

Epidemiology

Germline Genetic Testing

Hereditary Cancer Syndromes

Prevention of Primary and  
Secondary Malignancies

### Professional Development and Education Advances

Clinician Burnout and Resiliency

Education Research

Social Media Research

Trials in Progress

Workplace Disparities/Issues

### Sarcoma

Bone Tumors

Gastrointestinal Stromal Tumors (GIST)

Molecular Targets/Biomarkers/  
Tumor Biology

Soft Tissue Tumors

### Symptoms and Survivorship

End-of-Life Care

Caregivers

Geriatric Oncology

Health Promotion

Late and Long-Term Adverse Effects

Palliative Care and  
Symptom Management

Psychosocial and  
Communication Research

[am.asco.org/submission-tracks-categories](https://am.asco.org/submission-tracks-categories)



# Late-Breaking Abstract Submission Guidelines

The ASCO late-breaking abstract policy allows for the submission of late-breaking abstract only for:

- Randomized phase II and III trials for which no preliminary data are available at the time of the abstract submission deadline (February 15, 2022);
- OR
- Original research studies that highlight novel and high-impact research with practice-changing implications

The initial late-breaking placeholder (shell) must be submitted by the February 15 deadline. During submission, you will be required to provide the primary clinical endpoint for analysis, type of analysis, date of planned analysis, and planned statistical methods for analysis. 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.

Phase III clinical research trials for which the final data are not available by the March 17 deadline *may* be granted an extension to submit; however, the initial trial information **MUST** be submitted by the February 15 deadline. Contact [abstracts@asco.org](mailto:abstracts@asco.org) with questions.

[am.asco.org/late-breaking-data-submission-guidelines](https://am.asco.org/late-breaking-data-submission-guidelines)



# Trials in Progress Submission Guidelines

ASCO recognizes the importance of bringing together researchers to discuss ongoing trials. Trials in Progress posters provide an opportunity for members of the research community to present ongoing trials, foster collaboration, and discuss correlatives and novel trial designs. In addition, Trials in Progress 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 as a Trials in Progress submission. Trials submitted to this session are ongoing and have not reached pre-specified endpoints for analysis. As such, inclusion of results would be improper and is strictly forbidden.

## Abstracts should be organized according to two sections, Backgrounds and Methods, as described below:

### Background

- Scientific background/rationale for the trial
- Preclinical and/or earlier-phase clinical data that have already been publicly presented or published may be included with references. The Trials in Progress abstract should not be used to present preclinical or earlier-phase clinical data for the first time
- Correlative studies of particular interest

### Methods

- Trial design and statistical methods, highlighting any novel aspects of the design
- Treatment or intervention planned
- Major eligibility criteria, highlighting unusual aspects
- Current enrollment without providing results or endpoints.  
Examples:
  - Phase I studies may say, “Cohorts 1 and 2 have been completed without DLT. Enrollment to cohort 3 began in January 2016”
  - Phase II studies may report, “8 of planned 32 patients have been enrolled” or “Prespecified activity goal for the first stage of accrual was met; second stage accrual began in January 2018”
  - Phase III trials may report, “The DMC last reviewed the trial in December 2018 and suggested that the trial continue as planned”
  - Enrollment must have already begun or have been completed with no data analysis available by the submission deadline (there are no exceptions to this criterion)
- Clinical trial registry number (required)

### The following information is not acceptable in a Trials in Progress abstract and/or poster:

- Any preliminary data including toxicity, response rate, pharmacokinetic, or correlative analyses. Abstracts including results or preliminary data will be rejected without further review
- Proprietary drug names or the names of drug manufacturers in the title or body of the abstract. If necessary, you may include the proprietary drug name in parentheses directly after the generic name on first use in the body of the abstract. ASCO reserves the right to replace proprietary names with generic names to adhere to this requirement
- Information about pricing, fees, or reimbursement related to trial participation

### Trials in Progress submissions are excluded from ASCO's Prior Presentation/Publication Policy

# Submission Requirements

**As you prepare your abstract submission to the Meeting, please make note of the following requirements.**

- **Identification of Original Research:** Indicate whether your abstract reports on original research. 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.
- **Identification of Clinical Trials:** Indicate whether your research is a clinical trial. A clinical trial is a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes **(National Institutes of Health [NIH] Office of Extramural Research.)**
- Though 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 as part of the published abstract.
- **Funding Source:** Indicate whether the abstract was funded by the NIH, a pharmaceutical or biotechnology company, a tobacco company, a foundation, or another source.
- **Abstract Title:** The title should objectively describe the study. Do not refer to study results or conclusions. ASCO reserves the right to edit conclusive titles.
- **Coauthor(s):** Provide the full name, academic degree(s), institution, address, email address, and disclosure information for each author. You may list up to 20 individual authors for each abstract.
- **Disclosure Declaration:** ASCO's policy promotes balance, independence, objectivity, and scientific rigor in all of its activities through the disclosure of financial interests and other relationships, and management of potential conflicts. The financial interests or relationships requiring disclosure are outlined in **ASCO's Policy For Relationships With Companies** (*Journal of Clinical Oncology* 2017 35:7, 796-798). All authors are expected to disclose all relationships with for-profit health care companies.



[am.asco.org/trials-progress-abstract-submission-guidelines](https://am.asco.org/trials-progress-abstract-submission-guidelines)

# Save Time, Ensure Accuracy

- **Coauthor Disclosures:** The Coauthor Disclosure Form may be used by the first author to obtain disclosure information from coauthors. The first author must enter all disclosure information through the Abstract Submitter. If an author has provided disclosure through the ASCO Disclosure Management System, the information will automatically populate in the submission site. Disclosure information for all authors will be distributed as part of ASCO's Annual Meeting materials.
- **Restrictions for Presenting Authors:** 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 or clinical science symposium. A company is defined 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."
- **Abstract Body/Table:** The body of your abstract should describe the background, methods, results, and conclusions of your research. You may type your abstract directly into the text box, cut and paste from an existing document, or upload a text file of your abstract. Do not exceed 2600 characters (approximately 300 to 350 words) for the total of your abstract title, body including section titles, and table. The character count does not include spaces or author names or institutions. One data table is permitted per abstract. The composition process does not enable shading or the merging of cells with centered text. Limit your table to no more than 10 rows and eliminate the need for shading or merged cells with centered text. Illustrations and figures are not permitted.
- **Topic Category:** Select the most appropriate track and subcategory for the abstract. When submitting your abstract, you will have the option of identifying a secondary subcategory for your abstract. The ASCO Scientific Program Committee has the authority to recategorize an abstract.
- **Submission Fee:** A \$60 (USD) nonrefundable submission fee will be charged per abstract submitted. Payment is due at the time of submission. Credit cards are the only accepted form of payment. Checks, wire transfers, and purchase orders will not be accepted. First authors from low-income countries, as defined by the World Bank, may apply for a payment waiver.



# Prior Presentation/Publication and Confidentiality Policies Governing Abstracts for ASCO Meetings

When submitting an abstract or late-breaking placeholder to any ASCO Meeting, the First Author must agree to the following Prior Presentation/Publication Policy and Confidentiality Policy on behalf of all parties involved with the study. The First Author is responsible for communicating the policies to all involved parties, including co-authors and sponsors, complying with these policies, and will be held accountable for any policy violations of the abstract.

**Please note: Trials in Progress (TPS) abstracts are excluded from these policies.**

## Prior Presentation/Publication Policy

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### Meetings

Prior to the ASCO Meeting, the contents and conclusions of the abstract must not be presented at or published in conjunction with any scientific, medical, or educational meeting with the following exceptions:

- Studies previously submitted to ASCO Meetings are eligible for acceptance even if previously presented or published in the scientific, medical, or educational arena. Abstracts presented at these ASCO Meetings may also be submitted for presentation at any other ASCO Meeting. **Authors are strongly encouraged to provide updated data in the abstract, as the novelty of the data will be taken into account during the abstract selection process.** (No new or updated data may be added to an abstract after it has been formally submitted.)

- Study results may be presented at closed (non-public) meetings, such as investigator or cooperative group meetings, so long as no meeting materials are publicly disseminated.

### Publications

In addition, contents and conclusions of the abstract must not be published in a scientific, medical, or educational publication (in any medium), in whole or in part, before the abstract is publicly released by ASCO. Pre-prints (non-peer-reviewed online comment drafts) are permitted before the abstract is submitted.

Any violation of these policies may subject the abstract to rejection or removal from the ASCO Meeting.

## Confidentiality Policy

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Once an abstract is submitted to an ASCO Meeting, the abstract and study data to be presented at the ASCO Meeting are confidential. For late-breaking placeholders, the Confidentiality Policy does not apply until the study data is submitted to ASCO. For abstracts previously presented in an ASCO Meeting,<sup>i</sup> the Confidentiality Policy applies only to new or updated data or information in the study.

After the abstract is submitted to and prior to the abstract information being publicly released in conjunction with an ASCO Meeting, the author, coauthors, sponsor of the research, journalists, and others must not:

- make the information public or provide it to others who may make it public (such as 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.

Confidentiality lifts once ASCO publicly releases the abstract in conjunction with the ASCO Meeting.<sup>ii</sup> Once the abstract is publicly released by ASCO, the Confidentiality Policy is no longer in effect, and authors are free to discuss their study findings publicly, although ASCO expects the formal presentation (including slides and/or poster) of the study data to be made at the ASCO Meeting.

If after submission an abstract or its data has been released in a manner that does not comply with ASCO's Confidentiality Policy, the abstract is not eligible for inclusion in the ASCO meeting. The abstract may be subject to rejection or removal unless an official Confidentiality Policy Exception applies (see additional information on Confidentiality Policy Exceptions below).

Even when an Exception applies or is granted, ASCO retains the

## Confidentiality Policy continued

right, in its discretion, to accept or not accept any abstract for the ASCO Meeting on the basis of peer review and, once an abstract is accepted, to place the abstract or change its placement in the ASCO Meeting program depending on the extent of information released. If an Exception applies or is granted, the study is unlikely to be included in the official press program for the ASCO Meeting.

### Confidentiality Policy Exceptions

ASCO recognizes that certain federal and international laws require disclosure of certain clinical trial results 1) through federal and international registries within a certain time period of trial completion, or 2) in relation to drug approvals by federal and international regulatory agencies. Should disclosure of confidential information be required in either of these circumstances before ASCO makes the abstract public, the required disclosure will not be viewed as a breach of ASCO's Confidentiality Policy.

Other than required disclosure for regulatory purposes as outlined above, Exceptions to ASCO's Confidentiality Policy require advance communication with ASCO prior to any public release. Communication should be directed to [CPexceptions@asco.org](mailto:CPexceptions@asco.org) with at least 48 hours' notice where feasible.

Exceptions to the Confidentiality Policy may be granted by ASCO in extremely rare circumstances for public health reasons or to meet the requirements of state, national, or international government agencies. In these rare cases, requests should be directed to [CPexceptions@asco.org](mailto:CPexceptions@asco.org) for step-by-step guidance.

A Securities and Exchange Commission (SEC) Exception may apply to the extent required to comply with securities laws.

### SEC Exceptions

A publicly traded company may determine that it is legally required to disclose certain data or other information from a confidential abstract in advance of the public release date to satisfy requirements of the U.S. Securities and Exchange Commission or a corresponding regulatory body in a country where the company's stock is traded (collectively, "SEC"). This need typically arises when there is a substantial likelihood that the information would be considered material by a reasonable investor, significantly altering the total mix of information available to the investor.

In general, an abstract in this situation is still eligible for inclusion in the ASCO Meeting provided that the company submits to ASCO, in advance of any public release, a letter signed by the

company's legal counsel that contains the abstract title, indicates the format/nature of the public disclosure, and attests that (a) public disclosure of the information is necessary for the company to comply with applicable securities laws, and (b) the information disclosed is the minimum necessary for such compliance. In addition, ASCO requires that the lead author be copied on the company's request for an exception.

If the submission is in order, the SEC Exception is self-executing and does not require pre-approval from ASCO. If an SEC Exception applies, the abstract is eligible to be peer reviewed and will not be rejected or removed from the meeting on the basis of a Confidentiality Policy violation.

To the extent that the SEC Exception applies, corporate partners of the company may, jointly or separately, issue a press release with the same information at that time. The abstract itself may not be released publicly by the company or lead author, as ASCO holds the copyright to the abstract.

Subject always to the company's regulatory obligations, ASCO would strongly prefer that the company's press release:

- (a) summarize study data cited in the abstract in a qualitative fashion rather than providing specific quantitative information;
- (b) avoid interpretations about the implications of the data for practice; and
- (c) note that full data has been submitted to the ASCO Meeting.

By way of illustrating these preferences, a statement that a study "met its primary endpoint of increasing survival" is considered qualitative, while a statement that "survival was increased by 20% with the study drug" is considered quantitative. A quote such as "We are encouraged by these promising results" would not be viewed as interpretive, while a quote such as "These findings support this drug as first line therapy in lung cancer" could be seen as an interpretation of the data. Information that is also appropriate for a press release includes that which is already publicly available.

For companies' convenience, a sample press release is available further illustrating these preferences.

If the press release or press coverage conveys significantly more information than ASCO's stated preferences and illustrated by the sample press release, the abstract may or may not be accepted into the ASCO Meeting on the basis of peer review. If the abstract has already been accepted when the press release is issued, the abstract's placement in the meeting program may be changed.

## Confidentiality Policy continued

The Exception will be publicly noted on [www.asco.org](http://www.asco.org) once the abstract has been formally accepted to the meeting.

### Other Situations

ASCO does not grant Exceptions for preprint publications (non-peer-reviewed online comment drafts) occurring after abstract submission. Once an abstract has been submitted to the ASCO Meeting, preprint publications will be considered violations of ASCO's Confidentiality Policy.

### Questions?

Specific inquiries about exceptions to ASCO's Confidentiality Policy should be emailed to [CPexceptions@asco.org](mailto:CPexceptions@asco.org).

<sup>i</sup>ASCO Meetings:

- ASCO Gastrointestinal Cancers Symposium
- ASCO Genitourinary Cancers Symposium
- ASCO Quality Care Symposium
- ASCO Breakthrough
- ASCO Plenary Series

<sup>ii</sup>Most abstracts will be publicly available online at [www.asco.org](http://www.asco.org) approximately one week before the Annual Meeting, with Late-Breaking Abstracts (LBAs), including Plenary, becoming publicly available in conjunction with the Annual Meeting. Abstracts in the symposia listed above will be publicly available online at [www.asco.org](http://www.asco.org) on or just before the opening day of the symposium. Exact posting dates and times will vary from year to year. Press releases issued at or after ASCO's public release do not violate ASCO policies.

[am.asco.org/abstract-policies-embargoes-exceptions](http://am.asco.org/abstract-policies-embargoes-exceptions)

# Abstract Selection Process & Presentations

Abstracts of superior quality will be selected by the ASCO Scientific Program Committee for presentation at the 2022 ASCO Annual Meeting and for publication in the 2022 ASCO Annual Meeting Proceedings, a supplement to the *Journal of Clinical Oncology*.

### Regular Abstracts & Late-Breaking Abstracts

Abstract submissions are considered for all types of presentation, and as such authors are not permitted to state a preference for presentation type at the time of submission. Abstracts will be judged solely on the data submitted. Statements such as "further data will be presented" are not acceptable and will decrease the likelihood that the abstract will be selected for presentation at the Annual Meeting.

### Trials in Progress Submissions

**Abstracts will be reviewed by the Scientific Program Committee and evaluated on the following criteria:**

- *Strength of Science*: Does the trial address an important and novel question?
- *Trial Design*: Are the eligibility criteria, study endpoints, and planned analysis well defined in this abstract?
- *Collaboration*: Is there potential for investigator collaboration?
- *Relevance*: Will the results be relevant and of interest to ASCO Annual Meeting community?
- *Requirements*:
  - Trial is registered, open, and enrolling patients
  - Abstract does NOT contain preliminary data or results

## Abstract Notifications

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 April 1, 2022.

## Merit Awards

Fellows submitting high-quality abstracts, as well as oncologists from countries with limited resources, are eligible for awards for the Annual Meeting. These awards are offered through the Conquer Cancer Foundation Grants and Awards Program.

Based on funding availability, a limited number of Merit Awards will be awarded to fellows/oncology trainees whose research is addressed in high-quality abstracts submitted to the Annual Meeting and recognized for its scientific merit. Merit Award recipients are honored with the opportunity to present their abstract at the Meeting, receive monetary support, complimentary registration for the Meeting, and access to Meeting hotel reservation blocks reserved for ASCO Members. Merit Award candidates must apply for this award at the time of abstract submission.

## Eligibility Criteria

**Applicants must submit a curriculum vitae and meet all of the following requirements to be considered for a Merit Award:**

- Be the first author on the abstract submission and agree to present the abstract if selected for presentation at the Meeting
- Hold a doctoral degree (including but not limited to MD, DO, PharmD, or PhD)
- Be enrolled in an oncology fellowship training program, a radiation oncology residency program, or an equivalent oncology training program at the time of abstract submission
- Work in an oncology laboratory or clinical research setting
- Provide a letter of support from their training program director, indicating eligibility for the award

**CONQUER** CANCER®  
THE ASCO FOUNDATION

[am.asco.org/abstract-associated-awards](https://am.asco.org/abstract-associated-awards)

